

University of Puerto Rico
Medical Sciences Campus



Self-Study Report

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Appendices, Resource File, and Cross-Referencing System

Appendices and Resource File items are grouped and numbered sequentially by chapter. The first digit of the assigned number indicates the chapter and the second digit indicates the item number in the chapter sequence. This allows materials to be grouped with the chapter in which the topic is discussed in-depth.

Cross-references to the appendices and Resource File cite the items' unique numbers and have been included in other chapters where the document is mentioned or it is relevant to the discussion. Appendices are included with the report. Resource File materials will be available to reviewers on site. They will be labeled with each item's unique number as it appears in the text and placed in a portable file cart for ready reference.

EXECUTIVE SUMMARY

The University of Puerto Rico Medical Sciences Campus (MSC) submits its decennial *Self-Study Report 2011* to the Middle States Commission on Higher Education, as required for reaccreditation of the campus. Upon completion of a comprehensive process described in the 2009 *Self-Study Design*, the campus community believes the institution complies with the fourteen standards of the *Characteristics of Excellence in Higher Education*, and is confident that current institutional financial difficulties will not preclude its ability to carry on its mission and assure the quality of its programs.

As many other public and private institutions of higher learning in the United States, the University of Puerto Rico is experiencing a serious financial crisis due to a sudden drop in the revenues of the state and the corresponding allotment of funds to the University. As part of the university system, the MSC suffered a \$16 million reduction for FY 2010-2011, which has been successfully offset by means of a series of cost reduction measures. These measures, discussed in Chapter 3, have put the institution's creativity and resourcefulness to the test, and could have a negative effect on employee and student morale. The anticipation of an additional \$5 million cut for FY 2011-2012 has understandably intensified concern. The challenge is clear: the MSC must preserve the quality of its academic programs and student services with fewer resources and must maintain a positive employee morale to accomplish that goal.

To meet the financial challenge, the MSC will need to draw on its single most powerful cohesive force, which is its sense of mission. Without a doubt, it is a time to reassess priorities and identify the core elements of the mission that all institutional constituents share. The campus is in a good position to accomplish this, as shown in **Chapter 2 Mission, Goals, and Integrity** of this report. The MSC has clearly stated, fully congruent mission and goals that provide the framework for the institution's planning and budgeting and bring together all sectors of the academic community.

In order to adjust for the \$16,000,000 budget reduction for 2010-2011, the University implemented various 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. **Chapter 3 Planning and Resources** proposes the compensation for professional services, procurement of additional grants funding, and a redistribution of indirect costs as possible mid- and long-term measures to help offset any future budget reductions. This report also stresses the urgent need for university authorities to reconsider the "hold" on granting promotions in rank, in light of the resulting burden on a particular segment of the academic community and the difficulty of financing the backlog of promotions this will create. The freeze of 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. There is a sense of accomplishment following the successful adjustment to such a considerable fiscal reduction; nonetheless, all members of the campus community

are fully aware that the crisis is not over. The ongoing remodeling and construction of four buildings (the MSC Library and the Schools of Nursing, Health Professions, and Pharmacy), financed by capital gains funds assigned prior to the financial crisis, is also a source of pride for all campus constituents. Another positive aspect of campus resources is the information and technological infrastructure, which is up-to-date and adequately supports academic and administrative operations.

No significant changes have occurred in the organization and governance of the institution since the last MSCHE review. **Chapter 4 Leadership and Governance** summarizes the university and campus structure. Faculty and students participate at all levels of decision-making (department, school, campus, University Board, Board of Trustees), although there is dissatisfaction with the small number of student and faculty representatives on the University Board and Board of Trustees. Concern has been expressed regarding the institution's sheer size and complexity, which can slow down processes, and the number of current rules and regulations, which has become difficult to access. The creation of a user-friendly website for all institutional documents has been recommended. The University complies with all local and federal applicable laws and has clearly established policies and procedures for all areas of organizational life. As described in Chapter 2, the campus has established grievance mechanisms and is truthful in the information published in its catalog, Web pages, and other publications. To date, labor claims and student and faculty grievances on campus have been resolved within the existing institutional channels.

Students continue to be one of the campus' main assets. They are well-prepared, motivated, and generally able to complete their programs of study within the established timeframes. Professional accrediting agencies often recognize the quality of MSC students and are impressed by their outspokenness and commitment to professional goals. As stated in **Chapter 5 Students**, the Deanship for Student Affairs and the schools' Offices for Student Affairs oversee student services and all areas affecting student life.

The MSC has a well-qualified, multidisciplinary faculty, with strong teaching competencies and research interests that is fully committed to the students and to the community. As discussed in **Chapter 6 Faculty**, the faculty has direct participation in academic matters pertaining to the creation of new programs and courses, curricular revisions, student admission policies and procedures, and all aspects of the internal functioning of academic units. System-wide budget reductions and cost containment measures have affected faculty members, especially those awaiting promotions in academic rank and those in departments with recently vacated positions, which may lead to increased number of students per course section or increased workload for the remaining faculty, among other effects. The freeze in promotions in rank, originally an emergency cost containment measure, could lead to a backlog of promotions difficult to finance at a later date. It also does not evenly distribute the financial burden on all faculty members. This report urges university authorities to reconsider the freeze on academic promotions, in view of its detrimental effect on faculty professional growth, morale, and possibly retention.

The MSC offers quality educational programs, which are congruent with the institutional mission, dynamic, and responsive to new knowledge and trends in the health fields. Almost all programs subject to professional accreditation are accredited by the corresponding accrediting agencies. Assessment of students' abilities to learn through self-directed and independent study, acquisition of skills for critical judgment based on evidence and problem-solving skills, and understanding of societal needs and demands on health care are evidenced in all academic programs. **Chapter 7 Educational Offerings, General Education, and Related Educational Activities** describes the campus' extensive network of clinical sites and close community linkages that strengthen the students' educational experiences, as well as the information and computer resources that enhance the teaching-learning process. Externally funded research activity continues to grow and address priority areas, such as cancer, health disparities, HIV, malaria, dengue, neurosciences, mental health and behavioral problems, drug addiction, women's health, oral health, industrial pharmacy, and translational research. Graduate students participate in research activity under the guidance of faculty and benefit from the institution's various programs and research centers. While all academic programs are closely monitored and evaluated regularly by the institution or accrediting agencies, there is a need to formally evaluate continuing education offerings and outcomes.

The MSC has made considerable progress in its institutional and student learning assessment processes by the development of assessment plans in all schools and at the campus level that have led to a full cycle of findings used in decision making (see **Chapter 8 Institutional Assessment and Assessment of Student Learning**). The fact that most programs are subject to professional accreditation has helped institutionalize assessment. Programs are using assessment results to improve and modify the curricula and learning experiences. Students express satisfaction with the knowledge and skills acquired on campus, which is ultimately one of the institution's goals. Still, continuous monitoring will be required to assure that all programs complete the implementation of their plans. There is also a need to better document how programs are "closing the loop" and to further coordinate the planning, budgeting, and assessment cycles. Notwithstanding the work ahead, assessment has truly become an integral part of the institutional culture.

As stated earlier, one of the Medical Sciences Campus' main accomplishments during the five-year period under study has been its endurance of an unprecedented \$16,000,000 budget cut without the loss of programs or their accreditations. The human factor has been crucial in the institution's survival and will continue to be so in the difficult times ahead. It is the hope of all members of the subcommittees that this *Self-Study Report* will contribute valuable suggestions for the institution's continuing success.

CHAPTER 1 INSTITUTIONAL OVERVIEW

Organizational Structure

The Medical Sciences Campus (MSC) is part of the University of Puerto Rico (UPR) System, a multi-campus, state supported institution of higher education licensed by the Puerto Rico Council on Higher Education. It is governed by a **Board of Trustees** composed of 17 members: one student (elected), two faculty (elected), and 14 citizens from the community appointed by the Governor. The **President** is the Chief Executive Officer of the UPR System, appointed by the Board of Trustees 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, and 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 (**Resource File 4.1**), and the 2002 *UPR General Bylaws*, as amended (**Resource File 4.2**), mandate the structure of the University and its units.

Each campus is headed by a **chancellor**, who presides over the Administrative Board and Academic Senate. The MSC **Administrative Board** is composed of the nine deans, one student representative, and two faculty representatives. The Directors of the Human Resources, Budget, and Legal Affairs Offices attend the meetings as regular guests. The MSC **Academic Senate** is the official deliberative forum of the academic community. It is composed of 36 senators elected by the faculty, 9 student senators, and 13 ex officio members (UPR President, MSC Chancellor, deans, the Director of the Library, and the Director of the Campus Counseling Office), as well as two regular guests (Faculty and Student Ombudspersons).

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 (see organizational charts in **Appendix 1.1**). 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. The campus has 2,402 enrolled students, 411 medical residents, 874 faculty members, and 1,535 nonteaching employees.

Levels of decision-making

There are six basic levels of decision making, i.e., department, school, campus, presidency, University Board, and 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 Trustees, 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 Trustees. Once assigned, campus officials have authority as to how discretionary monies are spent. The Board of Trustees also decides on tuition, employee salaries and benefits, academic distinctions, and amendments to the *UPR General Bylaws*, among other issues. **Appendix 4.1** summarizes the duties and responsibilities of the Board of Trustees, University Board, president, chancellors, and deans, and illustrates how these decision-makers interact. 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 that remain within the assigned budgets. As discussed in Chapter 4 *Leadership and Governance* and Chapter 6 *Faculty* of this report, the decision-making process is in some cases time consuming because of the number of steps. It is also true that these long processes allow levels of accountability necessary to preserve the institution's integrity. Chapter 2 *Mission, Goals, and Integrity* examines the rules, regulations, and policies that guide the University's day to day life and explains how the campus abides by them.

Accreditation

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). See **Appendix 1.2** for the school and programs' accreditation schedule.

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), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The Accreditation Commission for Midwifery Education (ACME) and the Commission on Accreditation of Healthcare Management Education (CAHME) accredit two other campus programs in the Graduate School of Public Health. The only program on campus subject to a professional accreditation that is not currently accredited is the Doctor of Audiology program.

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.

Academic Offerings, Research, and Service

As described in Chapter 7 *Educational Offerings, General Education, and Related Educational Activities*, the campus offers first professional doctorates in Medicine, Dental Medicine, and Pharmacy; professional doctorates in Public Health and Audiology, philosophy doctorates in the biomedical sciences, postdoctoral master's in clinical research and dental specialties, and postdoctoral certificates in medical specialties (hospital-based residency programs); as well as master's degrees with specialties in the fields of biomedical sciences, dentistry, nursing, public health, pharmacy, and allied health professions. In addition, the campus awards bachelor's in nursing and health professions, as well as a few post bachelor certificates and associate degrees in the health professions.

All campus schools incorporate instructional technologies in their curricula to enhance student learning experiences. These include WebCT, Blackboard, simulators, electronic classrooms, on-site wireless environments throughout campus and library, and remote access. According to accrediting agencies' criteria, all schools foster critical thinking and problem based, evidenced based, and lifelong learning.

The campus operates as a health sciences center with close ties to the community through an extensive network of public and private practice sites. It operates the University of Puerto Rico Hospital in Carolina, and has numerous teaching and practice arrangements with hospitals in the Puerto Rico Medical

Center (adjacent to the institution) and the nearby Veterans Administration Hospital, among others. The School of Dental Medicine operates its main practice site on school premises and also sponsors several community-based service projects in low income areas in which students participate. The Schools of Pharmacy, Public Health, Nursing, and Health Professions have extensive networks of sites that guarantee the quality of the students' practice experiences. Over the years these arrangements have gained the campus prestige in the community and have strengthened its ties with many practicing professionals who serve as preceptors and mentors on an ad honorem basis.

The School of Medicine oversees a successful faculty practice plan, which supplements faculty income, generates resources for the institution, and offers students and residents a wealth of clinical experiences under the supervision of faculty. As described in Chapter 3 *Planning and Resources*, other schools are considering expanding their faculty practice plans and charging for clinical and consulting services as a way of supplementing their budgets.

Besides teaching and service, the campus is also engaged in numerous research projects, many funded by the National Institutes of Health and its subdivisions. Over the past 10 years, this activity has continued to grow, fueled in part by seed monies and infrastructure building programs such as the Minority Biomedical Research Support (MBRS) and Research Centers in Minority Institutions (RCMI). In varying degrees, all schools are involved in research, in accordance with the campus mission and *Strategic Plan*. Research projects address the areas of cancer, health disparities, HIV, malaria, dengue, neurosciences, mental health and behavioral problems, drug addiction, women's health, oral health, industrial pharmacy, and translational research, among others. The campus research activity is essentially externally funded, which assures its continuity and viability even in times of financial constraints.

The campus teaching, research, and service activities described above are developed, monitored, and evaluated by the schools' various units and committees and by the MSC Academic Senate, Administrative Board, Institutional Planning and Development Committee, and the Institutional Assessment Committee, among other bodies. The campus and school *Mission and Goals*, *Strategic Plans*, and *Assessment Plans* constitute the main institutional documents which, along with the budget, guide operations.

CHAPTER 2 MISSION, GOALS, AND INTEGRITY (Standards 1 and 6)

This chapter of the *Self-Study Report* focuses on the Medical Sciences Campus mission and goals, which guide the institution's programs and offerings. Chapter 3 *Planning and Resources* examines the planning process as it is based on the mission, while Chapter 8 *Institutional Assessment and Assessment of Student Learning* discusses campus outcomes as they demonstrate attainment of the institutional goals. Thus, these three chapters are conceptually linked and their appendices and resource files are cross-referenced when appropriate. The second section of the chapter addresses institutional integrity, specifically compliance with institutional policies, grievance procedures, academic freedom, fair recruitment, conflict of interests, and honesty and truthfulness in advertisement and institutional materials. Mission, goals, and integrity are intrinsically related subjects because they constitute the institution's framework for action and accountability to its stakeholders.

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.

MISSION AND GOALS THEMES

The Medical Sciences Campus is the unit of the University of Puerto Rico System charged with the responsibility of educating the health professionals that will serve the people of Puerto Rico. The institutional vision, mission, and values were last reviewed and approved by the Academic Senate in AY 2008-2009. The institutional goals, which accompanied the original mission statement, remained the same, inasmuch as changes to the mission were editorial and did not alter its essence. The major themes reflected in the institutional goals are the training of health professionals, interdisciplinarity, the quest for excellence, ethical values, commitment to the community, lifelong learning, development of basic and applied research in the health sciences, administrative efficiency, and financial stability. The mission and goals define the three essential institutional areas of activity through which the goals are attained. These are teaching, research, and service (**Appendix 2.1**). Specifically, institutional goals 1-3 and 5 are aligned with the mission area pertaining to the institution's expertise in all levels of higher education in the health sciences. Goal 4 addresses the campus' leadership role in prevention and health promotion. Goal 6 is directed to research, while Goals 4 and 9 stress

community linkages. Goals 7,8,10, and 11, although not explicitly in tune with mission areas guide institutional processes involving financial stability, development, administrative support, and quality of the institutional environment, which are all essential elements for the attainment of the mission.

The campus' *Institutional Assessment Plan 2005-2008* (**Appendix 8.1**) used the institutional goals as its point of reference, given their comprehensive nature and enduring character. The *MSC Strategic Plan 2009-2016* (**Appendix 3.1**), which is subject to frequent revisions and addresses more immediate situations, has its own set of goals, referred to as the strategic goals. In spite of the different sets of goals, both plans, as well as the schools' strategic plans work in synergy because the institutional mission acts as a common denominator. There is need, nonetheless, to better explain the difference between these two sets of goals to some sectors of the academic community, and how they serve two different but related purposes.

Clarity and Appropriateness of the Mission

The vision, mission, values, and institutional goals and objectives, are clear and appropriate. They have been developed by members of the academic community who bring their expertise and knowledge of their fields and of the campus into the process. The constant reference to the mission in the planning, assessment, and budgeting processes assures that it is constantly under scrutiny and, in turn, confirms that the mission is appropriate, clearly stated, and relevant to the institution.

Methods to Communicate the Mission and Goals

An important strategy for fostering and facilitating the accomplishment of the mission and goals is communicating them to all sectors of the academic community and beyond. Distribution, both within and outside of the institution, has been accomplished through various means, including the MSC website, catalogs, annual reports, minutes of institutional committees, and faculty meetings, among others. The mission is often displayed on posters in visible areas on campus.

Compliance with the Mission and Goals

The Institutional Assessment Committee and the Institutional Planning and Development Committee are responsible for monitoring the achievement of the *MSC Assessment Plan* and *Strategic Plan*, which have been designed in accordance with the institutional mission and goals. Attainment of these plans, as documented in the results and outcomes reports, is evidence of compliance with the campus' mission and goals. The *Assessment Plan* established AY 2003-04 as the baseline cycle, and developed level of achievement measures for each indicator at the middle and the end of the assessment period (2005 – 2008). An outcomes report was produced for each cycle from AY 2003-2004 to 2008-2009, as well as a summary of results reported in June 2010 (**Resource File 8.2**). A comprehensive discussion of institutional, school, and program level assessment processes and results is presented in Chapter 8 *Institutional Assessment and*

Assessment of Student Learning. Another important source of evidence of compliance with the mission may be found in the schools' accreditation self-study reports and the accrediting agencies' evaluations. There has never been a finding of non-compliance with the mission.

Institutional Mission and Available Resources

The global financial crisis has had a negative impact on the operations of most higher education institutions. The University of Puerto Rico has experienced a reduction in funds for the past two years due to a decrease in state revenues. This prompted the Institutional Planning and Development Committee to review the *Strategic Plan* and prioritize its objectives for AY 2008-2009 and 2009-2010. The budget plan for these two fiscal years was based on those priorities, in order to better distribute resources and assure fulfillment of the mission. The priorities not only guide the use of resources, but also reduce the impact of budget adjustments, and assure the continuation of operational projects that are fundamental to the progress of academic programs and the institution.

The UPR President has required the chancellors of all units to implement strict financial constraint measures intended to control expenditures at the Central Administration, as well as at the eleven campuses. The specific impact of these measures is discussed in detail in Chapter 3 *Planning and Resources* and Chapter 6 *Faculty*. Thus far, in spite of budget cuts, the MSC has complied with its mission of educating future health professionals, as demonstrated by its fully-accredited programs and assessment findings (Chapter 8). Research, an important component of the campus' mission, is largely externally-funded and, thus, has not been significantly affected by budgetary reductions. Service, the third area of the institution's mission, has not only continued, but has been identified as a possible source of additional income.

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.

INSTITUTIONAL INTEGRITY

The MSC abides by a comprehensive body of regulations, policies, and procedures that govern all aspects of institutional life and assure fair practices. It also has clear grievance procedures available to all members of the academic community. Key among the institution's guiding principles are academic freedom, nondiscrimination, fair recruitment, and truthfulness in its statements and materials produced. As evidenced below, the rules: 1) are stated, 2) are accessible (although complex), 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.

Compliance with Policy Statements and Regulations

In accordance with federal and state laws, the UPR has issued numerous 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. A list of policies is included in **Appendix 2.2**. Compliance with policies and procedures begins with their ample dissemination, inasmuch as an informed community is in a better position to both comply with the policies and assert its rights. The institution makes policy documents available at the campus and school websites, the intranet, and numerous brochures and printed materials. The UPR also informs the community regarding existing and new policies through its recently created website <http://informa.upr.edu>. The MSC 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 Continuous Learning Program (*Aprendizaje Sostenido*) of the Department of Human Capital Management offers numerous educational activities and self-learning tools to nonteaching personnel on these subjects. In addition to the training hours required by this program, the Government Ethics Office requires that all public employees in Puerto Rico complete 10 hours of ethics training every two years. Each deanship has 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 (see Chapter 5 *Students*). 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.

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 at http://www.rcm.upr.edu/rcm/docs/Manual_del_Docente_RCM2010.pdf. 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, and the Office of Occupational Safety. 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 discussed in more detail in Chapter 6 *Faculty*. The Chancellor is responsible for the implementation of all policies at the MSC level. The Vice President for Research and Technology at the Central Administration is responsible for assuring compliance with university

regulations and all applicable policies and state and federal laws pertaining to research activities.

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 Trustees). MSC students and employees file very few complaints regarding violations of existing laws, policies, and procedures. During the past five years, campus authorities have dealt with and resolved only two formal complaints, excluding cases handled by the Student and Faculty Ombudspersons. The university disciplinary actions procedure is mandated by Article 35 of the *UPR General Bylaws (Resource File 4.2)*, 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 (**Resource File 5.13**). 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 or the Dean. The student may choose to bring a complaint to other institutional officials, such as the Dean of Students or Student Ombudsperson. During AY 2007-08, the Student Ombudsperson Office received 135 complaints/inquiries, out of which only 32 were formally processed as cases. Most of the 32 cases (63%) were related to academic situations. Seventy percent (70%) of cases are resolved within 1-3 days; over 90% within the same academic year (**Appendix 2.3**).

Faculty grievances also follow the appeal levels stated above (department heads, deans, Chancellor, President, University Board, and Board of Trustees). Most faculty members, however, choose to consult with or are referred to the Faculty Ombudsperson. During the past five years, the Faculty Ombudsperson has been consulted predominantly by faculty concerned with personal situations, work conditions, or their academic workload (**Appendix 2.3**). The Faculty and Student Ombudspersons present an Annual Report to the Academic Senate that includes specific recommendations, which are often implemented during the following academic year.

The campus has a Research Integrity Officer in charge of compliance with policies pertaining to research activities. No scientific misconduct cases have been adversely resolved during the past five years. Similarly, the Institutional Review Board has not received any complaints from human participants in clinical studies. 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). It was last reviewed by the FDA in 2010 and found in compliance.

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 (**Resource File 6.6**). The policy document is given to students during the Orientation and Enrollment Week and to new faculty during the annual Faculty Orientation Activity. There is also a section on the subject in the online *Faculty Manual*. Complaints regarding academic freedom are usually handled through the Faculty Ombudsperson Office. There were no complaints regarding academic freedom filed during the period under review (**Resource File 6.7**).

Fair Recruitment

The MSC has fair recruitment, hiring, and evaluation practices pertaining to faculty, which are discussed in Chapter 6 *Faculty* of this report. Articles 70 through 78 of the *UPR General Bylaws* address recruitment of nonteaching personnel. The Office of Recruitment and Selection, in the Department of Human Capital Management, is responsible for identifying suitable candidates for available nonteaching positions. The office reviews the files of potential candidates and verifies education, experience, and other qualifications. During the period under study, the Recruitment Office did not receive any negative audit reports.

Conflict of Interests

The UPR abides by regulations to address conflicts of interests issued by the Office of Government Ethics of Puerto Rico (<http://www.oegpr.net/>) 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 – **Resource File 2.1**).

The 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 – **Resource File 2.2**). 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 – **Resource File 2.3**).

Truthfulness in Advertisement and Materials

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.

APPRAISAL OF FINDINGS

Strengths

1. The Medical Sciences Campus fully accomplishes its mission as a health sciences campus serving the people of Puerto Rico.
2. All institutional and strategic goals are in tune with the mission, are developed with the participation of the academic community, and serve as the blueprint for institutional development and assessment.
3. The MSC has clearly stated policy statements that encompass all operational areas and guarantee the institution's integrity in matters pertaining to its students, employees, and members of the community it serves.
4. MSC constituents comply with institutional policies and applicable laws and regulations.
5. There are clear and fair grievance procedures that are uniformly applied to students and employees.
6. The institution's catalogs, publications, and websites are truthful in their contents and accurately portray the campus and its educational offerings.

Challenges

1. Although there is full congruence between the vision, mission, values, institutional goals, and the strategic plans approved at different times during the past decade, there is need to better explain to some sectors of the academic community the difference between the institutional and strategic goals and how they serve two different but related purposes.
2. Policies and laws applicable to the MSC are numerous and sometimes difficult to access in current sources.

Recommendations

1. 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.
2. 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.

CHAPTER 3

PLANNING AND RESOURCES (Standards 2 and 3)

This section focuses on the nature and quality of the MSC's dynamic planning process and the use of resources. The analysis will demonstrate the effectiveness in establishing priorities and strategic actions necessary to improve and sustain institutional quality and renewal. Specific academic and administrative decisions are made guided by strategic plans, taking into account the critical issues identified in the UPR, MSC, and school plans. It will also assess the adequacy of human, financial, library, technical, and other resources, and physical facilities necessary to achieve the institution's mission and goals. The campus will send reviewers the required 5-year financial plan as a separate document, which takes into account the Planning and Resources Subcommittee findings and the UPR Central Administration's financial projections. Read together, these documents will provide information to reviewers on how the MSC has dealt with the current financial crisis and how it proposes to overcome it.

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.

PLANNING PROCESS

The strategic planning process at the UPR is a three-tier process that considers the school/unit plans, campus plans, and the university system plan. It is geared towards increasing institutional effectiveness in the use of resources to attain the system goals. The planning process at the UPR is mandated by the University Law of 1966, as amended. The UPR Board of Trustees approves the University's comprehensive strategic plan. *Ten for the Decade* is the University's strategic plan for the 2006-2016 period (Board of Trustees Certification 123, 2005-2006 – **Resource File 3.1**). This UPR system-wide planning agenda is geared to strengthening the following operational lines: sustained ties to the student body; currency and renewal of academic culture and experimentation; competitive research, investigation, and creative work; a culture of institutional assessment and evaluation; technological currency; leadership in community investment and cultural initiatives; dedication to the integration of the university in the world at large; efficiency and esthetics in both natural and physical spaces; administrative and managerial optimization; and a strengthened institutional identity.

The planning process at the MSC promotes continuous improvement and monitors and analyzes performance and challenges towards goals achievement.

The process is lead by the Institutional Planning and Development Committee (COPDI, for its Spanish acronym) and school Strategic Planning Committees (COPEs, for their Spanish acronym). The MSC adopted the strategic planning model in 1985. Before that, the institution had followed other planning models that culminated in the *Integral Development Plan* in 1980. The campus Academic Senate and Administrative Board approved the most recent plan (Academic Senate Certification Num. 49, 2008-2009), which covers the period 2009-2016 (**Appendix 3.1**). The campuses' strategic plans must be congruent with the UPR master plan. The schools' strategic plans are, in turn, congruent with the campus plan (**Resource File 3.2**). This highly participatory process has become part of the institutional culture in compliance with all professional accreditation agencies.

The campus planning process is lead by the Dean for Academic Affairs, who presides the Institutional Planning and Development Committee. The committee includes representatives of the school strategic planning committees, former chancellors, deans, and faculty representatives. The Institutional Planning, Research, and Assessment Office assists the committee in data gathering. From March 2007 to January 2009, the Deanship for Academic Affairs organized six (6) workshops in order to develop the current MSC *Strategic Plan 2009-2016*. The plan was based on the following: (1) level of achievement of the previous MSC *Strategic Plan*, (2) internal and external environment analysis, (3) determination of strategic priority decisions, (4) development of goals and objectives, (5) identification of performance indicators, (6) revision of the mission, goals, and values statements, and (7) final approval of the plan with recommendations for successful implementation and monitoring.

The *Strategic Plan* was elaborated with ample representation of all constituencies interested in the growth and development of the institution. The MSC *Strategic Plan* goals and objectives encompass elements of institutional effectiveness such as: student learning outcomes assessment, academic programs evaluations, quality measurements, and performance benchmarking, thus contributing to the achievement to the institutional mission. During the past five years there has been a continuous effort to align the planning and budgetary processes, along with institutional and student learning assessment findings (see Chapter 8 section *Use of Findings*, **Appendix 8.2**, and **Appendix 8.7**). The *Strategic Plan* is geared to maximizing existing resources and addressing key areas in which the institution must move expeditiously. These include financial resources, information technologies, the Library, and expanding opportunities for clinical education, among other critical needs. Priorities are constantly revised and areas are addressed according to available financial resources.

Since 1995 the UPR Central Administration has requested UPR schools and campuses to develop their budget request proposal based on the institutional mission and strategic plans. Budget allocations are mostly determined by the University's incoming revenues. It is important to underscore that changes in the external environment affect the level of attainment of projected goals and objectives. The UPR System plan *Ten for the Decade* operational lines of action cover all aspects of the University's operations and guide decision-making processes and the establishment of priorities for funds allocation. Priorities are

established according to how they promote the operational lines areas: accreditation, academic offerings, research, institutional climate, linkage with the community, demand for health professionals, informatics and technology, communications, and continuous improvement and budgeting.

The integration of the budgeting and planning processes in the last decade has resulted in the following benefits: (1) the creation of a forecast tool, (2) improved adaptation of the MSC to the challenges of the external environment, (3) budgeting and planning cycles' time reduction, (4) leverages of data that was previously independent, enabling management efficiency and quality control, and (5) establishment of effective linkages to broaden and achieve the organizational goals. The integration of both processes has become a meaningful part of the MSC and UPR System management in terms of goal achievement, decision-making processes, and daily operations.

The institution and schools' annual reports are used as input for the revision of the *Strategic Plan* and to justify budget requests. The *Annual Report* is also used to examine the attainment of institutional goals. The MSC annual budget proposal document includes a section on the previous year's achievements, providing a continuous reference to how the institution is achieving them.

During academic year 2005-2006, the Chancellor and the Dean for Academic Affairs conducted workshops to analyze priorities and establish the alignment between strategic goals, budget, and operational plans. The Chancellor and deans identified and prioritized 18 objectives. The first 10 objectives pertained to: maintaining professional accreditations, strengthening student services, revising academic programs, conducting research in competitive areas, faculty evaluation, research infrastructure, remodeling of physical facilities, technology infrastructure, continued improvement of administrative processes, and fund raising. These priorities have guided the campus budget and operational plans (**Resource File 3.3**) and similar analyses have been conducted periodically. A mid-point evaluation of the level of achievement of activities scheduled for 2003-2005 revealed that 50% of the strategic goals (9/18) were in progress, with 30-50% level of achievement. The Institutional Planning and Development Committee held a workshop in June 2006 with persons responsible for the implementation of the *Strategic Plan 2003-2008*. Participants assessed the level of achievement of objectives for the period 2003-2006. This group's analysis demonstrated that over 80% of the strategic goals were met, thus showing that the attainment of objectives was progressing as expected.

Institutional and student learning assessment is an additional tool to enhance planning and budgeting. As part of the institutional assessment process, the MSC acquired in 2008 the *WEAVEonline Assessment and Planning Management System*. This system guides and captures the process of assessment and planning at the institutional and school levels, within a simple, systematic framework. When fully implemented, it will facilitate the elaboration of reports and create a data repository of these activities. This web-based platform is available at <http://app.weaveonline.com//default.aspx>. The system will enable sharing information among campus sectors to establish indicators for success, assess

performance, and determine further actions for improvement. With this acquisition, the MSC will be in a better position to gather measurements of success in relation to the established goals, objectives, and strategic priorities and also to continue implementing the systematic, ongoing assessment plan at all levels of the Institution.

Under the premise that the budget approved by the Legislature will not increase over the next several years, budget allocations have been redistributed using the monies of vacant faculty and nonteaching personnel positions (due to retirement or resignations) and other financial constraint measures mandated by the Board of Trustees. These are discussed in the following sections of this report, but are mentioned here as an example of swift adjustments made by the campus in response to sudden changes in the external environment. From the planning standpoint, this evidences that the institution is able to modify its plans when critical situations arise. The campus community has determined that it may address the financial challenges by: (1) relying less on legislative funds allocations, (2) increasing federally funded teaching, research and service projects, (3) increasing fund-raising initiatives, (4) developing and strengthening faculty practice at all six schools, (5) sharing resources and facilities among MSC units, and 6) creating new programs as self-financing ones.

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.

FINANCIAL RESOURCES

Financial resources constitute the institution's single most important area of concern. The following sections describe financial reporting practices, sources of funds, tendencies, and projections for General University Funds and external funds.

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.

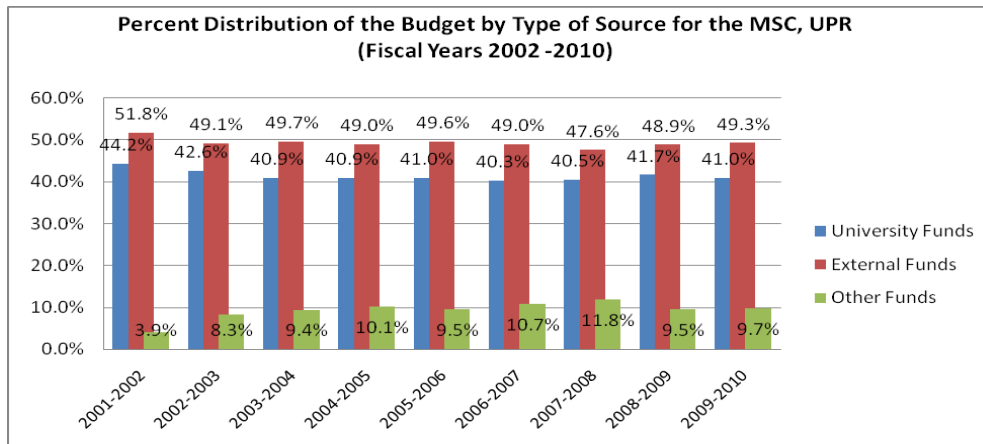
Financial decision-making rests ultimately with the Board of Trustees, which approves the budget. Once budgets are assigned, campus and school officials have considerable authority over the assigned discretionary and operational funds. Their management of funds is subject to internal and external audits,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

Sources of Funds

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

For fiscal year 2009-2010 the total budget for the MSC was estimated at \$318,260,080. Of these, \$130,437,406 were from university funds, \$156,911,580 from external funds and \$30,911,094 from other funds. The percentage distribution of the budget by source of funding from fiscal year 2001-2002 to 2009-2010 is shown in Figure 1 (see also **Appendix 3.2**). External funds constitute the largest source of funds, followed by university funds, and other sources in third place.

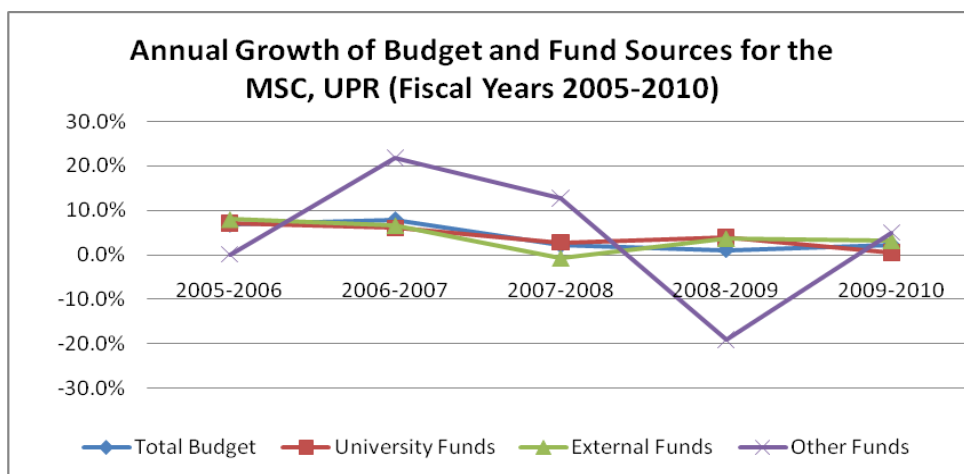
Figure 1



The most important change in budget distribution has been the increased importance in the budget's share coming from other funds, which increased from 3.9% in fiscal year 2002 to 9.7% in fiscal year 2010. At the same time, the budget's share corresponding to university funds has shown a decreasing trend during the whole decade, falling from 44.2% in year 2002 to 41.0% in year 2010, while the budget's share of external funds has remained relatively stable during the entire period.

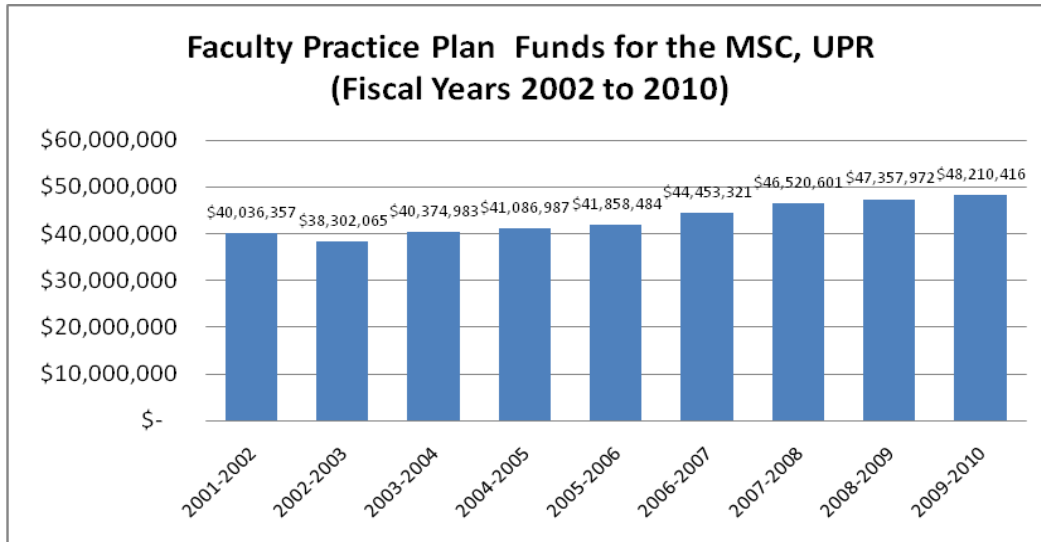
For fiscal year 2009-2010 the total budget of the MSC experienced an increase of \$7,066,368 (2.3%) over last year's budget, of which \$725,618 were from the University General Fund, \$4,868,793 from external funds and \$1,471,957 from other funds. During the last decade the average annual percent growth in the total MSC budget has been 5.0%. By type of funds, the average annual percent growth has been 4.0% for university funds, 4.4% for external funds, and 22.5% for other funds. The fact that the annual growth for other funds has been the largest explains why it has increased its share of the total budget. However, the trend in annual growth in the last five fiscal years by type of fund has been declining for all types of funds as a consequence for the total budget as can be seen in Figure 2 (see also **Appendix 3.3**).

Figure 2



One important component in the services category is the Faculty Practice Plan. The institution retains 20% of earnings while 80% goes to practitioners. In Figure 3 the time trend for the income generated by the Faculty Practice Plan is shown for the 2001-2002 to the 2009-2010 fiscal years. The MSC has been successful in promoting and increasing the funds generated by the Faculty Practice Plan as can be seen in Figure 3. The total amount of income generated by the services rendered by this program was projected to be \$48.2 million in fiscal year 2009-2010. Compared to fiscal year 2001-2002, the funds generated by the Faculty Practice Plan increased in more than 8 million dollars, which represents an increase of 20.4% for the entire period.

Figure 3



During the last decade, in addition to curtailed spending, the financial survival of the campus has required alternate methods of increasing funding. The University as a whole has launched a fund raising campaign targeting the alumni and other sectors of the community. For example, in fiscal year 2005-2006 this effort by the MSC generated a total amount of \$875,897 in donations. For fiscal year 2007-2008 the amount of donations increased up to \$1,121,863. The distribution of these donations in terms of sources was as follows: 43% from major gifts, 27% from corporations, 16% from foundations, associations and individuals, and 14% from annual campaigns.

