Periodic Review Report

Presented by:

*University of Puerto Rico
Medical Sciences Campus*

June 2016

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Commission action which preceded this report:

Reaffirmation of Accreditation

Date of the most recent decennial evaluation team's visit:

February 2011

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Members: Ms. Jessica Zayas
              Dr. Petra Burke

Standard 5 - Administration

Leader: Dr. Guido Santacana
Members: Dr. Nydia Bonet
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Standard 7 - Institutional Assessment

Leader: Prof. Lillian E. Ríos
Members: Prof. María Quintero
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Standard 8 - Student Admission and Retention

Leader: Ms. Rosa Vélez
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Standard 11 - Educational Offerings

Leader: Dr. Edna Almodóvar
Members: Dr. Ivelisse García
    Dr. María Padilla
    Dr. Wanda Colón
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Standard 13 - Related Educational Activities

Leader: Dr. Wanda Barreto
Members: Prof. Luis Estremera
    Dr. Belinda Beauchamp
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Standard 14 - Assessment of Student Learning

Leader: Dr. Arlene Sánchez
Members: Prof. Zulma I. Olivieri
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Structure of the Document

Section I of this document contains the **Executive Summary**.

Section II summarizes the institution's response to recommendations from the previous evaluation and to Commission actions. It is <u>arranged by standards</u> and each standard is subdivided in three sections:

**Site Visit Team Recommendations and
Institutional Actions to Address Them**

**Self-Study Recommendations and
Institutional Actions to Address Them**

**Monitoring and Supplemental Information Reports
Since the Last Accreditation**

This will enable the reader to view in one place all actions taken regarding a given standard during the past five years. It also identifies those standards with no recommendations.

Sections III-VI address specific topics as indicated in the instructions. **Section III** summarizes campus challenges and opportunities. **Section IV** covers enrollment trends and detailed financial information for this period. While Standard 3 in Section II discusses specific recommendations in the area of resources, Section IV presents a comprehensive view of the institution's financial outlook based on projections. **Section V** presents detailed information regarding institutional and student learning assessment on campus. **Section VI** links planning and budgeting. In the standards' sections, readers will find notes referring them to related special topic sections, when applicable.

Throughout the document, certifications issued before 2013 by the institution's governing body are referred to as **Board of Trustees** certifications. Thereafter, they are referred to as **Board of Governors** certifications due to a reorganization and change of name of the board.

Section I
Executive Summary

The University of Puerto Rico Medical Sciences Campus (UPR-MSC) submits this *Periodic Review Report* as requested by the Middle States Commission on Higher Education (MSCHE). It summarizes progress made in addressing the 2011 Site Visit Team recommendations, as well as those recommendations made by the campus community in the *Self-Study*.

Campus Overview

The Medical Sciences Campus (MSC) is a unit of the University of Puerto Rico (UPR) System, a multi-campus, state supported institution of higher education licensed by the Puerto Rico Council on Education. The University is governed by a Board of Governors composed of 13 members (nine appointed by the Governor, two students and two faculty representatives). The President is the Chief Executive Officer of the UPR System, appointed by the Board of Governors for an indefinite term. He/she presides over the University Board, which is composed of the eleven campus chancellors, faculty representatives of each campus academic senate, student representatives, the Central Administration Vice President for Academic Affairs, and the directors of the Finance, Planning and Development, and Budget Offices. Law 1 of 1966, as amended, and the 2015 *UPR General Bylaws*, as amended, establish the structure of the University and its units.

The MSC is composed of the Schools of Medicine, Dental Medicine, Public Health, Pharmacy, Nursing, and Health Professions, along with the Deanship of Administration, Deanship for Student Affairs, and the Deanship for Academic Affairs (see organizational chart in **Appendix 1**). A dean, who represents the school in the Administrative Board and is an ex officio member of the Academic Senate, heads each campus school. All schools have at least one Associate Dean for Academic Affairs and an Associate or Assistant Dean for Student Affairs. Committee structure at each school varies, but all schools and all departments must have personnel committees. In most schools there is, among others, an Administration Committee in which department heads participate, and a Curriculum Committee in which all departments are represented. As of academic year 2015-2016, the campus had 2,313 enrolled students, 1,067 faculty members (core faculty), and 1,375 nonteaching employees.

Periodic Review Process

The campus appointed a Steering Committee to conduct its Periodic Review process on February 25, 2015 with representatives of all campus schools and support deanships, including faculty, students, and non-teaching personnel. The committee requested the collaboration of other members of the academic community to work in selected standards, based on their expertise or first-hand

knowledge of campus affairs. This model has worked well in previous MSCHE accreditation and periodic review processes and is well understood and accepted by campus constituents.

Periodic Review Findings

The 2011-2014 period was an intense one for the UPR System when 10 out of 11 units were placed on probation by MSCHE due to governance and fiscal issues. Although the MSC was not placed on probation, it had to file two monitoring and one supplemental information report during that period, along with the other system units. The Steering Committee deemed important to include in this report those actions taken by the MSC to address monitoring/supplemental information report issues even if they applied to the campus only marginally. In 2014, all issues were resolved and the Commission acted to lift the UPR System's probation. The MSC remained fully accredited throughout the period in question.

Upon completion of the analysis of all actions taken during the 2011-2016 period addressed in this *Periodic Review Report*, the Steering Committee believes the campus continues to comply with all 14 MSCHE standards. **Section II** summarizes the institution's response to recommendations from the previous evaluation and to Commission actions. It is arranged by standards and each standard is subdivided in three sections: Site Visit Team recommendations, self-study recommendations, and monitoring and supplemental information reports requests since the last accreditation. **Section III** summarizes campus challenges and opportunities, while **Section IV** covers enrollment trends and detailed financial information for the period. **Section IV** also presents projections on enrollment and the institution's financial outlook. **Section V** presents detailed information regarding institutional and student learning assessment for the period. **Section VI** links planning and budgeting. Thus, readers will find standard by standard discussions which are cross-referenced (when applicable) to sections that discuss the same topic in-depth.

The Site Visit Team suggested that the MSC community and its leadership revisit its mission and vision statements and explore how well they were aligned with related goals and objectives to assure that each aspect of the mission and vision statements was represented by specific goals and related measurable objectives (**Standard 1**). This task was undertaken by the Institutional Assessment Committee regarding the campus institutional goals and objectives (**Section V**), and in the workshop for the elaboration of the new *Strategic Plan* 2016-2021 goals and objectives (**Section VI**). The intense work in assessment and strategic planning also served the purpose of clarifying the difference between institutional and strategic goals, which was a concern regarding **Standard 2** in the 2011 *Self-Study*.

<u>Financial stability is the single most important concern</u> for the period given Puerto Rico's financial situation. It is discussed in **Standard 3** and in **Section IV**. Specifically, **Standard 3** explains how university authorities have resolved the issue of a moratorium on promotions in rank, initially thought to be an appropriate cost containment measure, as well as measures to modify the freeze on vacated positions due to retirement. **Section IV** focuses on the campus' overall financial situation and on survival strategies through the sale of services, competitive research, administrative efficiency, and plans to expand the faculty practice to include other health professions besides medicine and dental medicine. In terms of projections, the committee in charge of that analysis pointed that <u>sustainability, collaboration, and service</u> will ensure that revenues cover all costs, and that the campus balance sheet is strengthened to withstand unforeseen events and demands. Collaboration between the schools and deanships will be more important than ever and will be the key to continued campus success.

Governance issues are addressed in **Standard 4.** As stated earlier**,** the Commission's concerns over institutional governance were largely due to student unrest at other UPR System units mostly due to special fees increases, and what the Commission deemed as numerous changes in academic administrators. The Site Visit Team and later on the Commission advised the UPR and the MSC to work to improve communication at the level of both the University Board and the UPR's Board of Trustees (now Board of Governors) to better align management structure and roles to aid in conflict resolution. As stated above, conflicts were resolved and the UPR system probation was lifted. In 2013, student representation was increased from one to two in the Board of Governors.

Regarding **Standard 5,** Administrative Structure and Services, the Site Visit Team recommended that the campus continue to examine the administrative processes that could be redesigned to reduce the number of decision-making levels involved without compromising accountability, thus improving efficiency. While decision-making levels are established in the *University Bylaws* and have remained basically unchanged, considerable progress has been made in terms of expediting transactions at all levels, particularly through the use of technology. New information systems aimed at improving academic and administrative processes, staff training, and the strengthening of collaborative networks between UPR System units have improved transaction completion times.

Although the **Standard 6** section of the 2011 *Self-Study Report* thoroughly evidenced that the university in general and the MSC in particular have a strong body of policies, rules, and regulations addressing practically all areas of its academic and administrative endeavors, it was evident that they are numerous and sometimes difficult to access in existing sources. The Site Visit Team suggested a well-organized Web site in which all current laws and institutional policies and procedures could be made available to the campus community in one convenient, easily accessible place. This recommendation was fully

addressed in the recent revision of campus Web sites. Although the documents are not in one single site, they are easily accessible and well organized.

As discussed in **Section V**, institutional assessment **(Standard 7)** along with student learning assessment **(Standard 14)** have been areas of great progress on campus since the 2011 Self-Study process. The Institutional Assessment Committee has been hard at work on transforming the institutional culture, establishing reasonable assessment goals, developing appropriate measuring instruments, and implementing the use of the WEAVEonline platform campus-wide. This will increase information sharing to better coordinate the institutional assessment cycle with planning and budgeting processes.

The 2011 MSCHE Site Visit Team recommended that the Graduate School of Public Health develop and implement a plan to stem the attrition of students in the school (**Standard 8**). Findings in a study on attrition causes conducted by the school indicated that financial issues, curricular sequence, and personal problems were some of the main reasons for student attrition. As a result of these findings, the school implemented an eight-step plan of support strategies discussed in detail in **Standard 8**.

In response to its own *Self-Study* recommendations, campus authorities continue to focus on those programs with lower graduation rates that are not typical considering the campus overall rate at maximum time allowed for completion (which was 91.2% for the 2011 cohort as of September 2015). Thus far, this has required a case by case analysis because many are not professional programs routinely evaluated by the campus' accrediting agencies and because special circumstances may apply. Since a graduation rate data collecting methodology is now in place, campus authorities should be able to focus and follow-up on those programs in a more systematic way.

Standard 9 addressed maintaining and improving levels of service to students. Additional budget allocations were used to improve and expand student services in the area of information technology and campus security. These included online admission application, pre-registration, registration, financial aid, course selection, and notification of grades, among others. Some services are now also available through phone applications, including a mobile application that allows users to report suspicious situations to security personnel. The campus also implemented a transportation service throughout the campus, including the train station. Overall, no significant issues were pointed out in this area in the 2011*Self-Study* and none were raised by the Site Visit Team.

Faculty issues addressed in **Standard 10** reflect two significant accomplishments during the 2011-2016 period. The first is the lifting of the freeze on faculty promotions in rank (originally intended as a cost containment measure) and the gradual granting of promotions to the affected faculty members (discussed in detail in Standard 3). The second accomplishment was the implementation in

2012-2013 of the new faculty evaluation system, which had long been delayed. This was particularly significant due to the fact that campus faculty roles are complex and consensus difficult to reach. The next step undertaken by those implementing the system is the fine tuning of the evaluation instruments and their digitization.

There were no recommendations regarding campus educational offerings addressed in **Standard 11**. The quality of its programs constitutes the campus' most important strength and one that is validated by its accreditation by 20 accrediting agencies. The MSC professional schools and programs and hospital-based residencies are currently accredited by the following: Liaison Committee on Medical Education (LCME), Accreditation Council for Graduate Medical Education (ACGME), Commission on Dental Accreditation of the American Dental Association (CODA-ADA), Council on Education for Public Health (CEPH), Accreditation Council for Pharmacy Education (ACPE), and Commission on Collegiate Nursing Education (CCNE). Most programs in the School of Health Professions hold profession-specific accreditations granted by the appropriate agencies. Currently, no school or program is on probation by an accrediting agency (See **Standard 11**).

There were no recommendations or issues raised regarding **Standard 12**. In terms of **Standard 13,** the Site Visit Team suggested that the campus capitalize on the strengths of programs and courses offered for professional development, maybe by co-sponsoring future offerings with neighboring healthcare groups or academic institutions or through existing relationships held with institutions on the mainland. The campus' extensive network of community relations and collaborative initiatives is documented in **Standard 13**.

An issue raised in the 2011 *Self-Study* regarding campus quality control over its continuing education offerings was examined and disregarded by the Periodic Review Steering Committee because it considered that local professional boards have the responsibility by law to oversee quality issues before approving continuing education offerings for credit and are, indeed, exercising that function.

As stated above regarding **Standard 7** (Institutional Assessment), student learning assessment **(Standard 14)** has been an area of great progress on campus. It is discussed in detail in **Section V**, in which it is fully evidenced that the campus is adequately documenting that its students have the knowledge, skills, and competencies consistent with institutional and appropriate higher education goals. It also evidences the numerous opportunities for faculty development workshops on assessment, sharing of assessment instruments, and efforts to strengthen data gathering. Above all, one of the most significant and enduring accomplishments, is the gradual but steady change towards an institutional culture of assessment.

Section II

Summary of Institution's Response to Recommendations from Previous Evaluation and to Commission Actions

MSCHE STANDARD 1

> *The institution's mission clearly defines its purpose within the context of higher education and indicates whom the institution serves and what it intends to accomplish. The institution's stated goals, consistent with the aspirations and expectations of higher education clearly specify how the institution will fulfill its mission. The mission and goals are developed and recognized by the institution with the participation of its members and its governing body and are utilized to develop and shape its programs and practices and to evaluate its effectiveness.*

Site Visit Team Recommendations and Institutional Actions to Address Them

The Site Visit Team did not make any recommendation regarding Standard 1.

Self- Study Recommendations and Institutional Actions to Address Them

Self-Study Recommendations

Prepare an integrated version of the vision, mission, values, institutional goals, and strategic plan with a brief historical background as to their origin and interrelationship, clarifying, among other topics, the difference between institutional and strategic goals.

Institutional Actions

Although the subcommittee found full congruence between the vision, mission, values, institutional goals **(Appendix 2)**, and the strategic plans approved at different times, it identified a need to better explain to some sectors of the academic community the difference between institutional and strategic goals and how they serve two different but related purposes. This issue will be addressed in the current strategic planning process that will generate the 2016-2021 plan. Once the strategic plan is complete, it will be published in the format suggested in self-study recommendation, which will include the vision, mission, and values

as well as a section on the institutional goals. The new publication will contain a brief explanation regarding the difference between the institutional and strategic goals.

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Standard 1 was not included in any monitoring or supplemental information report request.

MSCHE STANDARD 2

> *An institution conducts ongoing planning and resource allocation based on its mission and goals, develops objectives to achieve them, and utilizes the results of its assessment activities for institutional renewal. Implementation and subsequent evaluation of the success of the strategic plan and resource allocation support the development and change necessary to improve and to maintain institutional quality.*

Site Visit Team Recommendations and
Institutional Actions to Address Them

The Site Visit Team did not make any recommendation regarding Standard 2.

Self- Study Recommendations and
Institutional Actions to Address Them

Self-Study Recommendations

No specific recommendations were made in the *Self-Study Report* regarding Standard 2, but significant actions were taken during the period under study regarding the evaluation of the campus *Strategic Plan 2009-2016*. The evaluation process required considerable effort inasmuch as some of the indicators included in the plan were not easily measurable. Those objectives classified as partially met ranged considerably in terms of level of achievement and often led to underestimating campus accomplishments. The lesson learned from the process is that the new plan needs to fine tune the metrics for the indicators (including weighting) in order to assure a more accurate picture of campus accomplishments and areas needing improvement.

Institutional Actions

Dr. Noel J. Aymat, MSC Chancellor, and Dr. Ramón González, Dean for Academic Affairs, were appointed to the University of Puerto Rico System Strategic Planning Committee in charge of producing the university system plan for 2016-2021. The Dean for Academic Affairs hired Dr. María de los Angeles Ortiz Reyes, external consultant and well-known expert in strategic planning, as consultant for the strategic planning process to produce the campus *Strategic Plan 2016-2021*. Thus, the MSC is well positioned and ready to undertake the next cycle of strategic planning for both the campus and the university system.

The Institutional Planning, Research, and Assessment Office conducted an evaluation of the current campus *Strategic Plan* 2009-2016 **(Appendix 3)** in preparation for the next planning cycle. It based its analysis on information obtained from: annual, accreditation, budget, institutional planning, and assessment reports, as well as documents issued by the UPR Central Administration.

The level of compliance with the goals and objectives was determined using the following scale:

- 100%:   Fully met
- 99-80%: Mostly met
- 79-60%: Partially met
- 59-40%: Barely met
- 39-20%: Minimally met
- <20%:   Not met

The results for the 42 objectives and nine strategic goals were as follows:

Goal 1 - Research (64%) - partially met
Goal 2 - Academic Health Center (50%) - barely met
Goal 3 - Academic Development, Accreditation, and Information
        Technologies (64.3%) - partially met
Goal 4 - Leadership in Creating New Knowledge (73%) --partially met
Goal 5 - Interdisciplinary Collaboration between Schools (85%) mostly met
Goal 6 - Projection in the Community (67.5%) partially met
Goal 7 - Community Service (87.3%) mostly met
Goal 8 - Student Recruitment and Retention (88.6%) mostly met
Goal 9 -Financial Resources, Administration, and Physical Facilities
        (61.2%) partially met.

Goal 2 (the only one barely met) was included in the plan in response to the creation of regional academic health centers (Law 136 of July 27, 2006). The legislature approved the law creating the centers, but failed to allocate funds for

their implementation. Thus, very few activities could be carried out other than some level of networking established by the local medical schools.

Most of the goals partially met (1, 3, 4, 6, and 9) represent areas in which the academic community can identify sustained performance or progress, but for which the plan lacked measurable and weighted indicators. These did not include parameters of accomplishment. A total of 95 indicators were established to evaluate the goals and objectives of the plan. Of these, 12 indicators were equivalent to those established in the *Institutional Assessment Plan 2010-2016* **(Appendix 4)**. In lieu of measurable and weighted indicators and parameters of accomplishment, the evaluators used the achievement parameters set in the *Institutional Assessment Plan* for those indicators in the *Strategic Plan* that were similar. The other indicators were assessed in terms of whether the tasks were completed or showed an increase or decrease during the period. The new plan will contain measurable and weighted indicators with realistic parameters of accomplishment, so that their evaluation can be conducted in a methodologically sound way.

Monitoring and Supplemental Information Reports Since the Last Accreditation

Standard 2 was not included in any monitoring or supplemental information report request.

MSCHE STANDARD 3

> *The human, financial, technical, facilities, and other resources necessary to achieve an institution's mission and goals are available and accessible. In the context of the institution's mission, the effective and efficient uses of the institution's resources are analyzed as part of ongoing outcomes assessment.*

This section discusses specific recommendations contained in the *Site Visit Team Report*, the *Self-Study Report*, and the monitoring reports. A detailed analysis of the campus financial situation for the past five years is included in Section IV *Enrollment and Finance Trends and Projections*.

Site Visit Team Recommendations and Institutional Actions to Address Them

Site Visit Team Recommendations

Alternative approaches to reducing recurrent costs should be identified other than freeze in faculty promotions and an associated prohibition in upward salary adjustments.

Institutional Actions

During the last eight years, the UPR, as many other state universities in the United States, has faced an uncertain financial situation due to the slow recovery from the global economic crisis that began in 2007. In the case of Puerto Rico, the recession had already started in 2006, leading to an economic downward spiral aggravated by a population migration to the U.S. The Commonwealth appropriates for the university an amount equal to 9.60% of the average total state taxes gross income collected by the Treasury Department in the two fiscal years immediately preceding the year of the allocation. Thus, as state revenues have decreased, so have university funds.

In order to adjust for budget reductions, in 2010 the campus implemented the University Board of Governors' mandatory cost containment measures, including: a freeze on salary increases, promotions in rank, and vacant positions; nonpayment for excess sick leave; and very limited reimbursement of faculty travel expenses. However, due to the burden on teaching personnel and the backlog of promotions, the Board of Governors lifted the freeze on promotions in rank effective July 2013. Until then, campus authorities had received the portfolios of faculty eligible for promotion in rank and reviewed their cases recognizing merit, but were unable to actually grant the promotions due to lack of funding. The campus Administrative Board established a register of faculty members who had submitted their applications for promotion to establish the order in which these were to be granted once the funds were received. **Table II.1** evidences the progress made in granting pending promotions in rank. Granting of promotions for the 2015 cohort is pending approval of funds by the UPR Central Administration.

Table II.1 Recognition of Merit and Granting of Promotion in Rank

Fiscal Year	Recognition of Merit	Granting of Promotion
2010	2010	Freeze
2011	2011	Freeze
2012	2012	Freeze
2013	2013	2010, 2011 cohorts
2014	2014	2012 cohort
2015	2015	2013,2014 cohorts
2016		Promotion in rank pending for 2015 cohort

Source: Medical Sciences Campus Budget Office

For academic year 2015-2016 cost containment measures were increased in order to offset the effect of delays in transfer of funds to the university by the local Treasury Department. Specifically, all new appointments (except those funded by federal funds and grants) have been suspended and payments to utilities and vendors have been delayed in order to meet the payroll. These measures will be re-evaluated in June 2016 to take into account Puerto Rico's overall financial situation and its effect on the university.

In another effort to maximize its financial and human resources in anticipation to a generational transition, campus authorities conducted an extensive analysis of academic workload definition, equivalences, and assignment and its impact on financial resources. The redefined credit hour/clock hour definitions will facilitate workload assignments and minimize the need to pay for work in excess of the regular workload because definitions were not clear or applicable. The proposed changes were approved by the Board of Governors in Certification 24 (2015-2016).

Self-Study Recommendations and Institutional Actions to Address Them

Self-Study Recommendations

1. *Continue most cost containment measures and increase the sale of services in order to increase income. Continue to pursue grants writing and the procurement of external funding with an accompanying reevaluation of the distribution of indirect costs and faculty practice institutional share.*

2. *Urge university authorities to lift the freeze on promotions in rank and grant the promotions already due, in order to prevent a backlog of promotions that will seriously affect the faculty's academic growth and morale. Submit a plan that will propose alternative, fair, and distributive cost containment measures.*

3. *Request that university authorities redesign and expedite the special permission process for faculty appointments to fill positions vacated due to retirement. Continuously monitor the effect of the reduced number of nonteaching employees due to the hiring freeze and redesign processes in order to alleviate potential overloads.*

4. *Continue to strengthen fund raising activities.*

5. *Assign a percentage of indirect costs to the Library to supplement its funding.*

Institutional Actions

Recommendation 1

The MSC has continued to address the financial issues reported in its 2011 decennial *Self-Study Report* with measures of its own and those established by the Central Administration. Financial difficulties were partly offset by the campus' higher proportion of external funds (60.9% in 2012). The measures implemented

were of two types, namely cost containment and securing additional sources. Both types of measures included actions taken by the Central Administration by which the campus had to abide and local measures taken by the campus in areas under its control.

Efforts to secure additional resources since the last accreditation include obtaining funding from the legislature for medical intern and resident positions ($1.4 million); recovering $14 million in funds owed by the Puerto Rico Medical Services Administration (ASEM, for its Spanish acronym); and obtaining a total amount of $3,144,743.00 allocated by the Central Administration Planning Office to complete the refurbishing and building projects of the Schools of Nursing, Health Professions, and Pharmacy, plus a common amphitheater with capacity for 450 people (larger than other facilities on campus). This allocation was needed (in addition to the $47 million originally allotted) to provide electronic infrastructure (wiring) and furniture and equipment for offices, laboratories, and clinical practice areas. The School of Nursing building was inaugurated in November 2011. The Schools of Pharmacy and Health Professions buildings and the new amphitheater were inaugurated between March and August 2012. The campus also obtained financing for an imaging center ($2.4 million) operated by the School of Medicine as part of its faculty practice program.

In terms of promoting research and securing additional funding, several administrative policies and procedures continue to support research initiatives at the institution. At the campus level, the *Institutional Policy for Research Incentives* (Administrative Board Certifications 139, 2000-2001, 116 2005-2006, and 191 2007-2008) allows faculty with external research support to receive financial incentives or additional protected time for research. Specifically, this policy establishes an incentives system for faculty members receiving external salary support by using institutional funds to compensate them in addition to their base salary. The maximum dollar amount which a faculty member may receive in incentives for research activities was recently raised to 100% of his/her base salary. The amount of release time that can be granted may not exceed 75% of the faculty's full academic time commitment. These regulations seek to provide incentives to faculty who engage in research and are meant to increase the amount and quality of research conducted on campus.

The *Institutional Policy on Patents, Inventions and their Commercialization* (Board of Trustees, Certification 132, 2002-2003) authorizes the institution to request, evaluate, and commercialize patents for faculty, students, and other employees' inventions. The UPR Central Administration Intellectual Property Office provides the infrastructure, expertise, and legal and financial support for the development of patents. The *Institutional Policy Regarding Intellectual Property* (Council on Higher Education, Certification 140, 1992-1993) protects faculty, non-teaching personnel, and students' rights regarding the product of their intellectual or professional work, while also protecting university rights, including the right to receive income and other tangible benefits.

Administrative Board Certification 30, 1999-2000 distributes indirect costs received by the campus according to a formula. The Central Administration retains 25% of indirect costs, 14% goes to the Chancellor's office,14% returns to the principal investigator, 12.5% to his/her department, and 7.5% to the dean of the school that originated the proposal, 15% to the Deanship of Administration, and 12% to the Center for Research Compliance and Development (CRECED). At the discretion of the dean, the school's portion may be used to support the school and principal investigator's research projects, becoming bridge funding for research projects. In October 2015, researchers whose share of indirect costs had been retained by the institution were notified that they would receive the amounts owed. A revision of the institutional policy for distribution of indirect costs is still pending.

CRECED, mentioned above, was created as a first step in the reorganization of the administration, finance, human resources, and compliance functions pertaining to research. It addresses both the pre-award and post-award phases.

Recommendation 2

As described in the Site Visit Team Recommendations section for this standard, the University lifted the restriction on promotions in rank and has gradually granted the promotions and corresponding salaries to the affected faculty members.

Recommendation 3

As of 2012, 45 faculty positions across the schools and the Deanship for Academic Affairs were frozen upon retirement of faculty members. Campus authorities conducted a thorough analysis and several planning meetings focusing on the mission, professional accrediting agencies requirements, and the goal of academic excellence. The Chancellor requested special budget allocations from the UPR President for essential faculty positions, which were granted. These included nine (9) for the School of Medicine, two (2) for the School of Dental Medicine, and three (3) for the School of Pharmacy.

Since 2012, the process of replacing both teaching and non-teaching staff has evolved in order to preserve the quality of academic programs and administrative functioning of the campus in spite of continuing financial constraints. Basically, there are three possible scenarios. In the first case, the position is available but currently has no assigned funds. In these cases, the Chancellor requests to the Central Administration the allocation of funds for the position. The President approves or denies the funding according to institutional priorities. The second possibility is that the position is available with recurrent funds, but it is vacant. In such cases, filling the position only requires the approval by the president once the MSC Budget Office certifies the availability of funds. A third possibility arises upon retirement of teaching staff. Every effort has been made to protect

academic programs by hiring faculty with the necessary expertise to address all curricular areas. In these cases, the position may be filled following the regular procedure for appointments without the authorization of the president. In February 2015, the campus Human Capital Management Office implemented the use of a retirement notice form in order to gather information regarding employees' intentions to retire and plan accordingly. To date, 49 faculty positions and 33 non-faculty positions have been authorized by the Central Administration and filled.

Recommendation 4

The University has undertaken several fund raising projects since the last MSCHE visit to the campus. Currently, the Endowment Fund created in 1996 with an allocation of $5 million brings together a total of 56 sub-funds and totals $107 million. The goal is to reach $150 million by 2025 through donations, contributions, and bequests. The Endowment Fund supports projects such as scholarships to university students. In 2015, 162 students received a total of $220,000 in financial aid from this source.

The UPR Alumni Association continues to strengthen ties with the alumni community in order to secure not only funding, but also valuable collaboration from graduates in ways that benefit the institution. In total, from fiscal years 2011 to 2015 the MSC received $40.2 million in donations from alumni and other sectors of the community.

Recommendation 5

As stated earlier, the institutional policies and procedures for the distribution of indirect costs are under revision. To date, they do not include allotment of funds to the library. Nonetheless, it is important to note that the UPR continues to make a significant investment in information resources available through the UPR Libraries Consortium and has protected libraries to the extent possible in times of financial difficulties. For the 2009-2010 to 2013-2014 period the university spent an average of $36,459,007 yearly on its library system, including personnel, information resources, materials, and other expenses. The total for the 2009-2010 to 2013-2014 period was $182,295,036. In terms of the MSC Library, there has been an increase in library expenditures from $3,251,704 in 2009-2010 to $3,571,231 in 2013-2014, and $3,642,879 in 2014-2015, as reported to the Association of Academic Health Sciences Libraries annual statistics survey. This represents approximately a 2% annual increase in expenditures during the period.

**Monitoring and Supplemental Information Reports
Since the Last Accreditation**

Monitoring Report 2012

*To request a monitoring report due March 1, 2012 documenting (1) steps taken to ensure timely production of audited financial statements for FY2011 and subsequent years (**Standard 3**); (2) evidence of further implementation of the UPR Action Plan, including evidence that the action plan is being assessed and data are used for improvements; and (3) evidence of further progress in implementing a procedure for the periodic objective assessment of the Board of Trustees (Standard 4).*

Regarding steps to ensure timely submission of the University's audited financial statements, the MSC acted within the framework of the steps taken by the Central Administration in order to contribute to the timely issuance of the audited financial statements. An additional person was hired to assist with bank account reconciliations, which posed the most difficulty. One more person and two other employees were recruited/reclassified as part of the effort to strengthen the finance and accounting offices. Regular employees were authorized to work overtime so that the campus would be able to meet established deadlines for the financial reports that are submitted to the Central Administration. Two processes were reengineered to expedite payments. Pre-paid orders were processed with invoices without the customary price/cost quotes so that they would be immediately reflected in the account. Visitor travel agreements must now be filed 30 days in advance so that the institution can pay visitors in a timely manner and keep accounts current. The campus also had the assistance of the firms hired by the university to aid in the accounting sampling process and verifying information for the external auditors. In all, the campus was able to meet the established deadline for submission of financial data to the Central Administration to be used by independent auditors in the preparation of the *UPR Audited Financial Statement 2011-2012*.

In terms of the campus participation in the *UPR Action Plan*, there were no specific items in the plan pertaining to the Medical Sciences Campus inasmuch as <u>the campus was not on probation</u>. Nonetheless, as a system unit, all system-wide actions taken by the Central Administration and Board of Trustees had an impact on campus operations and, as such, the MSC fully complied with all UPR directives intended to stabilize the system, particularly financial ones.

<u>The 2012 Monitoring Report submitted by the Medical Sciences Campus was accepted by MSCHE on June 28, 2012. No further actions were required by the commission at that time.</u>

Monitoring Report 2014

*To request a monitoring report, due April 1, 2014, documenting evidence of an independent audit for FY2013, with evidence of follow-up on any concerns cited in the audit's accompanying management letter for both FY2012 and FY2013 (**Standard 3**). To remind the institution of its obligation to ensure timely production of audited financial statements.*

The UPR gave utmost priority to complying with conducting an independent audit confirming financial responsibility, with evidence of follow-up on concerns cited by the external auditor. Special consideration was given to Financial Statements for years ending on June 30, 2011 and June 30, 2012. On August 22, 2013, the university issued these along with the independent auditors' report. On March 30, 2014, the university presented the audited financial statements for the year ending on June 30, 2013. On March 31, 2015 it presented the audited statement for the year ending on June 30, 2014.

The campus 2014 *Monitoring Report* was received by MSCHE, which acted upon it in its June 2014 meeting. No further actions were taken by the Commission, other than reminding the institution that its *Periodic Review Report* was due by June 1, 2016.

MSCHE Standard 4

> *The institution's system of governance clearly defines the roles of institutional constituencies in policy development and decision-making. The governance structure includes an active governing body with sufficient autonomy to assure institutional integrity and to fulfill its responsibilities of policy and resource development, consistent with the mission of the institution.*

**Site Visit Team Recommendations and
Institutional Actions to Address Them**

Site Visit Team Recommendations

1. *UPR and MSC should work to greatly improve communication at the level of both the University Board and the UPR's Board of Trustees. Better alignment is needed between all these parties on management structure and roles as well as on conflict resolution.*

2. *Review, assess and document the systems of MSC and University governance so that faculty recommendations are meaningfully involved in the decision-making processes in central administration of the university.*

Institutional Actions

Lines of authority and levels of participation in governance are clearly stated in the University Law of 1966, as amended, and the *University Bylaws*. Failure in communication is not due to lack of definition of roles, but to individual interpretation of those roles at a given time or situation.

There are six basic levels of decision making, i.e., department, school, campus, presidency, University Board, and Board of Governors (formerly Board of Trustees), with several bodies intervening at each level depending on the issue at hand. At the school level, possible forums of discussion and decision-making are the various standing committees (personnel, curriculum, and administration, among others). At the campus level, the two main bodies are the Academic Senate and the Administrative Board. Academic matters such as the creation of new programs must go through channels up to the Board of Governors, while other matters such as assessment plans are developed by the campuses and implemented without further referral outside the campus. Administrative matters are mostly decided at the school level once budgets have been assigned, but personnel actions such as promotions in rank, tenure, sabbaticals, and leaves of absence must be submitted to the Administrative Board for approval.

The University budget is approved by the Board of Governors. Once assigned, campus officials have authority as to how discretionary funds are spent. The Board of Governors also decides on tuition, employee salaries and benefits, academic distinctions, and amendments to the *UPR Bylaws*, among other issues. Levels of approval for most matters are stated in the *Bylaws*, certifications issued by the various bodies, or the president's executive orders. In general, the campuses and schools have considerable autonomy in academic matters and reasonable autonomy in administrative matters, as long as they remain within the boundaries set by the assigned budgets.

The Board of Governors was reorganized in 2013 to include two students (one undergraduate, one graduate), two professors from different units within the university system, the Secretary of Education (ex officio,) and eight other members appointed by the governor. With this amendment, the participation of students was increased from one to two, placing students on equal footing with faculty representation.

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**Self-Study Recommendations and
Institutional Actions to Address Them**

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Self-Study Recommendations

1.   *Establish a user-friendly and easily accessible website of certifications, policies, procedures, and executive orders issued by the various decision-making bodies.*

2. *Continue to request increased representation of faculty and students in the University Board and Board of Trustees.*

3. *Implement the proposed Faculty Evaluation System, which includes a formal mechanism for continuous, systematic evaluation of academic administrators.*

Institutional Actions

Recommendation 1

All certifications and UPR system official statements including laws, regulations, rules, policies, certifications, appeals, and regulations pending approval are available at http://juntagobierno.upr.edu/.

A redesigned official Web page for the MSC was released in November 2015 to comply with federal regulations, accreditation standards, and convenient, easy access to campus information. The page also contains a link to consumer information and to the new official Web page of the UPR System (http://www.upr.edu/).

All official documents approved by the MSC Academic Senate are available to the public at http://senadoacademico.rcm.upr.edu/. It contains certifications, documents, reports, and the *Chancellor's Academic-Administrative Work Plan*. The Administrative Board website provides access to certifications, policies, procedures, and executive orders issued by the Chancellor and executive staff at http://juntaadministrativa.rcm.upr.edu/. See the **WEBSITES** section for the links described above.

Recommendation 2

As stated in the section *Site Visit Team Recommendations and Institutional Actions* above, since the last MSCHE accreditation, the most significant change has been the enactment of Law No. 13 of April 30, 2013, Article 3, creating a new Board of Governors. The current board membership includes two students and two faculty representatives; a member with expertise in finance; a resident of Puerto Rico who is a community leader; five residents of Puerto Rico with expertise in the arts and sciences or professional fields (three of which must be UPR alumni); a resident of Puerto Rico with strong ties to Puerto Rican communities outside the island; and the Education Secretary as an ex officio member. Thus, the new board increased the number of students (one undergraduate, one graduate). There is representation of professors and students in all governing structures of the UPR System.

Recommendation 3

The evaluation of academic administrators was addressed in the new faculty evaluation system implemented as of 2012-2013 when the first group of faculty members was evaluated using the new instruments, including the instrument for academic administrators. Campus faculty personnel committees and the consultant who worked throughout the development stages of the system are in the process of fine-tuning the instruments as particular situations arise. Specifically, the instrument for academic administrators was revised after three years in use. The revised version was approved by the Academic Senate on March 3, 2016 after a thorough analysis.

Current evaluation instruments for faculty and administrators are available at the campus intranet (username and password required) http://intranet2.rcm.upr.edu:8080/Plone/decanatos/asuntos-academicos/instrumentos-eval-daa.

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Monitoring Report 2012

*To request a monitoring report due March 1, 2012 documenting (1) steps taken to ensure timely production of audited financial statements for FY2011 and subsequent years (Standard 3); (2) evidence of further implementation of the UPR Action Plan, including evidence that the action plan is being assessed and data are used for improvements; and (3) evidence of further progress in implementing a procedure for the periodic objective assessment of the Board of Trustees (**Standard 4**).*

As stated by campus authorities in the *Monitoring Report 2012*, within the current governance structure, the assessment of the Board of Governors is strictly under the purview of the Board itself.

Actions taken as of 2012 and reported by the Central Administration to support an objective periodic assessment of the Board of Governors in meeting stated objectives and responsibilities included:

- On February 10, 2011 the Vice Presidency for Academic Affairs developed and submitted to the President of the Board a rubric draft based on expectations contained in *Characteristics of Excellence in Higher Education* Standard 4, Leadership and Governance, and MSCHE publication *Governing Boards*.

- On February 25, 2011 an external consultant with extensive expertise in accreditation and experience as a governing board member met with the

Board members to assist them on refining the assessment rubric according to their particular profile, needs and priorities, and on launching the self-assessment process. Based on the statistical data and critical analysis of the findings, the external consultant designed and offered workshops to assist the Board in identifying areas of strength and areas in need for improvement. On June, 2011, a working document of the Board's *Action Plan 2011-2014* was produced for sustained compliance with applicable accreditation standards and expectations (UPR Action Plan I.C.7).

Additional details as to the status of the Board of Governors self-assessment process must be obtained from the Board itself.
Supplemental Information Report 2013

*To request, in accordance with the Commission's policy on Public Communication in the Accrediting Process, a supplemental information report, due July 10, 2013, that addresses the impact on institutional leadership of the recent changes in governance and administration, and actions planned or taken by the University to ensure ongoing compliance with **Standards 4**, 5 and 6.*

Continued Compliance with Standard 4 Leadership and Governance

The *Supplemental Information Report* 2013 addressed governance issues as they pertained to the MSC, although it also examined those issues within the broader framework of the changes in the institution's Board of Governors. The MSC report addressed the issue of change, particularly continuity of processes, qualifications of administrative officials, and institutional outcomes as they were raised by MSCHE officials based on what they had read in the media. It was the MSC's contention that regardless of who occupies top management positions, those appointments are not a problem if the individuals are qualified for the positions and the institution continues to attain its mission and goals.

Continued Compliance with Fundamentals of Standard 4

An analysis of the Fundamentals of Standard 4 revealed that the UPR and the MSC were in compliance with Standard 4.

- *A well-defined system of collegial governance including written policies outlining governance responsibilities of administration and faculty and readily available to the campus community.* **Compliant**. Existing bylaws, rules and regulations other than the amendment of Article 3 of the University Law creating the new Board of Governors, are still in effect.

- *Written governing documents, such as constitution, by-laws, enabling legislation, charter or other similar documents.* **Compliant**. The *University*

Law of 1966, as amended, and the UPR *Bylaws*, as amended, are still in effect.

- *Appropriate opportunity for student input regarding decisions that affect them.* **Compliant**. All channels of participation described in the campus 2011 *Self-Study Report* are still in place. At the system level, the new board <u>raises</u> the number of student representatives from one to two.

- *A governing body capable of reflecting constituent and public interest and of an appropriate size to fulfill all its responsibilities, and which includes members with sufficient expertise to assure the body´s fiduciary responsibilities can be fulfilled.* **Compliant**. The current board meets these criteria. As stated above, membership includes two students and two faculty representatives; a member with expertise in finance; a resident of Puerto Rico who is a community leader; five residents of Puerto Rico with expertise in the arts and sciences or professional fields (three of which must be UPR alumni); a resident of Puerto Rico with strong ties to Puerto Rican communities outside the island; and the Education Secretary as an ex officio member.

- *A governing body not chaired by the chief executive officer.* **Compliant**. The board has its own president.

Compliance with MSCHE publication *Governing Boards: Understanding the Expectations of the Middle States Commission on Higher Education*

The underlying concern of all Commission standards is with outcomes rather than the structure or processes used to arrive at those outcomes. For Standard 4, this means the Commission does not prescribe or recommend any particular governance structure. Its concern, instead, is whether the institution's governing board (or boards), however structured, successfully fulfills the responsibilities to the institution as described in its bylaws and Standard 4 and as explicated in these guidelines. (From: Governing Boards: Understanding the Expectations of the Middle States Commission on Higher Education, p.9).

The campus community considered that the above statement summarizes the spirit of Standard 4. Accordingly, any assessment of compliance with the standard must focus on institutional outcomes. If the UPR continued to fulfill its mission and attain the goals of its strategic agenda *Ten for the Decade* and campus strategic plans, <u>as it had thus far</u>, the statements expressed in the media should have been considered with that caveat. Nothing in the composition or qualifications of the members of the board pointed to potential non-compliance with the fundamentals of Standard 4. The same was true of new MSC campus officials.

On November 21, 2013 the Commission accepted the *Supplemental Information Report*. No additional issues regarding the governance structure were raised. The Commission requested a Monitoring Report due April 1, 2014 to address the concern over the University's audited financial statements. The Monitoring Report was submitted by the campus and accepted by the Commission on June 26, 2014.

MSCHE STANDARD 5

The institution's administrative structure and services facilitate learning and research/scholarship, foster quality improvement, and support the institution's organization and governance.

Site Visit Team Recommendations and
Institutional Actions to Address Them

The Site Visit Team did not make any recommendation regarding Standard 5.

Self-Study Recommendations and
Institutional Actions to Address Them

Self-Study Recommendations

Recommendation 1

Continue to examine the administrative processes at the MSC that could be redesigned to reduce the number of decision-making levels involved without compromising accountability, thus improving efficiency.

Institutional Actions

Recommendation 1

While decision-making levels are established in the *University Bylaws* and have remained basically unchanged, considerable progress has been made in terms of expediting transactions at all levels, particularly through the use of technology. New information systems aimed at improving academic and administrative processes, staff training, and the strengthening of collaborative networks between UPR System units have improved transaction completion times.

The Chancellor's work plan establishes as a priority the use of technology and the strengthening of information systems to facilitate academic, research, and student services. In the summer of 2015, tuition payment became available online (PREI) http://sistemas.rcm.upr.edu/prei/. Students may follow their

academic   progress   using   NEXT,   an   online   software
https://portal.upr.edu/rcm/portal.php?a=rea_login.   In   order   to   improve
dissemination of information to students, in April 2015 the MSC developed and
launched an application (APP) for iPhones and Android phones available at
http://sistemas3.rcm.upr.edu/rcmapp/. In May 2015 an alumni website became
available at http://exalumnos.rcm.upr.edu/.

The Information Systems Office has implemented new infrastructure and
equipment to improve access to the Internet. Effective July 2015, four of the six
campus buildings (Pharmacy, Health Professions, Nursing, and Library) and the
new wireless network RCMNET may access the Internet through a bandwidth
nine times faster than the previous connection. The new wireless network allows
the use of mobile devices (tablets and smartphones) to access several campus
services.

A redesigned official Web page for the Medical Sciences Campus was released
in November 2015 to comply with federal regulations, accreditation standards,
and to offer convenient, easily accessible, and well organized information on
campus units http://www.rcm.upr.edu/. In addition, the official Web page of the
University of Puerto Rico System was redesigned and is available at:
(http://www.upr.edu/).

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Supplemental Information Report 2013

*To request, in accordance with the Commission's policy on Public
Communication in the Accrediting Process, a supplemental information report,
due July 10, 2013, that addresses the impact on institutional leadership of the
recent changes in governance and administration, and actions planned or taken
by the University to ensure ongoing compliance with **Standards 4, 5 and 6.** The
Periodic Review Report is due June 1, 2016.*

Overview of Campus Administration

The Medical Sciences Campus is composed of the Schools of Medicine, Dental
Medicine, Public Health, Pharmacy, Nursing, and Health Professions, along with
the Deanship of Administration, Deanship for Student Affairs, and the Deanship
for Academic Affairs. The campus is headed by a chancellor. Deans represent
the schools and support deanships in the Administrative Board and are ex officio
members of the Academic Senate. All schools have at least one Associate Dean
for Academic Affairs and an Associate or Assistant Dean for Student Affairs.
Committee structure at each school varies, but all schools and all academic
departments must have Personnel Committees. In most schools there is, among
others, an Administration Committee in which department heads participate. In
the case of the support deanships (Academic Affairs, Students, Administration)

the deans are also ex officio members of the Academic Senate and members of the Administrative Board. All schools have an administrator who oversees day to day fiscal, human resources, and physical facilities operations and transactions. Support deanships (Academic Affairs, Administration, and Students) also have associate deans and unit directors in charge of their various areas.

Continued Compliance with Standard 5

The Medical Sciences Campus responded to the Commission's concerns regarding the change in administrative staff that occurred in 2013 by stating that the campus administrative structure had remained unchanged (six schools and three support deanships). Overall, only individuals occupying the positions of chancellor, dean, associate dean and some department directors changed, except in the Schools of Pharmacy and Public Health, where academic administrators remained in their positions. The campus continued to operate without disruption of academic, research, and service activities. All appointees were new to their positions, but not new to the campus. All were experienced faculty members who brought varied expertise to the academic administrators' team. Aside from the changes in upper management and some department or office directors appointed by the acting deans, all other positions, departments, units, divisions, and projects remained unchanged.

The *Supplemental Information Report* presented by the campus underscored that the selection of the acting administrative and academic leadership of the campus was based on careful analyses. The appointed acting deans had outstanding academic credentials in their fields, many years of experience on campus, including administrative positions, membership in the Academic Senate and the UPR University Board, academic program coordination, and other similar experiences. As a group, the appointees and the remaining deans represented numerous areas of expertise and provided academic leadership in the development of academic programs and curricula, possessed substantial experience in research (as most had been successful in obtaining external funds for research and development), and had authored many peer-reviewed publications.

On November 21, 2013 the Commission accepted the *Supplemental Information Report*. No additional issues regarding campus administration were raised.

MSCHE STANDARD 6

> *In the conduct of its programs and activities involving the public and the constituencies it serves, the institution demonstrates adherence to ethical standards and its own stated policies, providing support for academic and intellectual freedom.*

**Site Visit Team Recommendations and
Institutional Actions to Address Them**

The Site Visit Team did not make any recommendation regarding Standard 6.

**Self- Study Recommendations and
Institutional Actions to Address Them**

Self-Study Recommendations

Design a well-organized website in which all current laws and institutional policies and procedures are made available to the campus community in one convenient, easily accessible source.

Institutional Actions

This *Self-Study* recommendation was included not because of an absence of regulatory documents, but because of the often cumbersome process necessary to find them. There is still no single website in which <u>all</u> laws, policies, and procedures are found, but considerable progress has been made by the individual units in terms of having their certifications, policies, and other relevant documents in electronic format.

The Board of Governors has issued its bylaws, certifications, and regulations in electronic format since 1993, all of which are available at http://juntagobierno.upr.edu/reglamentos-y-normas/. The MSC Academic Senate maintains an online yearly archive of its certifications at http://senadoacademico.rcm.upr.edu/Certificaciones.aspx. The Administrative Board has undertaken a similar project, which may be accessed at http://juntaadministrativa.rcm.upr.edu/Documentos.aspx. The Deanship for Student Affairs also maintains a similar site of institutional documents relevant to students at http://de.rcm.upr.edu/Documentos.aspx. In addition to the above sites, faculty and students may find additional information by searching the directory of campus web pages at http://www.rcm.upr.edu/decanatos-y-oficinas-administrativas/. The Deanship for Academic Affairs also offers information on academic regulations on its Web page http://daa.rcm.upr.edu. The next step in the process will be to provide these links in a more prominent location on the campus Web page in order to address the original recommendation.

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Supplemental Information Report 2013

*To request, in accordance with the Commission's policy on Public Communication in the Accrediting Process, a supplemental information report, due July 10, 2013, that addresses the impact on institutional leadership of the recent changes in governance and administration, and actions planned or taken by the University to ensure ongoing compliance with **Standards 4, 5 and 6**. The Periodic Review Report is due June 1, 2016.*

Continued Compliance with Standard 6 Integrity

In 2013, the Commission requested evidence that the Medical Sciences Campus continued to comply with Standard 6 in spite of the number of newly appointed academic administrators. Campus officials clearly evidenced that the MSC abides by a comprehensive body of regulations, policies, and procedures that govern all aspects of institutional life and assure fair practices and that it also had clear grievance procedures available to all members of the academic community. The institution was able to fully document that its guiding principles continued to be academic freedom, nondiscrimination, fair recruitment, and truthfulness in its statements and materials produced. It evidenced that the rules: 1) are stated, 2) are accessible, 3) there is an educational program to inform the academic community, 4) there is a person or unit responsible for their enforcement, 5) there is sufficient autonomy, and 6) sufficient resources to enforce them.

No policies and procedures pertaining to institutional integrity changed due to the appointment of new academic administrators. Furthermore, the selection process of a new president was advertised in a local newspaper and internally through online announcements, maintaining the institution's openness and integrity in such matters. The institution fully demonstrated that the UPR and the Medical Sciences Campus had a longstanding, extremely well developed system of policies and procedures that continued to operate regardless of the appointment of individuals in top management positions.

In accordance with federal and state laws, the UPR has issued policy statements on: equal employment opportunity; nondiscrimination on grounds of race, color, religion, gender, or ethnicity; and affirmative action regarding veterans and persons with disabilities, among others. Compliance with policies and procedures begins with their ample dissemination, which goes well beyond having such documents online. Besides the campus and school websites and the intranet, the MSC makes policy documents available in brochures and printed materials. It also offers annual workshops and training to all staff on policies pertaining to sexual harassment, ethics in government, and persons with disabilities, among others. The Sustained Learning Program (*Aprendizaje Sostenido*) of the

Department of Human Capital Management offers educational activities and self-learning tools to nonteaching personnel on these subjects. In 2013, the Deanship of Administration also established the Management and Supervision Training Academy in which employees in supervisory positions may complete a certificate over a three-month period. In addition to the training hours required by this program, the Government Ethics Office requires that all public employees in Puerto Rico complete 20 hours of ethics training every two years. The deanships have a designated person or unit that tracks the number of hours completed by employees and notifies them when the two-year term is near completion and they have not met the requirement.

Compliance with policies pertaining to students and student life is overseen by the Deanship for Student Affairs, the schools' Offices for Student Affairs, the Deanship for Academic Affairs, and school deans. The campus Student Ombudsperson Office addresses and mediates disagreements or disputes involving students. The office provides advocacy, mediation, negotiation, conciliation, and refers students to arbitration service, if needed. There is also a Faculty Ombudsperson and a campus Mediation Center that serves faculty, students, and staff.

At the time of appointment, new faculty is informed by department directors of institutional policies, faculty responsibilities and rights, and performance expectations. A summary of these is provided in the *Faculty Manual*, which is available in the campus Web page (*Manual del Docente*). In addition, each year the Deanship for Academic Affairs organizes an orientation program for new faculty members, followed by a series of faculty development workshops scheduled throughout the academic year, that address institutional policies pertaining to faculty. The institution also has policies intended to protect personnel working in research projects, as well as human and animal research subjects. These policies are overseen by standing committees, which include the Institutional Review Board (IRB), the Institutional Animal Care and Use Committee (IACUC), the Biosafety Committee, the Radiation Safety Committee, the Office of Occupational Safety, and the campus Compliance Officer. There are also policies in place on intellectual property and patents. Moreover, the institution has clearly stated policies to avoid fraud, scientific misconduct, and conflict of interests in research. The Chancellor is ultimately responsible for the implementation of all policies at the MSC level.

Grievance Procedures

Members of the campus community may file complaints at their school or unit level and appeal to higher university authorities (department heads, deans, chancellors, President, University Board, and Board of Governors). The university disciplinary actions procedure is mandated by Article 35 of the *UPR General Bylaws,* which clearly states that the corresponding authority must take action and follow procedures in grievance cases. Certification No. 138

(1981-1982) of the former Council on Higher Education, established the UPR *Administrative Appeals Procedure*, specifying the levels of authority and timeframe that should be observed in cases of appeal. The Board of Trustees Certification 41 (2002-2003) states that the institution must notify employees and students regarding their right to appeal.

Student complaints are usually received by the school Assistant Dean for Student Affairs. Students must follow school and campus channels in the resolution of their grievances, but may request the assistance of the Student Ombudsperson at any time during the process (Administrative Board Certification 147, 2015-2016). Faculty grievances also follow the appeal levels stated above (department heads, deans, Chancellor, President, University Board, and Board of Governors).There is also a Faculty Ombudsperson on campus and a Mediation Center.

The campus has a Research Integrity Officer in charge of compliance with policies pertaining to research activities. Besides the Office of the Comptroller of Puerto Rico, the institution is also audited by the Food and Drug Administration (FDA) and by the Office for Human Research Protections (US Department of Health and Human Services).

Academic Freedom

Academic freedom principles are established and protected by the *UPR General Bylaws* (Chapter I, Article 11, Sections 11.1 to 11.3). Academic freedom is:…*the right of any faculty member to teach with objectivity and honesty his/her discipline of expertise, with no other restrictions than those imposed by the moral and intellectual responsibility to cover all the essential elements of the course subject, as approved by the corresponding authorities, with respect for dissenting opinions, and with educational methods consonant with ethics in teaching and the search for truth.*

At the MSC, the policy concerning academic freedom principles was approved by the Academic Senate in Certification 38, 1997-1998. The policy document is given to students during the Orientation and Enrollment Week and to new faculty during the annual Faculty Orientation workshop. There is also a section on the subject in the online *Faculty Manual.* Complaints regarding academic freedom must follow the grievance channels described above. See *Faculty Manual* at: http://juntaadministrativa.rcm.upr.edu/Documentos.aspx.

Fair Recruitment

The MSC has fair recruitment, hiring, and evaluation practices pertaining to faculty, as described in its *Faculty Manual*. Articles 70 through 78 of the *UPR General Bylaws* address recruitment of non-teaching personnel. The Office of Recruitment and Selection, in the Department of Human Capital Management, is

responsible for identifying suitable candidates for available non-teaching positions. The office reviews the files of potential candidates and verifies education, experience, and other qualifications.

Conflict of Interests

The UPR abides by regulations to address conflicts of interests issued by the Office of Government Ethics of Puerto Rico and by specific policies and rules applicable to situations involving research, education, and service activities, particularly those pertaining to bids and purchasing processes (Board of Trustees Certification 20, 2003-2004; Council on Higher Education Certification 130, 1988-1989; Board of Trustees Certification 30, 2008-2009).

The former Board of Trustees approved the *Policy on Conflicts of Interests and Disclosure of Financial Interests in Research and Other Sponsored Programs* (Board of Trustees Certification 63, 2007-2008). The policy seeks to: *Identify, eliminate or manage any possible threats to the integrity of research and sponsored programs conducted at the UPR. This policy sets forth procedures and guidelines that are to be followed by the University in resolving or managing actual and potential faculty conflicts of interest and commitment pertaining to all research projects, regardless of their source of funding.* The policy extends to other sponsored activities and also establishes a procedure to identify and manage potential conflicts.

Regarding conflict of interests in for profit ventures that are developed by the institution, the UPR and the MSC have in place specific policies and procedures focused on prevention and management (Council on Higher Education Certification 202, 1980-1981; Board of Trustees Certification 123, 1996-1997; Law 174 of August 31, 1996; Board of Trustees Certification 124, 1996-1997; Board of Trustees Certification 132, 2002-2003).

Truthfulness in Advertisement and Materials and
Dissemination of Institutional Information

All campus schools and offices are held accountable for the information they publish in catalogs, reports, advertisements, surveys, and other documents. The campus Press Office is responsible for verifying all press releases to ensure accuracy and truthfulness. Information regarding academic offerings and admission criteria are published at the MSC website and in official brochures, catalogs, and local media. The campus *Catalog* is updated by the Office of Academic Development under the Deanship for Academic Affairs, with information provided and certified as accurate and truthful by the six schools and other university authorities. The campus Press Office and the Institutional Review Board review all advertising pertaining to the recruitment of human subjects for research.

Dissemination of institutional information generated in accreditation and assessment processes is available on campus, both online and in print. Accreditation processes are highly participatory and involve assessment of institutional outcomes against the standards of 19 accrediting agencies besides MSCHE. The campus Accreditation Office maintains copies of all self-study reports, which are available to members of the academic community for reference. The campus latest MSCHE *Self-Study Report* is posted on the institutional intranet. Some schools and programs make theirs available in a similar manner.

The preceding policies, procedures, grievance procedures, and support units described above constitute a well-established and reliable system aimed at fostering and preserving institutional integrity. The changes in the campus' academic administration that occurred in 2013 were widely disseminated on campus and in no way upset institutional integrity. Grievance channels were always open to members of the academic community. No grievances were filed regarding the process. The campus Academic Senate appointed a committee to evaluate candidates for the position of President of the University as they were referred by the Board of Governors. That process was also widely disseminated to the academic community and the general public.

The UPR showed its integrity in the firm and swift way in which it addressed serious concerns expressed by the Academic Senates of 10 of the system's campuses regarding the performance of its former governing board and president. It was done in a fairly seamless transition that built on the contributions of its members, both past and present.

On November 21, 2013, the Commission accepted the campus' *Supplemental Information Report*. No further issues were brought up regarding compliance with Standard 6.

MSCHE STANDARD 7

The institution has developed and implemented an assessment process that evaluates its overall effectiveness in achieving its mission and goals and its compliance with accreditation standards.

This section discusses specific recommendations contained in the *Site Visit Team Report*, the *Self-Study Report*, and the monitoring reports. A detailed analysis of all campus assessment activities for the past five years is included in Section V *Organized and Sustained Processes to Assess Institutional Effectiveness and Student Learning*

Site Visit Team Recommendations and Institutional Actions to Address Them

Site Visit Team Recommendations

A process should be developed for the regular assessment of administrative services and this information used to guide process improvements.

Institutional Actions

During the past five years the campus has undertaken specific steps to strengthen the institutional assessment culture and establish the mechanisms to collect relevant data for decision-making. The action plan developed establishes goals, activities, expected results, success criteria, actions taken, and dissemination of results strategies **(Appendix 4)**.

The first step was to conduct training sessions for managers and staff of the Deanship for Student Affairs, Deanship for Academic Affairs, and Deanship of Administration on the Nichols five-column assessment model in order to determine the level of effectiveness of their units. In addition to these workshops, the campus offered training sessions on the use of the WEAVEonline platform, which were open to all members of the academic community. Workshops stressed the importance of using a common platform in order to share assessment results for decision-making. The Deanship of Administration began entering data in the WEAVEonline platform, while the Deanship for Student Affairs should complete the process within the next six months.

The Institutional Assessment Committee continues to disseminate assessment results through its web page at http://coia.rcm.upr.edu/. The page includes information in dashboard format, as well as training tutorials and other relevant information. The academic community also receives brief informative leaflets (NotiAvalúo) through the institutional email service and the campus television circuit.

It should be noted that the campus has made significant progress in its assessment process (both institutional and student learning) during the past five years. There has been a clear strengthening of the assessment culture, regular meetings and activities of the Institutional Assessment Committee, and the creation of an official Web page to disseminate assessment activities and results. There have also been lessons learned along the process, particularly the need to focus on selected goals and a realistic number of indicators to be measured.

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**Self-Study Recommendations and
Institutional Actions to Address Them**

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Self-Study Recommendations

Recommendation 1

Coordinate the institutional assessment cycle with the planning and budgetary processes and continue to educate academic and administrative leaders in the development and evaluation of indicators of institutional effectiveness.

Recommendation 2

Systematize data gathering, recording, and reporting processes and establish opportunities for sharing assessment tools and strategies among schools and departments/programs.

Recommendation 3

Modify the annual report format to include a specific section on actions taken based on assessment findings.
Institutional Actions

Recommendation 1

Efforts to link the assessment cycle with planning and budgeting are discussed in Section VI *Linked Institutional Planning and Budgeting Processes* of this report.

Recommendation 2

Data gathering, reporting processes, and sharing of assessment tools are discussed in the preceding section on institutional actions to address Site Visit Team recommendations, and on Section V *Organized and Sustained Processes to Assess Institutional Effectiveness and Student Learning.*

Recommendation 3

This recommendation was not implemented because all assessment activities, including dissemination of results and "closing the loop" actions are being conducted and monitored by the Institutional Assessment Committee. In addition to this, accreditation reports contain this information as requested by the program, school, or campus accrediting agencies.

**Monitoring and Supplemental Information Reports
Since the Last Accreditation**

Standard 7 was not included in any monitoring or supplemental information report request.

MSCHE STANDARD 8

The institution seeks to admit students whose interests, goals, and abilities are congruent with its mission and seeks to retain them through the pursuit of the students' educational goals.

**Site Visit Team Recommendations and
Institutional Actions to Address Them**

Site Visit Team Recommendations

A plan to stem the attrition of students in the Public Health School should be developed and implemented.

Institutional Actions

The 2011 MSCHE Site Visit Team recommended that the Graduate School of Public Health develop and implement a plan to stem the attrition of students in the school. Findings in a study on attrition causes conducted by the school indicated that financial issues, curricular sequence, and personal problems were some of the main reasons for student attrition. As a result of these findings, the school implemented eight support strategies:

1. Academic advising was strengthened, particularly in programs experiencing graduation rates below 70% at the master's level and 60% at the doctoral level. The Council on Education for Public Health (CEPH), the accrediting agency for schools of public health, lowered its initial 80% graduation rate requirement to 70% for master's degree programs and 60% for doctoral programs.

2.   An exit interview survey was implemented to measure the students' level of satisfaction with the advising services in order to identify activities that might help them complete the degree.

3.   Counseling activities were strengthened to better serve day and evening students in order to help them address personal and family problems that they might experience.

4.   Academic programs implemented curricular modifications pertaining to culminating experiences. In particular, the professional programs' culminating experiences (theses or research projects) were replaced with a practicum. This field experience provides students the opportunity to develop professional skills by integrating and applying core concepts, specialized knowledge, and skills in the analysis of current public health issues in an agency, institution, or in the community. The practicum, as a culminating experience, provides a more relevant practice and enhances the professional nature of the programs.

5.   During academic year 2012-2013 the school revised its admission requirements for all academic programs. These were implemented for the 2014-2015 cohort of applicants. The revision took into account graduation rates, curricular revisions in several programs, and data on the success rate in completing academic programs in the least amount of time needed for completion, among other factors. This change in the admission requirements should help improve the quality of the applicant pool and the selection of more successful students.

6.   The school´s Office for Student Affairs continued offering its five-day series of workshops for all incoming students. The topics covered include graduate school survival skills and basic competencies needed to successfully complete a degree in public health. The five-day series is held during the summer, prior to the beginning of graduate studies. The goal is to help students balance the demands of their program of study with their personal life. Other topics may include: an introduction to graduate school, how to select a research topic, time management, presentation skills, and the use of library databases. Additional workshops are conducted throughout the year.

7.   The maximum allowable time to complete master's and doctoral degrees was standardized. Five years is the maximum allowable time to complete a master's degree and eight years is the maximum for a doctoral degree.

8.   Annual monitoring of graduation rates by cohorts for all programs will be conducted. This reporting should contribute to early detection of situations needing the attention of the program or the school Dean for Academic Affairs.

Table II.2 summarizes graduation rates for 2005-2006 to 2010-2011 cohorts as defined by the school's accrediting agency (based on maximum allowable time to graduation). Given the fact that the revised admission requirements for all academic programs were implemented for the 2014-2015 cohort of applicants, and that some of the eight strategies described above cannot yield immediate results, it is still somewhat early to measure the success of the steps taken. A clearer picture will be available for the next MSCHE decennial self-study in 2021. At that time, the 2014-2015 cohort in master's degree programs will have reached the allowable time to graduation (5 years) and those in doctoral programs will be near completion (8 years). Currently, the school's main concern is with the MS programs which are under CEPH's 70% graduation rate requirement. The school will continue to follow those programs closely. One possible strategy is to encourage students to aim towards the minimum time required for completion instead of maximum times, strengthening coaching and advising, and improving the accountability system school-wide.

On the positive side, the MPH and MHSA degree programs have met or exceeded the accrediting agency's required minimum graduation rate of 70% for the 2007-2008 to 2010-2011 cohorts. Results for the DrPH programs must be analyzed individually since one of the programs admits students on alternate years and the 2008-2009 and subsequent cohorts have not reached the time allowed for completion (8 years). Expanded academic advising and successful coaching is required for advanced degrees. A roadmap of course schedules and steps toward completion of the dissertation will be discussed with each student in an effort to individualize academic advising and achieve completion of the degree within the expected timeframe.

Table II. 2 Graduate School of Public Health Graduation Rates 2005-06 to 2010-11 Cohorts

Degree	Allowable time to graduation in years	2005-2006 Cohort		
		Entering students	Number Graduated in AY	Graduation Rate (average)
DrPH	8	7	3	43%
MPH	5	97	66	68.04%
MHSA	5	12	10	83.33%
MS	5	30	20	66.67%
Degree	Allowable time to graduation in years	2006-2007 Cohort		
		Entering students	Number Graduated in AY	Graduation Rate (average)
DrPH	8	0	0	N/A
MPH	5	113	70	61.95%
MHSA	5	18	17	94.44%
MS	5	31	19	61.29%
Degree	Allowable time to graduation in years	2007-2008 Cohort		
		Entering students	Number Graduated in AY	Graduation Rate (average)
DrPH	8	0	0	N/A
MPH	5	107	86	80.37%
MHSA	5	18	15	83.33%
MS	5	28	22	78.57%
Degree	Allowable time to graduation in years	2008-2009 Cohort		
		Entering students	Number Graduated in AY	Graduation Rate (average)
DrPH	8	6	2	33%
MPH	5	87	78	89.66%
MHSA	5	14	13	92.86%
MS	5	38	28	73.68%
Degree	Allowable time to graduation in years	2009-2010 Cohort		
		Entering students	Number Graduated in AY	Graduation Rate (average)
DrPH	8	0	0	0
MPH	5	97	82	84.54%
MHSA	5	21	15	71.43%
MS	5	31	17	54.84%
Degree	Allowable time to graduation in years	2010-2011 Cohort		
		Entering students	Number Graduated in AY	Graduation Rate (average)
DrPH	8	0	0	0%
MPH	5	98	76	78%
MHSA	5	16	15	94%
MS	5	33	17	52%

**Self-Study Recommendations and
Institutional Actions to Address Them**

Self-Study Recommendations

1. *Formally examine the possible causes for reduction in the number of applicants and increased attrition in the programs showing these trends, in order to identify factors that may be under the MSC control and for which the institution could take corrective measures.*

2. *Conduct needs assessment activities designed to identify common issues affecting MSC students, as opposed to specific issues affecting students at the individual schools or programs.*

Institutional Actions

Recommendation 1

In general, most academic programs have an appropriate applicant pool for the established class size in terms of number and quality of students. Reductions in number of applicants must be examined on a case by case basis because reasons for the reduction vary by program. In some cases, the school or program has reduced the number of available slots because of available resources, or accreditation agencies' requirements. Consequently, enrollment declines according to the redefined number of available slots. Enrollment trends are discussed in detail in Section IV of this report.

Recommendation 2

Overall, student retention has not been a problem on campus. To maintain appropriate retention rates, the campus selects the best possible candidates who fulfill the admission criteria and show the motivation, character, personal traits, and commitment necessary to pursue a career in the health fields. In addition, the Schools of Medicine, Dental Medicine, and Pharmacy have developed technical standards for admission, which state the minimum abilities and competence needed to withstand the curricular demands, pressures, and changing circumstances that characterize the practice of medicine, dentistry, and pharmacy in accordance with professional accreditation agencies standards. This helps students determine if they are well-suited for the practice of these professions and, thus, improves retention rates once admitted. Also, candidates are interviewed to assess non-cognitive characteristics deemed important for success in the health field of their choice. Another retention strategy is the support provided by the Deanship for Student Affairs to students who face situations that may threaten the attainment of their academic goals. Some of these support services are emergency loans and psychological and counseling services. **Figure II.1** shows campus graduation rates for 2009 to 2011 cohorts. Overall, 60% of students complete their degrees in the minimum time required for

completion, while on the average 83% complete their degrees in the maximum time allowed. As of September 2015, the 2011 cohort had reached a 91.2% graduation rate at maximum time allowed, although that figure could change as other programs reach their maximum time for completion and the cohort closes. Based on these values, program strategies to help students attain their degrees appear to be successful.

Figure II.1*

Graduation Rates for 2009-2011 Cohorts for Minimum Time Required and Maximum Time Allowed for Completion of Degree

September 2015
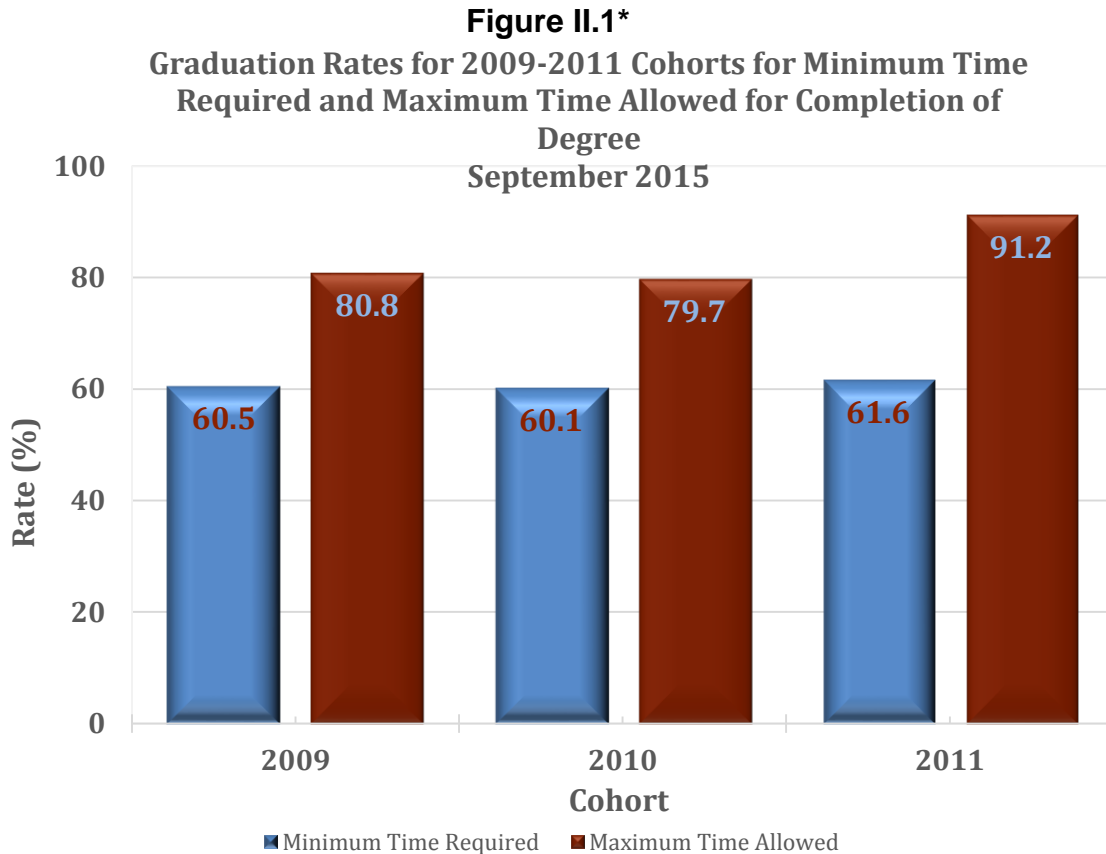
* Excludes programs that have not reached completion time.
 Source: Schools and academic programs

The most common reasons cited by students for attrition are: academic deficiencies, personal and health problems, family problems, financial reasons, and change in vocational interests. Besides program faculty, the institution provides counseling and support services to its students through its Deanship for Student Affairs and the schools' Offices for Student Affairs.

The Student Center for Counseling and Psychological Services (CECSi) conducts a yearly needs assessment survey among entering students. Based on survey results, the center prepares a series of workshops on issues affecting the general student body. The surveys have revealed the need of first year medical and dental students for tutoring. A tutoring pilot group (Biochemistry) began in 2013-2014 with doctoral students as tutors.

During the last five years, student services surveys and "Town Hall" meetings have helped identify common issues affecting MSC students. In the "Town Hall" meetings the chancellor, school deans, and academic administrators gather with students and their leaders to discuss their concerns.   The following issues, although not related to retention problems, have been identified in the meetings and addressed by campus authorities:

1.   In the matter of the availability of parking, an agreement was reached regarding special safety arrangements with the UPR Parking System for students taking evening courses. In addition, a survey of parking needs was conducted in 2014 among students and staff for the purpose of considering alternatives on this issue.

2.   The Campus Security Office has increased surveillance and is now offering an escort service for students.

3.   Online services such as registration and grade access have been improved.

4.   Following the request to improve food services on campus, the Dean of Administration and a committee with representation from all stakeholders surveyed the university community. In 2014 it began offering services at new facilities, providing a varied menu, including healthier food alternatives.

The MSC supports and values the contribution of student leaders of the General Student Council and school student councils. They are represented in the campus Academic Senate (for which they have protected time) and in many standing committees at their schools. System-wide there are student representatives at the University Board and Board of Governors. Student councils continue to be the most effective channels of communication for students to voice their concerns and requests.

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Standard 8 was not included in any monitoring or supplemental information report request.

MSCHE STANDARD 9

> *The institution provides student support services reasonably necessary to enable each student to achieve the institution's goals for students.*

Site Visit Team Recommendations and Institutional Actions to Address Them

The Site Visit Team did not make any recommendation regarding Standard 9.

Self-Study Recommendations and Institutional Actions to Address Them

Self-Study Recommendations

Identify additional sources of funding for the improvement and expansion of student services.

Institutional Actions

In spite of the fiscal crisis in Puerto Rico, the University of Puerto Rico has maintained stable recurrent operational budget allocations for the Deanship for Student Affairs. This has enabled the campus to continue to offer student services to all students in order to promote their welfare, improve their quality of life, and support the attainment of their academic goals. This is also possible thanks to the day-to-day services offered to students by the schools' Student Affairs Offices.

Additional budget allocations have been secured and used to improve and expand student services in the area of information technology and campus security. These include online admission application, pre-registration, registration, financial aid, course selection, and notification of grades, among others. Some services are now also available through phone applications, including a mobile application that allows users to report suspicious situations to security personnel. The campus also implemented a shuttle service throughout the campus, including a stop at the train station and established security watch points at three strategically located campus areas.

The MSC *Chancellor's Work Plan* includes fund raising through the Alumni Office in order to identify additional resources for the improvement and expansion of student services. The main project, the MSC Wellness Center, has also been presented to companies identified as potential donors. These new facilities will include, among others, an interior court and recreational area; conference,

games, yoga, and meditation rooms; a demo kitchen for healthy nutrition, and other services for the campus community.

Monitoring and Supplemental Information Reports Since the Last Accreditation

Standard 9 was not included in any monitoring or supplemental information report request.

MSCHE STANDARD 10

The institution's instructional, research, and service programs are devised, developed, monitored, and supported by qualified professionals.

Site Visit Team Recommendations and Institutional Actions to Address Them

Site Visit Team Recommendations

The Site Visit Team did not make any recommendation regarding faculty qualifications. Issues pertaining to faculty participation in institutional governance are discussed in Standard 4.

Self-Study Recommendations and Institutional Actions to Address Them

Self-Study Recommendations

1.   *Urge university authorities to reconsider the freeze in faculty promotions in rank, as this places an unequal financial burden on one segment of the faculty body, creates a backlog of promotions that will be difficult to finance, seriously affects faculty morale, and may create retention problems. Submit a proposal suggesting alternative measures for the consideration of the Board of Trustees.*

2.   *Request that university authorities establish a formal plan and expeditious process to fill frozen faculty positions, due to its potential effect on the accreditation status of programs and the quality of educational offerings.*

3.   *Examine the part-time and adjunct faculty hiring practices in each school to determine specific school needs and establish policies to safeguard the proper balance between regular and adjunct or part-time faculty under contract.*

4.   *Identify the factors that are delaying the implementation of the new faculty evaluation system and propose corrective measures, if necessary.*

5.   *Continue to identify and resolve administrative support problems affecting researchers.*

6.   *Urge university authorities to increase faculty representation at the University Board and Board of Trustees, and continue to meet regularly with faculty representatives.*

Institutional Actions

Recommendation 1

As discussed in Standard 3 (Resources), in order to adjust for budget reductions for fiscal years 2008 to 2015, the campus implemented the University Governing Board mandatory cost containment measures in 2010, including: a freeze on salary increases, promotions in rank, and vacant positions; nonpayment for excess sick leave; and very limited reimbursement of faculty travel expenses. However, due to the unfair burden on teaching personnel and the backlog of promotions, the Board of Governors lifted the freeze on promotions in rank effective July 2013. Until then, campus authorities had received the portfolios of faculty eligible for promotion in rank and reviewed their cases recognizing merit, but were unable to actually grant the promotions due to lack of funding. The campus Administrative Board established a register of faculty members who had submitted their applications for promotion to establish the order in which these were to be granted once the funds were received. As shown in **Table II.1** Standard 3, the campus has fully addressed this recommendation. All promotions pending for the 2010 to 2014 cohorts have be granted. The 2015 cohort will be considered in the May 2016 meeting of the campus Administrative Board.

For academic year 2015-2016 cost containment measures were increased in order to offset the effect of delays in the transfer of funds to the university by the local Treasury Department. Specifically, all new appointments (except those funded by federal funds and grants) have been suspended and payments to utilities and vendors have been delayed in order to meet the payroll. These measures will be re-evaluated in June 2016 to take into account Puerto Rico's overall financial situation and its effect on the university.

Recommendation 2

Procedures by university authorities for an expeditious process to fill frozen faculty positions are well delineated. The process is managed by the Chancellor's Office, Deanship of Administration, and the President's Office according to the three possible scenarios described in Standard 3: 1) The position is available but currently has no funds, 2) The position is available with

recurrent funds but is vacant, and 3) The position becomes available due to retirement of staff. In the first scenario, a request for funds is made to the Central Administration for allocation of funds and authorization by the university president. In the second scenario, the procedure only requires the approval by the university president after the campus Budget Office certifies the availability of funds. In the third scenario, faculty positions may be filled following the regular procedure for appointments. Filling non-teaching positions, on the other hand, would need the approval of the university president. Decisions may vary according to institutional priorities, accreditation requirements, difficult recruitment areas, and availability of university funds given the dynamic nature of Puerto Rico's current fiscal situation. Thus far, academic programs have been protected from faculty position cuts that would endanger their offerings.

Recommendation 3

Adjunct faculty appointments were originally defined and established by the Board of Trustees Certification 024, 1996-1997. These are defined as contractual agreements for a period of five years that require the approval of the Department Director and Dean and may be renewed for five-year terms based on the adjunct faculty's evaluation. Individuals hired as adjunct faculty are not subject to regular faculty salary schedules and may be compensated based on the institution's need for their expertise. They do not attain tenure as adjunct faculty although they receive most fringe benefits. In this sense, this type of appointment differs from the adjunct faculty category in US universities. In academic year 2011-2012 there were 43 adjunct faculty appointments on campus. In 2015-2016, the number had increased to 72.

The adjunct faculty category was intended as a flexible contracting mechanism to help meet the needs of the institution's research, teaching, and service activities, particularly those in difficult recruitment areas. It was not intended as a bypass to regular faculty recruitment procedures and remuneration, but some concern as to its implementation was expressed in the 2011 *Self-Study Report*. Specifically, there was concern as to the potential proliferation of adjunct and part-time faculty appointments and the need to establish policies to safeguard the proper balance between these types of appointment and regular faculty. There was also a grey area as to when to grant joint appointments instead of adjunct faculty appointments, inasmuch as some individuals are regular faculty members in one university unit and hold an adjunct appointment at another. There are also adjunct faculty appointments without remuneration, which would be in fact Ad honorem appointments.

In order to address the concerns regarding the adjunct faculty appointments described above, the campus Administrative Board conducted an analysis of the situation and issued Certifications 89-93 (2015-2016) addressing several aspects of the issue and making recommendations as to the appropriate actions:

1. Develop a uniform evaluation mechanism for adjunct professors (Cert 89)

2. Apply the joint appointment category instead of the adjunct faculty appointment in the case of individuals who already hold academic rank at another unit on campus or the UPR System (Cert. 90)

3. Follow the recruitment procedure recommended by the ad hoc committee charged with the responsibility of analyzing adjunct faculty appointments (Cert. 91)

4. Recommend to the University Board and the Board of Governors that the category of adjunct professor be included and clearly defined in the *University Bylaws* (Cert. 92)

5. Support Academic Senate Certification 016, 2015-2016 requesting that the Board of Governors include adjunct faculty in the university pension plan, so that they contribute to the system (Cert. 93)

With Certifications 89-91, the campus Administrative Board has effectively addressed the grey issues pertaining to the appointment of adjunct faculty on campus while higher university authorities decide on the suggestions presented in certifications 92 and 93.

Recommendation 4

This concern has been fully addressed. The new faculty evaluation system was implemented effective academic year 2012-2013.

Recommendation 5

The *Center for Research Compliance and Development* (CRECED for its acronym) was created by Administrative Board Certification 167 (2014-2015). It was the first step in the reorganization of the administrative, finance, human resources, and compliance offices under one unit, which may evolve into a proposed Deanship of Research. This new structure supports researchers from the pre-award through the post-award stages of their projects. Specific actions taken include:

- Recruitment of new staff for the pre-award and post-award sections

- Appointment of Dr. Marcia Cruz Correa as Interim Scientific Director; Dr. José Rodríguez Medina, Associate Director; Dr. Augusto Elías, Research Integrity Officer

- Meetings with compliance units on campus including the Internal Review Board (IRB), Institutional Animal Care and Use Committee (IACUC),

Biosafety Committee, and Radiation Protection Committee to strengthen collaboration

- Coordination of procedures to optimize compliance with time and effort reports

- Establishment of an email account to disseminate information on federal proposals and regional sponsors including the National Institutes of Health (NIH), Department of Defense (DOD), Food and Drug Administration (FDA), and others

- Development of a new database to monitor researchers' publications

- Allocation of funds for technical support in scientific publishing

Recommendation 6

As stated in the 2011 *Self-Study Report*, there are six basic levels of decision making at the University of Puerto Rico, i.e., department, school, campus, presidency, University Board, and Board of Governors, with several bodies intervening at each level depending on the issue at hand. <u>Faculty members are represented at all levels of the university system</u>.

At the school level, possible forums of discussion and decision-making are the various standing committees (personnel, curriculum, and administration, among others) in which faculty participate. At the campus level, the two main bodies are the Academic Senate (essentially an all-faculty forum) and the Administrative Board, in which there are two faculty representatives elected by the Academic Senate. Academic matters such as the creation of new programs must go through channels up to the Board of Governors, while other matters such as the campus *Assessment Plan* are developed by a campus standing committee and implemented without further referral outside the campus. Administrative matters are mostly decided at the school level once budgets have been assigned, but personnel actions such as promotions in rank, tenure, sabbaticals, and leaves of absence must be submitted to the Administrative Board for approval. The University budget is approved by the Board of Governors. Once assigned, campus officials have authority as to how discretionary funds are spent. The Board of Governors also decides on tuition, employee salaries and benefits, academic distinctions, and amendments to the *UPR General Bylaws*, among other issues. Levels of approval for most matters are stated in the *Bylaws*, certifications issued by the various bodies, or the president's executive orders.

The main change in the structure of governance occurred in 2013, when the legislature amended the *University Law* and the composition of the Board of Governors by enacting Law No. 13 of April 30, 2013. The number of board members was reduced from 17 to 13. The new composition includes two

students (one undergraduate, one graduate), two professors from different units of the university system and the Secretary of Education (ex officio) in addition to eight members appointed by the governor. Although the number of Board members was reduced, the number of faculty representatives remained the same (2). Thus, no change has occurred in the number of faculty representatives. The participation of faculty continues to be guaranteed at all university levels.

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Standard 10 was not included in any monitoring or supplemental information report request.

MSCHE STANDARD 11

The institution's educational offerings display academic content, rigor, and coherence that are appropriate to its higher education mission. The institution identifies student learning goals and objectives, including knowledge and skills, for its educational offerings.

The MSC professional schools and programs and hospital-based residencies are currently accredited by the following: Liaison Committee on Medical Education (LCME), Accreditation Council for Graduate Medical Education (ACGME), Commission on Dental Accreditation of the American Dental Association (CODA-ADA), Council on Education for Public Health (CEPH), Accreditation Council for Pharmacy Education (ACPE), and Commission on Collegiate Nursing Education (CCNE).

Most programs in the School of Health Professions hold profession-specific accreditations granted by the following agencies: Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), Commission on Dental Accreditation of the American Dental Association (CODA-ADA), Joint Review Committee on Education in Radiologic Technology (JRCERT), Committee on Veterinary Technicians Education and Activities-American Veterinary Medicine Association (CVTEA-AVMA), Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (CAPTE-APTA), Council on Academic Accreditation of the American Speech-Language-Hearing Association (CAA-ASHA), Commission on Accreditation for Dietetics Education of the American Dietetic Association (CADE-ADA), Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCEPNMT), National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association (ACOTE-AOTA), Cytotechnology Programs Review Committee of the Commission on Accreditation of Allied Health Education

Programs of the American Society of Clinical Pathology (CPRC-CAAHEP-ASCP), Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and the Accreditation Council for Education in Nutrition and Dietetics (ACEND).

The Accreditation Commission for Midwifery Education (ACME) and the Commission on Accreditation of Healthcare Management Education (CAHME) accredit two programs in the Graduate School of Public Health. The Council on Accreditation (COA) of Nurse Anesthesia Education Programs accredits the Nurse Anesthesia program at the School of Nursing.

The numerous school and program accreditations guarantee institutional compliance with professional standards and maintain MSC programs attuned to new knowledge and emerging trends in their fields. The MSCHE accreditation process affords the institution an opportunity to examine areas and issues shared by programs and units that contribute to the attainment of the campus mission and common goals.

Site Visit Team Recommendations and
Institutional Actions to Address Them

The Site Visit Team did not make any recommendation regarding Standard 11.

Self-Study Recommendations and
Institutional Actions to Address Them

There were no recommendations concerning Standard 11.

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Standard 11 was not included in any monitoring or supplemental information report request.

MSCHE Standard 12

The institution's curricula are designed so that students acquire and demonstrate college-level proficiency in general education and essential skills, including at least oral and written communication, scientific and quantitative reasoning, critical analysis and reasoning, and technological competency.

**Site Visit Team Recommendations and
Institutional Actions to Address Them**

The Site Visit Team did not make any recommendation regarding Standard 12.

**Self-Study Recommendations and
Institutional Actions to Address Them**

There were no recommendations concerning Standard 12.

**Monitoring and Supplemental Information Reports
Since the Last Accreditation**

Standard 12 was not included in any monitoring or supplemental information report request.

MSCHE STANDARD 13

The institution's programs or activities that are characterized by particular content, focus, location, mode of delivery, or sponsorship meet appropriate standards.

**Site Visit Team Recommendations and
Institutional Actions to Address Them**

Site Visit Team Recommendations

Capitalize on the strengths of programs and courses offered for professional development. Future offerings may be co-sponsored by neighboring healthcare groups or academic institutions or from existing relationships held with institutions on the mainland.

Institutional Actions

Certificate Programs

The MSC offers certificate programs designed to address emergent or significant needs for professional development in specialty areas in the health fields. Specifically, the institution offers nine (9) certificate programs measured in credit hours, which are academic in nature. Five (5) of them are postdoctoral certificates offered by the School of Dental Medicine in the specialty areas of prosthodontics, oral and maxillofacial surgery, pediatric dentistry, orthodontics, and general practice. The Graduate School of Public Health offers three (3) certificates in the areas of gerontology, school health promotion, and developmental disabilities. The School of Medicine offers one (1) certificate in geriatrics. These certificate programs are academic in nature and are offered by specific academic departments on campus. All courses/academic experiences are reflected in the student transcript. They meet the rigor of other academic offerings since they undergo the same curricular processes in their creation and approval.

Some certificate programs are not offered by academic departments, but by the schools' continuing education divisions. These include the Certificate in Bioethics offered by the Graduate School of Public Health, the Certificate in Oncologic Nursing and the Certificate in Critical Care offered by the School of Nursing, and an International Program for Advanced Placement offered by the School of Dental Medicine.

Continuing Education Programs

The University of Puerto Rico Board of Trustee´s Certification 190, 2000-2001 established the *Institutional Policy and Strategic Guide for Continuing Education and Professional Studies at the University of Puerto Rico*. This policy establishes that continuing education units (DECEPs, for their Spanish acronym) will be under the Deanship for Academic Affairs. In the case of the MSC, in addition to the central continuing education division, five of the six schools have their own division. All are authorized to offer continuing education by the applicable local health professions boards.

During the period 2010-2011 to 2013-2014, campus divisions offered over 1,300 continuing education activities, with the attendance of approximately 14,000 health professionals per year. These educational activities were offered by instructors hired by the CE divisions. Between 45-60% of those hired were from organizations outside the UPR or private practitioners. This evidences the institution's efforts to strengthen collaboration with neighboring healthcare groups or academic institutions, as recommended by the Site Visit Team.

The demand for continuing education courses in the health professions is constant due to the fact that Law 11 of June 23, 1976 requires that all health professionals who must renew their licenses, must complete a given number of continuing education hours prior to renewal as established by local boards. The boards evaluate and approve the continuing education courses using criteria established by the law: organizational structure, plan of continuing education, physical facilities, instructional methodology, objectives, content of the courses, time dedicated to the activities, professional competencies of the instructor (Curriculum Vitae), and method of course evaluation.

The boards must approve the continuing education activities before they are offered in order to guarantee compliance with the established quality standards. Quality indicators include: the syllabus, the curricula vitae of the instructors, pre and post-tests, and course evaluations.

Contractual Relationships and Affiliate Providers

The MSC has 22 collaborative agreements with U.S. universities to offer academic experiences to its students. There are also agreements with three local universities (Carlos Albizu University, Universidad Central del Caribe, and Ponce Health Sciences University).

The School of Medicine offers a joint program of Doctor of Medicine/Juris Doctor (MD-JD) with the UPR Law School, a Doctor of Medicine/Philosophy Doctor (MD-PhD) with the Division of Biomedical Sciences of the UPR-School of Medicine; Yale School of Medicine; the Graduate School of Biomedical Sciences, University of Texas Health Sciences in Houston; and the Graduate School of Biomedical Sciences, School of Medicine Mayo Clinic. The School of Dental Medicine offers a joint program of Doctor of Dental Medicine/Philosophy Doctor (DMD-PhD) through a partnership with the University of Rochester.

Self-Study Recommendations and
Institutional Actions to Address Them

Self-Study Recommendations

Develop a plan to systematically assess campus and school continuing education offerings.

Institutional Actions

No plan to systematically assess campus and school continuing education offerings has been developed. The participants in the Periodic Review Report (PRR) process deemed the oversight of the local health professions boards to be sufficient in terms of assuring the quality of the continuing education offerings. As stated above, the boards evaluate and approve the continuing education

programs using criteria such as: structure, physical facilities, instructional methodology, objectives, content of the courses (syllabus), time dedicated to the activities, professional competencies of the instructor (Curriculum Vitae), and method of course evaluation. The fact that between 45-60% of the continuing education instructors are not UPR faculty was not considered by participants in the PRR process as a lack of institutional oversight over one of its educational activities, but rather as evidence of strong ties with other academic institutions and health care professionals in the community. <u>Thus, they concluded that this recommendation did not have to be implemented.</u>

Monitoring and Supplemental Information Reports
Since the Last Accreditation

Standard 13 was not included in any monitoring or supplemental information report request.

MSCHE Standard 14

Assessment of student learning demonstrates that, at graduation, or other appropriate points, the institution's students have knowledge, skills, and competencies consistent with institutional and appropriate higher education goals.

Site Visit Team Recommendations and
Institutional Actions to Address Them

Site Visit Team Recommendations

To minimize redundancy and optimize operational efficiency, the institution should provide necessary resources (financial and otherwise) to identify common assessment infrastructure/indicators across schools. Successful implementation of these recommendations requires:

1. *Coordinating assessment, planning, and decision-making (including budgeting).*

2. *Offering opportunities for faculty development seminars and workshops.*

3. *Developing sustainable strategies to facilitate information dissemination and sharing across schools and programs.*

Institutional Actions

Since the 2011 MSCHE Site Visit the campus has undergone a significant change in its assessment culture, as evidenced in the considerable progress

made in implementing measures to strengthen assessment across schools. This includes all the elements recommended by the Site Visit Team: Coordinating assessment, planning, and decision-making (including budgeting); offering opportunities for faculty development seminars and workshops; and developing sustainable strategies to facilitate information dissemination and sharing across schools and programs. Assessment of student learning, as well as institutional assessment are discussed in detail in **Section V** of this report.

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**Self-Study Recommendations and
Institutional Actions to Address Them**

</div>

Self-Study Recommendations

Recommendation 1

Plan a faculty development activity that will offer all MSC faculty members the opportunity to acquire the skills needed to use course/program assessment results in decision-making and strategic planning.

Recommendation 2

Strengthen the infrastructure at the Deanship for Academic Affairs in order to provide support and close follow-up to programs that are still in the implementation phase of their assessment plans.

Recommendation 3

Develop a campus wide assessment guide for programs in order to produce comparable data and facilitate dissemination of assessment results on campus and to external stakeholders.

Institutional Actions

Self-Study recommendations essentially coincided with the Site Visit Team recommendations. Actions taken are discussed in detail in **Section V** of this report.

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**Monitoring and Supplemental Information Reports
Since the Last Accreditation**

</div>

Standard 14 was not included in any monitoring or supplemental information report request.

Section III
Major Challenges and/or Opportunities

Major Challenges

The single most important challenge faced by the MSC is its **financial stability**. As a unit of a state-supported university system it is inevitably affected by Puerto Rico's current financial crisis. Thus far, the campus has survived repeated budget cuts and cost containment measures without hindering the quality of its academic programs. Puerto Rico's economic situation is dynamic and, as such, the university and the MSC must be ready to move swiftly in potentially more difficult scenarios following a well thought-out strategic plan **(Standard 3 and Sections IV and VI).**

Difficult financial times have coincided with a **generational transition** that will take place along with **reduced opportunities for hiring** new personnel due to budget cuts. This compounds the challenge as the institution must tread carefully in restricting hiring while recruiting new faculty to guarantee continuity of its academic programs and appropriate expertise in curricular areas **(Standards 5 and 10)**.

A third challenge is to continue to **admit qualified students** in view of population changes, competition from the private sector, or financial pressures that may lead potential applicants to postpone or abandon academic goals. In this the institution must uphold its high academic standards while developing some flexible or alternative teaching modalities **(Standards 8, 11, 13 and Section IV.B)**.

Opportunities

In order to attract the most talented students, the MSC can capitalize on its outstanding **accreditation record (Standard 11)** and in the offering of many unique programs in Puerto Rico. It's **highly qualified graduates (Standard 8)** do well both locally and abroad and constitute the best evidence of the quality of the institution.

Research is another area in which the campus is strongly competitive and may continue to expand its scope and secure additional funding. **Collaborative initiatives** have and could continue to project the MSC as a valuable partner in the study of diseases and conditions that affect local and global populations **(Standard 10)**.

The **strengthened assessment culture** represents an opportunity for accurate analysis of institutional and student learning effectiveness that could aid in decision-making and the institution's response to its environment **(Standards 7, 14, and Section V)**.

The campus has a competitive advantage over other units of the university system which has accounted in part for its survival during difficult financial times. It has a capacity for **sale of services** thanks to the **expertise of its faculty** and its **prestige in the community**. Services may be increased and diversified by adding other health professions currently not represented in the **faculty practice (Standard 10 and Section IV)**.

Section IV

Enrollment and Finance Trends and Projections

This section analyzes campus enrollment trends vis a vis financial trends leading to institutional projections for the next three years. Section II Standard 3 of the report addresses the specific recommendations regarding resources made by the Site Visit Team and those identified by the campus community in the *Self-Study*. **Section A - Financial Resources 2010-2015** presents a summary of campus financial resources for the period addressed in this report and offers the reader an overview of campus finances, which is essential to understand the overall fiscal situation of the past five years. **Section B - Financial Trends and Enrollment Projections** is a forecasting exercise.

A. FINANCIAL RESOURCES 2010-2015

Financial resources constitute the institution's single most important area of concern. The following sections describe financial reporting and auditing practices, sources of funds, allocation of funds, and financial challenges facing the institution.

Financial Reporting and Auditing Practices

The UPR is a non-profit, land grant institution of the Commonwealth of Puerto Rico. As such, it is exempt from payment of taxes on its revenues and properties. As a component unit of the Commonwealth, it is presented as a public university fund in the general-purpose financial statements of the Commonwealth. The University has 12 reporting entities, including the Central Administration.

Appropriations from the Commonwealth are the principal source of revenues of the University and are supported by Law No. 1 of January 20, 1966, as amended. Under this law, the Commonwealth appropriates for the University an amount equal to 9.60% of the average gross income collected by the government in the two fiscal years immediately preceding the year of the assignment. The UPR's institutional financial statements are prepared on the accrual basis of accounting following the accounting and financial reporting guidelines recognized by the *American Institute of Certified Public Accountants Industry Audit Guide – Audits of Colleges and Universities*, as amended.

Financial decision-making rests ultimately with the Board of Governors, which approves the budget. Once budgets are assigned, campus and school officials have considerable authority over the assigned discretionary and operational funds. Their management of funds is subject to internal and external audits, but there is no formal performance evaluation of leaders in budget management.

Sources of Funds

The campus budget comprises university funds, external funds, and other funds. University funds (or General Fund) include funds assigned to the University by the government of Puerto Rico and income generated by the University from enrollment, construction fees, and other sources **(See Appendix 5)**. Since university funds normally depend on Puerto Rico's economic growth and tax collections, these funds may vary from year to year. External funds mostly come from the Faculty Practice, competitive and minority research grants from the federal government, legislative assignments, contracts with state agencies, revolving funds, donations, and those obtained through the emission of bonds for the construction and maintenance of the infrastructure (capital improvement funds). Other sources of funds include federal scholarships, general income from the sale of services (teaching hospital) and others.

For the five-year period from fiscal year 2011 to 2015 the campus' average annual consolidated budget was $304,888,572. As seen in **Figure IV.1**, the largest budget was for fiscal year 2014 and the lowest was in fiscal year 2013. In 2015, the total campus budget was $301,783,176 which represents a reduction of $5,118,544 (-1.7%) compared to fiscal year 2011. In general terms, during this period the annual campus budget has shown a decreasing trend with the exception of fiscal year 2014.

Figure IV.1

Budget for the MSC, UPR
(Fiscal Years 2011-2015)
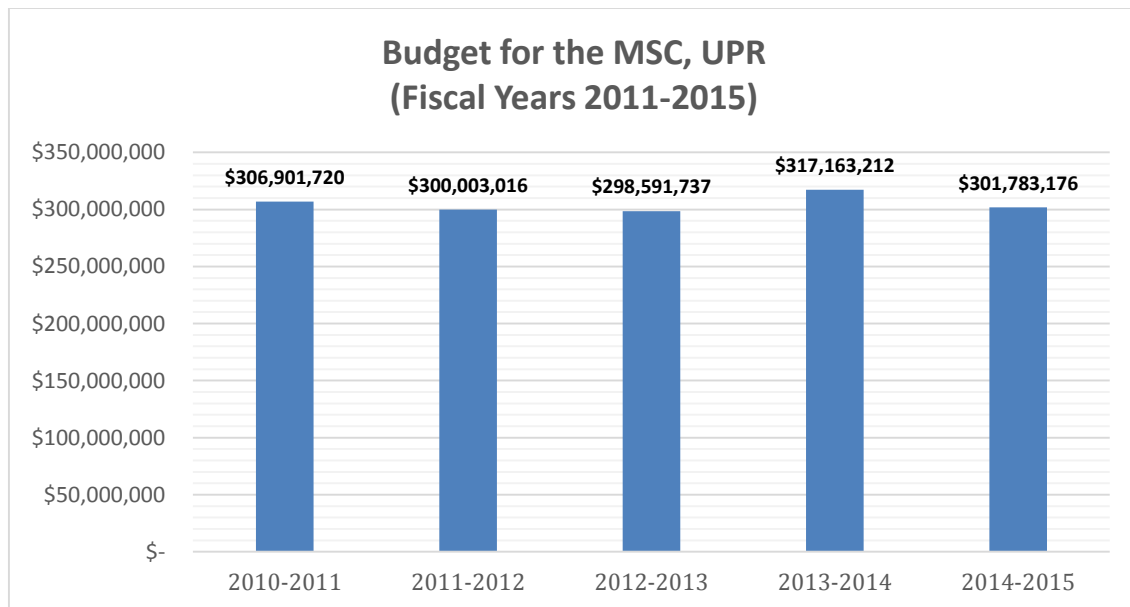
As can be seen in **Figure IV.2**, from fiscal years 2011 to 2015 the largest source of funds was external funds, followed by university funds, and then other funds. For this period the average amount of external funds was $146,202,313. For university funds it was $133,200,287 and $25,484,945 for other funds. The percentage distribution of the budget by source of funding from fiscal year 2011 to 2015 is shown in **Figure IV.3**. During the whole period the percentage of the budget for each source has been stable. There has been a small increase in the budget's share coming from external funds, which increased from 47.4% in fiscal year 2011 to 48.5% in fiscal year 2015. At the same time, the budget's share corresponding to other funds has shown a decreasing trend during the whole period, falling from 9.6% in 2011 to 7.7% in 2015. The budget's share for university funds had a slight increase from 43.0% to 43.8%.

Figure IV.2
Budget by Type of Source for the MSC, UPR
(Fiscal Years 2011-2015)
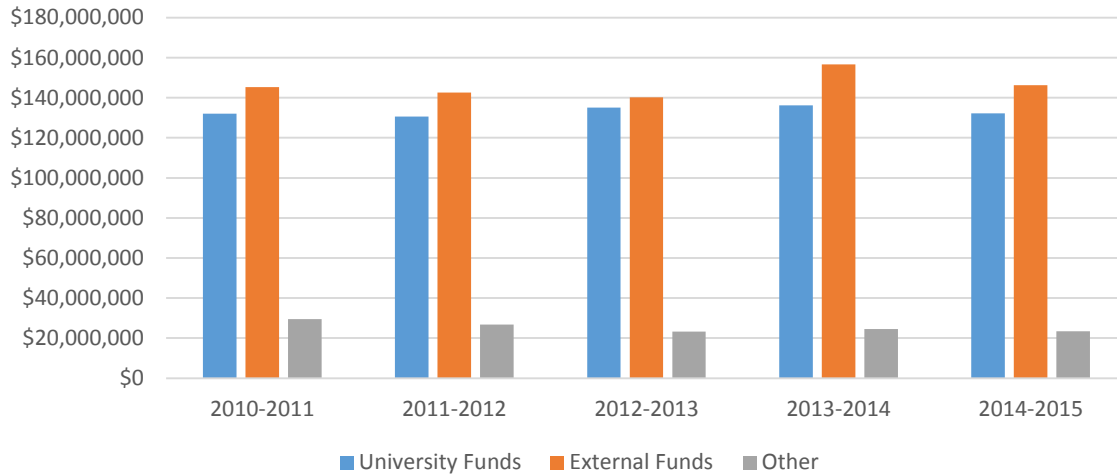
Figure IV.3
Percent Distribution of Budget by Type of Source for
MSC, UPR (Fiscal Years 2011-2015)
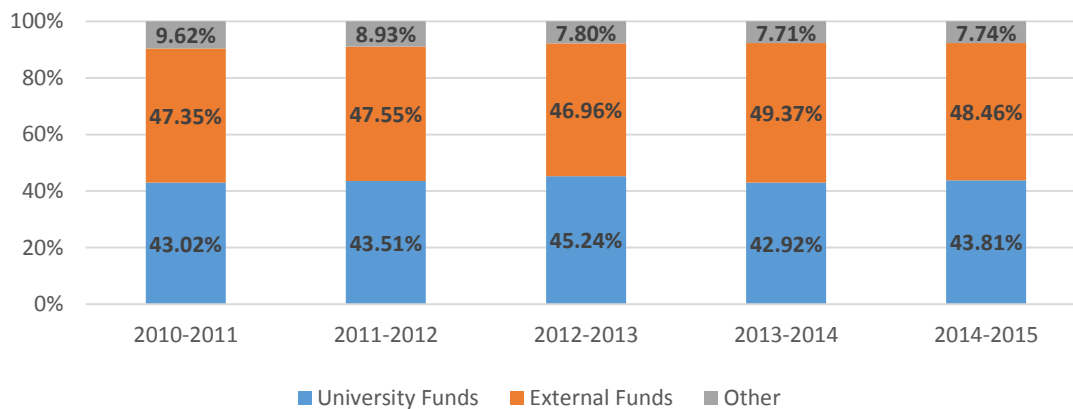
A closer look at external funds indicates that the most important component is the funds generated by the Faculty Practice. The institution retains 20% of earnings while 80% goes to practitioners. In **Figure IV.4**, the time trend for the income generated by the Faculty Practice, as well as other sources, is shown for fiscal years 2011 to 2015. The average annual amount of income generated by the Faculty Practice was $48.5 million during the period, and was $61.9 million in 2014 and $50.3 million in 2015. The second most significant source of external funds was federal funds with an annual average of $39.3 million for the period. However, federal funds experienced a reduction of $2.9 million in 2015 compared to 2011. The other important sources are state funds, legislative funds (which is a fixed annual assignment from the Puerto Rican legislature), and revolving funds. For fiscal year 2015 the campus had $18.8 million in state funds, $17.6 million in legislative funds, and $11.3 million in revolving funds. The financial survival of the campus has required alternate methods of increasing funding. Donations through fund raising campaigns targeting the alumni and other sectors of the community have generated a substantial amount of funds. In total, from fiscal years 2011 to 2015 the campus received $40.2 million in donations. For example, in fiscal year 2011 donations reached a total amount of $8.9 million, while in fiscal year 2015 they increased to $9.3 million.

Figure IV.4
External Funds by Source, MSC, UPR
(Fiscal Years 2011-2015)
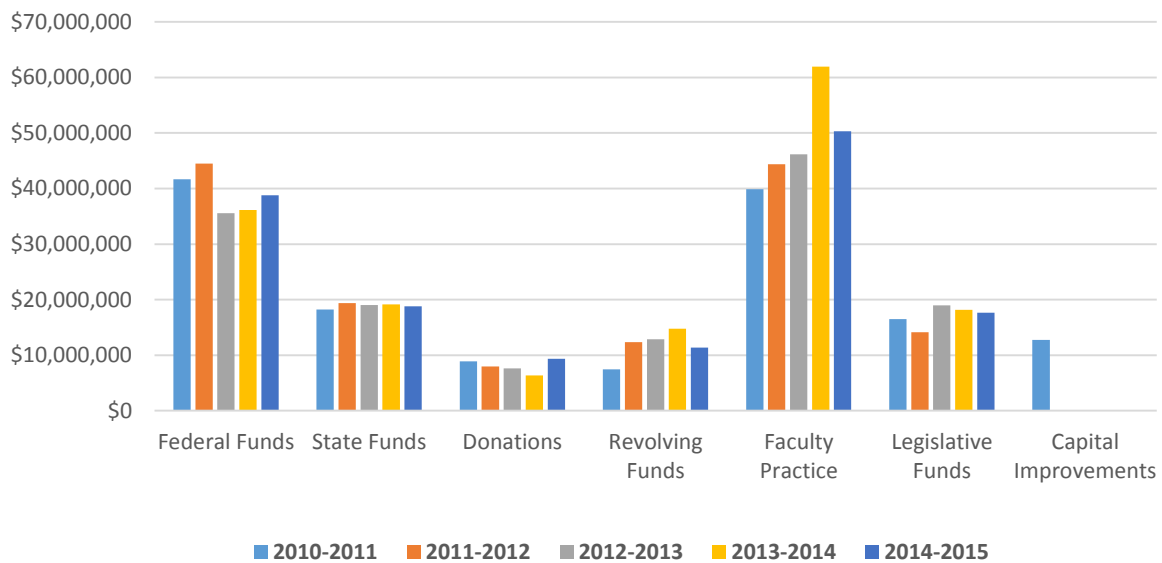
Allocation of Funds

Figure IV.5 shows the allocation of university funds by institutional component in fiscal year 2015 **(Appendix 5)**. The largest share corresponds to instruction (mostly faculty salaries) with 54.3% of the funds, followed by institutional support with around 13.9% of university funds, followed by maintenance of structures with almost 12.3%, and academic support with 10.6%. The remaining university funds are allocated for research (4.0%), student services (2.6%), scholarships/assistantships (1.7%), and service (0.6%). In essence, most of the university funds are allocated to sustain the basic components of the institutional mission. Most funds are assigned to the instruction component, while the rest go to institutional components which serve directly or indirectly all academic programs.

Figure IV.5
Allocation of University Funds by
Institutional Component for the MSC, UPR
Fiscal Year 2014-2015
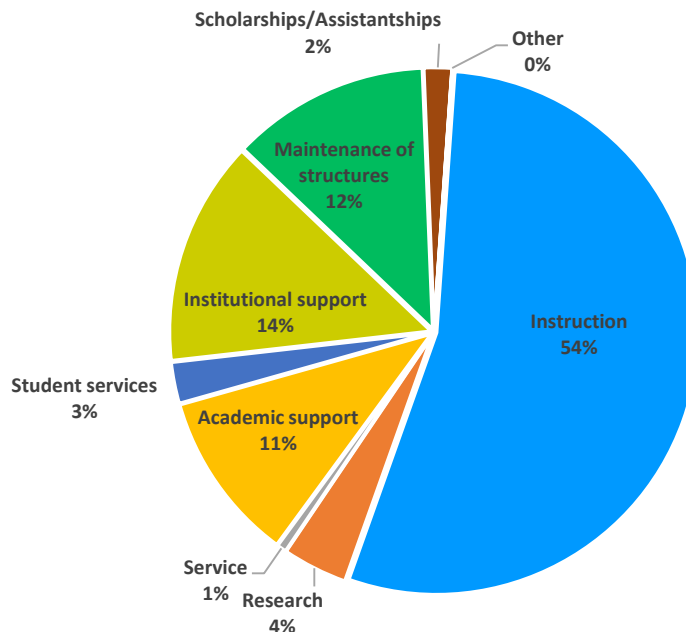
Figure IV.6 shows the allocation of external funds by institutional component for fiscal year 2015. The distribution in the allocation of funds shows that the main recipient was the component of other (30.2%), followed by research (26.6%), services (15.6%), and scholarship/assistantships (14.6%). Since fiscal year 2010, the share of external funds for instruction has been decreasing, while the share for research related activities has been stable.

Figure IV.6
Allocation of External Funds by
Institutional Component for the MSC, UPR
Fiscal Year 2014-2015
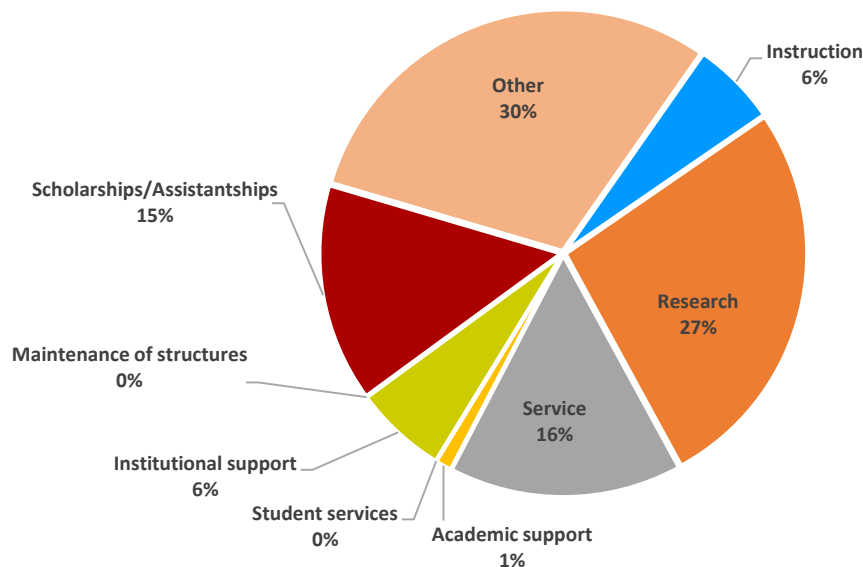
Financial Challenges Facing the Institution

In the last eight years, the University of Puerto Rico, as many other state universities in the United States, has faced an uncertain financial situation due to the slow recovery from the global economic crisis that began in 2007. In the case of Puerto Rico, the recession began in 2006. That has promoted an economic downward spiral in which migration to the U.S. has accelerated as growth prospects dim. Puerto Rico's population has fallen nearly 5% since 2010 to 3.5 million, a period in which the U.S. overall population grew 3%. Currently, the Commonwealth government is facing a fiscal crisis which could end in a default on its $70 billion debt (Center for a New Economy. Policy Brief, Possible Consequences of a Default on Puerto Rico General Obligation Funds. May 2016,

http://grupocne.org/2016/05/17/policy-brief-possible-consequences-of-a-default-on-puerto-rico-general-obligation-bonds/). As a commonwealth, Puerto Rico lacks the legal tools available to U.S. municipalities to restructure their debt under Chapter 9 of the Bankruptcy Code. In addition to this, the economic activity is in a slowdown so the local Treasury Department tax revenues have also been decreasing. Given that the commonwealth appropriates for the University an amount equal to 9.60% of the average total state taxes gross income collected by the Treasury Department in the two fiscal years immediately preceding the year of the allocation, it is expected that as state revenues continue to decrease, university funds from state revenues will automatically decrease too. In 2014, the legislature approved Law 66 known as the *Financial and Operational Sustainability Law of the Commonwealth Government*, which among other measures froze the university's 9.60% revenue formula at the amount computed by June 30, 2014.

There are currently efforts and proposals at the federal and state level to deal with this crisis. At the federal level, the Obama administration's has submitted a proposal to Congress which would allow for restructuring the debt issued by municipal entities but not the obligations of the commonwealth itself. This plan calls for a restructuring that goes beyond the tools available to U.S. municipalities and states by allowing Puerto Rico's central government access to a court-administered restructuring process. Republicans in Congress have advocated the creation of a federal control board to increase the fiscal oversight over the island. At the state level, the Puerto Rico Emergency Moratorium and Financial Rehabilitation Act (Act 21 of 2016) was approved granting the Governor the power to prioritize the provision of essential government services over debt payments. However, the Federal Control Board proposed by Congress confronts a considerable level of opposition by different sectors. The validity of Act 21 may also be challenged in Puerto Rico or Federal Courts by bondholders.

Therefore, the most important challenge facing the MSC for the next five years will be to continue offering quality academic programs in spite of the university's continuing financial constraints due to Puerto Rico's financial and economic crisis. In order to adjust for the budget reductions during fiscal years 2010 to 2015, the campus implemented the Board of Governor's mandatory cost containment measures, including: a freeze on salary increases, promotions in rank, and vacant positions; nonpayment for excess sick leave; and very limited reimbursement of faculty travel expenses. However, due to the burden on a particular segment of the academic community and the difficulty of financing the backlog of promotions, the suspension on promotions in rank was lifted by the Board. Still, the freeze on vacated positions is likely to affect some departments and offices more than others, particularly those in which retiring personnel have specific expertise that the remaining faculty or staff cannot provide. Current hiring practices in view of the freeze on vacated positions are discussed in detail in Section II, Standard 3 of this report. In general, university authorities have protected teaching positions over non-teaching ones.

In essence, the institution has two complementary strategies that it can pursue in order to confront this challenge. One strategy is to diversify the sources of funds and become less dependent on university funds coming from state revenues. This strategy will be similar to the portfolio management strategy adopted by private companies when managing their assets. Basically, the idea is to reduce the risk of having a significant loss in revenues by sharing the risk among different sources of funds. This process of diversification has already started. In implementing this strategy the campus has an advantage over the other campuses of the UPR System because of the opportunity to obtain additional funding in the areas of research and services in the health sciences. Another potential source of additional funds available to the campus would be the funds generated by the Faculty Practice from clinical services to the general community. As stated earlier, this generated $50.3 million in fiscal year 2014-2015. These funds are currently the product of clinical services provided by the faculty of the School of Medicine and School of Dental Medicine. However, the next big step is to incorporate the faculty of the other professional schools on campus so that they provide professional services as well. The scope of these services would be broad, according to the multiple fields of expertise of the faculty. Another important potential source of funds is fund-raising targeting corporations, alumni, and other sectors of the community. Although some progress has been achieved since the campus fund raising initiative in 2003, this activity needs to be strengthened.

Another complementary strategy that must be pursued is to maximize the efficiency in services, research, and educational activities. This requires a conscious effort by the university administration, faculty, and non-teaching personnel at all levels to make a more efficient use of the resources available. One example is to take advantage of the technology available to increase the use of digital media to reduce costs by reducing the use of paper and printed materials. Another example is the library's resource sharing with other system libraries to provide access (including remote access) to online digital databases, journals, books, reports, newspapers, and other educational materials. The organization's structure size, complexity, and multiple levels of decision-making sometimes prolong processes, which can hinder the institution's response to change and compromise efficiency in day-to-day operations. Administrative processes could be redesigned to reduce the number of decision-making levels involved without compromising accountability, resulting in a more efficient use of financial resources.

In summary, the campus could successfully overcome its financial challenges by combining strategies directed to diversify and increase its sources of funds and to increase productivity through the use of technology and improved management policies.

B. FINANCIAL TRENDS AND ENROLLMENT PROJECTIONS

The institutionalization of planning at the MSC has been achieved through a diversity of conceptual approaches to planning during the last four decades. The campus *Strategic Plan* 2009-2016 **(Appendix 3)** was the product of multiple processes of dialogue and strategic conversation among the main stakeholders of all levels of the institution. Based on the institutional vision, mission and values, it included among its strategic goals one to implement strategies for fiscal soundness, sustainability, and ensure the excellence of academic offerings.

The current institutional planning cycle for the UPR System and the MSC ends in 2016. Both the University System and the campus began a process of drafting new strategic plans, which by necessity will address the university's current financial situation as one of the top priority issues. The system plan will address the main strategic issues confronted by the university as a whole, while campus plans are expected to focus on their specific issues within the framework of the system plan.

Financial Strategies and Projections

The financial strategies and projections presented in this section aim to help the campus meet the challenges of the local, national, and global economy and their impact on the funding and operations of the campus as a whole. Thus far and despite these difficulties, the Medical Sciences Campus continues to stand on a strong financial footing and remains committed to its infrastructure needs, strategic projects, and operational activities that drive its current strategic plan and will continue to drive the strategic plan for the 2016-2021 period.

The Medical Sciences Campus financial strategies should focus on sustainability and collaboration:

- **Sustainability** will ensure that revenues cover all costs, and that the campus balance sheet is strengthened to withstand unforeseen events and demands. Cost containment measures must continue aggressively while guaranteeing student support services and excellence in teaching.

- **Collaboration** between the schools and deanships is more important than ever and will be the key to continued campus success. Campus faculty must work closely with the administration and non-faculty personnel, students, sponsors, suppliers, government, and patients, and most of all, with each other to ensure that the current and future strategic goals are achieved through adequate funding, and a more efficient and innovative use of limited resources.

The University of Puerto Rico is the largest institution of higher education in the island. Commonwealth appropriations are the principal source of its revenues, but additional revenues are derived from tuition, federal grants, patient services, auxiliary enterprises, interest income, and other sources. The campus' main source of funds comes from extra university sources (55%) thanks to a continuous strategy to work towards less dependency on state appropriations (45%).

In order to help ensure campus operations, this *Periodic Review Report* contains an analysis of enrollment and revenues that the MSC expects to receive, and how it could direct its expenditures for operational activities in FY2015-16, as well as in projected fiscal years 2016-2017, 2017-2018, and 2018-2019. The analysis presupposes that campus activities must be in line with its strategic plan goals and in direct support of the University of Puerto Rico System upcoming *Strategic Plan 2016-2021*.

Current Financial Conditions and Enrollment Projections

This section presents an operating budget scenario with revenues, expenditures, and net assets for FY2015-2016 and three projected fiscal years, i.e., FY 2016-2017, FY2017-2018, and FY2018-2019. The analysis assumes FY2010-2011 to FY2013-2014 as historic data, and the current estimated FY2015-2016 as the current base year (**Exhibit IV.1**). For the purpose of the analysis, the financial and operational data was obtained from IPEDS reports, the campus Budget Office, and the Institutional Planning, Research, and Assessment Office.
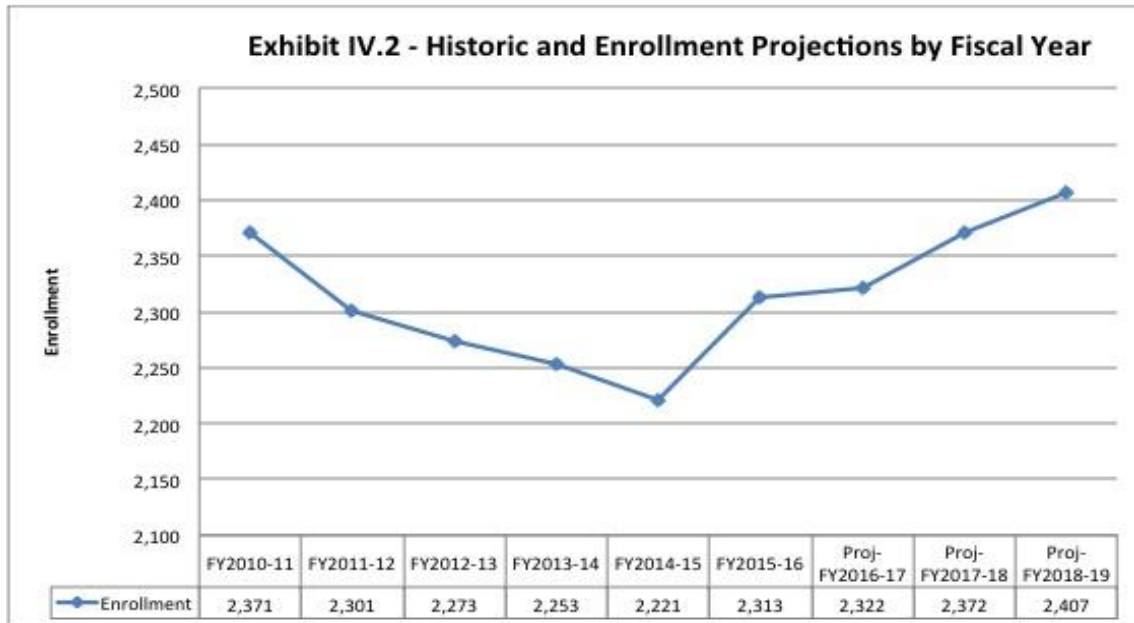
EXHIBIT IV.1

Fiscal Years 2015-2019 Revenues and Expenditures Operating Budget				
Medical Sciences Campus operating budget projected revenues and expenditures for the next four fiscal years				
Adjusting factors	1	0.95	0.95	0.95
	Current-Estimated	Projected	Projected	Projected
Revenues	FY2015-16*	FY2016-17	FY2017-18	FY2018-19
Tuition and Fees, after deducting discounts & allowances				
Grants and Contracts - operating	9,723,291	9,237,127	8,775,270	8,336,507
Federal operating grants and contracts	40,789,841	40,789,841	40,789,841	40,789,841
State operating grants and contracts	9,779,077	9,290,123	8,825,617	8,384,336
Local government/private operating grants and contracts				
04a - Local government operating grants and contracts	-	-	-	-
04b - Private operating grants and contracts	6,630,167	6,298,659	5,983,726	5,684,540
Sales and Services of auxiliary enterprises after discounts & all	34,256	34,256	34,256	34,256
Sales and services of hospitals after patient contractual allowa	69,171,197	69,171,197	69,171,197	69,171,197
Sales and services of educational activities	3,544,581	3,544,581	3,544,581	3,544,581
Independent operations	-	-	-	-
Other sources - operating	3,924,198	3,924,198	3,924,198	3,924,198
Total operating revenues	143,596,608	142,289,981	141,048,686	139,869,455
Nonoperating Revenues				
Federal Appropriations	-	-	-	-
State Appropriations	162,895,854	154,751,062	147,013,509	139,662,833
Local appropriations, education district taxes, and similar supp	-	-	-	-
Grants-nonoperating	-			
Federal nonoperating grants excluding Federal Direct Student	1,698,428	1,698,428	1,698,428	1,698,428
State nonoperating grants	-	-	-	-
Local government nonoperating grants	-	-	-	-
Gifts, including contributions from affiliated organizations	3,363,064	3,194,910	3,035,165	2,883,407
Investment Income	1,007,188	1,007,188	1,007,188	1,007,188
Other nonoperating income	166,803	166,803	166,803	166,803
Total nonoperating revenues	169,131,338	160,818,392	152,921,093	145,418,660
Total operating and nonoperating revenues	312,727,946	303,108,373	293,969,779	285,288,115
Expenditures				
Teaching	80,159,827	76,739,579	76,739,579	76,739,579
Research	45,736,095	45,482,543	45,482,543	45,482,543
Community Services	23,601,883	23,563,975	23,563,975	23,563,975
Academic support	15,540,040	14,875,328	14,875,328	14,875,328
Student Services	3,436,343	3,274,571	3,274,571	3,274,571
Institutional support	27,463,038	26,587,158	26,587,158	26,587,158
Maintenance and physical plant operations	16,208,280	15,436,507	15,436,507	15,436,507
Scholarships and Assistantships	25,970,837	25,861,282	25,861,282	25,861,282
Auxiliary companies	13,562	13,562	13,562	13,562
Independent Operations	73,535	73,535	73,535	73,535
Hospital Services	63,589,584	63,589,584	63,589,584	63,589,584
Transfers	-	-	-	-
Other Transfers	-	-	-	-
Feature N / A	-	-	-	-
	Curr-FY2015-16	Proj-FY2016-17	Proj-FY2017-18	Proj-FY2018-19
Total Expenditures	301,793,024	295,497,623	295,497,623	295,497,623
Net Assets Beginning of Year	20,140,354	31,075,275	38,686,025	37,158,181
Surplus/Deficit	10,934,922	7,610,750	(1,527,844)	(10,209,508)
% of surplus/deficit of total revenues	0.034966	0.025109	-0.005197	-0.035787
Net Assets End of Year	31,075,275	38,686,025	37,158,181	26,948,673

Historic Data Sources: Revenues - IPEDS Reports and Expenditures – MSC Budget Office

Enrollment

- For FY2015-2016 the enrollment increased by 4.14% compared to FY2014-2015 due to significant enrollment increases in the bachelor, master's, and doctoral programs **(Appendix 6)**. The campus has conducted more aggressive marketing campaigns of academic programs and promoted health sciences careers at public high schools in Puerto Rico. This increase meets one of the campus' strategic goals to increase enrollment and retention of students (**Exhibits IV.2, IV.3, and IV.4**).

- For FY2016-2017, FY2017-2018, FY2018-2019 the enrollment is projected to have modest increases of 0.39%, 2.15%, and 1.48% respectively, due to new and/or reopened undergraduate, graduate and doctoral programs, a new campus strategic plan which will call for aggressive recruitment efforts, and the use of social media and external strategies related to government campaigns promoting advanced education as one of the key strategies to improve Puerto Rico's economy (**Exhibits IV.2, IV.3, and IV.4**).

EXHIBIT IV.2

Exhibit IV.2 - Historic and Enrollment Projections by Fiscal Year

	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	FY2015-16	Proj-FY2016-17	Proj-FY2017-18	Proj-FY2018-19
Enrollment	2,371	2,301	2,273	2,253	2,221	2,313	2,322	2,372	2,407

Historic data source: Institutional Planning, Research and Assessment Office

EXHIBIT IV.3

Historic and Projected Graduate and Undergraduate Enrollment by Fiscal Year
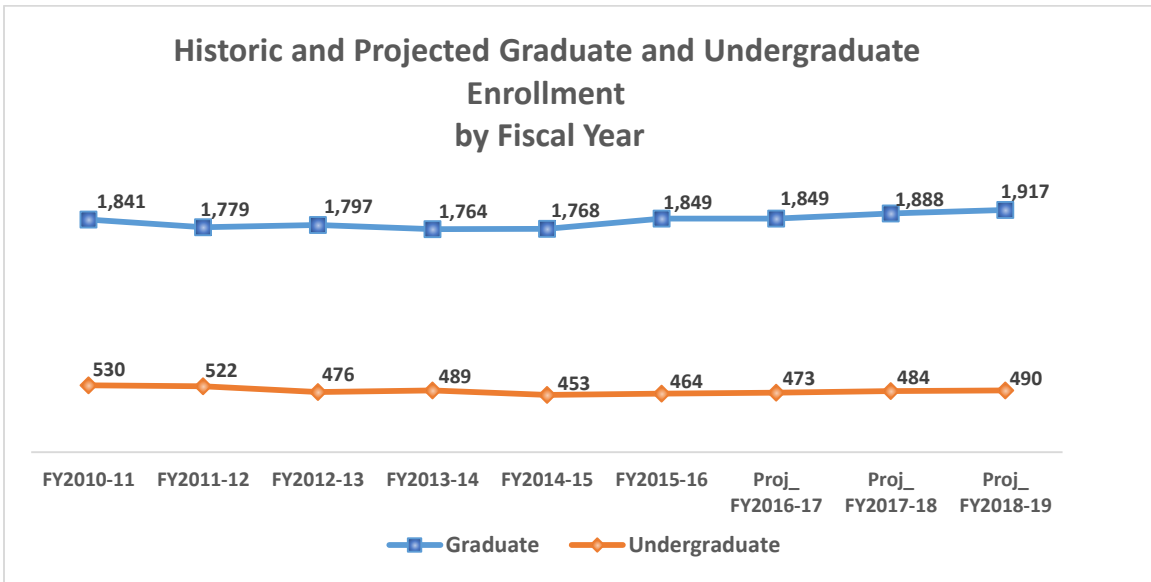
Historic data source: Institutional Planning, Research and Assessment Office

EXHIBIT IV.4

Enrollment by Type of Degree

	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	FY2015-16	Proj-FY2016-17	Proj-FY2017-18	Proj-FY2018-19
Associate Degrees	77	85	66	78	74	69	72	74	75
Bachelors	453	437	410	411	379	395	401	410	415
Post-Bachelor Certificate	38	33	29	28	29	37	34	35	35
Masters	785	726	708	669	661	689	694	708	718
Graduate Certificate	35	25	38	33	28	36	34	35	35
Doctorates	113	121	137	142	175	202	185	191	194
Post-Doctorate Certificates	44	45	45	44	45	47	47	48	49
First Professional Level	826	829	840	848	830	838	854	872	885

Historic data source: Institutional Planning, Research and Assessment Office

Revenues and Expenditures

- The MSC has diverse sources of funds including federal, state, clinical services, gifts, investments, and others. This diversity of funds reduces the financial risk of the institution because these are non-correlated sources of funds. From FY2010-2011 to FY2013-2014 campus revenues showed an increasing trend mainly due to an increase in state appropriations and non-operating income. In FY2014-2015 they decreased by 1.49% mainly due to reductions in state appropriations and non-operating revenues. The estimated revenues for FY2015-2016 are expected to decrease by .08% due to non-significant decreases in state appropriations and non-operating income. However, one can project a revenue-decreasing trend for projected years FY2016-2017, FY2017-2018, and FY2018-2019 due to University Central Administration revenue policy reductions of 5% for each year in state appropriations. These reductions are a direct consequence of the government's fiscal crisis, since over 70% of the campus operational revenues come from state appropriations. An operational budget scenario has been developed based on the 5% revenue reductions established by the Central Administration for projected fiscal years 2016-2017, 2017-2018, and 2018-2019 (Exhibit IV.1). Note that this operational budge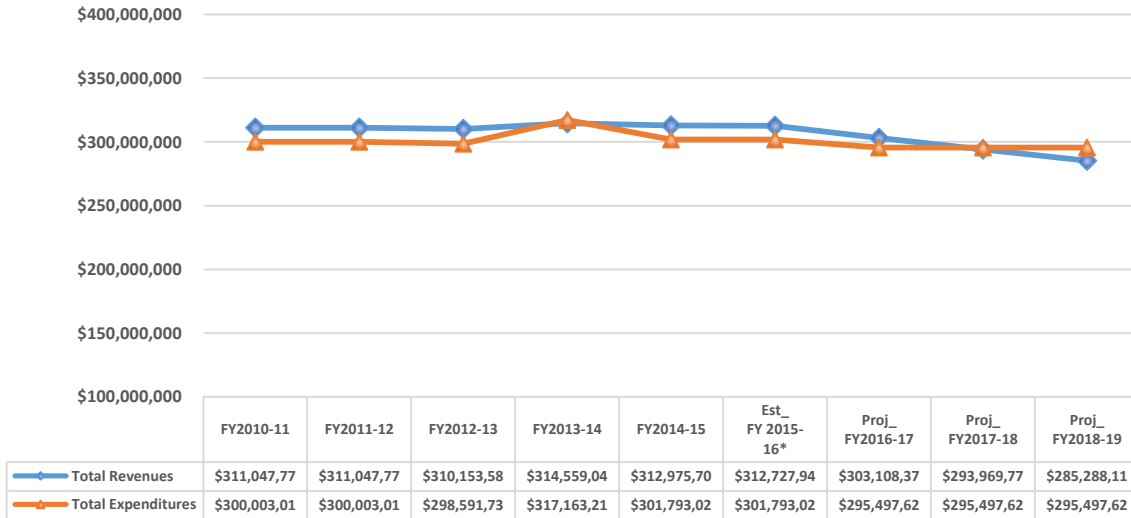t presents an increasing trend in net assets which offsets to some extent the effect of the application of the 5% revenue reductions on those years and aids in campus sustainability. Nonetheless, there will be a deficit by FY 2017-2018 and 2018-2019. Campus administrators are firmly committed to maintaining an optimum level of revenues to support the necessary liquidity and solvency for the coming years, and reduce the dependency on state appropriations funds.