On March 29, 2005, the Board of Trustees approved an increase in tuition of 33% (Certifications JS 70 2004-2005, JS 60 2006-2007 – **Resource File 3.4**) to help defray the institution’s operational costs. Although sizeable percentage-wise, this only represents an increase of approximately \$23.8 million for the University System due to the low tuition paid by students. The fact that no tuition increases were made for over ten years made the sharp increase necessary. An incremental formula provides for a 4% annual tuition increase for new entering students yearly from 2007 to 2012. Students are allowed to pay their tuition in five installments as a way to ease the transition. In addition to the institutional tuition increase, the MSC has intensified collection efforts geared to Medicine, Dentistry, and Veterinary students who receive loans as financial aid. This has enabled the institution to secure stable funding for new students in those fields. In 2010, as the island’s financial crisis deepened and further affected the University’s fund allotment, the Board of Trustees established an \$800/year stabilizing fee to offset the institution’s \$200 million deficit. Students may pay the fee in five installments. Those eligible for financial aid may use their Pell grants, loans, or apply for a special legislative fund to cover the fee.

Allocation of Funds

Figure 4 shows the allocation of university funds by institutional component from fiscal year 2005-2006 to fiscal year 2009-2010 (see also **Appendix 3.4**). The largest share corresponds to instruction with 49% of the funds, followed by administration and employee benefits each with around 22.3% of university funds, followed by institutional support with almost 20%. The remaining university funds are allocated for research (2.1%), student services (1.9%), academic support (4.3%), and other services. 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 of university funds went to institutional components which serve directly or indirectly all academic programs.

Figure 4

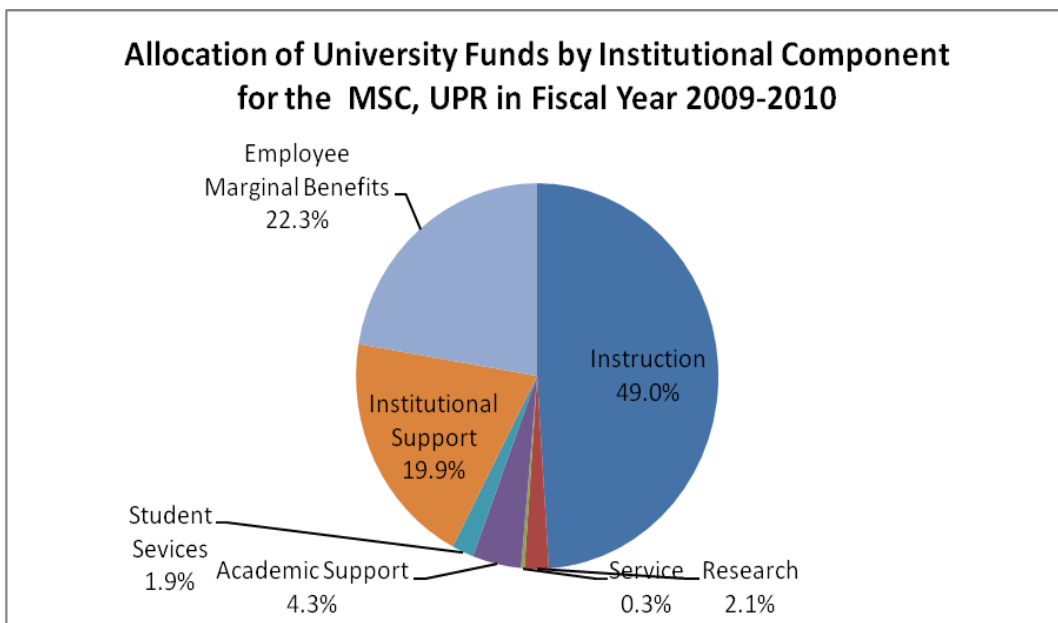
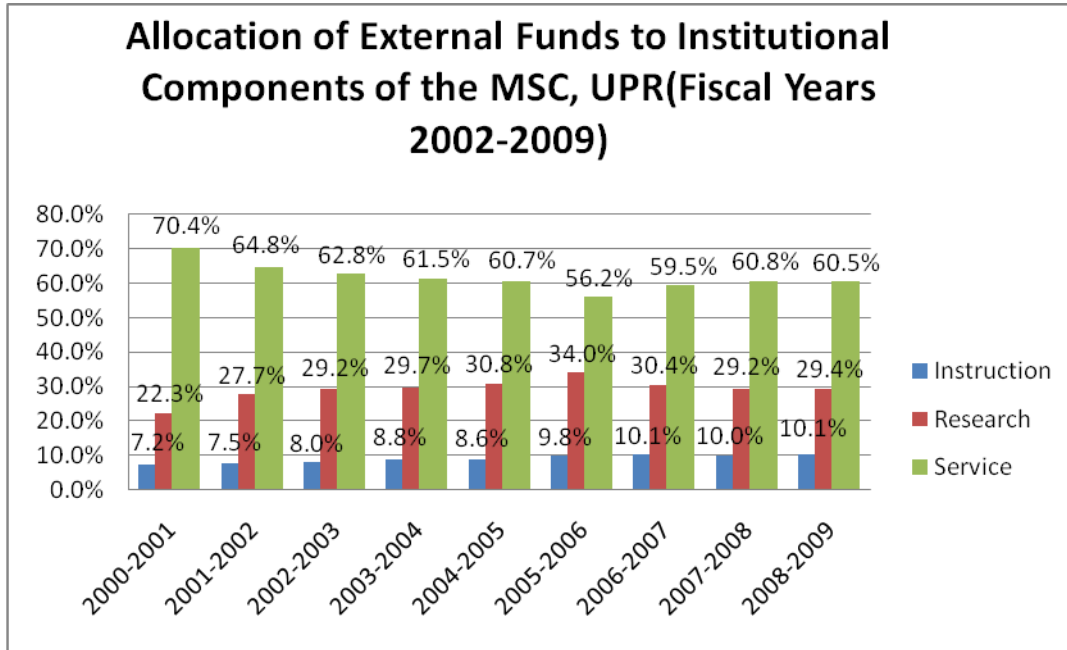


Figure 5 shows the allocation of external funds by institutional component (**Appendix 3.5**). The distribution in the allocation of monies shows that during the 2001-2009 period the main recipient of funds was the component of services, followed by research, and instruction. In fiscal year 2009, the service component received 60.5%, research received 29.4%, and instruction received 10.1% of the external funds. For most of the last decade the general tendency has been in favor of increasing funds for instruction and research and decreasing funds for services and special activities.

Figure 5



Planning and Budgeting Processes

The MSC strategic planning and budgeting processes are described in the first section of this chapter. As previously explained, the campus has made considerable efforts to link the processes of planning, budgeting, and assessment to involve the schools as well as central 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 were 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 the solution of its financial problems.

Financial Challenges Facing the Institution

The UPR, as many other state universities in the United States, is facing an uncertain financial situation due to the global economic crisis that has impacted the Commonwealth government and the local Treasury Department tax revenues. As stated earlier, 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.

If state revenues continue to decrease, university funds from state revenues will automatically decrease too. 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 UPR's continuing financial constraints. In order to adjust for the \$16,000,000 budget reduction for 2010-2011, the campus implemented the Board of Trustees' 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. There is an urgent need for university authorities to reconsider the hold on granting promotions in rank, in light of the resulting burden on a particular segment of the academic community and the difficulty of eventually financing the backlog of promotions this will create. 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.

Although there is a sense of accomplishment following the successful adjustment to the considerable reduction in state funds, all members of the campus community are fully aware that the crisis is not over. The *Five-Year Financial Plan* to be submitted to the reviewers along with this *Self-Study Report* analyzes the 2010-2011 budget and the factors that will have to be addressed to face the projected five-year financial scenario.

In general, 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. In essence, 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. For fiscal year 2009-2010 the share of MSC budget corresponding to university funds decreased from 44% to 41%. In implementing this strategy the MSC has an advantage over the other campuses of the UPR System because of the nature of its academic programs, which provide the opportunity to obtain additional funding in the areas of research and services. The campus received a one-time \$13 million allotment from the Financial Recuperation Act (ARRA) funds to be used in the areas of: research, services, technology, and scholarships for disadvantaged students (**Appendix 3.6**). Funding was approved to allow the advancement of research in health areas such as cancer and human immunodeficiency virus (HIV).

Other potential source of funds available to the MSC are those funds generated by the Faculty Practice Plan from clinical services to the general community, projected to be \$48.2 million in fiscal year 2009-2010. These funds are currently generated through clinical services provided by the faculties of the School of Medicine and School of Dental Medicine. However, the next big step for the Faculty Practice Plan is to incorporate the faculty of the other professional schools in the MSC through the provision of professional services. 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 the production of 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 electronic technologies available to increase the use of digital educational media to reduce the costs by reducing the use of paper and printed materials. Another similar example is the investments made by the MSC library to expand access (including remote access) to online digital databases including journals, books, reports, newspapers, and other educational materials. The organizational structure's 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 MSC campus could 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.

HUMAN RESOURCES

This section addresses matters concerning campus nonteaching personnel. Issues concerning faculty are addressed in Chapter 6. As of 2009-2010, the MSC had 1,535 non-faculty employees in a ratio of one point seven (1.7) non-faculty employees for every faculty member. The absolute numbers and the ratio have changed since 2000-2001, when the campus had 1,609 non-faculty employees. Of the 1,535 non-faculty employees 1,054 (69%) are women, 1,465 work full-time (97%), and 916 (59%) are between the ages of 40 to 59 years. In terms of its educational profile, 0.5% has a doctoral degree, 8.7% master's, 34.0% baccalaureate, 13.5% associate degrees, 14.7% high school, 2.9% less than high school, while 25.2% belong to other skilled and unskilled groups. **Appendix 3.7** summarizes data on non-faculty personnel by full or part-time status, age group, sex, and type of appointment, academic degrees held, and years at the institution.

The University's current financial crisis presents a major challenge in terms of recruitment. There is a freeze on retiring employees' positions, with the exception of positions that impact teaching, service, and research goals, which are assessed on a case by case basis by university authorities. The achievement of institutional goals is addressed by the institution's capacity to re-engineer its organizational structure while maintaining standards of excellence in spite of fewer employees. By streamlining operations, the institution can minimize the impact of the workload of retiring personnel that at this moment cannot be replaced by new recruits due to the institutional hiring freeze. The campus will need to relocate

some human resources (non-teaching) to other departments according to institutional needs, or request special permission from university authorities to hire in those cases in which particular skills are essential.

Technological transformation impacts the administrative processes by which institutional goals are achieved. The campus is continuously upgrading its technological infrastructure to increase efficiency in administrative and human resources processes. Newly hired personnel must have knowledge and skills in the use of computers and applications. During the past five years the MSC has progressively transformed the administrative processes, implementing paperless or automated ones, based on standard operating procedures. During the next five years the organization will convert all its database management to an Oracle database system that will integrate the administrative, student, and financial data. The implementation of this system will provide greater efficiency and better use of time and existing human resources.

LIBRARY RESOURCES

The Conrado F. Asenjo Library offers the most comprehensive collection of bibliographical health sciences resources in the Caribbean. The Library serves the campus community, practicing health professionals, and the community at large. Its resources are available offsite to authorized users by means of a proxy server. Administratively, it is under the Dean for Academic Affairs.

The Library consists of the following sections: Administrative Office, Circulation and Reserve, Reference, Collection Development and Administration, Serials, Special Collections (Puerto Rican, History of Medicine, and Bailey K. Ashford Collections), Center for Audiovisual Resources, and the Historical Archives. The collection comprises 43,080 book titles and 1,045 active journal subscriptions covering the fields offered by the campus academic programs. The Library has access to over 3,000 additional journal titles through databases such as Science Direct, Scopus, EbscoHost, ProQuest, Ovid, Wilson, other resources such as Micromedex and Infotrac Encyclopedias and databases, and full access to the National Library of Medicine products. Online access is also provided to approximately 17,000 journals, newsletters, and open access publications available through the University Libraries Consortium, which includes publications in the social sciences, humanities, and education, besides titles in biomedical sciences.

The Library occupies a five-story building adjacent to the campus main building and the Puerto Rico Medical Center hospitals. Office and stack areas measure 38,044 sq. ft. It recently went through a building renovation of floors 2, 3, and 6 targeted to satisfy the patrons' learning styles and needs. These include: group meeting rooms, LCD interactive "smart board" system, 24/7 study area with new furniture, improved lighting fixtures, photocopy rooms, computer work stations with Internet connection, and two multipurpose computer classrooms with projector, screen, podium, and desktop computer, with room for 15 persons each.

Services include a wireless environment, end-user searching areas equipped with personal computers in the Circulation Section and 6th floor with

access to the Internet and the Library's biomedical information databases installed in the local area network. Other services include FAX and electronic transmittal of documents. The Reference Section offers a strong information literacy program in collaboration with professors from the campus schools that formally integrate the teaching of information skills into courses. As a result, these activities are integrated into the course syllabi. Besides participating in formal courses, reference librarians also offer workshops and individual training in the use of library resources. Reference services are also offered online through the Virtual Librarian service. The Library opens daily except on Sunday and holidays. The second and third floor areas are open 24/7 and feature group and individual seating and four study rooms. A virtual library tour is available in the Library's webpage.

Library personnel include 12 professional librarians who hold academic rank and 18 nonteaching staff members. Library faculty members participate in teaching, the campus Academic Senate, institutional committees, and accreditation processes. One librarian is currently serving as campus Faculty Ombudsperson, while another is the Director of the Center for Technological Support in Academia.

As a Resource Library of the National Network of Libraries of Medicine (NNLM) of the National Library of Medicine (NLM), the Library participates in the network's document delivery program. It is also a member of the Consortium of Southern Biomedical Libraries (CONBLS). Through these programs, materials that are not available in the collection are obtained from other health sciences libraries using the ARIEL software for interlibrary loan transmittal. Besides the NNLM/NLM collaborative agreements, the library has established arrangements with the Veterans Administration Hospital Library, the Río Piedras Campus Natural Sciences Library, and other units of the UPR Library System.

In 2005, the campus received a Title V grant for a cooperative project with the UPR Carolina Campus titled *Cooperative Project I - Enhancement of the Teaching-Learning Process through Integration of Technology and Information Literacy*; and *Cooperative Project II - Improving Outcomes through Extensive Assessment, Faculty Development, and Improvement of Library and Telecommunications Infrastructure*, respectively. The institution was awarded \$2,799,844 for the first project and \$3,498,576 for the second. The main objectives of the projects were: (a) developing and strengthening the students' information skills, (b) increasing the number of practitioners that integrate information skills in the process of teaching-learning, (c) increasing the availability of services and library resources on the Web, and (d) increasing and improving the infrastructure and technology resources and telecommunications. Title V funds financed the Virtual Reference Program, numerous workshops and training sessions, and computer equipment. A third project for the period 2010-2015 titled *Development of an Institutional Data Management System and Improvement of Technological and Information Resources* was awarded \$3,237,314.

In 2008, the Library submitted a *Self-Study Report* for a voluntary evaluation process by the Association of College and Research Libraries (**Resource File 3.5**). ACRL evaluated the MSC library as meeting its standards, although it expressed concern regarding the Library's financial outlook. Library finances continue to be a

concern, especially in view of the severe financial situation the UPR is facing. For academic year 2010-2011, the Library will have to reduce the number of journal titles and possibly some databases. Every effort will be made to avoid cancelling important titles, but this task has become increasingly difficult since it follows previous cuts.

COMPUTER AND INFORMATION SYSTEMS

The MSC is committed to developing and maintaining the technology infrastructure to support its mission of teaching, service, and research, and its administrative processes. The campus' technological infrastructure is currently up-to-date and adequately supports all institutional programmatic areas. It comprises a centrally supported digital network that enables an open flow of information within the UPR System and between the campus' schools.

The information system integration on campus has evolved to a more efficient and distributed one, compared to the 2001-2004 period. The campus network has grown to 2,400 PCs, allowing services and applications to be widely used and standardized. Wireless equipments have been installed in all MSC buildings. These projects have been financed in part though federal grants such as Title V funds. Some of the main achievements have been that all schools have the necessary computers and software, standardized video conferencing equipment, electronic classrooms, wireless environments, and mobile stations shared by departments and units.

Recent improvements include a redesign of the main MSC Computer Center that hosts the main servers and other support equipment. The MCS core router was upgraded with a Cisco Catalyst 6513 which allows high bandwidth oriented applications including video conference and support to external MSC networks. The School of Health Professions added a campus wide Learning Management System using Blackboard, which is used by 4 schools. The School of Medicine has its own application using WebCT. New facilities including the School of Pharmacy new building and remodeling of the School of Health Professions and School of Nursing buildings include two new amphitheatres with multimedia capabilities, a new multimedia center, a video conference center, and computer center.

In 2008, the UPR migrated to the Google Applications for Education email system in order to provide a uniform platform for students, faculty, and employees. The new system provides a better communication and interaction space. The UPR has also updated its administrative computer systems in a network comprising the eleven campuses and the Central Administration. The system uses the Oracle eBusiness Suite and provides an integrated solution that allows the University to unify its Student, Financial, and Human Resources Systems. Configured advanced technological equipment has been installed and is run by the Linux operating system at the UPR Central Administration. During academic year 2006-2007, 751 new computers were distributed to the various units at an approximate cost of \$751,000 and \$1.4 million were invested in improvements to the telecommunications infrastructure.

The campus Information Systems Office (OSI, for its Spanish acronym) is responsible for the operation, maintenance, and security of the main campus networks, and adequately safeguards confidentiality, reliability, availability, and integrity of the information system. OSI is in charge of coordinating and communicating core technology that supports all schools and programs. Regular meetings are held with representatives of each school IT unit as a mechanism to coordinate all aspects of technology as it is applied to the academic process.

Currently the MSC centers its efforts on the maintenance and continuous updating of the existing computer resources and networks and on improving support to the campus community. Some future projects include furnishing additional electronic classrooms, implementing an electronic record system, digitizing student records, and developing a document imaging and multimedia center.

PHYSICAL FACILITIES

The MSC is located adjacent to the facilities of the Puerto Rico Medical Center in San Juan. It was designed and built with the objective of bringing together the existing health professions schools and facilitating clinical practice by proximity to the Medical Center's hospitals. The MSC has nine (9) buildings with approximately 1,500,000 sq. ft. of net usable area, occupied by six professional schools and other academic, research, service, and support units. As an urban campus close to the Puerto Rico Medical Center, the campus benefits from access to clinical facilities and the mass transit train system.

Campus Construction and Remodeling Projects

The UPR *Capital Improvements Plan* 2003-2004 to 2006-2007 included several projects for the MSC. The campus plan builds on a 1998 Master Plan that was not implemented as designed. The campus began the comprehensive remodeling plan of existing buildings in order to maximize the use of space and update the buildings' technological infrastructure systems. The first to be completed was the Library remodeling project, which targeted three floors of the Conrado F. Asenjo Library. The Biomedical Studies Building II was also remodeled in a joint effort between the MSC and the Comprehensive Cancer Center, transforming it into a state-of-the-art cancer research facility.

The three major projects still or under construction or being remodeled are the construction of the School of Pharmacy building and amphitheatre and the remodeling of the School of Nursing and School of Health Professions buildings. The Pharmacy building and amphitheatre consists of approximately 52,000 sq. ft. and will include classrooms and specialized laboratories, faculty offices, and administrative areas. The amphitheatre will have a capacity for 350 seats. The School of Nursing will have 80,000 sq. ft. of available space while the School of Health Professions will have 120,000. The School of Health Professions will also feature an amphitheatre. All buildings will be ADA compliant and follow the universal design applicable code regulation. Still a campus concern is to make older buildings fully ADA compliant. One of the campus' priorities has been

remodeling bathroom facilities and installing accessible doors. Along with the building construction and remodeling, the campus will enhance green spaces by extensive landscaping and tree planting.

Other projects undertaken during the period under study include the remodeling of the Department of Physiology, the Department of Anatomy and Neurobiology laboratories, and the School of Medicine Student Lounge at the main building. There are several important projects already in planning and design phases, which include the three-story building for the Veterinary Clinic for Primates in Cayo Santiago, funded by NIH-ARRA; the infrastructure for the Institute of Neurobiology Building (built in 1910); and the Simulators Laboratory at the School of Medicine. The Veterinary Clinic and the Institute of Neurobiology Building are off campus facilities. The Institute of Neurobiology Building project will be the first MSC building to use energy partially produced by photovoltaic cells.

The campus remodeling and building projects constitute an asset and an unprecedented opportunity to update not only the physical facilities, but also their technological infrastructure. Beyond the purely esthetical gains, the campus will be able to strengthen its academic offerings through better classrooms, laboratories, and information technologies. The new facilities will no doubt also enhance the quality of campus life.

Facilities Maintenance Plan

Campus maintenance is provided by the Physical Resources Department, which has over 100 employees and is divided into 6 units that deal with plumbing, electricity, conservation, HVAC systems, maintenance, and moving services. The department also services the off-campus facilities and operates with a \$5,282,482 annual budget.

The Maintenance Unit is in charge of the areas of equipment and physical facilities. The *Preventive Maintenance Plan* includes a description of the equipment, spare parts list, and a preventative maintenance program based on the equipment's operation and maintenance manuals. It also establishes the yearly-programmed tasks. The department implemented a job order system that has facilitated maintenance tasks and follow-up processes. The system includes a satisfaction questionnaire that has helped identify strengths and weaknesses, and determine new and efficient ways to solve existing problems. It has also been helpful in the reassignment of personnel according to institutional needs and reengineering of processes.

During the period under study the department implemented several energy efficient measures such as the use of high-performance lighting, installation of reflective sheets on lamps, and the installation of movement sensors in compliance with an energy audit. Along with these measures, the department implemented an automated control for the air conditioning system that has been effective in maintaining room temperature comfort and saving energy costs. In its effort to be ecologically conscious and to incorporate "green practices", the department

launched a policy, to buy “green seal” cleaning products, which is part of the eco-friendly measures leading to the LEED certification.

APPRAISAL OF FINDINGS

Strengths

1. The Medical Sciences Campus has a longstanding tradition of strategic planning, with an Institutional Planning and Development Committee and strategic planning committees in all schools.
2. The campus *Strategic Plan* is congruent with the university system strategic plan (*Ten for the Decade*) and with the schools’ strategic plans.
3. Continuous efforts are made to coordinate the planning and budgeting cycles.
4. The campus considers institutional and student learning assessment results in the elaboration of the school and campus strategic plans.
5. Over the past five years, the campus has undertaken four major building remodeling, upgrading, and construction projects, which include the Conrado F. Asenjo Library and the School of Health Professions, School of Nursing, and School of Pharmacy buildings.
6. In spite of severe financial constraints, the MSC has protected its faculty resources and has maintained quality, accredited academic programs.
7. Library resources were deemed adequate by an Association of College and Research Libraries evaluation team in 2008, after a voluntary evaluation and self-study process undertaken by library faculty and staff.
8. Computer and information technology resources are sufficient and state-of-the art, adequately supporting the teaching, research, library, and administrative processes.
9. The Medical Sciences Campus continues to be successful and competitive in securing external funds, both through grants writing and sale of services, which account for approximately half of the institution’s total budget.

Challenges

1. The Medical Sciences Campus faced a serious budget reduction for AY 2010-2011 of \$16 million and anticipates an additional reduction of \$5 million for 2011-2012.
2. If continued, the freeze in faculty promotions in rank could have an adverse effect on professional growth, faculty morale, and possibly retention, in

addition to creating a backlog of promotions that may be difficult to finance at a later date.

3. The freeze on recently vacated positions due to retirement is creating a strain on the remaining teaching and nonteaching employees, and may threaten some academic areas if faculty members with specific expertise are not replaced.
4. Although some progress has been achieved in campus fund raising, this activity needs to be strengthened in view of the institution's financial situation.
5. Reductions in Library funds for bibliographic resources will make necessary additional reductions in databases, books, and journal titles, weakening the Library's support to the campus' academic and research agenda.

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.

CHAPTER 4 LEADERSHIP AND GOVERNANCE (Standards 4 and 5)

The University of Puerto Rico (UPR) is a multi-campus, state supported institution of higher education licensed by the Puerto Rico Council on Higher Education. The Medical Sciences Campus (MSC) is one of eleven campuses of the university system. This chapter documents the manner in which the institution's organization, administration, and governance structure facilitate the MSC mission and foster institutional improvement within a framework of academic freedom. It also assesses how the administrative structure and services facilitate or hinder the campus teaching, research, and service mission.

By the nature of the issues discussed in this chapter, it will be cross-referenced to other chapters in which relevant documents have been included as appendices or in the Resource File because they directly relate to the topics discussed in those sections. Most of the rules and regulations, as well as the institutional structure and lines of authority discussed in this chapter are established in Law 1 of 1966, as amended (**Resource File 4.1**); the *UPR General Bylaws*, as amended (**Resource File 4.2**); and certifications issued by the Board of Trustees. The duties and responsibilities of the Board of Trustees, University Board, President, chancellors, and deans stated in Law 1 and the *UPR General Bylaws* are summarized in **Appendix 4.1**.

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.

UPR SYSTEM GOVERNANCE

The UPR system is governed by the **Board of Trustees**, which is composed of 17 members: 14 citizens appointed by the Governor for six-year terms; one student and two faculty members, each elected for one-year terms by their peers from the University Board (described below). The appointment of diverse community representatives is intended to safeguard the public interest by including members of the financial, legal, health, education, and other sectors. Although there is participation of students and faculty in decision-making at all levels of the UPR system, the MSC Academic Senate and other deliberative bodies at other campuses have proposed changes in the number, composition, selection, and terms of service of some members of the Board of Trustees. Changes are intended to increase the participation of faculty and students, and include representation of non teaching personnel (Academic Senate Certifications 038, 2008-2009; 027, 2009-2010; 035, 2009-2010; 036, 2009-2010; 037, 2009-2010,

and 038, 2009-2010 – **Resource File 4.3**) The Board of Trustees is responsible for policy making and all fiduciary aspects of the university system, as well as for the approval and revision of the UPR *Strategic Plan (Ten for the Decade 2006-2016)*, general bylaws and annual budget. There are ten standing committees in charge of key areas: Academic Affairs and Research, Student Affairs, Laws and Regulations, Financial Affairs, Physical Infrastructure, Audits, Appeals, Information Systems, Development, and Retirement System. The duties and responsibilities of the Board of Trustees are stated in Article 3(e) of Law 1 of 1966, as amended.

The **President** is the Chief Executive Officer of the university system and is appointed by the Board of Trustees for an indefinite term, upon recommendation of the academic senates. He/she presides over the **University Board**, which is composed of the chancellors of the eleven UPR campuses, faculty representatives elected by each academic senate, student representatives elected from each student council, the directors of Central Administration offices, and the Vice-Presidents for Academic Affairs, Research and Technology, and Student Affairs. The University Board oversees academic planning and development; allocation of the system's resources through assessment of academic programs; research and service activity; as well as faculty, non-teaching personnel, and student issues. This is the forum in which members of the eleven campuses have the opportunity to discuss academic issues as a system and make recommendations to the Board of Trustees regarding them.

University governance has been under criticism due to a recent student strike over an added enrollment fee of \$800/year. MSCHE has placed 10 campuses on probation and requested that the University evidence compliance with Standard 4. Any corrective measures regarding the university's system of governance would impact the MSC and require its input in the revision process. The campus faculty, Academic Senate, and student body are in continuous communication with all sectors involved in order to participate in the analysis of any changes in governance and institutional structure under consideration.

MSC GOVERNANCE

As described in Chapter 1 *Overview*, the MSC 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 (see organizational charts in **Appendix 1.1**). The **Chancellor** reports to the University President, and presides over the campus Academic Senate and Administrative Board. The **Administrative Board** is composed of the deans of the six schools; Deans of Academic Affairs, Administration, and Student Affairs; and one elected student representative and two elected faculty representatives from the Academic Senate. Election processes for student and faculty representatives are established in the *UPR General Student Bylaws - Board of Trustees Certification 13, series 2009-2910 (Resource File 5.7)* and in the *Academic Senate Bylaws (Academic Senate Certification 66, 2007-2008, Resource File 4.4)*, respectively. The Directors of Legal Affairs, Budget, and Human Resources Offices participate in the Administrative Board meetings as permanent guests. As the governing body of the MSC, the Administrative Board oversees all major budgetary decisions,

resource allocation, campus-wide planning, policies, rules and regulations, leaves of absence, granting of academic rank, tenure, promotions, and other matters as per request of the Chancellor or as referred by the Academic Senate. At the Administrative Board, the MSC leadership promotes the adequate use of funds and resources allocation, and provides a collegiate scenario to discuss and analyze crucial issues regarding the institution. This promotes the campus development as a financially sound academic health center and has been instrumental in surviving the current financial crisis, as evidenced in fairly and equally distributed fiscal measures.

The **Academic Senate** is the deliberative forum of the academic community and is composed of 36 senators elected by the faculty, 13 ex officio members (University President, MSC Chancellor, deans, directors of campus Library and campus Counseling Office), 6 elected student senators, 3 ex officio student senators (student representatives to the University Board and Administrative Board, and President of the MSC General Student Council), and 2 regular guests (Faculty and Student Ombudspersons). The Academic Senate oversees all academic matters, i.e., new programs, major curricular revisions, faculty and student issues, academic policies, and academic planning. The Chancellor, the deans, two faculty senators and one student senator participate in both the Academic Senate and the Administrative Board, thus guaranteeing communication and coordination between the two decisional bodies. The MSC *Mission and Goals* and the *Strategic Plan* are discussed and approved by the Academic Senate. This assures adequate input from the academic community in these key institutional documents.

Each **school** at the MSC is headed by a dean, who responds to and works in close collaboration with the Chancellor. The dean's staff consists of at least one Associate Dean for Academic Affairs, an Associate or Assistant Dean for Student Affairs, and an administrator. Committee structure at each school varies, but all schools have personnel committees at school and department levels, as well as curriculum, administration, and assessment committees at school level. At the associate deans council (CIPE, for its Spanish acronym) all major regulations, assessment reports, and issues pertaining to academic life are discussed, evaluated, and monitored. The MSC Assistant Deans for Student Affairs from each school also meet regularly with the MSC Dean for Student Affairs to address issues affecting student life.

In order to ensure an environment of academic freedom and excellence, the MSC has **Student and Faculty Ombudspersons** that act as mediators when conflicts arise. Both advocates have participated in activities to enhance the quality of their interventions and have attended ombudspersons' meetings. Both report administratively to the Chancellor. At the end of each academic year they present a report of their activities to the Academic Senate. The role of the Faculty Ombudsperson is discussed in more detail in Chapter 6 *Faculty*; the role of the Student Ombudsperson is discussed in Chapter 5 *Students*.

Upon examination of current institutional rules, regulations, and other normative documents, it is evident that the present structure and governance of the MSC is appropriate and well-organized, with clearly defined functions for each academic and support unit. Lines of authority are well-established and appropriate mechanisms are in place to assure harmonious institutional operations. The MSC has adequate autonomy to safeguard institutional integrity and to carry out responsibilities related to policy development and resource allocation, consistent with its mission. The campus system of governance and leadership facilitates achieving the mission and goals by allowing members of the academic community the opportunity to be heard at all institutional levels. Faculty and students have representation in all governing bodies. This helps foster and facilitate compliance with the MSC mission and goals, within a framework of a clearly stated academic freedom policy.

Although there has been progress in establishing criteria, policies, and procedures for the evaluation of academic administrators, the system has not yet been implemented. While the individual performance of leaders and incumbents at any given time may be a matter of discussion, this is not to be construed as a lack of a clear and sound body of rules to guide institutional life.

STUDENT GOVERNANCE

Student governance is exercised through the General Student Council and the school student councils. The General Student Council is composed of student representatives from each of the schools, while the school councils have representatives of all student sectors and levels within the school programs. The councils are the bodies officially recognized as representative of the students, who also participate in almost all school and department committees, the Academic Senate, the Administrative Board, the University Board, the UPR Board of Trustees, student liaison committees, and assessment committees at school and campus level. Regulations and bylaws for student participation at the different organizational levels are established in the *UPR Student Bylaws (Resource File 5.7)* and the *MSC Student Bylaws (Resource file 5.10)*.

Student input is instrumental in policy making and revision. It is also taken into consideration at faculty evaluations for promotion, curricular evaluations, and program evaluations. The Institutional Assessment Committee also takes into consideration the students' input through evaluations of different areas of interest, course and faculty evaluations, and the evaluation of student life. There are student liaison committees at the school level that meet regularly with the Assistant Dean for Student Affairs of each school and work on issues affecting student life and performance.

At least once every semester there is an MSC student campus-wide meeting with the Chancellor and deans to talk about areas affecting student life. A report is prepared and issues are assigned to specific campus officials for prompt attention and solution. Students also actively participate in the accreditation processes. These committees and work groups, as well as the multiple school-

based and campus-wide participatory forums foster interaction between all community constituents, particularly students. As stated in Chapter 6 *Faculty*, in spite of the fact that campus constituents acknowledge that there is representation at all levels of institutional decision-making, they are requesting an increase in the number of faculty and student representatives in the Board of Trustees.

USE OF ASSESSMENT RESULTS IN DECISION-MAKING

Institutional Assessment and Assessment of Student Learning are discussed in detail in Chapter 8. This section examines how the Board of Trustees has established the basis for the use of assessment results in decision-making to improve the institution. Over the past five years, the University has made a purposeful and intensive effort to institutionalize assessment at all levels of its operation. The Board has established system-wide policies regarding assessment applicable to all units (Board of Trustees Certifications 136, 2003-2004; 138, 2003-2004; Certification 080, 2005-2006; Certification 043, 2006-2007; Certification 038, 2009-2010 – **Resource File 8.1**) The Office of the Vice President for Academic Affairs, in coordination with the Deans for Academic Affairs of each campus, has submitted assessment reports in accordance with the requirements of the system-wide policies. These include assessment data on faculty scholarly production; student admissions, enrollment, and retention; and graduation rates, among others. The Board's explicit support and clear directives regarding assessment, as evidenced in the above mentioned certifications, have been decisive in its significant development.

In the process of examining institutional documents for this chapter, the Subcommittee found that, although the MSC has improved information dissemination mechanisms (online documents), the institution's policies and regulations (campus, system, state) constitute a growing and complex body of documents that is not always readily available to the academic community. This concern is shared with the Mission, Goals, and Integrity Subcommittee. Recommendations to address this situation are included in the *Appraisal of Findings* section.

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.

Evidence of compliance with this standard is presented throughout this report in the chapters discussing the institution's programmatic areas. The institution's strengths identified in each section have been possible in part due to an adequate administrative structure. There are some processes that could be improved, such as those providing support to research activities, purchasing, and building maintenance (to name some examples frequently mentioned by members of the academic community), but overall, the administrative structure adequately

supports the institution's activities as these are established in its *Mission and Goals* and *Strategic Plan*.

The administrative structure comprises three main areas: physical, human capital, and financial infrastructure. This administrative model was established in the Deanship of Administration *Strategic Plan, 2003-2008 (Resource File 4.5)*. Some of the improvements resulting from this model have been the reduction in the average time to complete personnel transactions, student registration on the internet, and a continuing education program for nonteaching personnel (*Aprendizaje Sostenido*). The creation and implementation of the program, which is structurally under the Human Capital Management Department, has allowed employees the opportunity of developing professional skills and receiving training on new regulations, ethics, and institutional policies.

Another area of improvement has been the successful audits by the Office of the Commonwealth Comptroller three years in a row. The Comptroller evaluates the implementation of standards to improve public administration and anti-corruption programs. The institution must meet the criteria, which refer to public funds and property, filing and document control, contracts registration, strategic plans, ethics, human resources, and risk assessment, among others. For fiscal year 2005-2006, the MSC obtained a score of 83%, 100% for fully complying with all the criteria in 2007-2008, and 91% in 2008-2009.

In response to researchers' complaints regarding administrative support, the campus established the Office of Sponsored Programs (OSP) in 2006. Its three subdivisions are Financial Administration, Center of Administrative Resources for Scientific Research, and the Division of Sponsored Programs Development. The OSP serves exclusively the research area and facilitates scientific research, the submittal of proposals, and pre and post award administration. Researchers receive continuous training and advice in administrative, budgetary, and regulatory aspects related to grants. The office also facilitates the effective management of budgets, purchasing, and subcontracting. Although the delays in personnel transactions, purchases, and invoicing have decreased significantly, this area continues to be a challenge, as expressed in the research section of Chapter 6 *Faculty*.

At the beginning of each academic year the Chancellor meets with the President of the University and the other chancellors to discuss performance evaluations, challenges, progress, and accomplishments during the previous year and to examine goals for the coming year, as established in strategic plans. The Chancellor and the Administrative Board have a direct responsibility for assessing the performance of the MSC. The Chancellor has full administrative authority and responsibility for the operation of the campus, in collaboration with his/her administrative staff. The organizational structure's 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.

The MSC has in place an assessment process geared to maintaining and improving institutional effectiveness, according to the accomplishment of institutional goals. This process is described in detail in Chapter 8 and includes institutional and student learning assessment. Additional assessment processes performed regularly include *Strategic Plan* progress reports (with success indicators) and student satisfaction surveys, on which students evaluate the services provided by the MSC. The current financial crisis and reduction in the number of nonteaching employees will require great resourcefulness and redistribution of responsibilities.

APPRAISAL OF FINDINGS

Strengths

1. The Medical Sciences Campus is a well-structured institution, governed by clearly defined bylaws, policies, and procedures.
2. Academic, research, and service accomplishments discussed in other sections of this report clearly evidence that the organizational leadership and governance system of the institution allows the attainment of its mission and goals and the successful operation of its programmatic areas.
3. The institutional structure and governance have proven to be resilient, allowing institutional development in times of financial constraints and administrative changes.
4. Participatory mechanisms in the institution's governance are numerous and provide opportunities for faculty and student representation at different levels of decision-making.

Challenges

1. Although the MSC has improved information dissemination mechanisms, the institution's policies and regulations (campus, system, state) constitute a growing and complex body of documents that is not always easily available to the academic community (Concern shared with the Mission, Goals, and Integrity Subcommittee).
2. The organizational structure's 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.
3. Faculty and student representation in decision-making bodies is guaranteed at all levels, but is deemed insufficient in the University Board and Board of Trustees.

4. Although there has been progress in establishing criteria, policies, and procedures for the evaluation of academic administrators, the system has not yet been implemented.

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 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.
3. Continue to request increased representation of faculty and students in the University Board and Board of Trustees.
4. Implement the proposed Faculty Evaluation System, which includes a formal mechanism for continuous, systematic evaluation of academic administrators.

CHAPTER 5 STUDENTS (Standards 8 and 9)

Standards 8 and 9 address matters pertaining to campus students and how the institution serves them. Chapter 7 *Educational Offerings* focuses on the curricula, while Chapter 8 *Assessment* provides evidence regarding student learning outcomes. This chapter analyzes the policies and procedures that guide student admission and the policies and services that enhance the quality of the students' life once they are enrolled.

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.

STUDENT PROFILE

In 2008-2009, the campus had 2,402 enrolled students and 411 residents (**Appendix 5.1**), compared to 2,840 enrolled students and 400 residents in 1999, as reported in the 2001 *Self-Study Report*. The decrease in the total number of students over the last decade is due in part to the evolution to higher entry level degrees in some fields (i.e., PharmD, Physical Therapy, Occupational Therapy) with the consequent reduction in the number of students normally admitted to a graduate program. In terms of gender distribution, although the total MSC male-to-female ratio has not changed significantly over the past decade, fewer males and more females are currently enrolled in the Schools of Medicine and Dental Medicine. Slightly more males and fewer females are now studying at the School of Pharmacy. Overall, the MSC student population continues to be predominantly female.

As of AY 2008-2009, 18% of students were enrolled in undergraduate programs, 79% in graduate programs, and 3% were special students. If medical residents (411) and special students (83) are excluded, only 8 % of MSC students were studying part-time, mostly at the Schools of Public Health and Nursing. Most students were in their twenties, with 32% in the 22-24 age group. In 2009, the campus awarded 743 degrees, ranging from associate to doctoral degrees, as well as graduate and post-doctoral certificates (**Appendix 5.2**). When compared to data for AY 1998-99 reported in the 2001 *Self-Study Report*, the percentage of bachelor's degrees awarded in the terminal year decreased significantly from 40% to 14%, while the percentages of master's and first professional degrees increased from 21% to 31% and 16% to 25%, respectively). At the first professional and graduate level, the MSC continues to attract a stable pool of applicants. Part of the increase in this category is due to the programs that evolved from a bachelor's to first professional or graduate entry level. In terms of financial aid, for AY 2008-2009, 46% of students received financial aid awards (**Appendix 5.3**).

RECRUITMENT

The MSC seeks to attract and recruit the most talented and qualified students for its academic programs. The responsibility for the recruitment process is shared between the campus' Deanship for Student Affairs and the schools' Offices for Student Affairs. In 2008, the Deanship established the Students Promotion and Recruitment Program. Its main purpose is to lead the MSC recruitment efforts by conducting a promotional initiative in coordination with the schools. The program developed a recruitment plan for the period 2008-2013 (**Resource File 5.1**). As stated in Objective 8.1 of the *MSC Strategic Plan 2009-2016*, the campus seeks 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 while maintaining standards of excellence*. Each academic year, staff members visit middle schools, high schools, colleges, and universities throughout the island. They participate in educational fairs, group presentations, advise potential candidates, and distribute promotional materials. Other activities have included: open houses, contact with professional organizations, advertisement in local newspapers, and on-campus summer programs for interested students. In addition, the Central Office of Admissions refers prospective students to the schools for orientation. These efforts have resulted in a steady increase in the overall number of applications for admission from 1,621 in 2004-2005 to 2,255 in 2009-2010 (**Appendix 5.4**).

Particularly noteworthy recruitment efforts are the School of Dental Medicine's 2008 recruitment plan to increase the number of disadvantaged students and the School of Health Professions' Academic Programs Marketing Survey conducted among freshmen students. Participants identified the School's website as the most useful marketing tool, followed in effectiveness by "contact with a professional in the field." It is also important to point that academic assessment results and campus-wide data are available to potential applicants in a "dashboard" tool posted on the MSC's main page <http://www.rcm.upr.edu/dashboardavaluo/>. Thus, potential applicants have access to institutional information that may aid them in making informed choices.

ADMISSIONS

The MSC abides by the University's General Policy on Admissions as established by Certification 116 (1978-1979) of the Council on Higher Education (**Resource File 5.2**), which is in agreement with the institutional mission. Due to the diversity of academic programs on campus and in compliance with accreditation standards, each school has established specific school and program requirements for admission within the framework of Certification 116.

Applicants compete for a pre-established number of positions per academic program. Evaluation is based on selection criteria (GPA, entrance examinations, interviews, etc.), with specific weights assigned in a formula which determines the competitive ranking of applicants. Admission requirements are published in the campus *Catalog*, posted on the MSC website. In recent years, schools have increased the use of their websites as a tool to inform potential candidates about

admission requirements, admission policies and criteria, tuition costs, and other relevant facts necessary for an informed decision.

There are two entry processes to the MSC, which depend on the level of the program to which the student is applying. The first is known as internal or in-transfer and applies to students requesting admission to undergraduate programs. As the MSC does not admit students directly from high school, they must enter other campuses of the UPR System or private institutions in order to take general education and introductory courses, and then transfer to the MSC for the professional courses that complete the associate or bachelor's degree requirements. Applications for in-transfer are processed by the Office of the Registrar, and are forwarded through the schools' Offices for Student Affairs to the corresponding program for the selection process. Although in-transfer agreements are in place with some of the originating units, students must comply with a series of requisites and may still have to compete for the limited number of positions available in the programs. Transfers from private institutions are processed by the Admissions Office. The second entry process is by direct admission. All professional degree programs such as Medicine, Pharmacy, Dental Medicine, Public Health, Audiology, and graduate programs in the six schools follow this process. Applications are screened for completeness by the Central Office of Admissions and then forwarded to the appropriate school for the selection process.

Academic programs evaluate applicants according to their established requirements, often considering non-academic factors in addition to academic criteria. All qualified applicants are ranked according to the program's admission formula, which determines the final selection of candidates for the available positions. The program must present a report to the school's admissions committee, which confirms a fair and accurate selection process and forwards it to the school's Dean for final approval. This current admission system has proven to be valid, nondiscriminatory, and a good predictor of student performance as evidenced by the campus' high graduation and low attrition percentages, approval percentages of state and national boards by graduates, accrediting agencies' positive assessment of the student body, and lack of complaints regarding unfair practices.

In general, most academic programs have an appropriate applicant pool for the established class size in terms of number and quality of students. In the case of the School of Medicine, the mean number of candidates is approximately 300, 50% of which are interviewed for an entering class of 105 students. Thus, the ratio between applicants and admitted is 3:1 (**Resource File 5.3**). The same ratio applies to the School of Dental Medicine. **Appendix 5.4** summarizes campus applications, admissions, enrollments, and the selective demand index for the period of 2004-2005 to 2009-2010. Each school/program establishes its maximum student capacity according to its accreditation agencies, needs assessment studies, and educational resources available. Schools, upon careful analysis and justification, have the prerogative to increase or decrease the number of students admitted in a particular academic year, according to their resources and student/faculty ratios set by their accrediting agencies. The School of Health Professions decreased its first year enrollment for some programs for AY 2008-

2009 due to remodeling of its facilities, which made it necessary for programs to share classrooms and laboratories with other schools or seek alternative facilities. No other school has reported a change in its enrollment capacity during the 2005-2010 period. In spite of the university's budgetary limitations, campus programs have been able to maintain their projected enrollment and provide the necessary student services.

RETENTION

Overall, student retention has not been a problem on campus, as evidenced in **Appendix 5.5**. 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 (**Resource File 5.4**) 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, which will be discussed in subsequent sections of this chapter.

According to interviews conducted by the schools' Offices for Student Affairs, the most common reasons cited for attrition are: academic deficiencies, personal and health problems, family problems, financial reasons, and change in vocational interests. In 2009, the Graduate School of Public Health conducted a study of attrition causes in its programs. Findings suggest 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 several support strategies such as extending hours for academic advising services and increasing online and computer services, among others (**Resource File 5.5**). **Appendix 5.6** shows the percentages of students who graduate in their terminal year for five of the six schools for AY 2006-2007 and 2007-2008. The Graduate School of Public Health is not included in the table because the school tracks student cohorts according to the methodology established by its accrediting agency (Council on Education for Public Health) and the measures are not comparable. The School reports a 57% and 54% graduation percentage for 2007 and 2008 respectively, which is comparable to those reported by some schools of public health. The Council on Education for Public Health is considering a target graduation rate of 70% (down from 80%) for the master's level and 60% for the DrPH given that many schools of public health did not comply with the existing standard. Most campus schools report that the availability of counseling and remedial programs in each school seems to have helped students overcome academic deficiencies and enabled them to stay in school.

Another way in which the campus seeks to address retention is by meeting the needs of special groups such as evening students. According to the Graduate School of Public Health's 2007 *Students' Perceived Needs Survey* (**Resource File 5.6**), the evening students' profile differs from that of daytime students. Most are employed full-time and head households. These responsibilities, when added to heavy class loads and the night schedule itself can have a negative impact on their academic performance. As a result, this group shows higher attrition rates. Support services have been expanded and adapted in order to meet the needs of the evening student population. Some of these services include extended administrative staff office hours, assignment of classrooms within the same building, security escorts after hours, extended hours for counseling services, and online services.

MSCHE STANDARD 9

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

The *UPR General Student Bylaws* (Chapter II, Article 2.3) states that the UPR “prohibits any discrimination in education, employment and the provision of services for reasons of race, color, sex, birth, age, social origin or status, ancestry, marital status, ideas or religious or political beliefs, gender, sexual preference, nationality, ethnic origin, disability, veteran status, or being a victim or being perceived as a victim of domestic violence, sexual assault, or stalking” (**Resource File 5.7**). This statement extends to all aspects of student life and guarantees students the right to participate in activities sponsored by the university, including those students who may need reasonable accommodation if disabled or afflicted with a qualifying condition. In accordance with this policy, the MSC provides support services to all students in order to promote their welfare, improve their quality of life, and support the attainment of their academic goals. Within the campus organizational structure, the Deanship for Student Affairs has the responsibility of providing direct support services to students in collaboration with the schools. Since each school has well-defined professional tracks which make them unique in terms of student expectations and needs, it is more effective for the schools' Offices for Student Affairs or the program faculty to provide academic counseling to students. The Assistant Deans for Student Affairs, along with professional counselors in each school, work closely with students, offering comprehensive services within flexible hours.

MSC centralized student services overseen by the Deanship for Student Affairs include: Financial Aid, Health Services, Student Center for Counseling and Psychological Services (CECSI, by its Spanish acronym), Wellness and Quality of Life, and athletic, cultural, and social activities. The Deanship has struggled with very limited recurrent operational budget allocations, particularly during the current financial crisis. In spite of the extreme resourcefulness and commitment shown by the staff, additional sources of funds must be identified in order to maintain and continue to improve levels of service.

STUDENT SUPPORT SERVICES

Academic Services

Campus schools strive for early identification of students who are experiencing academic difficulties. Usually, professors or course coordinators are the first to suggest academic counseling, tutoring, and support. Students are referred directly to the school's Office for Student Affairs for academic advising or to the school's counseling services for identification of probable root causes of problems or deficiencies. Qualified, licensed personnel with master's and doctoral degrees in counseling and psychology are available in each school. Students are also referred to the campus staff psychologist, psychiatric consultants, or other off-campus mental health professionals.

Each school has developed its own mechanism for early identification of academic deficiencies such as the Advancement Committee at the School of Medicine, the Student Assessment Committee at the School of Dental Medicine, and the Evaluation, Promotion, and Graduation Committee at the School of Pharmacy. These committees follow-up the students' day-to-day academic performance. Those with academic problems, therefore, are identified early in the academic year and referred for counseling and/or support to be provided by the school counselors, assigned mentors, or to receive tutorials/remedial assistance. These early interventions have proven to be effective in helping students achieve academic progress to the next level of study, as seen in the MSC's high student first to second year retention rates (**Appendix 5.5**). All cases are handled under strict confidentiality protocols. Tutorials and review sessions are offered by professors and teaching assistants to students exhibiting academic difficulties during any given course. Students are also assigned to professors who, in turn, monitor their academic development. Also, through the Students and Residents as Teachers Program in the School of Medicine, students receive peer tutoring and mentoring. Statistics from the Office for Student Affairs of the School of Medicine show that 90% of the students receiving help or who were placed in remedial activities go on to graduate (**Resource File 5.8**). Also, special curricular arrangements are offered to medical and dental students who have evidenced academic deficiencies. The main goal is to retain students, allow them time to manage their particular problems, and enable them to successfully complete their academic program. A leave of absence may be offered to students when there is a need to take time off and resolve a serious situation. The student may return and complete the academic program within a specific time period.

In order to assist potentially high risk entering students in adapting to the demands of a health field curriculum, some schools have offered federally funded summer pre-enrollment courses. The courses consist of a two-week, intensive schedule of lectures, small group discussions, and workshops in which participants interact with faculty and peers. Although the courses are open to all admitted students, preference is given to those who have graduated from public high schools or who have disadvantaged backgrounds. In the School of Medicine, students classified as disadvantaged receive a stipend to support their participation. They are closely monitored during the first year to assure an

appropriate adaptation. The School of Nursing offers new students an intensive, comprehensive orientation program at the beginning of each academic year, which emphasizes professionalism, management of a curricular sequence, mentoring programs, and reinforcement of basic mathematics and writing skills. The Office for Student Affairs at the School of Health Professions designed a worksheet for students with disabilities in which they may voluntarily identify their difficulties. This allows rapid identification of students with special needs so that reasonable accommodation or remedial activities can be arranged. This worksheet is now used by all schools.

Financial Aid

The Financial Aid Office oversees and manages financial assistance programs for students in compliance with US Department of Education policies and criteria. Financial aid funds are provided by the Legislature of the Commonwealth of Puerto Rico, the federal government, institutional funds, and private donations. These resources are distributed through scholarships, student loans, and work-study programs. The MSC also offers teaching and research assistantships, which are funded by institutional budget allocations and distributed based primarily on academic merit rather than financial need. Decisions regarding teaching and research assistantships are made by a standing committee chaired by the MSC Associate Dean for Academic Affairs. **Appendix 5.3** shows the percentage of students receiving financial aid at the MSC during the period under study. **Resource File 5.9** lists the amounts awarded to students by type and source. As a state-supported institution of higher education, the UPR-MSC offers island residents quality education at a low cost. Tuition fees shown in **Appendix 5.7** are among the lowest in the nation for a health sciences campus, thus student debt levels upon completion of degrees is accordingly lower (**Resource File 5.9**).

Health Services

All full-time students are required to carry the UPR health plan, or provide evidence of coverage by an equivalent health insurance plan. Ambulatory health services are provided to all students free of charge at the Student Health Services Clinic. Primary care is provided by a family physician in collaboration with a registered nurse. Services include first aid, medications, short term rest and observation, orders for laboratory tests, X - rays, and other diagnostic studies. In a 2009 student satisfaction survey, 92.45% of students expressed satisfaction with the medical services provided. The 2009 School of Medicine *Students' Accreditation Report* commended the attending physician in charge of this office for the efficiency and quality of the program. A survey conducted among 270 MSC alumni (2003-2004 and 2004-2005 cohorts) revealed that 98.1% of graduates were satisfied or very satisfied with the campus student health services. Health maintenance and preventive services are strongly emphasized through the immunization and universal precautions protocols, promotion and surveillance of blood pathogens and occupational exposure protocols, including HIV prophylaxis. The Hepatitis B vaccine is available at an affordable cost. The rabies vaccine, partially paid for by the campus, is available for students admitted to the Veterinary Technology Program.

Counseling Services

All counseling services provided at the MSC are intended to help students adapt to campus life, define personal and professional goals, and promote self-knowledge and healthy lifestyles. Centralized services are offered by the staff of the Student Center for Counseling and Psychological Services, which includes several professional counselors and a psychologist. The Center offers individual and group counseling, career counseling, job fairs, orientation activities, and workshops on various topics related to student personal and professional development. Topics of interest to students are: stress management, gender violence, depression and suicide, eating disorders, time management, and networking for job placements. Other services include the administration of standardized tests and interest inventories, referrals to boarding houses and child care facilities, and advising faculty regarding reasonable accommodation. Currently, the Center is working towards its accreditation by the International Association of Counseling Services (IACS). The design and development of a protocol for counseling services is in progress in accordance with accreditation standards. The possibility of adding psychiatric services is also under consideration. Services are also complemented with counseling and/or psychological assistance offered at each school. If the need arises, psychological services are readily available at the School of Medicine and School of Dental Medicine. All other schools have access to counselors within the schools and to psychological services at the Center.

Wellness and Quality of Life Office

The Wellness and Quality of Life Office develops programs to promote a healthy and safe environment that allows the achievement of total welfare by the university community. It has a leadership role in the prevention of drug and alcohol abuse, violence, sexually transmitted diseases, sexual assault, and sexual harassment. It collaborates actively in the implementation of the campus safety policy to ensure compliance with federal regulations and the Jeanne Clery Act. In association with the Puerto Rico Traffic Safety Commission, it directs a federal program known as FIESTA XIV, whose mission is to prevent student driving while under the influence of alcohol and to promote secure and responsible behavior on the road. The Wellness Office has an advisory committee composed of representatives of the six schools who collaborate in promotional efforts and participate in policy and standards revisions. The office coordinates special events such as educational fairs, community service, dance lessons, and special interest workshops. As counseling services also contribute to student wellness and promote quality of life, the Student Center for Counseling and Psychological Services works closely with the Wellness Office in activities that promote social responsibility of students towards the community, such as visits to homes for children and the elderly.

Extracurricular Activities

Sports, social, and cultural activities encourage interaction among students of the six professional schools and promote relaxation. The Deanship for Student Affairs has a Cultural/Social Activities Coordinator and a Sports and Athletic Activities Coordinator. The athletics program sponsors recreational tournaments in which there is excellent student participation, while concerts are the cultural event with the highest attendance. Every effort is made to schedule cultural events during the designated “universal hour” (Wednesday from 11:00am to 1:00 pm), when schools do not schedule formal academic activities. The MSC has a fully equipped fitness center for use by the campus community for a nominal monthly fee. It has three trainers and convenient hours (Monday thru Friday from 5:00 am to 9:00pm). At the fitness center students can release the stress produced by an intensive academic load while improving their physical health.

INSTITUTIONAL STUDENT POLICIES

The MSC has established the necessary policies to foster an active learning environment, supported by the appropriate student services. Policies and procedures that govern student life are widely distributed during recruitment and admission activities and are readily available at the campus’ academic offices and website. The campus’ numerous administrative services to students are regulated by these policies and procedures designed to facilitate the students’ academic life and protect their rights. Most of the institutional regulations that govern student life are stated in the *UPR General Student Bylaws*, as amended in 2011 (**Resource File 5.7**), and the *MSC Student Bylaws 1993*, currently under revision (**Resource File 5.10**). These bylaws delineate the following aspects of student affairs: rights and responsibilities; non-discrimination policy, including the right to reasonable accommodation (ADA Law); rules of conduct and ethics, including disciplinary procedures and due process; participation in student and institutional governance, and in academic processes; access to university/campus services; security of student records; and rules governing student organizations, publications, and extracurricular activities. Full versions of these documents, in hard copy or CD format, are distributed to admitted students by the schools’ Offices for Student Affairs. Copies are also available at the Office of the Dean of Students and posted at the Deanship’s website <http://www.rcm.upr.edu/estudiantes/Documentos.htm>

Other institutional policies relevant to MSC students include those that address: rights of persons with disabilities, acceptable use of information technology resources, intellectual property, guidelines for scientific research, sexual harassment and other uncivil behavior, personal safety and security, and the illicit use of drugs, controlled substances, and alcohol abuse. These are discussed in detail with new students during orientation activities and further clarified by academic administrators during meetings with first year students (attendance taken and on file). All policies are accessible via links found at the recently launched “Student Services Portal” at the MSC Web page (<http://www.rcm.upr.edu/portalstu/Default.aspx>) and are available at each school’s Office for Student Affairs upon request. The Deanship for Student Affairs also

publishes a bulletin updated annually that includes comprehensive and condensed data on student services, bylaws, policies, and important information on student life on campus. This bulletin is given to newly admitted students at the beginning of each academic year (**Resource File 5.11**). The MSC's commitment to high standards of conduct is reflected in Certification 028, 1995-1996 of the Academic Senate (**Resource File 5.12**). This certification establishes the students and faculty's duties and responsibilities and how they must relate in academic situations. The MSC educates students regarding this certification and other related matters of acceptable standards of conduct during the freshmen orientation activities, after which a signed copy of the participants' attendance is kept on file as evidence of acknowledgement of receipt of the certification. This policy is also discussed at workshops sponsored by the Office of the Student Ombudsperson, and is available upon request from the Deanship for Student Affairs.

Student Grievances and Due Process

The MSC recognizes the academic rights of students and has established reasonable procedures to fairly address student complaints and grievances. This due process is described in the *Rules and Regulations for Administrative Appeal Processes of the University of Puerto Rico*, Certification No. 138 1981-1982 of the Council on Higher Education. To facilitate understanding of the process, the Deanship for Student Affairs developed a flow diagram which shows the step-by-step process from the time a complaint is filed until it is solved. These procedures are intended to achieve equitable solutions with due regard for the rights of all parties involved (**Resource File 5.13**).

In 1996, the MSC created the position of Student Ombudsperson. In 2005, the Board of Trustees approved a system-wide policy regarding student ombudspersons (Board of Trustees Certification 32 2005-2006). The Student Ombudsperson offers intercession, mediation, negotiation, and conciliation services during student grievance procedures, and makes referrals to arbitration services, when needed. The Office advocates for student rights in all areas of campus life. Students have confidential access to the Ombudsperson by telephone, facsimile, and "Online Office" e-mail system at the MSC website. The Office established a specific process for the management of those complaints directly related to noncompliance with reasonable accommodation pursuant to the American with Disabilities Act, and the Rehabilitation Act. According to the Office's *Student Satisfaction Questionnaire* for AY 2006-2007, 85% of students expressed satisfaction with the services provided (**Resource File 5.14**).

Student Records

The MSC fully complies with the requirements established by the Family Educational Rights and Privacy Act (FERPA - Buckley Amendment), as evidenced by the policies regarding security of student records stated in both the UPR and MSC *Student Bylaws*. The institution maintains an information directory in which students must authorize the personal information that may be disclosed to others without their prior written consent. MSC students receive an email message of their directory information for review and updating at the time of each registration

process and when they submit an application for graduation. The law restricts access and distribution of any information contained in the students' files, except to persons authorized in writing by the students, the officials authorized by the UPR, institutions providing financial assistance, the courts, and parents of underage students. It also provides guidelines for the correction of any errors in the records. During the period under evaluation for this self-study process, no complaints were filed by students regarding privacy issues.

Safety and confidentiality rules and procedures are in place to protect the various kinds of student records generated by the institution. The Registrar's Office is the sole custodian of the students' official **academic records**. Student records and personal information are electronically safeguarded, using the Student Information System (SIS), operated by the MSC Office of Information Systems, for administrative purposes. Student information is entered into the system by different offices as the students progress from applicants to alumni. Personal information of all admitted students is sent by the MSC Central Office of Admissions to the Registrar's Office. The academic record is updated continuously as students advance through the levels of their program of study and as grades are reported by the professors. Older academic records are kept in a safety vault. A strict procedure is followed internally when granting SIS access to members of the academic community. The Registrar's Office evaluates each petition and grants different levels of access depending on the nature of the petitioner's role and responsibilities. The MSC Office of Information Systems has also implemented security measures for those who have been granted access. Each user has a unique username and confidential password, which must be changed every 90 days as an added precautionary measure. Since 2005, students may access their academic records using their student number in conjunction with a pin number, which is confidentially assigned by the Registrar's Office.

Students' **medical information** is kept locked and safeguarded at the MSC Student Health Services Clinic, with strict adherence to HIPAA protocols. The only employees who have access to student health records are those working at the clinic. The information in **counseling/psychological services records** is also confidential. Records are kept in a secure location in the counselor/psychologist's office. As with the medical records, counselors/psychologists follow HIPAA and FERPA protocols when providing information to third parties.

According to the UPR and MSC *General Student Bylaws*, information gathered during a disciplinary process must be filed securely and separately from the student's academic record. In the MSC, records of disciplinary decisions made regarding student conduct are kept locked in the office of the Dean of Students. Students have the right to examine their **disciplinary records** at any time and may request a copy from the Deanship for Student Affairs. Information cannot be disclosed to a third party without the student's consent, except to authorized university officials or by a court order. Students' personal and academic information, medical certificates to excuse absences, and **other records** may be kept on file at the school, department, or program if archived in a safe and secure location under key. Members of the academic community or other interested parties must request student information from the school's Associate Dean for

Academic Affairs or Assistant Dean for Student Affairs, Department/Program Director, or Program Academic Coordinator, which will be granted only with the explicit consent of the student.

ASSESSMENT OF STUDENT SERVICES

Each school has developed assessment mechanisms to ascertain the effectiveness of its counseling and remediation services. Most report a significant increase in student academic performance after counseling and/or remedial interventions. The School of Medicine's 2007 *Graduation Questionnaire* revealed that 95.7% of students were satisfied with access to counseling services, while 79.1% were satisfied with the effectiveness of personal counseling (**Resource File 5.15**).

The Graduate School of Public Health conducted a survey during academic year 2004-05 to determine the students' level of satisfaction with counseling services, as well as other types of services provided. Some of the major findings were: 95% of day students indicated that the Office for Student Affairs personnel was always available; 90% indicated that the counselor was available promptly, and 94% indicated that the counseling process was conducted in a private environment (**Resource File 5.16**). Most participants had a faculty advisor, and 94% were satisfied with the advising received. Ninety-one percent (91%) of evening students were satisfied with the availability of the office's personnel; (89%) indicated that the counselor was available promptly, and that the counseling process was conducted in a private environment (97%). Most participants had a faculty advisor, and 86% were satisfied with the advising services received. To maintain these high-rated services, the school extended service hours to 6:00 pm, in order to further improve services to evening students.

At the School of Pharmacy, an analysis of the AACP *Graduating Student Survey* for the 2008 class indicated that 76.9% of the students strongly agreed or completely agreed that their academic advising needs were met. In addition, over 50% of the students agreed or completely agreed that the relationship between student and mentor promotes a sense of community in the school (**Resource File 5.17**). The Office for Student Affairs at the School of Health Professions began conducting a yearly student satisfaction survey in AY 2006-2007 (**Resource File 5.18**). Based on responses, the school extended counseling service hours for evening students.

In addition to those previously mentioned, several changes have been implemented in the provision of student services as a result of assessment measures. One of the most important changes is the availability of extended service hours during the lunch period in the Admissions, Financial Aid, Registrar, and Bursar's Offices. The Student Health Clinic extended its schedule for evening students until 5:00 p.m. Twice a year, the Chancellor and school deans and academic administrators gather with students and their leaders to discuss their concerns in an informal setting, similar to a "town hall" meeting. A report is prepared, which includes student concerns and suggestions and identifies the person/s responsible for addressing the specific situations. The progress on these

reports is monitored by the Dean for Student Affairs. Deans also hold regular meetings with student leadership. The issues that usually concern students the most are campus security and student services. These meetings resulted in the MSC implementing a special training for personnel in charge of security and direct services to the student population. Also, a Campus Safety Committee, which was appointed by the Chancellor in 2007, has followed-up the work in this area, including compliance with the amendments to the Jeanne Clery Act. A campus safety protocol was elaborated, approved by the Administrative Board in 2008, and subsequently implemented.

Management of student stress is another issue identified in the current self-study process. Sports activities help students manage stress. Participation in sports tournaments is fairly high. For this reason, the Sports Activities Coordinator made several changes based on the results of the satisfaction surveys conducted at the end of each tournament. Some of these changes were offering two softball games per week, volleyball games three times a week, and more soccer games. The awards and recognitions ceremony now takes place at the end of each tournament, instead of one activity at the end of the academic year. This has increased student participation. The Student Counseling and Psychological Services Center has implemented the use of technology in the past five years and developed self-help information messages. These are available through the campus website through the link "Pregúntame" or "Ask Me" (<http://www.rcm.upr.edu/estudiantes/preguntame/>). It must be noted that the different levels of assessment of student services at the schools make it somewhat difficult to identify shared student needs. Increased coordination of assessment activities at the schools could reveal significant information for campus-wide decision-making.

APPRAISAL OF FINDINGS

Strengths

1. The MSC admits qualified students who perform well academically and are successful in completing their degrees.
2. Admission criteria, policies, and procedures are clear and fairly applied.
3. Most academic programs have low attrition.
4. The Deanship for Student Affairs offers direct counseling and health services, and develops cultural programs that enhance the quality of student life.
5. The Deanship for Student Affairs' Counseling Center has expanded its services and its physical facilities have been remodeled in preparation for the International Association of Counseling Services accreditation process.

6. Highly qualified, licensed professionals with master's or doctoral degrees in each school provide day-to-day counseling services, complementing the MSC central services.
7. Recreational services have been significantly improved and expanded including the creation of a fitness center, along with additional sports activities.
8. The MSC abides by all local and federal legislation pertaining to student rights and has established grievance procedures and efficient means of disseminating institutional policies to keep students well informed regarding their rights.
9. The Student Ombudsperson Office, created in 1996, advocates for student rights and offers mediation, negotiation, and conciliation services to students.
10. The hours for student services have been extended to include lunch periods and to accommodate the needs of the evening student population.

Challenges

1. Some programs have experienced a reduction in the number of applicants and/or an increased attrition.
2. Different levels of assessment of student services at the schools make it difficult to identify shared student needs for campus-wide decision-making.
3. Recurrent operational budget allocations for the Deanship for Student Affairs are very limited.

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

CHAPTER 6

FACULTY

(Standard 10)

MSCHE STANDARD 10

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

This chapter discusses all aspects of the campus' professoriate, including its academic qualifications and professional credentials, participation in governance and academics, professional development, evaluation, and involvement in scholarly activities, particularly research. It also addresses issues of concern to faculty members, particularly those that have emerged due to the University's current financial situation and which call for creative solutions to preserve quality services to students and continued improvement of student learning outcomes. Teaching activities are discussed in Chapter 7 *Educational Offerings*, as they relate to the teaching learning process.

FACULTY PROFILE

The MSC faculty holds degrees and credentials in a wide range of health disciplines and specializations, providing a strong foundation for the teaching, service, and research activities carried out by each school. The MSC *Catalog* lists all faculty members by school (<http://www.rcm.upr.edu/Catalogo/Catalogo-2009-2010.pdf>). According to data from the Department of Human Resources Information System, for the 2010-2011 academic year the MSC had 874 faculty members: 682 (78%) full-time and 192 (22%) part-time. Fifty-seven percent (57%) of faculty members are female. Most faculty hold tenured or tenure-track positions (63%); academic rank as professor, associate professor, or assistant professor (82%); and doctorate, first professional, or higher degrees (76%). Of the 874 faculty appointments, 447 or 51% are in the School of Medicine, 11% in Dental Medicine, 11% in Health Professions, 10% in Public Health, 4% in Pharmacy, and 4% in Nursing. **Appendix 6.1** summarizes faculty data for the years under evaluation (2004-2011). Approximately half (54%) of faculty members are 50 years of age or older, probably anticipating retirement within the next 5 to 10 years. The foreseeable retirement of a sizeable portion of the faculty, along with the recently established policy of freezing positions vacated due to retirement, calls for a careful plan to maintain an adequate faculty body in spite of financial constraints. To date, there is no formal institutional plan to address this situation, other than a procedure to fill vacant positions on a case by case basis as departments request authorization for new appointments. This issue is particularly important in terms of the programs' accreditation status due to its potential effect on student/faculty ratios and the quality of educational offerings.

EMPLOYMENT POLICIES AND PROCEDURES

The MSC institutional policies and procedures have facilitated the successful recruitment, retention, and development of a qualified, productive faculty. As described in Chapter 4 *Leadership and Governance*, the UPR System (and the MSC as one of its units) is governed by: the University Law of 1966, as amended; (**Resource File 4.1**); the UPR *General Bylaws* (**Resource File 4.2**), as amended; and certifications issued by the academic senates, administrative boards, the University Board, and the Board of Trustees. The MSC has established procedures based on merit and academic excellence, as stated by these policies, for the recruitment of faculty. A general description of criteria and procedures for faculty appointment can be found in the recently updated *Manual del Docente (Faculty Manual, http://www.rcm.upr.edu/rcm/docs/Manual_del_Docente_RCM2010.pdf)*.

Recruitment, Promotion, and Tenure

The recruitment process is initiated at the school level by the Dean or Department Director, who publishes a job posting in the appropriate local and national printed or electronic media. The Department Personnel Committee receives and reviews documents from the interested candidates, conducts interviews, and prepares a report with recommendations to the Department Director, based on the candidates' experience and credentials. The Director reviews the Committee's report and submits his/her recommendations to the Dean, who forwards all pertinent documents to the School's Personnel Committee for its review. The Committee verifies that the candidate is qualified for the available position and that the selection process has been fair and unbiased, and then submits its recommendations to the Dean. According to the *UPR General Bylaws*, the Department and School Personnel Committees only have an advisory role to the Dean, who may accept or reject their recommendations. The Dean recommends candidates for appointment to the Chancellor and the Administrative Board, who have final authority over the appointment. This recruitment process is summarized in a flow diagram in **Appendix 6.2**.

The following criteria are considered in the appointment of academic personnel: 1) quality of the applicant's academic work, 2) degrees and other credentials, 3) areas of expertise, 4) teaching experience and application of knowledge in a particular area, 5) number and quality of peer-reviewed publications, 6) basic agreement with the philosophy and objectives of the university, and 7) ability to conduct scientific research or creative work. The MSC grants the academic ranks of Instructor, Assistant Professor, Associate Professor, and Professor, the equivalent levels for the rank of Researcher, as well as four levels (I-IV) for the ranks of Librarian, Counselor, Social Worker, and Psychologist.

Rules pertaining to promotion are stated in Article 47 of the *Bylaws*. According to Certification 133 (1999-2000) of the Board of Trustees (**Resource File 6.1**), faculty will be considered for promotion after a specified number of years at each rank. Regulations guarantee a review process, not an automatic promotion. The UPR System's policies regarding tenure are stated in Article 46 of the *Bylaws*.

In order to be considered, faculty must hold a full-time, tenure-track appointment and have served at least five consecutive years at the institution. At the MSC, “conditional” tenure is also granted to faculty who are paid with reasonably stable external funds.

Salary, Fringe Benefits, and Retention Incentives

Salaries are determined by rank, highest academic degree, and years of service at the institution. The MSC faculty works an eleven-month academic year with a 30-day vacation, in contrast to other UPR units/campuses which work a nine-month academic year. Different salary scales were established for the MSC (Council on Higher Education Cert. 11, 1980-1981, as amended – **Resource File 6.2**) to take this difference into consideration. These are the clinical sciences, basic sciences, dental medicine, and the MSC basic scales. Although the MSC basic scale provided for a doctoral level, in the 1980s the campus adopted the policy of remunerating all faculty holding doctorates (other than MDs) with the basic sciences scale, which coincides with the dental medicine scale. Thus, the campus basic scale is used solely to remunerate faculty members who do not hold doctoral degrees. Librarians, Counselors, Social Workers, and Psychologists at the MSC are remunerated using the UPR System basic scale designed for a nine-month academic year (which establishes a lower pay for a shorter work year), although they work an eleven month academic year as other campus faculty. This salary discrepancy has been brought to the attention of University authorities on several occasions, but the request has not been granted because Central Administration officials determined that it is within the employer’s authority to establish remuneration practices based on group differences.

In general, retention of faculty is not a problem at the MSC. Difficult recruitment and significant turnover only occur within some specialties subject to highly aggressive and competitive recruitment by the non-teaching private sector or mainland institutions. One such field is pharmaceuticals, due to the presence of an attractive retail sector and numerous US pharmaceutical companies in the island. The low turnover is due to the fact that the University is the largest and most resourceful academic higher education institution in the island, making it the most attractive higher education employer locally. It offers considerable opportunities for professional development and an attractive package of incentives and fringe benefits, by local standards. Until the recent financial crisis, salary, benefits and incentives included: periodic salary increases for cost-of-living and years of service; salary increase for completion of a higher academic degree; research incentives (Administrative Board Certifications 176, 1987-1988; 199, 1993-1994; 139 2000-2001 - **Resource File 6.3**), Christmas and faculty development annual bonuses; and payment for accumulated sick leave over 90 days. Additional benefits included: sabbatical and other leaves of absence with and without pay and/or financial aid; release time for formal studies during regular work hours; payment of travel expenses for study and other professional development; health insurance for employee and family; a deferred compensation plan; tuition exemption for employee, spouse and children; and a retirement plan, which was amended to increase the maximum salary subject to withholding contributions (from \$35,000 to

\$60,000), therefore increasing future pension payments (Board of Trustees Certification 139, 2001-2002 - **Resource File 6.4**).

Leaves of absence for study may be granted, with or without financial aid, for a period of up to three years. Upon completion of his/her studies, the faculty member must serve the institution for at least one year for each year of leave awarded. In addition to sabbatical and other leaves of absence for study or extraordinary circumstances, leaves with or without pay may also be granted for: participation in political processes, jury duty, service in the United States Armed Forces, participation in some sports events (when representing Puerto Rico or the United States), and service at other UPR units.

During the past two years, faculty members have expressed true concern regarding the impact of emergency fiscal policies established by the government and the UPR Board of Trustees due to the island's ongoing recession. As discussed in detail in Chapter 3 *Planning and Resources*, institutional measures effective May 2009 froze all salary increases, pay for excess accumulated sick leave, promotions in academic rank, and hiring of new personnel, including replacement of retired faculty (except by special request from departments). The elimination of bonuses and reductions in the employer's contribution to the retirement fund and health insurance premiums are currently under consideration by university authorities. The consequences of these actions for the institution, such as the potential retirement of a large percentage of its faculty within the next decade, are as yet unknown, but could affect students and the academic programs if the faculty body is excessively reduced. In addition, the freeze in promotions in rank is creating a backlog of promotions and affecting faculty morale because it is a measure targeted to one segment of the faculty. This particular measure must be reconsidered promptly.

Part-time and Adjunct Faculty

The MSC *Annual Report* for the period of 2006-2007 to 2007-2008 shows evidence of a 3.5% increase in total employed faculty at the MSC (31 additional employees in 2007-2008). An increase of 11.1% was reported for the number of faculty working part-time, while the number of faculty working full-time only increased 1.6%. This report also shows an increase in the number of part-time and adjunct faculty during the past five years, under the terms established by Board of Trustees Certification 024 1996-1997 (**Resource File 6.5**). Reasons to hire part-time or adjunct faculty stated by the programs include increasing course offerings and strengthening particular areas of expertise to provide a coherent and sequenced curriculum. **Appendix 5.5 Retention Rates** and **Appendix 5.6 Graduation Percentages** presented in Chapter 5 *Students* suggest that thus far, this trend has not had a negative impact on student learning and academic success. In addition, the schools' accredited status also indicates that accrediting agencies have not identified problems with the hiring practices of part-time and adjunct faculty. The faculty has expressed concern regarding the retention of part-time and adjunct faculty since most are under contract and can be easily dismissed due to the University's fiscal crisis. Particularly at times of financial constraints, dismissing these faculty members should be approached carefully because of the

potential effect on the quality of educational offerings due to faculty overload or loss of expertise in key areas. It is equally important to maintain the fine balance between the number of core and part-time or adjunct faculty. At a time when vacated positions are being automatically frozen, hiring of part-time, contract, or adjunct faculty could be a way to replace core faculty at a lower cost. Thus, although these faculty members have served the institution well, the issue should be analyzed carefully in order to establish more specific hiring guidelines that take into consideration the institution's current fiscal situation and academic needs.