- Total revenues from FY2010-2011 to FY2015-2016 cover campus expenditures or uses of funds. These figures provide evidence of an effective and efficient budget management (cost containment measures implemented and monitored closely by the chancellor and Budget Office) to attain campus strategic goals. **Exhibit IV.5** shows the behavior of revenues vs. expenditures for historic and projected years, further illustrating the effective and efficient administration of funds by the campus.

- Most uses of funds include expenditures related to teaching, research, community services, maintenance and physical plant operations, and hospital services. For FY2016-2017, FY2017-2018, and FY2018-2019 a decreasing trend in the uses of funds is projected as cost control and precautionary measures continue due to a restructuring of Puerto Rico's economy and of government finances. **Exhibit IV.6** illustrates planned distribution of total expenditures for FY2015-2016. Teaching and hospital services represent the highest expenditures in campus operations and must be the focus of cost containment efforts, accountability, and judicious use of the inventory.

EXHIBIT IV.5

Historic and Projected Revenues & Expenditures

	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	Est_ FY 2015-16*	Proj_ FY2016-17	Proj_ FY2017-18	Proj_ FY2018-19
Total Revenues	$311,047,77	$311,047,77	$310,153,58	$314,559,04	$312,975,70	$312,727,94	$303,108,37	$293,969,77	$285,288,11
Total Expenditures	$300,003,01	$300,003,01	$298,591,73	$317,163,21	$301,793,02	$301,793,02	$295,497,62	$295,497,62	$295,497,62

Historic data source: Revenues – IPEDS and Expenditures – Budget Office

EXHIBIT IV.6

Planned Distribution of Total Expenditures for Fiscal Year 2015–16

Other Transfers, $-, 0%
Feature N/A, $-, 0%
Transfers, $-, 0%
Independent Operations, $73,535, 0%
Auxiliary companies, $13,562, 0%
Hospitals, $63,589,584, 21%
Teaching, $80,159,827, 27%
Scholarships and Assistantships, $25,970,837, 9%
Research, $45,736,095, 15%
Institutional support, $27,463,038, 9%
Community Services, $23,601,883, 8%
Maintenance and physical plant operations, $16,208,280, 5%
Student Services, $3,436,343, 1%
Academic support, $15,540,040, 5%

Historic data source: Budget Office

Liquidity and Solvency

- The liquidity ratio measures an institution's ability to pay short-term obligations. To gauge this ability, the ratio considers the current assets of an institution relative to its current liabilities. In the MSC case, the liquidity showed an increasing trend from FY2010-2011 to FY2014-2015. An increasing trend means that the campus is increasing its ability to pay its bills in the short run. For FY 2015-2016 and projected budgets for FY2016-2017, FY2017-2018, and FY2018-2019 a stabilization of this trend is projected **(Exhibit IV.7)**. The management of liquidity on Exhibit IV.7 is proof of an exceptional cash flow management by the campus administration.

EXHIBIT IV.7

Historic and Projected Current Ratio by Fiscal Year

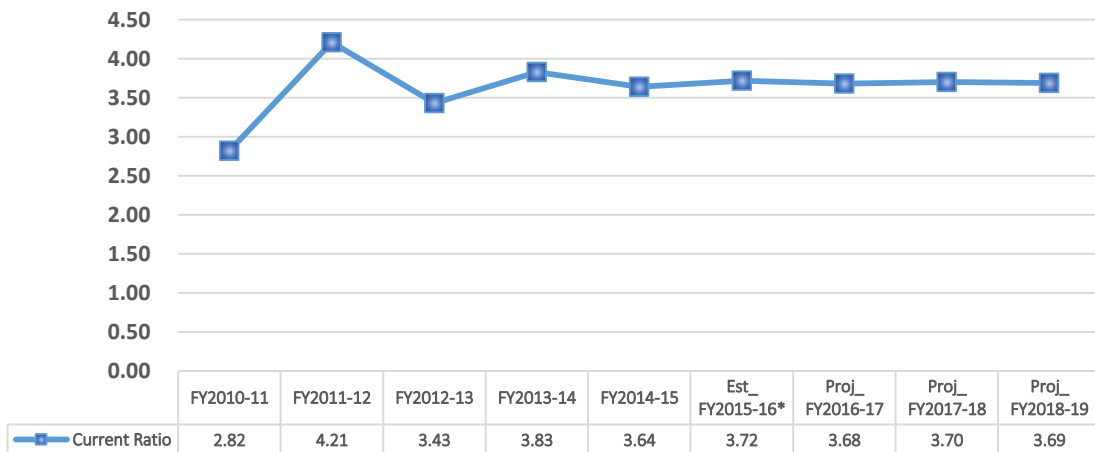|	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	Est_ FY2015-16*	Proj_ FY2016-17	Proj_ FY2017-18	Proj_ FY2018-19
Current Ratio	2.82	4.21	3.43	3.83	3.64	3.72	3.68	3.70	3.69

Historic data source: IPEDS

- The debt/equity ratio is a debt ratio used to measure an institution's financial leverage (risk), calculated by dividing the institution's total liabilities by its total net assets. The debt/equity ratio indicates how much debt an institution is using to finance its assets relative to the amount of value represented in net assets. In the MSC case, the debt/equity ratio showed a decreasing trend from FY2010-2011 to FY2014-2015. A decreasing trend means that the campus is depending less on debt to run its operations in the short and long run, increasing its solvency and reducing its financial risk as well. For FY2015-2016, and projected years FY2016-2017, FY2017-2018, and FY2018-2019 there will be a slight decreasing trend that is important considering Puerto Rico's economy in the coming years, as well as a very important factor in strengthening the campus balance sheet **(Exhibit IV.8)**.

EXHIBIT IV.8

Historic and Projected Debt-to-Equity Ratio by Fiscal Year

	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	Est_ FY2015-16*	Proj_ FY2016-17	Proj_ FY2017-18	Proj_ FY2018-19
D/E Ratio	2.36	1.96	1.73	1.90	1.88	1.88	1.87	1.87	1.87
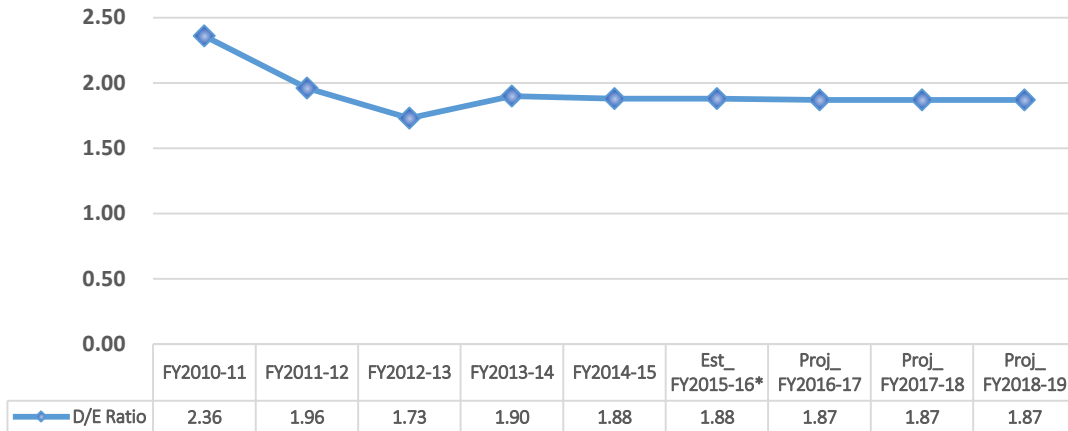
Historic data source: IPEDS

Working Capital

Working capital is a common measure of an institution's liquidity, efficiency, and overall health. Because it includes cash, inventory, accounts receivable, accounts payable, the portion of debt due within one year, and other short-term accounts, an institution's working capital reflects the results of a host of activities, including inventory management, debt management, revenue collection, and payments to suppliers in the short term. The campus working capital continuously increased from FY2010-2011 to FY2013-2014 mainly due to a constant increase in state appropriations during this period of time. In FY2014-2015 the working capital had a significant decrease of 11.8% due to a reduction in state appropriations and non-operating income. For FY2015-2016 a minimum 2.2% increase was budgeted due to the current financial austerity policy. For FY2016-2017, FY2017-2018, and FY2018-2019, percentage changes of -0.05%, 0.91%, and -0.65% in working capital are projected for the same reason (**Exhibit IV.9**).

EXHIBIT IV. 9

Historic and Projected Working Capital by Fiscal Year

	FY2010-11	FY2011-12	FY2012-13	FY2013-14	FY2014-15	Est_ FY 2015-16*	Proj_ FY2016-17	Proj_ FY2017-18	Proj_ FY2018-19
Working Capital	$71,443,881	$106,138,863	$121,547,350	$141,998,836	$125,221,897	$127,979,220	$127,910,798	$129,071,238	$128,228,970
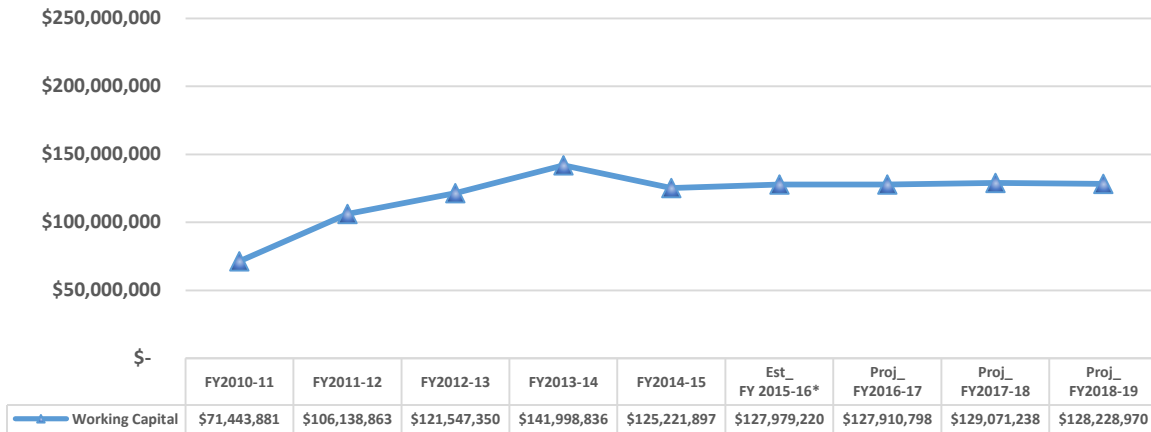
Historic data source: IPEDS

As the MSC implements the projected budget for fiscal year 2015-2016, it will continue to focus on the operational efficiencies and infrastructure improvements that support the goals of its current and new *Strategic Plan*. The plan's financial vision, including the new four-year projection model, should provide sustainability and financial strength to the campus, and support its strategic vision as expressed in its teaching, research, and service activities. The financial data from FY2010-2011 to FY2014-2015 evidences that the campus has maintained an adequate and solid financial condition to accomplish its current strategic goals. For FY2015-2016, a new challenge has emerged, namely the country's serious fiscal problems. Therefore, for FY2015-2016 and the next several years, the ability to meet fiscal and operational challenges and take advantage of opportunities will demand an unprecedented degree of collaboration among the campus and its stakeholders. Collaboration (which will be of utmost importance in the new institutional strategic plan), will enable the MSC to be more operationally efficient, to increase its revenues, contain its expenditures and help advance the University of Puerto Rico's overall goal to revitalize Puerto Rico's economy. The MSC will implement additional strategies to overcome this challenge such as:

1. Increase external sources of funds such as research, endowed chairs, donations, and reimbursement of clinical services provided to the community

2. Streamline administrative procedures with the use of informatics technology

3. Develop the maximum capacity of the medical school clinics, UPR Hospital, and other faculty practices as sources of external funds

4. Assess the relevance of academic programs with low demand, retention, and graduation rates

5. Strengthen internal operations that produce additional fiscal resources

In summary, the campus can successfully overcome its financial challenges by combining strategies directed to diversify and increase its sources of funds and to increase the productivity of its resources through the use of technology and improved management policies.

Section V

Organized and Sustained Processes to Assess Institutional Effectiveness and Student Learning

A. Progress made in assessment of institutional effectiveness (Standard 7) since the 2011 decennial evaluation

During the past five years the campus has undertaken specific steps to strengthen the institutional assessment culture and establish the mechanisms to collect relevant data for decision-making. The action plan developed establishes goals, activities, expected results, success criteria, actions taken, and dissemination of results strategies **(Appendix 4).**

The first step was to conduct training sessions for managers and staff of the Deanship for Student Affairs, Deanship for Academic Affairs, and Deanship of Administration on the Nichols five-column assessment model in order to determine the level of effectiveness of their units. In addition to these workshops, the campus offered training sessions on the use of the WEAVEonline platform, which were open to all members of the campus community. Workshops emphasized the importance of using a common platform in order to share assessment results for decision-making.

There has been a clear strengthening of the assessment culture since the last decennial evaluation, including regular meetings and activities of the Institutional Assessment Committee and the creation of an official Web page to disseminate assessment activities and results. There have also been lessons learned along the process, particularly the need to focus on selected goals and a realistic number of indicators to be measured. The Institutional Assessment Committee continues to disseminate assessment results through its Web page at http://coia.rcm.upr.edu/ (see **WEBSITES**). The page includes information in dashboard format, as well as training tutorials and other relevant materials. As a strategy implemented to promote assessment on campus, the committee sends brief informative leaflets (NotiAvalúo) through the institutional email service.

B. Progress made in student learning assessment (Standard 14) since the 2011 decennial evaluation

Since the 2011 MSCHE Site Visit the campus has implemented several measures to strengthen assessment across schools. These include coordinating assessment, planning, and decision-making (including budgeting); offering opportunities for faculty development seminars and workshops; and developing sustainable strategies to facilitate information dissemination and sharing across schools and programs.

Coordinating assessment, planning, and
decision-making (including budgeting)

The institution's commitment to improving the teaching-learning and assessment processes has resulted in the introduction of numerous courses and tutorials, which use electronic portfolios to measure student learning. The integration of new technology, instructional strategies, and assessment techniques into academic courses offered by campus schools evidences the support and participation of faculty in the assessment of student learning outcomes.

Most of the actions taken to improve student learning based on assessment results required allocation of financial resources. Many schools have assigned a budget for the acquisition of computers, platform software, and laboratory equipment, as well as for tuition and other costs of courses and workshops related to assessment of student learning. Faculty has also participated in educational activities sponsored by the Office of Academic Development (ODA, Spanish acronym) of the Deanship for Academic Affairs (DAA) and the Title V Project under the DAA. The MSC often provides release time, payment of registration fees, and transportation and lodging to faculty attending educational activities.

In order to improve the MSC assessment coordination and planning, the Institutional Assessment Committee (CoIA, Spanish acronym) revised its structure. It now has two components: Institutional Effectiveness (COIA: EI, Spanish acronym) and Student Learning (COIA: AE, Spanish acronym). Both components, which are under the campus Deanship for Academic Affairs, work to ensure compliance with institutional assessment policies and include representation of the six schools and academic administrators.

The student learning assessment component at the campus was established on April 29, 2013. This component guides the assessment process of student learning based on MSC institutional goals 1 and 3 **(Appendix 2)**. It is composed of six members representing the schools and the Dean and Associate Dean for Academic Affairs, who are ex officio members. Each school has an alternate member. For academic year 2015-2016, the *Policy and Procedures Manual* integrated student representatives who will be appointed by the campus Dean of Students. Contact information of COIA members representing each school in the student-learning component is available in the COIA Web page. The MSC encourages faculty to contact them for assessment inquiries by accessing http://coia.rcm.upr.edu/MembersAE.html.

The committee held a total of 5 meetings during academic years 2012-2013 and 2013-2014. It developed its *Policy and Procedures Manual* and prepared learning activities on topics related to student assessment. In addition, it created an audit assessment activity instrument to collect information about program assessment

of student learning outcomes (SLO).   The instrument, which is available at http://coia.rcm.upr.edu/index.html, was provided to all schools.

On May 15, 2014, the chair and vice-chair of COIA: AE, presented at the Third Forum of Institutional Assessment: Improving Administrative Processes and Student Services at the UPR Arecibo campus. The presentation was titled *Assessment as a Transformative Process in Student Services*.

*Offering opportunities for faculty
development seminars and workshops*

The MSC provides support for faculty members' participation in professional development activities designed to improve their skills in the assessment of student learning. This has been essential for the development of an assessment culture on campus. Several mechanisms have been implemented. The Office of Academic Development (ODA) of the Deanship for Academic Affairs offers consulting services, seminars, workshops, and webinars on numerous topics, including techniques for assessment of student learning. During academic years 2010 to 2014 ODA offered 28 seminars and workshops related to student teaching and learning.

Table V.1 ODA Student Learning Assessment Workshops 2010-2014

Academic Year	Number of Activities	Number Faculty
2010-2011	8	162
2011-2012	8	219
2012-2013	4	63
2013-2014	8	75
Total	**28**	**519**

Source: Office of Academic Development

In addition to ODA seminars and workshops, the Title V project addressed the development of online courses, information literacy, and assessment of student learning, including seminars and workshops on the use of the WEAVEonline platform. During academic years 2010 to 2015, a total of 200 faculty members were trained in 26 workshops. These workshops were held in two phases, the introductory use of the assessment platform and curriculum mapping. Workshops were offered to faculty and staff of the six schools and deanships.

The Title V project coordinated three (3) Symposia during the 2012-2014 period for faculty, staff, and academic administrators on student learning and assessment. The 1st MSC Annual Title V Symposium (*Fostering Academia: Innovation, Technology, and Assessment*) was held in May 2012. A total of 91 faculty, deans, and administrative personnel participated, increasing their expertise in strategic planning, budgeting, and institutional assessment. The 2nd Title V Symposium (held in May 2013) focused on increasing faculty participation

in strategic planning and enhancing information-based, decision-making processes. A total of 58 faculty members and administrative personnel participated in the 3rd Title V Symposium held in May 2014. It focused on enhancing faculty and academic administrators' role in the transformation of higher education and in fostering evidence-based decision-making. This included research-based guidelines that will help improve planning, teaching, assessment, and student learning in and beyond the classrooms. In these panel-like moderated presentations, students themselves were able to talk and share their own experiences with the integration of the iPad tools (as part of the iPad projects) to some of their courses. They showed in an exemplary fashion, the creativeness and innovation that they were able to add to their learning process by integrating the use of iPads and some very suitable and specific applications related to their fields of study. Remarkably, they accomplished this goal independently from other similar efforts already presented by faculty members that were part of the iPad project. Moreover, integration played a key role, running the same strategy simultaneously in more than one school, and creating common ground for further interventions on behalf of the academic community, particularly on behalf of students.

The Title V project also conducted five cycles of workshops for faculty about the use of the iPad as a teaching and learning assessment tool. They were implemented using a "train the trainer" approach with great success. This approach has enhanced collaborative learning among faculty, as well as provided interdisciplinary experiences in addressing teaching challenges within a health professions academic context. The development of pilot projects to train students in the use of this technology has demonstrated its relevance and acceptance in classroom, clinical settings, and students' evidence-based professional practice and research activities. Coordinators of the components conducted the iPads workshops, demonstrating outstanding integration of knowledge and skills recently acquired through attendance to conferences and workshops on information technology. Two abstracts titled *Transitioning to Smart Rooms on Campus* and *Integration of the iPad to Enhance the Teaching-Learning Process: Results of Pilot Project Phase I* were presented at the campus 34th Annual Research and Education Forum and published in the *Puerto Rico Health Sciences Journal*, Volume 33, No. 1 (Supplement).

Each school offers its own activities in the area of student learning outcomes assessment, according to its faculty development plan. The programs include workshops and evaluation of each activity, participants' names, and the itineraries of the sessions. **Table V.2** presents the faculty seminars or workshops by school for academic years 2010-2011 through 2013-2014. The Graduate School of Public Health (data not included in the table) established a faculty development plan with emphasis in student learning assessment topics that began in academic year 2015-2016**.**

Table V.2
Schools' Student Learning Assessment Workshops 2010-2014

Academic Years: 2010-2014		
School	**Student Learning Assessment Workshops**	**Faculty***
School of Dental Medicine	11	458
School of Nursing	5	150
School of Health Professions	15	197
School of Medicine	36	374
School of Pharmacy	28	234
Graduate School of Public Health	-	-
TOTAL	95	1,413

*Faculty members may have attended several activities and workshops

Developing sustainable strategies to facilitate information dissemination and sharing across schools and programs

Training and dissemination of results of assessment are essential for the development of a culture of evidence-based assessment, which promotes transparency and continuous improvement. Assessment information is shared and discussed with appropriate constituents at different levels. The MSC has established a dissemination strategy called *NotiAvalúo* (Assessment News). These capsules of information were published for the first time in March 2015 and are sent to the MSC community by e-mail. The topics thus far addressed are: *Assessment in Higher Education; Focus to Learning; Assessment in the Classroom; Assessment Techniques; One minute paper: Assessment Technique;* and *Student Learning: Nichols Model.* http://www.rcm.upr.edu/daa/institutionaleffectiveness.asp.

At the school level, the discussion of assessment results is part of the continuous improvement processes essential to the MSC and the accreditation of academic programs. These results are discussed at school, program, and department meetings. The Associate Deans for Academic Affairs coordinate meetings to discuss the results of assessment within the schools. Faculty discusses assessment findings and revises plans to improve student learning during department and program meetings. They are also discussed in curriculum and assessment committee meetings within each school.

A strategy that facilitated dissemination and sharing across schools and programs was the implementation and use of the WEAVEonline platform. The platform was acquired for the systematic and ongoing assessment of institutional and student learning. It may be accessed through the MSC Web page. The platform provides access to faculty according to their level of responsibility at each school and deanship. The Associate Dean of each school determines the primary faculty roles. In order to facilitate information dissemination and sharing across schools and programs, all WEAVEonline participants have a primary faculty role of read only at all MSC levels. The read only role allows the participant to read all the assessment and curricular information and generate multiple reports. Spreadsheet software has greatly facilitated the compilation of data from the various units.

The software allows the inclusion of the mission, vision, and values of each school and the identification of student learning goals and objectives, including knowledge and skills and the alignment with the MSC graduate profile, standards, and strategic plans of each school. Two hundred participants of all academic and administrative units have received training to master the platform. All six schools and support deanships incorporated their assessment plans. The software has 249 MSC active users with an average of 6 logins. The multiple reports provided by the platform, greatly help track information and disseminate results of assessment processes using http://www.rcm.upr.edu/rcmweb/Enlaces.aspx.

C. Summary statement addressing key questions regarding the assessment process on campus

1. How do institutional leaders support and value a culture of assessment?

The campus academic leaders (chancellor, deans, associate deans, assistant deans, and program or office directors) are committed to a culture of continuous improvement. The MSC assures that assessment is fundamental in all academic and administrative processes as an ongoing process geared to improve all aspects associated with fulfilling the Medical Sciences Campus mission. Academic leaders, managers and institutional committees are responsible for integrating planning, assessment, and budgeting processes through the use of results to improve student learning, and institutional effectiveness. The effectiveness of the campus as a whole emerges from the contribution of each school, program and administrative services for the common purpose of attaining the institutional mission and goals. The support of institutional leaders to assessment is evidenced by the actions described in the following sections.

Institutional Policies

Board of Trustees Certification 136 (2003-2004) establishes the policy on institutional effectiveness for the UPR system. A campus-wide assessment policy approved by Academic Senate Certification 033 (2007-2008) establishes that an infrastructure and necessary resources be provided in order to establish institutional assessment in an efficient way, emphasizing application of results obtained in institutional assessment.

Faculty and Staff Training

The campus provides support for faculty, staff, and administrative personnel for their participation in professional development activities designed to improve their skills in institutional and student learning assessment. This has been essential for the development of an assessment culture on campus. As described in the preceding sections, several mechanisms have been implemented. The Office of Academic Development of the Deanship for the Academic Affairs offers consulting services, seminars, workshops, and webinars on assessment topics. This includes assessment interpretation, development and thoughtful implementation of policies and procedures to guide academic work and the continuous enrichment of teaching and learning.

The Office of Academic Development has a robust educational plan which guides and trains faculty and administrative personnel on assessment themes. Workshops on institutional effectiveness have been offered with the participation of 30 administrative and service units' personnel. These workshops were offered during academic year 2014-2015. Continuing mentorship is provided to support the administrative and service units' personnel for the improvement of their institutional assessment plan. This initiative is also directed to personnel of the Deanship for Student Affairs and the Deanship for Academic Affairs, which includes the Registrar, Continuing Education, and Administration Office. As stated above, the Institutional Assessment Committee (CoIA) advises campus management in the development, implementation, and maintenance of a system of continuous assessment which allows determining the effectiveness of the campus in fulfilling its mission, goals, and objectives. The CoIA is composed of representatives of all campus academic and administrative units. It has the responsibility of preparing, revising the effectiveness of the plan, analyzing data and dissemination of findings through different institutional effectiveness methods.   Each school has established its own assessment plan and committees. School plans are available on the WEAVEonline platform.

Investment in Technological Support

WEAVEonline was chosen as the campus software platform to document the assessment of institutional effectiveness and student learning. The purpose of this platform is to establish a systematic gathering format to generate reports for action plans and closing the loop. Campus leaders have shown their commitment

to maintaining the WEAVEonline platform by assigning the necessary funds even at a time of considerable fiscal constraints.

Dissemination of Assessment Information

The campus *Vision, Mission, and Values Statement* is communicated to all sectors of the academic community and the public through the website, catalogs, annual reports, and meetings, and other methods. They are also posted in the central hallway of the campus main building.

During 2012-2015, the MSC developed a series of e-resources to provide the necessary tools and services to facilitate data collection, reports, data storage, publication of information, reporting, dissemination of results at different levels, and to encourage the sharing of results, experiences, and tools among schools and programs.

The campus adopted an assessment awareness strategy by publishing *NotiAvalúo* (Assessment News). These information online bulletins were published for the first time in March 2015 and are sent via e-mail and posted in TV monitors and electronic boards available in each school. The publications thus far have addressed the following topics: *Assessment in Higher Education; Focus to Learning; Assessment in the Classroom; Assessment Techniques; One minute paper: Assessment Technique;* and *Student Learning: Nichols Model* (http://www.rcm.upr.edu/daa/institutionaleffectiveness.asp).

The activities described above amply demonstrate that campus administrators have supported assessment by committing both financial and human resources.

2. **How are goals, including learning outcomes, clearly articulated at every level?**

The campus established the *Institutional Assessment Plan 2010-2016* (**Appendix 4**) to assess the achievement of its institutional goals and objectives in three major areas: educational process, research, public services, and administrative and support services. The CoIA established indicators to measure each goal and objective, specified the frequency of data collection, identified sources of data needed, and assigned responsibilities to the staff. The committee collects, analyzes and documents data for the corresponding cycle. Data from the indicators of eleven institutional goals was obtained for the assessment of the 2010 to 2014 cycle, and analyzed across all academic units and services. The campus has several policies and procedures to ensure that students and faculty are knowledgeable about the learning objectives to be addressed by the particular program curriculum.

Each school has developed its *Assessment Plan* that serves as the fundamental for the systematic evaluation of individual programs. The schools and programs'

assessment plans are closely tied to the competencies expected of graduates and aligned with MSC domains. At the school level, all academic programs have established learning objectives/outcomes that guide the students' educational experiences. Each syllabus states the essential components of the course, including the expected learning objectives. Faculty must give each student a copy of the course syllabus, which must be discussed in class during the first week of class, in compliance with Certifications 061, 1994-1995 and 028, 1995-1996. In order to assess compliance, students must complete a standard evaluation form at the end of each course in which they are asked if the professor complied with the requirement.

These procedures evidence the campus' commitment to openly discussing learning objectives with students and to assuring that these are followed in all courses. In addition, students are represented in the schools and/or programs' curriculum committees where they actively participate in the development of learning objectives for new programs and in the revision of existing ones. The department chair or program director meets in group or individually with faculty at the beginning of each academic year to discuss the objectives. The schools evaluate the learning outcomes and make appropriate changes to address those areas that need to be strengthened, and also make the appropriate changes to the teaching-learning practices when these outcomes do not achieve the expected level. Programs use assessment results for continuous improvement of their academic offerings.

The *WEAVEonline* software platform documents the assessment of institutional effectiveness and student learning at institutional and program level. In addition, it provides the opportunity for alignment with the MSC domains, school and program competencies, and accreditation standards. Academic administrators of the schools and units are committed to maintaining and use the WEAVEonline platform in order to disseminate the results and for decision-making. https://app.WEAVEonline.com/login.aspx

> 3. **Which appropriate assessment processes have been implemented?**

The MSC has implemented the assessment processes of data collection and analysis, dissemination and utilization of findings, and actions for closing the loop. There is an institutional assessment plan which is periodically evaluated. All schools have designed and implemented their own assessment plans for informed decision-making and to provide information to accreditation agencies and other stakeholders. Data is collected using a variety of methods and from diverse sources of the academic units and support deanships. Institutional reports, satisfaction questionnaires, and self-study documents for professional accreditations are used, as well as reports from the Institutional Planning, Research, and Assessment Office (OPIAI, Spanish acronym), Deanship of

Administration, Deanship for Academic Affairs, Deanship for Student Affairs, and the MSC Budget Office.

The COIA and the OPIAI collaborate in the collection and analysis of data needed for ongoing institutional assessment. Two staff members of the Planning Office actively participate as permanent members of the committee. The MSC Annual Report and satisfaction and perception studies following instruments are used to collect campus-level data:. In addition, systemic UPR studies and reports, required periodically by the UPR Central Administration, have generated data regarding demand for academic programs and other topics relevant to institutional effectiveness, which have been incorporated into the MSC assessment process. Results are disseminated and acted upon by academic administrators.

4. How have assessment results provided convincing evidence?

The strengthening of the assessment culture that has taken place on campus during the past five years has been due, in part, to the provision of convincing evidence that has been used for specific actions. Instruments or tools for collecting data are developed by experts and submitted for validation and reliability processes. This includes content, construct, and criterion validity. One such example is a tool for faculty evaluation titled *The Student Perception of Faculty Performance* that was developed and is being used for formative and summative processes. An evaluation tool for academic leaders has also been developed and is in the validation and reliability processes. These instances in which assessment findings yield concrete products further convince academic community members of the value of assessment. Furthermore, the campus 20 professional accrediting agencies (Standard 11) continuously require evidence of institutional and student learning outcomes. The evidence presented by the programs and schools has strongly supported their performance, resulting in full accreditation of all programs.

5. How have assessment results been shared?

At the MSC, assessment results are discussed widely by the MSC Academic Senate, Administrative Board, as well as the Council on Educational Planning and Integration (CIPE, Spanish acronym) which brings together the school Associate Deans for Academic Affairs and acts as an advisory body to the Dean for Academic Affairs. Its main purpose is to provide input into aspects related to the schools' academic programs and facilitate the decision-making processes. System-wide reports on the effectiveness of the educational process which include data from applications, admissions, student retention, graduation rates, and performance on national boards and/or licensure examinations are also shared. A *Dashboard Report* was developed and is available at the MSC

website. This allows access to findings on assessment plan priority indicators by the academic community, accrediting agencies, the general public, potential applicants, and alumni. Information technology has been used in the improvement of forms designed for data collection. The spreadsheet software used has greatly facilitated the compilation of data from the various units at different levels.

As stated earlier, the use of the WEAVEonline platform has greatly facilitated sharing of results. This platform was acquired for the systematic and ongoing assessment of institutional and student learning. It may be accessed through the MSC Web page. The platform provides access to faculty and staff according to their level of responsibility at each school and deanship. The Associate Dean of each school and/or support deanship determines the primary faculty roles. All WEAVEonline participants have a primary role of "read only" at all MSC levels. The read only role allows the participant to access all the assessment information and generate multiple reports.

6. **Which results have led to appropriate decisions and improvements?**

The campus has used assessment results for decision-making and improvements in the areas of academic programs, services, and resource allocation and institutional goals and plans.

Academic Programs

An assessment instrument was developed to uniformly report retention and graduation rates and was implemented in 2012-2013 (**Appendix 8**). These reports comply with demands of the US Department of Education, National Center for Education Statistics, and the Puerto Rico Statistics Institute. A total of five workshops were offered with the participation of 100% of faculty and administrative personnel in charge for completing the report. The report using this assessment instrument included data gathered from 2009 to the present, including gender since 2011. The instrument was last revised in 2013-2014. This data is discussed and presented at the schools and summited yearly to the UPR Vice President for Academic Affairs. Decisions are made at different levels according to results. For example, the School of Health Professions modified the maximum time allowed to complete the following programs: Postdoctoral Master's in Clinical and Translational Research increased from 3 to 7 years; Radiologic Technology increased from 3 to 4 years; and Ophthalmic Technology decreased from 4 to 3 years.

Services

Food Services

In academic year 2013-2014, the Deanship of Administration appointed a committee with representation of all sectors of the campus community with the purpose of evaluating the need for contracting food services on campus. The committee conducted a survey to assess campus community members' opinions on the matter. As a result of the survey, the MSC administration contracted a new company to provide food services in 2014.

Campus Security

The campus has established several mechanisms to assure safety on its premises. As a result of the collected data, the following strategies were implemented:

- Security cameras, an emergency phone system, and three permanent security watch points were installed or established in strategically located areas.

- Installation of LED lighting at the School of Health Professions and School of Nursing buildings and in hallways connecting the campus with the Medical Center hospitals and other surrounding areas.

- Two vehicles (golf cars) were acquired to offer preventive rounds. A van provides transportation to faculty, students, and staff throughout the campus area, including the train station (Ruta Segura).

- Alert bulletins are disseminated to the campus community through emails and in print, in compliance with the Jeanne Clery Act of 1990 for disclosure of campus crime statistics.

Resources Allocation and Institutional Goals and Plans

Campus authorities consider the accreditation of programs a top priority goal, which is linked to the comprehensive assessment process. Accordingly, the UPR Central Administration and the MSC Chancellor allocate funds for these processes.

7. How have assessment processes been regularly reviewed?

Throughout the assessment implementation process, the Institutional Assessment Committee identified strengths, areas of concern, and areas in which data collection methods needed to be improved. The dissemination and discussion of results promoted the analysis of the assessment process and instruments to determine their effectiveness and comprehensiveness. This evaluation allowed for the fine-tuning of the measures as indicators of the achievement of institutional goals and objectives and for conveying the importance of collecting accurate information. The committee redesigned some report forms, created new instruments, and offered further training on the use of WEAVEonline; admission, retention, and graduation rates; and workshops for key personnel responsible for gathering important information. These actions improved the efficiency of data collection and the subsequent data analysis, which in turn helped create accurate reports to be used in institutional decision-making processes. Currently, the MSC continues with the critical analysis of indicators in the 2010-2016 *Institutional Assessment Plan* **(Appendix 4)**. This will also constitute an opportunity to strengthen the assessment of institutional goals and strategic planning.

Accreditations constitute an important assessment process on campus, with approximately twenty professional accrediting agencies overseeing the MSC academic programs **(Appendix 7)**. Additionally, the UPR Board of Trustees approved an assessment policy requiring that all programs be evaluated every five years establishing norms and guidelines for that purpose (Board of Trustees Certification number 43, 2006-2007). This policy assures that all programs undergo an evaluation process either by an accrediting agency or according to the guidelines established by the Vice Presidency for Academic Affairs. At the school level, the discussion of assessment results is part of the continuous improvement processes required for the accreditation of academic programs. These results are discussed at program, department, and school meetings. They are also discussed in curriculum committee meetings within each school. Thus, accreditation processes offer numerous opportunities to regularly review assessment processes.

In addition to regular review by the Institutional Assessment Committee and during accreditation processes, regular review of assessment processes have led to the following actions:

- **Database** - The Information Systems Office is currently developing a Web based database. Through this, academic programs may validate the data from the Student Information System (SIS). This tool will enable more cost-effective, timely, and accurate institutional retention and graduation rates reports.

- **Web page** - The MSC has designed a web page (http://coia.rcm.upr.edu/), which publishes all information about institutional assessment, training, webinars, news, policies, and important links and findings on a dashboard format.

Support to the Institutional Assessment Committee (CoIA)

- **Test server** - The Information Systems Office provided a server to the CoIA to test electronic resources classified as open source (Drupal, OwnCloud, Google Forms, and Lime Survey, among others) for the collection of data, organization of information, and establishment of a repository of committee work documents.

- **Server** - More recently, the Information Systems Office provided a server to which the electronic services that were successfully implemented in the test period will migrate.

- **Information Systems Office Support** - During the past two years, the Information Systems Office has supported the assessment process. By 2017, the office should be 100% integrated to the process as the primary facilitator for periodic reports and have the capacity to respond to the system administrator information requests.

- **Content Management System** - The CoIA designed, built, and adopted a system of content management as a repository of its working documents. It is used to share files, internal and external links with representatives and alternate representatives of each school, as well as the deans and associate deans and others stakeholders. A username and password was assigned to each person to access the repository (http://CoIA.rcm.upr.edu/drupal/?q=user – password required).

- **Online Questionnaires** – Several online instruments in questionnaire format using the Google Form tool were developed (access restricted) for the collection of data for the institutional effectiveness assessment plan indicators, and sent to individuals responsible for specific areas. Some of the questionnaires designed online to address these areas were:

  - **Proposal for Services and Research (*Propuestas de Servicios e Investigación)* –** (password required)
    https://docs.google.com/a/upr.edu/forms/d/1xT8BJcBvlnXMIUr9QyKJO 0VbqhENhVu7MbjoOT4giKE/edit#

  - **Training offered at the MSC level (*Capacitación Ofrecida a Nivel del RCM*)** - (password required)
    https://docs.google.com/a/upr.edu/forms/d/18B8kwYsgsUf8QNMbyrQt RXbbxx7CFO4nAPDsS51WWvM/edit?uiv=0#

– **Alumni Success Indicators and Licensure Examinations**
(Indicadores de Éxito de los Egresados y Exámenes de Reválida)
- (password required)
https://docs.google.com/a/upr.edu/forms/d/1yImtS0fpsvHQl8trA3C6VU
go0SB0oi2Lih4-9C2cEio/viewform

– **Data on Continuing Education (*Datos sobre Educación Continua*)**
- (password required)
https://docs.google.com/a/upr.edu/forms/d/1d06ctZJ3owJIz-
nJ_TLE57f84-yKx6O0wgWpH_m9Qs0/viewform

– **Professional Accreditation and Five-Year Evaluations**
(*Acreditación y Evaluaciones Quinquenales*) - (password required)
https://docs.google.com/a/upr.edu/forms/d/1eZd1Z1fl22bizSw1xWpaL
UaYWJAnbmHE4_UW-ZncGMU/viewform

– **Nichols Model Format (*Formulario del Modelo de Nichols*)** -
(open)
https://docs.google.com/a/upr.edu/forms/d/1cgYoQMHEXcp517VeX9S
AyufWscPDg9NcBLo34d8cXF0/viewform

– **Activities Evaluation (*Evaluación de Actividades)* - (open)**
https://docs.google.com/a/upr.edu/forms/d/1pfxGbocFVGuXeuVptjXfdp
TSLUzyijg36POZWaDEhDM/viewform

– **Instrument for Data collected by OPIAI (Instrumento de Datos
Recogidos por OPIAI)** (LimeSurvey – password required)

8.   **Where does the institution appear to be going with assessment?**

The MSC community is engaged in the assessment process and has enough momentum to sustain it. It has been a challenge, particularly in terms of the considerable time commitment it has required from the members of the Institutional Assessment Committee. Faculty and administrators have been responsive to the committee's efforts and have come to realize that assessment must be a continuous process, and that it yields results for better decision-making. That change in institutional culture is, no doubt, one of the campus' most significant accomplishments since the last MSCHE site visit.

In terms of what is still ahead, all schools and programs must continue to revise their student learning assessment plans and fine tune their data gathering instruments. So must those in charge of institutional assessment. In all, the operational words will be quality and continuity. For that, there will be a need to constantly incorporate younger faculty and staff in the process as the campus faces a generational change with the retirement of senior faculty and staff.

Section VI
Linked Institutional Planning and Budgeting Processes

A. Institutional Planning

The current institutional planning cycle for the University of Puerto Rico System and the Medical Sciences Campus ends in 2016. Both the UPR and the campus began a process of drafting new strategic plans, which by necessity will address the university's current financial situation as a top priority issue. The system plan will address the main strategic issues confronted by the university as a whole, while campus plans are expected to focus on their specific issues within the framework of the system plan.

University System Strategic Plan

The university has drafted a system strategic plan for a five-year period, as opposed to the ten-year period of the previous plan (*Ten for the Decade*) due to the dynamic character of the financial scenario confronted by the institution. The university president appointed the Executive Committee for Strategic Planning (CEPE for its Spanish acronym) charged with the responsibility of analyzing the internal and external environments, opportunities, and threats faced by the university prior to developing the plan. The system plan was sent to all university campuses for consideration by the academic community and academic senates for their input (**Appendix 9**). Once the process is completed, the president will submit the final version of the plan to the Board of Governors for approval.

Thus far, the committee has identified eight strategic goals that should help the institution face its financial difficulties by reducing costs and maximizing external resources in the near future, while exploring alternative ways of conducting its academic activities so that they will make it more competitive in the long run. Essentially, most goals involve a rethinking of the institution while it continues to deliver quality higher education to the people of Puerto Rico. Specifically, the eight strategic areas/goals identified thus far are:

1. **Academic Innovation** – Optimize the institution's academic offerings in tune with new developments in the fields and Puerto Rico's socioeconomic, cultural, and labor market demands.

2. **Distance Education** – Establish academic distance education programs to satisfy educational needs.

3. **Competitive Research** – Enhance research so that it strengthens its competitiveness and world projection.

4. **Technology Application** – Maximize the application of technology and information systems in academic, administrative, and institutional research areas in order to support institutional endeavors.

5. **Student Success** – Assure access to the University to the most talented student population and maintain the high quality of its graduates.

6. **Social Responsibility** – Become the main consultant, creator, and facilitator in the search for solutions to Puerto Rico's social and economic problems.

7. **Internationalization** – Strengthen the infrastructure and support services for international programs and initiatives.

8. **Financial Situation** – Strengthen the financial capacity of the institution.

In addition to the appointment of CEPE by the president and recognizing the projected financial difficulties faced by Puerto Rico and their potential effect on the university, the University Board of Governors commissioned a study of the UPR System to the Association of Governing Boards of Universities and Colleges (AGB). The report, issued on February 12, 2016 and titled *Building a Sustainable University System: From Conversation to Action, A Program of Change for the University of Puerto Rico* was, in fact, an analysis of the internal environment by an external group. The Board of Governors' Certification 69, 2015-2016 calls for the distribution of the report to the academic community, appointment of work groups in priority areas, identification of those measures already in progress at the institution, holding of public hearings, and the establishment of a timeline for completion of the process. CEPE, along with the campus academic senates, are in the process of analyzing the report prior to presenting the final version of the plan for approval by the Board of Governors. The report addresses five key areas:

1. **Reforming Shared Governance** – The University should modify its shared governance practice characterized by "endless dialog" and move to action by establishing clear timeframes for deliberation processes. The president and the Board of Governors must take action if, upon completion of deliberation of any issue, the participants do not reach consensus, do not provide an alternative, or are not in agreement.

2. **Board and Executive Leadership** - The Board must assume a leadership role and avoid micromanagement. It should capitalize on the expertise of the president and the chancellors in addressing the

challenges faced by the institution. The Central Administration, in turn, should be accountable for fiscal, legal, human resources, information technologies, and academic quality. The consultants recommend a 25% cut in operational costs of the unit.

3. **System Restructuring** – The consultants present four restructuring models for the University to consider in view of its financial outlook. These are: 1) **Self-sustaining model** for large campuses, in which the three main campuses (Río Piedras, Mayagüez, Medical Sciences) would function more or less independently from the Central Administration but still be under the Board of Governors, 2) **Affiliation Model** in which the eight smaller campuses would be affiliated to one of two main campuses (Río Piedras Campus or the Mayagüez Campus), 3) **Consolidation Model** in which the smaller campuses would be grouped under one unit, four campuses under two units, or two campuses under four units, and 4) **Complete Autonomy model** under which the campuses would function independently in a competitive market, each with its own board and budget. The consultants present but do not recommend the complete autonomy option. Both the affiliation and the consolidation models seek reduction in operational expenses by reducing the structure of the institution, while the self-sustaining model for the three large campuses (the Medical Sciences Campus included) would allow the campuses to operate more competitively and presumably generate more of their own income.

4. **Actions to Reduce Costs, Improve Administrative Efficiencies, and Focus Academic Programs and Services –** This section and Appendix D of the report present a series of specific recommendations to cut costs. Among them are: 1) Administrative efficiencies and cost reductions, 2) Administrative services review, 3) Academic program review and prioritization, and 4) Reductions in staffing levels. The consultants suggest that the institution begin the process by identifying those recommended measures that are already in place in order to elaborate a plan to address those that have not been implemented.

5. **Strategies to Promote Growth** – The AGB Report states two main reasons for implementing measures to promote the growth of the university, i.e., the reduction in government funds and the competition of the private sector. Among the measures recommended for growth and financial sustainability are:

   • Improve the bachelor's programs graduation rate (currently 40.35% in contrast with the US national average of 59%)

- Increase in tuition rates as a last option, once other measures to reduce costs and improve efficiency have been implemented

- Increase continuing education offerings as a way of generating additional funding

- Promote externally funded research, particularly those projects with the potential to generate patents and which are commercially viable. Return a considerable percentage of obtained funds as an incentive to the researchers who generate them

- Promote philanthropic contributions possibly by creating a system-wide foundation

- Establish distance education programs taking into account the university's competitive advantage for attracting Spanish speaking students outside Puerto Rico

Medical Sciences Campus Strategic Plan

Given the need to fully coordinate the university system plan with campus plans because of the prevailing financial situation, MSC authorities hired a strategic planning consultant in order to guide the process and expedite the production of the plan. The first step was to develop a questionnaire based on the eight strategic areas identified in the UPR system plan with the purpose of ascertaining campus community opinions regarding their importance and relative priority. The consultant's role was to translate that input into measurable goals and objectives and suggest appropriate attainment indicators for the final version of the plan. One of the lessons learned from the evaluation of the 2009-2016 campus *Strategic Plan* was the difficulty in completing the task due to the lack of clear metrics for the attainment of objectives. It is expected that by adopting a new methodology for the production of the plan and hiring a consultant with expertise in the technical aspects of planning documents, these difficulties will be avoided in the 2016-2021 plan. Results of the survey questionnaire are summarized in **Figure VI.1**.

Figure VI.1.

Perception of Importance and Priority of Strategic Actions Areas
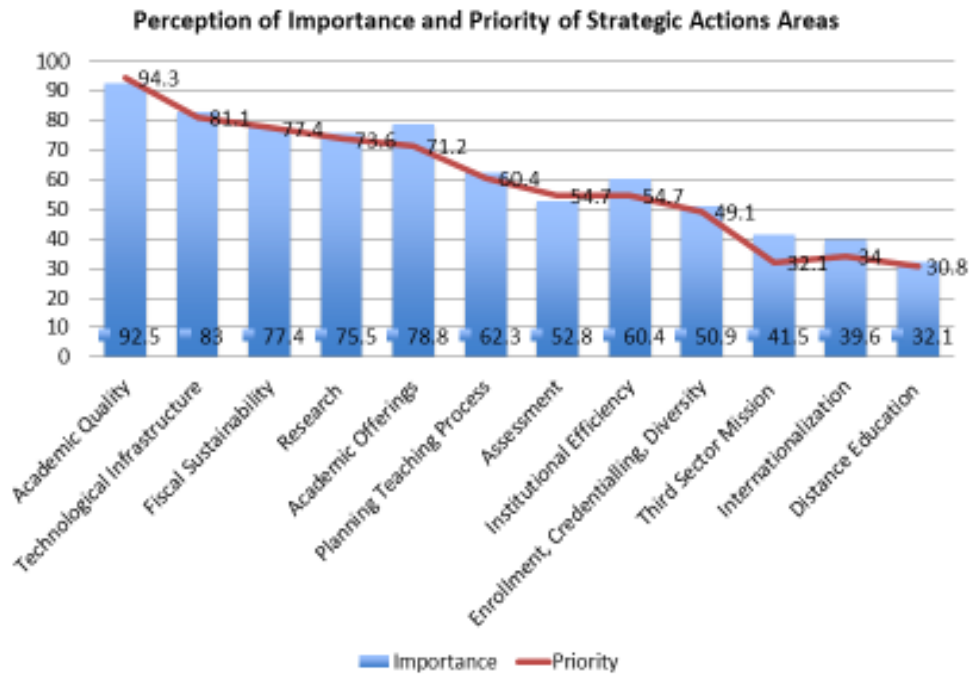
Although academic quality was expected to be of top importance and priority, the third position ranking of fiscal sustainability may indicate that at least some sectors of the campus community have not fully felt the effects of fiscal constraints. This confirms the operating budget data presented in Exhibit IV.1, Section IV, which indicates that the campus first projected deficit year will be 2017-2018.

Following a two-day workshop on April 8-9, 2016 in which representatives from all sectors of the campus community participated, the planning consultant elaborated a first draft of the campus *Strategic Plan 2016-2021* **(Appendix 10)**. This draft, based on the discussions and suggestions offered by participants, will be presented to the campus community for recommendations and submitted to the Academic Senate for approval. The plan addresses seven strategic areas: 1) Academic Quality and Innovation, 2) Research and Innovation, 3) Student Support Services, 4) Internationalization, Interculturalism, and Academic Quality, 5) Physical and Technological Infrastructure, 6) Fiscal Strengthening and Sustainability, and 6) Administrative Efficiency.

The campus has made a considerable effort to link the processes of planning, budgeting, and assessment to involve the schools as well as campus

administrative levels. The current fiscal situation, particularly during the past two years, has put this system to the test in terms of its ability to respond to sudden changes in the external environment, as well as in terms of implementing control measures to assure the campus' financial stability.

It is evident that the institution has met the threat of the external environment head on and the outcome on this matter thus far proves the institution's resilience and sense of direction. It is also true that campus programs have been able to continue operations without compromising the quality of the students' education, even at times of financial constraints. Although financial problems are not over, it is equally important to recognize the institution's inner strength and the commitment of many sectors to their solution.

Appendix 1

Medical Sciences Campus Organizational Chart

UNIVERSIDAD DE PUERTO RICO
RECINTO DE CIENCIAS MÉDICAS
University of Puerto Rico
Medical Sciences Campus

ORGANIGRAMA
Organizational Chart

Junta Administrativa Administrative Board	Rector Chancellor	Senado Académico Academic Senate

Decanato de Administración
Deanship of Administration

Decanato de Asuntos Académicos
Deanship for Academic Affairs

Decanato de Estudiantes
Deanship for Student Affairs

Escuela de Medicina
School of Medicine

Escuela de Medicina Dental
School of Dental Medicine

Facultad de Ciencias Biosociales y Escuela Graduada de Salud Pública
Faculty of Biosocial Sciences and Graduate School of Public Health

Escuela de Profesiones de la Salud
School of Health Professions

Escuela de Farmacia
School of Pharmacy

Escuela de Enfermería
School of Nursing

Aprobado por: _____
Noel J. Aymat Santana, DMD, FAAPD, JD
Rector

Fecha: _____9/25/2014._____

Appendix 2

Vision, Mission, Values and Institutional Goals and
Objectives of the Medical Sciences Campus

**VISION, MISSION, VALUES AND INSTITUTIONAL GOALS AND OBJECTIVES
OF THE MEDICAL SCIENCES CAMPUS[1]**

VISION

An interdisciplinary academic health center internationally renowned and a model of excellence in: health care; the education of health professionals, researchers and scholars; interaction with the community; and interdisciplinary research, all of which translates into an improvement in the health of the population and in the health care services system of Puerto Rico.

MISSION

Higher education academic center in the health sciences, with expertise in the undergraduate, graduate, postgraduate, and continuing education of health care professionals; a leader in prevention, health promotion, and protection services and in research aimed at advancing knowledge and improving current health conditions in Puerto Rico, in close alliance with the community and the health sector.

VALUES

‣ **Excellence** at the core of academic life and university endeavors.
‣ **Integrity** in university activities and processes.
‣ **Respect** for the search for truth, justice, freedom, equality, and human dignity.
‣ **Commitment** to ethical, humanistic, and professional principles.
‣ **Honesty and respect** in communication.
‣ **Creativity and innovation** in generating ideas, developing new knowledge, searching for solutions and making decisions.
‣ **Professionalism** characterized by inter-professional collaboration, flexibility, and acceptance of diversity.
‣ **Continuing education and independent learning** fostering reflective, creative, and critical thinking.
‣ **Leadership and social responsibility** in addressing the health problems of the population of Puerto Rico.
‣ **Comprehensive development** of the physical, mental, social and spiritual health of human beings.
‣ **Sensitivity and commitment** to the needs of the community

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[1] Translation of the original document in Spanish.

GOALS AND OBJECTIVES

GOALS	OBJECTIVES
Academic and Student Development	
1. Prepare scientists, educators and professionals who will promote and maintain the best health conditions of the people of Puerto Rico by working as an interdisciplinary health team	1.1 Offer academic programs in the health sciences to train professionals in these disciplines.
	1.2 Provide classroom educational experiences and practice experiences in different service delivery scenarios.
	1.3 Provide interdisciplinary experiences that contribute to mastering the necessary skills, knowledge and attitudes for the practice of the health professions.
	1.4 Systematize the on-going review of academic programs to align them with the needs of the Puerto Rican community and the economic situation of the UPR.
	1.5 Develop new academic programs in the health sciences to respond to the needs of the Puerto Rican community.
	1.6 Strengthen institutional support for programs to respond to the demand for health professionals in the Puerto Rican society.
2. Provide education of excellence in the health sciences at the pre- and post-bachelor's degree levels and at the post-doctoral level.	2.1 Provide human, physical, equipment, library and other resources to support the development of academic programs.
	2.2 Foster research and service experiences to enrich teaching.
	2.3 Guarantee quality control in academic programs, using accreditation processes and systematic evaluation of the programs.
	2.4 Implement flexible procedures to begin offering new academic programs and to establish curricular innovation promptly.
	2.5 Provide activities to promote the development of the personal, professional, and teaching skills of the faculty.

GOALS	OBJECTIVES
	2.6 Implement an incentive system that encourages the faculty to reach levels of excellence in teaching and that contributes to recruiting and retaining the most qualified faculty.
	2.7 Strengthen programs to recruit students who show talent and motivation.
3. Enable students to reach the highest level of excellence in acquiring knowledge, developing human sensitivity and ethical values, a social conscience, critical thinking skills and life-long learning.	3.1 Foster in students a command, appreciation, and respect for knowledge in their health professions.
	3.2 Provide curricular content that encourages students to make a commitment to the well-being of the population, within the framework of the ethical values of the Puerto Rican society.
	3.3 Foster the development of critical thinking in students in the searching and handling of information, experimentation, inquisitive comparison, collaboration, discussion and thoughtful analysis.
	3.4 Encourage students to acquire knowledge of the history, language and culture of the country and the ability to analyze ethical problems.
	3.5 Expose students to contemporary educational technology to facilitate the teaching-learning process.
	3.6 Develop in the faculty and student body a commitment to ethical and human values needed in the practice of their professions and for their personal development.
	3.7 Foster curricular and extracurricular experiences for the social, personal, cultural, spiritual and physical development of students.

GOALS	OBJECTIVES
4. Provide a variety of health services that meet the needs of the community, as an integral component of educational and research experiences and the professional development of the faculty.	4.1 Foster the creation and development of exemplary models of providing health services that meet the needs of the Puerto Rican community. 4.2 Offer health services to the community through a variety of clinical workshops and the Medical Sciences Campus faculty Practice Plan. 4.3 Offer health advising services to the community as a part of the campus' educational and research activities. 4.4 Offer advisory and consulting services to government agencies and the community at the local, national and international levels.
5. Maintain the knowledge and skills of health sciences professionals up to date.	5.1 Develop continuing education activities in accordance with changing health needs. 5.2 Offer educational activities, clinical experiences and other necessary activities to maintain the required skills of health professionals up to date. 5.3 Establish a discussion forum on relevant topics, current issues and future projections that impact the health of the people of Puerto Rico.
Research Development	
6. Strengthen basic and applied scientific research as an institutional contribution to the search for knowledge in the health fields.	6.1 Encourage the development of basic and applied scientific research in the biomedical, biological, psychological, and social sciences, placing special emphasis on the health problems of the Puerto Rican society. 6.2 Conduct research on education in the health sciences. 6.3 Foster the development of research committed to excellence, dedication, integrity and human sensitivity. 6.4 Apply the most effective and innovative technology and techniques that ensure excellence in research.

GOALS	OBJECTIVES
	6.5 Strengthen research centers, institutes and academic units.
	6.6. Establish collaborative research efforts with other teaching institutions.
	6.7 Facilitate student participation in research programs.
	6.8 Expand research through contracts with government and industry.
	6.9 Expedite support services for research programs.
	6.10 Keep an updated incentive system that stimulates the faculty to develop research activities.
	6.11 Guarantee the availability of physical and fiscal resources to develop basic and applied research in biomedical and the biological, psychological and social sciences.
	6.12 Broadly disseminate existing opportunities for developing research projects to the academic community.
	6.13 Promote the dissemination of the findings of research conducted at the Medical Sciences Campus.
Institutional Development	
7. Maintain the integration and unity of institutional purpose between administrative management and the teaching, research and service processes.	7.1 Develop administrative systems that guarantee optimum performance of the institution.
	7.2 Establish a flexible and facilitating structure that makes it possible to respond rapidly to the changing needs of the environment.
	7.3 Keep the information system up to date to serve as support for academic and administrative activities.
	7.4 Achieve effective coordination between the needs of the faculties and the administration in order to facilitate knowledge and the application of institutional rules and procedures.

GOALS	OBJECTIVES
	7.5 Promote the institutional planning process as an on-going and systematic activity throughout the institution.
	7.6 Systematically evaluate institutional operations and administrative processes.
8. Develop and maintain commitment to excellence in the performance of university personnel.	8.1 Promote commitment among university personnel to improving their academic, professional and technical performance.
	8.2 Sponsor training programs to improve and maintain the competencies of MSC personnel.
	8.3 Promote the retention of suitable staff through an equitable evaluation system based on the principle of merit.
9. Broaden national and international collaborative programs to strengthen and enrich the institution academically and culturally.	9.1 Facilitate interaction and educational exchanges and research at the local and international levels.
	9.2 Establish educational and research collaboration agreements with institutions of higher education and research institutes in PR and abroad.
	9.3 Promote the MSC academic offerings among potential Latin American students.
10. Foster a university environment that facilitates creative activity, respect for human values and social progress.	10.1 Maintain an institutional climate of respect, dialog, and mutual trust among students, faculty, non-teaching staff and administrators through the recognition of inherent human rights.
	10.2 Sponsor the exchange of ideas and knowledge through symposia, workshops, seminars and conferences, with the participation of the PR and overseas community.
	10.3 Maintain an environment that promotes creative activity in teaching, research and service activities.
	10.4 Ensure that all members of the MSC community have the opportunity to participate or be represented in decisions that affect them.

GOALS	OBJECTIVES
11. Make the Medical Sciences Campus economically sound and stable while maintaining the academic philosophy of the campus.	11.1 Promote the campus image by informing the Puerto Rican, national and international communities of its resources, activities, projects and institutional commitments.
	11.2 Establish the necessary organization on campus to promote the effective support and contributions of the community (graduates, corporations, foundations and related populations in the United States) to institutional development.
	11.3 Encourage the search for external funds to develop institutional activities and projects that are consonant with the campus mission.
	11.4 Strengthen the mechanisms necessary to ensure the efficient and effective use of the institution's fiscal resources.

Appendix 3

Medical Sciences Campus Strategic Plan 2009-2016

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS

Strategic Plan
2009 - 2016

Model of Excellence in Health Care

Advancement of Education in the Health Sciences

Translational Research
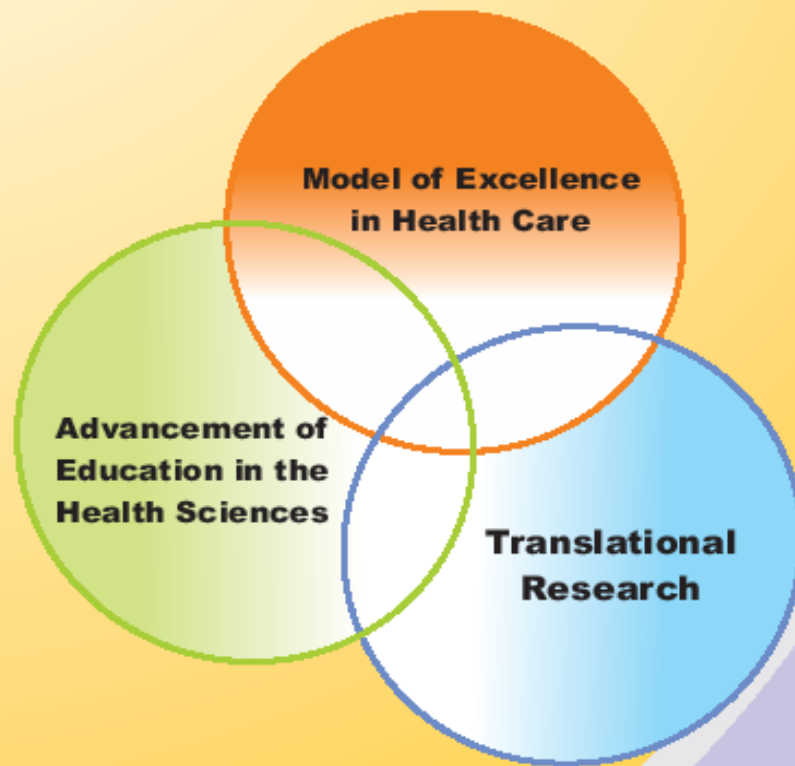
Approved by Academic Senate
Certification 049, 2008-09

TRANSLATION OF ORIGINAL DOCUMENT IN SPANISH

TABLE OF CONTENT

Page

To the Medical Sciences Campus Community

The 2009-2016 Strategic Plan of the Medical Sciences Campus was prepared with broad participation from representatives of all the stakeholder groups interested in what is best for the future development of the institution. This makes it an essential tool to guide the development and effectiveness of the institution, as well as a historic symbol marking the beginning of an ambitious institutional future of the Medical Sciences Campus as an Academic Health Center dedicated to excellence in research and services in all areas of the health sciences.

The plan will facilitate the transformations required to trace the new paths, new routes, new developments and strategic initiatives of the Medical Sciences Campus. That is why this is a vital time, a time of supreme importance for the Medical Sciences Campus. We need to muster our forces and – most importantly – our wills to make the visionary dreams and the strategic courses of action delineated in this plan a reality.

Successful implementation of the plan will require an ongoing process of institutional dialog to weigh ideas, assess the progress, what works and what doesn't, and above all to propose operational and financial solutions that will allow us to channel the initiatives and projects of this far-reaching Strategic Plan. To achieve this, we are relying on the commitment of the entire community to these processes for strategic development of the Medical Sciences Campus.

José Carlo Izquierdo, MD
Chancellor

Delia M. Camacho, PhD
Dean for Academic Affairs

Executive Summary

The formalization of institutional planning on the Medical Sciences Campus (MSC) has been achieved using different planning models over the past four decades. In recent years, the model of management and strategic planning have allowed for better linking of budget processes, program assessment, and self-evaluation for the different accreditation processes at the institutional level and at the level of its six schools. Above all, these activities have fostered active, representative participation of the multiple groups of stakeholders in this institution of higher education in the health sciences.

Moreover, through these activities it has been possible to enhance strategic alignment between the MSC and the UPR System planning agenda, *Diez para la Década* (Ten for the Decade: Ten Challenges). A technology platform has also been established for the management of institutional data that is vital for institutional and planning analyses at the level of the MSC as a whole and at the level of its nine operational units.

The MSC 2009-2016 Strategic Plan is the product of much strategic dialog and conversation among the main stakeholder groups of this institution. It includes the Vision, Mission and Values of the Medical Sciences Campus, as well as the priority goals and objectives for 2008-2009 and the implementation and linking of these strategies to budget allocation decisions for this academic year.

The strategic goals of the Medical Sciences Campus for 2009-2016 are these: to increase the amount, competitiveness and productivity of research; develop the MSC Health Education Center; to enhance MSC's leadership in the health sciences and professions in Puerto Rico; promote the organizational culture, image, and alliances of the MSC; develop effective involvement of the community; increase competitiveness in student recruitment and retention; implement strategies for financial soundness, optimal management, and maintenance and refurbishing of physical facilities.

This process of strategic thinking and action is on-going at the present time and must continue in the future in an uninterrupted manner to ensure the understanding and timely action needed to enable the MSC to anticipate the effects of changes, tendencies, and disputes outside the institution that could have a positive or negative impact on the Medical Sciences Campus. This tool will be instrumental in further solidifying the position of leadership and the strategic dominance of the Medical Sciences Campus in Puerto Rico and the Caribbean.

INTRODUCTION

Institutionalization of Planning on the Medical Sciences Campus

In 1966, the Medical Sciences Campus (MSC) was officially established as an autonomous entity of the University of Puerto Rico. From the beginning, the MSC has complied with the legal requirement that it prepare a Comprehensive Development Plan and revise it annually, in keeping with the provisions of the University of Puerto Rico Act of 1966, as amended in Public Law No. 16 of 1993.

To formalize the planning processes and their links to MSC budgetary planning, in 1988 the deans and the chancellor approved the recommendations submitted by a group composed of teaching and non-teaching staff to institutionalize the planning process. As part of this process of institutional dialog, recommendations were approved to integrate institutional planning with the MSC budget and with the planning and accreditation processes of its academic programs. Today the planning process of the Medical Sciences Campus is an intrinsic part of the institution's culture and has facilitated innovative development that takes into account the needs and characteristics of the MSC.