PARTICIPATION IN GOVERNANCE AND ACADEMIC PROCESSES

Campus Governance

Institutional governance is discussed in detail in Chapter 4 *Leadership and Governance* of this report. MSC faculty participates in institutional governance as it relates to teaching, services and resources, and curriculum development. It also has decisional roles at the standing committees at the school/department level and deliberative and advisory roles in the Academic Senate and the Administrative Board at the campus level. Thus, faculty has input and representation in campus-wide academic matters, administrative processes, and financial planning. Schools are organized in departments, within which faculty members exercise their prerogatives in academic affairs such as: creation of new programs, curricular revisions, and admission and academic progress of students. *The UPR General Bylaws* mandate that all schools have at least personnel, curriculum, and faculty affairs committees which are advisory to the deans regarding administrative, curricular, and faculty issues. Faculty members are elected by their peers to serve on these school committees and, in some schools, in the corresponding department-level committees.

The University recognizes participation in committees and governing bodies as essential to the achievement of institutional goals. Indeed, institutional service is one of the faculty's primary responsibilities, reflected in the workload distribution stated in the *Bylaws*, which assigns four hours a week to meetings and committee work. Faculty members participating in institutional governance at the campus or university level receive some release time in their academic load calculations to allow time beyond the four hours stated in the *Bylaws*. Although faculty participation at several university levels is guaranteed by the *Bylaws*, the faculty considers it is underrepresented in the University Board and Board of Trustees and that existing mechanisms are not expeditious enough to assure its input in urgent labor situations (Academic Senate Certifications 038, 2008-2009; 027, 2009-2010; 035, 2009-2010; 036, 2009-2010; 037, 2009-2010, and 038, 2009-2010 – **Resource File 4.3**).

Academic Affairs

The *UPR General Bylaws* (Chapter VII, Article 63, Section 63.1.10), *Faculty Manual (2010)*, *Medical Sciences Campus Strategic Plan 2009-2016 (Objectives 3.4-3.5)* and the UPR System strategic plan *Ten for the Decade (LO 1 and LO 7)* establish that one of the main responsibilities of the faculty is to participate in the

planning of academic programs. Thus, curricular offerings are periodically revised and updated by the faculty, guaranteeing the education of qualified health professionals. If changes in the academic programs are needed, they are made through widely participatory processes. All new academic programs and major curricular revisions are authored by program and department faculty, reviewed and critiqued by the schools' curriculum committees, the schools' faculty, and the Academic Senate. They are finally approved by the MSC Administrative Board, the University Board, and the UPR Board of Trustees. Faculty actively participates in the self-evaluation processes that individual programs conduct in order to meet professional accreditation standards and evaluations required by the institution every five years. As summarized in Chapter 1 *Institutional Overview*, most MSC programs hold professional accreditations, thus guaranteeing that evaluation and outcome assessments are continuously conducted by the units in order to meet professional education standards (See Chapter 8 *Institutional Assessment and Assessment of Student Learning Outcomes*).

Other Faculty Participation Channels

Institutional channels for faculty participation have been outlined above and in Chapter 4 *Leadership and Governance*. Since 1960, faculty members have had the option of joining the Puerto Rican Association of University Professors (APPU, by its Spanish acronym) a bona fide organization which, at this time, does not have statutory bargaining rights with the UPR. In 1994, the UPR President created the Faculty Representatives Committee (CRF, by its Spanish acronym) in an effort to deflect the impact of a faculty petition for collective bargaining that was granted by the National Labor Relations Board to the APPU. Among the objectives of the CRF is to evaluate faculty needs and institutional compliance with the *Bylaws*. In the past, this committee and the APPU have accomplished several goals regarding fringe benefits and improvements in working conditions for all faculty members. Nevertheless, the CRF does not officially constitute an independent body with negotiating rights. The university administration holds all authority to schedule meetings, determine topics to be discussed, and decide when it is appropriate to meet with CRF members. Another representation channel available to faculty is the Faculty Ombudsperson, appointed by the campus Chancellor. The Ombudsperson helps faculty resolve conflicts or situations affecting academic freedom, the work environment, or infringement of faculty rights. In summary, although there are several mechanisms established for faculty representation in institutional deliberative bodies in which issues affecting academic life are discussed, these structures are not considered sufficiently representative nor efficient in establishing and supporting the faculty agenda, nor do they offer collective bargaining rights.

Academic Freedom

Academic freedom principles are promoted, abided, and protected by the *UPR General Bylaws* (Chapter I, Article 11, Sections 11.1 to 11.3). Academic freedom is defined as: ... *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, 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 (**Resource File 6.6**). The policy document is given to students during the Orientation and Enrollment Week and to new faculty during the annual Faculty Orientation Activity. Complaints regarding academic freedom are handled through the Faculty Ombudsperson Office. There were no complaints filed regarding academic freedom during the period under review (**Resource File 6.7**).

FACULTY DEVELOPMENT

Faculty development is strongly encouraged at the MSC, as evidenced by Goal 4 of the *MSC Strategic Plan 2009-2016* (**Appendix 3.1**). The objectives listed under the goal are: the strengthening of faculty qualifications and attributes, strengthening of the schools' faculty professional development plans, and the support of professors and researchers in obtaining advanced academic degrees and other training experiences. University regulations promote faculty development through strategies such as: sabbaticals, financial aid, study leaves, continuing education activities, travel funds, tuition exemption, and time to attend courses offered within the UPR System.

Educational Activities

The Deanship for Academic Affairs Office for Academic Development, the Research Centers in Minority Institutions Program (RCMI), the Office for Research and Development, the Title V Program, and the schools continuously offer faculty development activities. The Office for Academic Development coordinates and offers a faculty development program in the areas of teaching and educational methods consisting of a series of annually programmed workshops. These include seminars on the application of technology to teaching and research. Faculty development activities programmed by the Deanship for Academic Affairs and the schools are available to all MSC faculty, including part-time and ad-honorem faculty members. In compliance with local laws, all health professionals must complete a specified number of CE credits yearly to renew licensure. Faculty is encouraged to attend continuing education activities. Department chairs and deans may also recommend faculty representatives to attend specific activities, according to institutional and individual academic goals.

Incentives for Study and Travel

Budget cuts and constraint measures have decreased institutional financial aid for advanced studies. In AY 2007-2008, the MSC Administrative Board appropriated \$171,551.00 of financial aid for 50 faculty members pursuing advanced degrees. In AY 2008-2009, \$114,442.00 was distributed among 14 faculty members. The descending trend could be due in part to the fact that fewer faculty members are hired without doctoral degrees, thus reducing the need to pursue doctoral studies. In terms of sabbaticals and other leaves for study, eight faculty members were granted this benefit in AY 2007-2008 and seven in AY 2008-2009 (**Resource File 6.8**). Most faculty members are fully aware of upcoming

events in their disciplines and attend local/national/international professional meetings that offer continuing education seminars and workshops. Until 2009, when the financial crisis made necessary the reduction of expenditures, institutional funds were available for faculty travel to cover registration, hotel, transportation, and other expenses. According to the *MSC Annual Reports* for AY 2003-2004 and 2004-2005, faculty travel increased in all schools during that period. The MSC paid for 67% and 63% of expenses, respectively. During AY 2006-2007 and 2007-2008, 63.1% and 70 %, respectively, of the faculty's professional travel costs were reimbursed. Currently, granting of extremely limited funding for faculty travel requires strong justification and meeting strict criteria.

FACULTY EVALUATION

Policies and Process

Faculty evaluations by peers and immediate supervisors are generally conducted at the program and department levels within each school, usually as part of the recommendation for promotion or tenure. Course evaluations by students are conducted periodically and are specifically used for evaluations for tenure and promotions. Faculty at the MSC is subject to the UPR rules for recruitment, promotion, and tenure applicable to all system faculty members. The Board of Trustees has made no amendments to the *UPR General Bylaws* regarding these policies during the past five years. The administrative process for promotion or tenure is similar to the one for recruitment, as described in **Appendix 6.2**. When disagreements arise between academic officials or committees regarding promotions or tenure, faculty members have the right to request reconsideration by the Administrative Board. The appeals channel continues to the University Board and eventually, the Board of Trustees. Guidelines for promotion and tenure provide a uniform system for faculty evaluation based on academic merit. The MSC faculty evaluation system is currently under review. Until a new system is officially adopted, evaluation components are: 1) self-evaluation 2) peer evaluation 3) faculty evaluation by students, and 4) MSC Academic Senate evaluation guidelines. The current system gives credit for teaching, research, and service activities, allowing flexibility in the percentage weight a faculty member can assign to each.

Proposed Evaluation Model

Faculty has long claimed that the current evaluation instruments do not adequately measure many tasks, particularly service activities. For over a decade, the Deanship for Academic Affairs has overseen efforts to revise the components and criteria used in faculty evaluation, with the goal of creating a new evaluation system that can be tailored to the different professorial roles. To assist in this complex task, the Dean for Academic Affairs hired a consultant with expertise in the field of faculty evaluation. After a detailed assessment of the existing MSC evaluation system, a project based on the "Meta-Profession" model was developed. It will be implemented in several phases and includes broad participation of faculty via surveys and interviews. The new evaluation system complies with the *Bylaws* and has content and structural elements that will be uniform for all academic

personnel, including: professors, researchers, librarians, psychologists, social workers, counselors, psychologists, and administrators. The multiple components (faculty roles) and criteria (skills/tasks) were defined according to MSC specific academic workloads. Some of the components are: instruction, research, institutional service, library service, academic administration, and clinical service. The first phase of the evaluation system revision was approved by the Academic Senate in Certification 070, 2004-2005. Evaluation instruments for the different components are being developed, validated, and approved by the faculty of the campus schools and will be submitted to the Academic Senate during the second semester of AY 2010-2011 (*Report to the Academic Senate on the Medical Sciences Campus Faculty Evaluation System – Resource File 6.9*).

RESEARCH

Institutional Research Goals

The UPR System's strategic plan for the years 2006-2016 *Ten for the Decade (Resource File 3.1)*, proposes in Goal 3 an expansion of research activities and creative work. In accordance with the campus mission, the *MSC Strategic Plan 2009-2016* has been purposely aligned with the UPR *Ten for the Decade*, and lists (Goal 1) six objectives to increase the amount, level of competitiveness, and productivity of campus research (**Appendix 3.1**). Thus, research is a clearly stated university system and campus priority. Because it is an important MSC faculty endeavor, the Faculty Subcommittee was charged with the responsibility of discussing the issues pertaining to research activities, including how these strengthen academic programs and campus life.

Institutional Research Policies

Several administrative policies and procedures support research initiatives at the institution. At the campus level, the *Institutional Policy for Research Incentives* (Administrative Board Certification 139, 2000-2001, 116 2005-2006, and 191 2007-2008 – **Resource File 6.10**) 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 Board of Trustees established the *Institutional Policy on Patents, Inventions and their Commercialization* (Board of Trustees, Certification 132, 2002-2003 – **Resource File 6.11**) to authorize the institution to request, evaluate, and commercialize patents for faculty, students, and other employees' inventions. The UPR Central Administration Intellectual Property Office provides 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 – **Resource File 6.12**) 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 (**Resource File 6.13**) 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 Office of Contracts and Financial Administration. 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 addition to the above mentioned policies and incentives, the university provides graduate student fellowships/assistantships (Board of Trustees, Certification 140, 1999-2000 – **Resource File 6.14**) as a means to develop skills in research and teaching and to provide financial aid to students who pursue graduate studies. This program provides research assistants to investigators. The MSC also approved guidelines for appointment of postdoctoral researchers (Administrative Board Certification 18 2002-2003 **Resource File 6.15**) to facilitate the growth of a critical mass of independent scientists. This certification harmonizes institutional and NIH policies regarding postdoctoral researchers. Since 2002, a total of 16 postdoctoral fellows at the School of Medicine have received research training in the areas of neuroscience, cancer, virology, and parasitology. Researchers may receive additional financial benefits provided by the government of Puerto Rico, which in an effort to promote a knowledge-based economy by recruiting established and promising scientific researchers to the island, passed Law 101 of 2008 (*Scientific Research Tax Incentives Law* – **Resource File 6.16**). This law provides tax-exempt status to all salary income obtained by a researcher from an NIH RO-1 grant or other equivalent competitive research funding sources.

Research Projects

Appendix 6.3 summarizes the number of research projects in progress and active researchers by year and school. During the 2003-2008 period, the MSC experienced a nearly three-fold increase in the total number of ongoing research projects (from 169 in 2003-2004 to 472 in 2007-2008). Similarly, there was a two-fold increase in the total number of researchers on campus. In AY 2003-2004, 16% of MSC faculty was involved in research. This percentage increased to 25% during AY 2007-2008. The School of Medicine experienced the largest increase in the number of faculty researchers, from 38 in AY 2003-2004 to 123 in AY 2007-2008. Most research projects are externally funded. Funds for research increased from \$27,682,600 in 2005 to \$39,880,577. **Appendix 6.4** summarizes sources of research funds for the period between 2005 and 2009.

Publications

The increase in research activity at the MSC was concomitantly reflected in the number of faculty publications, i.e., 429 during AY 2004-2005 and over 500 during the following three academic years. However, the percentage of total MSC faculty who were actively publishing experienced a slight reduction from 23% in AY 2004-2005 to 20% in AY 2007-2008. Most publishing faculty members were from the School of Medicine. The percentage of School of Medicine faculty publishing during this same time period increased slightly, from 24% to 26%. Similarly, the percentages of publishing faculty from the School of Nursing and the Deanship for Academic Affairs increased from 3% to 11% and 26% to 36%, respectively (**Appendix 6.5**).

Growth in Research Activities

Significant research developments and achievements have taken place at the UPR-MSC since the last MSCHE evaluation. Productivity has improved considerably, as evidenced by the criteria of funding, research projects, and publications in peer-review journals described in the preceding sections. The MSC has experienced an increase in terms of: the number of research projects in progress, the amount of external funding received, the participation of campus schools in key institutional NIH-sponsored research and research training grants, and the number of strategic alliances with research-intensive institutions in the US mainland. This enhanced research activity has been accompanied by the recognition of numerous faculty members by prestigious institutions, both locally and nationally (See **Resource File 6.17** for a list of researchers who have received recognition by prestigious institutions and **Appendix 6.6** for a description of key research projects and centers). The University of Puerto Rico as a whole has fared well among Latin American institutions. A SCOPUS based ranking analysis placed the UPR 15th among universities in Latin American countries and 35th among 606 institutions in Latin America, Spain, and Portugal (**Resource File 6.18**).

The recruitment of R01-supported investigators, and the creation of research leadership positions and their corresponding support infrastructure, will expand the competitive research base of the MSC. Important challenges continue to be the ongoing need for strengthening research administration and support, compliance procedures, and improvement of infrastructure at the campus and school levels. This is of the essence given the growing research enterprise.

APPRAISAL OF FINDINGS

Strengths

1. The MSC has a well-qualified, multidisciplinary faculty with strong teaching competencies and research lines, that is fully committed to the students and to the health of the community it serves.
2. *The UPR General Bylaws* clearly define recruitment, promotion, and tenure processes.

3. The faculty has direct participation in academic matters pertaining to the creation of new programs and courses, curricular revisions, student admission policies and procedures, and all aspects of the internal functioning of academic units.
4. The MSC promotes, protects, and abides by academic freedom principles.
5. The MSC promotes and supports faculty development, as evidenced in its regulations, strategic goals, campus faculty development activities, and the schools' faculty development plans.
6. During the past ten years, faculty research activity has advanced significantly, showing an increase in the number of projects and funds, and a considerable growth in research facilities and technical resources.

Challenges

1. The current freeze on faculty promotions in rank threatens faculty development, morale, and possibly faculty retention in all programs.
2. The recently established practice of freezing vacant faculty positions, coupled with the retirement of a considerable number of faculty members, poses the risk of overloading the remaining faculty members and affecting the teaching of some subjects.
3. Although adjunct, part-time, and contract faculty has thus far served the institution well, hiring numerous faculty under those types of appointment as a cost containment measure could affect faculty cohesion and *esprit de corps*.
4. The implementation of the new faculty evaluation system has been delayed for a considerable period of time.
5. Although improvements have been made, administrative support continues to be a concern for researchers, due mainly to complex and often bureaucratic processes.
6. Although faculty participation at several university levels is guaranteed by the *UPR General Bylaws*, the faculty feels it is underrepresented in some bodies and existing mechanisms are not expeditious enough to assure faculty input in urgent labor situations.

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.

CHAPTER 7

EDUCATIONAL OFFERINGS, GENERAL EDUCATION, AND RELATED EDUCATIONAL ACTIVITIES

(Standards 11-13)

This chapter presents an overview of the Medical Sciences Campus academic programs and of the processes that guide their creation, revision, and compliance with the standards of numerous professional accrediting agencies. It must be read in conjunction with Chapter 8 *Institutional Assessment and Assessment of Student Learning*, which presents evidence of attainment of the campus educational goals. Thus, Chapter 8 appendices and Resource File are referenced with the purpose of guiding the reader to a single point where relevant evidence may be found. Detailed descriptions of the campus programs are available in the online catalog (<http://www.rcm.upr.edu/Catalogo/Catalogo-2009-2010.pdf>.) **Appendix 1.1** summarizes the accreditation status of programs. These documents and sources provide a comprehensive view of the campus educational goals and outcomes relevant to MSCHE standards.

The chapter is organized by the topics stated in standards 11, 12, and 13. Under each topic there is a summary of how that particular issue is addressed by the campus schools and programs. Because of the number of academic programs and courses and the impossibility of discussing them individually, the subcommittee focused on those characteristics and educational methodologies shared by most programs. Course syllabi will be available to reviewers during the site visit as additional evidence of the scope and depth of the curricula.

EDUCATIONAL OFFERINGS

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.

As a campus specializing in the health sciences, the MSC currently offers 70 academic programs including first professional doctoral degrees (MD, DMD, Pharm D, AuD), professional (DrPH) and philosophy (PhD) doctorates; postdoctoral master's and certificates; as well as master's, baccalaureate, and associate degrees, and post baccalaureate certificates. These programs cover a wide variety of disciplines and areas of knowledge in the health sciences and are offered by six schools: Medicine, Dental Medicine, Pharmacy, Public Health, Nursing, and Health Professions, as shown below in Table 7.1.

Table 7.1: MSC Academic Offerings as of Dec 2010

School	Assoc Degree	Bachelor's Degree	Post bachelor's Certificate	Post-master's Certificate	Master's Degree	Doctor's degree professional practice	Doctor's degree-research/scholarship	Other Doctor's Degrees
Dental Medicine				6*	4	1		
Health Professions	3	5	3	1	6	1		
Medicine					6	1	7	
Nursing		1			2			
Pharmacy					2	1		
Public Health			4		14			2
Totals	3	6	7	7	34	4	7	2
* Post-doctoral certificates have been included in this column following the Integrated Postsecondary Data System (IPEDS) that merges post-master's and postdoctoral certificates in the same category.								

Congruence with Mission

The offering of educational programs is fully congruent with the campus mission, as discussed in detail in Chapter 2 *Mission, Goals, and Integrity* of this report. The MSC is a higher education academic center dedicated to the education of health care professionals.

All campus educational programs are licensed by the Puerto Rico Council on Higher Education (PRCHE). All programs subject to accreditation (except the Doctor of Audiology program) are accredited by the corresponding professional accrediting agencies, as listed in **Appendix 1.1**. These agencies closely monitor the programs' curricular content to guarantee compliance with the standards of excellence established for each discipline. The accredited status of the academic programs indicates that the MSC educational offerings are aligned with the institutional mission, offer appropriate contents, and are dynamic and responsive to professional trends, as these are requirements shared by all accrediting agencies.

Content and Rigor

As previously indicated, university policies and regulations and accreditation agencies set the standards for the development of educational programs. These guide curricular content and the level and depth of the educational experiences in order to guarantee that students acquire the needed competencies to practice independently upon graduation. Given that all MSC educational programs' curricular content is examined periodically by accreditation or licensure agencies, it

is appropriate to state that they are structured in a way that provides students with experiences at a level that meets the academic rigor of the degree offered. The institution has established additional requirements applicable to all educational programs in order to address this issue. According to the MSC Goals and Objectives approved by the Academic Senate, all educational programs must clearly define the profile and/or the competencies expected of their graduates. In particular, several institutional certifications establish the policy that all academic programs must be systematically evaluated and all changes to programs must respond to assessment findings (**Resource File 8.1**). Specifically, Certification 43, 2006-2007 of the UPR Board of Trustees states that every five years, each educational program must assess its curricular offering, including a revision of the graduates' profile or competencies. Reports must be submitted to the Vice Presidency for Academic Affairs in a predetermined schedule (**Resource File 8.4**). Thus, the institution has devised multiple strategies to systematically revise its programs in terms of depth and rigor.

Although the MSC offers an array of educational programs, it is mainly a graduate campus given the fact that most of the schools offer advanced degrees (Table 7.1). In recent years, graduate programs in most schools have revised their content in accordance to their expected graduates' profile. For instance, in 2003 the curricular update of the Biomedical Sciences Program of the School of Medicine led to the creation of interdepartmental/multidisciplinary educational tracks in the areas of neuroscience, molecular genetics, and virology, among others. In 2004, an evening program in biochemistry was added, addressing a student population that works during the daytime and is eager to pursue the field of molecular biology needed for the emerging biotechnology development in the island's pharmaceutical industry. Other examples of the incorporation of new knowledge and trends into program curricula are the introduction of a longitudinal professionalism curriculum for medical students and the development of a doctoral program in Health Systems Analysis and Management at the Graduate School of Public Health. The School of Health Professions is revising its curriculum to introduce translational research competencies in its Post-Doctoral Master of Clinical Research.

Academic rigor is also attained in all graduate and undergraduate programs by monitoring the quality of coursework in periodic revisions performed by each program, and with the creation of new courses. These satisfy the students' demands and interests, as well as incorporate emergent knowledge and tendencies in the professions and disciplines. As a rule, graduate students must present a thesis which in itself requires significant development of independent and critical thinking and academic rigor. Many programs also use educational strategies such as problem based learning, reflective electronic portfolios, case study analyses, and comprehensive tests that enhance the breadth and depth of the educational experience. Programs also offer capstone, evidence based clinical experiences. The campus research activity (discussed in Chapter 6 *Faculty*), further contributes to the rigor of academic programs and the quality of the learning environment.

Learning Objectives/ Outcomes

All academic programs on campus have established learning objectives/outcomes that guide the students' educational experiences. This is required by all accrediting agencies and UPR academic regulations. The MSC has several policies and procedures to ensure that students and faculty (core, clinical, part-time, and volunteer faculty and teaching assistants) are knowledgeable about the learning objectives to be addressed by the particular program curriculum. As stated in these documents, faculty must give each student a copy of the course syllabus, which must be discussed in class. This policy, originally approved by Certification 33 (1983-1984) of the MSC Academic Senate, was superseded by Certifications 061, 1994-1995 and 028, 1995-1996 (**Resource File 7.1**). This institutional policy establishes that course content and objectives must be clearly stated in the syllabus, which must be discussed and distributed the first week of class. Learning objectives must also be discussed in class. 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.

The policies mentioned above are distributed and discussed with new faculty members at the orientation activity offered by the Deanship for Academic Affairs at the beginning of each academic year. Students receive a copy of their particular program's general learning objectives and student profile. 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. Learning objectives guarantee equivalent experiences in all practice/clinical sites. The department chair or program director meets in group or individually with practice site faculty at the beginning of each academic year to discuss the objectives.

Teaching-Learning Practices

Educational objectives are based on graduate profiles. Teaching and evaluation methods are aligned to these objectives. Therefore, teaching-learning practices are designed to enable students to achieve the required outcomes. 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. Each school has developed its *Assessment Plan* that serves as the backbone for the systematic evaluation of individual programs (**Resource File 8.3**). The schools and programs' assessment plans are closely tied to the competencies expected of graduates. Programs use assessment results for continuous improvement of their academic offerings. **Appendix 8.7** presents numerous examples of how programs have used assessment to improve their academic offerings. In spite of the great progress made in "closing the loop" by using assessment findings in decision-making, there are some programs that are still at the early stages of implementing their assessment plans. Every effort should be

made to offer them the necessary training and technical support to help them reach the desired level of implementation.

Educational Methodologies

Teaching methods are designed according to the desired outcomes. Formative activities serve as teaching activities with self-assessment and feedback, which further enhance the students' achievement of outcomes. The MSC *Institutional Assessment Plan* refers to institutional Goal 3 that states that students should attain "*the highest level of excellence in their field of knowledge, the development of human sensitivity and ethical values, social awareness, critical thinking skills and learning for life*" (**Appendix 8.1**). The diverse educational programs provide students with increasing opportunities to assess their learning needs. The goal is for them to become self-directed learners. Furthermore, given that most of the degrees offered are related to the practice of a health profession, students learn early in their training how to assess their learning needs as they look forward to an independent and successful practice. Learning needs assessment is done throughout each course. Students have available their formative and summative assessments and identify, analyze, and synthesize information relevant to their learning needs. Professors are required to inform students about their evaluations and grades by mid-course so they can take the appropriate actions.

Diverse active learning experiences have been integrated into the campus' educational offerings. In these activities, students are exposed to questions or situations they need to solve before continuing their learning experience. Activities may include case based discussions in small groups; simulation exercises using adult or pediatric simulators or simulated cases and scenarios; team based learning; and self-directed studies in small groups. Some courses are designed as longitudinal case-based courses, in which the Problem Based Learning strategy (PBL) is used. In other courses, students are divided into small groups with a preceptor. Other commonly used teaching methodologies include lectures, workshops, clinical correlations, live demonstration of skills, and role-playing practices. When exposed to student-centered and self-directed courses, self-evaluation is part of the final assessment in the course. These educational activities are designed to introduce students to the techniques needed to access scientific literature, including the effective use of the library and of Internet resources. Students learn how to use several search engines and databases for their specific problem solving activities and discipline.

In most programs, students learn the concepts of evidence based practice and knowledge. They are led through the evaluation and appreciation of literature so that they can evaluate the credibility and validity of the different sources of information. At the School of Medicine, students go through clinical experiences in which they are expected to use the Evidence Based Medicine (EBM) skills learned, including the use of databases and search engines in the development of patient management action plans. Schools promote the development of critical thinking in students through information management, experimentation, inquisitive confrontation, collaboration, social discussions and reflective analysis, in accordance with Objective 3.3 of the MSC 2003-2008 *Assessment Plan*. Schools

evaluate the students' ability to learn through self-directed, independent study; skills of critical judgment based on evidence; problem solving skills; and understanding of societal needs and demands on health care. Each program uses different strategies to evaluate these areas. Some strategies include national or local licensing examinations, course and program examinations, competency examinations, exit questionnaires, portfolios, self-assessment exercises, 360° evaluations, faculty evaluation of students, oral presentations, research projects, and thesis completion.

Objectives that are met through self-directed, independent study are examined in the same way that other objectives are. This is through examinations, portfolios, 360° evaluations, faculty evaluation of students, and oral presentations. However, although the skills of critical judgment based on evidence are taught at all schools, the level of competency expected varies from program to program and accreditation criteria. Programs evaluate these skills at the application level. That is, students are presented with a problem and they have to apply the skills of critical judgment, based on evidence to make their final recommendations.

Problem-solving skills are also evaluated by programs using different methods. Many use problem-based learning teaching activities in some of their courses. In addition, they may also have a practicum portion for which evaluation is done by way of competency examinations. In terms of understanding of societal needs and demands on health care, most courses include the discussion of societal needs in congruence with the mission. The students' understanding of these concepts is also evaluated through written exams, community projects, or community clinics, depending on the program.

Information Literacy

Information literacy, as well as technical competency, is a core element of campus academic offerings. All schools have structured experiences that guide students into the acquisition of these skills through workshops, demonstrations, and hands on experiences. All schools have information technology facilities for their students and faculty in order to support their curricula and other educational activities. To maximize IT resources on campus, the institution has undertaken several collaborative projects. Some are based at the Conrado F. Asenjo Library or are part of the Title V Cooperative Programs (discussed in Chapter 3 *Planning and Resources*).

The Title V Cooperative Programs (*Enhancement of the Teaching-Learning Process through Integration of Technology and Information Literacy*; and *Improving Outcomes through Extensive Assessment, Faculty Development, and Improvement of Library and Telecommunications Infrastructure*) were collaborative projects between the MSC and the UPR-Carolina campus. The institution was awarded \$2,799,844 for the first project and \$3,498,576 for the second. The main objectives of these projects were: (1) to strengthen the development of informational competencies in students; (2) increase the number of faculty that introduce informational competencies in the teaching-learning process; (3) increase the availability of library resources through the *Web*; and (4) improve the infrastructure

and resources in the area of informational technology. In the Library, the most significant activities within the scope of the proposal have been: the publication of tutorials in the library website, the acquisition of computers for student use, and the establishment of the Virtual Reference service. The Library also acquired RefWorks, a bibliographic/citation utility, to facilitate the preparation of articles, theses, and monographs. A third project for the period 2010-2015 titled *Development of an Institutional Data Management System and Improvement of Technological and Information Resources*, received \$3,237,314 in funding. Refer to Chapter 3 *Planning and Resources* for a more detailed description of the Library's information literacy activities and services.

Special Populations and Additional Educational Initiatives

Adult Learners

In 2003-2004 the demographic profile of the student body revealed that most students (61%) were between the ages of 20-24 while 15% were in the age range of 25-29. Seventeen percent of these students were married, 17% reported having children, and 49% were working in addition to studying. Data for academic year 2006-2007 revealed a similar profile except for an increase in the percentage of married students (21%) and those with children (20%). Academic programs aim to be innovative as well as flexible enough to adapt to adult learners and their particular needs.

In response to the changes in the student profile, the *Strategic Plan 2009-2016* (**Appendix 3.1**) addresses the need to provide support services to nontraditional students (Goal 8, Objective 8.7). To address their needs, the programs have devised several strategies focusing on the working adult learner such as evening courses, individualized instructional modules, and web enhanced methodologies. The institution has also extended student services to meet the needs of this population. See Chapter 5 *Students* for a more detailed discussion of modifications in student services in response to a changing student population.

Community Service

The MSC has a longstanding tradition of community service that has allowed it to establish service delivery models and enrich the educational programs. Community linkages are one of the campus *Strategic Plan's* theme areas. Specifically, Goal 7 seeks to promote the development of participatory community projects in coordination with community based organizations, guiding the campus toward the establishment of collaborative alliances with community groups and agencies.

Throughout the years, the MSC community service programs have also served as training sites, providing students with a broad scope of practice experiences. These include community clinics, shelters for the homeless, service programs in isolated communities, community based organizations serving HIV patients, among others. Table 7.2 presents examples of service programs and practice sites. The close exposure to the community, often to disadvantaged

sectors, provides students an opportunity to develop ethical and social responsibility values.

Table 7.2 Examples of Community Projects and Practice Sites

SCHOOL	COMMUNITY PROJECTS/PRACTICE SITES
Dental Medicine	<ul style="list-style-type: none"> • Community Clinic in Cantera • Center for Maternal-Infant Oral Health • Tobacco Use Prevention Project
Health Professions	<ul style="list-style-type: none"> • Audiology Center • Center for Emergency Medicine Personnel Advanced Studies
Medicine	<ul style="list-style-type: none"> • Histocompatibility Laboratory • Biopsychosocial Program for Abused Children • Emergency Medical Services for Children Program • Capetillo Clinics
Nursing	<ul style="list-style-type: none"> • Center for the Promotion and Maintenance of Comprehensive Health of the Manuel A. Pérez Housing Project
Pharmacy	<ul style="list-style-type: none"> • Community Engagement Center for Drug Information and Research
Public Health	<ul style="list-style-type: none"> • Institute of Developmental Disabilities • Smoking Cessation Project • Family Planning Services

Collaborative Projects

The MSC *Strategic Plan* states that the campus can enhance the academic experience of students, enrich the research agenda, and expand service to the community through diverse collaborative projects. Collaborative agreements also prepare students for professional life and promote cultural diversity and interdisciplinary teamwork in the global community. There is a wide array of collaborative agreements, projects, contracts, and memoranda established by campus schools and programs that facilitate the achievement of the educational goals and objectives. Collaborative agreements exist with the Puerto Rico Department of Health; private and public hospitals in the island and abroad; renowned medical centers such as MD Anderson Center, University of Texas at Houston, Mayo Clinic, and the University of Rochester; government agencies such as the Environmental Protection Agency, Head Start Programs, WIC, and school lunch programs; National Institutes of Health funded clinical research projects; and organizations and institutions such as the Diabetes Center, American Lung Association, and American Heart Association. These agreements may include academic, research, and clinical rotations, sharing of resources and faculty, summer internship programs for students and faculty, and fellowships, among others. Another notable example of a collaborative agreement is the one that established the Conrado F. Asenjo Library as a resource library of the National Network of Libraries of Medicine, Southeastern/Atlantic Region. This collaborative

agreement allows resource sharing programs, interlibrary loans, and document delivery services of materials not available in the MSC library collection.

International agreements are in place with prestigious academic institutions in Spain, France, Costa Rica, and the Dominican Republic. Many of these collaborative agreements provide access to teaching and research facilities and to research mentors and community service and outreach experiences for students. They also allow students to interact in a culturally diverse world and practice in interdisciplinary teamwork with a different perspective. The great variety of agreements enhances the scope and quality of learning experiences and helps students in the application of acquired knowledge and skills. Summaries of institutional collaborative agreements will be available in **Resource File 7.2**.

Support for New Academic Programs

The UPR strategic plan *Ten for the Decade* establishes a goal for implementing effective mechanisms to create, approve, and evaluate new programs and curricular reforms. To this end, the MSC *Strategic Plan* has a similar goal. Given the dramatic changes that have taken place in the island's health care system since 1993, constant updating of the curricula is required to appropriately educate and train students for their future role within the system.

The UPR Board of Trustees approved Certification 80 2005-2006, which establishes guidelines for the creation of academic programs, expediting their creation while maintaining academic rigor and excellence. Certification 43, 2006-2007 establishes guidelines for the evaluation of academic programs (**Resource File 7.3**). These guidelines have been disseminated and explained to academic administrators and faculty by means of hands-on training workshops offered on a continuous basis since 2007-2008 by the Academic Development Office of the Deanship for Academic Affairs. The office also provides individual guidance and consultation to facilitate the effective and efficient implementation of curricular changes and the effective creation of new programs. It has a blog in which each of the requirements for the creation of academic programs is explained in detail. Examples are provided to facilitate the process for those involved in creating new programs, including topics such as: how to elaborate a graduate profile, how to write educational objectives, and how to use technology effectively. Since 2005-2006, four new graduate academic programs have been approved at the MSC. These are: Master of Science in Nursing with specialty in Advanced Family Nurse Practice, Doctor of Audiology, Doctor of Public Health with specialty in Health Systems Analysis and Management, Graduate Certificate in School Health Promotion, and Post Doctoral Certificate in Dental Medicine with specialty in General Dentistry (optional 2nd year).

Impact of Financial Constraints

As discussed in Chapter 3 *Planning and Resources*, current world and local economic trends have had a negative effect on the UPR's financial situation. In spite of financial constraints, new programs and curricular revisions have been established on campus, mainly as self-financing programs. Thus far, the institution

has avoided dismissal of regular faculty through a number of fiscal constraint measures adopted during the past two years. Although retiring faculty positions will be frozen, the University has established a procedure to fill those positions as requested by academic departments. These petitions will have to be justified based on need of specific expertise and will be considered case by case. There is a need for a careful analysis of the fields of expertise of potentially retiring faculty to pinpoint areas that might need to be reinforced. This should enable the programs to offer their curricula in spite of budgetary cuts. In order to avoid compromising quality, programs will probably need to implement additional measures that could include reducing the number of admitted students, seeking external funding for specific projects, and exploring the use of alternative teaching methodologies and technology if these reduce costs.

GENERAL EDUCATION, ESSENTIAL SKILLS, AND TECHNOLOGICAL COMPETENCY

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.

General Education Background

The MSC admits students after they have completed bachelor's degrees or upon completion of approximately two years of college education, in the case of those who apply to the campus' bachelor's degree programs. Students are required to complete a number of credits in general education prior to their admission to the campus. These requirements may vary according to the program. All are clearly stated in the campus online catalog (<http://www.rcm.upr.edu/Catalogo/Catalogo-2009-2010.pdf>). These include courses in the humanities, the social sciences, and Spanish and English courses. Thus, by the time they are admitted to the campus, students have a general education background.

General education is also an integral part of the curriculum of all academic programs on campus. Within the campus' particular context, ethics, social responsibility, the humanities in the health sciences, and many of the social sciences areas germane to public health constitute the main examples of general education contents (**Appendix 7.1**). The campus has the Bioethics and the History of the Health Sciences Institutes under the Deanship for Academic Affairs, and the Humanities in Medicine Institute under the School of Medicine. The Cultural Activities Office of the Deanship for Student Affairs sponsors regular artistic activities on campus that further enhance the students' development in these areas.

Essential Skills in the MSC Graduate Profile Domains

As shown in **Appendix 8.3**, the MSC graduate domains are: knowledge, human sensibility and ethical values, social conscience, critical thinking/problem solving, life-long learning, and interprofessional/interdisciplinary skills. These domains reflect that campus programs believe these skills must be purposely developed in students and that they should be exposed to experiences that will foster them. Academic programs value the inclusion of a comprehensive view of the human being including the physical, mental, social, and spiritual aspects. Courses that focus on human interactions, prepare students to evaluate patients and their families according to the bio-psychosocial and spiritual model. They are exposed to public health topics and the discussion of those societal issues that affect health care delivery and are considered health determinants. In hospital and community settings, they learn about the needs of diverse groups and special populations and prevalent health care conditions. This promotes sensitivity and the development of interventions to address patient and community needs. It also addresses the critical thinking/problem solving domain. Furthermore, courses such as *Legal, Ethical, Economic, and Administrative Aspects of Medicine* are offered to all senior medical students. Other examples of courses offered on campus include: *Ethics in Nursing* (School of Nursing), *Integrative Seminar on Psychosocial Basis, Culture, and Management* (School of Pharmacy), *Bioethics and the Practice of Public Health* (Graduate School of Public Health), and *Professional and Ethical Aspects of Ophthalmology*, (School of Health Professions).

The interprofessional/interdisciplinary domain is another MSC key value. It is characterized by interprofessional collaboration, flexibility, and acceptance of diversity. Opportunities for interdisciplinary courses are available for undergraduate and graduate students. In these, students are exposed to diverse perspectives. An example of this is the School of Medicine's longitudinal curriculum on professionalism.

Communication, Scientific Reasoning, and Technological Competency

Most campus courses offer active learning activities, including small group discussions, which promote communication skills, self-directed studies in small groups to promote team interaction, group dynamics, and problem solving skills. At the undergraduate level, the general education requirements are the primary way that undergraduates develop these skills. Students are required to take courses in Spanish and English, which seek to develop their communication skills in both languages. Once at the MSC, academic programs provide numerous growth opportunities in the laboratory, clinical scenarios, and the community to apply those skills. Problem based learning seminars, assignments, and standardized patients are designed to help students think conceptually, develop communication skills, actively engage in their own learning, and to increase critical analysis and reasoning skills. Experiences such as internships, research, and participation as co-authors in projects develop the students' writing skills and their capacity for critical inquiry and/or scholarly research. Written papers and abstracts presented at local, national, and international conferences are also ways in which students

increase quantitative and scientific reasoning, written and speech communication, and apply their knowledge. The campus sponsors a yearly Research and Education Forum in which students may participate and present abstracts and papers.