This institution of higher education in the health sciences used normative planning models in the first three versions of its Institutional Development Plan, for the years 1975-1978, 1979-1984, and1985-1989. For the next three plans, 1991-1995, 1996-2001, 2003-2008 and for the current 2009-2016 Strategic Plan, it has used the strategic planning model.

In strategic planning, as opposed to normative planning, the conceptual focus is on making decisions based on changes, tendencies and disputes in the external environment and their potential impact on the organization. In normative planning, decisions are made based on the implications of historical tendencies for the future development of the organization.

In the normative conceptual framework, plan decisions are mainly intra-system in nature, while in strategic planning they are mainly inter-system in nature. This is why strategic planning requires the active representation and participation of the different groups of stakeholders of an institution in order to benefit from a variety of ideas and perceptions of surrounding reality. This in turn, makes it possible to take strategic initiatives and actions to capitalize on the opportunities that arise, and to cancel or offset the impact of external challenges. The main product of the MSC strategic planning exercise is this document, a concise and accurate document that compiles the principal, fundamental decisions to guide the changes and transformation that the institution needs. The MCS Strategic Plan, then, is a guide to action in the face of the increasingly complex and changing circumstances in the external environment.

Also, in view of the fact of changing financial and resources and competition for them, the implementation of this plan will require a great dose of creativity in the allocation of resources according to priorities for the goals, as established in this plan. In other words, strategic priorities will guide institutional development toward the bright future we expect: a health education center specialized in research and the provision of excellent services in the health sciences.

The commitment of every single person to the Vision, Mission and Values, as well as to the priority strategies in this plan will make the difference. Each of us has a role to play in building the future of this organization in the strategic development areas set out in this Strategic Plan.

Integration with the Accreditation and Assessment Processes and the Strategic Plans of the Faculties

The Medical Sciences Campus's commitment to institutional planning has contributed to making the organization more effective, facilitating the accreditation processes of over 20 different professional accreditation agencies, as well as those of the Puerto Rico Council on Higher Education and the Commission on Higher Education of the Middle States Association, to advancing its strategic dominance in the health sector, and above all to strengthening its leadership both in Puerto Rico and abroad.

Each accrediting body requires evidence of compliance with different standards and metrics for the impact and relevance of achievements in each of the health science professions. These requirements have led the MSC to develop an institutional planning system that is closely interwoven with the accreditation processes. In turn, the documenting of parallel processes of strategic planning and self-study for accreditation has strengthened the Institutional Effectiveness Assessment of the MSC.

The Institutional Assessment Committee of the Medical Sciences Campus completed the *2005-2008 Institutional Assessment Plan* in September 2004, thus complying with a Middle States Association requirement. This plan follows the policy established in Certification Number 136, 2003-2004 of the Board of Trustees of the University of Puerto Rico: *University of Puerto Rico Policy on Assessment of Institutional Effectiveness.* Last year, the Academic Senate of the Medical Sciences Campus passed the *Medical Sciences Campus Policy on Assessment of Institutional Effectiveness* (A.S. Cert. 033, 2007-2008). The preliminary results of the assessment plan, with data from 2003-04 to 2005-06, were used in the strategic analysis of the MSC internal environment during the drafting of this new 2009-2016 Strategic Plan.

The MSC Strategic Plan is also linked to the strategic plans of the faculties, each of which has a Strategic Planning Committee (SPC), in charge of the periodical revision of its plan. Even though some of the strategic plans of these units are prepared at different points in time than the MSC Plan, there is cohesion between the institutional goals and the goals of the six MSC schools. This is achieved because the chairpersons of the Strategic Planning Committees are members of the Institutional Planning and Development Committee (IPDC). The planning horizons of the strategic plans of the six MSC school are as follows: School of Dentistry, 2004-2009; Health Related Professions School, 2003-2008, School of Medicine, 2007-2012, School of Pharmacy, 2007-2012; School of Public Health, 2005-2010; and the School of Nursing, 2008-2012.

Technology Platform for Institutional Data Management[1]

As part of the recent achievements related to institutional planning, the Medical Sciences Campus now has a technology platform to facilitate and enhance institutional research, planning and management. It is known in English as the *WEAVEonline® ASSESSMENT MANAGEMENT SYSTEM.*

WEAVEonline® is a web-based assessment management system, developed by Virginia Commonwealth University, that considers the requirements of accrediting agencies in the matter of assessment documentation at the program and institutional levels. This system captures and documents the planning and assessment process in a simple way and facilitates official reporting and the archiving of data when each planning cycle is completed. The system can be accessed at http://app.weaveonline.com/uprmsc/login.aspx.

Summary of the Process of Developing the MSC 2009-2016 Strategic Plan and the Strategic Situation Analysis

In preparing the MSC 2009-2016 Strategic Plan, six strategic guidance workshops were held over the past two years. The main activities included:

- ‣   A review of the Vision, Mission, and Values statements.
- ‣   An assessment of the 2003-2008 MSC Strategic Plan**.**
- ‣   A strategic situation analysis for the MSC 2009-2016 Strategic Plan that included the identification of opportunities, challenges, strengths and weaknesses, analysis of the organizational culture of the MSC and identification of critical issues for the Medical Sciences Campus.
- ‣   A list of the strategic goals and objectives.
- ‣   Identification of the emblematic projects of the Medical Sciences Campus.
- ‣   Analysis of the alignment of the MSC Plan with the UPR System's Ten for the Decade Plan.
- ‣   Prioritizing the objectives of the MSC 2009-2016 Strategic Plan.
- ‣   Development of the 2009-2016 Operation and Assessment Plan.
- ‣   Analysis of the budgetary implications of the MSC 2009-2016 Strategic Plan.

STRATEGIC DECISIONS

Vision, Mission and Values of the Medical Sciences Campus

VISION

An interdisciplinary academic health center internationally renowned and a model of excellence in: health care; the education of health professionals, researchers and scholars; interaction with the community; and interdisciplinary research, all of which translates into an improvement in the health of the population and in the health care services system of Puerto Rico.

MISSION

Higher education academic center in the health sciences, with expertise in the undergraduate, graduate, postgraduate, and continuing education of health care professionals; a leader in prevention, health promotion, and protection services and in research aimed at advancing knowledge and improving current health conditions in Puerto Rico, in close alliance with the community and the health sector.

VALUES

- **Excellence** at the core of academic life and university endeavors
- **Integrity** in university activities and processes
- **Respect** for the search for truth, justice, freedom, equality, and human dignity
- **Commitment** to ethical, humanistic, and professional principles
- **Honesty** and **respect** in communication
- **Creativity** and **innovation** in generating ideas, developing new knowledge, searching for solutions, and making decisions
- **Professionalism** characterized by inter-professional collaboration, flexibility, and acceptance of diversity
- **Continuing education** and **independent learning** fostering reflective, creative, and critical thinking
- **Leadership** and **social responsibility** in addressing the health problems of the population of Puerto Rico
- **Comprehensive development** of the physical, mental, social, and spiritual health of human beings
- **Sensitivity** and **commitment** to the needs of the community

2009-2016 Strategic Goals and Objectives by Thematic Area

Thematic Area: Research

Goal 1

To increase the amount, level of competitiveness, and research productivity to better the health of persons, populations, and their environments.

Objectives

1.1   To foster and support research in a variety of disciplines and areas for which competitive funding can be obtained.

1.2   To diversify sources of support for research to develop the infrastructure, mentoring, planning and carrying out of projects, publication of manuscripts, and dissemination of results at the local national, and international levels.

1.3   To stimulate mentoring and the development of researchers at different levels of development and competitiveness.

1.4   To strengthen interdisciplinary research and multidisciplinary team work.

1.5   To stimulate the transfer of technologies and the commercialization of intellectual property and creative work.

1.6   To involve students effectively in research work.

Thematic Area: Academic Health Center

Goal 2

To develop the Academic Health Center (AHC) of the Medical Sciences Campus within the framework of innovative models of practice and the need to prepare health professionals for serve to the people of Puerto Rico.

Objectives

2.1   To offer and evaluate innovative health services that bring together a variety of disciplines in effective models that are pertinent to the problems of the country.

2.2   To guarantee that the Academic Health Center of the Medical Sciences Campus will provide the clinical scenarios that will fulfill the requirements of the accrediting agencies of the academic programs in the health scenarios.

2.3   To establish collaborative alliances to implement, develop and administer exemplary health service models through interdisciplinary clinical scenarios.

2.4   Maximize the collaboration and integration of MSC with ASEM, the University Hospital and other affiliated hospitals.

Thematic Area: Academic Development, Accreditation, and Information Technology

Goal 3

To strengthen the Medical Sciences Campus as a leading institution of higher education in the health sciences and professions in Puerto Rico

Objectives

3.1   To guarantee the achievement of the highest distinctions of the professional and institutional accrediting agencies.

3.2   To incorporate the information technology tools, resources and infrastructure in the teaching-learning processes in all schools .

3.3   To develop academic offerings at the undergraduate and graduate levels jointly between units of the University of Puerto Rico and other prestigious universities.

3.4   To evaluate existing mechanisms for making the creation and revision of academic programs more flexible at the faculty level on the Medical Sciences Campus and in the Central Administration.

3.5   To reorient academic offerings in the light of the training needs of new professionals in relation to the social circumstances of Puerto Rico.

Thematic Area: Organizational Culture, Image, and Alliances

Goal 4

To promote recognition of the campus as a leader in the creation of new knowledge, in the development of health services models, and in higher education in the health sciences.

Objectives

4.1   To strengthen the faculty team with the qualifications and attributes essential to the development of the collaborative and competitive academic culture of the Medical Sciences Campus.

4.2   To strengthen faculty professional development plans through innovative programs for bettering and enriching teaching, research and service.

4.3   To stimulate and support promising professors and researchers of the Medical Sciences Campus in obtaining terminal academic degrees, engaging in training experiences, and competitions necessary in their respective disciplines.

Goal 5

To foster and maintain academic cultures and structures that maximize and expedite integration of the schools; collaborative, interdisciplinary, inter-professional work, and high levels of competitiveness of the organization as an Academic Health Center

Objectives

5.1   To reexamine the philosophy and organizational structure of the campus in regard to integration, collaboration and interprofessional and interdisciplinary work.

5.2   To foster conduct and attitudes that favor the establishment of a collaborative, productive, creative and integrative culture.

5.3   To develop an institutional environment that stimulates and strengthens institutional dialog and agile, effective response in the solution of problems.

5.4   To make the development of cooperative agreements viable between the units of the Medical Sciences Campus and institutions in Puerto Rico, the United States and other countries.

Goal 6

To develop and maintain the image of the Medical Sciences Campus in the community in keeping with the standards of an Academic Health Center of excellence

Objectives

6.1   To determine what the elements are to differentiate the image of the campus form that of its direct and indirect competitors in Puerto Rico and beyond.

6.2   To strengthen multisectorial alliances with foundations, corporations, alumni and entities in and outside of Puerto Rico, among others, and to support the image and development of the campus as an institutional leader in education, service and research in the health sciences.

Thematic Area: Integration with the Community

Goal 7

Develop effective participation by the community in the planning and execution of the activities linked to promoting health and the general well-being of the population.

Objectives

7.1   Promote the development of projects with the community, with the focus on involvement of grassroot entities.

7.2   Promote participation of the MSC in debates and matters of public interest related to health and health determinants showing MSC's scientific-technical leadership and competence in much matters.

7.3   Foster and support MSC faculty, researchers and students doing research and in training, in community outreach initiatives.

7.4   Establish alliances for collaboration with community, professional, and volunteer entities to validate community outreach, health teaching, promotion, and intervention models.

7.5   Promote MSC involvement in international community outreach projects.

Thematic Area: Recruitment, and Retention of Students

Goal 8

To increase the competitiveness of the Medical Sciences Campus in recruitment and retention of talented students in Puerto Rico, in Hispanic communities of the United States, and in other countries.

8.1   To design and implement an effective program of recruitment of talented students in Puerto Rico and beyond with the purpose of increasing the number of qualified applicants maintaining standards of excellence.

8.2   To optimize communication of the academic offerings and services though printed and on-line resources that are readily accessible and easy to use.

8.3   To achieve effective, clear, on-going communication with candidates for admission regarding the services and academic offerings of the Medical Sciences Campus.

8.4   To convert admissions, pre-enrollment, enrollment, and financial assistance processes, and other services to students of the Medical Sciences Campus to on-line systems.

8.5   To strengthen the culture of direct services to students based on their needs and preferences in order to promote wellness.

8.6   To develop a set of incentives that will make it possible to attract and retain the best students.

8.7   To optimize support mechanisms and services to improve the quality of life and the academic development of students.

Thematic Area: :   Financial Resources , Administrative Systems and Processes, and Physical Facilities

Goal 9

To implement novel strategies favoring the fiscal soundness of the campus, managerial and administrative optimization, and appropriate maintenance and renewal of the physical facilities according to the standards of an Academic Health Center..

9.1   To coordinate the institutional effort complementary to seeking alternative funding for the development of teaching, research and service.

9.2   To simplify and expedite the administrative systems and processes in support of teaching, research, and service through attention to changing needs in Puerto Rico

9.3   To maximize the use of the existing physical plant and the additions to be built.

9.4   To develop a system of **resource redistribution** that makes it possible to attend to common needs of the schools and support units

9.5   Develop strategies to expedite the allocation of funds for research grants to improve infrastructure, which will in turn facilitate the development of new research.

9.6   Improve the Intramural Practice Plan collections system to obtain additional funds for infrastructure needed for the clinical training programs.

Alignment with the UPR System's Ten for the Decade Plan

Table I shows an analysis of the alignment of the MSC 2009-2016 Strategic Plan with the UPR Ten for the Decade Plan, or 2006-2016 UPR Planning Agenda. The UPR Plan operationalizes the ten goals and the 102 objectives of the UPR Planning Agenda, along seven operational lines and 18 spheres of action. The operational lines include all operational aspects of strategy development within the framework of the organizational structures of the UPR, to wit, academic offerings, research, institutional environment, plan integration, electronic data processing, communications, ongoing improvement, and budgeting. The spheres of action indicate the actions that are carried out to comply with the operational lines.

Table I

ALIGNMENT WITH THE UPR SYSTEM PLAN *TEN FOR THE DECADE*

MSC *STRATEGIC PLAN* 2009-2016	UPR OPERATIONAL LINES AND SPHERES OF ACTION TEN FOR THE DECADE

Research
Goal 1
	OL #2 Research
	    S-4 - Research and Creative Work
	OL #4 Linkages
	    S-8 - Agreements and Alliances
	OL #3 Institutional Climate
	    S-6 - Construction and Conservation of Physical Facilities
	OL #6 Communications
	    S-15 - Projection

Academic Health Center
 	
Goal 2
	OL #4 Linkages
	    S-8 - Agreements and Alliances
	    S-9 - Community

Academic Development, Accreditation, and Informatics Goal 3	OL #1 Academic Offerings OL #5 Informatics OL #7 Continuous Improvement S-17 - Academic Processes

Organizational Culture, Institutional Image, and Alliances
 	
Goals 4, 5 and 6
	OL #4 Linkages
	    S-8 - Agreements and Alliances
	OL #6 Communications
	    S-16 - Projection

Linkages with the Community
 	
Goal 7
	OL #2 Research
	    S-4 - Research and Creative Work
	OL #4 Linkages
	    S-8 - Agreements and Alliances
	    S-9 - Community

Student Recruitment and Retention
 	
Goal 8
	OL #3 Institutional Climate
	    S-5 - Integral Education
	OL #6 Communications
	    S-14 - Recruitment and Services

Financial Resources, Systems and Administrative Processes, and Physical Facilities
 	
Goal 9
	OL #4 Linkages
	    S-10 - Philanthropy
	OL #7 Continuous Improvement and Budgeting
	    S-16 - Resources Management
	    S-18 - Policies and Regulations

During this alignment process of the Strategic Plans, the UPR System requested that each UPR unit identify its emblematic (distinctive) projects. These projects in turn would form part of the strategic development of each unit of the system. The MSC identified four emblematic projects that are part of its strategic plan. These are:

- Center for Translational Science: A new organizational model to integrate research resources to expedite the incorporation of new knowledge into health care practices in Puerto Rico.
- Healthy Communities: Integrates and strengthens the community service efforts of MSC faculties to improve the health and the quality of life of the people of Puerto Rico.
- Virtual Education for a Global World: A digital library of the health sciences, distance learning, intelligent electronic classrooms, and institutional databases.
- One in Six: Doctoral program (PhD) as a joint offering of the six academic units of the MSC, for the development of researchers in theoretical and applied disciplines.

2008-2009 Institutional Priorities and Budget Allocations

The 2008-2009 budgetary guidelines for the UPR require the prioritization of institutional goals and the matching of those goals with both the specific activities that will be carried out and the resources allocated to meet the strategic objectives of each unit of the UPR System. An exercise to establish priorities for the 2008-2009 academic year was carried out on the MSC 2009-2016 strategic objectives. Prioritization is a systematic and rational method to integrate subjective values with quantitative data to establish an order or the relationships between decisions, such as setting goals and objectives and deciding critical issues or strategies. It is also structured to allow uniform analyses of the factors, options and/or problems in a given decision-making situation and their ordering by preferences based on criteria. Through this process, the decision-making elements is obtained are ranked in terms of horizon times rather than importance.

As in the MSC 2003-2008 Plan, the MSC 2009-2016 Plan used the method of weighing criteria. This a process in which a set of criteria used to assign value to a group of decision elements are analyzed and weighed – in this case the 2008-2009 strategic objectives of the MSC. In the analysis, the decision elements are assigned values to obtain a significance level or comparative value among the decision elements. The exercise ends with a decision as to the ranking of the decision elements: the priorities of the MSC for the 2008-2009 year.

Table II presents the outcomes of this prioritization exercise for the strategic goals and objectives of the Medical Sciences Campus. The first ten priority objectives address the five topic areas of the 2009-2016 Strategic Plan. The first three priority objectives are closely related and together constitute the basis for MSC's strategic dominance in the health sector in Puerto Rico. These three objectives express the essence of this institution of higher learning in the health sciences.

Table II

**INSTITUTIONAL PRIORITIES
2008-2009**

		PRIORITY RANKING
RESEARCH		
STRATEGIC GOAL 1: To increase the amount, level of competitiveness, and research productivity to better the health of persons, populations, and their environments		
1.1	To foster and support research in a variety of disciplines and areas for which competitive funding can be obtained	2
1.2	To diversify sources of support for research to develop the infrastructure, mentoring, planning and carrying out of projects, publication of manuscripts, and dissemination of results at the local, national, and international levels	4
1.4	To strengthen interdisciplinary research and multidisciplinary teamwork	9
ACADEMIC HEALTH CENTER		
STRATEGIC GOAL 2: To develop the Academic Health Center (AHC) of the Medical Sciences Campus within the framework of innovative models of practice and the need to prepare health professionals to serve to the people of Puerto Rico		
2.2	To guarantee that the AHC of the Medical Sciences Campus will provide the clinical workshops that will fulfill the requirements of the accrediting agencies of the academic programs in the health sciences.	3
ACADEMIC DEVELOPMENT, ACCREDITATION, AND INFORMATION TECHNOLOGY		
STRATEGIC GOAL 3: To strengthen the Medical Sciences Campus as a leading institution of higher education in the health sciences and professions in Puerto Rico		
3.1	To guarantee the achievement of the highest distinctions of the professional and institutional accrediting agencies	1
3.2	To incorporate the information technology tools, resources and infrastructure in the teaching-learning processes in all schools	6
3.5	To reorient academic offerings in light of the training needs of new professionals in relation to the social circumstances of Puerto Rico	8
ORGANIZATIONAL CULTURE, IMAGE, AND ALLIANCES		
STRATEGIC GOAL 4: To promote recognition of the campus as a leader in the creation of new knowledge, in the development of health services models, and in higher education in the health sciences		
4.2	To strengthen faculty professional development plans through innovative programs for bettering and enriching teaching, research, and service	7
RECRUITMENT, AND RETENTION OF STUDENTS		
STRATEGIC GOAL 8: To increase the competitiviness of the Medical Sciences Campus in recruitment and retention of talented students in Puerto Rico, in hispanic communities of the United States, and in other countries		
8.1	To design and implement an effective program of recruitment of talented students in Puerto Rico and beyond with the purpose of increasing the number of qualified applicants maintaining standards of excellence	5

	PRIORITY RANKING
FINANCIAL RESOURCES, ADMINISTRATIVE SYSTEMS AND PROCESSES, AND PHYSICAL FACILITIES	
STRATEGIC GOAL 9: To implement novel strategies favoring the fiscal soundness of the campus, managerial and administrative optimization, and appropriate maintenance and renewal of the physical facilities according to the standards of an Academic Health Center.	
9.2 To simplify and expedite the administrative systems and processes in support of teaching, research, and service through attention to changing needs in Puerto Rico	10

Premises and Principles for Implementing the MSC 2009-2016 Strategic Plan

The following premises and principles will guide the implementation of the 2009-2016 Strategic Plan of the Medical Sciences Campus:

1. The chancellor, the dean of Academic Affairs, the deans of the faculties and the strategic units bear the main responsibility for the implementation of the MSC Strategic Plan, with the collaboration of all the sectors of the MSC community. They are also the leaders of the assessment processes for measuring achievements and follow-up on corrective actions based on the yearly assessment of the Strategic Plan.

2. The dean of Academic Affairs, as the chairperson of the Institutional Planning and Development Committee, is responsible for coordinating the disclosure, implementation and evaluation processes of the MSC Strategic Plan.

3. The chancellor and the faculty deans will appoint the people responsible for follow-up on each goal by thematic area in the MSC 2009-2016 Strategic Plan.

   ‣ Research
   ‣ Academic Health Center
   ‣ Academic Development, Accreditation, and Information Technology
   ‣ Organizational Culture, Image and Alliances of the Medical Sciences Campus
   ‣ Integration with the Community
   ‣ Student Recruitment and Retention
   ‣ Financial Resources, Administrative Systems and Processes, and Physical Facilities

4. All MSC units will prepare their strategic, operational, and budgetary plans in line with the MSC 2009-2016 Strategic Plan and UPR System's Ten for the Decade Planning Agenda. The yearly work plan, with its budget allocations, will identify the specific actions of each unit, framed in the priority objectives identified for that year.

5. The MSC 2009-2016 Strategic, Operational and Assessment Plan includes the key actions that the deans will supplement with other particular activities developed by the nine organizational units of the Medical Sciences Campus in their own strategic, operational, and budgetary plans.

6. Two periods are established for the annual review of MSC strategic development. In these activities, there will be follow-up on achievements, priorities will be established, and the Work Plan with the budget for the coming year will be prepared. The months in which these twice-yearly activities are to be conducted are as follows:

   ‣ **October to November**: Achievement reports, analyses of the outcomes of the indicators of the previous year, and identification of the corrective actions of the Strategic Plan.
   ‣ **March to April**: Follow-up report and establishment of priorities for the budget allocations for the coming year.

7. The outcomes of the indicators of success for the MSC 2009-2016 Strategic Plan will be prepared annually. The integration of these success indicators in the Strategic Plan with the MSC Institutional Assessment Plan is to be ensured.

8. The MSC 2009-2016 Strategic Plan will be the ongoing topic of all meetings of the administrative body of the Medical Sciences Campus. The dean of Academic Affairs will set the planning topics to be discussed during these meetings.

OPERATIONAL AND EVALUATION PLAN

Key actions, Responsibility, Achievement Indicators

The 2009-2016 Operational and Evaluation Plan of the Medicval Sciences Campus Strategic Plan is presented in Appendix A. The Plan establishes the level of responsibility and the achievement indicators for every goal and objective.

To facilitate follow-up and the corrective action of the Strategic Plan, the following definitions of each institutional achievement type are summarized:

- **Input** (capabilities): achievements related to organizational operations: human, physical, financial, technological and data computing resources incorporated into the institution.

- **Process** (actions): achievements resulting from the dynamics of the operations of the institution as related to institutional policies, standards, procedures, the organizational culture, revisions and changes in operations.

- **Products or outcomes** (internal): organizational achievements evidenced by the data on services or products provided by the organization, such as: patients seen, student admissions, number of alumnae, research carried out, and specific operational improvements.

- **Impact** (external): organizational achievements that produce societal changes, such as: contributions to society by the alumnae and the university community, participation in the development of public policy, implementation of health service models.

The evaluation carried out during the implementation and at the end of the plan in 2016 must compile the necessary data to document each type of achievement at the institutional level and at the faculty level.

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Appendix A

Operational and Evaluation Plan of the Medical Sciences Campus Strategic Plan 2009-2016

OPERATIONAL AND EVALUATION PLAN OF THE MEDICAL SCIENCES CAMPUS STRATEGIC PLAN 2009-2016

Thematic Area: Research - Leader: Chancellor and Dean for Academic Affairs
(LO#2, Research: E-4)   (LO#4, Linkages: E-8) (LO#3, Institutional Climate: E-6) (LO#6, Communications: E-15)

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
1. To increase the amount, level of competitiveness, and research productivity to better the health of persons, populations, and their environments	1.1 To foster and support research in a variety of disciplines and areas for which competitive funding can be obtained. (P2)[2]	Chancellor Dean for Academic Affairs Deans	1.1.1 To create an institutional framework to articulate the research work of the Medical Sciences Campus.	X			- Creation of an institutional framework that articulates the research work of the Medical Sciences Campus.
			1.1.2 To develop a proposal for a **Center for Translational Sciences** (CTS) to incorporate and expand the support and resources of the institutional research framework. **(Emblematic Project - CTS)**	X X			- CTS proposal approved / implemented. - Acquisition of the equipment and technology for research.
			1.1.3 To plan the assignment of physical space for the development of research.	X			
			1.1.4 To review the policies and procedures related to contracts, incentives, distribution of indirect costs, travel, etc., to strengthen research efforts and to make them more flexible.	X			- Revised and amended policies on contracts, incentives, distribution of indirect costs, etc., to strengthen research efforts and to make them more flexible.

[2] Order of priority of objectives (2008-2009)

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
			1.1.5 To establish agreements with the public, private and community sectors and other academic institutions, locally and globally, to develop collaborative research.	X			- Evidence of approved contracts for the development of research projects by sector and agency / entity.
	1.2 To diversify sources of support for research to develop the infrastructure, mentoring, planning and carrying out of projects, publication of manuscripts, and dissemination of results at the local, national, and international levels. (P4)		1.2.1 To establish merit criteria, incentives and recognition for faculty to stimulate and foster the seeking of external funding and increasing publications.		X		- The total number of research proposals supported with external funding.
					X		- The total number of research proposals approved, by sponsoring agency.
					X		- The total amount of funding granted for research, by source.
					X		- The total amount of expenditures for research by source.
					X		- The investment in research equipment.

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
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X	1.3 To stimulate mentoring and the development of researchers at different levels of development and competitiveness. (P19*)		1.3.1 To establish the areas of research, by specialty, that are priorities for the Medical Sciences Campus.	X			- The profile of researchers who serve as mentors. (The number of researchers who serve as mentors.)
			1.3.2 To identify Medical Sciences Campus researchers with experience in obtaining external funding and publications who are interested in being mentors.	X	X	X	- The number of researchers who participate in research projects through the school. - The granting of merit recognition, incentives and recognition for productivity in obtaining external funding and publications. Publications: - The total number of peer-reviewed publications. - The total number of publications cited. - The average number of citations per article.
			1.3.3 To identify researchers from outside of the Medical Sciences Campus with experience in obtaining external funding and publications who are willing to be mentors.				

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				Input/Process	Product	Impact	
			1.3.4 To recruit young researchers whose careers are in research.	X			- The number of newly recruited researchers.
	1.4 To strengthen interdisciplinary research and multidisciplinary team work. (P9)		1.4.1 To define and disseminate the research agenda of the Medical Sciences Campus and its priorities.		X X		- Presentation at national and international scientific forums - Recognition and distinctions
			1.4.2 To create interdisciplinary research teams in the priority research areas of the Medical Sciences Campus.			X	- Interdisciplinary scientific publications.
	1.5 To stimulate the transfer of technologies and the commercialization of intellectual property and creative work. (P24)		1.5.1 To establish a support and assistance structure for the commercialization of intellectual property.			X	- The number of patents and licenses registered.
	1.6 To involve students effectively in research work. (P26)		1.6.1 To support the participation of students in presenting work at scientific meetings.			X	- The number of abstracts presented by students at local, national and international meetings.

Thematic Area: Academic Health Center - Leader: Dean for Academic Affairs and Dean of School of Medicine
 (LO#4, Linkages: E-8 Agreements and Alliances; E-9 Community)

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
2. To develop the Academic Health Center (AHC) of the Medical Sciences Campus within the framework of innovative models of practice and the need to prepare health professionals for serve to the people of Puerto Rico	2.1 To offer and evaluate innovative health services that bring together a variety of disciplines in effective models that are pertinent to the problems of the country. (P29*)	Chancellor Dean for Academic Affairs Deans	2.1.1 To design an interdisciplinary group of clinical experts and service administrators to develop a proposal for the creation of the AHC as a self-sustaining enterprise of the Medical Sciences Campus.		X		- Approval of proposal for the creation of the AHC. - Implementation of the operational plan to make the AHC proposal viable.
			2.1.2 To establish comprehensive services among the intramural plans of the Medical Sciences Campus.		X		
			2.1.3 To participate actively in providing health services of excellence in the Academic Health Center of the Medical Sciences Campus and serve as a model for the development of public policy.			X	- Implementation of the changes in provision of services through the Intramural Practice Plan.
	2.2 To guarantee that the Academic Health Center of the Medical Sciences Campus will provide the clinical scenarios that will fulfill the requirements of the accrediting agencies of the academic programs in the health sciences. (P3)						

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	2.3 To establish collaborative alliances to implement, develop and administer exemplary health service models through interdisciplinary clinical scenarios. (P14)		2.3.1 To implement the **Emblematic Project: Healthy Communities.**	X			- Activities carried out to implement the Emblematic Project: Healthy Communities.
					X		- The number and description of proposals submitted / approved to transform the Health System of Puerto Rico.
					X		- Description of the collaborative alliances set up related to the new health services models proposed.
	2.4 Maximize the collaboration and integration of MSC with ASEM, the University Hospital and other affiliated hospitals.						

Thematic Area: Academic Development, Accreditation, and Information Technology - Leader: Dean for Academic Affairs
 (LO#1, Academic Offerings)   (LO#5, Informatics)   (LO#7, Continuous Improvement and Budgeting: E-17 - Academic Processes)

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans		Indicators			Indicators of Achievement of Goals and Objectives
					Input/Process	Product	Impact	
3. To strengthen the Medical Sciences Campus as a leading institution of higher education in the health sciences and professions in Puerto Rico	3.1 To guarantee the achievement of the highest distinctions of the professional and institutional accrediting agencies (P1)	Dean for Academic Affairs Deans Associate Deans for Academic Affairs	3.1.1 To implement assessment policies for institutional effectiveness. (SA 033, 2007-2008)				X	- Accredited programs of the highest distinction (maximum number of years of accreditation).
			3.1.2 To provide support and resources for the programs to acquire or maintain their professional accreditations.			X		- The number of new accredited programs and re-accredited programs.
	3.2 To incorporate the information technology tools, resources and infrastructure in the teaching-learning processes in all schools (P6)		3.2.1 To implement the **Emblematic Project: Virtual Training for a Global World** (digital library of the health sciences, distance education, intelligent electronic classrooms, and centralized institutional data bases).			X		- The number of courses, academic programs and *enhanced web, hybrid and distance learning* continuing education programs offered.
						X		- Compliance with the data base and information requirements for making the decisions reported.
							X	- The number and degree of satisfaction with the intelligent electronic classrooms.
						X		- Increase in the on-line services and library resources in digital format.
							X	- Degree of satisfaction of users of the project.

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
	of			Input/Process	Product	Impact	
	3.3 To develop academic offerings at the undergraduate and graduate levels jointly between units of the University of Puerto Rico and other prestigious universities. (P16)		3.3.1 To have a doctoral program (PhD) approved by the Board of Trustees of the UPR as a joint offering by the six academic units of the Medical Sciences Campus for the development of researchers in theoretical and applied disciplines. **(Emblematic Project: "Uno en Seis"[One in Six])**.	X	X	X	- Proposal submitted and approved. - Offering of joint programs at the undergraduate and graduate levels. - Number of students enrolled in the program.
	3.4 To evaluate existing mechanisms for making the creation and revision of academic programs more flexible at the faculty level on the Medical Sciences Campus and in the Central Administration. (P18*)		3.4.1 To review existing mechanisms for making the creation and revision of academic programs more flexible at the faculty and Medical Sciences Campus levels (including proposals for changes).		X		- Revised documents with changes and recommendations incorporated.
	3.5 To reorient academic offerings in the light of the training needs of new professionals in relation to the social circumstances of Puerto Rico. (P8)		3.5.1 To evaluate the academic programs of the Medical Sciences Campus in order to make decisions to transform, eliminate, stabilize, enlarge, and create programs and the level of the academic offerings of the campus.		X		- Modifications made in the academic offerings as a result of the evaluation of the programs of the Medical Sciences Campus.

Thematic Area: Organizational Culture, Image, and Alliances - Leader: Dean for Academic Affairs
 (LO #4, Linkages: E-8 Agreements and Alliances)   (LO#6, Communications: E-16 Projection)

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
4. To promote recognition of the campus as a leader in the creation of new knowledge, in the development of health services models, and in higher education in the health sciences	4.1 To strengthen the faculty team with the qualifications and attributes essential to the development of the collaborative and competitive academic culture of the Medical Sciences Campus. (P18*)	Chancellor Dean for Academic Affairs Deans	4.1.1 To recruit and retain faculty that are ideal in respect to their level of academic preparation, professional experience and expertise.	X	X	X	- Quality of the faculty (academic and professional profile of the faculty).
						X	- Scientific and creative productivity.
					X		- Innovative health services as an integral part of the health system of Puerto Rico. - Sustained connection with the community in research, education and service. - Recognition and honors given the faculty distinguished in teaching, research and service.
	4.2 To strengthen faculty professional development plans through innovative programs for bettering and enriching teaching, research and service (P7)			X			- The number of professional development activities sponsored, by school, classified by subject or area of priority.
				X			- The number of members of the faculty who have taken part, by activity

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	4.3	To stimulate and support promising professors and researchers of the Medical Sciences Campus in obtaining terminal academic degrees, engaging in training experiences, and competitions necessary in their respective disciplines. (P20)				X X			- The number of members of the faculty who have received study incentives. - The number of members of the faculty who have traveled to attend training experiences or training activities, by subject or area of priority.
5. To foster and maintain academic cultures and structures that maximize and expedite integration of the schools; collaborative, interdisciplinary, inter-professional work, and high levels of competitiveness of the organization as an Academic Health Center	5.1	To reexamine the philosophy and organizational structure of the campus in regard to integration, collaboration and inter-professional, interdisciplinary work. (P18*)		5.1.1	To review the vision, mission and values of the Medical Sciences Campus to make it clear whether collaborative, interdisciplinary and inter-professional elements are included.		X X		- The number of collaborative projects between faculties. - Interdisciplinary experiences.
	5.2	To foster conduct and attitudes that favor the establishment of a collaborative, productive, creative and integrative culture. (P19)							
	5.3	To develop an institutional environment that stimulates and strengthens institutional dialog and agile, effective response in the solution of problems. (P15)							

MSC Strategic Goals	Objectives		Responsability	Key Actions for Operational Plans		Indicators			Indicators of Achievement of Goals and Objectives
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	5.4	To make the development of cooperative agreements viable between the units of the Medical Sciences Campus and institutions in Puerto Rico, the United States and other countries. (P21)		5.4.1	To designate the person responsible for directing and coordinating these efforts.		X		- Cooperation agreements developed between the units of the Medical Sciences Campus and institutions in Puerto Rico, the United States, and other developed countries.
6. To develop and maintain the image of the Medical Sciences Campus in the community in keeping with the standards of an Academic Health Center of excellence	6.1	To determine what the elements are to differentiate the image of the campus from that of its direct and indirect competitors in Puerto Rico and beyond. (P29*)		6.1.1	To carry out a consumer perception study of the image of the campus as well as benchmarking studies. ▪ An institution characterized by cutting-edge technology. ▪ An institution providing quality health care services that are unique in Puerto Rico. ▪ An institution characterized by sophisticated clinical procedures. ▪ An prestigious institution as the state university.		X X		- Report of the findings of the consumer / client perception studies regarding the image of the campus. - Report of the findings of the benchmarking studies.

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			6.1.2 To evaluate and modify the positioning strategies of the campus in the market of Puerto Rico and other countries.		X	X	- New promotional and marketing activities of the Medical Sciences Campus. - Reports of results of the evaluation of promotional and marketing activities of the Medical Sciences Campus. - Evidence of the repositioning of the Medical Sciences Campus. - The number of contracts approved establishing agreements, according to the purpose. - Agencies / entities with which agreements are maintained. - Recognitions of MSC as leader institution.
	6.2 To strengthen multisectorial alliances with foundations, corporations, alumni and entities in and outside of Puerto Rico, among others, and to support the image and development of the campus as an institutional leader in education, service and research in the health sciences. (P12)		6.2.1 To establish collaborative agreements between programs, joint academic degrees, and service and research projects, with other institutions, locally and abroad.		X X	X	
			6.2.2 To formalize cooperative agreements with universities, foundations, international bodies, research centers, and governments on subjects that are regional and global in nature and effect.				

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			6.2.3	The establish a student exchange program, volunteer experiences, internships, and similar, with institutions in Puerto Rico and abroad.		X		- The number of students who take part in exchange activities though the school, according to the purpose.
			6.2.4	To create an exchange program for faculty and researchers in universities and academic centers in Puerto Rico and abroad.	X			- The number of faculty who participate in exchange activities through the school, according to the purpose.
			6.2.5	To formalize relations between the Medical Sciences Campus and its alumni to cultivate a sense of community that goes beyond the classroom and achieves professional and financial support for the Medical Sciences Campus.	X			- Activities whose purpose is to formalize relations with alumni carried out by the school and the number of alumni who have taken part.
			6.2.6	To set up activities that are open to the community at large, including a cultural program that encourages creativity in the university while recognizing creative people who are not a part of the university community.		X	X X	- Number of alumni that participate in the activities. - Fund raising - Number of alumni that participate as a resource in activities of the MSC.

Thematic Area: Integration with the Community - Leader: Dean of the Graduate School of Public Health
(LO#2 Research: E-4 Research and Creative Work)   (LO#4 Linkages: E-8 Agreements and Alliances, E-9 Community)

MSC Strategic Goals	Objectives	Responsibility	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
7. Develop effective participation by the community in the planning and execution of the activities linked to promoting health and the general well-being of the population	7.1 Promote the development of projects with the community, with the focus on involvement of grassroot entities.	Chancellor Deans Department Directors	7.1.1 Compile the actions developed to the present with grassroot community entities Identify the potential areas of work, needs, and opportunities for project development.	X		X	Involvement of the community in committees for planning personal and preventive health services. Number of cooperation agreements with grassroot community entities. Number of projects developed.
			7.1.2 Involve representatives of the community in the planning and execution of activities linked to promoting health and the general well-being of the population.				
	7.2 Promote participation of the MSC in debates and matters of public interest related to health and health determinants showing MSC's scientific-technical leadership and competence in such matters.	Chancellor Deans Department Directors	7.2.1 Identify the areas in need of development and analysis of health policies. Disseminate the outcomes of the teaching efforts linked to community actions. Give public recognition to community and professional institutions that stand out for their contributions to promoting health and the general well-being of the population.	X		X	Involvement of the MSC community in public hearings for passing bills. Institutional involvement in the media.

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	7.3 Foster and support MSC faculty, researchers and students doing research and in training, in community outreach initiatives.	Chancellor Deans Department Directors	7.3.1 Develop interdisciplinary public interest groups to identify research, training, and community service needs. Value the faculty participation in community linkages in their evaluation processes.	X		X	Interest groups developed
	7.4 Establish alliances for collaboration with community, professional, and volunteer entities to validate community outreach, health teaching, promotion, and intervention models.	Chancellor Deans Department Directors	7.4.1 Develop training actions for community leaders in areas of need for community involvement.	X		X	Training actions developed
	7.5 Promote MSC involvement in international community outreach projects.	Chancellor Deans Department Directors	7.5.1 Develop international collaboration initiatives in the schools of the MSC. Support existing international health centers in the MSC.	X		X	Number of international initiatives in which the institution participates. Develop new WHO collaboration centers.

Thematic Area: **Recruitment, and Retention of Students** - Leader: Dean of Students Affairs
(LO#3, Institutional Climate: E-5 Comprehensive Training)   (LO#6, Communications: E14 Recruitment and Services)

MSC Strategic Goals	Objectives	Responsibility	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
8. To increase the competitiveness of the Medical Sciences Campus in recruitment and retention of talented students in Puerto Rico, in Hispanic communities of the United States, and in other countries	8.1 To design and implement an effective program of recruitment of talented students **in Puerto Rico and beyond** with the **purpose of increasing the number of qualified applicants maintaining standards of excellence** (P5)	Dean of Students Assistant Deans of Student Affairs of the faculties Director of the Promotion and Recruitment Program	8.1.1 To establish a comprehensive, effective institutional recruitment program.	X X	X	X	- Implementation of the MSC Recruitment Plan. - Student recruitment plans implemented by the schools. - The number of applicants that qualify for admission, by academic program. - The number of students admitted who stand out according to the evaluation results.
	8.2 To optimize communication of the academic offerings and services though printed and on-line resources that are readily accessible and easy to use. (P25)		8.2.1 To develop a new initiative to recruit Hispanic students in the United States and other countries.	X			- The quality of the printed and on-line documents on the academic offerings and the services the campus offers.
	8.3 To achieve effective, clear, on-going communication with candidates for admission regarding the services and academic offerings of the Medical Sciences Campus. (P27)		8.3.1 To develop innovative strategies and materials to promote the programs and projects of the campus, with an emphasis on the academic offering.	X			- The methods of communication used with the candidates for admission, by school.

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	8.4	To convert a**dmissions**, pre-enrollment, enrollment, and **financial assistance** processes, and other services to students of the Medical Sciences Campus to on-line systems (P19*)		8.4.1	To strengthen and expand the initiatives to support the academic development of students and their quality of life.		X		- New procedures for processing student services available on line.
	8.5	To strengthen the culture of direct services to students based on their needs and preferences in order to promote wellness (P28)		8.5.1	To initiate the process of recruiting future students while they are in intermediate and high schools.		X X		- Report of results of the evaluations of student services. - Changes implemented in student services.
	8.6	To develop a set of incentives that will make it possible to attract and retain the best students (P23)		8.6.1	To identify primary recruitment sources in intermediate and high schools, including liaison resource persons and the campus.	X			-Incentivos establecidos para atraer y mantener los mejores estudiantes.
	8.7	To optimize support mechanisms and services to improve the quality of life and the academic development of students (P17)		8.7.1	To assess the services available to the evening student population and make changes according to their needs.				

Thematic Area: Financial Resources , Administrative Systems and Processes, and Physical Facilities

(LO#4, Linkages: E10 Philanthropy) (LO#7, Continuous Improvement and Budgeting E-16- E-18)

MSC Strategic Goals	Objectives		Responsibility	Key Actions for Operational Plans		Indicators			Indicators of Achievement of Goals and Objectives
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9. To implement novel strategies favoring the fiscal soundness of the campus, managerial and administrative optimization, and appropriate maintenance and renewal of the physical facilities according to the standards of an Academic Health Center.	9.1	To coordinate the institutional effort complementary to seeking alternative **funding** for the development of teaching, research and service (P22)	Chancellor Dean of Administration Deans	9.1.1	To create the function of financial planning articulated with budgeting, external resources, physical planning, institutional research, and information systems, among others.		X		- Alternative funding obtained by the campus.
	9.2	To simplify and expedite the **administrative systems and processes** in support of teaching, research, and service through attention to changing needs in Puerto Rico (P10)		9.2.1	To implement a sustained learning program on administrative norms and procedures.		X		- Modifications carried out in administrative systems and processes.
				9.2.2	To identify / design an inventory of administrative processes that deserve to be revised and simplified.	X			- Plan for the revision of administrative processes.
				9.2.3	To implement an assessment plan for administrative processes based on indicators that allow for identification of opportunities for improvement, expediting and revitalization.				

MSC Strategic Goals	Objectives	Responsibility	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
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	9.3 To maximize the use of the existing physical plant and the additions to be built. (P11)		9.3.1 To implement an evaluation plan based on indicators that allow for compliance with the physical space utilization policy.	X			- Report of the results of the evaluation of compliance with the physical space utilization policy.
			9.3.2 To evaluate physical space utilization models that have proven successful in academic health centers in the United States and other countries.	X			- The model for space utilization implemented on the campus.
			9.3.3 To establish an agile, articulated follow-up system to comply with the planning of construction projects, remodeling projects, and preventive and corrective maintenance on buildings and the physical plant.	X	X		- The follow-up plan implemented to monitor compliance in construction projects, remodeling projects, and preventive and corrective maintenance. - Report of results of implementation of the follow-up plan on construction projects, remodeling projects, and preventive and corrective maintenance.
	9.4 To develop a system of **resource redistribution** that makes it possible to attend to common needs of the schools and support units. (P13)		9.4.1 To identify resource redistribution models used in institutions of higher education in Puerto Rico and abroad.				

MSC Strategic Goals	Objectives	Responsibility	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
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	9.5 Develop strategies to expedite the allocation of funds for research grants to improve infrastructure, which will in turn facilitate the development of new research 9.6 Improve the Intramural Practice Plan collections system to obtain additional funds for infrastructure needed for the clinical training programs		9.4.2 To design and implement the system of resource redistribution approved by the Administrative Board.		X		- Model of resource redistribution implemented on the campus.

Appendix 4

Medical Sciences Campus Assessment Plan 2010-2016

INDICADORES DE RESULTADOS PARA LAS METAS DEL RCM DEL PLAN OPERACIONAL DE AVALÚO DE LA EFECTIVIDAD INSTITUCIONAL 2010-2016

Prof. Lillian E. Ríos Rodríguez
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Prof. Zulma I. Olivieri Villafañe
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Biblioteca
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Prof. Efraín Flores Rivera

Escuela de Medicina
Dra. Irma L. Rivera Colón
Dra. María E. Padilla Santos

Escuela de Medicina Ciencias Biomédicas
Dra. Edna Aquino Piñero
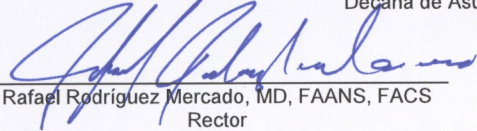Dr. Jorge D. Miranda González

Escuela de Profesiones de la Salud
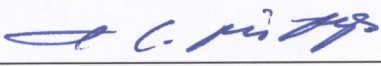Prof. Zulma I. Olivieri Villafañe
Prof. Cynthia Cruz Gómez

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Endosado por el Comité Ejecutivo del Rector el 6 de febrero de 2012

INDICADORES DE RESULTADOS PARA LAS METAS INSTITUCIONALES DEL RCM
PLAN OPERACIONAL DE AVALÚO DE LA EFECTIVIDAD INSTITUCIONAL
2010-2016

INDICADORES CANTIDAD/CALIDAD	FUENTE DE INFORMACIÓN	PERSONAS RESPONSABLES	FRECUENCIA Y/O FECHA DE RECOPILACIÓN DATOS
Área: Desarrollo Académico y Estudiantil			
Meta 1: Formar los científicos, educadores y profesionales que fomentarán y mantendrán las mejores condiciones de salud del pueblo puertorriqueño laborando como un equipo interdisciplinario de salud.			
1. El RCM tendrá un **índice de demanda selectiva** de un 90%.	‣ Informe de resultados de evaluación de candidatos para admisión: Cantidad de Solicitudes, Admitidos y Cupo del RCM	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas	Anual
2. El 90% de los programas del RCM recibirá dos solicitudes que cualifican por cada estudiante admitido.	‣ Informe de resultados de evaluación de candidatos para admisión: Cantidad de Solicitudes, Admitidos y Cupo del RCM	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas	Anual
3. El RCM alcanzará un **nivel de ocupación** de un 87% en el proceso de admisiones.[1]	‣ Informe de resultados de evaluación de candidatos para admisión: Cantidad de Admitidos, Matriculados por programa académico	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas	Anual

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[1] *Número 1 de los Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; según Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

INDICADORES CANTIDAD/CALIDAD	FUENTE DE INFORMACIÓN	PERSONAS RESPONSABLES	FRECUENCIA Y/O FECHA DE RECOPILACIÓN DATOS
Área: Desarrollo Académico y Estudiantil			
Meta 1: Formar los científicos, educadores y profesionales que fomentarán y mantendrán las mejores condiciones de salud del pueblo puertorriqueño laborando como un equipo interdisciplinario de salud.			
4. El RCM tendrá una **tasa de retención** de al menos un 75%.[2]	‣ Informe de retención	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas	Anual
5. **Tasa de graduación** - El 70% de los estudiantes del RCM completa su grado en el tiempo mínimo de graduación.[3] • Cantidad de estudiantes por cohorte que completa el grado en el tiempo mínimo (100% del tiempo) • Cantidad de estudiantes por cohorte que completa el grado en el tiempo máximo.	‣ Informe de cohorte de graduación	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas	Anual
6. **Tasa de colocaciones**: El 70% de la clase graduanda del RCM consigue empleo dentro de los seis (6) meses de su fecha de graduación o continúa estudios post-graduados.[4]	‣ Seguimiento a egresados en cada programa	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas	Anual
Meta 2: Proveer educación de excelencia en las ciencias de la salud desde niveles pre y post bachillerato hasta de post grado.			
7. Se dispone de acceso a 75% o más de todo lo identificado como esencial en las listas de recursos bibliográficos para las profesiones de la salud.	‣ Informe de la Biblioteca	‣ Director Biblioteca	2013
8. El 70% de los estudiantes y facultad estará satisfecho con la oferta bibliográfica y con el acceso electrónico a revistas científicas u homólogas.	‣ Encuesta (cuestionario)	‣ Decanos y Decano Asociados de Escuelas ‣ Director Biblioteca ‣ Director OPIAI	2013
9. El 70% o más de cada grupo encuestado (docentes y estudiantes), estará satisfecho con el acceso, capacitación y uso de la tecnología.	‣ Encuesta (cuestionario)	‣ Decanos y Decano Asociados de Escuelas ‣ Director Biblioteca ‣ Director OPIAI	2013

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[2] *Responde al indicador número 2 de la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignados en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

[3] *El tiempo mínimo de graduación para cada programa aparece descrito en la Tabla #6 del Manual de Normas y Procedimientos del Registrador del RCM, Página 50. Responde al indicador número 3 de la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignados en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

[4] *Responde al indicador número 4 de la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignados en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

INDICADORES CANTIDAD/CALIDAD	FUENTE DE INFORMACIÓN	PERSONAS RESPONSABLES	FRECUENCIA Y/O FECHA DE RECOPILACIÓN DATOS
Área: Desarrollo Académico y Estudiantil			
Meta 2: Proveer educación de excelencia en las ciencias de la salud desde niveles pre y post bachillerato hasta de post grado.			
10. El 20% de los estudiantes y médicos residentes participan en proyectos de investigación.	‣ Informe Anual (Tabla F6)	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador Informe Anual	Anual
11. El 100% de los programas académicos **susceptibles a acreditación** estará acreditado por la agencia correspondiente.[5]	‣ Calendario de Acreditaciones e Inventario de programas susceptibles de acreditación	‣ Oficina de Acreditación-Decanato de Asuntos Académicos	Anual
12. El 100% de los programas académicos **no susceptibles a acreditación** cumple con el itinerario de las **evaluaciones quinquenales**.[6]	‣ Calendario de Evaluaciones Quinquenales	‣ Decano y Decano Asociado de Asuntos Académicos ‣ Director Oficina de Acreditación	Anual
Meta 3: Lograr que el estudiantado alcance el nivel más alto de excelencia en el dominio del saber, en el desarrollo de sensibilidad humana y de valores éticos, de conciencia social, de destrezas de pensamiento crítico y de aprendizaje para toda la vida.			
13. El 75% de los egresados cuya profesión requiera examen de reválida o certificación (local/nacional) para ejercer, lo aprobará en el primer intento.	‣ Informes de resultados de exámenes de reválida/certificación	‣ Decanos ‣ Decanos Asociados	Anual
14. El 70% del estudiantado del RCM **próximo a graduarse**[7] indicará haber desarrollado el conocimiento, destrezas, valores y actitudes necesarias para el desempeño en su profesión.	‣ **Cuestionario** a nivel programático para estudiante próximo a graduarse	‣ Decanos y Decano Asociados de Escuelas ‣ Director Biblioteca ‣ Director OPIAI	Anual A partir de año académico 2013-2014
Meta 4: Proveer variedad de servicios de salud que respondan a las necesidades de la comunidad, como componente integral de las experiencias educativas, de investigación y desarrollo profesional de la facultad.			
15. Al menos una de cada cinco (5) propuestas de servicios sometidas es aprobada.	‣ Sistema de datos Oficina de Programas Subvencionados(OPS)	‣ Director OPS	Anual

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[5] *Responde al indicador número 20 de la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignados en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

[6] *Responde al indicador número 20 de la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignados en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

[7] *Entiéndase como estudiante próximo a graduarse a todo aquél que está matriculado en su último término académico.*

INDICADORES CANTIDAD/CALIDAD	FUENTE DE INFORMACIÓN	PERSONAS RESPONSABLES	FRECUENCIA Y/O FECHA DE RECOPILACIÓN DATOS
Área: Desarrollo Académico y Estudiantil			
Meta 4: Proveer variedad de servicios de salud que respondan a las necesidades de la comunidad, como componente integral de las experiencias educativas, de investigación y desarrollo profesional de la facultad.			
16. Cantidad de pacientes atendidos por tipo de servicio clínico ofrecido por el RCM.	‣ Informe Anual (Tabla F-22)	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador Informe Anual	Anual
17. El 100% de las Escuelas participa en al menos un proyecto de urgencia social del RCM en el cual se integran estudiantes y profesores.[8]	‣ Planilla de la vicepresidencia	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador Informe Anual	Anual
Meta 5: Mantener actualizados los conocimientos y destrezas de los profesionales de las ciencias de la salud.			
18. El 70% de los participantes en cursos de educación continua indica que el contenido de las actividades contribuye al desarrollo de sus competencias/destrezas profesionales.	‣ Informe de Escuelas (Tabla F-1A)	‣ Decanos ‣ Decanos Asociados ‣ Directores de DECEP's	Anual
19. Aumento anual en la cantidad de proyectos de investigación activos.	‣ Informe Anual (Tabla F-2)	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador del Informe Anual	Anual

[8] *Número 22 en la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; según consignado en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

INDICADORES CANTIDAD/CALIDAD	FUENTE DE INFORMACIÓN	PERSONAS RESPONSABLES	FRECUENCIA Y/O FECHA DE RECOPILACIÓN DATOS
Área: Desarrollo de la Investigación			
Meta 6: Fortalecer la investigación científica básica y aplicada como contribución institucional a la búsqueda del conocimiento en el campo de la salud.			
20. Al menos 20% de las propuestas de investigación sometidas para financiamiento de fondos externos son aprobadas.	‣ Sistema de datos –OPS	‣ Director OPS	Anual
21. Aumento anual en la cantidad de **publicaciones** en **revistas arbitradas por pares**.[9]	‣ Informe Anual (Tabla F-4)	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador del Informe Anual	Anual
22. Aumento anual en la cantidad de **presentaciones** (cartel, oral) realizadas por la facultad en actividades o **conferencias arbitradas por pares** (a nivel local, nacional o internacional).[10]	‣ Informe Anual (Tabla F-5)	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador del Informe Anual	Anual
23. Al menos un 20% de la facultad disfrutará de algún incentivo para desarrollar investigación.	‣ Informe Anual (Tabla F-3)	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador del Informe Anual	Anual
24. Al menos un 20% de la facultad participa en proyectos de investigación.	‣ Informe anual (Tabla F-2)	‣ Decanos ‣ Decano Asociado de Asuntos Académicos ‣ Decano Auxiliar de Asuntos Estudiantiles ‣ Directores de Departamentos ‣ Directores o Coordinadores de Programas ‣ Coordinador del Informe Anual	Anual

[9] *Número 16 de los Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignado en Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

[10] *Número 17 en la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; según consignado en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

INDICADORES CANTIDAD/CALIDAD	FUENTE DE INFORMACIÓN	PERSONAS RESPONSABLES	FRECUENCIA Y/O FECHA DE RECOPILACIÓN DATOS
Área: Desarrollo Institucional			
Meta 7: Mantener la integración y unidad de propósito institucional entre la gestión administrativa y los procesos de enseñanza, investigación y servicio.			
25. Alcanzar al menos un 70% de cumplimiento con las actividades del plan de mantenimiento preventivo de las instalaciones físicas del RCM.	‣ Informe de cumplimiento del plan de mantenimiento	‣ Decano de Administración ‣ Director de Recursos Físicos	Anual
26. El 70% de cada uno de los grupos de interés (personal docente, no docente y estudiantes) estará satisfecho con los procesos administrativos y reglamentarios claves.[11]	‣ Encuesta (cuestionario)	‣ Decanos y Decano Asociados de Escuelas ‣ Director OPIAI	Cada 2 años
Meta 8: Desarrollar y mantener, entre el personal universitario, el compromiso hacia una ejecución de excelencia.			
27. Para el 2016, los Programas Académicos/Escuelas cumplen al menos un 50% de sus planes de desarrollo de facultad.	‣ Informe de las Escuela	‣ Decano Asociado ‣ Directores/Coordinadores de Programas	Cada 2 años
28. El 75% del personal universitario (docente y no-docente) que participa en las actividades de capacitación ofrecidas a nivel institucional por los Programas de Desarrollo de Facultad y Aprendizaje Sostenido, indica que éstas son pertinentes a sus funciones laborales.	‣ Informe ODA (Personal docente) ‣ Informes Programa de Aprendizaje Sostenido (Personal no docente)	‣ Decanos de Administración y Asuntos Académicos ‣ Coordinador Programa de Desarrollo de Facultad	Anual
29. Al 2016, el 80% de la facultad con nombramiento permanente o probatorio, ostentará un grado doctoral.[12]	‣ Base de Datos Departamento de Gerencia de Capital Humano	‣ Decano de Administración ‣ Director de Departamento de Gerencia de Capital Humano	Anual

[11] *Número 13 en la lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignado en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

[12] *Indicador número 11 listado en los Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; según asentado en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

INDICADORES CANTIDAD/CALIDAD	FUENTE DE INFORMACIÓN	PERSONAS RESPONSABLES	FRECUENCIA Y/O FECHA DE RECOPILACIÓN DATOS
Área: Desarrollo Institucional			
Meta 9: Ampliar los intercambios colaborativos nacionales e internacionales para el fortalecimiento y enriquecimiento académico y cultural de la institución.			
30. Cantidad de acciones concretas observables que se producen a través de convenios, alianzas, afiliaciones colaborativas y consorcios dirigidos a investigación, enseñanza y servicio con instituciones en PR, EU y en otros países.[13]	‣ Informe Anual (Tabla F-21)	‣ Decanos/Decanos Asociados ‣ Directores/Coordinadores de Programas	Anual
31. Cantidad de estudiantes internacionales matriculados.[14]	‣ Sistema de Información Estudiantil (SIS)	‣ Decanos ‣ Director de Oficina de Recaudaciones ‣ Director OPIAI	Anual
Meta 10: Propiciar un ambiente universitario que facilite la actividad creadora, el respeto por los valores humanos y la consecución del progreso social.			
32. El 70% de los estudiantes considera positiva (o sea, calificaron de Bueno, Muy Bueno o Excelente) la oferta de actividades extracurriculares y co-curriculares.[15]	‣ Encuesta (cuestionario)	‣ Decanos ‣ Director OPIAI	2012, 2014, 2016
Meta 11: Dotar de solidez y estabilidad económica al Recinto de Ciencias Médicas en consonancia con la filosofía académica del recinto.			
33. Al 2016, se observará un incremento de un 1.5% en la cantidad de fondos externos (ejemplos: propuestas, clínica intramural, patentes, donativos u otros).	‣ Informes fiscales ‣ Sistema de datos OPS ‣ Informe Recaudación Ex-alumnos, Corporaciones, etc.	‣ Director Oficina de Presupuesto ‣ Director OPS ‣ Director de Finanzas – Ofic. Contabilidad ‣ Oficina del Rector ‣ Administración Central	Anual (El dato se recoge anual, el incremento se determina al final del período)

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[13] *Indicador número 19 de la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010 que consigna los Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década.*

[14] *Indicador número 23 según listado en Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; consignados en la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

[15] *Indicador número 6, lista de Indicadores para el Avalúo de la Operacionalización de un Plan de Desarrollo Integral de la Universidad de Puerto Rico, Diez para la Década; a tenor con la Certificación Número 03 de la Junta de Síndicos, serie 2009-2010.*

Appendix 5

Medical Sciences Campus Financial Data
2010-2011 to 2014-2015

Exhibit 3.1-Distribution of thye Budget for the MSC by Sources of Funds for Fiscal Years 2011-2015

Fiscal Year	University Funds $	External Funds $	Other $	Total $	University Funds %	External Funds %	Other %
2010-2011	$ 132,036,413	$ 145,331,592	$ 29,533,714	$ 306,901,720	43.0%	47.4%	9.6%
2011-2012	$ 130,538,817	$ 142,659,571	$ 26,804,628	$ 300,003,016	43.5%	47.6%	8.9%
2012-2013	$ 135,091,280	$ 140,222,016	$ 23,278,440	$ 298,591,737	45.2%	47.0%	7.8%
2013-2014	$ 136,131,503	$ 156,572,800	$ 24,458,909	$ 317,163,212	42.9%	49.4%	7.7%
2014-2015	$ 132,203,426	$ 146,230,714	$ 23,349,036	$ 301,783,176	43.8%	48.5%	7.7%
5-year period change*	$ 167,013	$ 899,121	$ (6,184,678)	$ (5,118,544)	0.8%	1.1%	-1.9%
Period Average	$ 133,200,288	$ 146,203,339	$ 25,484,946	$ 304,888,572	43.7%	47.9%	8.4%

*This is the difference between fiscal year 2011 and 2015.

Exhibit 3.2-Distribution of External Funds for the MSC by Sources for Fiscal Years 2011-2015

Fiscal Year	Federal Funds	State Funds	Donations	Revolving Funds	Faculty Practice	Legislative Funds	Capital Improvements	Total Funds
2010-2011	$ 41,666,626	$ 18,199,488	$ 8,913,414	$ 7,449,247	$ 39,894,321	$ 16,468,292	$ 12,740,205	$ 145,331,592
2011-2012	$ 44,483,757	$ 19,380,787	$ 7,957,558	$ 12,336,303	$ 44,376,981	$ 14,124,185		$ 142,659,571
2012-2013	$ 35,566,926	$ 19,057,252	$ 7,616,309	$ 12,873,352	$ 46,163,153	$ 18,945,024		$ 140,222,016
2013-2014	$ 36,128,691	$ 19,161,732	$ 6,347,009	$ 14,786,733	$ 61,953,710	$ 18,194,926		$ 156,572,800
2014-2015	$ 38,786,323	$ 18,817,060	$ 9,347,679	$ 11,350,085	$ 50,281,654	$ 17,647,912		$ 146,230,714
5-year period change*	$ (2,880,303)	$ 617,572	$ 434,265	$ 3,900,838	$ 10,387,333	$ 1,179,621	$ (12,740,205)	$ 899,121
Period Average	$ 39,326,465	$ 18,923,264	$ 8,036,394	$ 11,759,144	$ 48,533,964	$ 17,076,068	$ 12,740,205	$ 146,203,339

*This is the difference between fiscal year 2011 and 2015.

Exhibit 3.3-Allocation of University Funds for the MSC by Institutional Component in Fiscal Years 2011-2015

Institutional Component	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Instruction	$ 70,110,118	$ 67,977,672	$ 70,258,487	$ 72,993,996	$ 71,825,206
Research	$ 4,437,418	$ 4,761,057	$ 5,338,370	$ 5,173,758	$ 5,324,599
Service	$ 762,819	$ 606,653	$ 651,794	$ 760,269	$ 796,064
Academic support	$ 14,310,423	$ 14,548,481	$ 15,803,664	$ 15,712,987	$ 13,958,958
Student services	$ 3,281,644	$ 3,256,673	$ 3,058,250	$ 3,405,102	$ 3,397,206
Institutional support	$ 18,432,046	$ 19,836,890	$ 22,950,419	$ 18,171,425	$ 18,393,489
Mainteinance of structures	$ 17,138,925	$ 17,273,776	$ 15,588,272	$ 17,637,918	$ 16,207,243
Scholarhips/assitanships	$ 2,166,689	$ 2,279,307	$ 1,257,974	$ 2,276,048	$ 2,300,661
Other	$ 1,396,333	$ (1,693)	$ 184,050	$ -	$ -
Total	$ 132,036,415	$ 130,538,816	$ 135,091,280	$ 136,131,503	$ 132,203,426

Exhibit 3.4-Allocation of External Funds for the MSC by Institutional Componente in Fiscal Years 2011-2015

Institutional Component	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Instruction	$ 9,876,948	$ 10,039,116	$ 9,215,583	$ 8,347,081	$ 8,322,972
Research	$ 37,682,214	$ 40,253,045	$ 33,898,667	$ 34,562,521	$ 38,954,106
Service	$ 22,046,001	$ 24,482,071	$ 22,559,799	$ 23,645,530	$ 22,798,224
Academic support	$ 1,634,134	$ 1,855,069	$ 1,605,890	$ 1,887,278	$ 1,572,391
Student services	$ 34,798	$ 39,089	$ 86,337	$ 76,753	$ 39,137
Institutional support	$ 3,976,668	$ 8,500,886	$ 9,254,987	$ 9,041,303	$ 9,069,564
Mainteinance of structures	$ 175,378	$ 505	$ 46,219	$ (47,619)	$ 1,037
Scholarhips/assitanships	$ 19,969,986	$ 17,368,185	$ 22,462,769	$ 21,680,585	$ 21,363,905
Other	$ 49,935,464	$ 40,121,605	$ 41,091,767	$ 57,379,368	$ 44,109,379
Total	$ 145,331,591	$ 142,659,571	$ 140,222,018	$ 156,572,800	$ 146,230,715

Appendix 6

Medical Sciences Campus Enrollment
2010-2011 to 2015-2016

Appendix 6

TOTAL ENROLLMENT BY SCHOOL AND PROGRAM
MEDICAL SCIENCES CAMPUS
ACADEMIC YEARS 2011-2012 TO 2015-2016

School and Program	2011-2012			2012-2013			2013-2014			2014-2015			2015-2016		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
MEDICAL SCIENCES CAMPUS [1]	**2,301**	**613**	**1,688**	**2,273**	**664**	**1,609**	**2,253**	**644**	**1,609**	**2,221**	**666**	**1,555**	**2,313**	**735**	**1,578**
School of Medicine	**550**	**216**	**334**	**569**	**250**	**319**	**568**	**254**	**314**	**551**	**259**	**292**	**568**	**275**	**293**
Professional Doctorate															
Medicine (M.D.)	444	189	255	451	210	241	453	218	235	443	222	221	452	232	220
Biomedical Sciences Division Graduate Programs	**106**	**27**	**79**	**118**	**40**	**78**	**115**	**36**	**79**	**108**	**37**	**71**	**116**	**43**	**73**
Anatomy (MS)	2	1	1	7	4	3	5	2	3	4	1	3	5	0	5
Biochemistry (MS)	2	1	1	2	2	0	1	1	0	2	1	1	2	1	1
Biochemistry (MS) - Evening	3	2	1	5	4	1	4	3	1	3	2	1	3	2	1
Pharmacology (MS)	1	0	1	1	1	0	1	1	0	1	1	0	2	1	1
Physiology (MS)	2	0	2	5	2	3	3	1	2	3	2	1	2	2	0
Microbiology (MS)	4	0	4	6	2	4	5	2	3	5	0	5	3	0	3
Anatomy (PhD)	15	7	8	17	9	8	17	9	8	21	10	11	23	12	11
Biochemistry (PhD)	29	8	21	28	8	20	28	9	19	22	9	13	27	11	16
Pharmacology (PhD)	7	0	7	0	0	0	0	0	0	6	0	6	6	1	5
Toxycology (PhD)	1	0	1	8	0	8	8	0	8	0	0	0	0	0	0
Physiology (PhD)	15	3	12	15	4	11	15	3	12	15	3	12	16	3	13
Microbiology (PhD)	20	3	17	20	2	18	23	2	21	22	6	16	21	7	14
Biology (PhD) - Inter-campus	5	2	3	4	2	2	5	3	2	4	2	2	6	3	3
School of Dental Medicine	**235**	**89**	**146**	**232**	**87**	**145**	**238**	**88**	**150**	**237**	**84**	**153**	**236**	**76**	**160**
Professional Doctorate															
Dental Medicine (D.M.D)	187	68	119	187	70	117	194	70	124	191	63	128	189	55	134
Graduate Programs	**3**	**2**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**
Prosthodontics (MS)	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Pediatric Dentistry (MS)	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Orthodontics (MS)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Oral and Maxillofacial Surgery (MS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Postdoctoral Certificates	**45**	**19**	**26**	**45**	**17**	**28**	**44**	**18**	**26**	**45**	**21**	**24**	**47**	**21**	**26**
Oral and Maxillofacial Surgery	8	6	2	8	5	3	8	6	2	8	6	2	8	7	1
Pediatric Dentistry	10	2	8	10	1	9	6	1	5	10	3	7	11	3	8
Prosthodontics	9	2	7	9	4	5	7	5	2	9	6	3	11	6	5
Orthodontics	6	4	2	7	5	2	7	4	3	6	2	4	6	2	4
General Dentistry	12	5	7	11	2	9	16	2	14	12	4	8	11	3	8

[1] Includes readmissions and reclassifications.