The campus has become increasingly technology-based in its academic programs and administrative practices (See details in Chapter 3 *Planning and Resources*). Students are required to have an institutional e-mail account, access to a computer and to the Internet. The School of Medicine and the School of Dental Medicine require the use of e-books. The School of Pharmacy uses *Pharmacy Access* and *Exam Master Online*. Blackboard and WebCT are available and used by most campus programs.

Academic programs also provide printed and online course information, and online access to educational materials prepared by faculty. The Library provides electronic access to databases, books, 1,000 journal subscriptions, and approximately 3,000 additional journal titles through databases such as Science Direct, Scopus, EbscoHost, ProQuest, Ovid, Wilson, other resources such as Micromedex and Infotrac Encyclopedias and databases, and full access to the National Library of Medicine products. Online access is also provided to approximately 17,000 journals, newsletters, and open access publications available through the University Libraries Consortium, which includes publications in the social sciences, humanities, science, and education, besides titles in biomedical sciences <http://atoz.ebsco.com/titles.asp?Id=uprmed&sid=119819082&TabID=2>. It also offers the Virtual Reference Service and an online professors' reserve materials service. Library personnel offers training and workshops to teach students how to evaluate information sources and use a variety of online or technology assisted resources in their courses and presentations. Some librarians participate as facilitators in PBL courses, which use the Library intensively.

RELATED EDUCATIONAL ACTIVITIES

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.

Certificate Programs

The MCS offers certificate programs that are non-degree professional offerings approved by UPR Board of Trustees. Non-degree certificate programs are designed to address emergent or significant needs for professional development in specialty areas in the health fields. These programs focus on practitioners who need updated, additional, or specialized knowledge and skills. Among those currently offered are certificates in Geriatric Education, Gerontology, Midwifery, Learning Disabilities, Nursing Critical Care, and Bioethics.

Certificate programs offered by the MSC have clearly defined learning objectives that are reviewed and updated in response to the changing trends in the field. Faculty develops specific objectives based on the competencies expected in each area of specialization, the theoretical framework of each discipline, the health needs of the population served, advice from experts, evaluation of the needs of alumni, current and potential employers, consumers, current legislation and policy issues, and program standards held by the particular discipline's accrediting body, if applicable. Certificate programs are evaluated using the same methods used for degree programs. Each course has defined criteria for student performance and a corresponding evaluation methodology to assess compliance. Student performance is carefully reviewed by the faculty. Each faculty member is responsible for the learning activities in his or her courses and for assessing and documenting the extent to which students have attained specific learning objectives. Some programs have designed systems to track students and alumni in order to receive their input and modify their offerings accordingly.

Continuing Education Programs

The school and campus Divisions of Continuing Education and Professional Studies (DECEP, for the Spanish acronym) aim to maintain and upgrade the knowledge and skills of practicing health professionals. Services provided by these divisions include short-courses, workshops, self-instructional modules, conferences, logistics and planning of special educational activities, co-sponsorship of educational events, and technical assistance in the design of continuing education courses. The DECEPs conduct short surveys and interviews, respond to direct course requests, and consult the faculty to assess the needs of health professionals. Each activity is evaluated using pre and post-tests designed specifically for the topic addressed in the training. The divisions also evaluate satisfaction of participants with faculty performance and logistics of each activity and their perceived achievement of learning objectives and potential impact on their practice. Most satisfaction surveys include open-ended questions for requests for future training activities. Participants' satisfaction survey reports are shared with speakers with the purpose of improving future offerings. Although local professional boards evaluate course designs and participants evaluate activities, there is a need to design and implement a uniform and formal campus process of evaluation of continuing education courses. The courses are officially advertised as an institutional activity and, as such, the institution should evaluate them. A committee of campus experts could be appointed to conduct these evaluations.

The DECEPs are certified as continuing education providers by the Department of Health's Office for Health Professionals Credentialing and the Puerto Rico Physicians Board of Examiners since 1978, both of which require provider recertification every three years; the National Commission for Health Education Credentialing (NCHEC); the American Council on Pharmaceutical Education, and the American Dental Association Continuing Education Recognition Program (ADA CERP). There is a campus Continuing Education Directors Committee, which meets periodically to discuss policy and administrative issues related to continuing education on campus.

APPRAISAL OF FINDINGS

Strengths

1. The numerous and diverse educational offerings at the MSC are congruent and aligned with the institutional mission, as well as dynamic and responsive to the inclusion of new knowledge and trends in the health fields.
2. Almost all campus schools and academic programs subject to accreditation are accredited by the corresponding professional accrediting agency.
3. Academic programs are regularly evaluated and updated through systematic use of assessment results.
4. All academic programs evidence the following student learning outcomes: ability to learn through self-directed, independent study; acquisition of skills for critical judgment based on evidence; development of problem solving skills; and understanding of societal needs and demands on health care.
5. The schools' community linkages demonstrate the campus' commitment to community service.
6. Information literacy and technological competency are core elements of the academic programs. A strong information technology support system exists at the institutional level.
7. Program learning objectives are based on the theoretical framework of each discipline, the health needs of the population served, standards of the particular discipline's accrediting agency, advice from experts, current legislation and policy issues, and evaluation of the needs of alumni, employers, and consumers.
8. The MSC has a Central Division of Continuing Education and Professional Studies, and continuing education divisions in most schools, which aim to maintain and upgrade the knowledge and skills of practicing health professionals.
9. Strong collaborative projects exist that permit the enhancement of academic outcomes through clinical experiences and promote interdisciplinary and multidisciplinary teamwork.
10. In spite of financial constraints, new programs have been established on campus by designing them as self-financing.

Challenges

1. Some academic programs are still in the process of implementing their assessment plans, and there is still a need to document how programs are “closing the loop” based on assessment results.
2. There is no uniform and formal campus evaluation of continuing education offerings.

Recommendations

1. A. 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.

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

CHAPTER 8

INSTITUTIONAL ASSESSMENT AND ASSESSMENT OF STUDENT LEARNING (Standards 7 and 14)

This chapter provides evidence of ongoing and relevant assessment of the achievement of institutional, school, and program level goals. It also describes the extent to which assessment results are shared with the appropriate constituents and used in strategic planning, resource allocation, and institutional renewal, as well as how the institution conducts the periodic evaluation of the assessment process itself. Reviewers will find a wealth of information in the appendices, which were appropriately selected to evidence the existence of an assessment plan and show examples of: direct and indirect assessment measures, alignment of student learning outcomes and graduate domains, activities aimed at developing faculty assessment skills, and how the institution “closes the loop” by using assessment findings. Further evidence will be available in the Resource File, which will include the campus assessment policy and a synopsis of assessment findings. This last document summarizes a more extensive 171-page document of assessment results for the 2003-2008 period. Finally, the Resource File will also contain a sizeable collection of student learning assessment instruments that clearly evidences the scope of current assessment measures. Thus, the evidence presented in the appendices and Resource File for this chapter supports not only the chapter itself, but also many of the findings and statements made in the preceding sections of the report.

INSTITUTIONAL ASSESSMENT

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.

The assessment of institutional effectiveness at the MSC has been strengthened by the strategic planning process and self-study processes for the accreditation of the campus, schools, and individual programs. Based on the data gathered, institutional assessment processes are consistently and effectively implemented throughout the MSC. There is an assessment plan at the campus level, and each academic unit has its own assessment plan. Also, a campus-wide assessment policy was approved by the Academic Senate in 2007-2008. This policy is congruent with those established for the UPR System (**Resource File 8.1**).

Campus-Level Institutional Assessment

The Institutional Assessment Committee (IAC), which is composed of representatives of all campus academic and administrative units, completed the *Institutional Assessment Plan 2005-2008* in 2005 (see **Appendix 8.1**). In

compliance with MSCHE requirements, the plan was designed to account for the effectiveness of the institution's operations and procedures in fulfilling the MSC mission. The task was challenging due to a lack of an assessment culture on campus, existing institutional procedures, and the relative autonomy of the six schools. The plan, based on the model created by Dr. James Nichols (1985), was designed to assess the achievement of the MSC's institutional goals and objectives in three major areas: Educational Process, Research and Public Services, and Administrative and Support Services. The committee 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. During this initial assessment cycle, data was obtained for the years 2005 to 2008, and a total of eleven institutional goals were assessed across all academic units and services (**Resource File 8.2**).

While the campus developed the institutional assessment plan, all schools designed and implemented their own assessment plans for informed decision making and to provide information to accreditation agencies and other stakeholders (**Resource File 8.3**). This greatly facilitated the gathering of data needed to measure achievement of many of the goals assessed by the *Institutional Assessment Plan*. Data was collected by a variety of methods and from diverse sources throughout the various academic units and support deanships. Institutional reports, satisfaction questionnaires, and self-study documents for professional accreditations were used, as well as reports from the Institutional Planning, Research, and Assessment Office, Deanship of Administration, Deanship for Academic Affairs, Deanship for Student Affairs, and the MSC Budget Office.

The Institutional Assessment Committee and the Institutional Planning, Research, and Assessment Office collaborate in the collection of data needed for ongoing institutional assessment. Two staff members of the Planning Office actively participate as permanent members of the committee. The following instruments are used to collect campus-level data: *MSC Annual Report*, *MSC Fact Book*, and satisfaction and perception studies (administered to students, faculty, alumni, and researchers). 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.

After thorough review and analysis by the Institutional Assessment Committee, the results from data collected during the 2005-2008 assessment period were recently published (**Resource File 8.2**). The report classifies each MSC objective as: 1) totally achieved; 2) partially achieved (at least 70%) or a positive trend; 3) not achieved (less than 70%) and actions required to rise to an acceptable level; or 4) not evaluated or not enough information available.

Dissemination of Findings

At the institutional level, assessment results are discussed by the Chancellor, Deans, and Associate Deans for Academic Affairs, as well as at meetings of the MSC Administrative Board and the Academic Senate. System-

wide reports on the effectiveness of the educational process are also discussed by the MSC academic deans. These reports include data on MSC indicators such as: applications, admissions, student retention, graduation rates, and performance on national boards and/or licensure examinations. The *Annual Report* and the *MSC Fact Book* are distributed to all schools and the Deanships for Academic Affairs, Administration, and Student Affairs. A *Dashboard Report* of critical data was developed and is available on the MSC website <http://www.rcm.upr.edu/dashboardavaluo/>. This allows access to this data by the academic community and the general public, including potential applicants and alumni.

Use of Findings

The use of assessment results in decision-making is most evident at the MSC during the processes of strategic planning and budget allocation. For example, after discussing data reflecting the demand for academic programs, the MSC Academic Senate incorporated the recruitment and retention of students into the *MSC Strategic Plan* and identified it as one of the priorities for the 2009-2010 budget proposal. Also, based on preliminary data obtained during the first assessment cycle (2005-2008), the following areas requiring action were included in the MSC Strategic Plan 2009-2016: library resources, student participation in research, number of faculty publications, and the adequacy of funding, administrative support, and physical facilities for research. The final report for the first assessment cycle (2005-2008) was presented to the Chancellor and deans in May 2010. Findings were used at a strategic planning workshop held in September 2010, to help identify priorities for the next budget cycle. Further examples of improvements resulting from the assessment process at the school and campus levels are presented in **Appendix 8.2**.

Evaluation of the Assessment Process

Throughout the assessment implementation process, the Institutional Assessment Committee identified strengths, areas of concern and areas in which the 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. The preliminary analysis of findings using data for AY 2003-2004 and AY 2005-2006 offered the Committee an opportunity to revise the indicators for some objectives, considering the availability of data and the quality of the information collected. 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 during the institutional assessment process. Significant concerns were expressed regarding data collection and communication by some academic units. Consequently, some report forms were redesigned, new instruments were created, and further training was offered to key personnel responsible for gathering important information. These actions improved the efficiency of data collection and the subsequent data analysis, which in turn helps create an accurate report for use in institutional decision-making processes. A critical analysis of the final *Institutional Assessment Report* for 2005-2008

(**Resource File 8.2**) will be essential in the development of the institutional assessment plan for the next cycle. This will also constitute an opportunity to strengthen the assessment of institutional goals and strategic planning.

Information technology has been used in the improvement of forms designed for data collection. Spreadsheet software has greatly facilitated the compilation of data from the various units. The purchase of the WEAVEonline platform, allows for data entry, the storing of assessment documents, tracking of information, and disseminating results of assessment processes. All academic and administrative units have been trained in the use of this platform and approximately one-third are working to incorporate their own assessment plans. The process of data collection for some of the institutional indicators is a cumbersome one and requires great effort from the Assessment Coordinators at the schools and programs. To address this situation, Title V project funds were obtained to develop a database to import information from institutional databases, specifically the one related to enrollment, admissions, and transfers.

School/Program-Level Institutional Assessment

All schools have an assessment plan with its own unique features (**Resource File 8.3**). The School of Pharmacy developed and implemented an assessment plan for 2007-2012, with four categories: Academia, Service, Research, and Institutional Service. The School of Nursing approved its assessment plan in 2006. It addresses the areas of Academic and Student Development, Research Development, and Institutional Development. The School of Medicine implemented its assessment plan in June 2008. It is divided into six key processes. The School of Dental Medicine's 2006-2009 assessment plan is organized according to the school's six goals. Several assessment cycles have already been implemented, and the actions taken based on assessment results have been documented. The School of Health Professions developed an assessment plan in 2004, which included three major areas: Academic Excellence, Administrative Support, and Institutional Services. This school has implemented an assessment cycle with emphasis on academic excellence, particularly goals related to maintaining program accreditations, student learning, and continuing education for practitioners in the health care fields. The Graduate School of Public Health developed an assessment plan during AY 2008-09. It takes into consideration research productivity, graduation rates, and number of applicants, among other areas.

Accreditations constitute an important assessment process on campus, with approximately twenty professional accrediting agencies overseeing the MSC academic and residency programs (**Appendix 1.1**). Additionally, the UPR Board of Trustees approved an assessment policy requiring that all programs be evaluated every five years and establishing norms and guidelines for that purpose (Board of Trustees Certification 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 of Academic Affairs (See Certification 43 and evaluation schedule in **Resource File 8.4**).

Dissemination of Findings at the School Level

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.

ASSESSMENT OF STUDENT LEARNING

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.

As previously mentioned, most MSC programs are accredited by professional accrediting agencies, which require that programs show achievement of their mission and goals by measuring student learning outcomes (SLO). Academic programs are at various stages of implementing detailed student learning assessment, mapping learning outcomes, reassessing the academic offering, and documenting actions based on relevant data. Programs subject to professional accreditation are at a more advanced stage in this process. Programs differ in the assessment terminology used (learning objectives, goals, competencies, and learning outcomes), but they all present evidence of their level of attainment.

The six MSC schools must align their curricular map with the profile of the MSC graduates as stated in UPR Board of Trustees' Certification 43, 2006-2007, Certification 80, 2005-2006, and Certification 123, 2005-2006. The institutional graduates' profile, described in Goal 3 of the MSC Institutional Goals (**Appendix 2.1**), includes the following domains: knowledge of the discipline, human sensibility and ethical values, social conscience, critical thinking/problem solving, lifelong learning, and interprofessional/interdisciplinary focus (Progress Letter to the MSCHE April 1, 2009). An analysis of the alignment of graduate profiles and SLOs of academic programs with the MSC graduate domains shows that all programs include: knowledge, critical thinking/problem solving, and interprofessional/interdisciplinary domains (**Appendix 8.3**). The human sensibility/ethical values, social conscience, and life-long learning domains may be implicit in the graduate profiles or SLOs of some MSC programs, but a more explicit wording is recommended.

Direct/Indirect Evidence

Academic programs use a variety of direct and indirect measures to collect information about achievement of their student learning outcomes and programmatic mission. Some examples of direct and indirect measures used are included in **Appendices 8.4 and 8.5**. These measures allow faculty to evaluate

and collect information about the ability of students to select, use, and apply the theoretical concepts learned in the courses. Additionally, they help to identify how students select the methods, techniques, and strategies for the integration of knowledge and decision-making in their fields of study. All academic programs include community/clinical practice and/or research experiences which promote authentic evaluation of the integration of knowledge and skills required for the successful practice of the profession.

Student academic progress, graduation rates, course evaluations, curriculum and syllabi analyses, exit interviews, and alumni surveys are consistently used by academic programs as indirect measures. It is important to note that the curriculum of each academic program has particular characteristics that call for the use of specific measures required by their professional accrediting agencies.

Qualitative/Quantitative Measures

Multiple qualitative and quantitative measures are used at course, program, and school levels to assess the results of the students' learning process. Quantitative measures are the most frequently employed at the course and program levels. Each program establishes criteria to evaluate student performance and to assess the knowledge level, actions, characteristics, and specific behaviors required for task performance. The performance level required is determined using scales with different categories, estimation matrixes, or check lists. Achievement tests are also used to assess student learning. Examples of assessment instruments will be available on site (**Resource File 8.5**).

Some instruments also include open questions or commentaries to obtain more qualitative information. In addition, most academic programs offer capstone experiences which use comprehensive instruments to evaluate overall student learning and integration of knowledge, especially in the areas of research and clinical practice. Most programs use surveys with both closed and open-ended questions to obtain the students' perspectives regarding various aspects of the programs. Also, focal groups are used to collect qualitative data that is useful for curriculum revision and for making changes in other academic processes. The thorough analysis of qualitative information has been of great value to academic programs during their decision-making processes (**Resource File 8.2**).

Several program, school, and institutional reports provide evidence of the students' achievement of key learning outcomes. Data reflecting their academic progress, including retention/attrition and graduation rates, are collected annually from all programs. Additionally, the success of alumni is evaluated by their results on national certification and local licensure examinations, employment rates, and pursuit of higher academic degrees (See: *Informe de Avalúo de la Efectividad del Proceso Educativo*, **Resource File 8.6**).

Support and Collaboration of Faculty and Administration

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 of the Deanship for Academic Affairs, offers consulting services, seminars, workshops, and webinars on numerous topics, including techniques for assessment of student learning. The office seeks the continuous improvement of student learning and the promotion of excellence in education.

One of the main means of supporting excellence in academic life is the enrichment of teaching and learning through educational activities offered to faculty and academic administrators. Several federally-funded projects have been implemented on campus in support of developing faculty teaching and assessment skills. These include: MSEIP (2003–2006), Title V Cooperative I (2005–2010), and Title V Cooperative II (2006–2011). In MSEIP, a group of anatomy and physiology professors received training in the integration of multimedia to their courses in order to promote student learning. The Title V projects addressed the development of online courses, information literacy, and assessment of student learning, including workshops on the use of the WEAVEonline platform (**Appendix 8.6**).

Each school offers its own activities in the area of SLO assessment, according to its faculty development plan. The School of Medicine has a program devoted to improving faculty skills in the teaching-learning process and student assessment techniques. Most of the actions taken to improve student learning based on assessment results require allocation of financial resources. Many schools have assigned a budget for the acquisition of computers, software, and laboratory equipment, as well as for tuition and other costs of courses and workshops related to assessment of student learning. Faculty also participates in other educational activities sponsored by professional associations. The MSC often provides release time, payment of registration fees, and transportation and lodging to faculty attending educational activities, although these allowances have been significantly reduced due to the prevailing financial situation.

The institution's commitment to improving the teaching-learning and assessment processes has resulted in the introduction of numerous online 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 at the MSC evidences the support and participation of faculty in the assessment of student learning outcomes.

Use of Student Learning Assessment Results

The analysis of the indicators reported in the *Informe de Avalúo de la Efectividad del Proceso Educativo* (**Resource File 8.6**) demonstrates that the average percentage of retention from first to second year for all schools was 91% and 79%, respectively for years 2005-2006 and 2006-2007. If analyzed separately, the lower values for 2006-2007 in the overall percentage is due to lower values in

particular programs (MS in Pharmacy, DMD, MS in Nursing, and some programs in the Health Professions Schools). The percentage of conditional retention was 1.3% (21/1,608) and 2.71% (33/1,215). Another important measurement used by most programs at the MSC, is the average percentage of approval of the national licensure tests and the local licensure examinations. The overall percentage of approval by first time takers for years 2003-2004 through 2007-2008 is consistently above 70% for local licensure examinations and above 85% (except 2004-2005, 76%) for national tests. Again, an analysis of individual school passing rates reveals that the overall percentages are affected by low values in some programs. It is also important to bear in mind that students who take the national licensure examinations do not take the local one, thus they constitute two different groups.

It is important to highlight that local laws do not require approval of US licensure tests to work in Puerto Rico. Nevertheless, many accreditation agencies require the approval of these national tests as evidence of alumni success and program effectiveness. In order to improve the students' performance in those tests the following actions have been taken: modify course tests to include multiple choice questions that require higher levels of thinking skills, offering comprehensive review courses, mock tests, comprehensive tests for senior students, practice sessions and practice tests, purchase of software and other study preparation tools, and advising students about those tests early in their program of study.

Alumni surveys at program and institutional levels provide valuable information regarding their satisfaction with professional education. Out of twenty two (22) academic programs that reported the results of alumni surveys, eleven identified areas that needed improvement and action plans were implemented. The areas identified were: curriculum, graduate competencies, clinical facilities for practice, course schedules, physical facilities, financial aid, and performance on national boards (*Estudios de Egresados en el Recinto de Ciencias Médicas, 2007 – Resource File 8.7*).

The MSC Alumni Survey conducted in 2009, which targeted 2003-2004 and 2004-2005 cohorts, provides additional information. Approximately 89% of the participants indicated that they completed their studies at the MSC in the time established by their professional program; 92% of the alumni indicated to be working and out of those, 71% work in a field related to their area of study. Most respondents found employment within six months of graduation. Ninety-six percent (96%) of the MSC alumni indicated they were proud to have studied at the institution and 79% indicated that if they were to study again, they would return to the MSC. Approximately 94% indicated that they would recommend the MSC to a family member or a friend. In addition, over 80% considered important/very important and expressed satisfaction with the knowledge and skills acquired throughout the curriculum, specifically regarding: problem solving, critical thinking, teamwork, analysis and interpretation of scientific literature, use of technology, commitment to the moral and ethical values of the profession, sensitivity and empathy towards other people, and leadership. Most alumni also considered core courses to be important/very important to their work, and course content to be compatible with the functions they perform in their field.

The achievement of course objectives in the academic courses is another important aspect assessed by students. For all schools, results of student evaluation of courses show that for 2005-2008, 82-99% of students stated that the proposed objectives for each course were achieved.

The analysis of findings of assessment activities indicates that there is sufficient and convincing evidence of the use of measures to validate student learning. Academic programs demonstrate documented processes to evaluate and to improve student learning. The use of the direct measures is systematic and sustained and is the most commonly used method to evaluate student learning. In addition, when analyzing the use of assessment results for the improvement of student learning, documents demonstrate that most of the decisions resulting from the assessment processes are those related to making changes in the curricular content and in the learning experiences provided (**Appendix 8.7**). These include: design of new courses and educational experiences, course revisions, modifying instructional and evaluation methods and strategies, improvement of learning resources including electronic equipment and software, and case simulators. Other important outcomes of the “closing the loop” process include revision of graduates’ competencies and enhancement of laboratory facilities and equipment, which leads to the improvement of the clinical education component of the curricula.

Assessment information is shared and discussed with appropriate constituents at different levels. It is used to improve teaching and learning mainly at department and program levels since these are the units where the assessment of student learning takes place. Faculty discusses assessment findings and devises plans to improve student learning during department and program meetings. The Associate Deans for Academic Affairs also meet to discuss the results of assessment in all schools.

The MSC has made significant progress in institutionalizing assessment of student-learning outcomes. Most faculty members recognize the positive impact assessment has on student learning and are engaged in ongoing academic assessment efforts in courses and departments/programs. The MSC has used assessment findings to improve programs and services, and continues to refine its processes. The campus must continue to monitor assessment of student learning and data collection in order to ensure that all departments/programs are engaged in meaningful assessment activities and that the progress made is sustained.

APPRAISAL OF FINDINGS

Strengths

1. There has been a notable improvement in assessment on campus in the last five years. Assessment plans were developed at both campus and school levels and results are being used in decision-making.
2. Most academic programs on campus are accredited by professional accreditation agencies. There is also a system-wide evaluation guide for

programs not subject to accreditation. This has promoted the institutionalization of assessment of student learning.

3. There is a well-designed institutional assessment plan that guides assessment activities on campus.
4. There is a variety of documented indirect and direct, qualitative and quantitative measures used in the assessment of student learning.
5. Students express satisfaction with the knowledge and skills developed during their studies and indicate that this enables them to perform the roles and functions of their profession.
6. Programs use assessment results to improve and modify the curriculum and the learning experiences of students.

Challenges

1. The coordination of assessment, planning, and decision-making including budgeting needs to be fine-tuned.
2. There is a need to further systematize the data gathering, recording, and reporting for institutional and student learning assessment throughout the campus.
3. Actions taken based on assessment results should be better documented by offices, schools, departments, and programs.
4. Further efforts are needed in the mechanisms used to disseminate assessment results to the campus community and external stakeholders.

Recommendations

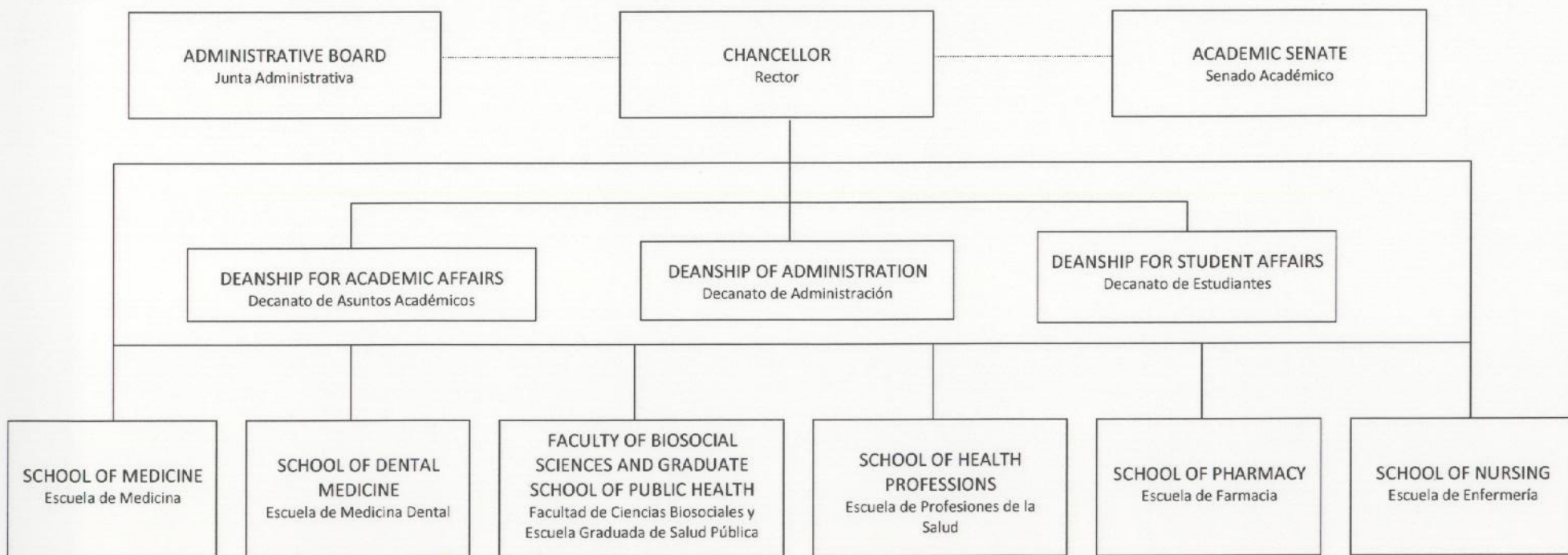
1. Coordinate the institutional assessment cycle with the planning and budgetary processes and continue to educate academic and administrative leaders in the development and evaluation of indicators of institutional effectiveness.
2. Systematize data gathering, recording, and reporting processes and establish opportunities for sharing assessment tools and strategies among schools and departments/programs.
3. Modify the annual report format to include a specific section on actions taken based on assessment findings.
4. 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.

Appendix 1.1

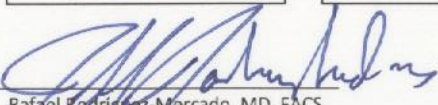
Organizational Charts

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
UNIVERSIDAD DE PUERTO RICO
RECINTO DE CIENCIAS MÉDICAS

ORGANIZATIONAL FLOW CHART
ORGANIGRAMA



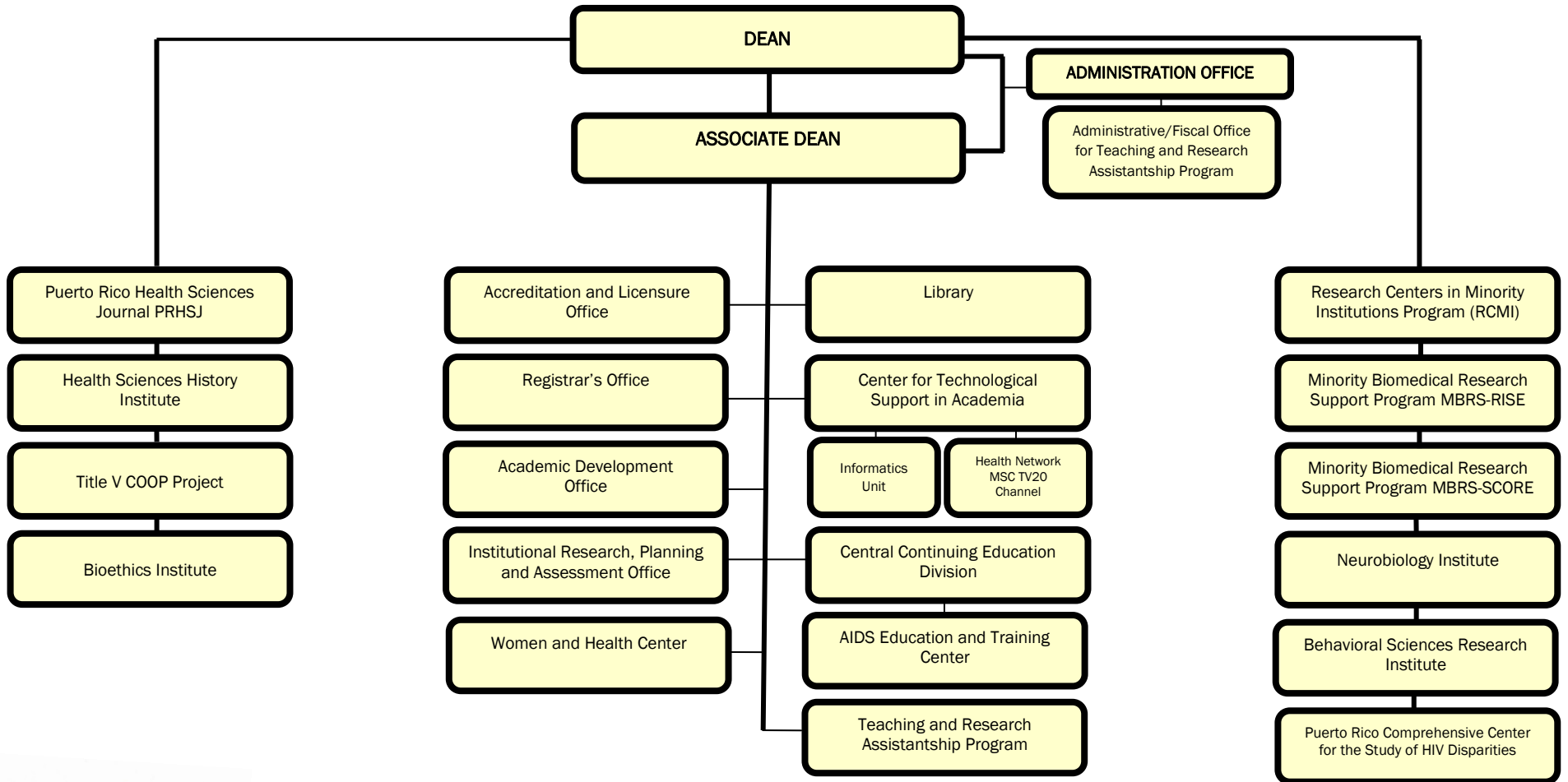
Approved by/Aprobado por:


Rafael Rodríguez-Mercado, MD, FACS
Chancellor/ Rector

Date/Fecha:

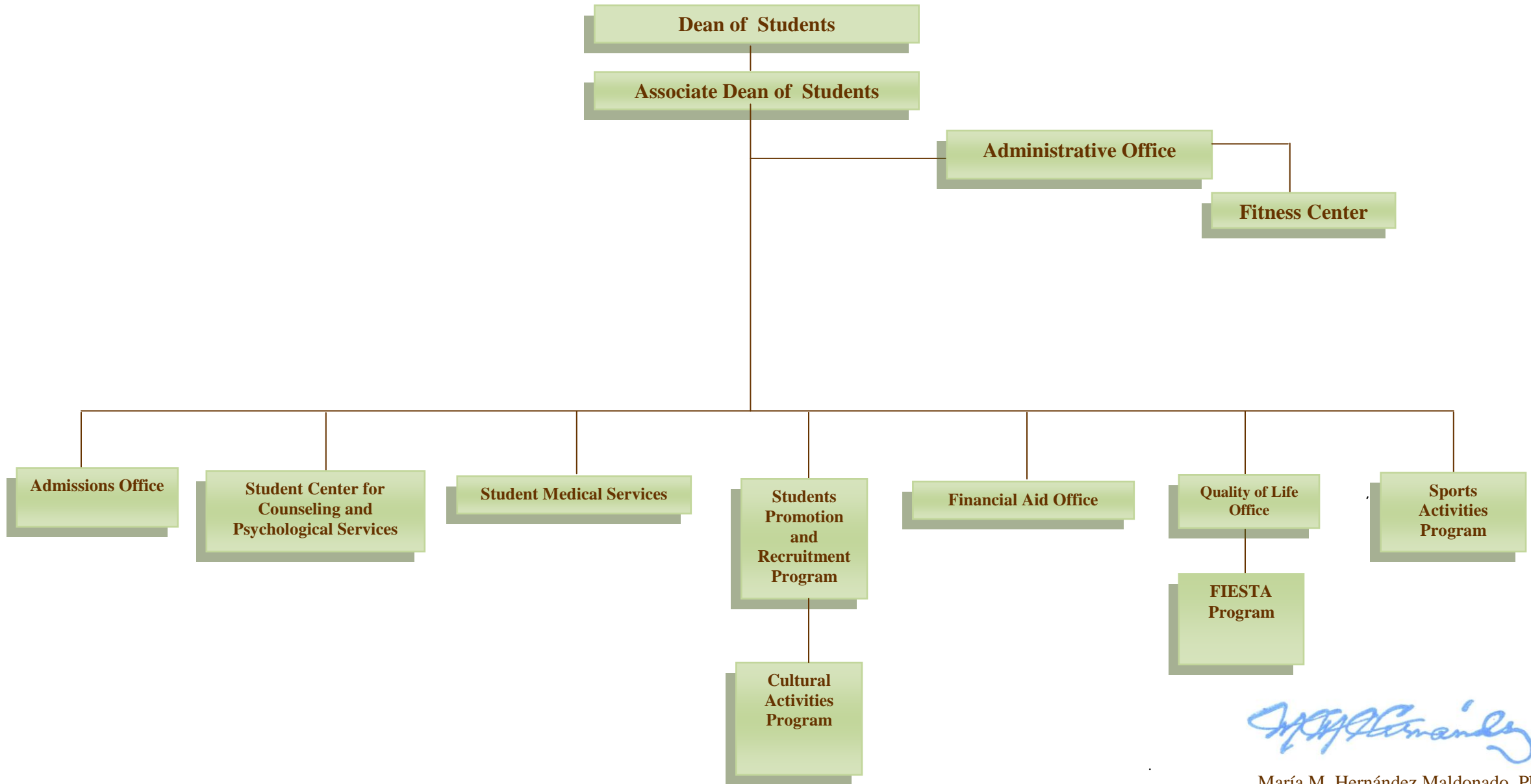
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UNIVERSITY OF PUERTO RICO
 MEDICAL SCIENCES CAMPUS
 DEANSHIP FOR ACADEMIC AFFAIRS



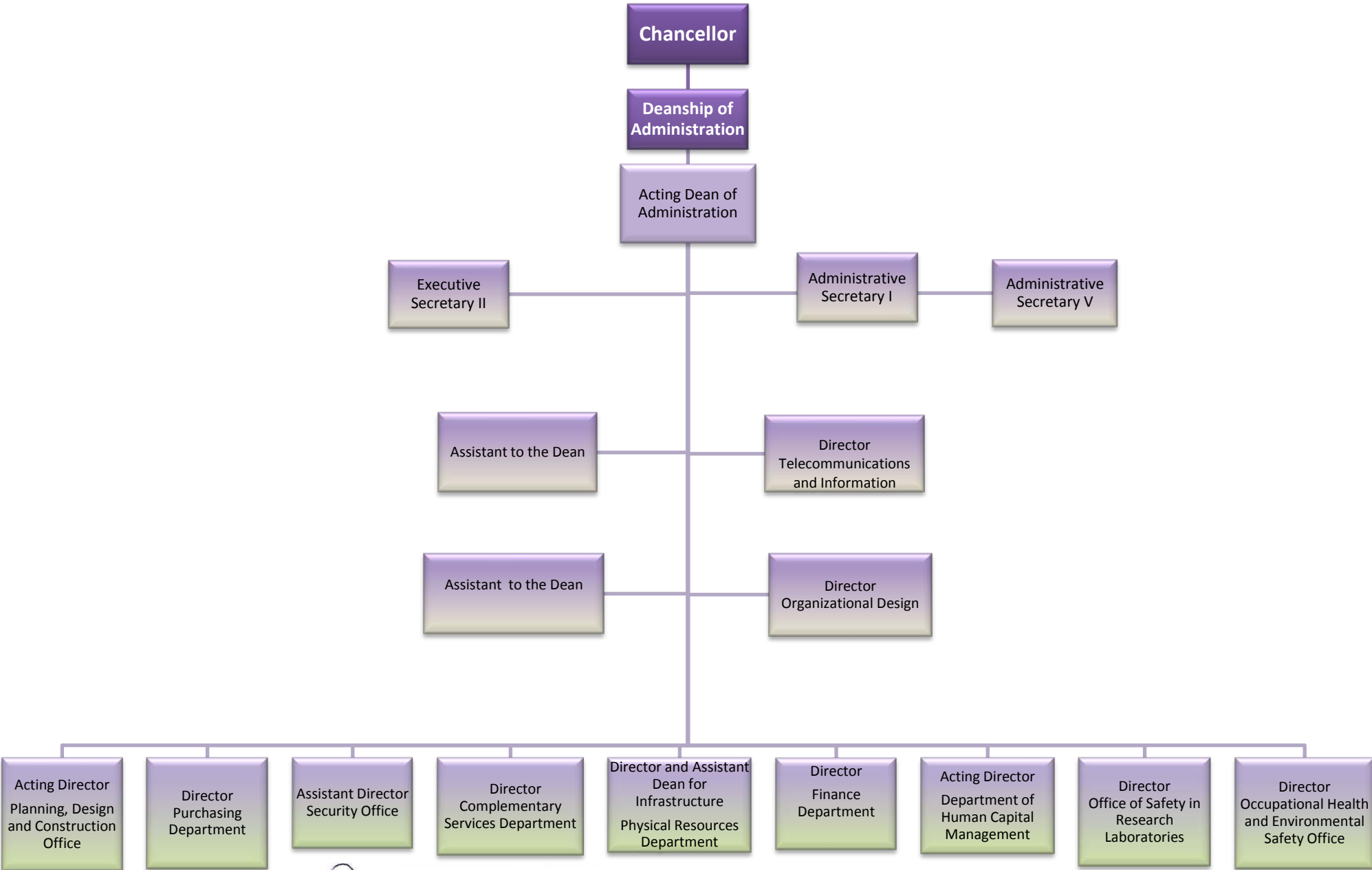
J. C. Ríos Reyes
 Dr. Ilka C. Ríos Reyes
 Dean
 Revised: February, 2011