School and Program	2011-2012			2012-2013			2013-2014			2014-2015			2015-2016		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Faculty of Biosocial Sciences and Graduate School of Public Health	**466**	**107**	**359**	**482**	**132**	**350**	**462**	**107**	**355**	**468**	**114**	**354**	**501**	**136**	**365**
Graduate Programs	**271**	**67**	**204**	**280**	**81**	**199**	**286**	**67**	**219**	**290**	**74**	**216**	**307**	**84**	**223**
Public Health - Maternal and Child Health (MPH)	10	2	8	2	0	2	1	0	1	0	0	0	0	0	0
Demography (MS)	18	4	14	15	7	8	12	5	7	20	9	11	27	10	17
Health Services Administration (MHSA)	49	16	33	51	20	31	51	18	33	54	19	35	57	19	38
Public Health General (MPH)	16	5	11	20	8	12	15	3	12	22	7	15	21	8	13
Public Health - Environmental Health (DrPH)	17	7	10	20	7	13	19	7	12	25	9	16	23	9	14
Nutrition (MS)	21	2	19	19	2	17	22	2	20	18	1	17	20	3	17
Environmental Health (MS)	10	6	4	19	11	8	25	9	16	21	5	16	24	5	19
Health Education (MPHE)	35	4	31	30	3	27	26	4	22	29	5	24	34	4	30
Evaluation Research of Health Systems (MS)	17	4	13	22	2	20	25	1	24	25	3	22	22	4	18
Public Health - Epidemiology (MPH)	17	1	16	13	5	8	12	0	12	16	5	11	20	5	15
Epidemiology (MS)	21	5	16	21	3	18	29	4	25	23	4	19	23	5	18
Public Health - Biostatistics (MPH)	14	7	7	19	10	9	14	10	4	11	7	4	13	9	4
Nurse Midwifery (MPH)	6	1	5	6	0	6	12	0	12	10	0	10	6	0	6
Industrial Hygiene (MS)	20	3	17	23	3	20	23	4	19	16	0	16	17	3	14
Graduate Programs - Evening	**170**	**34**	**136**	**164**	**45**	**119**	**143**	**34**	**109**	**150**	**34**	**116**	**158**	**47**	**111**
Public Health - Maternal and Child Health (MPH)	19	3	16	7	2	5	6	1	5	0	0	0	0	0	0
Public Health General (MPH)	43	11	32	42	14	28	39	7	32	43	9	34	49	18	31
Public Health - Health Systems Analysis and Management (DrPH)	10	3	7	16	5	11	16	5	11	21	7	14	25	8	17
Public Health - Social Determinants of Health (DrPH)	2	1	1	9	1	8	11	1	10	14	2	12	12	3	9
Environmental Health (MS)	18	4	14	19	8	11	16	7	9	21	8	13	27	9	18
Health Education (MPHE)	43	6	37	44	10	34	23	5	18	21	2	19	11	1	10
Public Health - Gerontology (MPH)	35	6	29	27	5	22	32	8	24	30	6	24	34	8	26
Graduate Certificate	**0**	**0**	**0**	**2**	**0**	**2**	**3**	**0**	**3**	**1**	**0**	**1**	**0**	**0**	**0**
Nurse Midwifery	0	0	0	2	0	2	3	0	3	1	0	1	0	0	0
Graduate Certificate - Evening	**25**	**6**	**19**	**36**	**6**	**30**	**30**	**6**	**24**	**27**	**6**	**21**	**36**	**5**	**31**
Gerontology	15	3	12	18	5	13	18	6	12	18	6	12	24	4	20
Developmental Disabilities Early Intervention	10	3	7	18	1	17	12	0	12	9	0	9	12	1	11
School Health Promotion [2]	0	-	-	0	-	-	0	-	-	0	-	-	0	-	-
School of Pharmacy	**195**	**36**	**159**	**204**	**40**	**164**	**197**	**36**	**161**	**200**	**45**	**155**	**204**	**59**	**145**
Professional Doctorate															
Pharmacy (PharmD)	177	32	145	182	37	145	179	36	143	178	44	134	177	54	123
Graduate Programs	**18**	**4**	**14**	**22**	**3**	**19**	**18**	**0**	**18**	**22**	**1**	**21**	**27**	**5**	**22**
Industrial Pharmacy - Evening (MS)	7	1	6	9	0	9	9	0	9	10	0	10	13	2	11
Pharmaceutical Sciences - Evening (MS)	11	3	8	13	3	10	9	0	9	12	1	11	14	3	11
School of Health Professions	**465**	**85**	**380**	**422**	**72**	**350**	**408**	**73**	**335**	**396**	**77**	**319**	**411**	**87**	**324**
Graduate Programs	**155**	**24**	**131**	**149**	**26**	**123**	**135**	**19**	**116**	**128**	**20**	**108**	**136**	**23**	**113**
Audiology (AuD)	21	3	18	20	1	19	22	1	21	18	0	18	20	1	19
Physical Therapy (DPT) [3]	0	-	-	0	-	-	0	-	-	16	6	10	35	14	21
Speech-Language Pathology (MS)	34	2	32	30	2	28	33	2	31	30	3	27	32	3	29
Occupational Therapy (MS)	52	3	49	49	4	45	46	4	42	45	6	39	48	5	43
Physical Therapy (MS)	48	16	32	50	19	31	34	12	22	19	5	14	1	0	1
Post-Bachelor's Certificate	**33**	**3**	**30**	**29**	**3**	**26**	**28**	**5**	**23**	**29**	**6**	**23**	**37**	**6**	**31**
Dietetic Internship	10	0	10	10	1	9	10	1	9	9	0	9	10	1	9
Cytotechnology	5	0	5	5	0	5	5	3	2	5	2	3	5	1	4
Medical Technology	18	3	15	14	2	12	13	1	12	15	4	11	22	4	18

[2] This program is inactive.

[3] Program began in 2014-2015.

School and Program	2011-2012			2012-2013			2013-2014			2014-2015			2015-2016		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Bachelor's Programs	**108**	**24**	**84**	**95**	**22**	**73**	**86**	**19**	**67**	**73**	**13**	**60**	**74**	**19**	**55**
Veterinary Technology	33	3	30	30	6	24	35	8	27	29	4	25	31	6	25
Medical Technology	32	11	21	38	10	28	36	8	28	37	8	29	35	10	25
Nuclear Medicine Technology	7	2	5	7	2	5	7	1	6	7	1	6	7	3	4
Health Education	34	7	27	20	4	16	8	2	6	0	0	0	0	0	0
Bachelor of Health Sciences	2	1	1	0	0	0	0	0	0	0	0	0	1	0	1
Associate Degree Programs	**85**	**14**	**71**	**66**	**7**	**59**	**78**	**14**	**64**	**74**	**21**	**53**	**69**	**22**	**47**
Ophthalmic Technology	13	3	10	10	1	9	10	2	8	9	3	6	6	1	5
Dental Assisting with Expanded Functions	22	3	19	18	1	17	24	2	22	25	5	20	20	6	14
Radiologic Technology	50	8	42	38	5	33	44	10	34	40	13	27	43	15	28
Evening Programs	**84**	**20**	**64**	**83**	**14**	**69**	**81**	**16**	**65**	**92**	**17**	**75**	**95**	**17**	**78**
Bachelor of Health Sciences (BS)	41	10	31	38	7	31	46	10	36	54	12	42	57	13	44
Clinical Laboratory Sciences (MS)	17	1	16	21	1	20	18	2	16	21	2	19	22	2	20
Health Information Administration (MS)	26	9	17	24	6	18	17	4	13	17	3	14	16	2	14
School of Nursing	**375**	**74**	**301**	**348**	**75**	**273**	**363**	**81**	**282**	**353**	**85**	**268**	**371**	**99**	**272**
Graduate Programs	**87**	**18**	**69**	**71**	**14**	**57**	**84**	**22**	**62**	**101**	**26**	**75**	**127**	**36**	**91**
Doctor of Nursing Science (DNS) (Evening) [4]	0	-	-	2	0	2	5	0	5	9	0	9	8	0	8
Nursing with Speciality in Anesthesia	5	0	5	0	0	0	9	4	5	19	8	11	26	13	13
Nursing with Speciality in Family Nurse Practitioner	14	6	8	13	5	8	13	3	10	8	2	6	2	1	1
Nursing (MS)	22	2	20	22	3	19	18	4	14	18	6	12	25	7	18
Nursing (MS) (Evening)	46	10	36	34	6	28	39	11	28	47	10	37	66	15	51
Bachelor's Programs	**288**	**56**	**232**	**277**	**61**	**216**	**279**	**59**	**220**	**252**	**59**	**193**	**244**	**63**	**181**
Nursing (BS)	270	55	215	277	61	216	279	59	220	252	59	193	244	63	181
Nursing (BS) (Evening)	18	1	17	0	0	0	0	0	0	0	0	0	0	0	0
Joint Programs	**15**	**6**	**9**	**16**	**8**	**8**	**17**	**5**	**12**	**16**	**2**	**14**	**22**	**3**	**19**
Master of Science in Clinical Research	15	6	9	16	8	8	17	5	12	16	2	14	22	3	19
Graduate Certificate in Clinical Research [2]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

[4] Program began in 2012-2013.

No includes Certificate Post-Doct. in Clínical Sciences (medical specialties residency programs):

  2011-2012: Total = 444 (228 Males and 216 Females)

  2012-2013: Total = 452 (231 Males and 221 Females)

  2013-2014: Total = 440 (233 Males and 207 Females)

  2014-2015: Total = 433 (217 Males and 216 Females)

  2015-2016: Total = 397 (196 Males and 201 Females)

No includes Special Permit Students:

  2011-2012: Total = 95 (32 Males and 63 Females)

  2012-2013: Total = 84 (32 Males and 52 Females)

  2013-2014: Total = 99 (36 Males and 63 Females)

  2014-2015: Total = 119 (36 Males and 83 Females)

  2015-2016: Total = 85 (31 Males and 54 Females)

Data source:

Academic Year 2011-2012: Database Student Information System (SIS) - October 10, 2011.

Academic Year 2012-2013: Database Student Information System (SIS) - May 14, 2013.

Academic Year 2013-2014: Database Student Information System (SIS) - October 10, 2013.

Academic Year 2014-2015: Database Student Information System (SIS) - October 17, 2014.

Academic Year 2015-2016: Database Student Information System (SIS) - October 16, 2015.

Appendix 7

Accreditation Status of the Medical Sciences Campus
Schools and Programs as of May 2016

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
DEANSHIP FOR ACADEMICS AFFAIRS
ACCREDITATION AND LICENSING OFFICE

ACCREDITATION STATUS OF THE MEDICAL SCIENCES CAMPUS SCHOOLS AND PROGRAMS

Updated May 2, 2016

UNIT OR PROGRAM	ACCREDITING AGENCY	FIRST ACCREDITATION	LAST ACCREDITATION VISIT	Date of Accreditation	ACCREDITATION STATUS	NEXT ACCREDITATION VISIT
INSTITUTIONAL ACCREDITATION						
MEDICAL SCIENCES CAMPUS	Puerto Rico Education Council (CEPR)	1997	April 2006	2007	Accredited	Pending for CEPR
	Middle States Commission on Higher Education	1949 - UPR 1975 - MSC	April 2001	2011	Accredited until 2021 Periodic Review 2016	2020-2021
PROFESSIONAL ACCREDITATION - BY SCHOOL AND DEGREE PROGRAM						
SCHOOL OF NURSING						
Bachelor's Degree Program						
Science in Nursing (BSN)	Commission on Collegiate Nursing Education (CCNE)	1974a	February 2007	2007	Accredited until December 31, 2017	2017
Master's Degree Programs						
Science in Nursing (MSN)	Commission on Collegiate Nursing Education (CCNE)	1974c	February 2007	2007	Accredited until December 31, 2017	2017
Science in Nursing with Specialty in Family Nurse Practitioner (FNP)	Commission on Collegiate Nursing Education (CCNE)	2007	February 2007	2007	Accredited until December 31, 2017	Moratorium
Science in Nursing with Specialty in Anesthesia	Council on Accreditation of Nurse Anesthesia Programs (COA)	2012	April 2012	2012	Accredited until 2017	2017
Doctoral Program (DNS)						
Nursing Science (DNS)	Commission on Collegiate Nursing Education (CCNE)	-	-	New program	-	2017
SCHOOL OF PHARMACY						
First Professional Degree Program						
Pharmacy Doctor (PharmD)	Accreditation Council for Pharmacy Education (ACPE)	2005b	March 2011	2011	Accredited until June 30, 2017	March 28-30, 2017

a The National League for Nursing accredited the School from 1974 to 2002.
b The former program of Bachelor of Science in Pharmacy was accredited for the first time in 1952.

Unit or Program	Accrediting Agency	First Accreditation	Last Accreditation Visit	Date of Accreditation	Accreditation Status	Next Accreditation Visit
SCHOOL OF MEDICINE						
First Professional Degree Program						
Doctor of Medicine (MD)	Liaison Committee on Medical Education (LCME)	1954	February 2009	2009	Accredited until 2017	January 29 - February 1st, 2017
SCHOOL OF DENTAL MEDICINE						
First Professional Degree Program						
Doctor of Dental Medicine (DMD)	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1961	February 2013	2013	Accredited until 2020	2020
Post Doctoral Certificates						
Oral and Maxillofacial Surgery	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1988	February 2013	2013	Accredited until 2018	2018
General Dentistry	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1989	February 2013	2013	Accredited until 2020	2020
Pediatric Dentistry	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1976	February 2013	2013	Accredited until 2020	2020
Orthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	2000	February 2013	2013	Accredited until 2020	2020
Prosthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1992	February 2013	2013	Accredited until 2020	2020
Master of Science in Dentistry Programs						
Oral and Maxillofacial Surgery	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1988	February 2013	2013	Accredited until 2018	2018
Pediatric Dentistry	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1976	February 2013	2013	Accredited until 2020	2020
Orthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1997	February 2013	2013	Accredited until 2020	2020
Prosthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1992	February 2013	2013	Accredited until 2020	2020

UNIT OR PROGRAM	ACCREDITING AGENCY	FIRST ACCREDITATION	LAST ACCREDITATION VISIT	Date of Accreditation	ACCREDITATION STATUS	NEXT ACCREDITATION VISIT
SCHOOL OF HEALTH PROFESSIONS						
Associate Degree Programs						
Dental Assisting with Expanded Functions	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1978	February 2013	2013	Accredited until 2020	2020
Ophthalmic Technology	Commission on Accreditation of Ophthalmic Medical Programs (CoA-OMP)	1987	June 2011	2011	Accredited until August 12, 2016	2016
Radiologic Technology	Joint Review Committee on Education in Radiologic Technology (JRCERT)	1985	March 2007	2011	Accredited until 2017	2017
Bachelor's Degree Programs						
Science in Medical Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	1975	October 2013	2014	Accredited until April 30, 2021	2020
Science in Nuclear Medicine Technology	Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)	1979	August 2011	2011	Accredited until 2018	2018
Science in Veterinary Technology	Committee on Veterinary Technician Education and Activities (CVTEA) of the American Veterinary Medical Association (AVMA)	1996	November 2012	2013	Accredited until 2017	2017
Post-Bachelor Certificate Programs						
Cytotechnology	Commission on Accreditation of Allied Health Education Programs (CAAHEP) - Cytotechnology Programs Review Committee (CPRC)	1980	December 2012	2013	Accredited until 2020	2020
Dietetic Internship	Accreditation Council for Education in Nutrition and Dietetics (ACEND)	1976	November 2009	2010	Accredited until 2019	2019
Science in Medical Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	1975	October 2013	2014	Accredited until April 30, 2021	2020
Master's Degree Programs						
Health Information Administration	Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM)	1965	2010	2010	Accredited	Pending for CAHIIM
Science in Clinical Laboratory Sciences	N/A	N/A	N/A	N/A	N/A	N/A

Unit or Program	Accrediting Agency	First Accreditation	Last Accreditation Visit	Date of Accreditation	Accreditation Status	Next Accreditation Visit
Science with specialty in Speech-Language Pathology	Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA)	1969	April 2015	2015	Accredited until April 30, 2023 Annual Report August 1st, 2016	2023
Science in Physical Therapy	Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA)	2007c	March 2007	2007	Accredited until 2017	2017
Science in Occupational Therapy	Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA)	2012d	January 2012	2012	Accredited until 2022	2022
Doctoral Program						
Audiology (Au.D.)	Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA)	2012	April 2012	2012	Accredited until June 30, 2017	2017
Physical Therapy	Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA)	-	-	New Program	-	2017
FACULTY OF BIOSOCIAL SCIENCES AND GRADUATE SCHOOL OF PUBLIC HEALTHe						
Graduate Certificates						
Developmental Disabilities Early Intervention	Council on Education for Public Health (CEPH)	1996	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Gerontology	Council on Education for Public Health (CEPH)	1983	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
School Health Promotion	Council on Education for Public Health (CEPH)	2006	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	Not Admitted Students Academic Year 2014-2015

c The former program of Bachelor of Science in Physical Therapy was accredited for the first time in 1955.

d The former program of Bachelor of Science in Occupational Therapy was accredited for the first time in 1954.

e The Faculty of Biosocial Sciences and Graduate School of Public Health is accredited as a school by the Council on Education for Public Health (CEPH). The Health Services Administration and Nurse-Midwifery programs have additional professional accreditations.

Unit or Program	Accrediting Agency	First Accreditation	Last Accreditation Visit	Date of Accreditation	Accreditation Status	Next Accreditation Visit
Nurse Midwifery	Accreditation Commission for Midwifery Education (ACME)	2001	November 2007	2008	Accredited until January 2018	Not Admitted Students Academic Year 2014-2015
Master's Degree Programs						
Health Services Administration (MHSA)	Commission on Accreditation of Healthcare Management Education (CAHME)	1965	November 2007	2014	Accredited until May 31, 2021	2020
Science in Industrial Hygiene (MS)	Council on Education for Public Health (CEPH)	1996	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Health Sciences with specialty in Nutrition (MSHN)	Council on Education for Public Health (CEPH)	1965	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Science in Demography (MS)	Council on Education for Public Health (CEPH)	1965	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Science with specialty in Epidemiology (MS)	Council on Education for Public Health (CEPH)	1965	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Science with specialty in Evaluation Research of Health Systems (MS)	Council on Education for Public Health (CEPH)	1965	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Public Health with specialty in Environmental Health (MPH)	Council on Education for Public Health (CEPH)	1965	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Public Health Education (MPH)	Council on Education for Public Health (CEPH)	1973	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Public Health General Option (MPH)	Council on Education for Public Health (CEPH)	1965	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Public Health with specialty in Biostatistics (MPH)	Council on Education for Public Health (CEPH)	1983	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021

Unit or Program	Accrediting Agency	First Accreditation	Last Accreditation Visit	Date of Accreditation	Accreditation Status	Next Accreditation Visit
Public Health with specialty in Epidemiology (MPH)	Council on Education for Public Health (CEPH)	1983	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Public Health with specialty in Gerontology (MPH)	Council on Education for Public Health (CEPH)	1996	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Public Health with specialty in Maternal and Child Health (MPH)	Council on Education for Public Health (CEPH)	1976	December 2006	2014	Accredited until December 31, 2021 Interim Report - May 2016	Moratorium
Public Health with specialty in Nurse Midwifery (MPH)	Accreditation Commission for Midwifery Education (ACME)	2001	November 2007	2008	Accredited until January 2018	Not Admitted Students Academic Year 2014-2015
Doctoral Program (DrPH)						
Public Health with specialty in Environmental Health (DrPH)	Council on Education for Public Health (CEPH)	1998	May 2014	2014	Accredited until December 31, 2021 Interim Report - May 2016	2021
Public Health with specialty in Health Systems Analysis and Management (DrPH)	Council on Education for Public Health (CEPH)	2014	May 2014	2014	Accredited until December 31, 2021 Interim Report August 28, 2016	2021
Public Health with specialty in Social Determinants of Health (DrPH)	Council on Education for Public Health (CEPH)	2014	May 2014	2014	Accredited until December 31, 2021 Interim Report August 28, 2016	2021

Appendix 8

Retention and Graduation Rates Assessment Instrument

Universidad de Puerto Rico
Recinto de Ciencias Médicas
Decanato de Asuntos Académicos
Comité Institucional de Avalúo

Instructivo del Manejo de Hojas Electrónicas para Registrar los Datos de Tasas de Retención y Graduación

Cohortes
2009-2011

Prof. Lillian E. Ríos Rodríguez
Presidenta
Mayo 2013

Revisión 2014

TABLA DE CONTENIDO

INTRODUCCIÓN

Cada vez más se hace necesario el rendimiento de cuentas sobre la efectividad en las instituciones de educación superior. En las Características de Excelencia de la *Middle States Commission for Higher Education*, el rendir cuentas permea a través de sus 14 estándares, dando un particular énfasis a este requerimiento en dos de ellos: 7) avalúo de la efectividad institucional y 14) avalúo del aprendizaje estudiantil. Asimismo, las instituciones públicas deben demostrar que la inversión que hace el estado para su financiación resulta en el mejoramiento institucional y beneficio para la sociedad.

Por otro lado, las instituciones de educación superior elegibles a fondos de Título IV vienen obligadas a divulgar las **tasas de retención y graduación** tanto a sus alumnos como a posibles estudiantes (*Student Right-to-Know and Campus Security Act*, 1990). En armonía con todo lo anterior, la Universidad de Puerto Rico y el Recinto de Ciencias Médicas, mediante los Indicadores de Resultados de las Metas del RCM y las políticas institucionales sobre la efectividad institucional (véanse http://www.rcm.upr.edu/daa/institutionaleffectiveness.asp), promueven el cumplimiento con estas exigencias y el uso de los resultados de avalúo para el mejoramiento continuo.

En un esfuerzo por atender los Indicadores del **Plan de Avalúo Institucional 2010-2016**, apoyar a los programas académicos en el seguimiento de sus cohortes y cómputo de las antedichas tasas; el Decanato de Asuntos Académicos (DAA) a través del Comité Institucional de Avalúo (**CoIA**), se dio a la tarea de elaborar una herramienta que permitiera evidenciar el seguimiento a las cohortes programáticas, resumir los datos, calcular tanto las tasas de retención como las de graduación y contribuir a responder las peticiones de información a nivel institucional y sistémico. Para ese propósito se diseñaron dos documentos en el formato de Excel:

1. El nombre del primer documento es **INFORMAR DATOS TASAS 2009-2011**. Este documento será usado por **programas que ya cuentan con una herramienta para seguir sus cohortes.** Servirá para proporcionar los datos que el CoIA necesita para calcular las tasas del RCM y para informar a la Vicepresidencia en Asuntos Académicos. Estos programas informarán los datos completando el documento que contiene tres (3) hojas de cálculo, una por cada cohorte a seguir. Los datos a informar en esta oportunidad son los correspondientes a las cohortes que ingresaron al programa de estudio durante los años académicos **2009-2010**, **2010-2011** y **2011-2012**; cohortes 2009, 2010 y 2011, respectivamente.

2. El nombre del segundo documento es **SEGUIR COHORTES 2009-2011**. Este documento está **diseñado para programas que no cuentan con una herramienta** para seguir a sus estudiantes a través de todos sus años de estudio. Éste ayuda a dar seguimiento a las cohortes que ingresaron o entraron al programa durante los años académicos **2009-2010**, **2010-2011** y **2011-2012**; cohortes 2009, 2010 y 2011, respectivamente. El documento, además de proporcionar una alternativa para organizar los grupos, documentar el seguimiento a las cohortes y calcular las tasas de retención y graduación de cada año; también contiene la información del primer documento (**INFORMAR DATOS TASAS**). Pero en este caso, la hoja produce los resultados automáticamente, conforme el usuario va documentando **el estatus de cada estudiante a septiembre** de los años subsiguientes.

> Estos instrumentos constituyen una medida temporera para **estimar las tasas de retención y graduación institucionales** mientras la **Oficina de Sistemas de Información** desarrolla una herramienta que permita al RCM seguir a sus cohortes.

El propósito del instructivo es ilustrar la manera de completar los antedichos documentos. Se usará como ejemplo un **caso hipotético**. Cada programa determinará cuál de los dos documentos utilizará de acuerdo a su necesidad de información, documentación y conservación de la evidencia.

DOCUMENTO: INFORMAR DATOS TASAS 2009-2011

El documento nombrado **INFORMAR DATOS TASAS 2009-2011** será usado por los programas académicos que ya cuentan con un mecanismo para seguir a sus estudiantes a lo largo de su estancia en el programa. Se usará para informar y responder de forma homogénea la petición de datos institucionales respecto a las cohortes.

1. Al abrir el documento, verá unos **apéndices** ("tabs") sobre la barra de estatus que identifican las hojas de cálculo correspondientes a cada una de las cohortes del antedicho periodo. Para la cohorte que ingresó al programa durante el año académico **2009-2010** notará que el apéndice está rotulado como **Cohorte 2009** (véase la siguiente ilustración). De forma similar, será el trato para referirnos a las demás cohortes.

← Apéndices que identifican las cohortes
← Barra de estatus
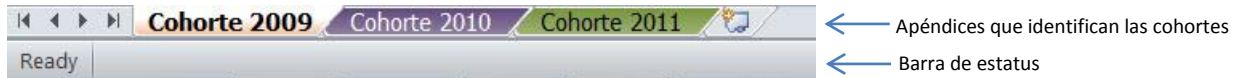
2. En primer lugar es preciso determinar la **cohorte** con la que se ha de trabajar. En cada uno de los años académicos subsiguientes a su ingreso al programa, durante el **mes de septiembre**, se debe examinar el estatus de matrícula de cada estudiante de la cohorte. Comenzamos por identificar y definir el grupo a observar. Para fines didácticos, como ejemplo comenzaremos a trabajar con un grupo de **estudiantes de nuevo ingreso** del año académico **2007-2008** (matriculados en **agosto 2007**) al cual denominaremos **Cohorte 2007.** Lo que se pretende es observar el panorama completo del seguimiento a los estudiantes a través del tiempo máximo permitido oficialmente para completar el grado (véase la página 50 del Manual de Normas y Procedimientos de la Oficina del Registrador que en lo sucesivo llamaremos por el nombre corto del **Manual del Registrador**).

Cohorte 2007-2008 Se refiere al grupo de estudiantes que **ingresó** en agosto del **año académico 2007-2008** a un programa de estudios conducente a un grado. También podemos referirnos a este grupo como la **Cohorte 2007.**

3. Para poder proporcionar los datos solicitados en el documento, se requiere que la información esté consignada en algún lugar y que se conozca el estatus de los estudiantes de la cohorte al mes de **septiembre** de cada año académico posterior a su ingreso al programa. En términos generales, el **estatus** de los estudiantes requerido para calcular las tasas de retención y graduación, estará dado por una de las siguientes alternativas:

M	Matriculado
B	Baja total
R	Reclasificado
O	**Otra razón** por la que un estudiante <u>no</u> se matriculó que **no cualifica como exclusión**.
G	Completó los requisitos del grado/Graduado (tesis, investigación, práctica y cualquier otro documento requerido por el programa de estudio para poder recomendar que se le confiera el grado).
E	<u>Exclusiones</u>: Muerte, incapacidad total y permanente, servicio en las fuerzas armadas (incluso el servicio activo, "active duty" en inglés), servicio de ayuda al extranjero del gobierno federal (tales como los Cuerpos de Paz o el servicio oficial de misiones eclesiásticas ("service on official church missions").

La leyenda anterior no pretende incluir cada una de las posibles alternativas para el estatus de estudiantes. Sólo recoge la información general necesaria para el cómputo de las tasas de retención y graduación. Si un estudiante **no se matricula** y no se puede clasificar como baja total (B), graduado (G), exclusión (E) o reclasificación (R), deberá documentarse como **O**. Por lo tanto, la letra **"O"** servirá para documentar **otras razones** por las cuales un estudiante **no está matriculado** en septiembre del correspondiente año académico. Estudiantes que <u>no</u> se matriculan pero están corriendo con un incompleto, trabajan en una investigación o no se sabe de ellos, son ejemplos de otras razones y se considera una pérdida hasta tanto se matricule o regrese para graduarse.

4. De no tener identificados a los estudiantes, ni haberse consignado el estatus de estos en ningún lugar, **no** se recomienda usar el documento **INFORMAR DATOS TASAS 2009-2011**. En su lugar, deberá usar el documento denominado **SEGUIR COHORTES 2009-2011** que fue diseñado para propósitos de seguimiento y cálculo automático de las tasas. Si opta por este último, necesitará la lista de los estudiantes por nombre o cualquier otro número de identificación que **no** sea el seguro de social. Esa información será estrictamente para uso interno del programa.

> Salvo que exista otra directriz de la Administración Central de la Universidad de Puerto Rico, Vicepresidencia en Asuntos Académicos; el documento **INFORMAR DATOS TASAS 2009-2011** que contiene el resumen del estatus de los estudiantes **será enviado al presidente** del Comité Institucional de Avalúo (**CoIA**) durante el mes de **octubre** de cada año académico. La presidencia del CoIA enviará, por el medio que estime más ágil, un recordatorio a Decanos y Decanos Asociados con las especificaciones necesarias, si alguna. El CoIA **no** solicitará nombres ni números de identificación de estudiantes.

5. Si tiene la información completa y debidamente organizada, puede informar los datos, según se solicitan en la hoja de cálculo. Puesto que en este caso se parte de la premisa de que el programa ya cuenta con un instrumento para dar seguimiento a las cohortes, la plantilla **INFORMAR DATOS TASAS 2009-2011** sólo le servirá para informar el resumen anual de los datos de todos los estudiantes de la cohorte y para conservar copia de estos en sus archivos.

6. La plantilla contiene algunas celdas calculadas para los cuales se producirá un resultado cuando hace entrada de datos en los espacios de **color amarillo**. Esas celdas están protegidas para que no se alteren las fórmulas establecidas. Las celdas resaltadas en **color amarillo** son las que usted debe llenar. A continuación se muestra la imagen de la plantilla para la entrada de los datos.

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De las listas desplegables, deberá seleccionar el nombre de la **Escuela** y el **Programa**.

COHORTE: **2007**   MÍNIMO
TAMAÑO DE LA COHORTE (*n*):   MÁXIMO

El **tamaño de la cohorte** se refiere a la cantidad de estudiantes de nuevo ingreso al programa de estudio.

Mínimo y **máximo** se refiere a los tiempos oficiales (en años) de duración curricular y el máximo permitido para completar el grado. El instrumento incluye un enlace para que pueda consultar esta información en la página 50 del **Manual del Registrador,** 2011).

Sólo se pueden **escribir** números en las celdas que están resaltadas con **color amarillo**. Si trata de escribir en las demás, verá un mensaje advirtiéndole que la celda está protegida.

Las **áreas amarillas** de cada columna deberán sumar la cantidad total de sujetos en la cohorte. Es decir, $R + B + O + G + E + M = n$.

Las **celdas calculadas** harán un cómputo automático y están protegidas para que no se pueda modificar.

Planilla para Resumir el Estatus de los Estudiantes de la Cohorte 2007

7. Si nos referimos al ejemplo ilustrado en la página 6, obsérvese que la tabla contiene el **resumen** del estatus de los estudiantes de la **cohorte 2007** durante los cuatro años permitidos para completar el grado. Si todos y cada uno de los estudiantes de la cohorte se gradúan antes de completarse los cuatro años, no será necesario

continuar el seguimiento porque los datos observados no cambiarán. Para documentarlo será suficiente con que **copie la información en la(s) columna(s) siguiente(s),** según el año a informar y hasta completar el máximo.

> Al **mes de septiembre** de cada año académico, en el documento **INFORMAR DATOS TASAS 2009-2011** se resume el **estatus de los estudiantes** de cada estudiante de la cohorte. El seguimiento se hace a través de los años que constituyen el tiempo **máximo permitido** para el programa académico o **hasta que se gradúan** todos los estudiantes (100%) de la cohorte, **lo que ocurra primero**. Es en ese mes que nos preguntamos qué ocurrió con los estudiantes y se resume su **estatus a esa fecha**.

CÓMO Y CUÁNDO ENVIAR EL DOCUMENTO INFORMAR DATOS TASAS 2009-2011

1. Los datos correspondientes a las tasas de retención y graduación deben enviarse a la presidencia del CoIA durante la **primera semana de octubre de cada año académico**.
2. Dado a que en esta oportunidad se están recogiendo los datos de los **años académicos 2009-2011** y a que existe una petición de la Vicepresidencia en Asuntos Académicos, la fecha límite para la entrega/envío digital es el **31 de mayo de 2013**.
3. Cada programa académico hará una copia del documento que **enviará** por **correo electrónico** al **representante** de la Escuela en el **CoIA** (véase tabla abajo).
4. Para facilitar su manejo, asigne al documento un **nombre** que describa brevemente el **nivel, el programa**. Por ejemplo, **GA Asistencia Dental** para acortar Grado Asociado en Asistencia Dental con Funciones Expandidas.
5. El representante de la Escuela **confirmará** el recibo del documento y hará **el cotejo de la entrega** (se anota programa, correo electrónico del remitente).
6. Si desea aclarar una duda, hacer alguna recomendación o señalar algún error, siéntase en la libertad de enviar mensaje a la presidenta del CoIA

Directorio Miembros del CoIA
Representantes por Escuela

Miembro/Representante	Escuela	Correo Electrónico	Extensión
Prof. Zulma I. Olivieri Villafañe	EPS	zulma.olivieri@upr.edu	1566
Dra. Carmen L. Madera Ayala	Enfermería	carmen.madera@upr.edu	3101, 2105
Dra. María V. Pi Portales	Farmacia	maria.pi2@upr.edu	5420
Dra. Irma L. Rivera Colón	Medicina	irma.rivera2@upr.edu	1807, 1806
Dra. Edna Aquino Piñero	Ciencias Biomédicas	edna.aquino@upr.edu	1315
Dra. Arlene Sánchez Castellanos	Medicina Dental	arlene.sanchez@upr.edu	1010
Dra. Ruth Ríos	Salud Pública	ruth.rios2@upr.edu	1025, 1444
Prof. Lillian E. Ríos Rodríguez	Presidenta del CoIA	lillian.rios@upr.edu	2244

EJEMPLO: INFORMAR DATOS TASAS 2009-2011

1. Para explicar la manera de completar la **tabla resumen** usaremos un **ejemplo** hipotético. Supongamos una cohorte con las siguientes características:

Año académico:	**2007**-2008
Escuela:	Escuela de Profesiones de la Salud
Programa académico:	Grado Asociado en Asistencia Dental con Funciones Expandidas
Tiempo de duración curricular[1]:	1 año (nos referiremos a éste como **mínimo**)
Tiempo máximo[2] para completar el grado:	4 años (nos referiremos a éste como **máximo**)
Cantidad de estudiantes de **nuevo ingreso**:	15
Fecha de ingreso al programa académico:	agosto de **2007**

2. Una vez abierto el documento denominado **INFORMAR DATOS TASAS 2009-2011**, deberá seguir los siguientes pasos:

- Seleccionar la **Escuela** de la lista desplegable que se observa al marcar la celda ("dropdown list").

- De igual modo, deberá marcar la celda siguiente (debajo) para seleccionar de la lista el **nombre del programa académico**.

- Escribir el **año** de la fecha de ingreso al programa académico para identificar el grupo. En lo sucesivo nos referiremos a este grupo como la **Cohorte 2007** (véase la ilustración).

- Escribir la cantidad de estudiantes de nuevo ingreso (*n*). Ese número será el **tamaño de la cohorte**. Algunos autores se refieren a este dato como la cohorte inicial.

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| COHORTE: | 2007 | | MÍNIMO | 1 |
| TAMAÑO DE LA COHORTE (*n*): | 15 | | MÁXIMO | 4 |

OBSERVARSE EN SEPTIEMBRE DE:	2008	2009	2010	2011	2012	2013	2014
TOTAL MATRICULADOS + GRADUADOS (M+G)	13	12	12	12			
TOLAL DE PÉRDIDAS POR RECLASIFICACIÓN (R)	1	1	1	1			
TOTAL DE BAJAS + OTRAS PÉRDIDAS QUE NO CLASIFICAN COMO EXCLUSIÓN (B+O)	1	1	1	1			
TOTAL DE ESTUDIANTES GRADUADOS (G)	10	10	11	12			
TOTAL DE ESTUDIANTES PERDIDOS QUE CLASIFICAN COMO EXCLUSIÓN (E)	0	1	1	1			
TOTAL DE ESTUDIANTES DE LA COHORTE QUE REGRESARON [SE MATRICULARON (M)]	3	2	1	0			
COHORTE AJUSTADO (*n*a) TAMAÑO DEL COHORTE - EXCLUSIONES	15	14	14	14			

Estatus de cada estudiante para septiembre del año académico:	2008	2009	2010	2011	2012	2013	2014
Año en que se debe informar:	2do	3ro	4to	5to	6to	7mo	8vo
Pregunta a hacerse en septiembre:	¿Qué ocurrió con el estudiante?						

Resumen del Estatus de los Estudiantes de la Cohorte 2007

- Escribir el **tiempo de duración curricular**[3] en el espacio provisto para el **MÍNIMO**.

- Escribir el **tiempo máximo para completar el grado**[4] en el espacio rotulado como **MÁXIMO**. Tanto el mínimo como el máximo a informarse deben estar según el **Manual del Registrador**.

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[1] *Para conocer el tiempo de duración curricular oficial o tiempo normal para completar el grado, refiérase al **Manual de Normas y Procedimientos de la Oficina del Registrador**. De haber algún cambio, el programa deberá informar por escrito a la Oficina de Desarrollo Académico y certificarlo vía comunicación escrita a la presidencia del Comité Institucional de Avalúo.*

[2] *Refiérase a la página 50 del **Manual de Normas y Procedimientos de la Oficina del Registrador**.*

[3] *El tiempo de duración curricular oficial o tiempo normal para completar el grado, está consignado en el Manual de Normas y Procedimientos de la Oficina del Registrador.*

[4] *Consignado en el **Manual de Normas y Procedimientos de la Oficina del Registrador**.*

- Al inicio de los **próximos años académicos** (2008-2009 en adelante), en el mes de **septiembre**, observar **qué ocurrió con los estudiantes** de la **cohorte** y se resume en la tabla el **estatus** de estos en ese preciso momento.

En el ejemplo mostrado en la ilustración anterior, el grupo fue observado por primera vez en **septiembre de 2008**. En el transcurso de los años subsiguientes al ingreso de los estudiantes a un programa académico, podrían darse

OBSERVARSE EN SEPTIEMBRE DE:	2008
TOTAL MATRICULADOS + GRADUADOS (M+G)	13
TOLAL DE PÉRDIDAS POR RECLASIFICACIÓN (R)	1
TOTAL DE BAJAS + OTRAS PÉRDIDAS QUE NO CLASIFICAN COMO EXCLUSIÓN (B+O)	1
TOTAL DE ESTUDIANTES GRADUADOS (G)	10
TOTAL DE ESTUDIANTES PERDIDOS QUE CLASIFICAN COMO EXCLUSIÓN (E)	0
TOTAL DE ESTUDIANTES DE LA COHORTE QUE REGRESARON [SE MATRICULARON (M)]	3
COHORTE AJUSTADO (n_a) TAMAÑO DEL COHORTE - EXCLUSIONES	15

situaciones tales como: baja total, reclasificación, muerte, rezago, no vuelve a matricularse, regreso después de una baja total o graduación, entre otras.

Siendo éste un programa que se puede completar en un año (**MÍNIMO**), en **septiembre de 2008**, al examinar lo que pasa con los estudiantes hasta ese momento, se informaron los siguientes resultados:

- **1** estudiante se reclasificó.
- **1** estudiante no matriculado por **otras razones** (**O**).
- **10** estudiantes se graduaron.
- **0** no hubo ningún caso que clasificara como exclusión (véase página 2).
- **3** estudiantes rezagados que no se graduaron pero se matricularon en agosto para continuar sus estudios (regresaron).

En **septiembre** se observa y se resume el **estatus de los estudiantes** en ese momento. Un estudiante que se haya dado de **baja total** el semestre anterior, si al momento de observarse ya **regresó** y se matriculó para continuar sus estudios en el año académico en curso; deberá contarse como **matriculado** y **no como baja total**. Para contarse como una baja total, sería preciso que oficialmente ese fuera el último estatus del estudiante dentro del programa.

3. El **2008** sería el **2do año** de estudio de los estudiantes puesto que **ingresaron en agosto de 2007**. Nótese que los datos en el fragmento de la **columna** que resalta en color **amarillo suma 15**. Es decir, contiene y describe el **estatus de los 15 estudiantes** que conforman la cohorte. Las otras dos celdas de la columna se calculan de manera automática y la plantilla no permitirá que se escriba en ellas.

OBSERVARSE EN SEPTIEMBRE DE:	2008	2009
TOTAL MATRICULADOS + GRADUADOS (M+G)	13	12
TOLAL DE PÉRDIDAS POR RECLASIFICACIÓN (R)	1	1
TOTAL DE BAJAS + OTRAS PÉRDIDAS QUE NO CLASIFICAN COMO EXCLUSIÓN (B+O)	1	1
TOTAL DE ESTUDIANTES GRADUADOS (G)	10	10
TOTAL DE ESTUDIANTES PERDIDOS QUE CLASIFICAN COMO EXCLUSIÓN (E)	0	1
TOTAL DE ESTUDIANTES DE LA COHORTE QUE REGRESARON [SE MATRICULARON (M)]	3	2
COHORTE AJUSTADO (n_a) TAMAÑO DEL COHORTE - EXCLUSIONES	15	14
Estatus de cada estudiante para septiembre del año académico:	2008	2009
Año en que se debe informar:	2do	3ro

En **septiembre de 2009**, año académico **2009-2010**, comienza el **3er año**. Nuevamente se examina lo ocurrido hasta ese momento.

- **1** estudiante reclasificado se continúa informando del mismo modo que en septiembre de 2008.
- **1** estudiante no matriculado por **otras razones** (**O**) y desde el 2008 mantiene ese estatus.
- **10** estudiantes continúan informándose como graduados porque no se ha graduado algún otros de la cohorte (nótese que quedaron estudiantes rezagados y la cantidad de graduados podría aumentar en el futuro).
- **1** estudiante de los 3 estudiantes rezagados falleció. Se informa como una exclusión (véanse exclusiones en la página 2).
- **2** estudiantes de los rezagados volvieron a matricularse en agosto de 2009 para continuar sus estudios (este es el inicio del 3er año de estudio de los estudiantes rezagados).

4. Nótese que el contenido de la **franja amarilla** de la columna del 2009 **suma 15**. Empero, hubo un ajuste automático a causa de la exclusión reportada. El ajuste se refleja en la cohorte ajustada (n_a).

> Para cada columna, **la suma** de las cantidades en la zona de **color amarillo** será **igual** al **tamaño de la cohorte (*n*)**.

5. En **septiembre de 2010**, al inicio del **año académico 2010-2011**, se volvió a observar el **estatus de los estudiantes** de esta cohorte. Es el comienzo del **4to** y también es el **último año** para que los estudiantes de esta cohorte puedan completar su grado.

6. Examinemos el resumen de los resultados obtenidos entonces.

1	estudiante **reclasificado** continúa informado del mismo modo que en septiembre de 2008 y 2009.
1	estudiante que aparece **perdido** por razones desconocidas desde 2008 (no cambió su estatus).
11	estudiantes **graduados** (en junio de 2010, año académico 2009-2010, uno de los estudiantes rezagados completó el grado y **se sumó a los graduados**).
1	estudiante fallecido e informado el año anterior se mantiene como una **exclusión** (véanse exclusiones en la página 2).
1	estudiante rezagado se **matriculó** en agosto de 2010 para continuar sus estudios (este es el inicio del 4to y último año para completar el grado).

OBSERVARSE EN SEPTIEMBRE DE:	2008	2009	2010
TOTAL MATRICULADOS + GRADUADOS (M+G)	13	12	12
TOTAL DE PÉRDIDAS POR RECLASIFICACIÓN (R)	1	1	1
TOTAL DE BAJAS + OTRAS PÉRDIDAS QUE NO CLASIFICAN COMO EXCLUSIÓN (B+O)	1	1	1
TOTAL DE ESTUDIANTES GRADUADOS (G)	10	10	11
TOTAL DE ESTUDIANTES PERDIDOS QUE CLASIFICAN COMO EXCLUSIÓN (E)	0	1	1
TOTAL DE ESTUDIANTES DE LA COHORTE QUE REGRESARON [SE MATRICULARON (M)]	3	2	1
COHORTE AJUSTADO (n_a) TAMAÑO DEL COHORTE - EXCLUSIONES	15	14	14
Estatus de cada estudiante para septiembre del año académico:	2008	2009	2010
Año en que se debe informar:	2do	3ro	4to

Año académico → 2008-2009 2009-2010 2010-2011

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COHORTE: **2007** MÍNIMO **1**
TAMAÑO DE LA COHORTE (*n*): **15** MÁXIMO **4**

OBSERVARSE EN SEPTIEMBRE DE:	2008	2009	2010	2011	2012	2013	2014
TOTAL MATRICULADOS + GRADUADOS (M+G)	13	12	12	12			
TOTAL DE PÉRDIDAS POR RECLASIFICACIÓN (R)	1	1	1	1			
TOTAL DE BAJAS + OTRAS PÉRDIDAS QUE NO CLASIFICAN COMO EXCLUSIÓN (B+O)	1	1	1	1			
TOTAL DE ESTUDIANTES GRADUADOS (G)	10	10	11	12			
TOTAL DE ESTUDIANTES PERDIDOS QUE CLASIFICAN COMO EXCLUSIÓN (E)	0	1	1	1			
TOTAL DE ESTUDIANTES DE LA COHORTE QUE REGRESARON [SE MATRICULARON (M)]	3	2	1	0			
COHORTE AJUSTADO (n_a) TAMAÑO DEL COHORTE - EXCLUSIONES	15	14	14	14			
Estatus de cada estudiante para septiembre del año académico:	2008	2009	2010	2011	2012	2013	2014
Año en que se debe informar:	2do	3ro	4to	5to	6to	7mo	8vo

Aunque los programas deben observar el estatus de sus cohortes anualmente, es particularmente importante que se distingan los datos al completar el tiempo **mínimo** y **máximo**. Además de responder a peticiones de la Vicepresidencia en Asuntos Académicos y Estudiantiles y a requerimientos estatales y federales; las tasas de retención y de graduación son parte de los indicadores de avalúo de la efectividad institucional del RCM.

Lo ocurrido durante el **último año** se observó en **septiembre del 2011,** como si se tratara del inicio de un 5to año. Dado a que este programa académico tiene **4 años** como **tiempo máximo** para completar el grado, finalizado el **4to** año, se observará por última vez esta cohorte.

7. Veamos el estatus de los estudiantes de la cohorte 2007 para el **2011**.

    1   estudiante **reclasificado** continúa informado del mismo modo desde septiembre de 2008.

    1   estudiante **perdido** por razones desconocidas desde 2008 (no cambió su estatus).

    12   estudiantes **graduados** (en junio de 2011, año académico 2010-2011, otro de los estudiantes rezagados completó el grado y **se sumó a los graduados**).

    1   estudiante fallecido e informado desde 2009 se mantiene como **exclusión** (véanse exclusiones en la página 2).

    0   ningún estudiante **matriculado** porque el único que quedaba se graduó y el año académico 2010-2011. Era la última oportunidad que esta cohorte tenía para completar el grado por haberse concluido el tiempo máximo.

8. La tabla provista para resumir el estatus de los estudiantes provee 7 columnas. El programa académico mostrado usó solamente **4 columnas** para seguir al cohorte 2007 porque, según consignado en el **Manual del Registrado**r, el tiempo máximo para completar el grado es de **4 años**.

9. Cada programa de estudio se asegurará de que el tiempo **mínimo** y **máximo** informado sea el oficial. Tanto el documento **INFORMAR DATOS TASAS 2009-2011,** como el denominado **SEGUIR COHORTES 2009-2011,** contienen un enlace para acceder al Manual del Registrador sea muy sencillo.

ESCUELA DE PROFESIONES DE LA SALUD							
Grado Asociado en Asistencia Dental con Funciones Expandidas							
COHORTE: 2007				MÍNIMO	1		
TAMAÑO DE LA COHORTE (*n*): 15				MÁXIMO	4		
OBSERVARSE EN SEPTIEMBRE DE:	2008	2009	2010	2011	2012	2013	2014
TOTAL MATRICULADOS + GRADUADOS (M+G)	13	12	12	12			
TOLAL DE PÉRDIDAS POR RECLASIFICACIÓN (R)	1	1	1	1			
TOTAL DE BAJAS + OTRAS PÉRDIDAS QUE NO CLASIFICAN COMO EXCLUSIÓN (B+O)	1	1	1	1			
TOTAL DE ESTUDIANTES GRADUADOS (G)	10	10	11	12			
TOTAL DE ESTUDIANTES PERDIDOS QUE CLASIFICAN COMO EXCLUSIÓN (E)	0	1	1	1			
TOTAL DE ESTUDIANTES DE LA COHORTE QUE REGRESARON [SE MATRICULARON (M)]	3	2	1	0			
COHORTE AJUSTADO (*n* ₐ) TAMAÑO DEL COHORTE - EXCLUSIONES	15	14	14	14			
Estatus de cada estudiante para septiembre del año académico:	2008	2009	2010	2011	2012	2013	2014
Año en que se debe informar:	2do	3ro	4to	5to	6to	7mo	8vo

10. En el documento **INFORMAR DATOS TASAS 2009-2011**, se incluye un apéndice para cada una de las cohortes de 2009 a 2011. Cuando vaya a completar la información asegúrese de estar en el apéndice que corresponda.

⏮ ◀ ▶ ⏭   **Cohorte 2009**   Cohorte 2010   Cohorte 2011

Ready
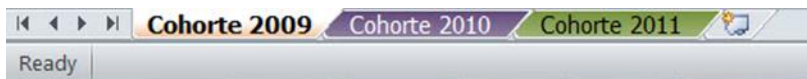
11. Si luego de estudiar este instructivo le quedara alguna duda, puede comunicarse a la Oficina de Desarrollo Académico a través de la extensión **2244** o al **correo electrónico** lillian.rios@upr.edu.

> A partir de la cohorte 2012, los datos para el cómputo de las tasas de **retención** y **graduación** se estarán recogiendo **segregados por sexo**. Tanto el Departamento de Educación de los Estados Unidos como el Instituto de Estadísticas de Puerto Rico del Estado Libre Asociado, requieren que los datos se divulguen de ese modo. Por lo tanto, los programas que cuentan con un instrumento para seguir a sus cohortes, deberán tomar en cuenta **esta nueva disposición**.

DOCUMENTO: SEGUIR COHORTES 2009-2011

El documento **SEGUIR COHORTES 2009-2011** está en el formato de Excel e incluye la tabla para resumir el estatus de los estudiantes contenida en **INFORMAR DATOS TASAS 2009-2011**. Pero a diferencia de este último, usted no la tiene que completar porque se irá rellenando de **forma automática**. **SEGUIR COHORTES 2009-2011** cuenta con una tabla para registrar el estatus de cada estudiante y conforme usted va completando el dato de cada estudiante, el instrumento va haciendo el resumen. Simultáneamente, en otra tabla dentro de la misma hoja, se van calculando las **tasas de retención** y **graduación**.

Las imágenes a continuación ilustran las secciones y su ubicación dentro de las hojas de cálculo del documento **SEGUIR COHORTES 2009-2011**.

Arriba se muestra la **sección para la entrada de datos**. Cuenta con las suficientes filas para seguir una cohorte de 120 estudiantes.

Abajo, a partir de la fila 131, ubica la **tabla que resume el estatus** de los estudiantes.

M	Matriculado	
B	Baja total	
R	Reclasificado	
O	Pérdida de estudiante que no clasifica como exclusión (ej. paradero es desconocido).	
G	Graduado (Se graduó y entregó tésis, investigación y cualquier documento requerido).	
E	Exclusiones: Muerte, incapacidad total y permanente, servicio en las fuerzas armadas (incluso los llamados a "active duty"), servicio de ayuda al extranjero del gobierno federal (tales como Cuerpos de Paz o servicio oficial de misiones eclesiásticas ("service on official church missions").	

Cohorte 2009-2010 — Se refiere al grupo de estudiantes que **ingresó** en agosto del **año académico 2009-2010** a un programa de estudios conducente a un grado. También podemos referirnos a este grupo como la **Cohorte 2009**.

Arriba, a la derecha de la hoja de cálculo, en la misma posición aquí mostrada, encontrará la **tabla de las tasas de retención y graduación**. Mientras no escriba la cantidad correspondiente al tamaño de la cohorte, permanecerán los errores que alertan sobre la imposibilidad de dividir por cero (0).

Conforme se vaya completando la sección de entrada de datos, notará cómo va cambiando el contenido de las tablas. Cada tabla deberá mostrar el nombre de la Escuela, el Programa, tamaño de la cohorte y el año de ingreso, así como el tiempo mínimo y máximo escrito en la sección de entrada de los datos.

1. Al abrir el documento, verá los **apéndices** ("tabs") sobre la barra de estatus que identifican las hojas de cálculo correspondientes a cada una de las cohortes del antedicho periodo. Para la cohorte que ingresó al programa durante el año académico **2009-2010** notará que el apéndice está rotulado como **Cohorte 2009** (véase la siguiente ilustración). De forma similar, será el trato para referirnos a las demás cohortes.

→ Apéndices que identifican las cohortes
→ Barra de estatus
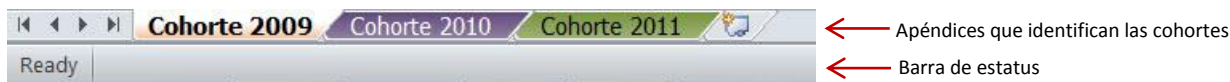
2. Comenzar por **seleccionar** el nombre de la **Escuela** de la lista desplegable provista.
3. También de una lista desplegable, **seleccionar** el nombre del **programa** de estudio. Obsérvese que éste incluye nombre del programa académico y el nivel. Si el **programa de estudio** que busca **no aparece** en la lista, comuníquelo de inmediato al CoIA. En condiciones normales, el asunto puede ser resuelto en unas pocas horas de ese mismo día.
4. Luego es preciso **determinar** la **cohorte** que se ha de seguir y conocer los sujetos que pertenecen a ésta. Comenzamos por identificar y definir el grupo a observarse.

Para fines didácticos, a modo de ejemplo, seguiremos un grupo de **estudiantes de nuevo ingreso** (entrantes) durante el año académico **2007-2008** (matriculados en **agosto 2007**). A este grupo lo llamaremos **Cohorte 2007.**

Cohorte 2007-2008

Se refiere al grupo de estudiantes que **ingresó** en agosto del **año académico 2007-2008** a un programa de estudios conducente a un grado. También podemos referirnos a este grupo como la **Cohorte 2007**.

5. Una vez se sabe **quiénes** y **cuántos** son los estudiantes de nuevo ingreso de la cohorte, es necesario **escribir la cantidad** en el campo rotulado como **TAMAÑO DE LA COHORTE**.

La **omisión** de la cantidad correspondiente al **tamaño de la cohorte**, presentará errores y no permitirá que se realicen los cómputos en ninguna de las tablas.

6. Ahora hay que completar los espacios provistos con los números que correspondientes al tiempo en años mínimo (**Tiempo MÍN**) y máximo (**Tiempo MÁX**) para completar el grado, según consignado en la página 50 del [Manual del Registrador](). Junto a las celdas a rellenar con estos dos datos, aparece un botón cuyo enlace le permitirá acceder al antedicho manual.
7. Proceder a escribir los nombre o el número de identificación de los estudiantes que constituyen su cohorte. Queda a discreción del programa cuál de los dos usar. Dado a que constituye una violación de ley, **bajo ningún concepto** podrá utilizarse el número de **seguro social** para identificar a un estudiante. Esa información es estrictamente para que el Programa pueda seguir a sus estudiantes. El CoIA **no** solicitará identificación o nombre alguno.
8. Una vez haya escrito los nombres o identificación de todos, corroborar que la cantidad de estudiantes coincide con el número que escribió arriba en **TAMAÑO DE LA COHORTE.**

Se escribe el estatus del estudiante al **mes de septiembre** de cada uno de los años académicos subsiguientes al ingreso de éste al programa. Ese seguimiento se debe dar hasta que todos los estudiantes de la cohorte se gradúan o hasta que concluya el tiempo máximo para completar el grado (**Tiempo MÁX**), **lo que ocurra primero**.

9. **Cada año**, durante el mes de **septiembre**, el programa dejará consignada la información necesaria para cada sujeto de la cohorte. Con una de las siguientes letras: M, B, R, O, G, E; **indicar** el **estatus** de los individuos. Ese dato es necesario para que la hoja de cálculo de Excel produzca automáticamente el resumen del estatus de los estudiantes, así como los cómputos de las tasas de retención y graduación. En la tabla siguiente véase lo que representan las letras.

M	Matriculado
B	Baja total
R	Reclasificado
O	**Otra razón** por la que un estudiante <u>no</u> se matriculó y que **no clasifica como exclusión**.
G	Estudiante que completó los requisitos del grado/Graduado (tesis, investigación, práctica y cualquier otro documento requerido por el programa de estudio para poder recomendar que se le confiera el grado).
E	Exclusiones: Muerte, incapacidad total y permanente, servicio en las fuerzas armadas (incluso el servicio activo o "active duty" en inglés), servicio de ayuda al extranjero del gobierno federal (tales como Cuerpos de Paz o servicio oficial de misiones eclesiásticas ("service on official church missions").

En el ejemplo ilustrado a continuación, se muestra el panorama completo del seguimiento que se dio a una cohorte desde su inicio y a través del tiempo máximo permitido para completar el grado (véase la página 50 del Manual del Registrador). Trataremos de mostrar algunos de los escenarios con los que podría enfrentarse el Programa. La figura siguiente muestra la **sección de entrada de datos**. En esta sección es que se consigna la información del estatus de los estudiantes y a través de la cual se le da seguimiento a la cohorte.

FACULTAD	ESCUELA DE PROFESIONES DE LA SALUD							
PROGRAMA	Grado Asociado en Asistencia Dental con Funciones Expandidas							
COHORTE (AÑO DE INGRESO)	2007				Tiempo MIN:	1		Acceda al Manual del Registrador
TAMAÑO DE LA COHORTE (*n*)	15				Tiempo MAX:	4		

ESTATUS A SEPTIEMBRE DE CADA AÑO ACADÉMICO

ESTUDIANTES NUEVOS 2007	2do SEP 2008	3ro SEP 2009	4to SEP 2010	5to SEP 2011	6to SEP 2012	7mo SEP 2013	8vo SEP 2014	OBSERVACIONES
1 ARROYO DEL PUEBLO, JASSEL	G	G	G	G				
2 ARROYO RIOS, JOSHUA	G	G	G	G				
3 DEL PUEBLO ARROYO, JOSEFA	G	G	G	G				
4 DEL PUEBLO DEL PUEBLO, JOSE	G	G	G	G				
5 DEL PUEBLO MUNICIPIO, JUAN	G	G	G	G				
6 DEL PUEBLO MUNICIPIO, JUAN A	G	G	G	G				
7 DOE DOE, JANE	G	G	G	G				
8 DOE DOE, JOHN	G	G	G	G				
9 PONCE ARROYO, JOSE A	G	G	G	G				
10 PONCE RIOS, JOSEFINA	G	G	G	G				
11 RIO VERDE, GUSTAVO V	M	E	M	G				Army ago/2009, Regresó en ago/2010
12 RIOS ARROYO, JACK	B	B	B	B				
13 SAN JUAN DEL TORO, JUANA	M	M	E	E				Falleció dic/2009
14 SANDOVAL DOE, JOHN M	M	M	G	G				
15 VELÁZQUEZ GUTIERREZ, JANE	R	R	R	R				

Sección para la Entrada de Datos

10. Para explicar la manera de completar la **sección de entrada de datos** usaremos el **ejemplo** descrito a continuación e ilustrado en la **imagen anterior** (página 12**)**. Se trata de una cohorte con las siguientes características:

Año académico:	**2007-2008**
Escuela:	Escuela de Profesiones de la Salud
Programa académico:	Grado Asociado en Asistencia Dental con Funciones Expandidas
Tiempo de duración curricular[5]:	1 año (nos referiremos a éste como tiempo **mínimo**)
Tiempo máximo[6] para completar el grado:	4 años (nos referiremos a éste como tiempo **máximo**)
Cantidad de estudiantes de **nuevo ingreso**:	15
Fecha de ingreso al programa académico:	agosto de **2007**

11. El **2008** supuso el inicio del **2do año** de estudio de los estudiantes que **ingresaron en agosto de 2007**. Nótese que a cada estudiante se le asignó la letra que describe su estatus en ese momento. Siendo éste un programa que se puede completar en un año (**MÍNIMO**), en **septiembre de 2008**, al examinar lo que pasó con los estudiantes hasta ese momento, se informaron los siguientes resultados:

   1 estudiante se reclasificó (**R**).

   1 estudiante no matriculado por **otras razones** (**O**).

   10 estudiantes se graduaron (**G**).

   0 no hubo ningún caso que clasificara como exclusión (véase las exclusiones en la tabla de la página 11).

   3 estudiantes quedaron rezagados que no se graduaron pero se matricularon (**M**) en agosto para continuar sus estudios (regresaron).

> En **septiembre** se observa y se resume el **estatus de los estudiantes** en ese momento. Un estudiante que se haya dado de **baja total** el semestre anterior, si al momento de observarse ya **regresó** y se matriculó para continuar sus estudios en el año académico en curso; deberá contarse como **matriculado** y **no como baja total**. Para contarse como una baja total, sería preciso que ese fuese su último estatus del estudiante.

12. Una vez concluido el que se supone es el **2do** año de estudio de la cohorte, en **septiembre de 2009** del año académico **2009-2010**, (comienzo del **3er** año) se vuelve a observar qué ocurrió o está ocurriendo con los estudiantes. Nuevamente se documenta su estatus a esa fecha. Esta vez los datos arrojaron la información siguiente:

1	estudiante que fue informado en septiembre de 2008 como reclasificado (**R**), continúa siendo el único en ese estatus
1	estudiante no matriculado por **otras razones** (**O**) y documentado así desde septiembre de 2008.
10	estudiantes que se graduaron en junio de 2007 y cuyo estatus de graduado (**G**) se informa desde septiembre de 2008 (no se ha graduado ningún otro sujeto de la cohorte).
1	estudiante de los rezagados se informa como una exclusión a causa de su fallecimiento (en la tabla de la página 11, véanse las exclusiones que se pueden documentar como "**E**").
2	estudiantes que quedaron rezagados vuelven a matricularse (**M**) en agosto de 2009 para continuar sus estudios (este es el inicio del 3er año de estudio para los estudiantes rezagados).

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[5] *Para conocer el tiempo de duración curricular oficial, refiérase al Manual de Normas y Procedimientos de la Oficina del Registrador.*

6 *El tiempo máximo para completar el grado de cada uno de los programas académicos está consignado en el Manual de Normas y Procedimientos de la Oficina del Registrador.*

> Las exclusiones tienen su impacto en el cálculo de las tasas. Si una exclusión (E) es informada, ocurre un ajuste automático que tendrá efecto en la fórmula. El resultado será una cohorte ajustada (n_a). Por lo tanto, dada una exclusión el denominador usado para el cómputo de las tasas será n_a.

13. En **septiembre de 2010**, al inicio del **año académico 2010-2011**, se una vez más se observa el **estatus de los estudiantes** de esta cohorte. Éste supone el comienzo del **4to** y también el **último año** para que los estudiantes de la cohorte puedan completar su grado (según el [Manual del Registrador](#)).