DEANSHIP FOR STUDENT AFFAIRS ORGANIZATIONAL CHART



María M. Hernández Maldonado, PhD
Dean of Students
February 17, 2011

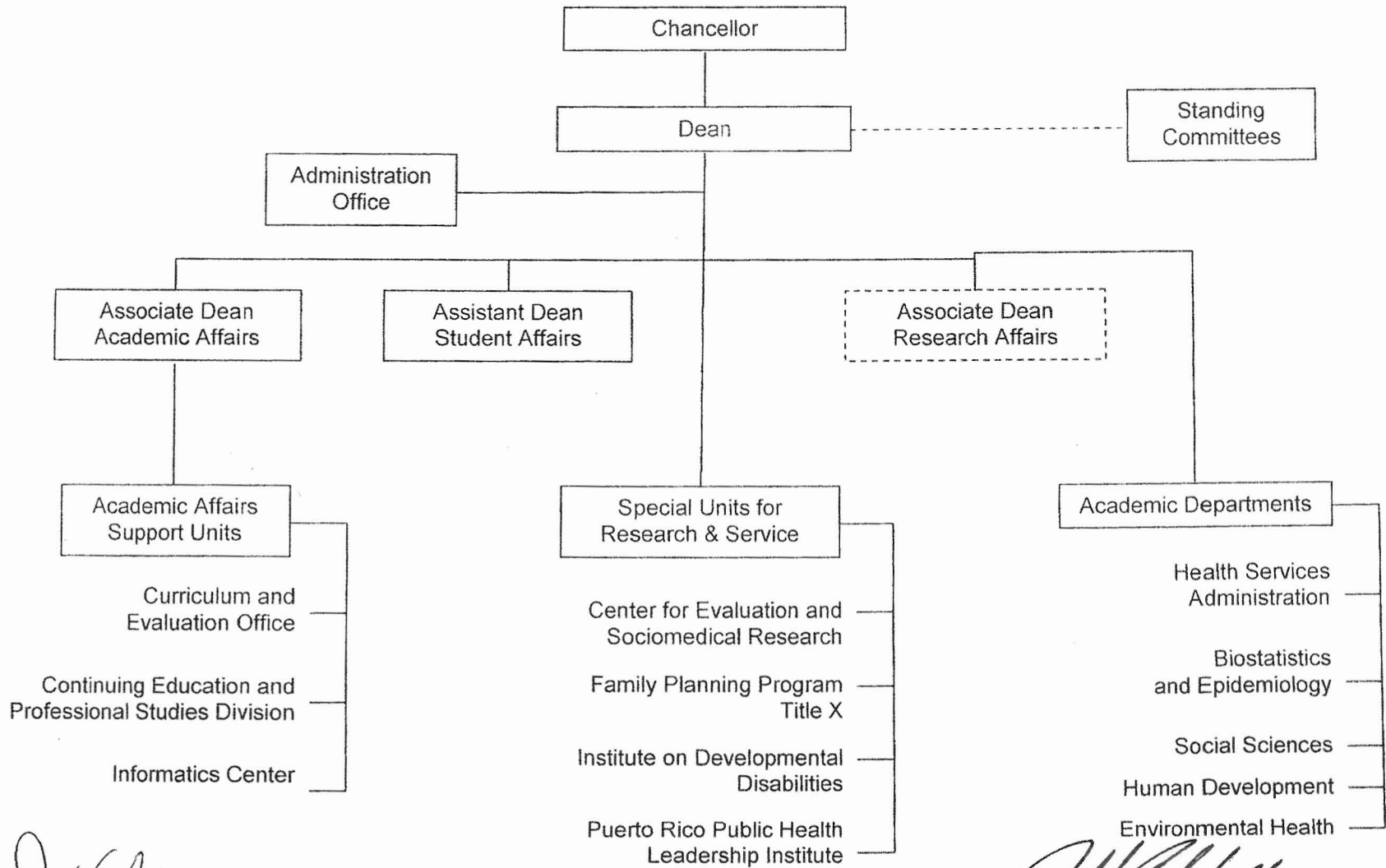
Deanship of Administration Organizational Chart



Approved:


 Eleuterio Pomales Garay, Acting Dean

**UNIVERSITY OF PUERTO RICO, MEDICAL SCIENCES CAMPUS
GRADUATE SCHOOL OF PUBLIC HEALTH
ORGANIZATIONAL CHART**



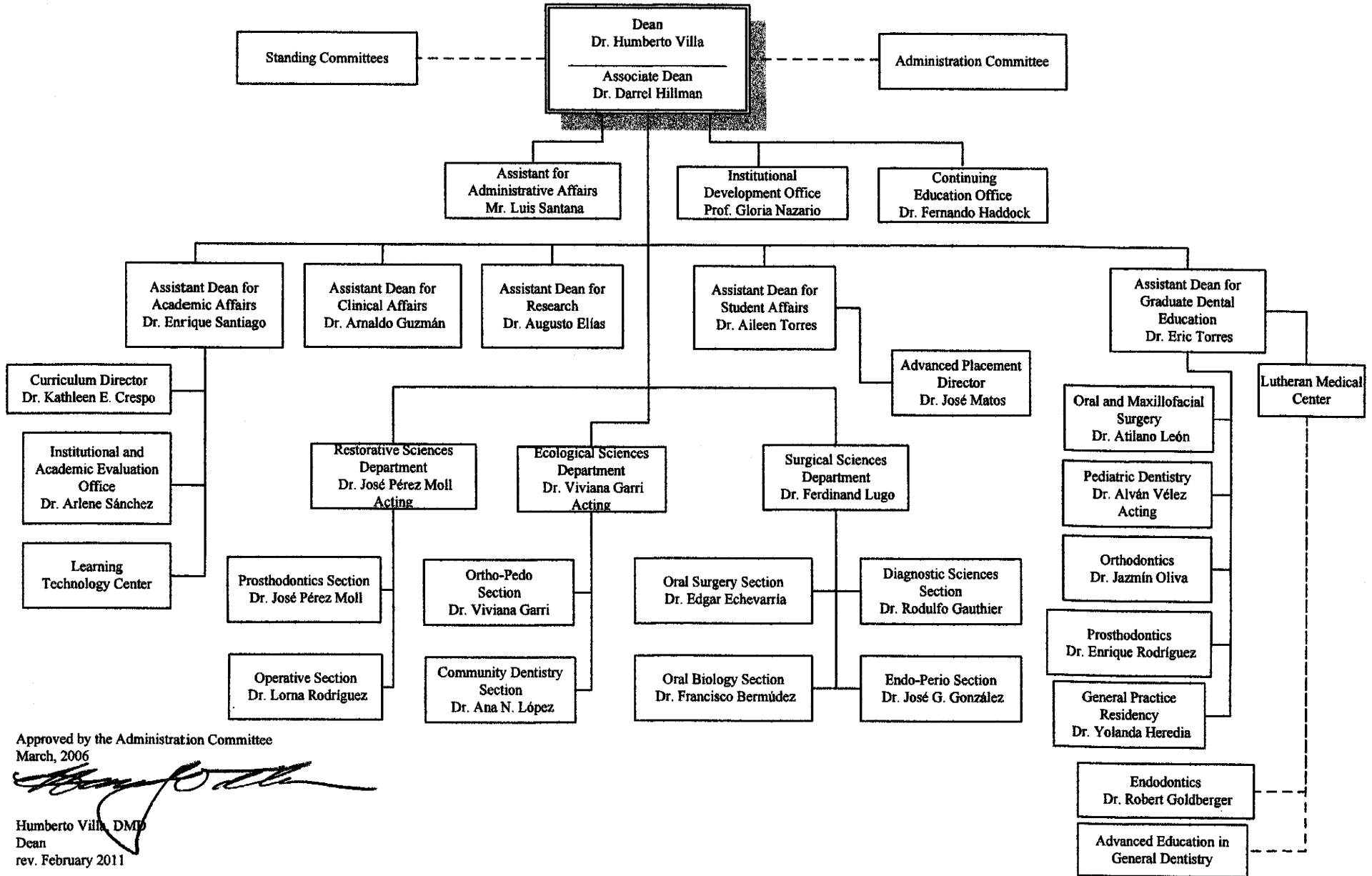
Jose F. Cordero

 Jose F. Cordero, MD, MPH.
 Dean

Rafael Rodriguez Mercado

 Rafael Rodriguez Mercado, MD
 Acting Chancellor

School of Dental Medicine, University of Puerto Rico Organizational Chart

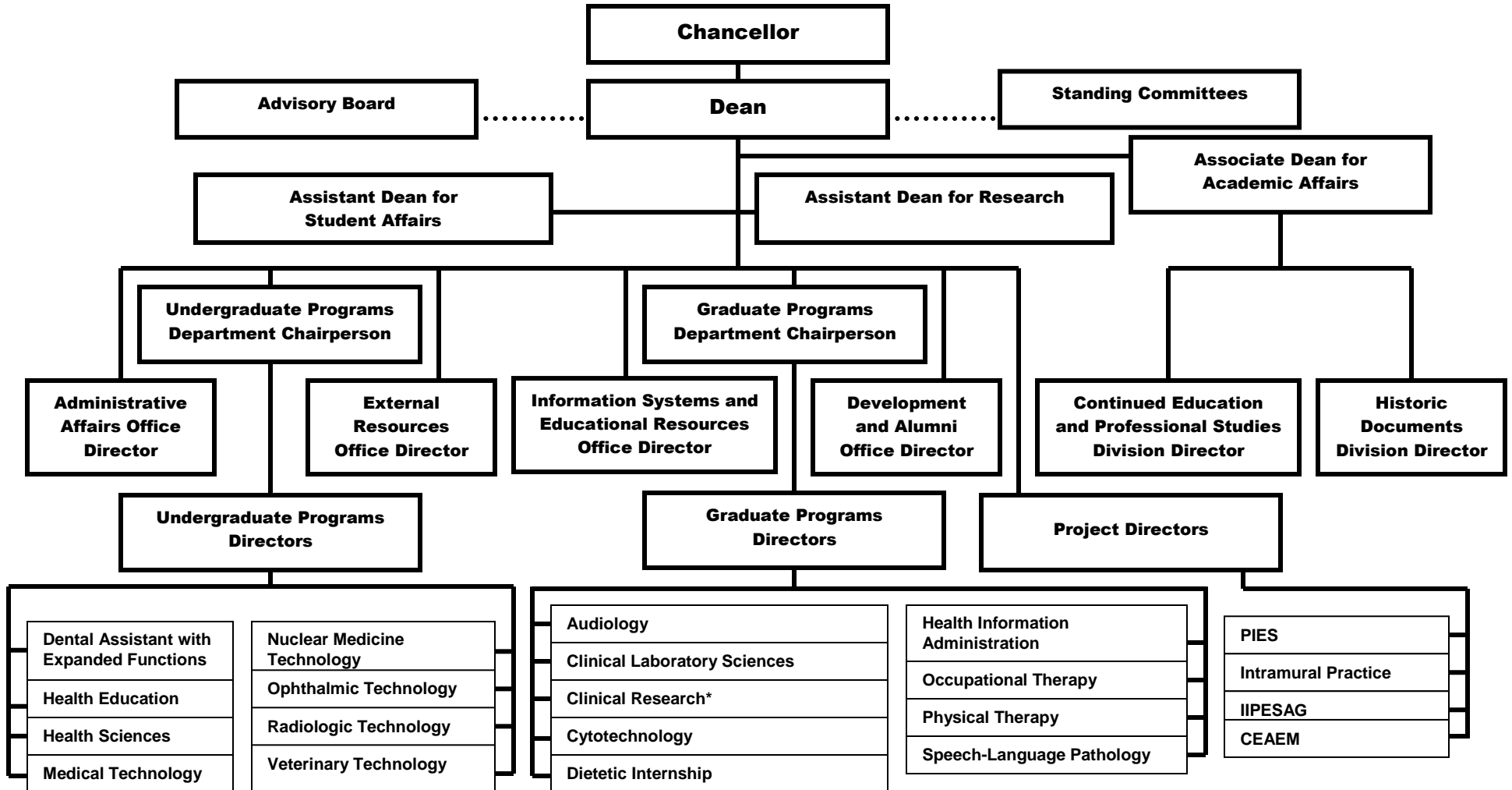


Approved by the Administration Committee
March, 2006

Humberto Villa
Humberto Villa, DMD
Dean
rev. February 2011

**University of Puerto Rico
Medical Sciences Campus
School of Health Professions**

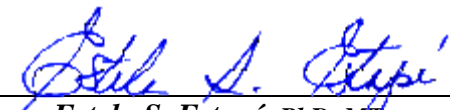
ORGANIZATIONAL CHART



Definitions:

PIES – Interdisciplinary Project of Excellence in Service
 IIPESAG – Research Institute for Global Health Promotion and Health Education
 CEAEM – Center of Medical Emergency Advanced Studies

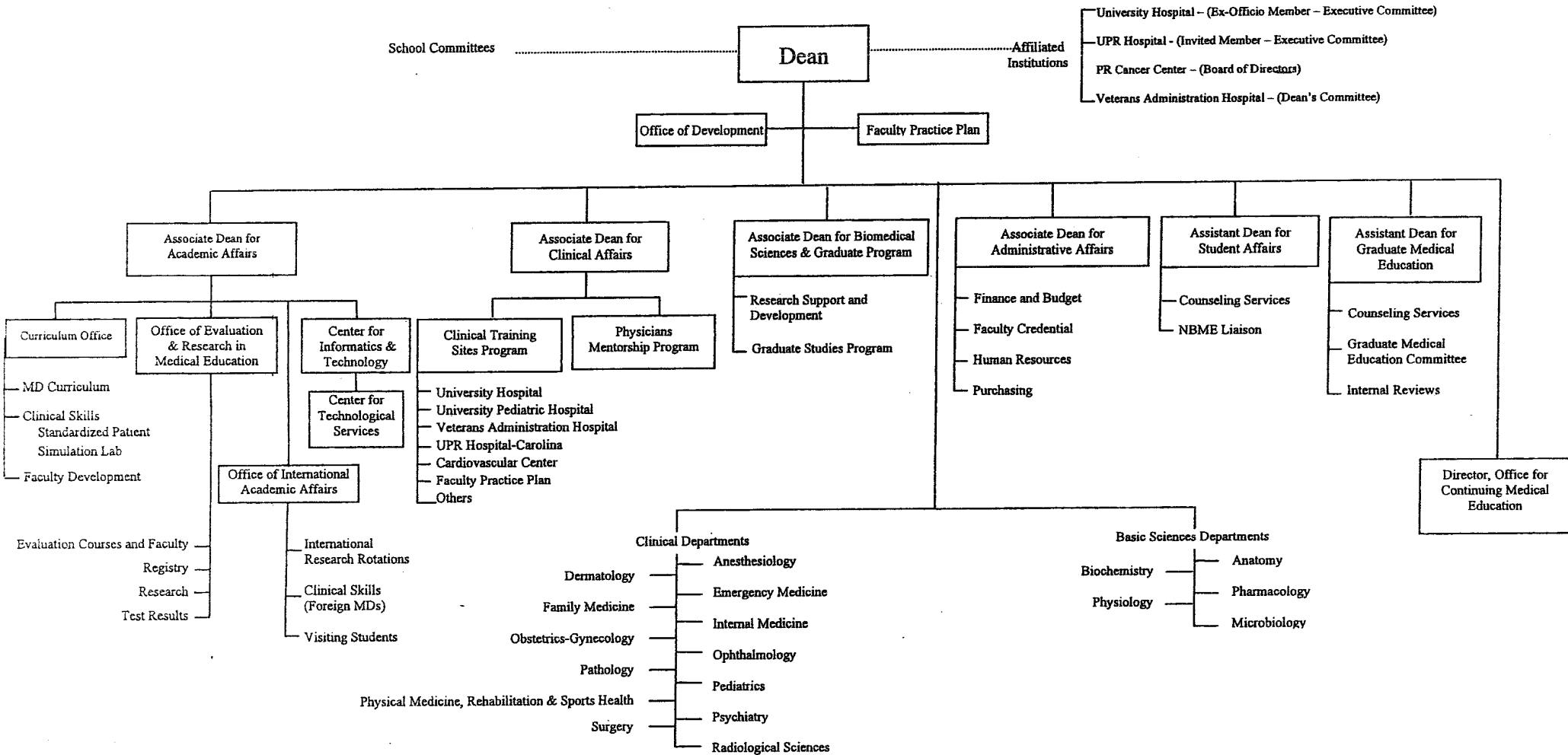
*Joint degree offered with the School of Medicine, Medical Sciences Campus



 Estela S. Estapé, PhD, MT
 Dean


Approved by the Academic and Administrative Committee on April 23, 2008.

**UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF MEDICINE**

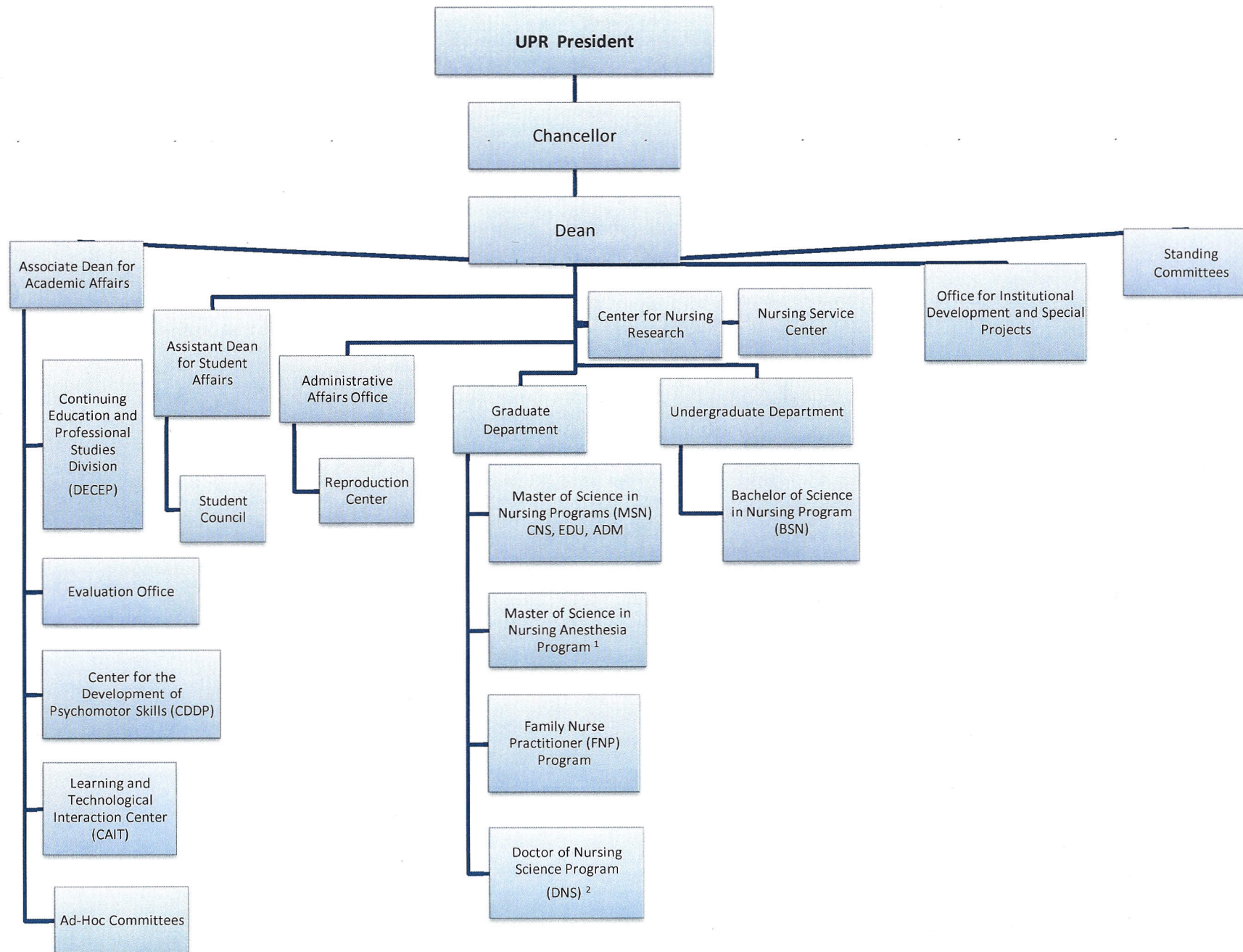
ORGANIZATIONAL CHART




 Recommended by: Walter R. Frontera, MD, PhD
 Dean


 Approved by: José R. Carlo, MD
 Chancellor

SCHOOL OF NURSING, MEDICAL SCIENCES CAMPUS ORGANIZATIONAL CHART

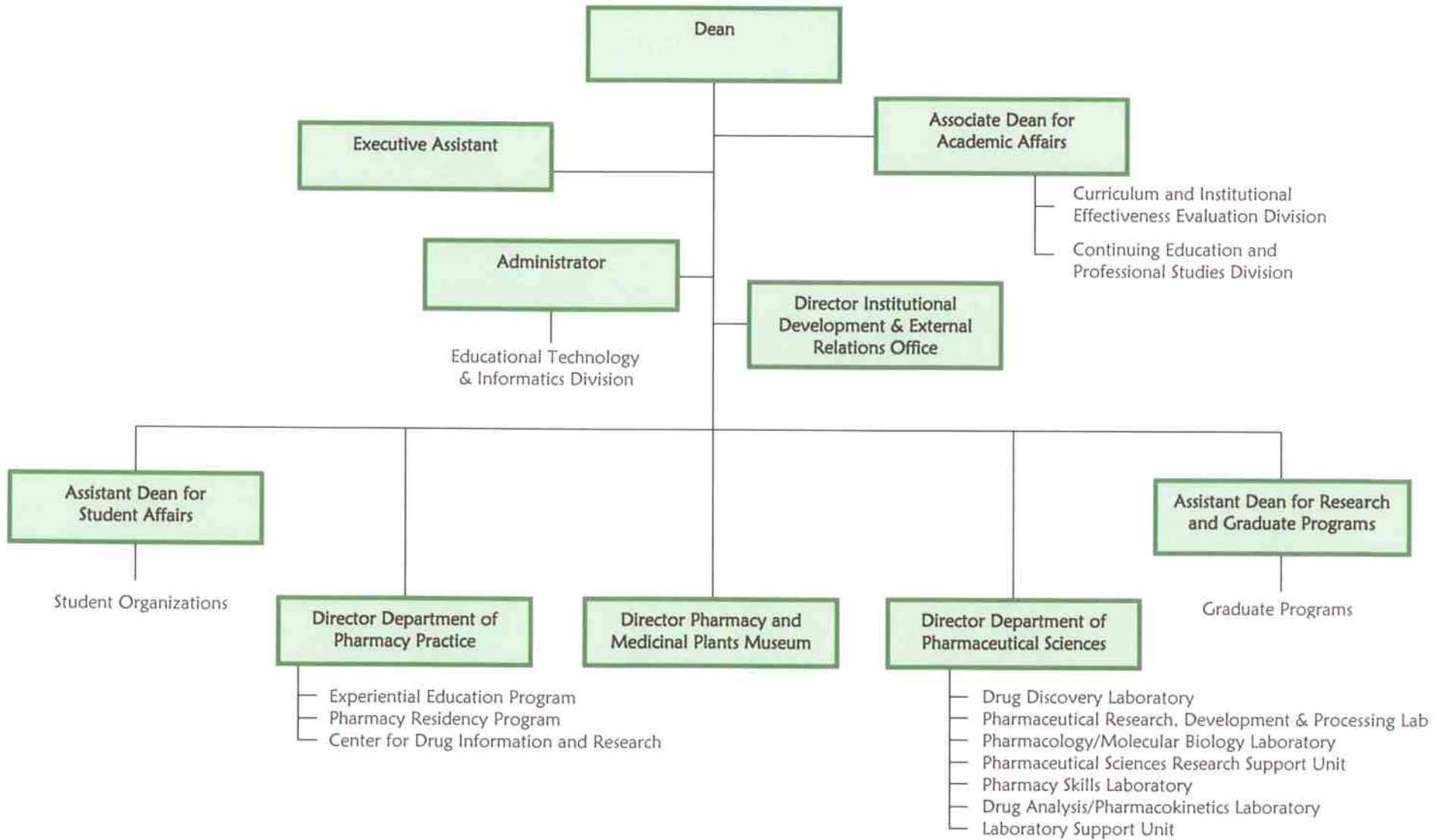


¹ Moratorium


² Pending approval by the Council on Higher Education

Dr. Maria Castro

School of Pharmacy
 Medical Sciences Campus
 University of Puerto Rico




 Lesbia Hernández, Pharm.D., M.P.H.
 Dean


 José R. Carlo, M.D.
 Chancellor

Appendix 1.2

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 January 26, 2011

UNIT OR PROGRAM	ACCREDITING AGENCY	FIRST ACCREDITATION	LAST ACCREDITATION	ACCREDITATION STATUS	NEXT ACCREDITATION VISIT
INSTITUTIONAL ACCREDITATION					
MEDICAL SCIENCES CAMPUS	Puerto Rico Council on Higher Education	1997	April 2006	Accredited	2011
	Middle States Commission on Higher Education	1949 - UPR 1975 - MSC	April 2001	Accredited	April 10 -13 2011
ACADEMIC PROGRAMS ACCREDITATION - BY SCHOOL AND DEGREE PROGRAM					
SCHOOL OF HEALTH PROFESSIONS					
<i>Associate Degree Programs</i>					
Dental Assisting with Expanded Functions	Commission on Dental Accreditation (CDA) of the American Dental Association (ADA)	1978	February 2006	Accredited	2013
Ophthalmic Technology	Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO)	1987	2002	Accredited	April 2011
Radiologic Technology	Joint Review Committee on Education in Radiologic Technology (JRCERT)	1985	March 2007	Accredited	February 28 - March 1 st 2011
<i>Bachelor's Degree Programs</i>					
Nuclear Medicine Technology	Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)	1979	August 2004	Accredited	2011
Medical Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	1975	November 2007	Accredited	2014
Veterinary Technology	Committee on Veterinary Technician Education and Activities (CVTEA) of the American Veterinary Medical Association (AVMA)	1996	February 2006	Accredited	2012

UNIT OR PROGRAM	ACCREDITING AGENCY	FIRST ACCREDITATION	LAST ACCREDITATION	ACCREDITATION STATUS	NEXT ACCREDITATION VISIT
Post-Bachelor Certificate Programs					
Cytotechnology	Cytotechnology Programs Review Committee (CPRC) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) of the American Society of Clinical Pathology (ASCP)	1980	January 2007	Accredited	2012
Medical Technology	National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)	1975	November 2007	Accredited	2014
Dietetic Internship	Commission on Accreditation for Dietetics Education (CADE)	1976	October 1999	Accredited Interim Report June 2012	2019
Master's Degree Programs					
Health Information Administration	Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM)	1965	1997	Accredited	-
Clinical Laboratory	N/A	N/A	N/A	N/A	N/A
Speech-Language Pathology	Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA)	1969	April 2007	Accredited	2015
Physical Therapy	Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA)	N/A	March 2007	Accredited	2017
Occupational Therapy	Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA)	N/A	N/A	Accredited	January 31 - February 2 2012
Doctoral Program					
Audiology	Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA)	-	-	-	-

UNIT OR PROGRAM	ACCREDITING AGENCY	FIRST ACCREDITATION	LAST ACCREDITATION	ACCREDITATION STATUS	NEXT ACCREDITATION VISIT
SCHOOL OF NURSING					
<i>Bachelor's Degree Program</i>					
Nursing	Commission on Collegiate Nursing Education (CCNE)	1974	February 2007	Accredited Progress Report December 2012	2017
<i>Master's Degree Programs</i>					
Nursing	Commission on Collegiate Nursing Education (CCNE)	1974	February 2007	Accredited	2017
<i>Nursing with Specialty in Family Nurse Practitioner</i>	Commission on Collegiate Nursing Education (CCNE)	2007	February 2007	Accredited	2017
SCHOOL OF PHARMACY					
<i>First Professional Degree Program</i>					
Pharmacy Doctor (PharmD)	Accreditation Council for Pharmacy Education (ACPE)	2005	November 2006	Accredited	March 2011
SCHOOL OF MEDICINE					
<i>First Professional Degree Program</i>					
Doctor of Medicine (MD)	Liaison Committee on Medical Education (LCME)	1954	February 2009	Accredited	2016
SCHOOL OF DENTAL MEDICINE					
<i>First Professional Degree Program</i>					
Doctor of Dental Medicine (DMD)	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1961	February 2006	Accredited	2013
<i>Post Doctoral Certificates</i>					
Oral and Maxillofacial Surgery	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1988	March 2008	Accredited	2013
General Dentistry	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1989	February 2006	Accredited	2013
Pediatric Dentistry	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1976	February 2006	Accredited	2013

UNIT OR PROGRAM	ACCREDITING AGENCY	FIRST ACCREDITATION	LAST ACCREDITATION	ACCREDITATION STATUS	NEXT ACCREDITATION VISIT
Orthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	2000	February 2007	Accredited	2014
Prosthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1992	February 2006	Accredited	2013
<i>Master of Science in Dentistry Programs</i>					
Oral and Maxillofacial Surgery	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1988	March 2008	Accredited	2013
Pediatric Dentistry	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1976	February 2006	Accredited	2013
Orthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1997	February 2007	Accredited	2014
Prosthodontics	Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)	1992	February 2006	Accredited	2013
FACULTY OF BIOSOCIAL SCIENCES AND GRADUATE SCHOOL OF PUBLIC HEALTH					
<i>Doctoral Program (DrPH)</i>					
Public Health with Specialty in Environmental Health	Council on Education for Public Health (CEPH)	1998	December 2006	Accredited	2014
<i>Master's Degree Programs</i>					
Health Services Administration	Commission on Accreditation of Healthcare Management Education (CAHME)	1965	November 2007	Accredited	2014
Industrial Hygiene	Council on Education for Public Health (CEPH)	1996	December 2006	Accredited	2014
Health Sciences with Specialty in Nutrition	Council on Education for Public Health (CEPH)	1965	December 2006	Accredited	2014
Demography	Council on Education for Public Health (CEPH)	1965	December 2006	Accredited	2014
Epidemiology	Council on Education for Public Health (CEPH)	1965	December 2006	Accredited	2014
Evaluation Research of Health Systems	Council on Education for Public Health (CEPH)	1965	December 2006	Accredited	2014
Environmental Health	Council on Education for Public Health (CEPH)	1965	December 2006	Accredited	2014

UNIT OR PROGRAM	ACCREDITING AGENCY	FIRST ACCREDITATION	LAST ACCREDITATION	ACCREDITATION STATUS	NEXT ACCREDITATION VISIT
Public Health Education	Council on Education for Public Health (CEPH)	1973	December 2006	Accredited	2014
Public Health (General)	Council on Education for Public Health (CEPH)	1965	December 2006	Accredited	2014
Public Health with Specialty in Biostatistics	Council on Education for Public Health (CEPH)	1983	December 2006	Accredited	2014
Public Health with Specialty in Epidemiology	Council on Education for Public Health (CEPH)	1983	December 2006	Accredited	2014
Public Health with Specialty in Gerontology	Council on Education for Public Health (CEPH)	1996	December 2006	Accredited	2014
Public Health with Specialty in Maternal and Child Health	Council on Education for Public Health (CEPH)	1976	December 2006	Accredited	2014
Public Health with Specialty in Nurse-Midwifery	Accreditation Commission for Midwifery Education (ACME)	2001	November 2007	Accredited	2018
Graduate Certificates					
Developmental Disabilities Early Intervention	Council on Education for Public Health (CEPH)	1996	December 2006	Accredited	2014
Nurse-Midwifery	Accreditation Commission for Midwifery Education (ACME)	2001	November 2007	Accredited	2018
Gerontology	Council on Education for Public Health (CEPH)	1983	December 2006	Accredited	2014
School Health Promotion	Council on Education for Public Health (CEPH)	2006	December 2006	Accredited	2014

Accreditation and Licensing Office

Appendix 2.1

VISION, MISSION, VALUES AND INSTITUTIONAL GOALS AND OBJECTIVES OF THE MEDICAL SCIENCES CAMPUS¹

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

¹ Translation of the original document in Spanish.