1	estudiante **reclasificado** (**R**) informándose del mismo modo que en septiembre de 2008 y 2009.
1	estudiante no matriculado por **otras razones** (**O**) y que no ha regresado desde 2008.
11	estudiantes **graduados** debido a que en junio de 2010, año académico 2009-2010, **uno** de los estudiantes que estaba rezagados completó el grado en su 3er año y **se sumó a los** 10 **que completaron el grado** (**G**).
1	estudiante fallecido e informado el año anterior se mantiene como una **exclusión** (véanse las exclusiones en tabla de la página 11).
1	estudiante rezagado se **matriculó** (**M**) en agosto de 2010 para continuar sus estudios (este es el inicio del 4to y último año para completar el grado).

14. En **septiembre de 2011**, año académico **2011-2012**, dado a que para este programa de estudio el tiempo máximo para completar el grado es de **4 años**, se observó la cohorte por última vez más. En ese momento, habiendo concluido el **4to año** para completar el grado, es cuando se documenta lo ocurrido el último año. Para entonces, la **sección para la entrada de datos** sería similar a lo que muestra en la figura de abajo.

FACULTAD	ESCUELA DE PROFESIONES DE LA SALUD								
PROGRAMA	Grado Asociado en Asistencia Dental con Funciones Expandidas								
COHORTE (AÑO DE INGRESO)	2007					Tiempo MIN:	1		Acceda al Manual del Registrador
TAMAÑO DE LA COHORTE (*n*)	15					Tiempo MAX:	4		

	ESTATUS A SEPTIEMBRE DE CADA AÑO ACADÉMICO							
ESTUDIANTES NUEVOS 2007	2do	3ro	4to	5to	6to	7mo	8vo	
NOMBRE O IDNUM	SEP 2008	SEP 2009	SEP 2010	SEP 2011	SEP 2012	SEP 2013	SEP 2014	OBSERVACIONES
1 ARROYO DEL PUEBLO, JASSEL	G	G	G	G				
2 ARROYO RIOS, JOSHUA	G	G	G	G				
3 DEL PUEBLO ARROYO, JOSEFA	G	G	G	G				
4 DEL PUEBLO DEL PUEBLO, JOSE	G	G	G	G				
5 DEL PUEBLO MUNICIPIO, JUAN	G	G	G	G				
6 DEL PUEBLO MUNICIPIO, JUAN A	G	G	G	G				
7 DOE DOE, JANE	G	G	G	G				
8 DOE DOE, JOHN	G	G	G	G				
9 PONCE ARROYO, JOSE A	G	G	G	G				
10 PONCE RIOS, JOSEFINA	G	G	G	G				
11 RIO VERDE, GUSTAVO V	M	E	M	G				Army ago/2009, Regresó en ago/2010
12 RIOS ARROYO, JACK	B	B	B	B				
13 SAN JUAN DEL TORO, JUANA	M	M	E	E				Falleció dic/2009
14 SANDOVAL DOE, JOHN M	M	M	G	G				
15 VELÁZQUEZ GUTIERREZ, JANE	R	R	R	R				

Lo ocurrido durante el **último año** se observó en **septiembre del 2011,** como si se tratara del inicio de un 5to año. Dado a que el programa académico cuenta con un **máximo** de 4 años para completar el grado, transcurrido el **4to** año, se observará por última vez esta cohorte.

Aunque los programas deben observar el estatus de sus cohortes anualmente, es particularmente importante que se distingan los datos correspondientes al periodo en el que se cumplió el tiempo **mínimo** y **máximo**. Además de responder a peticiones de la Vicepresidencia de Asuntos Académicos y a requerimientos estatales y federales; las tasas de retención y de graduación son partes de los indicadores de avalúo de la efectividad institucional del RCM.

1 estudiante **reclasificado** (**R**) desde septiembre de 2008.

1 estudiante **no matriculado** desde 2008 (**O**).

12 estudiantes **graduados** debido a que en junio de **2011**, año académico **2010-2011**, un estudiante adicional logró completar el grado. Se sumó uno más a los **graduados** (**G**).

1 estudiante fallecido, según informado desde 2009, se mantiene como **exclusión** (véanse exclusiones en la página 11).

FACULTAD	ESCUELA DE PROFESIONES DE LA SALUD							
PROGRAMA	Grado Asociado en Asistencia Dental con Funciones Expandidas							
COHORTE (AÑO DE INGRESO)	2007					Tiempo MIN:	1	Acceda al Manual del Registrador
TAMAÑO DE LA COHORTE (*n*)	15					Tiempo MAX:	4	

ESTATUS A SEPTIEMBRE DE CADA AÑO ACADÉMICO

ESTUDIANTES NUEVOS 2007	2do	3ro	4to	5to	6to	7mo	8vo	OBSERVACIONES
NOMBRE O IDNUM	SEP 2008	SEP 2009	SEP 2010	SEP 2011	SEP 2012	SEP 2013	SEP 2014	
1 ARROYO DEL PUEBLO, JASSEL	G	G	G	G				
2 ARROYO RIOS, JOSHUA	G	G	G	G				
3 DEL PUEBLO ARROYO, JOSEFA	G	G	G	G				
4 DEL PUEBLO DEL PUEBLO, JOSE	G	G	G	G				
5 DEL PUEBLO MUNICIPIO, JUAN	G	G	G	G				
6 DEL PUEBLO MUNICIPIO, JUAN A	G	G	G	G				
7 DOE DOE, JANE	G	G	G	G				
8 DOE DOE, JOHN	G	G	G	G				
9 PONCE ARROYO, JOSE A	G	G	G	G				
10 PONCE RIOS, JOSEFINA	G	G	G	G				
11 RIO VERDE, GUSTAVO V	M	E	M	G				Army ago/2009, Regresó en ago/2010
12 RIOS ARROYO, JACK	B	B	B	B				
13 SAN JUAN DEL TORO, JUANA	M	M	E	E				Falleció dic/2009
14 SANDOVAL DOE, JOHN M	M	M	G	G				
15 VELÁZQUEZ GUTIERREZ, JANE	R	R	R	R				

0 ningún estudiante **matriculado** (el único que quedaba se graduó y el año académico 2010-2011 y era la última oportunidad que esta cohorte tenía para completar el grado por haberse concluido el tiempo máximo).

> Se debe seguir a la cohorte hasta que todos sus estudiantes se gradúen o hasta que concluya el tiempo máximo para completar el grado (Tiempo MÁX), **lo que ocurra primero**. Si todos los estudiantes **se gradúan antes de completar el tiempo máximo**, el seguimiento terminará con el informe del estatus de los estudiantes del mes **septiembre posterior** a la **fecha de graduación**.

15. Aunque en la hoja de cálculo se proveyeron 7 columnas, el programa académico mostrado solamente usó **4 columnas** para seguir la cohorte 2007 debido a que el tiempo máximo para completar el grado es de **4 años**.

> A partir de la cohorte 2012, los datos para el cómputo de las tasas de **retención** y **graduación** se estarán recogiendo **segregados por sexo**. Tanto el Departamento de Educación de los Estados Unidos como el Instituto de Estadísticas de Puerto Rico del Estado Libre Asociado, requieren que los datos se divulguen de ese modo. Por lo tanto, los programas que cuentan con un instrumento para seguir a sus cohortes, deberán tomar en cuenta **esta nueva disposición**.

En la página siguiente, obsérvese la apariencia que tendrá la hoja de la Cohorte 2007 una vez haya concluido el periodo de seguimiento. Para entonces ya se habrán realizado todos los cómputos que apliquen al programa de estudio, según el tiempo máximo para completar el grado.

RESULTADOS DE UN CASO HIPOTÉTICO

A continuación se presenta como quedará la hoja electrónica una vez son entrados los datos. Nótese que aunque usted escribió la información sólo una vez, cada sección tiene el nombre de la Escuela, Programa, tamaño de la cohorte, tiempo mínimo y máximo.

FACULTAD	ESCUELA DE PROFESIONES DE LA SALUD							
PROGRAMA	Grado Asociado en Asistencia Dental con Funciones Expandidas							
COHORTE (AÑO DE INGRESO)	2007					Tiempo MIN:	1	Acceda al Manual
TAMAÑO DE LA COHORTE (*n*)	15					Tiempo MAX:	4	del Registrador

ESTATUS A SEPTIEMBRE DE CADA AÑO ACADÉMICO

ESTUDIANTES NUEVOS 2007	2do	3ro	4to	5to	6to	7mo	8vo	
NOMBRE O IDNUM	SEP 2008	SEP 2009	SEP 2010	SEP 2011	SEP 2012	SEP 2013	SEP 2014	OBSERVACIONES
1 ARROYO DEL PUEBLO, JASSEL	G	G	G	G				
2 ARROYO RIOS, JOSHUA	G	G	G	G				
3 DEL PUEBLO ARROYO, JOSEFA	G	G	G	G				
4 DEL PUEBLO DEL PUEBLO, JOSE	G	G	G	G				
5 DEL PUEBLO MUNICIPIO, JUAN	G	G	G	G				
6 DEL PUEBLO MUNICIPIO, JUAN A	G	G	G	G				
7 DOE DOE, JANE	G	G	G	G				
8 DOE DOE, JOHN	G	G	G	G				
9 PONCE ARROYO, JOSE A	G	G	G	G				
10 PONCE RIOS, JOSEFINA	G	G	G	G				
11 RIO VERDE, GUSTAVO V	M	E	M	G				Army ago/2009, Regresó en ago/2010
12 RIOS ARROYO, JACK	B	B	B	B				
13 SAN JUAN DEL TORO, JUANA	M	M	E	E				Falleció dic/2009
14 SANDOVAL DOE, JOHN M	M	M	G					
15 VELÁZQUEZ GUTIERREZ, JANE	R	R	R	R				

Sección para la Entrada de Datos

ESCUELA DE PROFESIONES DE LA SALUD

Grado Asociado en Asistencia Dental con Funciones Expandidas

COHORTE: **2007** MÍNIMO: **1**
TAMAÑO: **15** MÁXIMO: **4**

A septiembre de cada año académico				
AÑO		TASAS		AÑO
En que se informa	Que cursa	TASA DE RETENCIÓN	TASA DE GRADUACIÓN	Académico de Graduación · Terminó el Grado
2008-2009	2do	87	67	2007-2008 · 1er
2009-2010	3ro	86	71	2008-2009 · 2do
2011-2012	4to	86	79	2009-2010 · 3ro
2012-2013	5to	86	86	2011-2012 · 4to
2013-2014	6to	0	0	2012-2013 · 5to
2014-2015	7mo	0	0	2013-2014 · 6to
			0	2014-2015 · 7mo

Sección de Tasas

M	Matriculado
B	Baja total
R	Reclasificado
O	Pérdida de estudiante que no clasifica como exclusión (ej. paradero es desconocido).
G	Graduado (Se graduó y entregó tésis, investigación y cualquier documento requerido).
E	Exclusiones: Muerte, incapacidad total y permanente, servicio en las fuerzas armadas (incluso los llamados a "active duty"), servicio de ayuda al extranjero del gobierno federal (tales como Cuerpos de Paz o servicio oficial de misiones eclesiásticas ("service on official church missions").

Cohorte 2007-2008	Se refiere al grupo de estudiantes que **ingresó** en agosto del **año académico 2007-2008** a un programa de estudios conducente a un grado. También podemos referirnos a este grupo como la **Cohorte 2007**.

ESCUELA DE PROFESIONES DE LA SALUD

Grado Asociado en Asistencia Dental con Funciones Expandidas

COHORTE: **2007** MÍNIMO **1**
TAMAÑO DE LA COHORTE: **15** MÁXIMO **4**

OBSERVARSE EN SEPTIEMBRE DE:	2008	2009	2010	2011	2012	2013	2014
TOTAL ESTUDIANTES GRADUADOS + LOS QUE REGRESARON O SE MATRICULARON (M+G)	13	12	12	12	0	0	0
TOLAL DE PÉRDIDAS POR RECLASIFICACIÓN (R)	1	1	1	1	0	0	0
TOTAL DE BAJAS + OTRAS PÉRDIDAS QUE NO CLASIFICAN COMO EXCLUSIÓN (B+O)	1	1	1	1	0	0	0
TOTAL DE ESTUDIANTES GRADUADOS (G)	10	10	11	12	0	0	0
TOTAL DE ESTUDIANTES PERDIDOS QUE CLASIFICAN COMO EXCLUSIÓN (E)	0	1	1	1	0	0	0
TOTAL DE ESTUDIANTES DE LA COHORTE MATRICULADOS O QUE REGRESARON (M)	3	2	1	0	0	0	0
COHORTE AJUSTADO (n_a) TAMAÑO DEL COHORTE - EXCLUSIONES	15	14	14	14	15	15	15

Estatus de cada estudiante para septiembre del año académico:	2008	2009	2010	2011	2012	2013	2014
Año en que se debe informar:	2do	3ro	4to	5to	6to	7mo	8vo

Sección de Resumen de Estatus

Para efectos de este ejemplo, obsérvese que la **tasa de retención** del **1er** al **2do** es de **87%**. Para avalúo de la efectividad institucional será la única tasa de retención a considerar. Las tasas de retención subsiguientes son para que el programa observe cuantos estudiantes persisten a lo largo de los años subsiguientes hasta completar el tiempo máximo permitido para completar el grado (**4 años**).

La **tasa de graduación**, se observará en dos momentos: el tiempo **mínimo** y el **máximo** permitido por el programa para completar el grado (conforme al Manual del Registrador). En el caso del ejemplo ilustrado, las tasas a observar son las correspondientes al **1er** y **4to** año. Por lo tanto, la tasa de graduación correspondiente al tiempo mínimo (1 año) y máximo (4 años) son 67% y 86% respectivamente.

CÓMO Y CUÁNDO ENVIAR EL DOCUMENTO SEGUIR COHORTES 2009-2011

1. Los datos correspondientes a las tasas de retención y graduación deben enviarse a la presidencia del CoIA durante la **primera semana de octubre de cada año académico**.
2. Dado a que en esta oportunidad se están recogiendo los datos de los **años académicos 2009-2011** y a que existe una petición de la Vicepresidencia en Asuntos Académicos, la fecha límite para la entrega/envío digital es el **31 de mayo de 2013**.
3. Haga una **copia del documento** y **borre los nombres de los estudiantes**.
4. Para facilitar su manejo, asigne al documento un **nombre** que describa brevemente el **nivel, el programa**.
Por ejemplo, **GA Asistencia Dental** para acortar Grado Asociado en Asistencia Dental con Funciones Expandidas.
5. Este documento **sin los nombre**s, envíelo por **correo electrónico** al **representante** de la Escuela en el **CoIA** (véase tabla abajo). El representante de la Escuela **confirmará** el recibo del documento y hará **el cotejo de la entrega** (se anota programa, correo electrónico del remitente).
6. Si desea aclarar una **duda**, hacer alguna **recomendación** o informar sobre algún **error**, siéntase en la libertad de enviar mensaje de correo electrónico a la presidenta del CoIA.

Directorio de Representantes por Escuela
Componente de Efectividad Institucional
Comité Institucional de Avalúo (CoIA-EI)
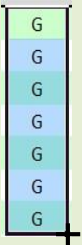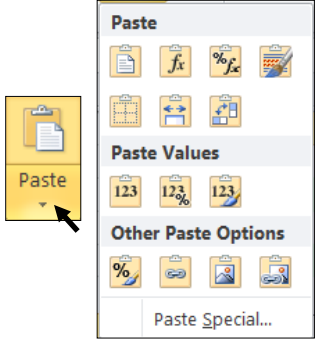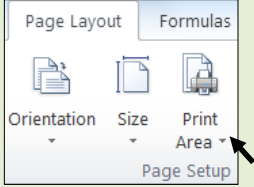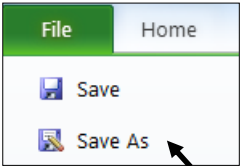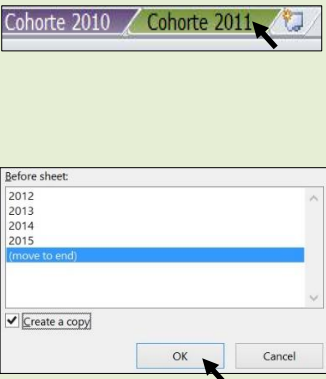
Miembro/Representante	Escuela	Correo Electrónico	Extensión
Prof. Zulma I. Olivieri Villafañe	Profesiones de la Salud	zulma.olivieri@upr.edu	1566
Dra. Carmen L. Madera Ayala	Enfermería	carmen.madera@upr.edu	3101, 2105
Dra. María V. Pi Portales	Farmacia	maria.pi2@upr.edu	5420
Dra. Irma L. Rivera Colón	Medicina	irma.rivera2@upr.edu	1807, 1806
Dra. Edna Aquino Piñero	Medicina (Ciencias Biomédicas)	edna.aquino@upr.edu	1315
Dra. Arlene Sánchez Castellanos	Medicina Dental	arlene.sanchez@upr.edu	1010
Dra. Ruth Ríos	Salud Pública	ruth.rios2@upr.edu	1025, 1444
Prof. Lillian E. Ríos Rodríguez	Presidenta del CoIA	lillian.rios@upr.edu	2244

DETECCIÓN DE ERRORES EN LO INFORMADO

Es importante que los informes se realicen cuidadosamente y con la mayor corrección posible. Para evitar dilaciones y pérdida de tiempo, es necesario que se verifique la **corrección de los documento** del informe antes de ser enviados a la presidencia del CoIA. No obstante, dada nuestra naturaleza humana, podría ocurrir que en determinado momento se detectara alguna **inconsistencia** o **error** en éste. Por eso, con el fin de promover la transparencia e integridad de los datos, incluimos las acciones a tomar en caso de identificar algún error:

1. En caso de que el **CoIA encuentre algún error o inconsistencia** el documento **será devuelto al Decano Asociado** de la Escuela para que pueda darle el oportuno y debido curso a la corrección del documento. Si el CoIA no ha recibido el documento corregido al momento de preparar el informe resumen del RCM, los datos del programa involucrado no podrán incluirse en el **informe** a enviarse o publicarse y en su lugar se consignará como "**No reportado**" junto al motivo que dio lugar a la devolución del documento. Sin embargo, el Programa todavía podría estar a tiempo para ser incluido en informes y presentaciones futuras (la **presentación al Comité Ejecutivo del Rector**, por ejemplo). Se recomienda que la persona en quien se delegue la corrección del documento, se comunique con los miembros que representan la Escuela en el CoIA o con la presidencia del Comité para aclarar cualquier duda respecto al modo de completarse.

2. En caso de que el **Programa detecte algún error** posterior a la de entrega de sus datos, el Coordinador/Director del Programa o la persona en quien la Escuela delegó la cumplimentación del documento, deberá enviar al CoIA una **comunicación escrita.** La misiva **dirigida al Decano de Asuntos Académicos** y con el **visto bueno del Decano Asociado de la Escuela**, deberá incluir lo siguiente:
   a. carta de **solicitud o petición de revisión** del documento con los datos para el cálculo de las tasas
   b. nombre del programa con una **breve descripción** del error cometido
   c. la **exposición de los motivos** que llevaron a error y
   d. estar acompañada del **documento con los datos revisados**

3. Con el fin de salvaguardar la **integridad** de los datos, bajo ninguna circunstancia el CoIA u otro receptor del documento podrá modificar dato alguno provisto por la Escuela. De ser necesaria una modificación, el documento será devuelto al Decano Asociado de la Escuela o la persona delegada por las Escuela para atender el asunto del seguimiento de las cohortes para que se canalice, delegue o realice su modificación.

FUNCIONES DE EXCEL QUE SERÁN DE UTILIDAD

Para	Hacer lo siguiente:	Ilustración
Copiar el contenido de una columna a la columna contigua	• Marcar las celdas en columna que desea copiar. • En el punto que aparece en la esquina inferior derecha, colocar el puntero del "mouse" hasta que se convierta en ✚. • Presionar el botón izquierdo del "mouse" y arrastrar hacia la columna contigua. • Soltar el botón izquierdo.	
Copiar a otra hoja de cálculo una sección que contiene celdas calculadas	• Marcar la sección que desea copiar. • Hacer clic en copiar o presionar las teclas Ctrl+C ("**Copy**"). • Ir a la hoja en la cual desea pegar ("paste") el contenido seleccionado. • En la cinta ("Ribbon") **Home**, botón de pegar ("Paste"), hacer clic en el triángulo que aparece en el botón para desplegar la lista de las opciones. • En la lista desplegable, hacer clic en "**Values & Source Formatting**" .	
Escoger una sección para imprimir	• Marcar la sección que desea imprimir. • En la cinta ("Ribbon") **Page Layout**, hacer clic en **Print Area.** • Seleccionar **Set Print Area**. • Imprimir como de costumbre.	
Guardar el documento para enviarlo al CoIA	• En la cinta ("Ribbon") **File**, seleccionar **Save As** • En **File Name**, escribir el **número** asignado, **grado** y **nombre corto para el Programa** (Ej. GA Asistencia Dental para acortar Grado Asociado en Asistencia Dental con Funciones Expandidas). • Seleccionar dónde lo ha de guardar. • Hacer clic en **Save** *Opcional: Se sugiere guardar en un "Folder" por año de última actualización.*	

Copiar una hoja de cálculo	• Colocar el puntero del "mouse" en el apéndice que identifica la hoja de cálculo a copiar.
	• Hacer clic en el botón derecho del "mouse".
	• Escoger **MOVE OR COPY…**
	• En la caja de diálogo siguiente, en la sección rotulada como **BEFORE SHEET:**
	  – Escoger **(MOVE TO END)** para que agregue la copia después de la última hoja existente.
	  – Hacer una marca de cotejo con un clic en **CREATE A COPY**
	  – Seleccionar **OK**.	

DEFINICIONES ESENCIALES[7]

Term	Definition
Academic program	An instructional program leading toward an associate's, bachelor's, master's, doctor's, or a first-professional degree or resulting in credits that can be applied to one of these degrees/certificates.
Adjusted cohort	The result of removing any allowable exclusions from a cohort (or subcohort). For the Graduation Rates component, this is the cohort from which **graduation** and transfer-out **rates** are calculated; for the Fall Enrollment component, it is the cohort for calculating **retention rate**.
Cohort	A specific group of students **established for tracking purposes**.
Completers within the normal time	Students who completed their program within the normal (or expected) time for completion.
Exclusions	Those students who may be removed (deleted) from a cohort (or subcohort). For the Graduation Rates and Fall Enrollment retention rate reporting, students may be removed from a cohort if they left the institution for one of the following reasons: death or total and permanent disability; service in the armed forces (including those called to active duty); service with a foreign aid service of the federal government, such as the Peace Corps; or service on official church missions.
Fall cohort[8]	The group of **students entering** in the fall term established for tracking purposes.
Graduation rate	The rate required for disclosure and/or reporting purposes under Student Right-to-Know Act. This rate is calculated as the total number of completers within the normal (or expected[9]) time divided by the revised **adjusted cohort**.
Normal or expected time to completion[10]	The amount of time necessary for a student to complete all requirements for a degree or certificate according to the institution's catalog.
Program	A combination of courses and related activities organized for the attainment of broad educational objectives as described by the institution.
Retention rate	A measure of the rate at which students persist in their educational program at an institution, expressed as a percentage. For four-year institutions, this is the percentage of first-time bachelors (or equivalent) degree-seeking undergraduates from the previous fall who are again enrolled in the current fall. For all other institutions this is the percentage of first-time degree/certificate-seeking students from the previous fall who either **re-enrolled** or **successfully completed** their program by the current fall.

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[7] *Definiciones según el U.S. Department of Education, el Institute of Education Sciences y el National Center for Education Statistics. Se espera poder contar con la traducción en una futura versión de este instructivo.*

[8] *Se refiere al grupo de estudiantes nuevos que ingresa en agosto.*

[9] *Para cada cohorte, la tasa de graduación se observará en dos momentos: el tiempo mínimo y el máximo permitido para completar se informará al completar el grado.*

[10] *Se refiere al tiempo de duración curricular mínimo, según el Manual del Registrador.*

Universidad de Puerto Rico
Recinto de Ciencias Médicas
Decanato de Asuntos Académicos

Metodología
Tasas de Retención y Graduación
Programas Académicos

Preparado por Prof. Lillian E. Ríos Rodríguez
Presidenta
Comité Institucional de Avalúo
Noviembre 2014

Tasas de Graduación y Retención

Metodología[1]

El propósito de realizar el seguimiento de las cohortes que ingresan a un programa académico en busca de un **grado** o un **certificado** (de pregrado y posgrado) es observar la persistencia de los estudiantes y el estatus de finalización del grado (completar los requisitos) a lo largo del tiempo hasta vencer el tiempo de duración máxima del programa. Entre otras cosas, se procura observar el comportamiento del grupo con características homogéneas en cuanto a la fecha de inicio en el programa, cursos a tomar, el grado a alcanzar, ritmo de estudio y la duración del programa. Más importante aún, a través de este seguimiento, los programas pueden detectar oportunamente aspectos que requieran atención y procurar mejoramiento continuo.

En el RCM el cómputo de la tasa de graduación de cada programa se informará en dos momentos: al 100% del tiempo de duración normal del programa (tiempo **mínimo**) el grupo y también en el tiempo **máximo**. La mayoría de las instituciones realiza este cálculo en tres momentos: al 100%, 150% y al 200% del tiempo normal. Es así para que los programas académicos, especialmente **subgraduados,** puedan cumplir con regulaciones de "***Student Right-to-Know and Campus Security Act***", del Congreso de los Estados Unidos de 1990 que obliga a las instituciones educativas que reciben fondos federales a informar los estudiantes que completaron un grado o certificado (o completaron un programa preparatorio de transferencia) en esos tres tiempos.

NOTA: La duración oficial de un programa está consignada en el **Manual de Normas y Procedimientos de la Oficina del Registrador** (MNPOR). En caso de existir alguna discrepancia, deberá utilizarse el que aparece en el antedicho Manual y dilucidar el asunto en los foros pertinentes a la mayor brevedad posible.

- Las cohorte **2009 a 2011** se siguen en el mismo instrumento que hasta ahora. En este documento **solamente** se incluyeron estudiantes a **tiempo completo (anejo A-58, MNPOR)**.
- Para las cohortes **2012** y **2013** se usará un **nuevo instrumento** que segrega las tasas por sexo. En estas cohortes, una vez más se incluirá **solamente** a estudiantes que estudian a **tiempo completo**.

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[1] *Para el método se usan como referencias descripciones y definiciones de la **Association for Institutional Research**, **U.S. Department of Education**, **Institute of Education Sciences**, el **National Center for Education Statistics** y la metodología de algunas universidades de los Estados Unidos con ofertas de posgrado. Esta metodología será ampliada en un instructivo que se preparará más adelante, y en el cual se incluirán las definiciones contenidas en el instructivo y cualquier otra definición que sea identificada como esencial.*

- **A partir del año académico 2014-2015** también se considerará el **ritmo de estudio** al momento de ingresar al programa académico[2]. A estos efectos, se seguirá tanto a los estudiantes a **tiempo completo** (estudiante **regular**) como a **tiempo parcial**, pero se **informarán por separado**. Esta clasificación del estudiante se establecerá con el estatus del estudiante **al momento de ingresar** al programa (**primera sesión de estudios**) y aunque posteriormente el estudiante cambie su ritmo de estudio, continuará en el mismo grupo a observar (misma cohorte). De modo que una vez un estudiante está en una de las listas, a tiempo completo o parcial, aunque cambie su estatus, ahí permanecerá hasta completar el grado.
- Para discriminar entre un estudiante a tiempo **completo** (estudiante **regular**) y otro a tiempo parcial, véase el **anejo A-58** del **MNPOR**. En éste se establece la manera de identificar un estudiante **regular** de acuerdo al programa y el horario en el que está matriculado.
- Cada estudiante se incluye una sola vez.

Instrumento

Se usará una hoja de cálculo en el formato de Excel para hacer la entrada de datos tales como escuela, programa académico, tiempo de duración mínima y máxima de éste, tamaño de la cohorte, año de ingreso al programa, nombre o número de identificación de los estudiante, sexo y su estatus de matrícula a lo largo del tiempo hasta que culmina el tiempo de duración máximo. Siempre que el tiempo de duración del programa (mínimo y máximo) sea un número **entero**, en **septiembre** de cada año académico, los programas académicos deberán completar el estatus de matrícula de los estudiantes de la cohorte. En el caso contrario (ej. 2.5 años), se recomienda que haga la entrada de los datos **tres meses después** de cumplirse con el tiempo de duración normal (mínimo o máximo) de manera que **evite el error** de incluir estudiantes que se graduaron en una fecha posterior.

Suponga el caso de una cohorte de 2012 que ingresó a un programa académico en un programa cuyo tiempo de duración normal (mínimo) es de 2.5 años. Las primeras dos columnas, las correspondientes al año 2013 y 2014, se completarán en el mes de **septiembre**. Sin embargo, se recomienda no esperar a septiembre para completar la tercera columna que corresponde al 2015. Dado a que los estudiantes debieron completar los requisitos del grado en diciembre de 2014, es recomendable que se complete en **marzo**. De ese modo se evitará la confusión y la comisión de

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[2] *Sujeto a que la Oficina de Sistema de Información haya concluido el diseño un instrumento en línea ("Web-based") o a que la institución reciba otra directriz de la Administración Central o de la Vicepresidencia de Asuntos Académicos. Llegadas nuevas instrucciones, se notificará de inmediato a las Escuelas.*

error por incluir algún estudiante que haya completado los requisitos del grado en una fecha posterior entre enero y septiembre.

Una vez realizada la entrada de datos, la hoja calculará y presentará de forma tabular los valores de las tasas de persistencia y retención para cada año académico subsiguiente. Asimismo mostrará las tasas de graduación en el tiempo de duración del programa, tanto para la totalidad de la cohorte así como para la segregación por sexo. También presentará el año académico en que se informan los datos y los años académicos correspondientes al tiempo normal y el máximo para completar el grado.

Recopilación de los datos

A excepción de este año académico, cada año académico, durante el mes de **octubre,** la institución hará la petición y hará la recopilación de los datos en los documentos de Excel. Como preferencia, los documentos deben someterse por Escuela, y como hasta el presente, pueden enviarse a través del correo electrónico. Empero, no deseamos que esta conveniencia sea un impedimento para que alguna escuela someta sus datos oportunamente por causa de algún programa moroso.

Los archivos a someterse deben ser copia de los documentos que completa el programa. Se recomienda que tenga una copia de resguardo ("backup"). Para cumplir con la Ley FERPA y la Enmienda Buckley, en las copias que someta al Comité Institucional de Avalúo, **asegúrese de <u>excluir</u> el nombre o número de identificación**, cualquiera que haya sido el identificador usado para seguir a la cohorte.

Es altamente recomendable que cada director o coordinador de programa complete los datos correspondientes a su programa académico. Sin embargo, cada Escuela determinará el modo en que lo hará para cumplir con las fechas límites establecidas para someter sus datos.

Nota
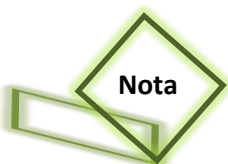
Es importante señalar que en la medida que directores y coordinadores de programas se involucren en el seguimiento de las cohortes y conocer sus tasas de retención y graduación, podrá atender con mayor prontitud situaciones que pueden prevenirse si se atienden oportunamente.

A quién <u>incluir</u> en la cohorte

- Incluya solamente a los estudiantes a **tiempo completo** (regular) (hasta la cohorte 2013³) que **ingresa en agosto** a un programa académico **para completar un grado o certificado en la institución**. **Nota**: Recuerde son estudiantes de **nuevo ingreso** al programa.

- Los estudiantes deben haber ingresado en un programa académico y estar matriculados en cursos con créditos conducentes a un título, diploma, certificado u otro grado formal.

- Un estudiante que es designado como miembro de una cohorte **permanece en ella**, incluso si:
    - Cambia su ritmo de estudio (un estudiante a tiempo completo se convierte en un estudiante a tiempo parcial o viceversa).
    - Se transfiere a otra institución.
    - Se va de la institución (baja total, suspensión, no se matricula).
    - Deja de estudiar en la institución.
    - No ha cumplido con los requisitos de la institución para recibir un título o certificado.

Nótese que los que **completan el grado** se cuentan **una sola vez** y se indica el **grado más alto** obtenido. Para algunos grados podría no ser evidente determinar cuál es el grado más alto. Dado ese caso, deberá consultar con la Oficina de Desarrollo Académico o con miembros del Comité Institucional de Avalúo.

A quién <u>excluir</u> de la cohorte

<u>**NO**</u> se incluye en la cohorte a estudiantes que:
- Están matriculados en cursos que <u>**no**</u> conducen a un grado formal ni a completar los requisitos de un programa académico (por ejemplo: oyente, estudiante especial, en cursos de educación continua, entre otros).
- Estudien en el extranjero (por ejemplo, en una universidad extranjera) si su matrícula en esta institución es sólo un expediente administrativo y la tarifa es sólo nominal.
- Estudian en cualquier recinto (campus) ubicado en un país extranjero.
- Estudian a tiempo parcial, si la cohorte corresponde a estudiante a <u>tiempo completo</u>.
- Estudian a tiempo completo, si la cohorte corresponde a estudiantes a <u>tiempo parcial</u>.

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³ *Sujeto a que la Oficina de Sistema de Información haya concluido el diseño un instrumento en línea ("Web-based") o a que la institución reciba otra directriz de la Administración Central. Llegadas nuevas instrucciones, se notificará de inmediato a las Escuelas.*

- Estudiantes que reciben el grado de otra institución (otra institución es quien otorga el grado).
- Son traslados a la institución (aplica a las tasas institucionales). Sin embargo, hay otros criterios a tomarse en cuenta. Los **traslados articulados se incluyen** (para propósitos institucionales internos) cuando se dan ciertas consideraciones. Lo esencial es que se conserve la homogeneidad del grupo a seguir respecto a los cursos por tomar, ritmo de estudio y tiempo de duración del programa, entre otras cosas. Ante la más mínima duda, se recomienda consultar con el Comité Institucional de Avalúo (CoIA) o la Oficina de Planificación, Investigación y Avalúo Institucional.

  NOTA ESPECIAL: Con el fin de resolver el potencial conflicto entre las **transferencias** y programas en cuya **misión** está el preparar estudiantes para ser transferidos a otras instituciones, la institución de procedencia puede contarlos como estudiantes que completaron con éxito el grado (si es un **programa preparatorio de transferencias**).

Definiciones esenciales

Cohorte – Grupo de estudiantes establecido para propósitos de seguimiento que ingresa a un programa de estudios a inicios de un año académico en particular.

> **Ejemplo: Cohorte 2010** – Se refiere al grupo de estudiantes que ingresa por **primera vez** a un determinado programa de estudios conducente a grado en **agosto de 2010** del año académico **2010-2011**.

Cohorte ajustado – El resultado de remover de una cohorte alguna de las exclusiones permitidas. Ésta es la cohorte con la que se calculan de las tasas de retención y graduación

Programa - Una combinación de cursos y actividades relacionadas organizadas para el logro de los amplios objetivos educacionales según descritos por la institución. También se le conoce como **programa académico, programa educativo** o **programa de estudios**.

Tamaño de la cohorte – Cantidad de estudiantes de nuevo ingreso en un programa académico y año académico particular.

Tasa de graduación – Es requerida su divulgación por la reglamentación "*Student Right-to-Know*". Se calcula como un por ciento del número total de estudiantes que **completaron los requisitos del programa** dentro del tiempo normal (o esperado) dividido por la cohorte ajustada revisada.

Tasa de retención – Una razón de la persistencia (expresada en por ciento) de los estudiantes en su programa de estudios dentro de una institución. Para las instituciones de cuatro años, este es el porcentaje de estudiantes de primer año de bachillerato (o su equivalente) que se matriculan en su segundo año. Para el resto de las instituciones es el porcentaje de estudiantes de primer año de bachillerato (o su equivalente) que se **matriculan** en su segundo año o que **completaron** con éxito su programa de estudio. Es decir, también deberán ser sumados los estudiantes que completaron los requisitos del grado en un programa académico de un año de duración.

Para información adicional puede:
- Contactar al representante de su escuela en el CoIA.
- Comunicarse con la profesora Lillian E. Ríos Rodríguez a través del correo electrónico: *lillian.rios@upr.edu*.

Appendix 9

University of Puerto Rico System Strategic Plan 2016-2021
DRAFT

PLAN ESTRATÉGICO 2016-2021:

Proceso y Propuesta

https://www.upr.edu/plan-estrategico-upr-2016-2021-1/

abril 2016

Appendix 10

Medical Sciences Campus Strategic Plan 2016-2021
(DRAFT)

PLAN ESTRATÉGICO 2016-2021
UPR, RECINTO DE CIENCIAS MÉDICAS

ÍNDICE
PLAN ESTRATÉGICO
UPR, RECINTO DE
CIENCIAS MÉDICAS
2016-2021

INTRODUCCIÓN

La Universidad de Puerto Rico, Recinto de Ciencias Médicas (UPR-RCM) reconoce la importancia de la planificación estratégica para el logro de su misión y para alcanzar sus metas a largo plazo. Para que este proceso sea exitoso es de suma importancia la participación activa de todas las unidades funcionales de la institución, por lo cual el documento que se presenta es el producto de un proceso participativo y deliberativo que incluyó al personal directivo del Recinto en la primera etapa y que incorporó a los diversos actores claves de la institución en la segunda. En la segunda etapa se consideraron, se discutieron y se aprobaron cambios en los enunciados de misión y visión de la UPR-RCM.

La planificación estratégica es un acercamiento sistemático al proceso de tomar decisiones y de resolver los asuntos críticos e importantes para que la organización mantenga su salud y vitalidad a largo plazo. Por tanto, las estrategias de desarrollo y los planes operacionales que se elaborarán proveerán dirección e información que servirá de guía a las actividades operacionales del Plan Estratégico (PE) 2016-2021. El PE debe verse por tanto como una herramienta o mapa que marcará los rumbos hacia el logro de las metas y objetivos, y a la solución de asuntos críticos que permitirán alcanzar los resultados esperados.

En este documento están contenidos los componentes medulares del Plan Estratégico, los cuales serán incorporados al proceso de planificación continua de la UPR-RCM. El proceso está diseñado para que sea inclusivo y provea la participación de los diversos niveles de la Institución en la determinación del futuro de la misma.

El personal directivo (Rector, Decanos, Directores) serán responsables de requerir a todos los miembros de la organización que conozcan el contenido del Plan y participen cooperativamente en su implantación.

2

In 1904, the Government of Puerto Rico created the Anemia Commission in response to a pressing health problem in the island. Dr. Bailey K. Ashford and others pioneered in the mass treatment of hookworm disease, establishing the grounds for the Institute of Tropical Medicine, which began operations in 1912. In 1926, under the auspices of Columbia University, the Institute became the School of Tropical Medicine of the University of Puerto Rico. A specially designed and equipped building for research and teaching was erected next to the Capitol Building in Old San Juan. The School offered programs in the areas of medical technology, health education, public health, nursing, and sanitation, and soon became a renowned center for research and teaching. The agreement between the University of Puerto Rico and Columbia University was terminated by mutual consent in 1948. The following year, the Legislature of Puerto Rico authorized the establishment of the School of Medicine. The new school admitted its first class in August, 1950 and was accredited in the spring of 1954 by the Liaison Committee on Medical Education. The first forty-five (45) Doctor of Medicine degrees were awarded in June of that year. In 1953, the San Juan City Hospital became the main clinical setting. The Department of Preventive Medicine was part of the School since its inception. It offered programs in the field of public health, drawing on the long tradition of research and teaching in this area initiated at the School of Tropical Medicine. General Information UPR-MSC Catalog 2015-2016 6 On June 21, 1956 the Legislature appropriated funds for the establishment of a school of dentistry. The new School of Dentistry (now School of Dental Medicine) enrolled its first class of twenty-nine (29) students in August, 1957 in a program leading to the degree of Doctor of Dental Medicine. In 1960, a Department of Health hospital facility located on the grounds of today's Medical Center became the main clinical setting for the School of Medicine and was renamed the University District Hospital. The clinical faculty of the School of Medicine moved to the hospital while the Basic Sciences faculty and the School of Dentistry remained at the original building in Old San Juan. In the area of basic sciences, the Council on Higher Education of the University of Puerto Rico approved the establishment of graduate education programs leading to the degrees of Master of Science and Doctor of Philosophy in Anatomy, Biochemistry and Nutrition, Medical Zoology, Microbiology, and Physiology. In 1964, the Pharmacology and Toxicology Graduate Program was added. During the 1960s and 1970s the School of Medicine established and expanded residency programs in the clinical specialties. The School of Dentistry created postgraduate programs in Pedodontics and Oral Surgery. Programs in Dental Assisting and Dental Hygiene were also added. Other programs offered during that period by the Department of Preventive Medicine were Cytotechnology, Demography, Health Services Administration, Radiologic Technology, Medical Records, and bachelor and master's degree programs in Nursing.

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The Medical Sciences Campus became a campus as a result of the organizational reform of the University of Puerto Rico, as stated in the University Law of January 20, 1966. Previously, the School of Medicine and the School of Dentistry had deans who reported directly to the Chancellor of the University. Both units operated autonomously with funds assigned directly by the Legislature. Their faculties had no representation in the Academic Senate or the University Board. The establishment of the Medical Sciences Campus involved the appointment of a chancellor for the campus, the centralization of administrative procedures (formerly under the School of Medicine), and the establishment of a contract between the Chancellor of the Medical Sciences Campus and the Secretary of Health for the use of the University District Hospital and facilities of the Puerto Rico Medical Center. In addition, the Chancellor of the Medical Sciences Campus was appointed the official representative of the University in the Board of Directors of the Puerto Rico Medical Center. The Schools of Medicine and Dentistry, the Physical Therapy, Occupational Therapy and Speech Pathology programs, and the Biomedical Sciences graduate programs were organized as units under the new Chancellor. In 1970, the Department of Preventive Medicine of the School of Medicine became the Graduate School of Public Health under the direction of a dean. In 1971, the Deanship for Student Affairs was established. In 1972, the Medical Sciences Campus administrative offices and the basic sciences departments, previously located at the School of Tropical Medicine building in Old San Juan, moved to new facilities at the Puerto Rico Medical Center, joining the clinical departments operating at the University District Hospital since 1960. Offices and research laboratories were provided for the basic sciences and clinical faculties in the main building of the campus, which is adjacent to the University District Hospital and to other buildings of the Puerto Rico Medical Center. The Campus underwent an internal reorganization approved by the Council on Higher Education on February 13, 1976, effective July 1, 1976. This reorganization included: the creation of the Deanship for Academic Affairs and the Deanship of Administration, the establishment of the College of Health Related Professions (now School of Health Professions) under which all the technical and professional allied health programs were grouped, the reorganization of the School of Public Health as the Faculty of Biosocial Sciences and Graduate School of Public Health, and the creation of the Division of Biomedical Sciences of the School of Medicine. In 1977, the School of Pharmacy, established in 1913, moved from the Río Piedras Campus to the Medical Sciences Campus. Additional buildings were constructed or remodeled to house the School of Pharmacy and the College of Health Related Professions, which at that time included the School of Nursing. With the addition of the School of Pharmacy, the Medical Sciences Campus truly united the major health professions General Information UPR-MSC Catalog 2015-2016 7 programs offered by the University of Puerto Rico System. The location of the five schools near the Puerto Rico Medical Center facilitated clinical practice and fostered life as a health sciences campus. As the institution entered the eighties, planning and development activities were given high priority and were sustained throughout the decade. A Comprehensive

Development Plan and a Campus Mission Statement issued in 1984 were followed by strategic plans at the school and campus level, as well as by a revised mission statement in 1986 and subsequently in 1994. In 1995, the School of Nursing, until then part of the College of Health Related Professions, became an administratively separate unit and the sixth campus school.

Growth as a campus is also evidenced in the institution's programmatic areas of teaching, research, and service. In the eighties and nineties, new academic programs were added in response to identified health manpower needs. Among them, Master of Science programs in Epidemiology, Pharmacy, Clinical Laboratory, and Industrial Hygiene, as well as Master of Public Health programs with specialties in Gerontology and Nurse Midwifery. Other Master of Public Health specialties were later added and a Doctor of Public Health program enrolled its first class in 1998. Other degree programs include a Doctor of Pharmacy degree first offered in August 2001, the Doctor of Audiology degree, which admitted its first class in August 2007, and a Doctor of Nursing Science, which began in 2012.

PROCESO DE PLANIFICACIÓN ESTRATÉGICA EN UPR-RCM

El proceso estratégico comenzó con el avalúo del ambiente interno (contexto) y del ambiente externo (entorno) en una sesión intensa de discusión y análisis en la cual participó el personal directivo del Recinto. Se utilizó como marco de referencia la discusión sobre el contexto general de Estados Unidos, el entorno general de Puerto Rico, los retos globales de la educación superior, las macro tendencias generadas a la luz de los cambios que ha traído la emergente sociedad del conocimiento, así como las transformaciones que ha sufrido la incorporación masiva de las tecnologías de la información a la docencia, la investigación y el servicio en contextos comunitarios diversos.

A. Análisis del ambiente externo e interno

El avalúo del ambiente externo ha tomado en consideración los eventos de naturaleza económica, sociológica, tecnológica, legal y de políticas educativas externas. El avalúo del ambiente interno se condujo a la par con el avalúo externo. Este análisis fue dirigido a examinar las tendencias y cambios en los indicadores institucionales del Recinto de Ciencias Médicas, el comportamiento de la matrícula en diversos programas, así como los cambios en el perfil socio-demográfico de la región y del País.

En el contexto general de Estados Unidos para el año 2015, el crecimiento económico alcanzó 2.6%, impulsado por el consumo doméstico, bajas tasas de interés y una dinámica generación de empleo, a pesar del invierno severo y las huelgas a gran escala. La deuda pública es alta, de alrededor del 105% del Producto Interno Bruto (PIB), y se espera que continúe creciendo. La fortaleza del dólar y el débil crecimiento de las economías europeas y japonesa ha tenido un impacto negativo en las exportaciones, generando un creciente déficit comercial. La tasa de desempleo ha disminuido a 4.9 % estando por debajo del 5% por primera vez desde febrero de 2008. Para febrero de 2016 se registraron 242,000 nuevos empleos. El gasto del consumidor, que representa alrededor de dos terceras partes del producto interno bruto, ha aumentado un 0.5% en el primer mes de 2016. Los niveles de desigualdad económica y social han aumentado desde los años 1980, alcanzando actualmente su punto más elevado desde hace un siglo. Las elecciones presidenciales de noviembre de 2016 están llamando mucho la atención con relación a los cambios que puedan suponer en la Casa Blanca. Se espera que el país mantenga el mismo nivel de crecimiento en 2016, impulsado principalmente por el consumo, así como por la inversión en modernización corporativa. La reforma de salud de Obama ("ObamaCare") -Ley de Protección al Paciente y Cuidado Asequible (PPACA) o la Ley de Asistencia Asequible (ACA)- se convirtió en ley el 23 de marzo de 2010.

El 7 de enero de este año, el Congreso aprobó una ley que anula el ObamaCare, que aunque no tiene posibilidades de ser implementada al enfrentar un veto presidencial, abre la primera batalla entre el Congreso y la Casa Blanca.

Respecto al entorno general en Puerto Rico, el país lleva 10 años bajo una fuerte recesión económica. El escenario actual sigue presentando retos para la economía del país. De acuerdo a un estudio del Banco Mundial en el que se encuestaron 189 economías y sus ambientes para "hacer negocios", Puerto Rico alcanzó un "ranking" de 57 (Grupo Banco Mundial 2016). La población de la isla ha disminuido de 3.8 millones en el 2004 a 3.4 millones en el 2015, una reducción de 352,696 personas, o un 9%, durante ese periodo. Para el 2015 la deuda pública total de Puerto Rico era de $73 millones. Si la dividimos entre todos, cada uno pagaría un total de $21,334. Esto es más que nuestro ingreso per cápita, que es $16,776 [1]. Los índices de desigualdad en Puerto Rico que duplican los de EU, han alcanzado niveles que afectan adversamente el crecimiento económico y ponen en peligro la estabilidad social. Los ingresos se obtienen del estrato económico inferior de la sociedad son 33 veces menores que los del quintil superior. Tenemos corporaciones públicas débiles, burocratizadas, minadas políticamente y dependientes del gobierno central para cubrir déficits operacionales y organismos pobremente supervisados por sus juntas, carentes de transparencia y auditabilidad. El sistema de salud en Puerto Rico es crítico. Entre los efectos de la crisis en los mismos se encuentran: reducción de asignaciones federales, pérdida de doctores, pérdida de cobertura para pacientes, aumento en copagos, calidad de los servicios. Este panorama macro y sus variables tienen efecto en las tendencias en la educación superior en la Isla: matrícula, retención, ofrecimientos a tenor con proyecciones de empleo. Se discutieron y analizaron los retos globales que enfrenta la educación superior en el hemisferio occidental y en el escenario global; los mismos se resumen en el Apéndice 3.

En el proceso de análisis se identificaron aquellas situaciones y eventos que inciden sobre el Plan Estratégico 2016-2021 y que podrían representar retos importantes para el recinto de Ciencias Médicas, los cuales se resumen en el Apéndice 4. Los mismos surgen del pareo riguroso entre Fortalezas, Debilidades, Amenazas y Oportunidades que inciden sobre el desarrollo futuro de las instituciones de educación superior y post-secundarias no universitarias en el mundo y que siguen el modelo estratégico que se ilustra en la Figura 1. El Recinto de Ciencias Médicas se posiciona en el cuadrante FO, situación ideal, lo cual implica según se establece en el modelo de análisis estratégico que están orientados a maximizar el aprovechamiento de las oportunidades existentes, apoyándose en las fortalezas de forma que puedan mantener su misión.

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[1] Marxuach, S. M. (2014, agosto 10). El informe de la reserva federal. Centro para la Nueva Economía. Recuperado de http://grupocne.org/2014/08/10/el-informe-de-la-reserva-federal/#more-7393

Figura 1: Paradigma del Análisis Estratégico

PARADIGMA DEL ANÁLISIS ESTRATÉGICO

	Amenazas y Oportunidades Externas	
Fortalezas y Debilidades Internas	Proceso de Pareo	Decisiones Estratégicas (Prioridades)
	Cultura Organizacional (Valores)	

B. Visión y Misión

De forma consensuada revisitaron los enunciados de MISIÓN y de VISIÓN . La Misión, que guiará las decisiones organizacionales de naturaleza profesional, social, financiera, administrativa y ética, se expresa de la siguiente manera:

Misión

Centro académico de educación superior en las ciencias de la salud, experto en la educación a nivel profesional, subgraduada, graduada, post graduada y continua de los profesionales de la salud. Líder en servicios de prevención de enfermedades, promoción y protección de la salud y la investigación e innovación. Dirigida a mejorar el estado de salud en Puerto Rico, con impacto global, en alianza con la comunidad y el sector de la salud.

Luego de la revisión, el enunciado de Visión el cual se expresa de la siguiente manera:

Visión

Institución académica de vanguardia reconocida internacionalmente por la excelencia en la docencia, la investigación y el servicio en el campo de la salud.

Figura 2: Paradigma de una institución académica de vanguardia
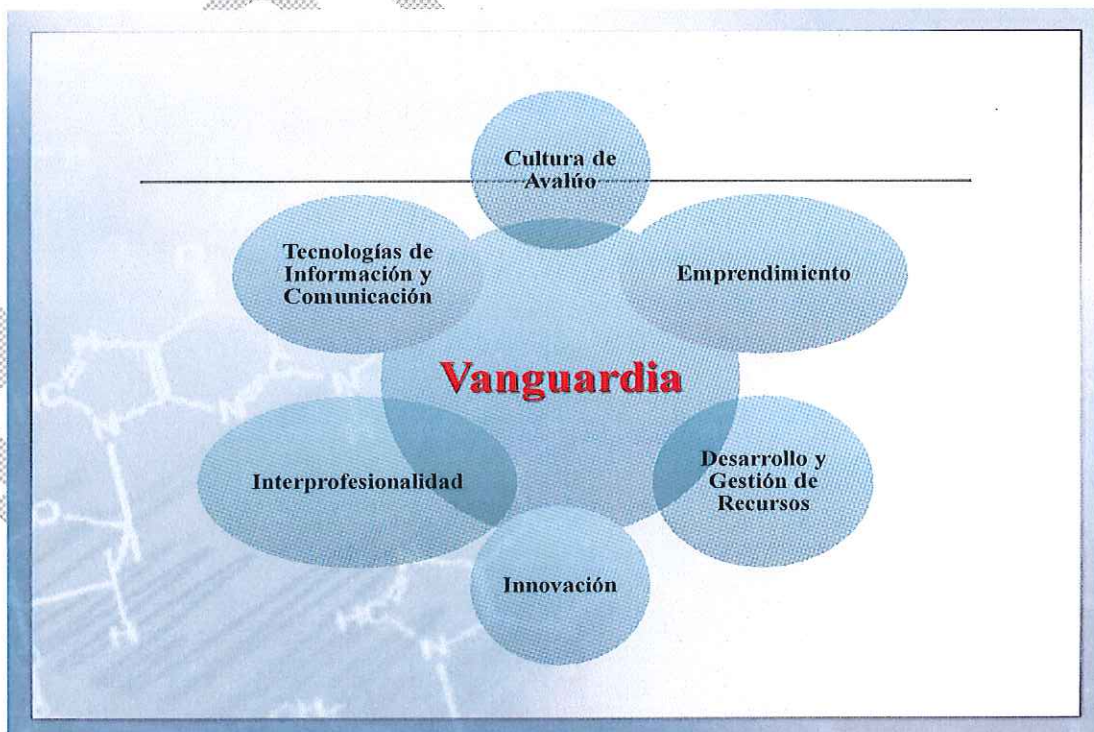
C. Valores que comprometen a la comunidad del Recinto de Ciencias Médicas

Figura 3: Valores de la UPR-RCM

Desarrollo integral de la salud
Sensibilidad y compromiso

Aprendizaje continuo y autogestivo
Liderazgo y responsabilidad social

Creatividad e innovación
Profesionalismo

Compromiso
Honestidad y Respeto

Respeto

Integridad

Excelencia
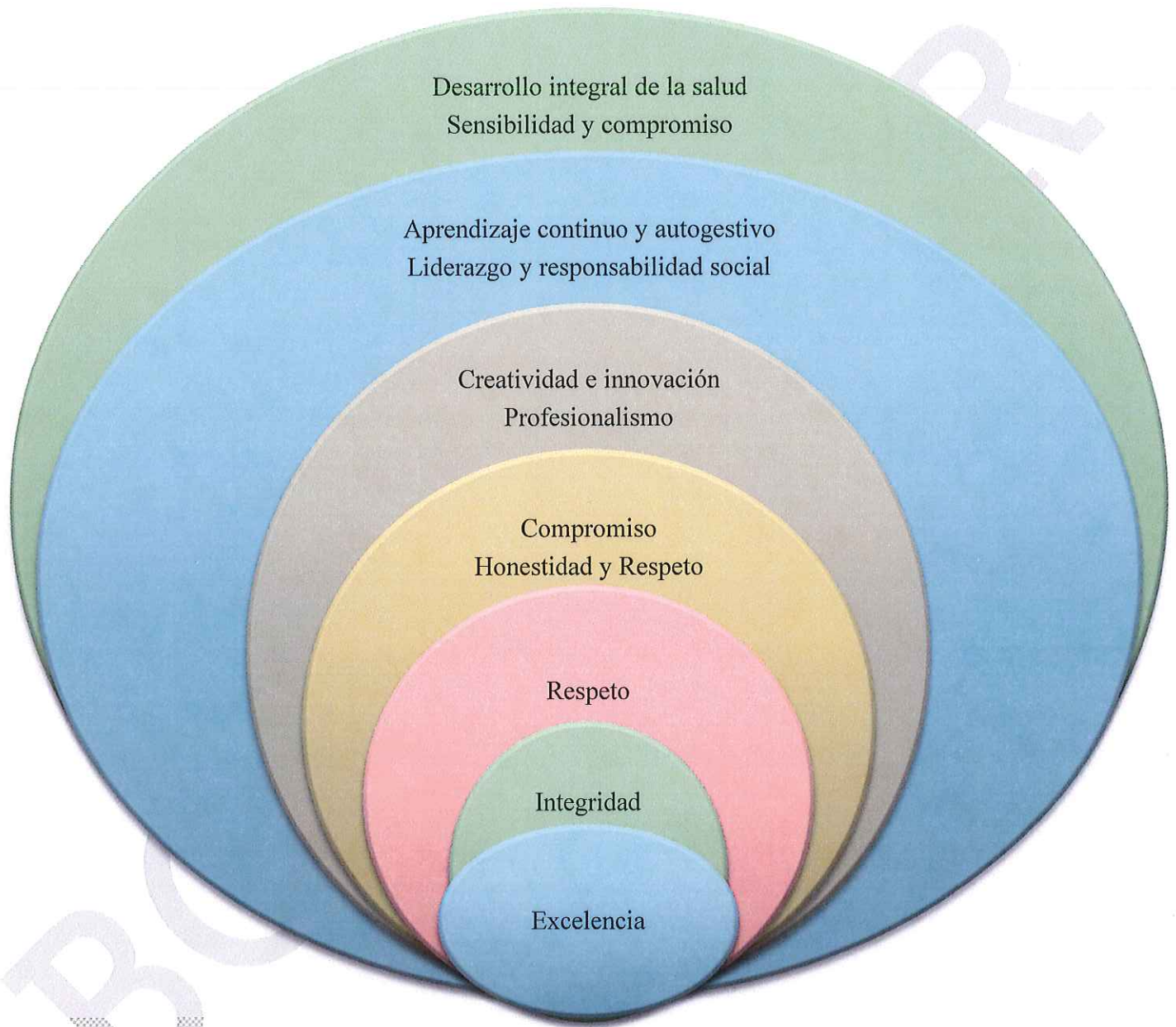
PLAN ESTRATÉGICO UPR, RECINTO DE CIENCIAS MÉDICAS

Posición esperada para el año 2021

1. Un modelo educativo que desarrolla competencias en sus egresados a través de programas académicos relevantes, flexibles, eficientes, centrados en el aprendizaje, acreditados por los organismos correspondientes y apoyados por la interacción y apertura al entorno nacional e internacional.

2. El Recinto ha incrementado el desarrollo de la oferta académica virtual y cuenta con participación estudiantil en la educación presencial y a distancia.

3. Con un modelo de formación integral e inclusivo que procura que los estudiantes sean críticos, emprendedores, competitivos y comprometidos con la sociedad y con su gestión en el campo de la salud. Su formación promoverá su movilidad nacional e internacional.

4. La facultad es competente en su campo de estudio y realiza un trabajo académico que es reconocido por sus contribuciones investigativas en el campo de la salud, su participación en redes de cooperación nacional e internacional y en la formulación de políticas públicas.

5. El Recinto realiza actividades de creación, generación y aplicación de conocimiento innovadoras para el desarrollo de los campos de estudio y la atención de las necesidades sociales de su entorno y del servicio en área de la salud.

6. Cuenta con un gobierno institucional y una administración universitaria cuya gestión es transparente, flexible, eficaz y con políticas claras para el avalúo institucional y del aprendizaje efectivo de los estudiantes.

7. Utiliza la planificación en forma permanente, sistemática e integral para proporcionar dirección y perspectiva a las actividades universitarias.

8. La universidad es reconocida por la comunidad externa por sus contribuciones innovadoras al campo de la salud con impacto global y al desarrollo educativo recurrente de los profesionales del sector de la salud del País.

9. El Recinto atiende proactivamente los retos de actualización en su infraestructura física y tecnológica, su plantilla laboral, el desarrollo de sus recursos humanos docentes y no docentes y transita exitosamente hacia un modelo de generación de recursos externos para su fortalecimiento y sustentabilidad fiscal.

LAS METAS ESTRATÉGICAS Y OBJETIVOS

Pilar 1: Calidad académica e innovación

Meta Estratégica	Objetivos Generales
1.1 Lograr la acreditación profesional en el 100% de los programas académicos que la requieran.	1.1. Obtener la acreditación professional de los programas académicos (aquí deben incluirse los que aún no tienen la _____ acreditación) con la distinción máxima. 1.2. Mantener las acreditaciones profesionales que han obtenido los programas académicos mediante el avalúo anual de estos y el cumplimiento con los estándares de las agencias acreditadoras.
1.2. Ampliar los ofrecimientos de la oferta académica en la modalidad de educación a distancia en las escuelas del RCM.	1.2.1. Determinar los programas académicos que pueden ser ofrecidos en línea y elaborar un calendario para el inicio de estos a partir del 2017. 1.2.2. Actualizar las políticas académicas relativas a la educación a distancia. 1.2.3. Viabilizar el ofrecimiento de programas / cursos totalmente en línea e híbridos para ser ofrecidos en y fuera de Puerto Rico.
1.3. Fortalecer las competencias tecnológicas e informáticas de la facultad de las escuelas y el uso intensivo de las TIC's para reorientar sus prácticas a un modelo de educación centrado en el aprendizaje de estudiantes post-tradicionales.	1.3.1. Evaluar el modelo de docencia y las prácticas didácticas de la facultad del RCM, para atemperarlas a los estilos de aprendizaje, y a las competencias tecnológicas e informárticas de los estudiantes post-tradicionales. 1.3.2. Capacitar a la facultad en el uso y manejo de plataformas virtuales y programados disponibles para el diseño y rediseño de cursos en línea y en la implantación de modalidades de enseñanza en ambientes virtuales de aprendizaje.

1.4. Ampliar la oferta académica en horarios no tradicionales y en formatos pertinentes e innovadores para atender las necesidades de la creciente población adulta.	1.4.1. Evaluar los calendarios y los formatos de programación de la oferta académica respecto a las necesidades educativas de la población adulta. 1.4.2. Disponer de opciones en línea para los programas de mayor demanda que están diseñados en formato presencial y que podría ofrecerse a la población adulta.
1.5. Desarrollar ofertas académicas en áreas emergentes del conocimiento que posicionen al RCM como institución de avanzada en la docencia, la investigación y la salud global.	1.5.1. Identificar y establecer nuevos nichos para el desarrollo de programas académicos de vanguardia en el RCM. 1.5.2. Adecuar la oferta formativa en el campo de la salud al mercado de trabajo nacional e internacional con nuevos productos educativos (certificaciones). 1.5.3. Incorporar el emprendimiento y la autogestión al currículo y a las iniciativas de investigación e innovación.

Pilar 2: Investigación y gestión de la innovación

Meta Estratégica	Objetivos Generales
2.1. Potenciar la investigación competitiva mediante el apoyo ágil a la gestión integral de la investigación e innovación en salud que llevan a cabo docentes y estudiantes.	2.1.1. Identificar y promover líneas de investigación con potencialidades para llevar a cabo desarrollo e innovación y fomentar entre los grupos de investigación la participación en esas líneas. 2.1.2. Incrementar la participación de los estudiantes de pregrado y posgrado en proyectos de investigación que se desarrollan en las facultades. 2.1.3. Fortalecer los procesos de investigación conjuntos con otras dependencias académicas con la perspectiva de generar desarrollo e innovación. 2.1.4. Incrementar el número de proyectos de investigación y contratos con empresas e instituciones. 2.1.5. Establecer parámetros de competitividad y posicionamiento en la transferencia del conocimiento y la innovación en todas las escuelas del RCM.
2.2. Incrementar la cantidad de los proyectos innovadores subvencionados con recursos y fondos externos en el RCM.	2.2.1. Mejorar la información y asistencia al personal investigador en la tarea de tramitación y gestión de los proyectos subvencionados con fondos externos. 2.2.2. Incrementar el número de investigadores que generan recursos para la investigación mediante financiamiento externo. 2.2.3. Fomentar la participación de los investigadores en redes de investigación para macro-proyectos nacionales e internacionales.
2.3. Integrar en forma coherente las políticas, los sistemas y servicios de apoyo en investigación y de acceso a los recursos en el RCM, con el propósito de lograr mayor integralidad y eficacia en el logro de resultados.	2.3.1. Revisar y adoptar políticas de investigación que fomenten la generación de conocimiento científico de punta con pertinencia social y científica, entre las facultades del RCM.

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2.3.2.	Promover y fortalecer la capacitación de los investigadores en la formulación de proyectos de investigación de carácter nacional e internacional.
2.3.3.	Aumentar en un ___ % los contratos con empresas y gobierno central.

Pilar 3: Servicios de apoyo a los estudiantes

Meta Estratégica	Objetivos Generales
3.1. Establecer un modelo de assessment institucional dirigido a mejorar la eficiencia del Sistema y sus recursos que permita hacer un seguimiento sistémico y permanente a las brechas que existen entre las tasas de admisión, retención y graduación de los estudiantes en los programas de los diversos recintos del RCM.	3.1.1. Evaluar anualmente los resultados del Plan de Avalúo del Aprendizaje con el propósito de calibrar los factores asociados a las tasas de retención y graduación en los diversos programas del RCM.
	3.1.2. Consolidar una cultura de avalúo, evaluación y rendición de cuentas.
	3.1.3. Divulgar el avalúo de los resultados de los Planes de Avalúo Institucional, analizar las brechas entre los diversos indicadores y encausar acciones estratégicas.
3.2. Fortalecer la calidad y cantidad de los servicios de apoyo a los estudiantes activos de diversos perfiles y necesidades en los programas de las escuelas del RCM, con el propósito de mejorar su satisfacción y retención.	3.2.1. Impulsar la orientación académica y la consejería profesional para dar respuesta a las necesidades específicas de colectivos de estudiantes con necesidades especiales.
	3.2.2. Incrementar la satisfacción de los estudiantes medida a través de un instrumento válido y confiable.
	3.2.3. Crear un modelo de servicio a los estudiantes de perfiles diversos dirigido a incrementar la retención estudiantil y las tasas de graduación.
	3.2.4. Evaluar los servicios que se ofrecen a la comunidad estudiantil del RCM con el propósito de atemperar a sus necesidades, las modalidades de estudio, la pertinencia y el acceso a los programas y servicios, incluidos los horarios y formatos en que se ofrecen los mismos.

Pilar 4: Internacionalización, interculturalidad y calidad académica

Meta Estratégica	Objetivos Generales
4.1. Dotar al RCM con las estructuras internas y los procesos de apoyo pertinentes para los programas e iniciativas internacionales con que cuenta el RCM.	4.1.1. Evaluar el alcance de las iniciativas que se han implantado en el RCM dirigidas a promover los procesos de internacionalización entre miembros de la comunidad universitaria. 4.1.2. Promover la firma de convenios de movilidad y proveer información al estudiantado sobre la Universidad de destino y las condiciones de estancia. 4.1.3. Calibrar las experiencias de intercambio e internacionalización de los docentes y estudiantes en torno al número de participantes impactados, la productividad de los acuerdos colaborativos, las publicaciones, reconocimientos, la internacionalizacion del curriculo y las doble-titulaciones.

Pilar 5: Infraestructura física y tecnológica

Meta Estratégica	Objetivos Generales
5.1. Adecuar la infraestructura física del RCM y sus escuelas para potenciar su inserción a la educación a distancia.	5.1.1 Elaborar un Plan Maestro para adecuar y fortalecer la infraestructura física del RCM de manera que apoye los desarrollos tecnológicos emergentes en la docencia y la investigación.
	5.1.2 Adaptar la infraestructura física a las necesidades de desarrollo tecnológico del RCM para la docencia, la investigación y las actividades de tercera misión.
	5.1.3 Potenciar el Campus Virtual mediante la implantación de plataformas de tele-información "Open Sources" tales como Web Ct y Moodle que favorezcan la intervención y conexión entre docentes e investigadores.

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Pilar 6: Fortalecimiento y Sustentabilidad Fiscal

Meta Estratégica	Objetivos Generales
6.1. Establecer un modelo de gestión financiera que diversifique las fuentes de ingreso e incremente la financiación privada y la autogestión.	6.1.1 Promover acciones de emprendimiento activo dirigidas a potenciar el capital intelectual con que cuenta el RCM (Capital Humano, Patentes, Capital tecnológico de los grupos de investigación, entre otros). 6.1.2 Revisar las políticas de práctica intramural e incentivos de investigación y la implantación de políticas institucionales para asegurar y acelerar la comercialización de patentes e invenciones. 6.1.3 Definir una estructura organizativa clara que impulse las relaciones universidad-empresa y potencie el desarrollo de investigaciones que redunden en la comercialización de patentes. 6.1.4 Fortalecer la gestión administrativa/financiera mediante la utilización de los sistemas de aplicación tecnológica e informática dirigidos a la toma de decisiones administrativas y financieras al cumplimiento y la rendición de cuentas. 6.1.5 Fomentar el emprendimiento interprofesional y la incubación de proyectos y "spin-offs" dirigidos a la comercialización de proyectos innovadores. 6.1.6 Revisar el modelo de facturación de servicios que ofrece la institución con el propósito de optimizar los recaudos.

Pilar 7: Eficacia en la gestión administrativa

Meta Estratégica	Objetivos Generales
7.1. Crear una cultura de evaluación, transparencia y compromiso con los usuarios de los servicios (internos y externos).	7.1.1 Establecer indicadores de calidad para la prestación de servicios ágiles y eficientes e integrarlos al Plan de Avalúo Institucional. 7.1.2 Potenciar el desarrollo de competencias transversales en el personal directivo tales como liderazgo, trabajo en equipo, gestión de cambio, creatividad, gestión de proyectos, calidad de servicios en los recursos humanos del RCM para lograr una organización más eficiente como vía para mejorar la gestión. 7.1.3 Promover una cultura de corresponsabilidad en el gasto (gasto responsable) y en la generación de ingresos.

ARTICULACIÓN DEL PLAN ESTRATÉGICO DEL RCM 2016-2021 Y DEL BORRADOR DEL PLAN ESTRATÉGICO DE LA UNIVERSIDAD DE PUERTO RICO

Áreas Temáticas del Plan Estratégico RCM 2016-2021	Áreas Estratégicas del Borrador del Plan Estratégico de la UPR
Pilares Estratégicos	**Asuntos Estratégicos**
Pilar 1: Calidad Académica e Innovación	**Asunto Estratégico 1: Innovación Académica**
Metas Estratégicas: 1.1. Lograr la acreditación profesional en el 100% de los programas académicos que la requieran. 1.2. Ampliar los ofrecimientos de la oferta académica en la modalidad de educación a distancia en las escuelas del RCM para incrementar la oferta en línea. 1.3. Fortalecer las competencias tecnológicas e informáticas de la facultad y el uso intensivo de las TIC's para reorientar sus prácticas a un modelo de educación centrado en el aprendizaje de estudiantes post-tradicionales. 1.4. Ampliar la oferta académica en horarios no tradicionales y en formatos pertinentes e innovadores para atender las necesidades de la creciente población adulta. 1.5. Desarrollar ofertas académicas en áreas emergentes del conocimiento que posicionen al RCM como institución de avanzada en la docencia, la investigación y la salud global.	Meta 1: Optimizar la oferta académica para atemperarla a los desarrollos de las disciplinas y las demandas socioeconómicas, culturales y laborales del país. Objetivos: 1.1 Modificar la oferta académica a la luz de la demanda, tasas de retención y graduación, resultados de evaluación o acreditación y pertinencia social. 1.2 Establecer un plan de desarrollo de la oferta académica del Sistema a tenor con la realidad fiscal de la institución. 1.3 Ampliar los ofrecimientos de educación continua y estudios profesionales, en especial las certificaciones profesionales. 1.4 Salvaguardar el peritaje del personal docente de forma que se propicie la continuidad y calidad de los programas académicos. 1.5 Establecer una articulación académica efectiva entre las unidades del Sistema que promueva la sinergia entre estas. Asunto Estratégico 2: Educación a Distancia Meta 2: Establecer programas académicos de educación a distancia para satisfacer necesidades educativas. Objetivos:

Áreas Temáticas del Plan Estratégico RCM 2016-2021	Áreas Estratégicas del Borrador del Plan Estratégico de la UPR
Pilares Estratégicos	Asuntos Estratégicos
	2.1 Revisar y actualizar las políticas de educación a distancia y otras políticas académicas pertinenentes para ofrecimientos dentro y fuera de Puerto Rico. 2.2 Desarrollar la infraestructura académica y tecnológica necesaria, incluyendo un Sistema de gestión del aprendizaje en línea. 2.3 Capacitar a la facultad en el área tecnológica y académica de educación a distancia. 2.4 Elaborar, aprobar propuestas e implantar programas académicos en línea identificados como idóneos para dicha modalidad.
Pilar 2: Investigación y gestión de la innovación Metas Estratégicas: 2.1. Potenciar la investigación competitiva mediante el apoyo ágil a la gestión integral de investigación e innovación que llevan a cabo docentes y estudiantes. 2.2. Incrementar la cantidad de los proyectos innovadores subvencionados con recursos y fondos externos en el RCM. 2.3. Integrar en forma coherente las políticas, los sistemas y servicios de apoyo en investigación y de acceso a los recursos en el RCM, con el propósito de lograr mayor integralidad y eficacia en el logro de resultados.	Asunto Estratégico 3: Investigación Competitiva y Transferencia de Tecnología Meta 3: Enriquecer la gestión de investigación y la transferencia de tecnología de manera que se fortalezca su competitividad y proyección a nivel mundial. Objetivos: 3.1 Incrementar el número de investigadores que generen sus propios salarios mediante fondos externos. 3.2 Aumentar la cantidad de patentes radicadas y de publicaciones en revistas arbitradas y de prestigio internacional 3.3 Fomentar la labor creativa en áreas susceptibles a captación de fondos. 3.4 Establecer estrategias y procedimientos ágiles que aseguren la implantación efectiva de las políticas de la UPR sobre patentes, invensiones y su comercialización. 3.5 Fomentar espacios de incubación de compañías incipientes creadas para comercializar tecnología. Asunto Estratégico 4: Aplicación de la Tecnología Meta 4: Maximizar la aplicación de la tecnología y los sistemas de información en las áreas académicas, administrativas y de investigación institucional para el apoyo a la gestión de la Universidad.

Áreas Temáticas del Plan Estratégico RCM 2016-2021	Áreas Estratégicas del Borrador del Plan Estratégico de la UPR
Pilares Estratégicos	**Asuntos Estratégicos**
	Objetivos: 4.1 Instituir sistemas eficientes de información en áreas administrativas, financieras, de recursos humanos, servicios académicos y estudiantiles. 4.2 Estandarizar los procesos de investigación institucional para facilitar el acopio, manejo y divulgación de datos para la toma de decisiones. 4.3. Asegurar la amplia divulgación y acceso a las políticas, normas, procedimientos y datos institucionales.
Pilar 3: Servicio de apoyo a los estudiantes Metas Estratégicas: 3.1. Establecer un modelo de assessment institucional dirigido a mejorar la eficiencia del Sistema y sus recursos que permita hacer un seguimiento sistémico y permanente a las brechas que existen entre las tasas de admisión, retención y graduación de los estudiantes en los programas de los diversos recintos del RCM. 3.2. Fortalecer la calidad y cantidad de los servicios de apoyo a los estudiantes activos de diversos perfiles y necesidades en los programas de las escuelas del RCM, con el propósito de mejorar su satisfacción y retención.	Asunto Estratégico 5: Éxito estudiantil Meta 5: Asegurar el acceso a la Universidad de los mejores talentos de nuestra población estudiantil, manteniendo altos niveles de calidad de los egresados. Objetivos: 5.1 Aumentar la efectividad de los programas de reclutamiento de estudiantes para atraer los mejores talentos a la Universidad. 5.2 Revisar los criterios de admisión de estudiantes de escuela superior a partir de su valor predictivo. 5.3 Aumentar las tazas de retención y graduación utilizando estrategias apoyadas por la investigación basada en evidencias. 5.4 Incrementar el apoyo a los graduandos en la colocación en empleos y gestión empresarial.
Pilar 4: Internacionalización, interculturalidad y calidad académica Metas Estratégicas: 4.1. Dotar al RCM con las estructuras internas y los procesos de apoyo pertinentes para los programas e iniciativas internacionales con que cuenta el RCM.	Asunto Estratégico 7: Internacionalización Meta 7: Fortalecer la infraestructura y los procesos de apoyo para los programas e iniciativas internacionales. Objetivos: 7.1 Proveer la infraestructura y recursos necesarios para recibir estudiantes extranjeros. 7.2 Fortalecer el vínculo entre la UPR y otras universidades y organizaciones internacionales.

Áreas Temáticas del Plan Estratégico RCM 2016-2021	Áreas Estratégicas del Borrador del Plan Estratégico de la UPR
Pilares Estratégicos	**Asuntos Estratégicos**
	7.4 Promover el intercambio de docentes y estudiantes para actividades académicas, de investigación y de creación.
Pilar 5: Infraestructura física y tecnológica.	Asunto Estratégico 2: Educación a Distancia
Metas Estratégicas: 5.1. Adecuar la infraestructura física del RCM y sus escuelas para potenciar su inserción a la educación a distancia.	Meta 2: Establecer programas académicos de educación a distancia para satisfacer necesidades educativas. Objetivos: 2.2 Desarrollar la infraestructura académica y tecnológica necesaria, incluyendo un Sistema de gestión del aprendizaje en línea.
	Asunto Estratégico 4: Aplicación de la Tecnología
	Meta 4: Maximizar la aplicación de la tecnología y los sistemas de información en las áreas académicas, administrativas y de investigación institucional para el apoyo a la gestión de la Universidad. Objetivos: 4.1 Instituir sistemas eficientes de información en áreas administrativas, financieras, de recursos humanos, servicios académicos y estudiantiles. 4.2 Estandarizar los procesos de investigación institucional para facilitar el acopio, manejo y divulgación de datos para la toma de decisiones. 4.3. Asegurar la amplia divulgación y acceso a las políticas, normas, procedimientos y datos institucionales.
Pilar 6: Fortalecimiento y Sustentabilidad Fiscal	Asunto Estratégico 8: Optimización de recursos
Metas Estratégicas: 6.1. Establecer un modelo de gestión financiera que diversifique las fuentes de ingreso e incremente la financiación privada y la autogestión.	Meta 8: Fortalecer la capacidad financierA de la institución Objetivos: 8.1 Ajustar la operación de la Universidad a los cambios presupuestarios y de financiación producto de la crisis fiscal del país mediante las mejores prácticas académicas y administrativas y reingeniería de procesos.

Áreas Temáticas del Plan Estratégico RCM 2016-2021	Áreas Estratégicas del Borrador del Plan Estratégico de la UPR
Pilares Estratégicos	**Asuntos Estratégicos**
	8.2 Aumentar la obtención de fondos externos a traves de propuestas federales o estatales, de comercialización de patentes y otra propiedad intelectual, y la venta de servicios. 8.3 Crear nuevas empresas universitarias, corporaciones subsidiarias, y cooperativas que aseguren fondos adicionales a la Universidad. 8.4 Desarrollar un nuevo plan de clasificación del personal no docente a tono con las necesidades laborales de la institución y los cambios en las profesiones y oficios a fin de fortalecer la calidad y eficiencia de la gestión institucional. 8.5 Captar recursos que amplíen las bases de financiación a la vez que fortalezcan la vinculación de la Universidad con los exalumnos, donantes y otros sectores. 8.6 Estandarizar y centralizar la insfraestructura y los servicios comunes de las unidades.
Pilar 7: Eficacia en la gestión administrativa institucional Metas Estratégicas: 7.1. Crear una cultura de evaluación, transparencia y compromiso con los usuarios de los servicios (internos y externos).	Asunto Estratégico 8: Optimización de recursos Meta 8: Fortalecer la capacidad financiera de la institución Objetivos: 8.1 Ajustar la operación de la Universidad a los cambios presupuestarios y de financiación producto de la crisis fiscal del país mediante las mejores prácticas académicas y administrativas y reingeniería de procesos. 8.4 Desarrollar un nuevo plan de clasificación del personal no docente a tono con las necesidades laborales de la institución y los cambios en las profesiones y oficios a fin de fortalecer la calidad y eficiencia de la gestión institucional. 8.6 Estandarizar y centralizar la insfraestructura y los servicios comunes de las unidades.

PLAN DE ACCIÓN PARA CADA META ESTRATÉGICA

Prioridades Estratégicas PILAR 1: Calidad Académica e innovación

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
1.1. Lograr la acreditación profesional en el 100% de los programas académicos que la requieran.	1.1. Obtener la acreditación professional de los programas académicos _____ (aquí deben incluirse los que aún no tienen la acreditación) con la distinción máxima. 1.2. Mantener las acreditaciones profesionales que han obtenido los programas académicos mediante el avalúo anual de estos y el cumplimiento con los estándares de las agencias acreditadoras.				
1.2. Ampliar la oferta académica en la modalidad de educación a distancia en las escuelas del RCM.	1.2.1. Determinar los programas académicos que pueden ser ofrecidos en línea y elaborar un calendario para el inicio de estos a partir del 2017. 1.2.2. Actualizar las políticas académicas relativas a la educación a distancia. 1.2.3. Viabilizar el ofrecimiento de programas /cursos totalmente en línea e híbridos para ser ofrecidos en y fuera de Puerto Rico.				
1.3. Fortalecer las competencias tecnológicas e informáticas de la facultad y el uso intensivo de las	1.3.1. Evaluar el modelo de docencia y las prácticas didácticas de la facultad del				

Metas Estratégicas	Objetivos	Curso de Acción Estratégica (Actividades)	Dueños	Fechas	Indicador de Logros
TIC's para reorientar sus prácticas a un modelo de educación centrado en el aprendizaje de estudiantes post-tradicionales.	RCM, para atemperarlas a los estilos de aprendizaje, y a las competencias tecnológicas e informáticas de los estudiantes post-tradicionales. 1.3.2. Capacitar a la facultad en el uso y manejo de plataformas virtuales y programados disponibles para el diseño y rediseño de cursos en línea y en la implantación de modalidades de enseñanza en ambientes virtuales de aprendizaje.				
1.4. Ampliar la oferta académica en horarios no tradicionales y en formatos pertinentes e innovadores para atender las necesidades de la creciente población adulta.	1.4.1. Evaluar los calendarios y los formatos de programación de la oferta académica respecto a las necesidades educativas de la población adulta. 1.4.2. Disponer de opciones en línea para los programas de mayor demanda que están diseñados en formato presencial y que podría ofrecerse a la población adulta.				
1.5. Desarrollar ofertas académicas en áreas emergentes del conocimiento que posicionen al RCM como institución de avanzada en la docencia, la investigación y la salud global.	1.5.1. Identificar y establecer nuevos nichos para el desarrollo de programas académicos de vanguardia en el RCM. 1.5.2. Adecuar la oferta formativa en el campo de la salud al mercado de trabajo nacional e internacional con nuevos productos educativos (certificaciones).				

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
	1.5.3.Incorporar el emprendimiento y la autogestión al currículo y a las iniciativas de investigación e innovación.				

Prioridades Estratégicas PILAR 2: Investigación y gestión de la innovación

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
2.1. Potenciar la investigación competitiva mediante el apoyo ágil a la gestión integral de investigación e innovación en salud que llevan a cabo docentes y estudiantes.	2.1.1. Identificar y promover líneas de investigación con potencialidades para llevar a cabo desarrollo e innovación y fomentar entre los grupos de investigación la participación en esas líneas. 2.1.2. Incrementar la participación de los estudiantes de pregrado y posgrado en proyectos de investigación que se desarrollan en las facultades. 2.1.3. Fortalecer los procesos de investigación conjuntos con otras dependencias académicas con la perspectiva de generar desarrollo e innovación. 2.1.4. Incrementar el número de proyectos de investigación y contratos con empresas e instituciones. 2.1.5. Establecer parámetros de competitividad y posicionamiento en la transferencia del conocimiento y la innovación en todas las escuelas del RCM.				
2.2. Incrementar la cantidad de los proyectos innovadores subvencionados con recursos y fondos externos en el RCM.	2.2.1. Mejorar la información y asistencia al personal investigador en la tarea de				

Metas Estratégicas	Objetivos	Curso de Acción Estratégica (Actividades)	Dueños	Fechas	Indicador de Logros
	tramitación y gestión de los proyectos subvencionados con fondos externos. 2.2.2. Incrementar el número de investigadores que generan recursos para la investigación mediante financiamiento externo. 2.2.3. Fomentar la participación de los investigadores en redes de investigación para macro-proyectos nacionales e internacionales.				
2.3. Integrar en forma coherente las políticas, los sistemas y servicios de apoyo en investigación y de acceso a los recursos en el RCM, con el propósito de lograr mayor integralidad y eficacia en el logro de resultados.	2.3.1. Revisar y adoptar políticas de investigación que fomenten la generación de conocimiento científico de punta con pertinencia social y científica, entre las facultades del RCM. 2.3.2. Promover y fortalecer la capacitación de los investigadores en la formulación de proyectos de investigación de carácter nacional e internacional. 2.3.3. Aumentar en un ____ % los contratos con empresas y gobierno central.				

Prioridades Estratégicas PILAR 3:   Servicios de apoyo a los estudiantes

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
3.1. Establecer un modelo de assessment institucional dirigido a mejorar la eficiencia del Sistema y sus recursos que permita hacer un seguimiento sistémico y permanente a las brechas que existen entre las tasas de admisión, retención y graduación de los estudiantes en los programas de los diversos recintos del RCM.	3.1.1. Evaluar anualmente los resultados del Plan de Avalúo del Aprendizaje con el propósito de calibrar los factores asociados a las tasas de retención y graduación en los diversos programas del RCM. 3.1.2. Consolidar una cultura de avalúo, evaluación y rendición de cuentas. 3.1.3. Divulgar el avalúo de los resultados de los Planes de Avalúo Institucional, analizar las brechas entre los diversos indicadores y encausar acciones estratégicas.				
3.2. Fortalecer la calidad y cantidad de los servicios de apoyo a los estudiantes activos de diversos perfiles y necesidades en los programas de las escuelas del RCM, con el propósito de mejorar su satisfacción y retención.	3.2.1. Impulsar la orientación académica y la consejería profesional para dar respuesta a las necesidades específicas de colectivos de estudiantes con necesidades especiales. 3.2.2. Incrementar la satisfacción de los estudiantes medida a través de un instrumento válido y confiable. 3.2.3. Crear un modelo de servicio a los estudiantes de perfiles diversos dirigido a incrementar la retención estudiantil y las tasas de graduación. 3.2.4. Evaluar los servicios que se ofrecen a la comunidad estudiantil del RCM con el propósito de atemperar a sus				

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
	necesidades, las modalidades de estudio, la pertinencia y el acceso a los programas y servicios, incluidos los horarios y formatos en que se ofrecen los mismos.				
Prioridades Estratégicas PILAR 4:	**Internacionalización, interculturalidad y calidad académica**				
4.1. Dotar al RCM con las estructuras internas y los procesos de apoyo para los programas e iniciativas internacionales con que cuenta el RCM.		4.1.1. Evaluar el alcance de las iniciativas que se han implantado en el RCM dirigidas a promover los procesos de internacionalización entre miembros de la comunidad universitaria. 4.1.2. Promover la firma de convenios de movilidad y proveer información al estudiantado sobre la Universidad de destino y las condiciones de estancia. 4.1.3. Calibrar las experiencias de intercambio e internacionalización de los docentes y estudiantes en torno al número de participantes impactados, la productividad de los acuerdos colaborativos, las publicaciones, reconocimientos, la internacionalización del currículo y las doble-titulaciones.			

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
Prioridades Estratégicas PILAR 5: Infraestructura física y tecnológica					
5.1. Adecuar la infraestructura física del RCM y sus escuelas para potenciar su inserción a la educación a distancia.	5.1.1 Elaborar un Plan Maestro para adecuar y fortalecer la infraestructura física del RCM de manera que apoye los desarrollos tecnológicos emergentes en la docencia y la investigación. 5.1.2 Adaptar la infraestructura física a las necesidades de desarrollo tecnológico del RCM para la docencia, la investigación y las actividades de tercera misión. 5.1.3 Potenciar el Campus Virtual mediante la implantación de plataformas de tele-información "Open Sources" tales como Web Cty Moodle que favorezcan la intervención y conexión entre docentes e investigadores.				
Prioridades Estratégicas PILAR 6: Fortalecimiento y Sustentabilidad Fiscal					
6.1. Establecer un modelo de gestión financiera que diversifique las fuentes de ingreso e incremente la financiación privada y la autogestión.	6.1.1 Promover acciones de emprendimiento activo dirigidas a potenciar el capital intelectual con que cuenta el RCM (Capital Humano, Patentes, Capital tecnológico de los grupos de investigación, entre otros).				

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
	6.1.2 Revisar las políticas de práctica intramural e incentivos de investigación y la implantación de políticas institucionales para asegurar y acelerar la comercialización de patentes e invenciones.				
	6.1.3 Definir una estructura organizativa clara que impulse las relaciones universidad-empresa y potencie el desarrollo de investigaciones que redunden en la comercialización de patentes.				
	6.1.4 Fortalecer la gestión administrativa/financiera mediante la utilización de los sistemas de aplicación tecnológica e informática dirigidos a la toma de decisiones administrativas y financieras al cumplimiento y la rendición de cuentas.				
	6.1.5 Fomentar el emprendimiento interprofesional y la incubación de proyectos y "spin-offs" dirigidos a la comercialización de proyectos innovadores.				
	6.1.6 Revisar el modelo de facturación de servicios que ofrece la institución con el propósito de optimizar los recaudos.				

Prioridades Estratégicas PILAR 7: Eficacia en la gestión administrativa

METAS ESTRATÉGICAS	OBJETIVOS	CURSO DE ACCIÓN ESTRATÉGICA (ACTIVIDADES)	DUEÑOS	FECHAS	INDICADOR DE LOGROS
7.1. Crear una cultura de evaluación, transparencia y compromiso con los usuarios de los servicios (internos y externos).	7.1.1 Establecer indicadores de calidad para la prestación de servicios ágiles y eficientes e integrarlos al Plan de Avalúo Institucional. 7.1.2 Potenciar el desarrollo de competencias transversales en el personal directivo tales como liderazgo, trabajo en equipo, gestión de cambio, creatividad, gestión de proyectos, calidad de servicios en los recursos humanos del RCM para lograr una organización más eficiente como vía para mejorar la gestión. 7.1.3 Promover una cultura de corresponsabilidad en el gasto (gasto responsable) y en la generación de ingresos.				

APÉNDICES

Para entender el lenguaje que se emplea en el documento y familiarizar a los participantes del proceso con la terminología específica, se ha desarrollado una lista de términos exclusivamente para estos propósitos.

1. **Análisis del entorno-** Supone la identificación de aquellos factores y condiciones que, desde fuera, influyen sobre la institución y establecen sobre ella consecuencias importantes; desde la perspectiva del análisis FODA, se refiere al análisis de las amenazas y oportunidades que se presentan en el contexto en que se desenvuelve la institución. Actividades o eventos que ocurren fuera de la organización y que impactan positiva o negativamente la viabilidad y el crecimiento de la Institución. Estos factores envuelven cambios tecnológicos, sociológicos, económicos y políticos y cambios en la industria respectiva.

2. **Análisis interno-** Permite a la organización descubrir aquellas características propias que constituyan atributos esenciales y prioritarios, los cuales le permiten enfrentarse al entorno de la manera más provechosa para sí misma y para la sociedad. Entre estos atributos se destacan los valores propios de la empresa, su función social, sus experiencias, recursos y potencialidades, su competitividad, su capacidad de operación, sus carencias y problemas más importantes, y su funcionamiento. Actividades o eventos que ocurren al interior de la organización que tienen efecto directo en su viabilidad y crecimiento. Estos factores envuelven la misión de la Institución, las metas, la calidad del servicio que se ofrece, la eficacia de las funciones de apoyo, la realidad presupuestaria y la utilización de los recursos.

3. **Avalúo de Resultados -** Proceso por medio del cual se recopila y analiza la evidencia de la congruencia entre la misión, metas y objetivos institucionales establecidos y los resultados de sus programas y actividades, con el propósito de mejorar la enseñanza y el aprendizaje.

4. **Emprendimiento-** El emprendimiento en su acepción general, es la actitud y aptitud que le permite a una persona enfrentar nuevos retos, asumir riesgos, abrir nuevos caminos, buscar alternativas, ser creativo, ir más allá. En el campo de los negocios, le permite identificar oportunidades e iniciar nuevos proyectos con posibilidades de innovar, o sea, con la capacidad de generar bienes y servicios de una forma creativa, metódica, ética, responsable, con valor agregado y de manera efectiva.

5. **Estrategias-** Son un medio para alcanzar los objetivos (el cómo), directrices que ayudan a elegir las acciones adecuadas para alcanzar las metas de la organización. Es la disposición y aplicación de los recursos y habilidades de la organización en función de objetivos y metas de la manera más eficiente.

6. **Evaluación-** Etimológicamente la palabra evaluar está relacionada con el vocablo latino "valere", que significa valorar, dar valor, asignar valor. Está precedida del prefijo "e", apócope de la preposición latina "es" que significa valoración de adentro hacia fuera; según el diccionario de la Real Academia de la Lengua Española, evaluar es señalar el valor de una cosa.

7. **Formación integral-** Desarrollar el hombre en todas sus potencialidades y valores y en todas sus dimensiones: formativa (educar para la vida), socio-interactiva (líderes que transformen la comunidad), cognitiva (desarrollo de capacidades de análisis, reflexión con espíritu científico mediante la investigación), académico-profesional (adquisición y generación de conocimientos científicos para preservar y restablecer las condiciones de salud).

8. **Flexibilidad curricular**- Enfoque personalizado de la educación respetando las diferencias de los estudiantes; conservación del componente central, pero con posibilidades de formarse en un campo específico de interés; involucrar nuevos programas, enfoques o estrategias metodológicas que respondan a los retos cambiantes de la formación y del ejercicio de la profesión médica.

9. **Gestión estratégica**- Metodología que integra pronósticos, propósitos y objetivos de mediano y largo plazo con la gestión diaria. Es ampliamente utilizada en el ámbito empresarial.

10. **Gestión tecnológica**- Es un sistema de conocimientos y prácticas relacionadas con los procesos de creación, desarrollo, transferencia y uso de la tecnología.

11. **Globalización**- Proceso económico, tecnológico, social y cultural a gran escala, que consiste en la creciente comunicación e interdependencia entre los distintos países del mundo unificando sus mercados, sociedades y culturas, a través de una serie de transformaciones sociales, económicas y políticas que les dan un carácter global.

12. **Indicadores**- Variables cuantitativas cuya finalidad es entregar información acerca del grado de cumplimiento de una meta de gestión.

13. **Innovación**- Es la transformación de una idea en un producto mercadeable nuevo o mejorado o en un proceso operativo en la industria y en el comercio o en nuevo método de servicio social. Implica la introducción exitosa en el mercado, en los procesos de producción o en las propias organizaciones, de nuevos productos, tecnologías o servicios intensivos en conocimiento, así como la subsiguiente difusión en la sociedad.

14. **Metas**- Expresión concreta de los logros que se quiere alcanzar en cada una de las áreas o ámbitos de acción que se desprenden de los objetivos estratégicos.

15. **Misión**- La misión es una descripción breve de la razón de ser de la organización; recuerda la razón de ser de la institución; identifica mercado objetivo actual y futuro; define el campo de acción de la institución; explícita la respuesta institucional a las necesidades que dieron origen a la organización; identifica las ventajas comparativas sustentables en el largo plazo.

16. **Metas estratégicas**- Son los resultados específicos que pretende alcanzar una organización por medio del cumplimiento de su misión básica.

17. **Pertinencia**- Responder a las necesidades de la nación evaluando las políticas de salud con una postura crítica y con la propuesta de nuevas alternativas. La pertinencia también implica tener en cuenta los riesgos actuales y potenciales de enfermar, así como las condiciones necesarias para mantener la salud. Esto requiere establecer relaciones e interrelaciones para poder renovar un currículo que responda a estas necesidades. En este punto es importante estudiar la globalización frente a la identidad local, regional y nacional como otro punto de tensión.

18. **Políticas**- Directrices que proporcionan guías generales para canalizar la gestión administrativa en direcciones específicas y que orientan ideológicamente hacia la toma de decisiones autónomas para la consecución de los objetivos institucionales. Son una guía básica de orientación para la acción de sus clientes internos en cumplimiento de unos objetivos institucionales propuestos por la alta dirección. Establecen lo que la dirección quiere o prefiere que se haga y reflejan una decisión directiva para todas las situaciones similares.

19. **Responsabilidad social-** Compromiso que las empresas y los individuos que las conforman tienen con la sociedad. Incorpora el concepto de la valoración positiva o negativa del impacto social que representan las decisiones empresariales. Dicha valoración se inscribe tanto en el contexto ético como legal. En nuestro ámbito universitario se entiende que esta no se refiere solo a la articulación del Recinto de Ciencias Médicas o de la Universidad con su entorno social, sino que las mismas funciones de docencia y de investigación son parte de su responsabilidad social.

20. **Tecnología-** Es el conjunto de conocimientos científicos y empíricos, habilidades, experiencias y organización requeridos para producir, distribuir, comercializar y utilizar bienes y servicios.

21. **Plan de Acción-** Los planes de acción están constituidos por asuntos específicos que deben resolverse mediante cambios y mejoras.

22. **Plan de Avalúo Institucional-** El Plan de Avalúo institucional debe incluir las actividades o procesos que se desean avaluar de acuerdo a los objetivos propuestos en el Plan Operacional. Se recomienda que dentro de las unidades operacionales se seleccionen aquellos aspectos o áreas donde menos información se tenga disponible.

23. **Planificación Estratégica-** Constituye la parte medular del modelo ya que identifica las necesidades de la organización, su razón de ser y sus objetivos para posteriormente orientar los recursos y las actividades hacia el logro de la visión por medio de estrategias y tácticas de largo, mediano y corto plazo. La planeación estratégica es el proceso sistemático, intencional e integrador por medio del cual se identifican las necesidades de la organización, su razón de ser, se definen los objetivos y las metas para lograr en el largo plazo, se ordenan y alinean los recursos y las acciones, todo ello enmarcado dentro de la Misión, la Visión y los Valores institucionales definidos colectivamente. Con base en el análisis situacional, la organización encontrará aquellas debilidades, fortalezas, amenazas y oportunidades propias y de su entorno, con el fin de plantear estrategias conforme a los problemas que debe resolver para garantizar el logro de sus objetivos; es una forma organizada de manejar el futuro, cuyo propósito es hacer que el devenir de la organización suceda de acuerdo con su visión.

24. **Plan Operacional -** El plan operacional constituye un plan de trabajo basado en los objetivos que las unidades operacionales intentarán alcanzar. Los planes operacionales son el enlace entre el Plan Estratégico, el Plan de Avalúo Institucional y el Presupuesto Operacional.

25. **Valores-** Un valor es la creencia permanente en que na forma específica de conducta o condición final de existencia se prefiere personal o socialmente a un modo opuesto o invertido de conducta o condición final de existencia.

26. **Visión-** La visión es una imagen mental viva, representa un estado futuro deseable que buscamos crear, sirve de guía para la toma de decisiones y compromete para la acción; declara las aspiraciones de la institución. Se constituye en la dirección estratégica y comunica los valores más importantes de la institución.

Cuestionario sobre la opinión de la comunidad universitaria sobre áreas de acción estratégica
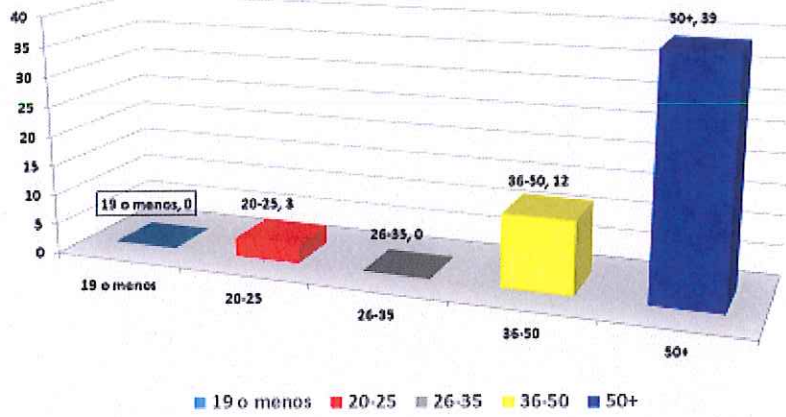
Ramón F. González, DDS, MPH
Decano Asuntos Académicos

María de los A. Ortiz, MS, PhD
ConsultoraDAA

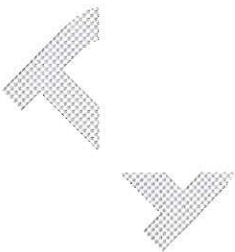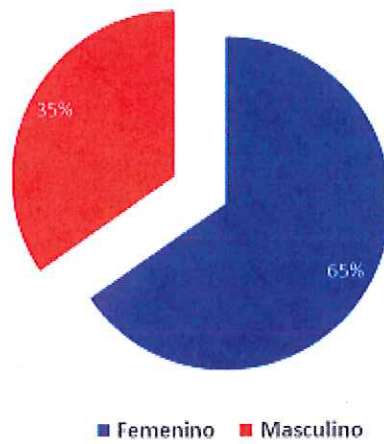Wanda Barreto, MS, EdD
Directora OPIAI-DAA

Metodología

- Luego de varias reuniones con el Dr. Ramón González, Dra. Wanda Barreto, Dr. José Capriles y la Dra. María de Los Ángeles Ortiz diseña un instrumento para ser discutido con este grupo de trabajo.

- El instrumento original titulado: *Cuestionario sobre la opinión de la comunidad universitaria sobre áreas estratégicas* fue discutido con este grupo de trabajo, es enmendado y diseñado para poderse administrar en línea.

- Una vez finalizado fue sometido para aprobación del IRB. Una vez evaluado, el IRB sugiere cambios en el segmento del Consentimiento Informado y es eventualmente aprobado el 26 de febrero de 2016.

- La muestra seleccionada contenía 93 sujetos que representan todos los sectores de la comunidad universitaria. De estos 55 contestaron el instrumento para un total de 55 para un 59%.

Grupo de edad

50+, 39	
36-50, 12	
26-35, 0	
20-25, 3	
19 o menos, 0	

■ 19 o menos ■ 20-25 ▨ 26-35 ■ 36-50 ■ 50+

Género

35% 65%

■ Femenino ■ Masculino

Tiempo que ha laborado en el Recinto de Ciencias Médicas

Años

5, 9%   2, 4%   3, 6%   44, 81%

■ 0 a 3   ■ 4 a 6   ■ 7 a 10   □ 11+
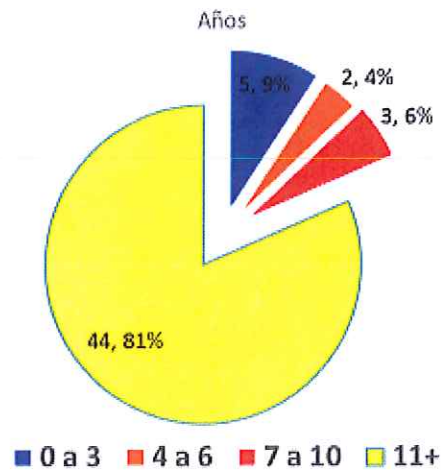
Posición de acuerdo a las categorías y sub-categorías

Categoría	Valor
Decano	8
Decano Asociado	11
Decano Auxiliar	3
Catedrático	26
Investigador	6
Catedrático Asociado	10
Catedrático Auxiliar	2
Instructor	0
Investigador	6
Investigador Asociado	0
Investigador Auxiliar	0
Investigador Asistente	0
Bibliotecario	1
Consejero	2
Trabajador Social	0
Psicólogo	1
Oficina Registrador	1
Oficina de Admisiones	0
Oficina Asistencia Económica	1
Oficina Finanzas	0
Oficina Presupuesto	0
Oficina Recaudaciones	0
Estudiante/Residente	4

Miembro del Comité de Planificación o encargado del Plan Estratégico en su facultad o decanato

22, 41%

32, 59%

■ Sí ■ No
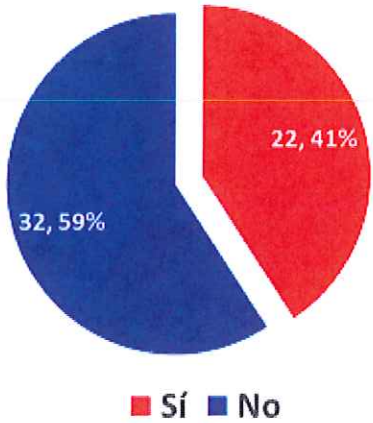
IMPORTANCIA y PRIORIDAD: CALIDAD ACADÉMICA E INNOVACIÓN

IMPORTANCIA

60	
50	50
40	
30	
20	
10	4
0	0 0

No es importante · Algo importante · Importante · Muy importante

PRIORIDAD

60	
50	51
40	
30	
20	
10	
0	0 1 2

No constituye prioridad · Un poco prioritario · Prioritario · Alta prioridad
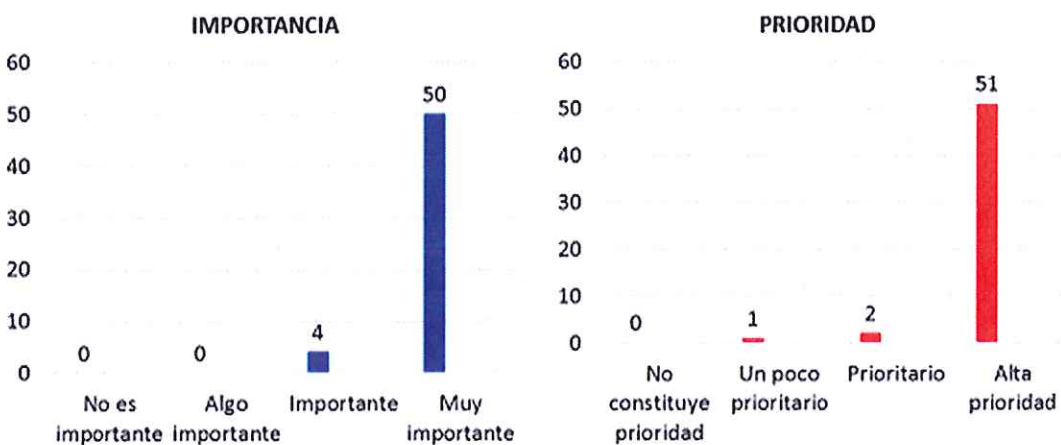
IMPORTANCIA y PRIORIDAD: FORTALECIMIENTO Y SUSTENTABILIDAD FISCAL

IMPORTANCIA
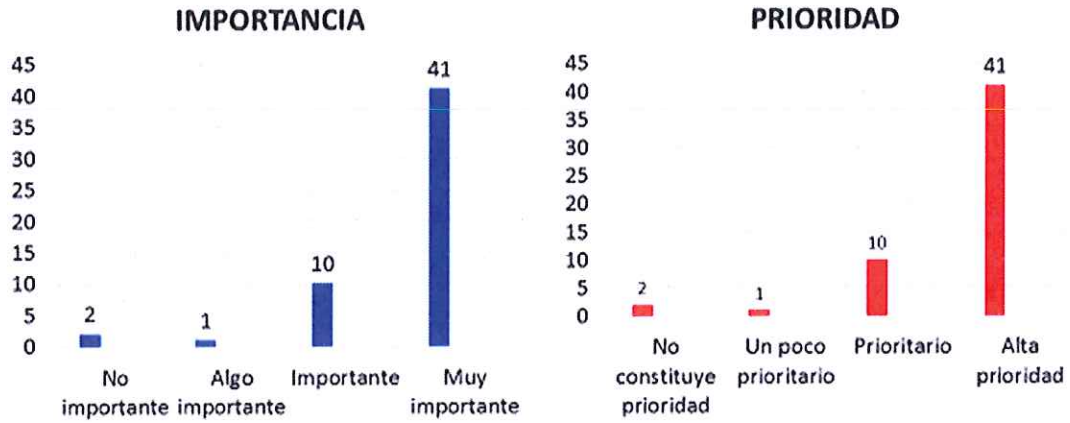
PRIORIDAD

IMPORTANCIA Y PRIORIDAD: INTERNACIONALIZACIÓN, MOVILIDAD ESTUDIANTIL Y FACULTATIVA

IMPORTANCIA
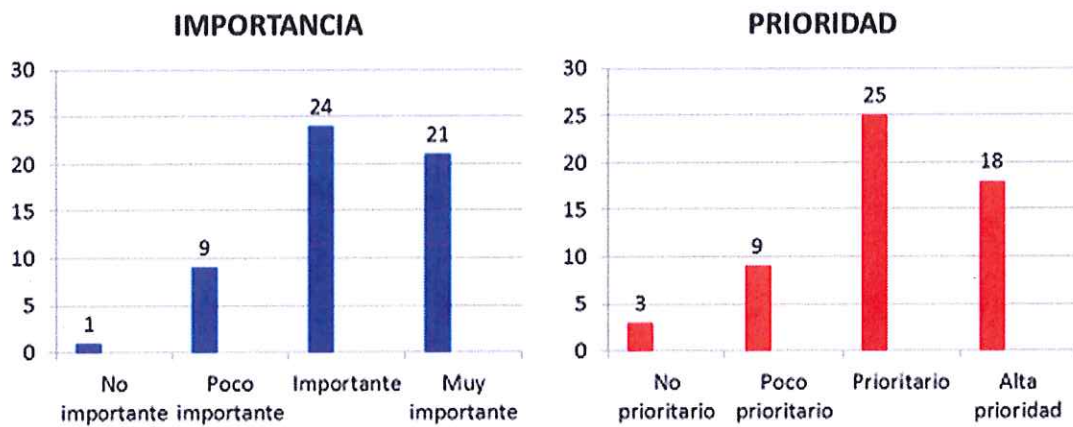
PRIORIDAD

IMPORTANCIA Y PRIORIDAD: INFRAESTRUCTURA TECNOLÓGICA

IMPORTANCIA

50 — 45 — 40 — 35 — 30 — 25 — 20 — 15 — 10 — 5 — 0

No importante: 1
Poco importante: 3
Importante: 6
Muy importante: 45

PRIORIDAD

50 — 45 — 40 — 35 — 30 — 25 — 20 — 15 — 10 — 5 — 0

No prioritario: 2
Poco prioritario: 4
Prioritario: 6
Alta prioridad: 43
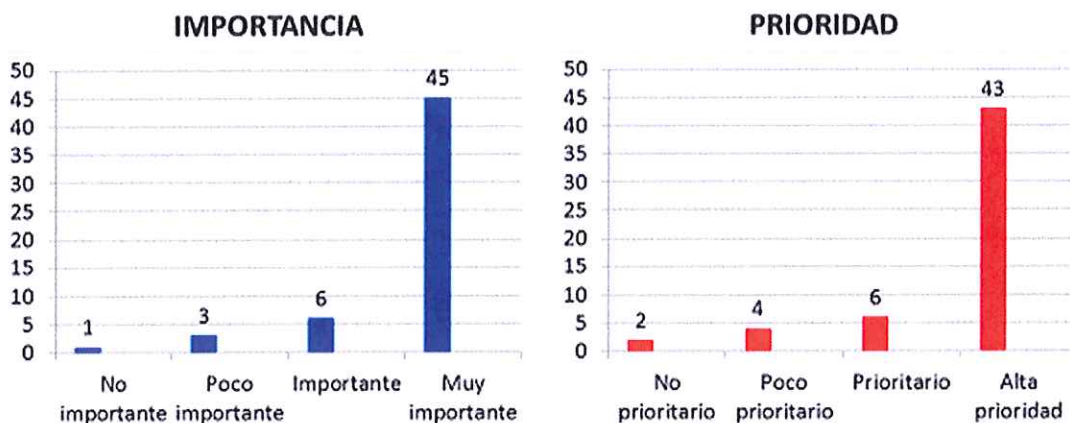
IMPORTANCIA y PRIORIDAD: TERCERA MISIÓN

IMPORTANCIA

35 — 30 — 25 — 20 — 15 — 10 — 5 — 0

No importante: 0
Poco importante: 3
Importante: 30
Muy importante: 22

PRIORIDAD

35 — 30 — 25 — 20 — 15 — 10 — 5 — 0

No prioritario: 1
Poco prioritario: 7
Prioritario: 30
Alta prioridad: 17
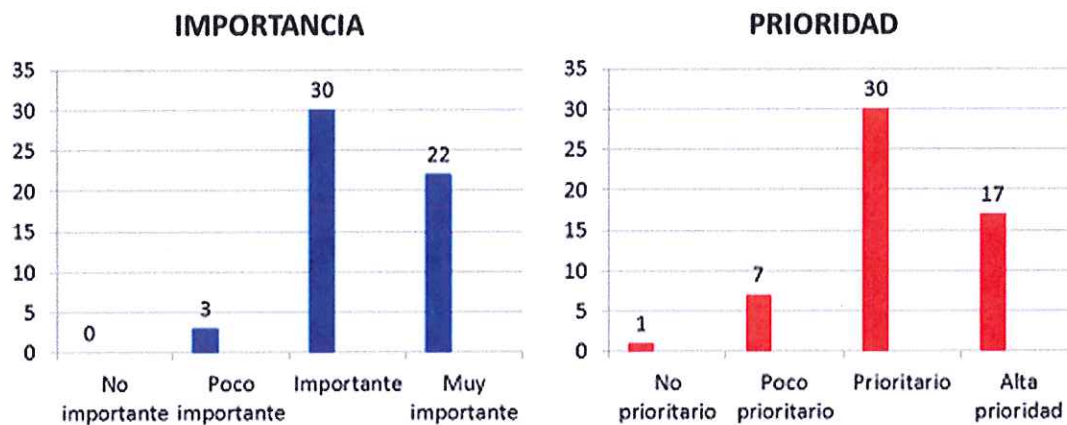
IMPORTANCIA Y PRIORIDAD: INVESTIGACIÓN DE VANGUARDIA

IMPORTANCIA

No importante	Poco importante	Importante	Muy importante
0	1	12	42

PRIORIDAD

No prioritario	Poco prioritario	Prioritario	Alta prioridad
0	1	13	41
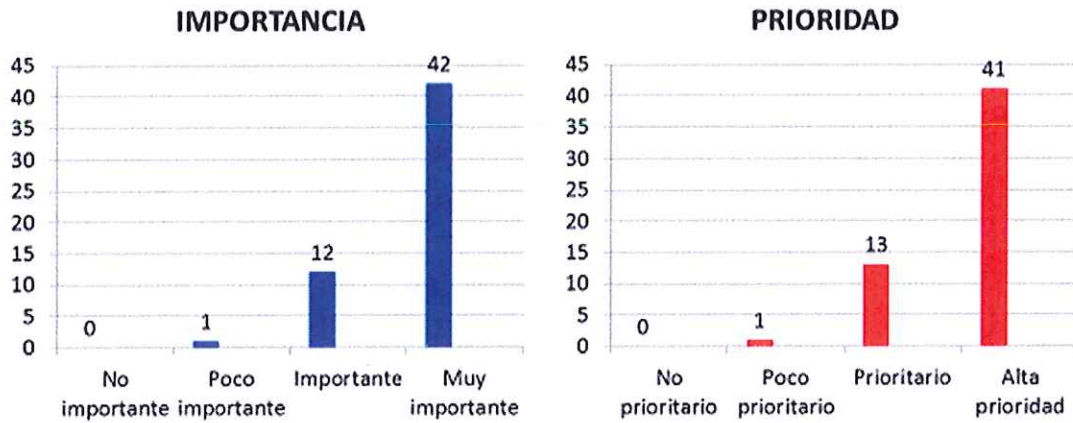
IMPORTANCIA Y PRIORIDAD: PLANEACIÓN, PROCESOS DE ENSEÑANZA-APRENDIZAJE

IMPORTANCIA

No importante	Poco importante	Importante	Muy importante
3	3	10	39

PRIORIDAD

No prioritario	Poco prioritario	Prioritario	Alta prioridad
3	3	15	34
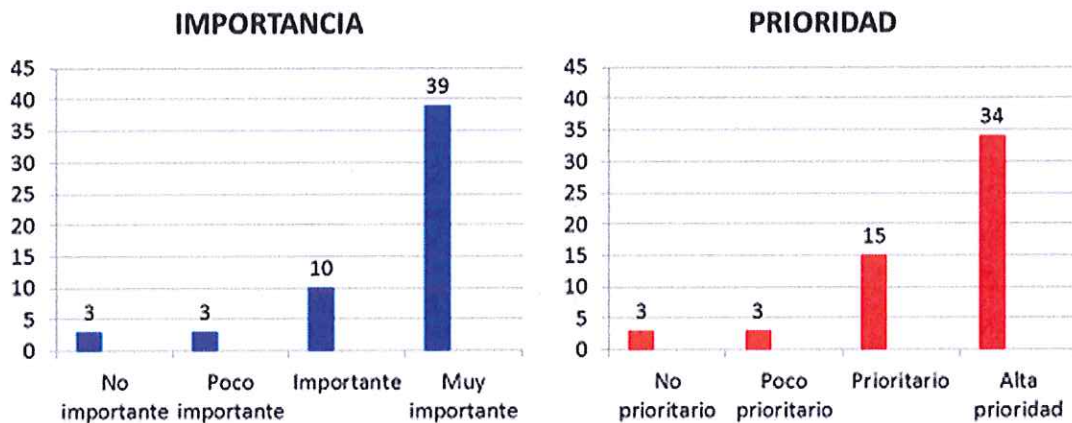
IMPORTANCIA Y PRIORIDAD: AVALÚO, "ASSESSMENT" INSTITUCIONAL

IMPORTANCIA

No importante	2
Poco importante	3
Importante	1
Muy importante	33

PRIORIDAD

No prioritario	2
Poco prioritario	3
Prioritario	2
Alta prioridad	29
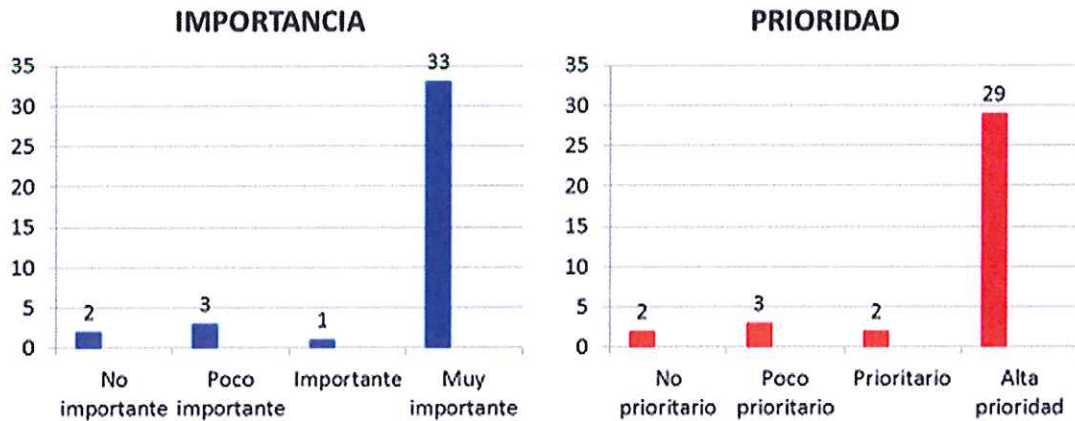
IMPORTANCIA Y PRIORIDAD: EFICIENCIA Y EFICACIA EN LA GESTIÓN INSTITUCIONAL

IMPORTANCIA

No importante	0
Poco importante	6
Importante	15
Muy importante	34

PRIORIDAD

No prioritario	0
Poco prioritario	7
Prioritario	17
Alta prioridad	31
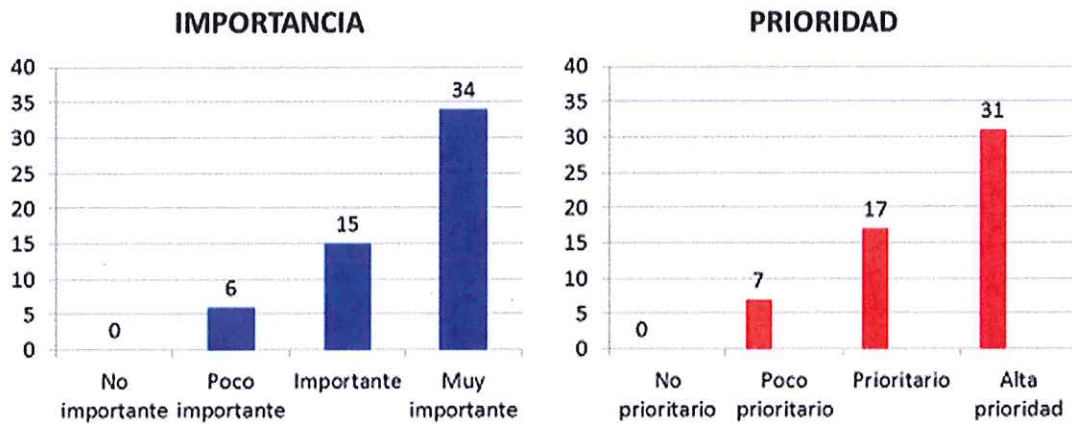
IMPORTANCIA Y PRIORIDAD: EDUCACIÓN A DISTANCIA, REDES Y SISTEMAS DE COMUNICACIÓN RELACIONADOS

IMPORTANCIA

Categoría	Valor
No es importante	5
Poco importante	8
Importante	24
Muy importante	18

PRIORIDAD

Categoría	Valor
No constituye prioridad	5
Poco prioritario	9
Prioritario	23
Alta prioridad	17
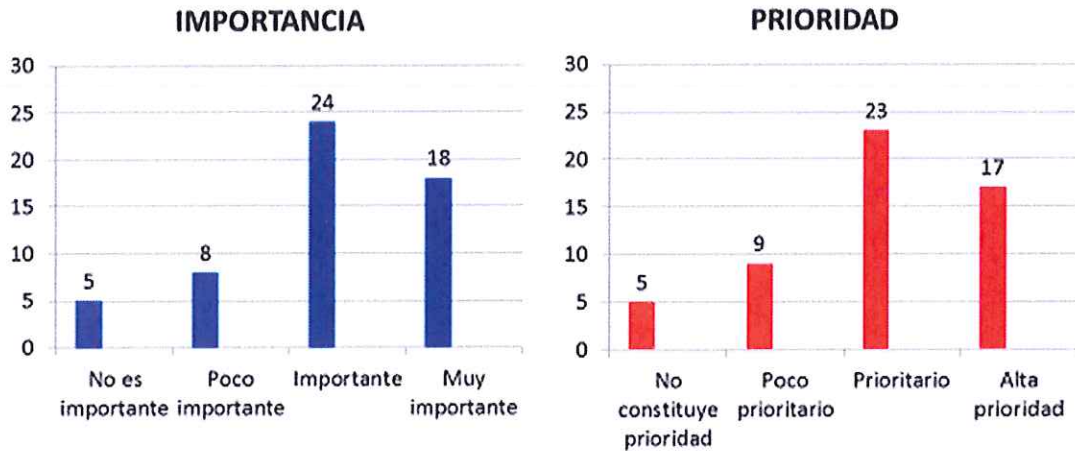
IMPORTANCIA Y PRIORIDAD: OFERTA ACADÉMICA

IMPORTANCIA

Categoría	Valor
No importante	0
Poco importante	3
Importante	9
Muy importante	42

PRIORIDAD

Categoría	Valor
No constituye prioridad	0
Poco prioritario	4
Prioritario	12
Alta prioridad	38
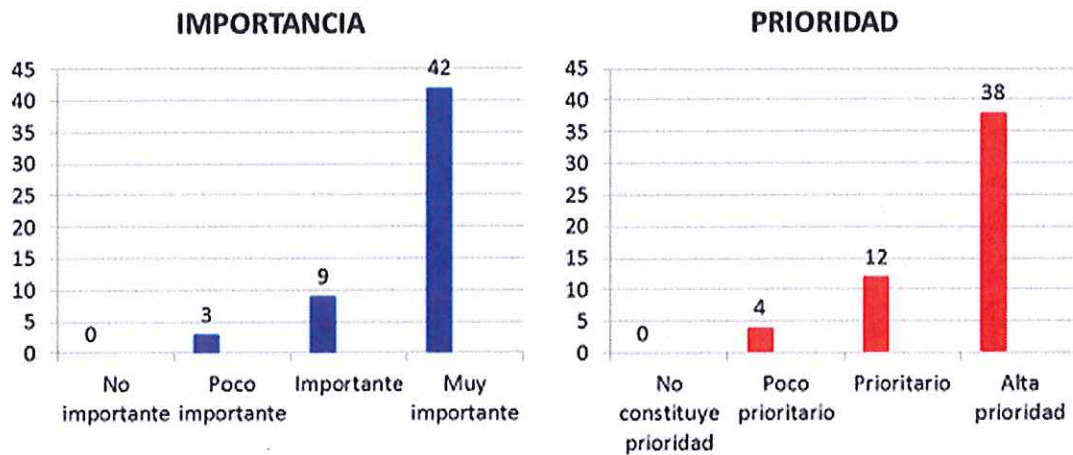
IMPORTANCIA Y PRIORIDAD: ESCENARIOS DE MATRÍCULA, TITULACIÓN, DIVERSIFICACIÓN Y COBERTURA LABORAL PARA EL PERÍODO 2016-2020.

IMPORTANCIA

PRIORIDAD
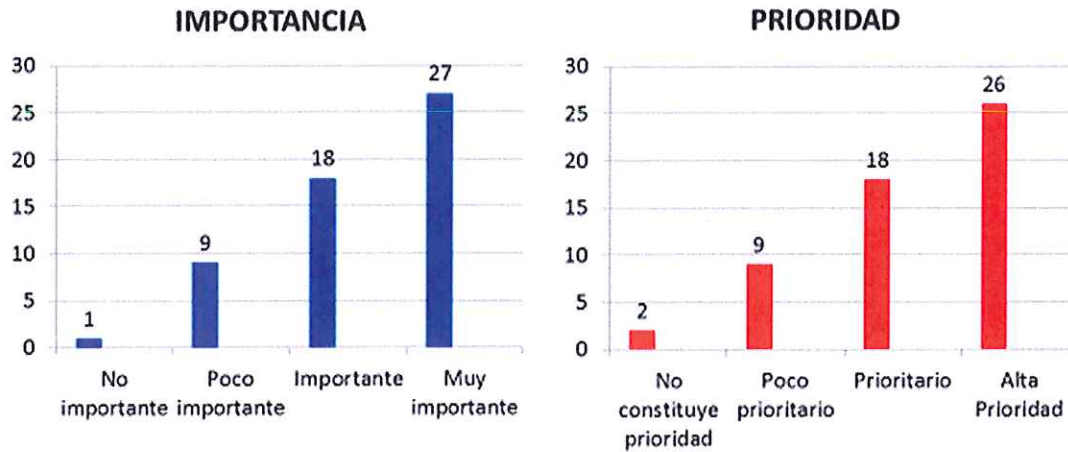
Comentarios Infraestructura Tecnológica

- Mantenimiento de bases de datos fidedignos
- Aumento en infraestructura tecnológica
- Advanced Technologies to support teaching and student learning
- Desarrollo y actualización de la facultad en tecnología para la enseñanza, en educación interprofesional, en assessment del aprendizaje y en estrategias de enseñanza y evaluación del aprendizaje diversas.
- Adiestramiento al personal No-docente, en programados como Office y Acrobat.
- Igualmente, programar adiestramiento trimestrales en las distintas instancias de Oracle, no sólo para repasar conceptos, sino para adiestrar regularmente al personal de nuevo ingreso al RCM.

Comentarios Servicios Estudiantiles

- Estacionamiento para estudiantes
- Mejorar seguridad
- Las oficinas de servicio al estudiante deberían estar juntas en un solo edificio y en un primer piso.
- Strengthen Student Support Services
- Mejorar la experiencia del estudiante dentro de la institución.
- Apoyo a estudiantes Interprofesionalismo
- Área Estudiantil: servicios a los estudiantes - accesibilidad, agilidad, horarios flexibles y extendidos, apoyo tecnológico, calidad en servicio; reclutamiento estudiantil; apoyos académicos, consejería académica, mentorías/tutorías;
- Vida universitaria - seguridad, ambiente, calidad de vida; actividades extracurriculares, sociales, culturales; recursos y facilidades físicas; estacionamiento;

Comentarios Procesos Administrativos

- Cultura Organizacional: Relaciones laborales con el personal no docente.
- También el presupuesto del RCM es área de prioridad y debiera discutirse abiertamente, presentarse a la comunidad y estar preparado para críticas y cambios, se malbarata demasiado y es tiempo de pararlo ya, si no, la Junta Fiscal lo hará.
- Reducir Los Gastos Administrativos de Adm Central y (11)Recintos de POSICIONES DE CONFIANZA Y BONIFICACIONES NO DOCENTES(especialmente) y DOCENTES y la duplicación de posiciones y servicios
- El RCM TIENE q entender q los profesionales se forman con conocimiento y actitudes. En las oficinas, la burocracia ahoga los estudiantes y profesores y deforma la misión académica. Como es posible que todavía no tengamos un cuadro telefónico eficaz, diligente, amable? Cada vez q se llama de EU, q vergüenza!!! Muchas oficinas de apoyo institucional, responden con un "NO SE' y no con "déjeme ayudar a resolver". Hay q profesionalizar al personal de apoyo, q entiendan q sus tareas tienen repercusiones en la academia.

Comentarios Procesos Administrativos

- También deben ofrecerse seminarios en Técnicas Modernas de Supervisión para los nuevos Supervisores, de Trabajo en Equipo y Prácticas Modernas en la Administración de Oficina.
- Eficiencia de los procesos administrativo
- Mecanismos para la continuidad de los procesos académicos y administrativos y de proyectos favorable a la institución.

Comentarios Procesos Administrativos

- Propongo que se constituya un Comité Permanente de Administradores, que lo compongan los 9 Administradores Principales de los 9 Decanatos. Ese grupo, junto a Funcionarios directivos del RCM según aplique la necesidad, deber participar activamente en la revisión de nuevos procedimientos, decisiones ante la Junta Administrativa de índole procesal y/o económico y en la revisión de Sistemas y Procedimientos administrativos actuales. Ese grupo de Administradores Principales de los 9 Decanatos, no sólo conocen los asuntos relevantes de la administración del RCM, sino que poseen la Memoria Institucional de al menos los pasados 25 años, y seis (6) de ellos representan a las Escuelas, que son al final la razón de ser del RCM/UPR, por lo tanto sus necesidades y opiniones deben tomarse en cuenta para que luego se pueda operacionalizar eficientemente las decisiones tomadas en otros foros académicos/administrativos.

Comentarios Facultad

- Invest on Faculty Development on Pedagogy and Professional Disciplines
- Plazas Docentes para asegurar Facultad de Calidad, mantener oferta académica y programas de residencia en especialidades de Medicina (indispensable a para el país)
- Asegurar presencia y participación docente en los cuerpos de representación y expresión de los recintos como Senado Académico, Junta. Universitaria, Junta Administrativa y de Gobernanza como J. de Gob,
- Asegurar permanencia. (tenure) para lograr todos los objetivos en la encuesta.
- NEGOCIACION COLECTIVA PARA LOS DOCENTES, en especial en estos momentos de crisis para defender los derechos de los docentes, sus condiciones laborales, las Plazas, Retiro, Permanencia, Plan Medico, modelos de Contratación,
- Evitar despido de personal por contrato y sobretodo evitar que en esta Crisis se aplaste, oprima, abuse y afecte negativamente, MAS!, la parte Mas frágil e in defensa de la Universidad: DOCENTES!
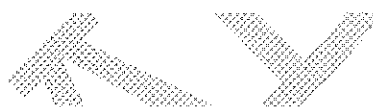
Comentarios Facultad

- Recursos Humanos bien pagados y con seguridad de empleo, estabilidad, evita movilidad excesiva.
- Desarrollo de facultad
- Cumplimiento académico- Importante fortalecer mecanismos para garantizar equidad tanto en carga académica como en oportunidades.