GOALS AND OBJECTIVES

GOALS	OBJECTIVES
Academic and Student Development	
<p>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</p>	<p>1.1 Offer academic programs in the health sciences to train professionals in these disciplines.</p> <p>1.2 Provide classroom educational experiences and practice experiences in different service delivery scenarios.</p> <p>1.3 Provide interdisciplinary experiences that contribute to mastering the necessary skills, knowledge and attitudes for the practice of the health professions.</p> <p>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.</p> <p>1.5 Develop new academic programs in the health sciences to respond to the needs of the Puerto Rican community.</p> <p>1.6 Strengthen institutional support for programs to respond to the demand for health professionals in the Puerto Rican society.</p>
<p>2. Provide education of excellence in the health sciences at the pre- and post-bachelor's degree levels and at the post-doctoral level.</p>	<p>2.1 Provide human, physical, equipment, library and other resources to support the development of academic programs.</p> <p>2.2 Foster research and service experiences to enrich teaching.</p> <p>2.3 Guarantee quality control in academic programs, using accreditation processes and systematic evaluation of the programs.</p> <p>2.4 Implement flexible procedures to begin offering new academic programs and to establish curricular innovation promptly.</p> <p>2.5 Provide activities to promote the development of the personal, professional, and teaching skills of the faculty.</p>

GOALS	OBJECTIVES
	<p>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.</p> <p>2.7 Strengthen programs to recruit students who show talent and motivation.</p>
<p>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.</p>	<p>3.1 Foster in students a command, appreciation, and respect for knowledge in their health professions.</p> <p>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.</p> <p>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.</p> <p>3.4 Encourage students to acquire knowledge of the history, language and culture of the country and the ability to analyze ethical problems.</p> <p>3.5 Expose students to contemporary educational technology to facilitate the teaching-learning process.</p> <p>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.</p> <p>3.7 Foster curricular and extracurricular experiences for the social, personal, cultural, spiritual and physical development of students.</p>

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

GOALS	OBJECTIVES
	<p>6.5 Strengthen research centers, institutes and academic units.</p> <p>6.6. Establish collaborative research efforts with other teaching institutions.</p> <p>6.7 Facilitate student participation in research programs.</p> <p>6.8 Expand research through contracts with government and industry.</p> <p>6.9 Expedite support services for research programs.</p> <p>6.10 Keep an updated incentive system that stimulates the faculty to develop research activities.</p> <p>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.</p> <p>6.12 Broadly disseminate existing opportunities for developing research projects to the academic community.</p> <p>6.13 Promote the dissemination of the findings of research conducted at the Medical Sciences Campus.</p>
Institutional Development	
<p>7. Maintain the integration and unity of institutional purpose between administrative management and the teaching, research and service processes.</p>	<p>7.1 Develop administrative systems that guarantee optimum performance of the institution.</p> <p>7.2 Establish a flexible and facilitating structure that makes it possible to respond rapidly to the changing needs of the environment.</p> <p>7.3 Keep the information system up to date to serve as support for academic and administrative activities.</p> <p>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.</p>

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

GOALS	OBJECTIVES
<p>11. Make the Medical Sciences Campus economically sound and stable while maintaining the academic philosophy of the campus.</p>	<p>11.1 Promote the campus image by informing the Puerto Rican, national and international communities of its resources, activities, projects and institutional commitments.</p> <p>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.</p> <p>11.3 Encourage the search for external funds to develop institutional activities and projects that are consonant with the campus mission.</p> <p>11.4 Strengthen the mechanisms necessary to ensure the efficient and effective use of the institution's fiscal resources.</p>

Appendix 2.2

Institutional Policies

Policy	Certification	Constituents				Document
		Employees	Faculty	Students	Researchers	
1. General Bylaws of the University of Puerto Rico	Certification of the UPR Board of Trustees No. 90; 2001-2002	X	X	X	X	http://www.upr.edu/sindicos/regl-pol-norm.htm
2. Equal opportunity	Certification of the Board of Trustees No. 58; 2004-2005.	X	X	X	X	http://www.uprm.edu/politicas/cert58.pdf
3. Procedimiento enmendado para tomar Acción Informal o Formal sobre Querellas de Hostigamiento Sexual o Discriminación por Razón de Sexo (Sexual Harassment)	Circular 95-06, Oficina del Presidente	X	X	X	X	http://acweb.upr.edu/vpit/researchd/pdf_docs/cir_9506b.pdf
4. Política Institucional y Procedimientos en contra del Hostigamiento Sexual y Represalia en la Universidad de Puerto Rico (Sexual Harassment)	Certification of the Board of Trustees No. 45; 2008-2009	X	X	X	X	http://www.rcm.upr.edu/OPC/informes/Politica_Hostigamiento_Sexual.pdf
5. Reglamento sobre Procedimientos Apelativos Administrativos de la UPR (Appeals Process)	Certification from the Council on Higher Education No. 138; 1981-82	X	X		X	http://graduados.uprrp.edu/asuntos_academicos/pdf/Regl%20PAA-UPR.pdf
6. Regulations on the Use of Illicit Drugs, Controlled Substances and Alcohol Abuse	Certification of the UPR Board of Trustees No. 33, 2005-2006	X	X	X	X	http://www.rcm.upr.edu/estudiantes/Documentos/.htm
7. Ley para Reglamentar la Práctica de Fumar en Determinados Lugares Públicos y Privados Ley 40 del 3 de agosto de 1993, ELA; Enmendada con la Ley Núm. 66 de 2 de marzo de 2006. (No Smoking Policy)	Certificación Número 45, Serie 1989-90 de la Junta Administrativa del RCM	X	X	X	X	
8. Política Institucional sobre Seguridad en la UPR (Institutional Security Policy)	Circular 92-01, Oficina del Presidente	X	X	X	X	
9. Policy on Uncivil Behavior	Medical Sciences Campus Academic Senate Certification No.24; 1999-2000.	X	X	X	X	http://www.rcm.upr.edu/estudiantes/Documentos/Certificacion%20024,%20Serie%201999-00.pdf
10. Declaration of Institutional Policy for a Climate of Open Discussion and Nonviolence	Certification of the UPR Board of Trustees No.49; 2004-2005	X	X	X	X	http://acweb.upr.edu/vpit/researchd/pdf_docs/cert49.pdf
11. Política Institucional para la Utilización Aceptable de los Recursos de la Tecnología de la Información en la Universidad de Puerto Rico (Information Technology Policy)	Certification of the UPR Board of Trustees No. 35 (2007-2008)	X	X	X	X	http://www.rcm.upr.edu/politicas_leyes/docs/politica_inst_uso_tech_UPR_2007_2008.pdf

Policy	Certification	Constituents				Document
		Employees	Faculty	Students	Researchers	
12. Estándares para la Utilización Aceptable de Recursos de Tecnología Informática (Information Technology)	Vice-President of Research and Technology, 2008	X	X	X	X	http://www.rcm.upr.edu/politicas_leyes/docs/estandares_uso_tech_UPR_2007_2008.pdf
13. Política de Seguridad de Tecnologías de Información del RCM (IT Security Policy)	Certification of the Medical Sciences Campus Administrative Board No. 100; 2004-05	X	X	X	X	http://intranet.rcm.upr.edu/Guas%20Procedimientos%20y%20Politicas/Politica%20de%20Seguridad%20de%20tecnologias%20de%20informacion%20en%20el%20RCM.pdf
14. Ley de Sustento de Menores – Artículo 30 Ley Núm. 86 del 17 de agosto de 1994. (Child Support Law)	Certification of the UPR Board of Trustees No. 021, 1996-1997	X	X		X	
15. Política de Relevo de Responsabilidad - Procedimiento de Manejo de Renuncias y Relevo de Responsabilidad (Resignations)	UPR –RCM, Decanato de Administración; Depto de Gerencia de Capital humano (20 de marzo de 2007)	X	X		X	
16. Ley de Etica Gubernamental y Enmiendas (Government Ethics Law)	Commonwealth of PR, Núm. 12; July 24, 1985	X	X		X	
17. Política sobre Nepotismo del Recinto de Ciencias Médicas (Nepotism Policy)	Carta Circular del 6 de junio de 2002	X	X		X	
18. Carta de Derechos de las Personas con Impedimento (Bill of Rights-Persons with Disabilities)	Ley Núm. 238 de 31 de agosto de 2004	X	X	X	X	http://www.rcm.upr.edu/estudiantes/Documentos/Carta_Derechos_Personas_Impedimentos.pdf
19. University of Puerto Rico General Student Bylaws	Certification of the UPR Board of Trustees No. 13; 2009-2010			X		http://www.rcm.upr.edu/estudiantes/Documentos/htm
20. Medical Sciences Campus General Student Bylaws	Certification Council of Higher Education No. 131; 1979-1980			X		http://www.rcm.upr.edu/estudiantes/Documentos/htm
21. Proceso de Tramitación de Solicitud de Acomodo Razonable para Estudiantes (Reasonable Accomodation Process)				X		http://www.rcm.upr.edu/estudiantes/Documentos/.htm
22. Privacy of Educational Records- Buckley Amendment	Family Educational Rights and Privacy Act of 1974, as amended			X		
23. Student Ombudsperson of the Medical Sciences Campus	Certification of the UPR Board of Trustees No.32; 2005-2006			X		
24. Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998 & Security in the Medical Sciences Campus				X		http://www.rcm.upr.edu/rcm/seguridad_campus.aspx

Policy	Certification	Constituents				Document
		Employees	Faculty	Students	Researchers	
25. Deberes, Derechos y Responsabilidades del Profesor Deberes, Derechos y Responsabilidades del Estudiante (Faculty/Students Rights and Responsibilities)	Certification of the MSC Academic Senate No. 28; 1995-1996		X	X		http://www.rcm.upr.edu/ProcuraduriaEstudiantil/documentos/Deberes_Responsabilidades_y_Derecho_del_Profesor_y_Estudiante.pdf
26. Faculty Ombudsperson of the Medical Sciences Campus	Certification of the MSC Academic Senate No. 043; 1999-2000		X			http://www.rcm.upr.edu/OPC/origen/Procurador%20Claustral-cert.43.pdf
27. Institutional Policy Regarding Academic Freedom	Certification of the MSC Academic Senate No. 38; 1997-1998.		X			http://www.rcm.upr.edu/OPC/informes/POLITICA%20INSTITUCIONAL%20LIBERTAD%20DE%20CATEDRA.pdf
28. Institutional Policy on Research	Certification of the UPR Board of Trustees No.108; 1998-1999	X	X	X	X	http://acweb.upr.edu/vpit/researchd/pdf_docs/cert108.pdf
29. Política de Patentes e Inventiones de la Universidad de Puerto Rico. (Patents and Inventions Policy)	Certificación Núm. 018, 1991-1992 del Consejo de Educación Superior Certification of the UPR Board of Trustees No.132; 2002-2003	X	X	X	X	http://acweb.upr.edu/vpit/economicd/ecodocs/cert132_dic08.pdf
30. Institutional Policy to Obtain, Utilize, and Control Extramural Research and Educational Funds at the UPR	Certification of the Council on Higher Education No.130; 1988-1989		X		X	http://acweb.upr.edu/vpit/researchd/pdf_docs/cert130b.pdf
31. Institutional Policy on Research Incentives, UPR – Medical Sciences Campus	Certification of the Medical Sciences Campus Administrative Board No. 139; 2000-2001		X		X	http://ops.rcm.upr.edu/divisions/carsr_foilder/docs_carsr/cert139dic08
32. Human Research Subjects Protection Office – IRB Policies and Procedures	As per Assurance FWA 00005561	X	X	X	X	http://irbrcm.rcm.upr.edu/docs/policies09.pdf
33. Research Using Human Biological Materials - Policies and Procedures					X	http://irbrcm.rcm.upr.edu/docs/biolmat.pdf
34. Health Insurance Portability And Accountability Act of 1996 – Notice of Privacy for Research Participants					X	http://committees.rcm.upr.edu/privpract e.pdf
35. Institution Animal Care and Use Committee - Statement of Policy Governing the Use of Animals in Teaching and Research					X	http://committees.rcm.upr.edu/iacucas.pdf
36. Radiation Safety Manual	Certification of the UPR Board of Trustees No. 090; 1999-2000				X	http://acweb.upr.edu/vpit/researchd/pdf_docs/cert090.pdf

Policy	Certification	Constituents				Document
		Employees	Faculty	Students	Researchers	
37. Copyright Institutional Policy	Certification of the Council on Higher Education No. 140; 1993				X	http://www.certifica.upr.edu/PDF/CERTIFICACION/1992-1993/140%201992-1993.pdf
38. Política Institucional sobre la Identificación y Manejo de Conflicto de Interés en la Investigación (Conflict of Interest Policy)	Carta Circular 96-03				X	http://acweb.upr.edu/vpit/researchd/pdf_docs/cert96.pdf
39. Policy on Conflicts of Interests and Disclosure of Financial Interests in Research And Other Sponsored Programs of the University Of Puerto Rico	Certification of the UPR Board of Trustees No. 63; 2007-2008				X	http://acweb.upr.edu/vpit/economicd/eco_docs/cert630708.pdf
40. Policy and Procedures for Responding to Allegations of Possible Research Misconduct of the University of Puerto Rico.	Certification of the Board of Trustees No. 45; 2006-2007				X	http://acweb.upr.edu/vpit/researchd/pdf_docs/cert45.pdf
41. Policy Statement on the Subject of Fraud and Scientific Misconduct	Certificación Numero 75, Serie 1989-90, de la Junta Administrativa		X		X	
42. Institutional Base Salary Definition (according to NIH Guidelines)	Certification of the Medical Sciences Campus Administrative Board No. 116, 2005-2006				X	http://ops.rcm.upr.edu/divisions/carsr_foilder/docs_carsr/cert116dic08
43. Institutional Base Salary and Total Professional Effort	Certification of the Medical Sciences Campus Administrative Board No. 191; 2007-08				X	http://ops.rcm.upr.edu/divisions/carsr_foilder/docs_carsr/cert19120708

Appendix 2.3

Inquiries and Processed Cases - Student Ombudsperson

	<u>2005 -2006</u>	<u>2006 -2007</u>	<u>2007- 2008</u>
Number of Situations Reported	221	112	135
NUMBER OF CASES PROCESSED	81*	50	32
Classification of Cases:			
<i>Type of Case</i>			
Academic	56 (69%)	29 (58%)	20 (63%)
Administrative	25 (31%)	17 (34%)	10 (31%)
Financial	1 (1%)	4 (8%)	2 (6%)
Other	1 (1%)	0 (0%)	0 (0%)
<i>Case Status</i>			
Closed	78 (96%)	42 (84%)	30 (94%)
Resolved/Under Observation	3 (4%)	3 (6%)	0 (0%)
Active	0	5 (10%)	2 (6%)

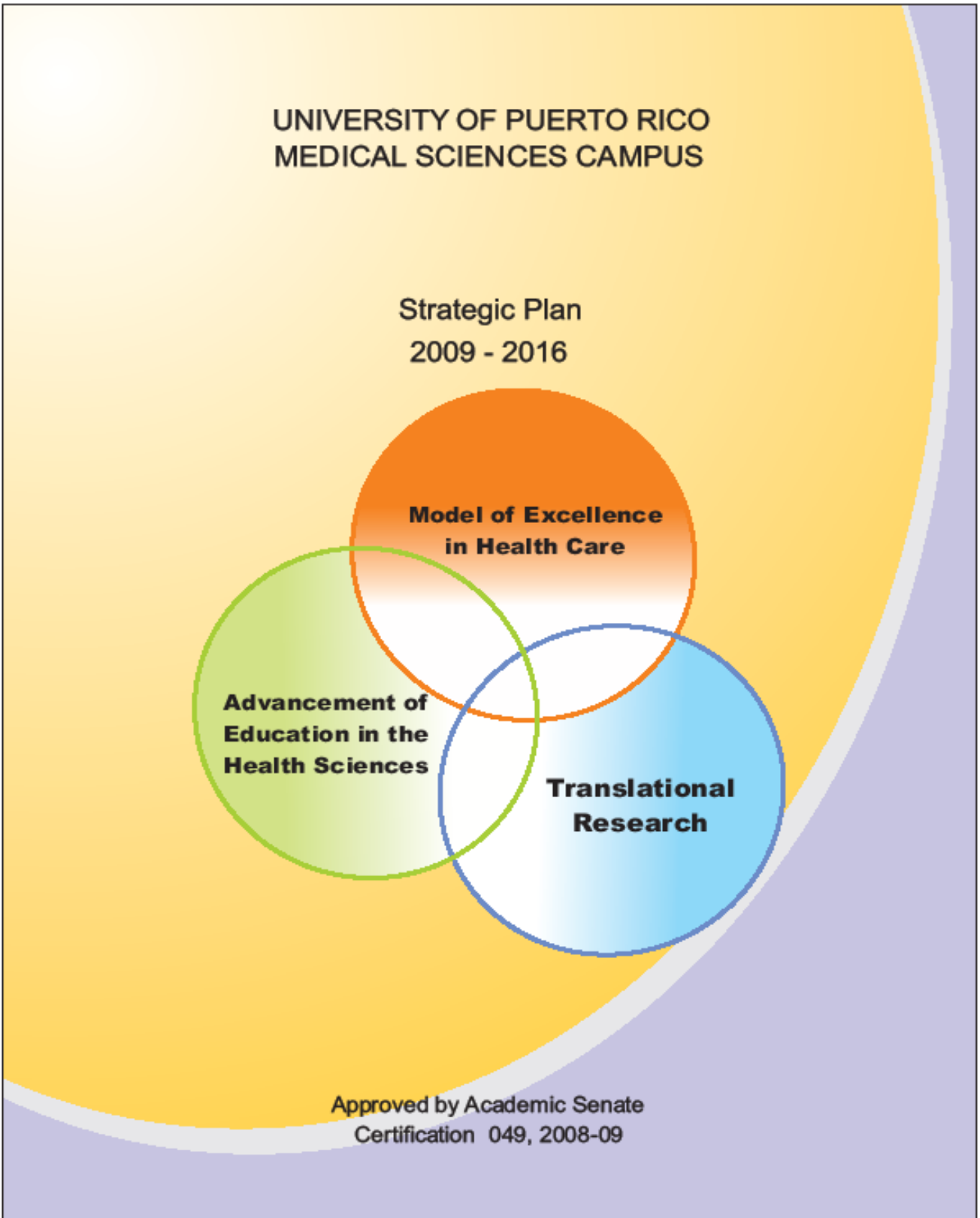
*During this academic year two complex cases were classified in more than one type of category.

Cases (by type of situation) – Faculty Ombudsperson

Type of Situation	2004 - 2005	2005 - 2006*	2006 - 2007*	Jun 2007- Nov 2008	Feb - May 2009	2009- 2010
Personnel Process/Situation	12			7	0	2
Work Conditions – Academic Load	8			5	4	13
Orientation	4			12	4	5
Institutional Regulations	4			0	0	0
Grade Revision	3			0	0	0
Dispute between Supervisor - Subordinate	2			7	0	4
Dispute between Faculty - Administration	0			3	6	3
Disagreement between Student - Professor	0			2	3	2
Disagreement between Professors	0			2	0	1
Sexual Harassment	0			3	3	1
Workplace Harassment	0			5	0	10
Legal Consultation/Complaint	2			0	0	0
Other Types of Discrimination	2			0	0	0
Faculty Evaluation	1			0	0	0
Debt Collection	1			0	0	0
Health	0			0	0	1
Total Cases	39			46	20	42

* Reports for these years were not available from the Office of the Faculty Ombudsperson.

Appendix 3.1



TRANSLATION OF ORIGINAL DOCUMENT IN SPANISH

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To the Medical Sciences Campus Community

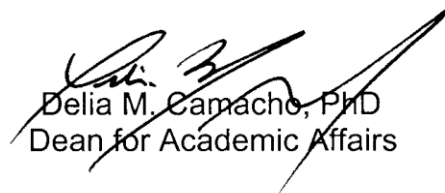
The 2009-2016 Strategic Plan of the Medical Sciences Campus was prepared with broad participation from representatives of all the stakeholder groups interested in what is best for the future development of the institution. This makes it an essential tool to guide the development and effectiveness of 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



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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, and 1985-1989. 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 Management¹

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/uprmisc/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.

¹ Supported by Title V, Cooperative Programs II Project, U.S. Department of Education Grant PO315060003.

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 from 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 grassroots 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 through 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
<p>Research Goal 1</p>	<p>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</p>
<p>Academic Health Center Goal 2</p>	<p>OL #4 Linkages S-8 - Agreements and Alliances S-9 - Community</p>
<p>Academic Development, Accreditation, and Informatics Goal 3</p>	<p>OL #1 Academic Offerings OL #5 Informatics OL #7 Continuous Improvement S-17 - Academic Processes</p>
<p>Organizational Culture, Institutional Image, and Alliances Goals 4, 5 and 6</p>	<p>OL #4 Linkages S-8 - Agreements and Alliances OL #6 Communications S-16 - Projection</p>
<p>Linkages with the Community Goal 7</p>	<p>OL #2 Research S-4 - Research and Creative Work OL #4 Linkages S-8 - Agreements and Alliances S-9 - Community</p>
<p>Student Recruitment and Retention Goal 8</p>	<p>OL #3 Institutional Climate S-5 - Integral Education OL #6 Communications S-14 - Recruitment and Services</p>
<p>Financial Resources, Systems and Administrative Processes, and Physical Facilities Goal 9</p>	<p>OL #4 Linkages S-10 - Philanthropy OL #7 Continuous Improvement and Budgeting S-16 - Resources Management S-18 - Policies and Regulations</p>

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 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	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

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS

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			- CTS proposal approved / implemented.
			1.1.3 To plan the assignment of physical space for the development of research.	X			- Acquisition of the equipment and technology for research.
			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	
	1.3 To stimulate mentoring and the development of researchers at different levels of development and competitiveness. (P19*)		<p>1.3.1 To establish the areas of research, by specialty, that are priorities for the Medical Sciences Campus.</p> <p>1.3.2 To identify Medical Sciences Campus researchers with experience in obtaining external funding and publications who are interested in being mentors.</p> <p>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.</p>	<p>X</p> <p>X</p>	X	X	<ul style="list-style-type: none"> - The profile of researchers who serve as mentors. (The number of researchers who serve as mentors.) - 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. <p><u>Publications:</u></p> <ul style="list-style-type: none"> - The total number of peer-reviewed publications. - The total number of publications cited. - The average number of citations per article.

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	1.4 To strengthen interdisciplinary research and multidisciplinary team work. (P9)		1.3.4 To recruit young researchers whose careers are in research.	X			- The number of newly recruited researchers.
			1.4.1 To define and disseminate the research agenda of the Medical Sciences Campus and its priorities.		X		- Presentation at national and international scientific forums
			1.4.2 To create interdisciplinary research teams in the priority research areas of the Medical Sciences Campus.		X	X	- Recognition and distinctions - 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		
	2.2 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)		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.

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	<p>2.3 To establish collaborative alliances to implement, develop and administer exemplary health service models through interdisciplinary clinical scenarios. (P14)</p> <p>2.4 Maximize the collaboration and integration of MSC with ASEM, the University Hospital and other affiliated hospitals.</p>		<p>2.3.1 To implement the Emblematic Project: Healthy Communities.</p>	X	X		<ul style="list-style-type: none"> - Activities carried out to implement the Emblematic Project: Healthy Communities. - The number and description of proposals submitted / approved to transform the Health System of Puerto Rico. - Description of the collaborative alliances set up related to the new health services models proposed.

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 <i>enhanced web, hybrid and distance learning</i> 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
				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	<ul style="list-style-type: none"> - Quality of the faculty (academic and professional profile of the faculty). - Scientific and creative productivity. - 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	X		<ul style="list-style-type: none"> - The number of professional development activities sponsored, by school, classified by subject or area of priority. - The number of members of the faculty who have taken part, by activity 	

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	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*) 5.2 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)		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.

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	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)		6.1.2 To evaluate and modify the positioning strategies of the campus in the market of Puerto Rico and other countries.		X	X	<ul style="list-style-type: none"> - 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.
6.2.1 To establish collaborative agreements between programs, joint academic degrees, and service and research projects, with other institutions, locally and abroad.				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.				X			

MSC Strategic Goals	Objectives	Responsability	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
			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 through 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		- 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 grassroots entities.	Chancellor Deans Department Directors	7.1.1 Compile the actions developed to the present with grassroots 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 grassroots community entities. Number of projects developed.
	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	7.1.2 Involve representatives of the community in the planning and execution of activities linked to promoting health and the general well-being of the population. 7.2.1 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.

MSC Strategic Goals	Objectives	Responsibility	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	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			<ul style="list-style-type: none"> - 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 through 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	X	X		<ul style="list-style-type: none"> - 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				<ul style="list-style-type: none"> - The methods of communication used with the candidates for admission, by school.

MSC Strategic Goals	Objectives	Responsibility	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	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 (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		- 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	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.				

(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
				Input/Process	Product	Impact	
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
				Input/Process	Product	Impact	
	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			- 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.			X	

MSC Strategic Goals	Objectives	Responsibility	Key Actions for Operational Plans	Indicators			Indicators of Achievement of Goals and Objectives
				Input/Process	Product	Impact	
	<p>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</p> <p>9.6 Improve the Intramural Practice Plan collections system to obtain additional funds for infrastructure needed for the clinical training programs</p>		<p>9.4.2 To design and implement the system of resource redistribution approved by the Administrative Board.</p>		X		- Model of resource redistribution implemented on the campus.

Appendix 3.2

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
(INTEGRATED BUDGET BY SOURCES OF FUNDS)
FISCAL YEARS 2001-2002 AL 2009-2010

Type of Funds	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
University Funds ** b	44.24%	42.63%	40.86%	40.86%	40.95%	40.27%	40.54%	41.68%	40.98%
External Funds *	51.82%	49.13%	49.71%	49.01%	49.57%	49.02%	47.62%	48.87%	49.31%
Other Funds **** c	3.94%	8.25%	9.43%	10.12%	9.48%	10.71%	11.83%	9.46%	9.71%
Total Amended General Fund	46.57%	45.22%	42.96%	43.88%	43.89%	43.64%	45.12%	45.64%	46.86%
Difference between Total and Recurrent Fund Amended	2.33%	2.59%	2.11%	3.03%	2.94%	3.37%	4.59%	3.96%	5.87%

* Information submitted by the Division of Financial Administration.

** Information submitted by the Budget Office Medical Sciences Campus.

*** Investment data provided by Sandra Rodriguez, UPR Central Administration, Office of Planning.

**** Information submitted by the Accounting Office Medical Sciences Campus.

a Bases used by OCFA to prepare the Integrated Budget, Transactions FRS, FBM-092 Report (see attached Annex).

b The General Fund amounts for the Amended Recurrent Budget.

c The amounts corresponding to transactions not included in other funds, this includes assignments in the General Fund by Nonrecurring Transfers from UPR Central Administration (see attached Annex).

d Funds of Interns and Residents are included under Legislative Funds effective July 1, 2003.

Appendix 3.3

University of Puerto Rico
Medical Sciences Campus
(Integrated Budget by Sources of Funds)
Fiscal Years 2001-2002 AL 2009-2010

Type of Funds	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Total Integrated Budget	\$ 215,831,816	\$ 229,448,013	\$ 248,347,519	\$ 261,661,157	\$ 279,519,391	\$ 301,409,552	\$ 307,812,588	\$ 311,193,712	\$ 318,260,080
General Fund ** b	\$ 95,475,320	\$ 97,820,831	\$ 101,464,694	\$ 106,908,118	\$ 114,470,694	\$ 121,376,583	\$ 124,777,524	\$ 129,711,788	\$ 130,437,406
Total Extrauniversity Funds *	\$ 111,856,496	\$ 112,693,892	\$ 123,463,206	\$ 128,283,727	\$ 138,548,697	\$ 147,764,933	\$ 146,635,464	\$ 152,042,787	\$ 156,911,580
Other sources of funds c ***	\$ 8,500,000	\$ 18,933,290	\$ 23,419,619	\$ 26,469,312	\$ 26,500,000	\$ 32,268,036	\$ 36,399,600	\$ 29,439,137	\$ 30,911,094

Total Amended General Fund	100,507,759	103,767,719	106,694,427	114,829,118	122,680,417	131,535,567	\$ 138,893,048	142,021,763	149,122,851
Difference between Total and Recurrent Fund Amended	5,032,439	5,946,888	5,229,733	7,921,000	8,209,723	10,158,984	14,115,524	12,309,975	18,685,445

* Information submitted by the Division of Financial Administration (Norberto Pérez)

** Information submitted by the Budget Office Medical Sciences Campus.

*** Investment data provided by Sandra Rodriguez, UPR Central Administration, Office of Planning.

**** Information submitted by the Accounting Office Medical Sciences Campus.

a Bases used by OCFA to prepare the Integrated Budget, Transactions FRS, FBM-092 Report (see attached Annex).

b The General Fund amounts for the Amended Recurrent Budget.

c Annex).

d Funds of Interns and Residents are included under Legislative Funds effective July 1, 2003.

University of Puerto Rico
Medical Sciences Campus
(Integrated Budget by Sources of Funds)
Fiscal Years 2001-2002 AL 2009-2010

Types of Funds	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	Average Annual Change
Total Budget ** b	6.3%	8.2%	5.4%	6.8%	7.8%	2.1%	1.1%	2.3%	5.0%
University Funds ** b	2.5%	3.7%	5.4%	7.1%	6.0%	2.8%	4.0%	0.6%	4.0%
External Funds **** *	0.7%	9.6%	3.9%	8.0%	6.7%	-0.8%	3.7%	3.2%	4.4%
Other Funds c	122.7%	23.7%	13.0%	0.1%	21.8%	12.8%	-19.1%	5.0%	22.5%

Type of Funds	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Total Budget	6.8%	7.8%	2.1%	1.1%	2.3%
University Funds	7.1%	6.0%	2.8%	4.0%	0.6%
External Funds	8.0%	6.7%	-0.8%	3.7%	3.2%
Other Funds	0.1%	21.8%	12.8%	-19.1%	5.0%

Appendix 3.4(a)

**University of Puerto Rico
Medical Sciences Campus**

**Budget Distribution by July, 1st.
General Funds - Years 2005-2006 al 2009-2010**

Programs and Line Assignments	Fiscal Years					Difference 2010 and 2006	Percentage Difference
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010		
TOTAL	113,324,386	119,990,988	124,626,511	129,560,775	130,290,142	16,965,756	14.97%
Instruction	53,174,663	56,009,463	58,687,990	62,103,557	63,814,725	10,640,062	20.01%
Academic Programs	52,942,789	55,740,485	58,427,780	61,838,487	63,610,408	10,667,619	20.15%
School of Medicine	27,100,682	28,411,044	29,454,371	31,010,193	31,766,165	4,665,483	17.22%
School of Dental Medicine	8,000,221	8,476,789	8,916,377	9,472,713	9,742,843	1,742,622	21.78%
Biosocial Sciences and Graduate School of Public Health	4,926,591	5,184,273	5,516,922	5,991,899	6,233,807	1,307,216	26.53%
School of Health Professions	6,917,949	7,338,099	7,734,753	8,192,865	8,619,473	1,701,524	24.60%
School of Pharmacy	3,656,200	3,849,124	4,017,125	4,239,773	4,365,978	709,778	19.41%
School of Nursing	2,341,146	2,481,156	2,788,232	2,931,044	2,882,142	540,996	23.11%
Central Continuing Education	108,950	113,270	117,110	120,350	93,893	(15,057)	-13.82%
Center for Informatics and Interdisciplinary Studies	55,937	85,721	76,469	76,469	40,553	(15,384)	-27.50%
Institute for Humanistic Studies and Bioethics	66,987	69,987	66,631	68,251	69,871	2,884	4.31%
Scientific Research	2,481,553	2,595,927	2,688,759	2,826,954	2,787,277	305,724	12.32%
Institute of Neurobiology	847,416	875,262	895,943	894,386	924,398	76,982	9.08%
Pharmacy Project	2,930	2,930	-	-	-	(2,930)	¹ -100.00%
Clinical Research Center	77,280	81,120	83,040	85,200	46,080	(31,200)	-40.37%
Pediatric Oncology Program	53,880	57,720	61,560	65,580	68,820	14,940	27.73%
Caribbean Primates Center	626,002	664,900	711,148	766,228	766,919	140,917	22.51%
Animal Resource Center	377,431	401,997	424,053	442,977	461,829	84,398	22.36%
Cancer Center	123,471	129,231	62,640	65,880	-	(123,471)	⁶ -100.00%
Instituto de Investigación de Ciencias de la Conducta	137,892	145,596	211,284	265,572	276,480	138,588	100.50%
Match "National Institutes of Health" (NIH)	194,182	194,182	194,182	194,182	194,182	-	0.00%
Biomedical Engineering	41,069	42,989	44,909	46,949	48,569	7,500	18.26%
Community Services	294,220	314,404	394,793	414,353	402,005	107,785	36.63%
Human Organs and Tissues Board	88,049	94,109	99,869	104,729	109,589	21,540	24.46%
Comprehensive Epilepsy Program	206,171	220,295	294,924	309,624	292,416	86,245	41.83%
Academic Support	4,766,906	4,903,118	4,990,149	5,158,447	5,659,603	892,697	18.73%
Deanship of Academic Affairs, Scientific Journal, Compucenter	938,802	947,928	974,357	1,012,745	894,060	(44,742)	-4.77%
Library	1,474,893	1,983,998	2,045,502	2,111,406	2,737,235	1,262,342	85.59%
Audiovisual (Educational Technology)	485,075	529,475	531,245	555,605	536,633	51,558	10.63%
Institutional and Academic Research Office (227457)	198,389	202,433	201,921	238,327	200,419	2,030	1.02%
Improvement of Bibliographic Resources	434,303	-	-	-	-	(434,303)	⁹ -100.00%
Women and Health Center	149,984	153,824	151,664	154,904	205,796	55,812	37.21%
Research and Teaching Assistanhips Program	1,085,460	1,085,460	1,085,460	1,085,460	1,085,460	-	0.00%
Student Services	2,224,092	2,322,852	2,515,951	2,609,014	2,537,870	313,778	14.11%
Dean of Students / Financial Aid / Admissions Orientation / Graduation Activities	1,105,653	1,155,453	1,192,254	1,253,637	1,172,625	66,972	6.06%
University Registrar (Academic Affairs)	484,200	529,080	562,200	589,860	540,420	56,220	11.61%
Student Activities	40,000	40,000	40,000	40,000	40,000	-	0.00%
Student Medical Insurance Plan	286,380	286,380	404,518	404,518	458,525	172,145	60.11%
Office of Student Medical Services	112,680	114,840	118,680	121,920	124,704	12,024	10.67%
Operational Expenses Student Council	4,000	4,000	5,200	5,980	6,877	2,877	71.93%
Office of the Student Ombudsperson	43,700	45,620	45,620	45,620	47,240	3,540	8.10%

Programs and Line Assignments	Fiscal Years					Difference 2010 and 2006	Percentage Difference
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010		
Improvement for Student Services (266163)	147,479	147,479	147,479	147,479	147,479	-	0.00%
Institutional Support	17,481,793	20,603,696	22,013,531	22,350,189	25,980,281	8,498,488	48.61%
Executive Management	3,315,806	3,610,361	4,234,793	3,952,046	6,951,214	4,679,245	141.12%
Chancellor	2,067,506	2,135,970	2,160,275	2,199,386	2,065,435	(2,071)	-0.10%
Discretionary Assignments (220063)	543,537	538,697	1,132,644	805,926	932,873	389,336	71.63%
Budget Reductions (220941)					3,059,152	3,059,152	100.00%
Improvement Academic Activities	126,553	92,145	92,145	92,145	-	(126,553)	7 -100.00%
Support and service improvements (220139)	229,824	229,824	229,824	229,824	321,969	92,145	40.09%
Academic Senate (221004)	85,584	89,424	93,684	96,924	100,164	14,580	17.04%
Administrative Board (221005)	66,040	68,380	70,300	71,920	28,960	(37,080)	-56.15%
Leave without Pay with Financial Aid (2210812000)	-	171,551	171,551	171,551	171,551	171,551	5 100.00%
Sabbatical Substitutes (2210813000)	-	87,608	87,608	87,608	87,608	87,608	5 100.00%
Office of Faculty Ombudsperson (221145)	26,138	26,138	26,138	26,138	12,878	(13,260)	-50.73%
Academic Senators Compensations (266144)	170,624	170,624	170,624	170,624	170,624	-	0.00%
Deanship of Administration	3,933,201	4,172,841	4,372,647	4,793,765	4,977,038	1,043,837	26.54%
Other Programs	1,049,494	1,083,634	1,117,234	1,146,514	1,123,791	74,297	7.08%
Computer Centers	240,541	240,541	240,541	240,541	240,541	-	0.00%
Information Systems	716,953	751,093	784,693	813,973	791,250	74,297	10.36%
Postage	92,000	92,000	92,000	92,000	92,000	-	0.00%
OPERATION AND MAINTENANCE OF PHYSICAL FACILITIES	9,183,292	11,736,860	12,288,857	12,457,864	12,928,238	3,744,946	40.78%
Physical Resources	4,629,722					(4,629,722)	2 -100.00%
Remodeling and Repair		1,970,171	2,073,667	2,056,613	2,034,868	2,034,868	2 100.00%
Cleaning of Buildings		2,299,940	2,424,770	2,525,840	2,577,936	2,577,936	2 100.00%
Grounds Maintenance and Landscape		112,700	125,718	134,058	139,338	139,338	2 100.00%
Physical Facilities Administration		561,555	578,415	554,775	530,340	530,340	2 100.00%
Complementary Services	457,466	485,966	517,462	543,082	569,422	111,956	24.47%
Occupational Health and Environmental Protection	325,195	406,555	418,852	432,112	372,700	47,505	14.61%
Water and Sewer	250,000	250,000	250,000	250,000	250,000	-	0.00%
Building	150,405	-	-	-	-	(150,405)	3 -100.00%
Fuel	72,000	72,000	72,000	72,500	72,500	500	0.69%
Electric Power	1,620,977	3,833,446	4,083,446	4,244,857	4,737,107	3,116,130	192.24%
Maintenance of Elevators	85,000	85,000	85,000	85,000	85,000	-	0.00%
Payments to PR Medical Center (Maintenance of Green areas and Water Supply)	218,068	223,575	223,575	223,575	223,575	5,507	2.53%
Insurance and Bond Premiums	500	500	500	-	-	(500)	4 -100.00%
Garbage Collection and Pest Control	57,000	58,493	58,493	58,493	58,493	1,493	2.62%
Telephone	413,000	413,000	413,000	213,000	213,000	(200,000)	-48.43%
Security	903,959	963,959	963,959	1,063,959	1,063,959	160,000	17.70%
Fringe Benefits for employees	32,901,159	33,241,528	33,335,338	34,098,261	29,108,381	(3,792,778)	-11.53%
Employer Contributions	23,457,357	23,398,581	24,538,652	24,022,160	23,690,318	232,961	0.99%
State Insurance Fund (Fondo Seguro del Estado)	1,001,785	1,063,536	1,129,979	1,200,163	1,219,214	217,429	21.70%
Medicare	944,503	1,002,268	1,064,427	1,128,831	1,146,933	202,430	21.43%
Social Security	4,033,923	4,280,910	4,546,680	4,814,009	4,891,760	857,837	21.27%
Medical Services for Employees	7,058,535	7,254,367	7,358,800	7,364,914	6,747,401	(311,134)	-4.41%
Retirement System	10,418,611	9,797,500	10,438,766	9,514,243	9,685,010	(733,601)	-7.04%
Other Benefits	9,443,802	9,842,947	8,796,686	10,076,101	5,418,063	(4,025,739)	-42.63%
Leave without Pay with Financial Aid	171,551				-	(171,551)	5 -100.00%
Christmas Bonus	1,616,345	1,655,937	1,667,268	1,705,524	1,593,024	(23,321)	-1.44%
Union Allowance	89,259	89,259	89,259	89,259	89,259	-	0.00%
Allowance to Teachers (Professional Improvement Bonus 2809601085)	170,200	182,100	182,100	182,100	182,100	11,900	6.99%
Sick Leave excess Non Teaching personnel	931,492	975,002	1,067,936	1,152,310	1,152,310	220,818	23.71%

Programs and Line Assignments	Fiscal Years					Difference 2010 and 2006	Percentage Difference
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010		
Sick Leave excess Faculty	1,507,178	1,592,753	1,944,783	2,143,912	2,143,912	636,734	42.25%
Increase Faculty Salary	2,000,841	1,949,637	2,418,225	2,418,225	-	(2,000,841)	⁸ -100.00%
Years of Service	97,236	97,236	87,346	87,346	-	(97,236)	⁸ -100.00%
Academic Development Faculty	38,000	38,000	-	-	-	(38,000)	⁸ -100.00%
Rank Promotions	650,000	770,370	770,370	770,370	-	(650,000)	⁸ -100.00%
Increase Salary Non Teaching Personnel (Hermandad)	1,826,634	2,235,195	-	1,269,597	-	(1,826,634)	⁸ -100.00%
Aumento Salarial Personal No Docente (Sindicatos)	-	-	311,941	-	-	-	0.00%
Increase Salary Managerial Staff	-	-	-	-	-	-	0.00%
License Bank Non Teaching Personnel	257,458	257,458	257,458	257,458	257,458	-	0.00%
Academic and Research Activities Strengthening (Sabbatical Substitutes-266052)	87,608					(87,608)	⁵ -100.00%

1/ Reducción del Presupuesto de julio 1, 2007 en el escenario de .56 % del Presupuesto Recurrente de 2006-07.

2/ Redistribución de recursos internos de Recursos Físicos del Decanato de Administración a 1 de julio de 2006.

3/ Redistribución de los fondos de Mantenimiento del Centro Energético a Operación y Mantenimiento de la Planta Física.

4/ Redistribución de fondos de Prima de Seguros y Fianzas para gastos de Combustible.

5/ Cambio de cuenta en la asignación de fondos para Licencias sin Sueldo, Ayudas Económicas y Sustitutos de Sabática a Rectoría.

6/ Eliminación de plaza en el proceso de Ajuste Presupuestario 2009-10.

7/ Cuenta afectada en el proceso de Reducción Presupuestaria 2008-09.

8/ Para el año 2009-10 estos fondos no fueron asignados.

9/ Redistribución de Fondos de Fortalecimiento de Recursos Bibliográficos a Biblioteca.