Análisis de las áreas identificadas como importantes y prioritarias

IMPORTANCIA	PRIORIDAD
1. Calidad Académica e Innovación	1. Calidad Académica e Innovación
2. Fortalecimiento y Sustentabilidad Fiscal	2. Fortalecimiento y Sustentabilidad Fiscal
3. Infraestructura Tecnológica	3. Infraestructura Tecnológica
4. Investigación de Vanguardia	4. Investigación de Vanguardia
5. Oferta Académica	5. Oferta Académica
6. Avalúo, "Assessment" Institucional	6. Avalúo, "Assessment" Institucional
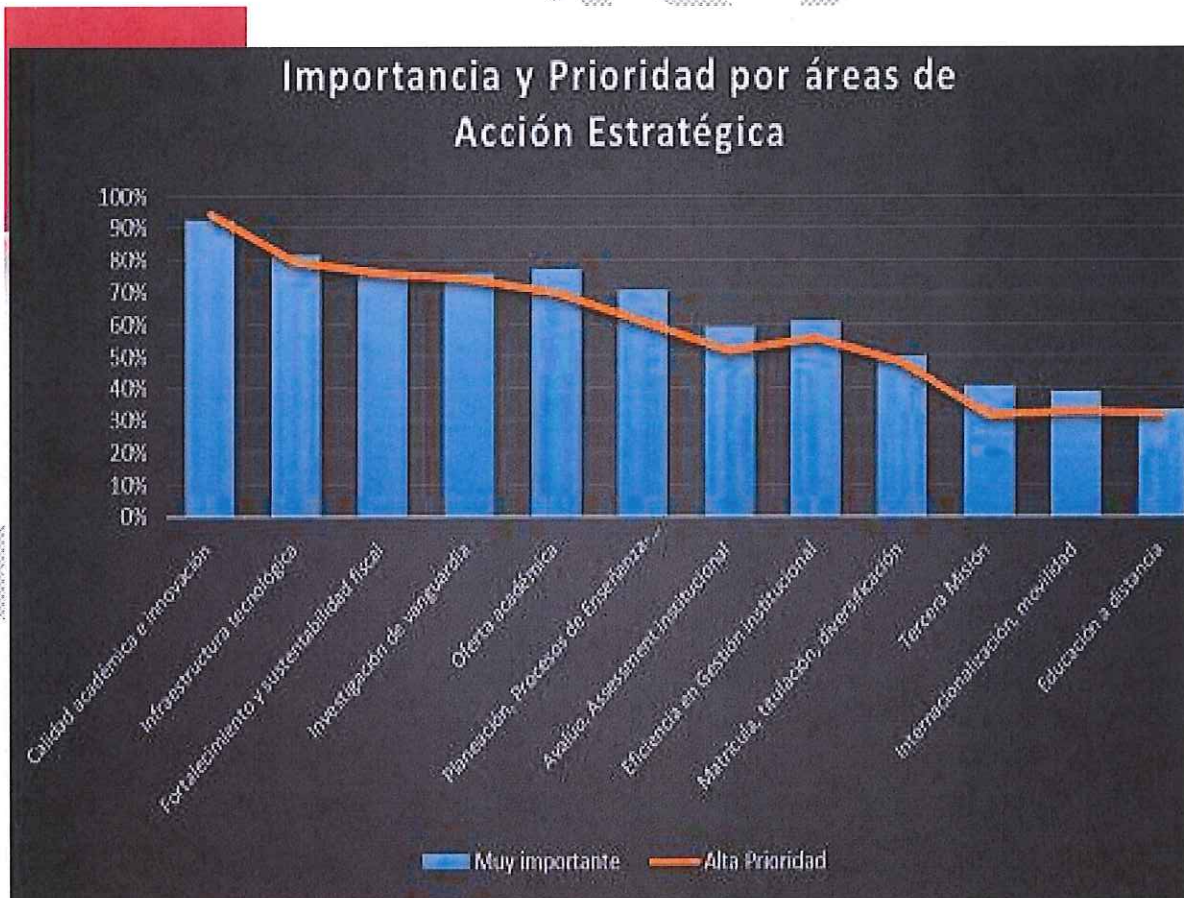
Importancia y Prioridad por áreas de Acción Estratégica

RETOS GLOBALES QUE ENFRENTA LA EDUCACIÓN SUPERIOR (2016)

1. Mayores demandas de calidad y pertenencia.

2. Integración de las nuevas TIC'S; universidad virtual y didácticas virtuales.

3. Poca versatilidad para competir con nuevas ofertas y/o currículos flexibles y personalizados con rutas variadas y diferentes salidas.

4. Nueva estructura demográfica y envejecimiento de la población frente a pocos programas académicos dirigidos a adultos mayores.

5. Incapacidad para responder a las expectativas de las nuevas generaciones y dificultad para liberarse de modelos pedagógicos tradicionales.

6. Demanda por un rol más protagónico de la universidad en la sociedad.

RETOS GLOBALES QUE ENFRENTA LA EDUCACIÓN SUPERIOR (2016)

7. Poca conciencia científico –tecnológica de las empresas del medio y baja inversión en investigación, desarrollo e innovación.

8. Pobre competitividad como institución en el contexto internacional; estudiantes y docentes sin suficiente nivel internacional.

9. Validez mundial de grados universitarios; poco desarrollo en homologación de títulos y en doble titulación.

10. Reducción relativa del presupuesto estatal para la Universidad en un contexto de exigencias de mayor cobertura y calidad.

11. Orientación a financiamiento bajo la lógica privada, perdiendo parte de sus funciones centrales con las misiones de investigación, extensión y carácter crítico de la sociedad.

RETOS GLOBALES QUE ENFRENTA LA EDUCACIÓN SUPERIOR (2016)

12. Falta de consistencia y continuidad de las políticas y programas que se establecen en respuesta a decisiones políticas y programas de gobierno.

13. Escaso reconocimiento de la administración universitaria como quehacer fundamentado en conocimiento científico; los puestos directivos pueden ser ocupados por personas sin formación ni conocimientos en el campo, lo cual lleva a ineficiencia en la gestión.

14. Estructura organizacional rígida, con poca capacidad de cambio y agilidad para enfrentar y adaptarse a la dinámica cambiante del entorno y de las demandas sociales (modelo de estructura organizacional burocrática).

15. Falta de creatividad y agilidad en la toma de decisiones debido a la alta tramitología por normativas internas y externas y problemas de gestión.

FORTALEZAS

- Único Centro docente con oferta académica y capacitación profesional constituido por seis escuelas de profesiones de la salud en una ubicación estratégica.-**10**
- Recursos Humanos docentes y no-docentes con alto grado de diversidad en la preparación académica, competencia y compromiso social.-**10**
- Estudiantes de alto rendimiento académico y liderazgo que se traducen en egresados que se distinguen por su nivel de competencia.-**8**
- Centro de mayor producción científica de Puerto Rico.-**10**
- La biblioteca más importante en centros de salud y del Caribe.-**10**
- Proyección como líder y reconocimiento público por parte de la población como resultado de los vínculos y servicio a la comunidad.-**8**
- Alto nivel de selectividad en los estudiantes que admite.-**9**

Total:65

DEBILIDADES

- Gobernanza- 7
- Influencia política en la gobernanza de la universidad
- Burocracia
- Uniones-Gremios
- Falta de estructura compartida

- Imagen-6
- Necesitamos mayor proyecciones y visibilidad ante la comunidad (limitación en proyección de lo que hace la universidad para la comunidad)

- Procesos administrativos más ágiles-5 (falta de agilidad en los aspectos de gestión expeditos -procesos administrativos)

- Internacionalización-4
- No hay un andamiaje adecuado para el establecimiento (falta de estructura y oficinas para la internacionalización)

DEBILIDADES

◎ Emprendimiento-3
- Falta de cultura de emprendimiento

◎ Aspecto fiscal-10
- Falta de recursos económicos y humanos
- 95% del presupuesto es nomina
- Falta de "input" en establecer las prioridades de asignación presupuestaria

◎ Estudiantes-9
- Integración de servicios que se adapte a las necesidades de los estudiantes
- Apoyo al estudiante para aumentar retención y graduación
- Estrategias de reclutamiento
- Exalumnos
- Falta de integración, calidad y cantidad de servicios a estudiantes

DEBILIDADES

◎ Gestión Académica-8
- Dificultad para la creación y revisión de ofertas académicas (nuevas ofertas académicas)
- Falta de actividades interprofesionales
- Falta de *Management Learning System*- Educación a Distancia
- Falta de homologación
- Falta de ofertas flexibles y agiles para atender el perfil del estudiante del siglo 21
- Rezago de la integración y seguridad cibernética en el uso de la tecnología en la docencia

Total:47

OPORTUNIDADES

1. Oportunidad de desarrollar alianzas y colaboración con instituciones en: El Caribe, Latinoamérica, Estados Unidos -8
2. Ampliar la oferta académica de certificaciones en el área de la salud.-3
3. Cursos profesionales que pueden ser transformados y mercadeados mediante la educación en línea [a distancia].-6
4. Fortalecer la experiencia y la oportunidad de colaboración de la facultad y los estudiantes con Centroamérica y Suramérica y Comunidades Hispanas en USA. -5
5. Traducir los proyectos investigativos y patentes en mayores y mejores servicios a la comunidad.-5
6. Convertirnos en un Centro de Investigación a la vanguardia en las condiciones de salud que afectan a los hispanos.-6

OPORTUNIDADES

7. Desarrollar y proponer el nuevo modelo interprofesional de servicios de salud para Puerto Rico. -8
8. Proveer un modelo de servicios que permita obtener los ingresos para mantener la sustentabilidad fiscal de nuestros programas académicos. -9
9. Repensar nuestro modelo de administración académica ante los cambios externos. (eliminar y reducir la burocracia). -10
10. Potenciar el intercambio tecnológico y la innovación para los procesos académicos y administrativos. -2

Total:62

1. Estabilidad fiscal de la UPR y el País. -**10**

2. Impacto de los cambios políticos partidista en la academia.-**8**

3. Inseguridad del entorno inmediato en la comunidad universitaria.-**5**

4. Competencia entre las instituciones de educación superior en el área de ciencias de la salud.-**8**

Total:31

Ejercicio: Fortalezas, Oportunidades, Debilidades y Amenazas

Fortalezas [65]- Debilidades [47]=18
Oportunidades [62]- Amenazas [31]=31
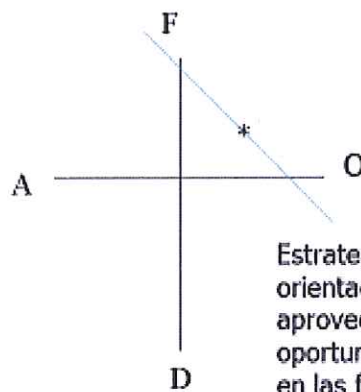
Estrategia FO – Situación ideal. Están orientados a maximizar el aprovechamiento de las oportunidades existentes, apoyándose en las fortalezas. Mantener su misión.

DECANATO O ESCUELA	PUESTO	NOMBRE
Decanato de Asuntos Académicos	1. Decano	Dr. Ramón F. González García
	2. Decano Asociado	Dr. José A. Capriles Quirós
	3. Directora Biblioteca	Dra. Irma I. Quiñones Maurás
	4. Directora OPIA	Dra. Wanda L. Barreto Velázquez
	5. Directora DECEP	Prof. Daisy M. Gely Rodríguez
	6. Director CATA	Prof. Luis E. Estremera de Jesús
Decanato de Administración	7. Decano	Prof. Carlos A. Ortiz Reyes
	8. Directora de Finanzas	Sa. Yolanda Quiñones
Decanato de Estudiantes	9. Decana	Dra. Nitza H. Rivera Pacheco
Escuela de Medicina	10. Decano	Dr. Edgar Colón Negrón
	11. Decana Asociada	Dra. Débora H. Silva
	12. Decana Asociada de Ciencias Biomédicas	Dra. Carmen L Cadilla Vázquez
	13. Director Médico Plan Práctica Intramural	Dra. Marina I. Roman Eyxarch
Escuela Graduada de Salud Pública	14. Decano	Dr. Ralph Rivera Guitiérrez
DECANATO O ESCUELA	PUESTO	NOMBRE
	15. Decana Asociada	Dra. Ivelisse García Meléndez
	16. Directora DECEP	Sa. Xiomara Castillo
Escuela de Medicina Dental	17. Decana	Dra. Ana N. López Fuentes

	18. Decano Asociado	Dr. José R. Matos Pérez
	19. Directora DECEP	Dra. Lorna Rodríguez
Escuela de Farmacia	20. Decana	Dra. Wanda T. Maldonado Dávila
	21. Decana Asociada	Dra. Edna N Almodovar Caraballo
Escuela de Enfermería	22. Decana	Dra. Suane E. Sánchez Colón
	23. Decana Asociada	Dra. Gloria E. Ortiz Blanco
Escuela de Profesiones de la Salud	24. Decana	Dra. Bárbara Segarra Vázquez
	25. Decana Asociada	Dra. Wanda I. Colón Ramírez
Rectoría	26. Rector	Dr. Noel J. Aymat Santana
	27. Oficina Presupuesto	Sr. Elmo Álvarez
	28. Exalumnos	Dra. Yilda Rivera
	29. Director Asociado CRECED	Dr. José Rodríguez Medina
DECANATO O ESCUELA	**PUESTO**	**NOMBRE**
	30. Director Interino OSI	Sr. Francisco Pérez

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ACTIVIDAD: Retiro de Planificación Estratégica UPR, RCM

RECURSO: María de los Á. Ortiz Reyes, PhD.

FECHA: 8 y 9 de abril de 2016

RECURSO	EXCELENTE 5	BUENO 4	REGULAR 3	DEFICIENTE 2	POBRE 1	No Aplica 0
Comunicación de Objetivos	84%	16%				
Transmisión de Conocimiento	88%	12%				
Organización del Material	84%	16%				
Preparación	88%	12%				
Claridad de la Presentación	84%	16%				
Estilo de la Presentación	84%	4%				
Actitud	100%					
Entusiasmo	100%					
Participación Grupal	92%	4%				

MATERIALES	EXCELENTE 5	BUENO 4	REGULAR 3	DEFICIENTE 2	POBRE 1	No Aplica 0
Material Audiovisual	76%	24%				
Material Impreso	84%	16%				

Comentarios adicionales:

Agradezco la oportunidad de participar en el proceso por ayudar a ver el futuro y a reflexionar en cómo contribuir.

Ha sido una experiencia muy formadora y muy satisfactoria para mí. Se debe celebrar anualmente para actualizar el progreso sobre las metas del plan estratégico.

Este es un tema difícil de presentar de una forma sencilla e interesante y se logró. Me encanto.

Excelente recurso que conoce el sistema UPR, pero tiene experiencia en instituciones privadas y puede compartir ese conocimiento.

Excelente taller.

Gran capacidad de dirección y control de la audiencia.

¡Excelente! De mucho aprendizaje para integrarlos en mis funciones diarias.

¡Excelente taller! Muy satisfecho del trabajo.

Muy bueno. Me gustaría recibir los *slides* de los resultados ejercicios realizados y/o informe de los resultados de los ejercicios trabajados.

Muy buen taller. La doctora Ortiz llevó acabo un excelente trabajo de mantenernos en tiempo y dirigidos a completar la tarea.

Interesante y excelente proyección y repaso de conceptos.

Muy profesional.

Muy buen material y la dirección del taller demostró dominio y excelente información y presentación (delivery) La felicito, Yilda.

Dentro de los procesos de desarrollos de plan de acciones institucionales, el mismo fue uno muy claro, productivo y participativo. Entiendo que la facilitadora abonó exitosamente a lograr el resultado de cada componente del proceso.

Mejorar claridad de instrucciones-2do ejercicio- para diferenciar qué tareas (trabajo) corresponden al consultar, definir y cuáles a los grupos.

Excelente recurso y metodología.

¡Gracias por su colaboración!

APÉNDICE 7: INFORME DE LOS RESULTADOS DE LA EVALUACION DEL PLAN ESTRATÉGICO 2009-2016

Universidad de Puerto Rico
Recinto de Ciencias Médicas
Oficina de Planificación, Investigación y Avalúo Institucional

I. **Informe de Resultados de la Evaluación del Plan Estratégico del Recinto de Ciencias Médicas 2009-16 al mes de noviembre de 2015**

Introducción

Planificar es un proceso mediante el cual los actores involucrados estudian el entorno interno y externo de la organización, bajo principios que guiarán el cumplimiento de objetivos por medio de estrategias diseñadas, en concordancia con las especificaciones del sistema organizacional (Castell-Florit Serrate, Vidal Ledo, Arocha Mariño, 2015). Para formalizar los procesos de planificación y su vinculación a la planificación presupuestaria en el Recinto de Ciencias Médicas (RCM) durante el año 1988 los decanos y el Rector, aprobaron las recomendaciones sometidas por un grupo de personal docente y no docente para la institucionalización del proceso de planificación. La adopción del compromiso con la planificación institucional en el Recinto, ha contribuido: a la efectividad de la organización; a facilitar sus procesos de acreditación de más de 20 agencias de acreditación profesional, del Consejo de Educación de Puerto Rico y de la Commission on Higher Education of the Middle States Association; a su supremacía estratégica en el sector de la salud; y sobre todo a robustecer su liderazgo en y fuera de Puerto Rico (UPR-Recinto de Ciencias Médicas, Plan Estratégico, 2009-16, Cert. #49, SA, 2008-09).

El propósito del presente informe es presentar los resultados de la Evaluación del Plan Estratégico del RCM, 2009-16. Se espera que estos resultados contribuyan a la toma de decisiones de la gerencia académica y guíen los esfuerzos de los líderes de la institución en la elaboración del nuevo plan estratégico.

Metodología

El acopio de datos para documentar los indicadores del plan estratégico incluyó las siguientes fuentes: Informe Anual de las unidades, informes estadísticos de las oficinas de: Presupuesto, Acreditación y Licenciamiento, Propiedad Intelectual de la UPR-Administración Central, Proyecto de Título V, Junta Administrativa, Planificación, Diseño y Construcción, Planificación, Investigación y Avalúo Institucional, entre otras.

Para tabular los datos con el propósito de documentar el cumplimiento de las metas y objetivos se diseñaron los siguientes formatos:

- Áreas Temáticas por Meta y Número de Objetivos e Indicadores del Plan Estratégico del Recinto de Ciencias Médicas, 2009-16. (Tabla I)
- Resumen Nivel de Cumplimiento de Metas y Objetivos del Plan Estratégico, 2009-16. (Tabla II)
- Nivel de Cumplimiento de Metas y Objetivos a Partir de los Indicadores del Plan Estratégico, 2009-16. (Tabla III)
- Resultados de la Evaluación del Cumplimiento de las Metas y Objetivos del Plan Estratégico, 2009-16. (Tabla IV)

Se procedió a determinar el cumplimiento de las metas y objetivos a través del método de ponderación de indicadores. Se procedió a contabilizar el número de indicadores clasificados de acuerdo a la siguiente escala: **Totalmente, Parcialmente, No se cumplió, No se identificó evidencia.** En aquellos objetivos para los cuales se estableció más de un indicador, en cuyo caso pueden registrarse diferentes niveles de cumplimiento de acuerdo a la escala, se procedió a calcular el promedio. Para determinar el nivel de cumplimiento de los objetivos y metas se utilizó la siguiente escala: 100%:

- 100%: Se cumplió totalmente
- 99-80%: Se cumplió mayormente
- 79-60%: Se cumplió parcialmente
- 59-40%: Se cumplió escasamente
- 39-20%: Se cumplió mínimamente
- <20%: No se cumplió

El método de ponderación de indicadores parte del modelo de autoevaluación. Este es el proceso de análisis de una carrera, programa o institución organizado y conducido por sus propios integrantes, para lo cual se reúne y analiza información a la luz de sus fines y con algún conjunto aceptado de estándares de desempeño como referencia (Asamblea Nacional de Rectores – Comisión Nacional de Rectores para la Acreditación, Universidad Nacional de Educación "Enrique Guzmán y Valle" de Perú; Guía de Autoevaluación con Fines de Mejora de las Carreras Universitarias).

El análisis no se llevó a cabo exactamente como se describe en la literatura. La ponderación incluye la asignación de valores o pesos porcentuales a las dimensiones, factores, variables e indicadores considerados. Esta asignación de valores o pesos no fue establecida previamente por un Comité ADHoc al cual se le pudo haber asignado dicha tarea. Esta asignación de pesos debe ser llevada a cabo por un grupo de autoridades y

directivos, los cuales no deben formar parte de la comisión encargada de conducir el proceso de autoevaluación, a fin de asegurar su independencia y el desarrollo de un trabajo transparente. (Guía de Autoevaluación con fines de Mejora de las Carreras Universitarias).

Es importante indicar que un método muy reconocido para establecer ponderaciones es el Cuadro de Mando Integral ("Balanced Scorecard", en inglés), herramienta gerencial diseñada por Robert Kaplan y David Norton de la Universidad de Harvard. Esta herramienta proporciona los mecanismos necesarios para orientar la organización hacia su estrategia. Esto se consigue por medio de una revisión permanente de los objetivos claves a través de la obtención de resultados en el desarrollo de la actividad de la institución (Arias Montoya, Castaño Benjumea, Lanzas Duque, 2005).

Las cuatro perspectivas planteadas por el "Balanced Scorecard" para integrar coherentemente las áreas de la organización son las siguientes:

- **Financiera**: Se trata del análisis de las estrategias de crecimiento, rentabilidad y riesgo vistas desde la perspectiva del accionista.
- **Cliente**: La estrategia para crear valor y diferenciación desde la perspectiva del cliente.
- **Proceso interno**: Las prioridades estratégicas de los distintos procesos del negocio que crean satisfacción para el cliente y los accionistas.
- **Formación y Crecimiento**: La forma de crear un clima que soporte el cambio, la innovación y el crecimiento organizacional con una buena comunicación y recurso humano.

Resultados

Los indicadores documentados al mes de noviembre de 2015 correspondientes a los 42 objetivos y 9 metas estratégicas evidenciaron los siguientes resultados:

- Meta 1 – Investigación: Se cumplió parcialmente (aproximadamente 64%).
- Meta 2 – Centro Académico de Salud: Se cumplió escasamente (aproximadamente 50%).
- Meta 3 – Desarrollo Académico, Acreditación y Tecnologías de Informática: Se cumplió parcialmente (aproximadamente 64.3%).
- Meta 4 – Liderato en la Creación de Nuevo Conocimiento: Se cumplió parcialmente (aproximadamente 73.3%).
- Meta 5 – Integración de las Facultades: Se cumplió mayormente (aproximadamente 85%).

- Meta 6 – Imagen en la Comunidad: Se cumplió parcialmente (aproximadamente 67.5%).
- Meta 7 – Vinculación con la comunidad: Se cumplió mayormente (aproximadamente 87.3%).
- Meta 8 – Reclutamiento y Retención de Estudiantes: Se cumplió (aproximadamente 88.6%).
- Meta 9 – Recursos Económicos, Administración e Instalaciones Físicas: Se cumplió parcialmente (aproximadamente 61.2%).

En general, se cumplieron mayormente tres metas, cinco se cumplieron parcialmente y una se cumplió escasamente.

La meta #2 dirigida al desarrollo de un centro académico de salud se cumplió escasamente. Este concepto no fue desarrollado en el Recinto, posiblemente debido a que aunque fue aprobada la Ley de Centros Académicos Regionales de Puerto Rico (Ley Núm. 136 del 27 de julio de 2006) a nivel de la Legislatura para coordinar esfuerzos dirigidos a su desarrollo, no se operacionalizó y no se asignó un presupuesto.

Para algunas metas que se cumplieron parcialmente, no se identificó información de indicadores específicos, y otros indicadores no evidenciaron un aumento anual durante el periodo considerado, según lo esperado.

Las siguientes áreas demostraron un avance en su desarrollo, pero no se logró cumplir totalmente con las expectativas, ya que los indicadores establecidos para medir su desempeño no evidenciaron aumentos anuales sostenidos para el periodo considerado:

- Investigación
- Desarrollo académico, acreditación y tecnologías de informática
- Liderato en la creación de nuevos conocimientos
- Imagen en la comunidad
- Recursos económicos, administración e instalaciones físicas

Es importante aclarar que para los siguientes objetivos no se estableció un indicador en el Plan Estratégico:

2.2 Garantizar que el centro académico de salud del RCM provea los talleres clínicos que llenen los requisitos exigidos por las Juntas Acreditadoras de los programas de estudios en las ciencias de la salud.

2.4 Maximizar la colaboración e integración del RCM con ASEM, el Hospital Universitario y otros hospitales afiliados.

Los indicadores del Plan Estratégico no incluían parámetros de logro. Un total de 95 indicadores fueron establecidos para evaluar las metas y objetivos del plan, y de éstas, un total de 12 eran equivalentes a los indicadores establecidos en el Plan Institucional de Avalúo del RCM, 2010-2016. Para estos 12 indicadores se partió del parámetro de logro establecido en el Plan Institucional de Avalúo. Los demás indicadores fueron evaluados en términos de si se completó o llevó a cabo la acción implícita, y en otros casos, si se evidenció un aumento anual durante el período considerado.

Conclusiones

Las áreas más fortalecidas del RCM con las cuales la institución ha cumplido mayormente son:

- Integración de las facultades a través de actividades de docencia (enseñanza de cursos) e investigación.
- Vinculación con la comunidad a través de cursos específicos que forman parte de los programas académicos, e igualmente, la diversidad de proyectos o programas de servicio a nivel de las escuelas.
- Reclutamiento y retención de estudiantes – Todas las escuelas evidenciaron planes de reclutamiento y promoción de sus programas académicos y servicios al estudiante.

El enfoque dirigido al desarrollo del Recinto de Ciencias Médicas como centro académico de salud no se concretizó, ya que aparentemente la Ley de Centros Médicos Regionales de Puerto Rico no proveía herramientas para su operacionalización.

Recomendaciones

1. Revisar el Reglamento del Comité de Planificación y Desarrollo Institucional del Recinto de Ciencias Médicas (abril de 1991).
2. Re-activar el Comité de Planificación y Desarrollo Institucional del Recinto de Ciencias Médicas.
3. Para la elaboración del próximo plan estratégico es preciso diseñar un plan operacional que incluya los indicadores o métricas para medir el cumplimiento de los

objetivos y las metas. Es fundamental que para estos indicadores se establezcan parámetros de logro a partir de fuentes de información oficiales tales como:

- Informe de análisis de ambiente interno (fortalezas y debilidades de la institución).
- Informe de análisis de ambiente externo (oportunidades y amenazas que afectan el entorno de la institución).
- Informes Anuales del RCM.
- Informes estadísticos institucionales: solicitantes, admitidos y matriculados, matrícula total, grados conferidos, total de personal docente y no docente, presupuesto total por fuente (Fact Book – RCM).
- Informes de Autoestudio del RCM, las Escuelas y programas académicos.
- Otros informes oficiales que se estimen importantes.

4. Los indicadores que serán incluidos en el próximo plan estratégico deben asignársele un peso de acuerdo a la prioridad de los objetivos a los que responden. Este ejercicio debe llevarse a cabo como parte de la elaboración del plan operacional. Un posible método a utilizarse es el "Balance Scorecard" desarrollado por Robert Kaplan y David Norton.

5. Discutir a nivel del Comité de Planificación y Desarrollo Institucional si el desarrollo del Recinto de Ciencias Médicas como Centro Académico de Salud debe mantenerse como una prioridad del próximo plan estratégico.

6. Identificar las áreas a mejorar correspondientes a las 9 metas institucionales evaluadas para determinar aquellos aspectos que ameritan tener prioridad para ser incluidos en el próximo plan estratégico.

7. El Comité de Planificación y Desarrollo Institucional debe mantenerse activo, para que pueda dar seguimiento a la implantación del plan estratégico, y hacer los ajustes que ameriten durante el proceso de implantación.

8. Es importante que el próximo plan estratégico sea uno conciso y realista. El actual plan estratégico del RCM incluye 9 metas, 42 objetivos y 95 indicadores, razón por lo cual resulta compleja su implantación y cumplimiento, así como también la evaluación del mismo.

9. Para la documentación y eventual análisis de los indicadores es fundamental mejorar el acopio de datos institucionales y los sistemas de información de estudiantes, personal y finanzas.

Según Norma E. Eyzaguirre Rojas (2006) existen dos aspectos claves que se deben considerar para desarrollar un adecuado proceso de planificación estratégica:

- Enfocar la planificación en los factores críticos que determinan el éxito o fracaso de una organización.
- Diseñar un proceso de planificación que sean realista, en base a los recursos y capacidades técnicas.

Indudablemente, estos dos aspectos deben servir de guía a los líderes del Recinto que tendrán a su cargo la elaboración del próximo plan estratégico.

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20 de noviembre de 2015

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Áreas Temáticas por Meta y Número de Objetivos e Indicadores del
Plan Estratégico del Recinto de Ciencias Médicas 2009-2016

Tabla I

Áreas	Metas	Número de Objetivos	Número de Indicadores
Investigación	#1	6	24
Centro Académico de Salud	#2	4	6
Desarrollo Académico Acreditación y Tecnologías de Informática	#3	5	12
Liderato en la Creación de Nuevos Conocimientos	#4	3	9
Integración de las facultades	#5	4	3
Imagen en la Comunidad	#6	2	14
Vinculación con la Comunidad	#7	5	9
Reclutamiento y Retención de Estudiantes	#8	7	10
Recursos Económicos, Administración e Instalaciones Físicas	#9	6	8
TOTAL	**9**	**42**	**95**

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Resumen Nivel de Cumplimiento de Metas y Objetivos del
Plan Estratégico 2009-2016

Tabla II

Meta	Objetivo	Indicador	Número de Indicadores Clasificados por Nivel de Cumplimiento		
			Totalmente	Parcialmente	No se Cumplió
1	1.1	1. Creación de estructura que articule el quehacer investigativo del RCM.		X	
		2. Propuesta aprobada del CTS aprobada/implantada.	X		
		3. Adquisición de equipo y tecnología para investigación.	X		
		4. Nombramiento de personal de apoyo a la investigación.	X		
		5. Implantación de política que relacione fondos obtenidos por espacio físico para investigación.	X		
		6. Políticas revisadas y enmendadas sobre contratos, incentivos, costos indirectos, entre otros, para fortalecer y agilizar los esfuerzos investigativos.		X	
		7. Evidencia de convenios aprobados para el desarrollo de proyectos de investigación.	X		
	1.2	1. Total de propuestas de investigación financiadas con fondos externos.		X	
		2. Número de propuestas de investigación aprobadas para agencia auspiciadora.		X	
		3. Total de fondos para investigación por fuente.			X
		4. Total de gastos en investigación por fuente.			X
		5. Inversión en equipo para investigación.	X		
	1.3	1. Perfil de los investigadores que sirven de mentores (número de investigadores que sirven de mentores).		X	
		2. Número de investigadores que participan en proyectos de investigación.		X	

Meta	Objetivo	Indicador	Número de Indicadores Clasificados por Nivel de Cumplimiento		
			Totalmente	Parcialmente	No se Cumplió
		3. Otorgación de mérito, incentivos y reconocimientos en obtención de fondos externos y publicaciones. (Profesores que recibieron incentivos para fomentar investigación).	X		
		4. Total de publicaciones revisadas por pares.		X	
		5. Total de publicaciones citadas.[1]		X	
		6. Promedio de citas por artículo.[2]	--	--	--
		7. Número de investigadores de nuevo reclutamiento.	X		
	1.4	1. Presentaciones en Foros Científicos nacionales e Internacionales.		X	
		2. Reconocimientos y honores (investigación).	X		
		3. Publicaciones científicas interdisciplinarias.			X
	1.5	1. Número de patentes y licencias registradas		X	
	1.6	1. Número de abstractos presentados por estudiantes en reuniones locales, nacionales e internacionales.			X
2	2.1	1. Propuesta aprobada para la creación del CAS (Ley de Centros Académicos Regionales de PR (Ley núm. 136 del 27 de julio de 2006).	X		
		2. Plan operacional implantado para viabilizar la propuesta del CAS.			X
		3. Cambios implantados en la prestación de servicios a través del Plan de Práctica Intramural.	X		
	2.2	No se estableció indicador de logro. (Indicador Sugerido: Talleres Clínicos llenan los requisitos de las agencias acreditadoras[3]).	--	--	--
	2.3	1. Actividades llevadas a cabo para implantar el Proyecto Emblemático de Comunidades Saludables.			X

[1] Solamente se identificó la información para los investigadores adscritos al Programa RCMI correspondiente al periodo 2003-2012.

[2] No se identificó evidencia.

[3] La mayoría de los programas académicos susceptibles a acreditación están acreditados.

Meta	Objetivo	Indicador	Número de Indicadores Clasificados por Nivel de Cumplimiento		
			Totalmente	Parcialmente	No se Cumplió
		2. Número y descripción de propuestas sometidas/aprobadas para transformar el Sistema de Salud de Puerto Rico.			X
		3. Descripción de las alianzas colaborativas establecidas relacionadas con los nuevos modelos de servicios de salud propuestos.		X	
	2.4	El Plan Estratégico no estableció indicador de logro para este objetivo. (Indicador Sugerido: Acuerdos colaborativos del RCM con ASEM y otras instituciones hospitalarias afiliadas[4]).	--	--	--
3	3.1	1. Programas acreditados con distinción máxima.		X	
		2. Cantidad de nuevos programas acreditados y programas reacreditados.		X	
	3.2	1. Cantidad de cursos, programas académicos y de Educación Continua ofrecidos, asistidos por Escuela-enhanced, híbrido y a distancia.	X		
		2. Cumplimiento con los requisitos de datos e información para la toma de decisiones informada.	X		
		3. Cantidad y grado de satisfacción con los salones electrónicos inteligentes.		X	
		4. Aumento de los servicios en línea y recursos bibliotecarios en formato digital.	X		
		5. Grado de satisfacción de los usuarios con el proyecto (Proyecto Emblemático – Formación Virtual para un Mundo Global).	X		
	3.3	1. Propuesta sometida y aprobada (Proyecto Emblemático Uno en Seis).			X
		2. Oferta de programas conjuntos a nivel subgraduado y graduado.		X (Solamente a nivel graduado)	
		3. Estudiantes matriculados en Programas Conjuntos.	X		
	3.4	1. Documentos revisados con cambios y recomendaciones incorporados.			X

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[4] Las Escuelas de Medicina y Enfermería indicaron que mantienen acuerdos de colaboración con Hospital de Carolina de la UPR, ASEM, entre otros hospitales afiliados.

Meta	Objetivo	Indicador	Número de Indicadores Clasificados por Nivel de Cumplimiento		
			Totalmente	Parcialmente	No se Cumplió
	3.5	1. Modificaciones realizadas en la oferta académica como resultados de la evaluación de los programas académicos del RCM.	X		
4	4.1	1. Perfil académico y profesional de la facultad.	X		
		2. Productividad científica y creativa.		X	
		3. Servicios de salud innovadores como parte integral del sistema de salud de PR.	X		
		4. Vínculo sostenido con la comunidad en la investigación, la educación y el servicio.		X	
		5. Reconocimientos y honores otorgados a la facultad destacada en la enseñanza, la investigación y el servicio		X	
	4.2	1. Número de actividades de desarrollo profesional auspiciadas por escuela.		X	
		2. Número de facultativos que participaron en las actividades.		X	
	4.3	1. Número de facultativos que recibieron incentivos para estudios.		X	
		2. Número de facultativos que viajaron para asistir a adiestramientos o actividades de capacitación.	X		
5	5.1	1. Número de proyectos de colaboración entre facultades.	X		
	5.2 5.3	1. Experiencias interdisciplinarias.		X	
	5.4	1. Convenios de colaboración desarrollados entre las unidades del RCM e instituciones de PR, EU y otros países.	X		
6	6.1	1. Informe de hallazgos de los estudios de percepción de los consumidores o clientes sobre la imagen del Recinto.			X
		2. Informe de hallazgos de estudios de "benchmarking".	X		
		3. Nuevas actividades de promoción y mercadeo del RCM.	X		

Meta	Objetivo	Indicador	Número de Indicadores Clasificados por Nivel de Cumplimiento		
			Totalmente	Parcialmente	No se Cumplió
		4. Informe de resultados de la evaluación de actividades de promoción y mercadeo del RCM.[2]	--	--	--
		5. Evidencia de reposicionamiento del RCM.		X	
	6.2	1. Número de contratos aprobados para el establecimiento de convenios de acuerdo al propósito.		X	
		2. Agencias/entidades con las cuales se mantienen convenios.	X		
		3. Reconocimientos del RCM como institución líder.	X		
		4. Número de estudiantes que participan en actividades de intercambio por Escuela de acuerdo al propósito.		X	
		5. Número de facultativos que participan en actividades de intercambio por escuela de acuerdo al propósito.	X		
		6. Actividades dirigidas a formalizar las relaciones con los ex alumnos llevadas a cabo por Escuela y número de ex alumnos que participaron.		X	
		7. Número de egresados que han participado en las actividades[2].	--	--	--
		8. Fondos generados a través de la aportación de exalumnos[2].	--	--	--
		9. Número de egresados que han servido de recursos en actividades del Recinto[2].	--	--	--
7	7.1	1. Participación de los representantes de la comunidad en los comités de planificación de servicios de salud personales y preventivos.[2]	--	--	--
		2. Número de acuerdos de colaboración con entidades de base comunitario.	X		
		3. Número de proyectos comunitarios desarrollados.	X		
	7.2	1. Participación de la comunidad universitaria en vistas públicas de proyectos de ley.	X		
		2. Participación institucional en los medios de comunicación.	X		

Meta	Objetivo	Indicador	Número de Indicadores Clasificados por Nivel de Cumplimiento		
			Totalmente	Parcialmente	No se Cumplió
	7.3	1. Grupos de interés desarrollados.	X		
	7.4	1. Acciones de capacitación desarrollados para el liderato comunitario.	X		
	7.5	1. Número de iniciativas internacionales en la que participa.		X	
		2. Desarrollo de nuevos colaboradores de la OMS[2/].	--	--	--
8	8.1	1. Aplicación de estrategias establecidas en el Plan de Reclutamiento Institucional.	X		
		2. Planes de reclutamiento de estudiantes implantados por las escuelas.	X		
		3. Número de solicitantes que cualifican para admisión por programa académico.		X	
		4. Número de estudiantes admitidos que se destacan según los resultados de la evaluación.[2/]	--	--	--
	8.2	1. Calidad de documentos impresos y en línea sobre oferta académica y servicios que ofrece el Recinto.		X	
	8.3	1. Métodos de comunicación utilizados con los candidatos a admisión por Escuela.	X		
	8.4	1. Nuevos trámites para servicios a los estudiantes disponibles a través de sistemas en línea.	X		
	8.5	1. Informe de resultados de las evaluaciones de servicios dirigidos a estudiantes.		X	
		2. Cambios implantados en los servicios dirigidos a los estudiantes.	X		
	8.6 8.7	1. Incentivos establecidos para atraer y mantener los mejores estudiantes.	X		
9	9.1	1. Fondos alternos obtenidos por el RCM.			X
	9.2	1. Modificaciones realizadas en los sistemas y procesos administrativos.		X	
		2. Plan de revisión de procesos administrativos.		X	

6

Meta	Objetivo	Indicador	Número de Indicadores Clasificados por Nivel de Cumplimiento		
			Totalmente	Parcialmente	No se Cumplió
	9.3	1. Informe de resultados de la evaluación del cumplimiento con la política de utilización de espacio físico. (Pendiente a ser evaluada a nivel de UPR-Adm. Central).	--	--	--
		2. Modelo de utilización de espacio físico implantado en el Recinto.	X		
		3. Plan de seguimiento implantado para monitorear el cumplimiento de proyectos de construcción, remodelación y mantenimiento preventivo y correctivo.	X		
		4. Informe de resultados de la implantación del plan de seguimiento de los proyecto de construcción, remodelación y de mantenimiento preventivo y correctivo.	X		
	9.4 9.5 9.6	1. Modelo de redistribución de recursos implantado.		X	

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Nivel de Cumplimiento de Metas y Objetivos a Partir de los Indicadores del Plan Estratégico, 2009-16

Tabla III

Meta	Objetivos	Por Ciento de Cumplimiento de Objetivos de Acuerdo al Número de Indicadores Evaluados			
		Totalmente	Parcialmente	No se Cumplió	No se Identificó Evidencia
1	1.1	5/7 = 71.4%	2/7 = 28.6%	--	--
	1.2	1/5 = 20.0%	2/5 = 40.0%	2/5 = 40.0%	--
	1.3	2/7 = 28.6%	4/7 = 57.1%	--	1/7 = 14.3%
	1.4	1/3 = 33.3%	1/3 = 33.3%	1/3 = 33.3%	--
	1.5	--	1/1 = 100%	--	--
	1.6	--	--	1/1 = 100%	--
2	2.1	2/3 = 66.7%	--	1/3 = 33.3%	--
	2.2[1]	--	--	--	--
	2.3	--	1/3 = 33.3%	2/3 = 66.7%	--
	2.4[1]	--	--	--	--
3	3.1	--	2/2 = 100%	--	--
	3.2	4/5 = 80.0%	1/5 = 20.0%	--	--
	3.3	1/3 = 33.3%	1/3 = 33.3%	1/3 = 33.3%	--
	3.4	--	--	1/1 = 100%	--
	3.5	1/1 = 100%	--	--	--
4	4.1	2/5 = 450.0%	3/5 = 60.0%	--	--
	4.2	--	2/2 = 100%	--	--
	4.3	1/2 = 50.0%	1/2 = 50.0%	--	--

[1] No se estableció indicador de logro.

1

Meta	Objetivos	Por Ciento de Cumplimiento de Objetivos de Acuerdo al Número de Indicadores Evaluados			
		Totalmente	Parcialmente	No se Cumplió	No se Identificó Evidencia
5	5.1	1/1 = 100%	--	--	--
	5.2	--	1/1 = 100%	--	--
	5.3[2]	--	1/1 = 100%	--	--
	5.4	1/1 = 100%	--	--	--
6	6.1	2/5 = 40.0%	1/5 = 20.0%	1/5 = 20.0%	1/5 = 20.0%
	6.2	3/9 = 33.3%	3/9 = 33.3%	--	3/9 = 33.3%
7	7.1	2/3 = 66.7%	--	--	1/3 = 33.3%
	7.2	2/2 = 100%	--	--	--
	7.3	1/1 = 100%	--	--	--
	7.4	1/1 = 100%	--	--	--
	7.5	--	1/2 = 50%	--	1/2 = 50%
8	8.1	2/4 = 50.0%	1/4 = 25.0%	--	1/4 = 25.0%
	8.2	--	1/1 = 100%	--	--
	8.3	1/1 = 100%	--	--	--
	8.4	1/1 = 100%	--	--	--
	8.5	1/2 = 50.0%	1/2 = 50.0%	--	--
	8.6	1/1 = 100%	--	--	--
	8.7[3]	1/1 = 100%	--	--	--
9	9.1	--	--	1/1 = 100%	--
	9.2	--	2/2 = 100%	--	--
	9.3	3/4 = 75.0%	1/4 = 25.0%	--	--

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[2] El indicador del objetivo 5.3 es igual al del objetivo 5.2.

[3] El indicador del objetivo 8.7 es igual al del objetivo 8.6.

Meta	Objetivos	Por Ciento de Cumplimiento de Objetivos de Acuerdo al Número de Indicadores Evaluados			
		Totalmente	Parcialmente	No se Cumplió	No se Identificó Evidencia
	9.4	--	1/1 = 100%	--	--
	9.5[4/]	--	1/1 = 100%	--	--
	9.6[4/]	--	1/1 = 100%	--	--

WB/mtr(c)
OPIAI

---

[4] El indicador de los objetivos 9.5 y 9.6 es igual al del objetivo 9.4.

Universidad de Puerto Rico
Recinto de Ciencias Médicas

Resultados de la Evaluación del Cumplimiento de las Metas y Objetivos del
Plan Estratégico, 2009-16

Tabla IV

Metas y Objetivos	Nivel de Cumplimiento
Meta 1	
Objetivo 1.1	Se cumplió mayormente (Aproximadamente 85.7%).
Objetivo 1.2	Se cumplió parcialmente (Aproximadamente 60%).
Objetivo 1.3	Se cumplió parcialmente (Aproximadamente 71.4%).
Objetivo 1.4	Se cumplió parcialmente (Aproximadamente 66.6%).
Objetivo 1.5	Se cumplió parcialmente (100% fue parcial).
Objetivo 1.6	No se cumplió.
Cumplimiento Meta 1	**Se cumplió parcialmente** (Un objetivo se cumplió mayormente, cuatro parcialmente y uno no se cumplió). (Aproximadamente 64%)
Meta 2	
Objetivo 2.1	Se cumplió parcialmente (Aproximadamente 66.7%).
Objetivo 2.2[1]	No se estableció indicador de logro[1].
Objetivo 2.3	Se cumplió mínimamente no se cumplió (Aproximadamente 33.3%).
Objetivo 2.4[2]	No se estableció indicador de logro[2].
Cumplimiento Meta 2	**Se cumplió escasamente** (Un objetivo se cumplió parcialmente y otro mínimamente. Para dos objetivos no se estableció indicadores (aproximadamente 50%).
Meta 3	
Objetivo 3.1	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 3.2	Se cumplió mayormente (Aproximadamente 85-90%).
Objetivo 3.3	Se cumplió parcialmente (Aproximadamente 66.6%).
Objetivo 3.4	No se cumplió.
Objetivo 3.5	Se cumplió totalmente (100%).
Cumplimiento Meta 3	**Se cumplió parcialmente** (Un objetivo se cumplió totalmente, un objetivo se cumplió mayormente, dos parcialmente y uno no se cumplió). (Aproximadamente 64.3%).

---

[1] Indicador sugerido: Talleres clínicos llenan requisitos de agencias acreditadoras.
[2] Indicador sugerido: Acuerdos colaborativos del RCM con ASEM y otras instituciones hospitalarias afiliadas.

Metas y Objetivos	Nivel de Cumplimiento
Meta 4	
Objetivo 4.1	Se cumplió parcialmente (Aproximadamente 75%).
Objetivo 4.2	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 4.3	Se cumplió parcialmente (Aproximadamente 75%).
Cumplimiento Meta 4	**Se cumplió parcialmente** (Tres objetivos se cumplieron parcialmente). (Aproximadamente 73.3%).
Meta 5	
Objetivo 5.1	Se cumplió totalmente (100%).
Objetivo 5.2	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 5.3	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 5.4	Se cumplió totalmente (100%).
Cumplimiento Meta 5	**Se cumplió mayormente** (Dos objetivos se cumplieron totalmente y dos parcialmente). (Aproximadamente 85%).
Meta 6	
Objetivo 6.1	Se cumplió parcialmente (Aproximadamente 60%).
Objetivo 6.2	Se cumplió mayormente (Aproximadamente 75%).
Cumplimiento Meta 6	**Se cumplió parcialmente** (Un objetivo se cumplió mayormente y el otro parcialmente). (Aproximadamente 67.5%).
Meta 7	
Objetivo 7.1	Se cumplió parcialmente (Aproximadamente 66.7%).
Objetivo 7.2	Se cumplió totalmente (100%).
Objetivo 7.3	Se cumplió totalmente (100%).
Objetivo 7.4	Se cumplió totalmente (100%).
Objetivo 7.5	Se cumplió escasamente (Aproximadamente 50%).
Cumplimiento Meta 7	**Se cumplió mayormente** (Tres objetivos se cumplieron totalmente, uno parcialmente y el otro escasamente). (Aproximadamente 80%).
Meta 8	
Objetivo 8.1	Se cumplió parcialmente (Aproximadamente 75%).
Objetivo 8.2	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 8.3	Se cumplió totalmente (100%).
Objetivo 8.4	Se cumplió totalmente (100%).
Objetivo 8.5	Se cumplió parcialmente (Aproximadamente 75%).
Objetivo 8.6	Se cumplió totalmente (100%).
Objetivo 8.7	Se cumplió totalmente (100%).
Cumplimiento Meta 8	**Se cumplió mayormente** (Cuatro objetivos se cumplieron totalmente y los otros tres parcialmente). (Aproximadamente 88.6%).

Metas y Objetivos	Nivel de Cumplimiento
Meta 9	
Objetivo 9.1	No se cumplió.
Objetivo 9.2	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 9.3	Se cumplió mayormente (Aproximadamente 87%).
Objetivo 9.4	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 9.5	Se cumplió parcialmente (Aproximadamente 70%).
Objetivo 9.6	Se cumplió parcialmente (Aproximadamente 70%).
Cumplimiento Meta 9	**Se cumplió parcialmente** (Cinco objetivos se cumplieron parcialmente y uno mayormente). (Aproximadamente 61.2%).

*Resultados de la Evaluación del Cumplimiento de las Metas y Objetivos del Plan Estratégico, 2009-16: Tres metas se cumplieron mayormente, cinco parcialmente y una escasamente.

Escala a partir de los indicadores evaluados:

100% -	Se cumplió totalmente
99-80% -	Se cumplió mayormente
79-60% -	Se cumplió parcialmente
59-40% -	Se cumplió escasamente
39-20% -	Se cumplió mínimamente
<20% -	No se cumplió

WEBSITES

Captured images of selected website front pages

University of Puerto Rico - http://www.upr.edu

UPR Board of Governors - http://juntagobierno.upr.edu

Medical Sciences Campus - http://www.rcm.upr.edu/

UPR RECINTO DE CIENCIAS MÉDICAS

ADMISIÓN ACADEMIA BIBLIOTECA ESTUDIANTES ESCUELAS INVESTIGACIÓN COMUNIDAD

Facebook   Twitter   YouTub

Noticias y Eventos

requesting...

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INFORMACIÓN AL CONSUMIDOR

CALENDARIO DEL RCM

Bienvenidos al RCM

Bienvenida RCM UPRR

El Recinto de Ciencias Médicas

Portal "Entre Estudiantes" del RCM

Entre Estudiantes UPR es un portal de orientación para continuar estudios en la Universidad de Puerto Rico. De igual manera, se ofrece orientación sobre programas académicos y las posibles carreras que puedes alcanzar al estudiar en el Recinto de Ciencias Médicas. Si necesitas ayuda adicional, solicítala a través del chat o foro una vez estés registrado en el portal. Un estudiante universitario con la colaboración de personal de apoyo de la UPR están disponible para clarificar dudas que facilitarán mantenerte en ruta y logres tus metas. Tenemos la certeza que lo lograrás. ¡Éxito!

CHE
MSA

The Medical Sciences Campus, University of Puerto Rico accreditation is reaffirmed every ten years by the Middle States Commission on Higher Education (MSCHE). Last reaffirmation of accreditation on June 23, 2011.

MSC Consumer Information
http://www.rcm.upr.edu/informacion-consumidor/

UPR
RECINTO DE CIENCIAS MÉDICAS

ADMISIÓN ⌄   ACADEMIA ⌄   BIBLIOTECA   ESTUDIANTES   ESCUELAS ⌄   INVESTIGACIÓN   COMUNIDAD ⌄

Información al Consumidor

I. Información General de la Intitución

- Programas Académicos
- Catálogo de Cursos
- Acreditación
- Empleos
- Servicio a Discapacitados
- Divulgaciones de Empleo Remunerado
- Política de Reembolso
- Política de Ayuda Económica
- Política de Reembolso y Despliegue Militar
- Política de Retiro
- Información de Quejas del Estudiante
- Diversidad Estudiantil
- Organizaciones Estudiantiles
- Información para Estudiar en el Extrangero
- Transferencia de Créditos
- Matrícula y cuotas

II. Resultados de los Estudiantes

- Tasas de Retención y Graduación
- Tasas de Aprobación de Licenciatura
- Atletismo en la Universidad

III. Asistencia Financiera al Estudiante

- Becas, Premios y Préstamos
- Préstamos: Subgraduado, Transferencia Adulto Subgraduado y Postgrado
- Programa Estudio-Trabajo

IV. Ayuda Institucional y Financiera

- Oficina de Admisiones
  787-758-2525
  Ext. 5211, 5213, 5214, 5215, 5228, 5231
- Oficina de Asistencia Económica
  Lourdes E. Morris Pastrana
  Secretary
  Tel. 787-758-2525, Ext. 5205-5206
  lourdes.morris@upr.edu

V. Salud y Seguridad

- Seguridad en el Campus
- Sistema de Notificación
- Política de Seguridad en el Campus
- Estadísticas de Crimen
- Información de Salud
- Política de Inmunizaciones

VI. Exalumnos del RCM

- Página Web: http://exalumnos.rcm.upr.edu
- Acerca:
  La Universidad de Puerto Rico es un orgullo para el país y para sus graduados, ya través de la historia siempre ha sido el centro de excelencia en la educación y la investigación. Además de recibir la educación de la más alta calidad en el país con el menor costo en Puerto Rico y Estados Unidos, a estudiar en la Universidad de Puerto Rico representa una relación de por vida con la institución. Además de completar los grados académicos, ex alumnos de la UPR son una parte activa de la comunidad académica y recibir beneficios, mientras que al mismo tiempo contribuir al desarrollo de su Alma Mater para el beneficio de las generaciones futuras.
- Logo

Derecho a Saber   Netprice Calculator   Universia   Seguridad   Ética   Políticas y Leyes   Empleos

MSC Academic Senate - http://senadoacademico.rcm.upr.edu/

Senado Académico
del Recinto de Ciendias Médicas, UPR

CALENDARIO   CERTIFICACIONES   DOCUMENTOS   PORTAL SA

¡Bienvenidos!

El Reglamento General de la Universidad de Puerto Rico en el Capítulo IV: Las Unidades Institucionales, Artículo 17 - Organismos Deliberativos, dispone que en cada recinto existirá un senado académico, cuyas funciones y responsabilidades se establecen en la Ley de la Universidad de Puerto Rico y en los Artículos 21 y 22 del propio Reglamento.

El Artículo 21 Sección 21.1- Su naturaleza estipula que: "El senado académico es el foro oficial de la comunidad académica. En este, el claustro participa en los procesos institucionales, cooperando y colaborando estrechamente en el establecimiento de normas académicas dentro del ámbito jurisdiccional establecido por ley.

La Sección 21.4, describe que "los senados académicos estarán compuestos por los funcionarios que dispone la Ley de la Universidad en su Artículo 11-B, por representantes elegidos por el claustro correspondiente y por la representación estudiantil que se autoriza en la Sección 21.4.8.17."

Comités Permanentes del Senado Académico y Representantes a Juntas del Recinto de Ciencias Médicas - Año Académico 2015-2016

- Composición Del Comité De Asuntos Académicos
- Composición Del Comité De Asuntos Claustrales
- Composición Del Comité De Asuntos Estudiantiles
- Composición Del Comité De Ley Y Reglamentos
- Representantes Ante La Junta Administrativa
- Representantes Ante La Junta Universitaria
- Representante Ante La Junta De Retiro
- Representantes Ante La Junta De Reconocimiento De Las Organizaciones Estudiantiles
- Representantes Ante La Junta Coordinadora De Seguridad
- Representantes Ante La Junta De Disciplina

Enlaces y Reglamentos más Utilizados

- Administración Central
- Junta de Gobierno
- Certificaciones Vigentes de la Junta de Gobierno
- Ley orgánica de la Universidad de Puerto Rico
- Reglamento General
- Reglamento General de Estudiantes

MSC Administrative Board

Junta Administrativa
del Recinto de Ciendias Médicas, UPR

COMPOSICIÓN   SECRETARÍA   TALLERES   DOCUMENTOS   CALENDARIO   🔍

Información General

La Ley de la Universidad de Puerto Rico, Ley Número 1 del 20 de enero de 1966, según enmendada, en su Artículo 8, crea en cada recinto una Junta Administrativa con las siguientes funciones:

- Asesorar al Rector en el ejercicio de sus funciones.
- Elaborar los proyectos y planes de desarrollo de la unidad institucional.
- Considerar el proyecto de presupuesto de la unidad institucional respectiva sometido por el Rector.

En adición a las funciones que especifica la Ley de la Universidad, el Reglamento General de la Universidad de Puerto Rico establece que cada junta actuará como cuerpo consultivo del Rector y colaborará con él en la realización del programa universitario.

Son miembros de la Junta Administrativa los siguientes: El Rector del RCM, Decanos de las seis (6) Escuelas, a saber: Escuela de Medicina, Escuela de Medicina Dental, Escuela de Enfermería. Escuela de Salud Pública, Escuela de Profesiones de la Salud, Escuela de Farmacia; Decano de Estudiantes, Decano de Administración, Decano de Asuntos Académicos, dos (2) representantes de la facultad del RCM elegidos por y entre los Senadores Académicos, y un (1) representante del estudiantado, elegido por y entre los miembros del Consejo de Estudiantes.

El Reglamento Interno de la Junta Administrativa fue aprobado mediante la Certificación Número 124, 2013-14, JA-RCM.

Fechas Límites

11 de septiembre de 2015

Último día para que los Decanos entrguen los informes y sometan copia de informes de personal en disfrute de licencias, sabáticas y ayudas económicas durante el año 2014-2015

2 de diciembre de 2015

Último día para someter lista de candidatos propuestos para Ascensos en Rango

29 de enero de 2016

Último día para someter solicitudes de Ayuda Económica, Licencias y Sabáticas con impacto presupuestario, para el Año Fiscal 2016-17.

11 de marzo de 2016

Último día para someter expedientes de candidatos a Ascensos en Rango del Año Fiscal 2016- 2017 Sec. 47.2.1 del Reglamento General de la UPR.

La fecha límite para someter asuntos y documentos a ser incluidos en la Agenda es el martes antes de la fecha de cada reunión mensual, a saber:

Año 2015

18 de agosto, 22 de sept., 13 de oct., 10 de nov. y 8 de dic.

Año 2016

19 de enero, 16 de febrero, 15 de marzo, 19 de abril, 17 de mayo y 14 de junio

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Contáctenos   Tel: 787-766-0204
Email: juntaadmin.rcm@upr.edu
Inicio   Recinto de Ciencias Médicas   Universidad de Puerto Rico

CoIA | Cómité Institucional de Avalúo

RCM-Decanato de Asuntos Académicos

Inicio   Nosotros   Noticias   Resultados   Contáctenos

Área de estudio en el segundo nivel de la Biblioteca

Entrada principal hacia el primer nivel de la Biblioteca

Vista del edificio del RCM en horario nocturno

Área frontal del edificio del Decanato de Estudiantes

En la Biblioteca también se hace avalúo.

Foto: Área de estudio en el segundo nivel de la Biblioteca Conrado F. Asenjo del Recinto de Ciencias Médicas (RCM) de la Universidad de Puerto Rico (UPR).

¡Bienvenidos!

Bienvenidos al espacio virtual del Comité Institucional de Avalúo (CoIA) del Decanato de Asuntos Académicos (DAA), Recinto de Ciencias Médicas (RCM).

El Comité Institucional de Avalúo (CoIA) tiene como propósito asesorar a la Gerencia Académica del RCM en el desarrollo, implantación y mantenimiento de un sistema de avalúo continuo que permita determinar la efectividad del Recinto en el cumplimiento de su misión, metas y objetivos.

Esperamos que este espacio sirva como vehículo para promover una constante cultura de avalúo, además de orientar y divulgar actividades y resultados de avalúo. Las recomendaciones conducentes a mejorar este sitio e ideas que aporten al rendimiento de cuentas sobre el quehacer institucional son bienvenidas.

Siéntase en la libertad de contactarnos a través de nuestro correo electrónico:
coia.rcm@upr.edu

Ver más...

Avalúo...

...la barca que conduce al mejoramiento y la excelencia.

¿Qué es avalúo?

Es un proceso sistemático, continuo y planificado para recopilar, analizar e interpretar información que permita conocer la efectividad institucional, el progreso de los estudiantes y cuán efectivo se está dando el proceso de enseñanza-aprendizaje. El avalúo persigue el constante mejoramiento y la toma de decisiones oportunas basadas en la evidencia.

Ver más...

Infórmate...

Nueva composición del comité

A partir de febrero de 2013 el CoIA cuenta con dos componentes, conóceles.

- Efectividad Institucional (CoIA: EI)
- Aprendizaje Estudiantil (CoIA: AE)

Manual de Procedimientos del CoIA

Se encuentra bajo revisión para atemperarlo a la nueva realidad y composición del CoIA.

Plan de Avalúo 2010-2016

Contiene indicadores de resultados para las metas del RCM del plan operacional de avalúo de la efectividad institucional en tres grandes áreas:

- Desarrollo Acádemico y Estudiantil
- Desarrollo de la Investigación
- Desarrollo Institucional

Ver más...

¿Por qué hacer avalúo?

En la educación el avalúo surge por la necesidad de rendir cuentas a las agencias acreditadoras. En el documento de las Características de Excelencia en la Educación Superior de la Middle State Commission for Higher Education, los estándares 7 y 14 requieren que la institución demuestre el uso de resultados de avalúo para su continuo mejoramiento. Más...

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UPR- Recinto de Ciencias Médicas

Acreditación

Efectividad Institucional

Sistema de Manejo de Contenido

Sistema de Cuestionarios

MSC Institutional Assessment Committee Dashboard
http://coia.rcm.upr.edu/resultados.html

CoIA | Cómité Institucional de Avalúo
RCM-Decanato de Asuntos Académicos

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Resultados

El Recinto de Ciencias Médicas (RCM) está comprometido con el uso del avalúo para el mejoramiento continuo y con miras a lograrlo trabaja arduamente en inicíciativas que fortalezcan la diseminación de los resultados y agilicen el cierre del ciclo. Además de la presentación y discusión de los resultados de avalúo en diversos foros, la galería de resultados es una de las herramientas de divulgación que el Comité Institucional de Avalúo (CoIA) y el RCM usan para que la comunidad conozca de su compromiso con la transparecia y el mejoramiento. En esta página se consignan el tablero de resultados, instrumentos de recopilación de datos para el avalúo de la efectividad institucional en el formato de cuestionarios electrónicos y la metodología para el cómputo de las tasas de retención y graduación, entre otras cosas.

2010-2016

Tablero de Resultados de Indicadores de Efectividad Institucional (*Dashboard*), use el enlace siguiente.

Ver más »

2004 - 2010

Tablero de Resultados de Indicadores de Efectividad Institucional (*Dashboard*), use el enlace siguiente.
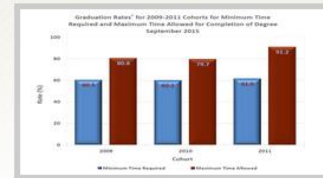
Ver más »

Tasas 2009-2011

Informes de tasas de retención y graduación para las cohortes 2009-2011, utilice el enlace a continuación.

Ver más »

Instrumentos

Instrumentos en línea para el acopio de datos con acceso restringido a usuarios autorizados (requiere nombre de usuario y contraseña).

Ver más »

Instructivo y Metodología

Instructivo con la metodología para completar la hoja electrónica que permite seguir las cohortes y el cómputo de las tasas de retención y graduación.

Ver más »

Efectividad Institucional

Plan estratégico, informes, políticas y planes de avalúo de la efectividad institucional.

Ver más »

¿Por qué se hace avalúo?

En la educación el avalúo surge por la necesidad de rendir cuentas a las agencias acreditadoras. En el documento de las Características de Excelencia en la Educación Superior de la Middle State Commission for Higher Education, los estándares 7 y 14 requieren que la institución demuestre el uso de resultados de avalúo para su continuo mejoramiento. Más...

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Deanship for Academic Affairs - http://daa.rcm.upr.edu

RESEARCH UNITS   SERVICE UNITS   ACCREDITATION   INSTITUTIONAL EFFECTIVENESS   RESOURCES   🔍 Search

The Medical Science Campus is composed of the Schools of Medicine, Dental Medicine, Public Health, Pharmacy, Nursing, and Health Professions, and the Deanships for Academic Affairs, Administration, and Student Affairs and Chancellor. The Deanship for Academic Affairs is composed of the Dean, Associate Dean, Directors of Accreditation and Licensure, Center for Learning Technology and Support, Library, Academic Development Office, Institutional Planning and Assessment, Registrar´s Office, Institute of Bioethics and DECEP Continuing Education. All research and service related unit are described in the section of Service Units and Research Facilities.

News and Events

Save the Date – 36th Annual Research and Education Forum

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Dean's Message

Mission

Deanship Organization

Administrative Office

Working Committees

Personnel

Institute of Bioethics

Library

Registrar's Office

Academic Development Office

Institutional Planning, Research and Assessment Office

Center for Technological Support in Academia (CATA)

Continuing Education and Professional Studies Division (DECEP)

Deanship for Academic Affairs - Institutional Effectiveness
http://daa.rcm.upr.edu/institutional-effectiveness/

RESEARCH UNITS   **SERVICE UNITS**   **ACCREDITATION**   **INSTITUTIONAL EFFECTIVENESS**   **RESOURCES**   🔍 Search

Institutional Effectiveness

Institutional effectiveness is an ongoing process geared to improve all aspects associated with fulfilling the Medical Sciences Campus Institutional Mission. It is committed to integrate planning, assessment, and budgeting process through the use of results to improve student learning, services, and research. The effectiveness of the MSC as a whole emerges from the contribution of each program and service for the common purpose of attaining the institutional goals. Certification of the UPR Board of Trustees Number 136(2003-04) establishes the policy on institutional effectiveness for the UPR system; Certification of the Academic Senate Number 033 (2007-08) establishes the assessment policy for the MSC.

Institutional Effectiveness Results (Dashboard)

Assessment Policies

- Agenda de Planificación de la UPR – Diez para la década
- Política Institucional – Acreditación Programas Académicos UPR
- Acervo de cursos que requieran labor comunitaria en la UPR
- Política pública – Evaluación de efectividad institucional
- Diez para la década – 30 indicadores como base de avalúo
- Política sobre el avalúo de la efectividad institucional del RCM

Assessment Plans

- 2005-2008
- 2008-2010
- 2010-2016

For further information, click here to visit the **Institutional Assessment Committee website**

Sidebar

- Dean's Message
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- Institute of Bioethics
- Library
- Registrar's Office
- Academic Development Office
- Institutional Planning, Research and Assessment Office
- Center for Technological Support in Academia (CATA)

Research Units   Service Units   Accreditation   Institutional Effectiveness   Resources

MSC Student Portal - http://estudiantes.rcm.upr.edu/

Noticias

Pre-matricula de agosto 2016-2017

Estudiantes de medicina 3er y 4to año y medicina dental 4to año pre-matricula de agosto 2016-2017

Instrucciones Pre-Matricula Verano 2015-2016

Verificación de Cursos Matriculados para Segundo Semestre 2015-2016

Proceso de pago de Matrícula para el Tercer Trimestre 2015-2016 y obtención del programa de clases para los estudiantes del RCM

Instrucciones para Obtener Certificación de Estudiante Regular Año Contributivo 2015

Ver Más

Vida Estudiantil

- Actividades Sociales y Culturales
- Actividades Deportivas
- Centro de Acondicionamiento Físico
- Consejo General de Estudiantes
- Organizaciones Estudiantiles Reconocidas

Aspectos Académicos

- Manual del Estudiante
- Manual del Registrador
- Catálogo
- Progreso Académico

Oficinas y Servicios

- Portal NEXT
- Biblioteca
- Decanato de Estudiantes
  - Oficina de Admisiones
    - Lista de Programas y Fechas Límites Para Admisión
  - Oficina de Calidad de Vida
  - Centro Estudiantil de Consejería y Sicología
    - Acomodo Razonable
    - Hospedaje
    - Internados
  - Programa de Promoción y Reclutamiento Estudiantil
  - Servicios Médicos a Estudiantes
- Registrador
  - Relevo de Responsabilidad Estudiantil (Recoger Diploma)
- Procurador del Estudiante

Matrícula

- ¿Cuál es mi Email y PIN?
- Portal de Recursos Electrónicos Integrados (PREI)
- Calendario Académico / Fechas Importantes
  - 2015 - 2016 (actual)
  - 2016 - 2017
- Costos Matrícula
- Costos Plan Médico
- Pasos para Matrícula en Línea
  - Conexión
  - Instrucciones
- Matrícula a Plazos / Prórroga (Documentos)

Ayudas Económicas

- Oficina de Asistencia Económica
  - Becas
  - Préstamos Federales
  - Programa Estudio y Trabajo
  - Derechos y Deberes del Estudiante con Ayuda Económica
  - Política y Normas de Elegibilidad Académica (Progreso Académico)
    - Política y Normas de Elegibilidad Académica Participación Programas Ayudas Económicas UPR
    - Solicitud de Revisión de Progreso Académico
- Oficina Fiscal de Asistencia Económica
  - Política de Reembolso Título IV
- Programas Ayudantías Graduadas de Cátedra e Investigación

Recursos

- Cambio de Contraseña de Active Directory
- Documentos y Reglamentos para Estudiantes
- E-mail Institucional
- Cambiar Contraseña del E-mail
- Blackboard EPS
- Blackboard Medicina
- Cursos Online Enfermería
- Seguridad en el Campus
- NetPrice Calculator
- Student Consumer Information