Allocation of Funds	Fiscal Years				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Instruction	46.9%	46.7%	47.1%	47.9%	49.0%
Research	2.2%	2.2%	2.2%	2.2%	2.1%
Service	0.3%	0.3%	0.3%	0.3%	0.3%
Academic Support	4.2%	4.1%	4.0%	4.0%	4.3%
Student Services	2.0%	1.9%	2.0%	2.0%	1.9%
Institutional Support	15.4%	17.2%	17.7%	17.3%	19.9%
Employee Fringe Benefits	29.0%	27.7%	26.7%	26.3%	22.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Appendix 3.4(b)

University of Puerto Rico
Medical Sciences Campus

Budget Distribution by July, 1st.
General Funds - Years 2005-2006 al 2009-2010

Programs and Line Assignments	Fiscal Years				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
Instruction	46.9%	46.7%	47.1%	47.9%	49.0%
Academic Programs	46.7%	46.5%	46.9%	47.7%	48.8%
School of Medicine	23.9%	23.7%	23.6%	23.9%	24.4%
School of Dental Medicine	7.1%	7.1%	7.2%	7.3%	7.5%
Biosocial Sciences and Graduate School of Public Health	4.3%	4.3%	4.4%	4.6%	4.8%
School of Health Professions	6.1%	6.1%	6.2%	6.3%	6.6%
School of Pharmacy	3.2%	3.2%	3.2%	3.3%	3.4%
School of Nursing	2.1%	2.1%	2.2%	2.3%	2.2%
Central Continuing Education	0.1%	0.1%	0.1%	0.1%	0.1%
Center for Informatics and Interdisciplinary Studies	0.0%	0.1%	0.1%	0.1%	0.0%
Institute for Humanistic Studies and Bioethics	0.1%	0.1%	0.1%	0.1%	0.1%
Scientific Research	2.2%	2.2%	2.2%	2.2%	2.1%
Institute of Neurobiology	0.7%	0.7%	0.7%	0.7%	0.7%
Pharmacy Project	0.0%	0.0%	0.0%	0.0%	0.0%
Clinical Research Center	0.1%	0.1%	0.1%	0.1%	0.0%
Pediatric Oncology Program	0.0%	0.0%	0.0%	0.1%	0.1%
Caribbean Primates Center	0.6%	0.6%	0.6%	0.6%	0.6%
Animal Resource Center	0.3%	0.3%	0.3%	0.3%	0.4%
Cancer Center	0.1%	0.1%	0.1%	0.1%	0.0%
Instituto de Investigación de Ciencias de la Conducta	0.1%	0.1%	0.2%	0.2%	0.2%
Match "National Institutes of Health" (NIH)	0.2%	0.2%	0.2%	0.1%	0.1%
Biomedical Engineering	0.0%	0.0%	0.0%	0.0%	0.0%
Community Services	0.3%	0.3%	0.3%	0.3%	0.3%
Human Organs and Tissues Board	0.1%	0.1%	0.1%	0.1%	0.1%
Comprehensive Epilepsy Program	0.2%	0.2%	0.2%	0.2%	0.2%
Academic Support	4.2%	4.1%	4.0%	4.0%	4.3%
Deanship of Academic Affairs, Scientific Journal, Compucenter	0.8%	0.8%	0.8%	0.8%	0.7%
Library	1.3%	1.7%	1.6%	1.6%	2.1%
Audiovisual (Educational Technology)	0.4%	0.4%	0.4%	0.4%	0.4%
Institutional and Academic Research Office (227457)	0.2%	0.2%	0.2%	0.2%	0.2%
Improvement of Bibliographic Resources	0.4%	0.0%	0.0%	0.0%	0.0%
Women and Health Center	0.1%	0.1%	0.1%	0.1%	0.2%
Research and Teaching Assistanships Program	1.0%	0.9%	0.9%	0.8%	0.8%
Student Services	2.0%	1.9%	2.0%	2.0%	1.9%
Dean of Students / Financial Aid / Admissions Orientation / Graduation Activities	1.0%	1.0%	1.0%	1.0%	0.9%
University Registrar (Academic Affairs)	0.4%	0.4%	0.5%	0.5%	0.4%
Student Activities	0.0%	0.0%	0.0%	0.0%	0.0%
Student Medical Insurance Plan	0.3%	0.2%	0.3%	0.3%	0.4%
Office of Student Medical Services	0.1%	0.1%	0.1%	0.1%	0.1%
Operational Expenses Student Council	0.0%	0.0%	0.0%	0.0%	0.0%
Office of the Student Ombudsperson	0.0%	0.0%	0.0%	0.0%	0.0%

Programs and Line Assignments	Fiscal Years				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Improvement for Student Services (266163)	0.1%	0.1%	0.1%	0.1%	0.1%
Institutional Support	15.4%	17.2%	17.7%	17.3%	19.9%
Executive Management	2.9%	3.0%	3.4%	3.1%	5.3%
Chancellor	1.8%	1.8%	1.7%	1.7%	1.6%
Discretionary Assignments (220063)	0.5%	0.4%	0.9%	0.6%	0.7%
Budget Reductions (220941)	0.0%	0.0%	0.0%	0.0%	2.3%
Improvement Academic Activities	0.1%	0.1%	0.1%	0.1%	0.0%
Support and service improvements (220139)	0.2%	0.2%	0.2%	0.2%	0.2%
Academic Senate (221004)	0.1%	0.1%	0.1%	0.1%	0.1%
Administrative Board (221005)	0.1%	0.1%	0.1%	0.1%	0.0%
Leave without pay with Financial Aid (2210812000)	0.0%	0.1%	0.1%	0.1%	0.1%
Sabbatical Substitutes (2210813000)	0.0%	0.1%	0.1%	0.1%	0.1%
Office of Faculty Ombudsperson (221145)	0.0%	0.0%	0.0%	0.0%	0.0%
Academic Senators Compensations (266144)	0.2%	0.1%	0.1%	0.1%	0.1%
Deanship of Administration	3.5%	3.5%	3.5%	3.7%	3.8%
Other Programs	0.9%	0.9%	0.9%	0.9%	0.9%
Computer Centers	0.2%	0.2%	0.2%	0.2%	0.2%
Information Systems	0.6%	0.6%	0.6%	0.6%	0.6%
Postage	0.1%	0.1%	0.1%	0.1%	0.1%
OPERATION AND MAINTENANCE OF PHYSICAL FACILITIES	8.1%	9.8%	9.9%	9.6%	9.9%
Physical Resources	4.1%	0.0%	0.0%	0.0%	0.0%
Remodeling and Repair	0.0%	1.6%	1.7%	1.6%	1.6%
Cleaning of Buildings	0.0%	1.9%	1.9%	1.9%	2.0%
Grounds Maintenance and Landscape	0.0%	0.1%	0.1%	0.1%	0.1%
Physical Facilities Administration	0.0%	0.5%	0.5%	0.4%	0.4%
Complementary Services	0.4%	0.4%	0.4%	0.4%	0.4%
Occupational Health and Environmental Protection	0.3%	0.3%	0.3%	0.3%	0.3%
Water and Sewer	0.2%	0.2%	0.2%	0.2%	0.2%
Maintenance of the Energy Center Building	0.1%	0.0%	0.0%	0.0%	0.0%
Fuel	0.1%	0.1%	0.1%	0.1%	0.1%
Electric Power	1.4%	3.2%	3.3%	3.3%	3.6%
Maintenance of Elevators	0.1%	0.1%	0.1%	0.1%	0.1%
Payments to PR Medical Center (Maintenance of Green areas and Water Supply)	0.2%	0.2%	0.2%	0.2%	0.2%
Insurance and Bond Premiums	0.0%	0.0%	0.0%	0.0%	0.0%
Garbage Collection and Pest Control	0.1%	0.0%	0.0%	0.0%	0.0%
Telephone	0.4%	0.3%	0.3%	0.2%	0.2%
Security	0.8%	0.8%	0.8%	0.8%	0.8%
Fringe Benefits for employees	29.0%	27.7%	26.7%	26.3%	22.3%
Employer Contributions	20.7%	19.5%	19.7%	18.5%	18.2%
State Insurance Fund (Fondo Seguro del Estado)	0.9%	0.9%	0.9%	0.9%	0.9%
Medicare	0.8%	0.8%	0.9%	0.9%	0.9%
Social Security	3.6%	3.6%	3.6%	3.7%	3.8%
Medical Services for Employees	6.2%	6.0%	5.9%	5.7%	5.2%
Retirement System	9.2%	8.2%	8.4%	7.3%	7.4%
Other Benefits	8.3%	8.2%	7.1%	7.8%	4.2%
Leave without Pay with Financial Aid	0.2%	0.0%	0.0%	0.0%	0.0%
Christmas Bonus	1.4%	1.4%	1.3%	1.3%	1.2%
Union Allowance	0.1%	0.1%	0.1%	0.1%	0.1%
Allowance to Teachers (Professional Improvement Bonus 2809601085)	0.2%	0.2%	0.1%	0.1%	0.1%
Sick Leave excess Non Teaching personnel	0.8%	0.8%	0.9%	0.9%	0.9%

Programs and Line Assignments	Fiscal Years				
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Sick Leave excess Faculty	1.3%	1.3%	1.6%	1.7%	1.6%
Increase Faculty Salary	1.8%	1.6%	1.9%	1.9%	0.0%
Years of Service	0.1%	0.1%	0.1%	0.1%	0.0%
Academic Development Faculty	0.0%	0.0%	0.0%	0.0%	0.0%
Rank Promotions	0.6%	0.6%	0.6%	0.6%	0.0%
Increase Salary Non Teaching Personnel (Hermandad)	1.6%	1.9%	0.0%	1.0%	0.0%
Aumento Salarial Personal No Docente (Sindicatos)	0.0%	0.0%	0.3%	0.0%	0.0%
Increase Salary Managerial Staff	0.0%	0.0%	0.0%	0.0%	0.0%
License Bank Non Teaching Personnel	0.2%	0.2%	0.2%	0.2%	0.2%
Academic and Research Activities Strengthening (Sabbatical Substitutes-266052)	0.1%	0.0%	0.0%	0.0%	0.0%

Appendix 3.5

University of Puerto Rico Medical Science Campus
DISTRIBUTION OF OBTAINED FUNDS OR REVENUES ***
 (We used the General Ledger codes 4000, 9330 and 9550 to generate this information)

	FY 2000-2001	FY 2001-2002	FY 2002-2003	FY 2003-2004	FY 2004-2005	FY 2005-2006	FY 2006-2007 (R)	FY 2007-2008 (R)	FY 2008-2009 (P)
Federal Funds	\$ 26,908,232	\$ 30,722,923	\$ 33,257,821	\$ 37,751,384	\$ 40,709,288	\$ 42,495,148	\$ 45,993,529	\$ 41,711,590	\$ 43,797,170
State Funds	\$ 18,712,986	\$ 12,689,852	\$ 15,599,709	\$ 19,470,365	\$ 14,751,982	\$ 16,848,518	\$ 20,515,509	\$ 13,243,848	\$ 13,574,944
Private Funds	\$ 54,427,932	\$ 53,509,413	\$ 51,312,582	\$ 55,010,107	\$ 55,550,041	\$ 54,869,657	\$ 58,057,428	\$ 65,317,949	\$ 66,878,991
Total Extrauniversity Funds	\$ 100,049,150	\$ 96,922,188	\$ 100,170,112	\$ 112,231,855	\$ 111,011,310	\$ 114,213,324	\$ 124,566,466	\$ 120,273,387	\$ 124,251,104

	AF 2000-2001	AF 2001-2002	AF 2002-2003	AF 2003-2004	AF 2004-2005	AF 2005-2006	AF 2006-2007	AF 2007-2008	AF 2008-2009
Teaching (EF)	\$ 7,244,314	\$ 7,244,314	\$ 7,989,313	\$ 9,837,705	\$ 9,498,779	\$ 11,204,051	\$ 12,612,509	\$ 12,049,282	\$ 12,494,124
Research (EF)	\$ 22,356,737	\$ 26,853,925	\$ 29,232,510	\$ 33,363,131	\$ 34,161,437	\$ 38,830,478	\$ 37,884,367	\$ 35,144,894	\$ 36,555,007
Service (EF)	\$ 70,448,099	\$ 62,823,949	\$ 62,948,289	\$ 69,031,020	\$ 67,351,094	\$ 64,178,795	\$ 74,069,589	\$ 73,079,212	\$ 75,201,973
Total of Extrauniversity Funds (EF) by function	\$ 100,049,150	\$ 96,922,188	\$ 100,170,112	\$ 112,231,855	\$ 111,011,310	\$ 114,213,324	\$ 124,566,465	\$ 120,273,387	\$ 124,251,104

R = Realized

P = Projected

The 2008-2009 is projected based on FRS because we have no database available from ORACLE UFIS-

Allocation fo Funds	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Teaching	7.2%	7.5%	8.0%	8.8%	8.6%	9.8%	10.1%	10.0%	10.1%
Research	22.3%	27.7%	29.2%	29.7%	30.8%	34.0%	30.4%	29.2%	29.4%
Service	70.4%	64.8%	62.8%	61.5%	60.7%	56.2%	59.5%	60.8%	60.5%

Extrauniversity Funds (External Funds)

Appendix 3.6

UNIVERSITY OF PUERTO RICO - MEDICAL SCIENCES CAMPUS
OFFICE OF SPONSORED PROGRAMS
ARRA's FUNDED APPLICATIONS

Report		OP#	Deadline	Date Submitted	Date Approved	Application Title	Principal Investigator	Deanship	Department	RFA Number	CFDA	Agency/ Institute	Type	Parent Grant Number	Document Number	FRS Account Number	UFIS Account Number	1st Year ARRA Funding	Total Project Cost	Start Date	End Date	Number of Direct Jobs *
1	1	2009-117	4/21/2009	3/26/2009	6/26/2009	Modulation of Cystatins and Cathepsins in HIV-1 Neuropathogenesis	Loyda Melendez Adm. Antonia Ortiz	Medicine	Microbiology	NOT-OD-09-058	93.701	NIMH	Competive Supplement	1R01MH083516-01	RMH083516Z	532691	40-202-001-00-01	\$ 499,966	\$ 1,000,452	7/1/2009	4/30/2011	6
2	9	2009-170	4/27/2009	4/24/2009	9/23/2009	RCMI Collaborative Multidisciplinary Research Program	Emma Fernandez-Repollet Adm. Jordana Ramirez	Academic Affairs	RCMI	NOT-OD-09-060	93.701	NCRR	Summer Research Supplement	3G12RR003051-24S2	GRR003051Z	532660	40-202-008-00-01	\$ 90,000	\$ 599,065	9/23/2009	9/22/2011	4
3	15	2009-150	4/27/2009	4/27/2009	7/13/2009	Caribbean Primate Research Center Program	Edmundo Kraiselburd Adm. Ingrid Acevedo	Chancellor's Office	Comparative Medicine	NOT-OD-09-060	93.701	NIH-OD	Summer Research Supplement	3P40RR003640-22S2	PRR003640Z	532955	40-202-002-00-01	\$ 110,423	\$ 110,423	7/13/2009	7/31/2010	11
4	17	2009-143	5/1/2009	4/30/2009	9/25/2009	Interaction Between DNA Repair and Antioxidant Genes During Aging	Carlos Torres Adm.	Medicine	Physiology	NOT-OD-09-056	93.701	NIH	Admin Supplement	3SC3GM084759-02S1	SGM084759Z	532619	40-202-016-00-01	\$ 93,747	\$ 93,747	9/30/2009	5/31/2011	1
5	23	2009-139	5/1/2009	4/30/2009	9/17/2009	UPRCC/MDACC: Partnership for Excellence in Cancer Research	Walter Frontera Adm. Evelyn Rivera	Medicine	Cancer Center	NOT-OD-09-056	93.701	NIH-OD	Admin Supplement	3U54CA096297-07S1	UCA096297Z	532645	40-202-011-00-01	\$ 151,580	\$ 911,078	9/30/2009	9/29/2011	2
6	28	2009-160	5/18/2009	5/18/2009	8/13/2009	Clinical Research Education and Career Development in Minority Institutions	Estela Estape Adm. Rafaela Berrios	School of Health Professions	Office of the Dean	NOT-OD-09-056	93.701	NIH	Admin Supplement	3R25RR017589-08S1	RRR017589Z	531704	40-202-004-00-01	\$ 300,000	\$ 600,000	8/13/2009	8/12/2011	7
7	32	2009-155	5/1/2009	4/29/2009	8/14/2009	DIDARP at the University of Puerto Rico School of Public Health	Carmen Albizu Adm. Abigail Gonzalez	Graduate School of Public Health	CIES	PAR-09-011	93.701	NIH	G-Resubmission	1R24DA024868-01A2	RDA024868Z	532659	40-202-007-00-01	\$ 523,707	\$ 1,046,897	9/1/2009	8/31/2010	5
8	39	2009-142	5/18/2009	5/4/2009	9/5/2009	Enhancement of the CPRC-SPF Rhesus Monkey Program	Edmundo Kraiselburd Adm. Ingrid Acevedo	Chancellor's Office	Comparative Medicine	NOT-OD-09-056	93.701	NIH-NCRR	Admin Supplement	3U24RR018108-08S1	URR018108Z	532884	40-202-005-00-01	\$ 500,000	\$ 732,089	9/5/2009	9/4/2011	6
9	43	2009-190	5/18/2009	4/14/2009	9/29/2009	Puerto Rico Comprehensive Centre for HIV Disparities (Workforce Development)	Carmen Zorrilla Adm. Lourdes de Jesus	Medicine	OB-GYN	NOT-OD-09-056	93.701	NIH-NCRR	Admin Supplement	3U54RR019507-06S3	URR019507Z	532689	40-202-015-00-01	\$ 300,000	\$ 295,800	9/29/2009	9/28/2011	2
10	44	2009-191	5/18/2009	4/14/2009	9/24/2009	Puerto Rico Comprehensive Centre for HIV Disparities (Community Engagement)	Carmen Zorrilla Adm. Lourdes de Jesus	Medicine	OB-GYN	NOT-OD-09-056	93.701	NIH-NCRR	Admin Supplement	3U54RR019507-06S2	URR019507Z	532629	40-202-012-00-01	\$ 300,000	\$ 298,200	9/24/2009	8/31/2011	2
11	45	2009-189	5/18/2009	4/14/2009	7/17/2009	Mentoring Institute for HIV and Mental Health Related Research of the UPR	Carmen Zorrilla Adm. Lourdes de Jesus	Medicine	OB-GYN	NOT-OD-09-056	93.701	NIH-NIMH	Admin Supplement	3R25MH083617-02S1	RMH083617Z	532904	40-202-003-00-01	\$ 387,948	\$ 387,948	7/1/2009	6/30/2011	2
12	46	2009-180	5/28/2009	5/22/2009	9/15/2009	MBRS-RISE at UPR Medical Sciences Campus	Carmen Cadilla Adm. Luis Carrasquillo	Academic Affairs	MBRS-RISE	NOT-OD-09-056	93.701	NIH-NIGMS	Admin Supplement	3R25GM061838-10S1	RGM061838Z	532658	40-202-006-00-01	\$ 116,308	\$ 140,931	9/15/2009	8/31/2011	2
13	49	2009-181	5/28/2009	5/26/2009	9/25/2009	Clinicopathology of IGF2 Loss of Imprinting in Colon Neoplasia	Marcia Cruz Adm. Evelyn Rivera	Medicine	Medicine	NOT-OD-09-056	93.701	NIH-CRCHD	Admin Supplement	3K22CA115913-03S1	KCA115913Z	532934	40-202-013-00-01	\$ 145,650	\$ 145,650	9/30/2009	9/29/2010	5
14	50	2009-182	5/28/2009	5/26/2009	9/25/2009	Familial Colorectal Cancer Registry in Puerto Rico: A Feasibility Study	Marcia Cruz Adm. Evelyn Rivera	Medicine	Medicine	NOT-OD-09-056	93.701	NIH-NCI	Admin Supplement	3R03CA130034-02S1	RCA130034Z	532938	40-202-014-00-01	\$ 37,500	\$ 37,500	9/30/2009	9/29/2010	5

15	52	2009-186	5/28/2009	5/28/2009	9/25/2009	New Recruitment to Expand Neuroscience Research at UPR School of Medicine	Maria Sosa Adm.	Medicine	Anatomy & Neurobiology	RFA-OD-09-005	93.701	NIH-NINDS	Infrastructure (RC2)	1P30NS069258-01	PNS069258Z	532637	40-202-009-00-01	\$ 697,500	\$ 1,395,000	9/30/2009	8/31/2011	2
16	59	2010-001			9/3/2009	Scholarships for Disadvantaged Students	Norberto Perez / Zoraida Figueroa Adm.	Student Affairs	Economic Assistance	HRSA called OSP 8-11-09	93.407	HRSA	ARRA-SDS Funds	1T0AHP15909-01-00	T0AHP15909RP	11 accounts	11 accounts	\$ 476,661	\$ 476,661	9/1/2009	6/30/2010	?
17	61	2010-002			9/3/2009	Public Health Traineeship Program	Jose Cordero Adm. Mayra Santiago	Public health	Office of the Dean		93.405	HRSA	Supplement Recruitment	1A0AHP16294-01-00	A0AHP16294RP	531087	40-208-012-00-01	\$ 157,392	\$ 157,392	9/1/2009	8/31/2012	?
18	71	2010-032			9/25/2009	Identification of Prostate Cancer Stage in Hispanics Using Serum Protein Profile	Margarita Inzaray Adm. Margarita Zengotta	Health Related Professions			93.701	NIH					40-202-010-00-01	\$ 110,035	\$ 110,035	9/30/2009	9/29/2011	
19	73	2010-037			10/20/2009	Infrastructure Improvements for the Caribbean Primate Research Center	Janis Gonzalez Adm. Ingrid Acevedo	Chancellor's Office	Comparative Medicine			NIH DHHS	Research Facility Construction	1C06RR022139-01	CRR022139Z	532855	40-202-018-00-01	\$ 4,000,000	\$ 4,000,000	10/20/2009	10/19/2014	
	74	2010-006	8/10/2009	8/10/2009	1/6/2010	Acquisition of a Shared Electron Microscope for the Institute of Neurobiology	Rosa Blanco Bethzaida Birriel Adm.	Academic Affairs	Institute of Neurobiology			NSF	NSF 09-561 MRI-R2					\$ 365,240	\$ 365,240	1/1/2010	12/31/2012	

TOTAL ARRA PRIME AWARDS

\$ 9,363,657 \$ 12,904,108

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ARRA SUBAWARDS

	OPS #	Deadline	Date Submitted	Date Approved	Application Title	Principal Investigator	Deanship	Department	RFA Number	CFDA	Agency/ Institute	Type	Parent Grant Number	Document Number	FRS Account Number	UFIS Account Number	1st Year ARRA Funding	Total Project Cost	Start Date	End Date	Number of Direct Jobs *
1	2008-140			9/18/2009	HIV Risk Behavior of Adult Minority Heterosexual Men in New York City	Michael Clatts Adm. Ricardo Vargas	Public Health	Center for Evaluation & Sociomedical Research		93.701	U-Rochester	Subaward	RO1HD057793-01A1	000006-N	538990	40-202-021-00-01	\$ 15,264	9/15/2009	7/31/2010		
20	2			9/25/2009	Networking Research Resources Across America	Emma Fernandez Adm. Jordana Ramirez	Academic Affairs	RCMI		93.701	U-Harvard	Subaward Designated	1U24RR029825-01	URR029825Z	538989	40-202-017-00-01	\$ 302,140	9/25/2005	8/31/2010		
3				10/27/2009	An Intervention Trial for Effects of Oral Health Improvement of Adverse Maternal-Fetal Outcomes of Gestational Diabetes	Lydia Lopez Adm. Josue Velez	Dental Medicine	Surgery		93.701	U-Kentucky Research Foundation	Subaward	3P20RR0200145-05S1	048106622-10-15	538992	40-202-019-00-01	\$ 266,330	9/24/2009	8/23/2010		
4	2009-158			9/30/2009	Neurogenetic Model of Social Behavior Heterogeneity in Autism Spectrum Disorders	Adaris Mas Rivera Adm. Ingrid Acevedo	Chancellor's Office	Comparative Medicine		93.701	U-Duke	Subaward	RO1MH089484	10-NIH-ARRA-105	538993	40-202-020-00-01	\$ 179,576	9/30/2009	8/31/2011		
5	2010-061			9/11/2009	Cellular Innate Activation as a Tactic to Prevent HIV-1 Transmission	Edmundo Kraiselburd Adm. Ingrid Acevedo	Chancellor's Office	Comparative Medicine			Wistar Institute	Subaward	1R01AI084142-01	RA1084142Z	538906	40-202-022-00-01	\$ 816,329	\$ 1,558,403	9/12/2009	8/31/2011	

TOTAL SUBAWARD

\$ 816,329 \$ 2,321,713

0

GRAND TOTAL

\$ 10,179,986 \$ 15,225,821

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Appendix 3.7

UNIVERSITY OF PUERTO RICO
 MEDICAL SCIENCES CAMPUS
 NON FACULTY STAFF BY DEANSHIP, AGE GROUP, SEX,
 TYPE OF APPOINTMENT, EDUCATION AND YEARS OF EXPERIENCE
 ACADEMIC YEAR 2009-2010

SCHOOL	TOTAL	FULL TIME	PART TIME	AGE GROUP							SEX		TYPE OF APPOINTMENT							EDUCATION										YEARS OF EXPERIENCE					
				20-29	30-39	40-49	50-59	60+	Other	M	F	Permanent	Probationary	Trust	Special	Contract	Temporary	Other	PhD	MD	Other Doctorates	Master's	Bachelor's	Associate Degree	High School	Less than High School	Other	Less than 5	6 to 10	11 to 15	16 to 20	21 to 25	26 or more		
MSC	1,535	1,496	39	165	377	494	422	65	12	481	1,054	636	65	100	716	6	1	11	0	3	6	135	523	208	227	46	387	405	301	226	202	176	225		
School of Medicine	554	535	19	78	133	194	138	10	1	91	463	115	11	32	393	0	1	2	0	1	3	57	196	79	39	3	176	167	118	91	72	48	58		
School of Dental Medicine	102	101	1	6	22	33	32	8	1	16	86	64	4	3	31	0	0	0	0	0	1	3	36	33	8	3	18	25	11	16	15	12	23		
Graduate School of Public Health	78	74	4	5	20	21	28	4	0	14	64	17	1	5	55	0	0	0	0	0	1	17	22	8	13	0	17	23	21	12	6	7	9		
School of Pharmacy	29	29	0	1	9	8	8	2	1	5	24	21	1	3	4	0	0	0	0	0	0	1	12	5	5	1	5	5	6	4	5	5	4		
School of Health Professions	66	64	2	7	19	17	19	3	1	19	47	30	3	4	29	0	0	0	0	0	0	4	28	8	11	1	14	21	8	7	4	7	19		
School of Nursing	21	21	0	3	8	5	4	1	0	4	17	7	0	2	12	0	0	0	0	0	0	2	6	3	1	0	9	5	8	3	0	1	4		
Deanship for Academic Affairs	152	149	3	15	38	56	37	6	0	51	101	74	5	13	53	6	0	1	0	0	0	18	72	28	15	1	18	38	26	21	21	19	27		
University Hospital	4	4	0	0	0	0	4	0	0	0	4	0	0	4	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	4		
Office of the Chancellor	174	172	2	30	53	53	30	6	2	81	93	52	2	18	102	0	0	0	0	1	1	15	71	14	28	5	39	69	37	22	17	18	11		
Deanship for Student Affairs	30	30	0	2	11	5	9	2	1	4	26	21	0	5	4	0	0	0	0	1	0	2	15	5	3	0	4	6	5	4	3	6	6		
Deanship of Administration	325	317	8	18	64	102	113	23	5	196	129	235	38	15	29	0	0	8	0	0	0	16	61	25	104	32	87	46	61	46	59	53	60		

Source: Human Resources System (HRS), September 2009
 Others: No data available or do not belong to the above categories.

Institutional Planning, Research and Assessment Office
 K.A.S

Appendix 4.1

DISCLAIMER: This document is an English translation of certain sections of the "Ley de la Universidad de Puerto Rico", prepared exclusively for the MSCHE accreditation visit. It is in no way intended to be a legal substitute for the original law, written in Spanish.

LAW OF THE UNIVERSITY OF PUERTO RICO Law No. 1 of January 20, 1966, as amended

Article 3. Board of Trustees of the University of Puerto Rico. (18 L.P.R.A. § 602)

(a) The University of Puerto Rico shall be governed and administered by a Board of Trustees, which will be known as the "Board of Trustees of the University of Puerto Rico".

(d) Powers of the Board.

(1) The Board will formulate guidelines governing the direction and development of the University, examine and approve general operating rules proposed by the legislative and administrative agencies thereof, in accordance with this law, and oversee the general progress of the institution.

(e) Duties and nontransferable responsibilities of the Board.

(1) Approve the integral development plan of the University and review it annually.

(2) Authorize the creation, modification and reorganization of campuses, centers, and other institutional units, such as colleges, schools, departments and branches of the University; but may not abolish autonomous institutional units created by this Act, nor the existing regional colleges, without previous authorization by law.

(3) Create and eliminate positions for auxiliary staff of the University President.

(4) Authorize the creation and elimination of positions of Deans who not preside over schools.

(5) Adopt or amend the UPR General Bylaws, UPR Student General Bylaws, Student Regulations of each campus, General Regulations of the UPR Retirement System, and any other rules of general application, subject to the provisions of Law No. 170 of August 12, 1988, as amended, known as the "Uniform Administrative Procedural Law" [3 L.P.R.A. § 2101 et seq.].

(6) Resolve appeals filed against decisions of the President, University Board, and Appeals Board, by administrative or technical personnel of the university system.

(7) Appoint, in consultation with the Academic Senates or equivalent bodies of the respective units: the President of the University; the chancellors of the Rio Piedras, Mayagüez, and Medical Sciences Campuses; and the administration of the Regional Colleges, the University Colleges of Cayey and Humacao, and any other autonomous unit created within the UPR system which the Board determines should be presided over by a chancellor. Such officials will occupy their respective positions at the pleasure of the Board. The Board shall evaluate the performance of each mentioned official at intervals of not less than three (3) years or greater than five (5) years throughout their

incumbency. That assessment shall be in writing, discussed with each incumbent, and filed as part of the permanent records of the Board of Trustees.

(8) Approve the appointment of a Director of Finance and any other auxiliary staff of the University President.

(9) Consider and approve the budget plan for the university system, which will be submitted annually by the President; adopt and maintain a uniform system of accounting and auditing of the use of University funds, according to the law and regulations. When a fiscal year ends without the approval of the next year's budget, as specified in this law, the University will continue to be governed by the budget in force from the previous year.

(10) Render an annual report to the Governor and the Legislative Assembly on their actions, and the state and finances of the University.

(11) Adopt standards regarding the rights and duties of university personnel, and establish salaries and compensations for university officials appointed by the Board.

(12) Create and grant academic distinctions on its own initiative or proposals of the Academic Senates.

(13) Establish the procedure for the temporary replacement of appointed university officials.

(14) Adopt internal rules of procedure.

(15) Maintain a health insurance plan and a retirement system, which will include a loan program, for all university personnel.

(16) Organize the office, appoint staff and contract services of the experts, consultants, and technicians needed for exercising the powers which have been given by this law; and make the necessary allocations for such purposes. The staff of the current Council, except those of the Office of Licensing and Advising, will be transferred to the new Board of Trustees and shall retain all existing rights, privileges, and duties.

(17) Establish general rules for the granting of scholarships and other financial aid within the public university system.

(18) Draft and submit to the Legislative Assembly, within a period of no more than eighteen (18) months after the constitution of the Board, a revision of this University Law providing mechanisms to ensure the full participation of all university sectors. Autonomy of the academic units and respect for academic freedom shall be essential to whatever revision is proposed. The proposed plan shall provide for decentralization of the system and, at the same time, will stimulate our commitment to scientific research, development of new technology, and the modernization of institutional processes.

(19) Authorize the creation of subsidiary or affiliated corporations to offer services to the university community and the people of Puerto Rico; including, but not limited to, establishing a nonprofit corporation to operate a UPR hospital, as part of the Medical Sciences Campus, that will be the main institution of medical education at the University.

Article 5. The President of the University of Puerto Rico. (18 L.P.R.A. § 604)

(a) The Board of Trustees of the University of Puerto Rico shall appoint the President of the University.

The Board shall establish a consulting procedure regarding the appointment of the President.

(b) The President shall be the director of the University System. In this capacity, he/she will act on behalf of the Board of Trustees and, in collaboration with the University Board, will coordinate

and supervise work of the University. He/she will also attempt to harmonize efforts of the various agencies and officials, and to take their own actions towards promoting the development of the University.

(c) In compliance with the above-mentioned functions, the President shall have the following duties and powers:

(1) Enforce the objectives, rules, regulations, and budgetary and developmental plans of the University.

(2) Officially represent the University.

(3) Preside over the University Board.

(4) Make, with the advice of the University Board, a plan for the integral development of the University, based upon the plans and recommendations originating from the campuses, colleges and other autonomous institutional units. This plan, and its annual revisions, will be submitted to the Board for consideration.

(5) Submit to the Board of Trustees those regulations of general application and all other decisions of the University Board which require approval.

(6) Draft the budget plan for the entire university system, based upon the budget plans submitted by the chancellors, which have been approved by the Administrative Boards of the respective campuses and colleges; submit the budget plan, with any recommendations from the University Board, to the Board of Trustees for consideration and approval .

(7) Submit to the Board, for its consideration, the appointments of the chancellors of the autonomous institutional units, the Director of Finance and whichever other officials require confirmation [sic].

(8) Appoint or hire the technical and administrative staff of the Office, and the personnel of University units which are not under the administrative jurisdiction of any campus or college. With regard to these appointments and contracts, the authority granted to the Rector of the University in Act No. 100 of June 27, 1956, corresponds to the President.

(9) Resolve appeals that are filed against decisions of the chancellors.

(10) Establish and maintain relationships with universities and cultural centers in Puerto Rico and abroad.

(11) Render an annual report to the Board of Trustees on all aspects of university life.

(d) The President shall be an *ex officio* member of the Faculties, Academic Senates and Administrative Boards of the University System.

(As amended by Law No. 186 of August 7, 1998.)

Article 6. The University Board. (18 L.P.R.A. § 605)

(a) There will be a University Board composed of the University President, who shall preside, the chancellors of the campuses and colleges, the Director of Finance, three (3) additional officials appointed by the President with the approval of the Board of Trustees, a representative elected by each Academic Senate from among its members that are not *ex officio*, and a student representative elected from each Student Council.

(b) Meetings of the Board shall be convened by its President as needed or at the request of a majority of the members. A majority of the members of the Board shall constitute a quorum.

(c) By authority of the Board of Trustees and without prejudice to its powers, the essential function of the Board will be to maintain the integrity of the University system, as regards its overall planning; and shall advise the President in coordinating the progress of the different institutional units in their academic, administrative and financial aspects. Pursuant to this function, the Board and the President can take all initiatives for development and coordination that circumstances warrant, without diminishing the powers conferred to the institutional units in recognition of their autonomy.

(d) Pertaining especially to the Board:

(1) Formulate, on or before December 31, 1978, a draft of the General Bylaws of the University, subject to review by the Academic Senates and, depending upon their reports, forward to the President for consideration by the Board of Trustees.

(2) Formulate the Student General Bylaws and submit to the Board of Trustees for final consideration.

(3) Consider the development plan for the University submitted by the President, and make recommendations deemed relevant to it for consideration by the Board of Trustees.

(4) Consider the proposed budget for the entire university system, as it has been formulated by the University President to be submitted to the Board of Trustees, and make the recommendations deemed relevant.

(5) Resolve appeals filed against the decisions of the Administrative Board and the Academic Senates of each campus or college.

(As amended by Laws No. 26 of July 11, 1978 and No. 186 of August 7, 1998.)

Article 7. The Chancellors. (18 L.P.R.A. § 606)

(a) Each campus shall be directed by a chancellor.

(b) The chancellor shall exercise administrative and academic authority within the scope of their respective institutional unit, pursuant to this Act and the University's rules and regulations. The chancellor will be appointed by the University President, after consulting with the respective Academic Senate, for consideration by the Board of Trustees.

(c) Duties and responsibilities of the chancellors in their respective institutional units:

(1) Orient and supervise the University personnel regarding educational, technical, research and administrative functions.

(2) Draft a budget plan based on the recommendations of faculties, departments, and other units, which, upon approval by the Administrative Board, shall be submitted as previously described to the President and the University Board.

(3) Represent the respective institutional unit in events, ceremonies and academic functions.

(4) Preside the Academic Senate, Administrative Board and meetings of the unit's faculty.

(5) Appoint the Deans, after consultation with the corresponding faculty, with simultaneous notification to the President and the Board of Trustees. Such appointments shall be effective within a time limit, to be determined by regulation and not to exceed sixty (60) days from the date of notification. The Board of Trustees will summon and hear the Chancellors and the President to evaluate these appointments and will communicate its decision, approving or disapproving them, within that time limit. Deans remain in their positions at the pleasure of the respective Chancellor. The appointment of other officials, having the title of Dean without presiding over any faculty, will be made in consultation with the unit's Academic Senate. The Chancellor of the Mayagüez Campus, with the approval of the Board of Trustees, shall appoint the directors of the Agricultural

Experimental Station and the Agricultural Extension Service, after consultation with the faculty of these units, as well as the directors and staff.

(6) Appoint the department directors and other administrative officials needed by this unit, with the recommendation of the Dean, after consulting the Department or relevant unit.

(7) Appoint or hire University staff for their institutional unit. Deans suggest the appointment and recruitment of teaching personnel, based upon the recommendations of the department director or appropriate unit, after consultation with the members of that department or unit.

(8) Appoint visiting lecturers and, with the approval of the President, all other kinds of visiting staff.

(9) Resolve appeals filed against decisions of the deans.

(10) Submit an annual report on the activities of their institutional unit to the President and the Board of Trustees.

(11) Exercise the authority granted to the Rector of the University in Law No. 100 of June 27, 1956 as concerning each institutional unit.

(As amended by Law No. 186 of August 7, 1998.)

***DISCLAIMER:** This document is an English translation of certain sections of the “Reglamento General de la Universidad de Puerto Rico”, prepared exclusively for the MSCHE accreditation visit. It is in no way intended to be a legal substitute for the original document, written in Spanish.*

**GENERAL BYLAWS OF THE UNIVERSITY OF PUERTO RICO
16 February 2002 (as amended through December 10, 2006)**

GENERAL BYLAWS

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Section 66.2 - The managerial function

The managerial role includes those tasks of planning, organization and management of the institution and are of two types: teaching-administrative functions and basic administrative functions.

Section 66.2.1 - Teaching-administrative function

The function includes: supervision, evaluation, coordination or direction of curricula; participation in the direct, not incidental, formulation of academic policy at the school, institutional unit and university system levels.

Teaching-administrative functions will be performed by persons with preparation and experience that qualify them for teaching, which requires a knowledge and understanding of educational processes, as well as competence in an academic area.

Section 66.2.1.1 - Teaching-administrative positions

The teaching-administrative function includes the positions of President, Chancellor, Dean, Associate Deans and Assistant Deans in Academic Affairs, Vice President for Academic Affairs in the Central Administration, Dean and Associate Deans of faculty, school, or research center, and any other position that complies with the requirements established in the section above, and as determined by the Administrative Boards of the respective units.

Appendix 5.1

**TOTAL ENROLLMENT BY SCHOOL AND PROGRAM
MEDICAL SCIENCES CAMPUS
ACADEMIC YEARS 2004-2005 TO 2008-2009**

School and Program	2004-2005			2005-2006			2006-2007			2007-2008			2008-2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
MEDICAL SCIENCES CAMPUS ¹	2,938	902	2,036	2,849	846	2,003	2,860	868	1,992	2,808	853	1,955	2,813	843	1,970
School of Medicine	939	448	491	891	404	487	945	460	485	951	455	496	958	442	516
Professional Doctorate															
Medicine (M.D.)	452	204	248	459	218	241	457	228	229	434	218	216	429	206	223
Biomedical Sciences Division Graduate Programs	80	25	55	84	25	59	99	29	70	118	33	85	118	30	88
Anatomy (MS)	1	1	0	0	0	0	2	0	2	1	0	1	2	1	1
Biochemistry (MS)	3	2	1	4	2	2	3	2	1	4	0	4	4	0	4
Biochemistry (MS) - Evening ²	-	-	-	-	-	-	8	5	3	14	7	7	13	6	7
Pharmacology (MS)	4	1	3	2	1	1	3	0	3	3	0	3	2	0	2
Physiology (MS)	5	1	4	4	0	4	2	1	1	2	1	1	1	0	1
Microbiology (MS)	14	2	12	16	2	14	12	0	12	11	0	11	14	0	14
Anatomy (PhD)	5	1	4	5	1	4	4	1	3	5	1	4	10	5	5
Biochemistry (PhD)	12	6	6	14	7	7	23	8	15	21	7	14	24	6	18
Pharmacology (PhD)	6	3	3	4	1	3	4	1	3	6	1	5	5	1	4
Physiology (PhD)	9	3	6	14	5	9	12	4	8	16	6	10	19	6	13
Microbiology (PhD)	14	5	9	16	3	13	21	4	17	18	2	16	18	3	15
Biology (PhD) - Inter-campus	10	3	7	5	3	2	5	3	2	5	3	2	6	2	4
Geriatrics ³⁻⁴	10	3	7	0	0	0	0	0	0	12	5	7	0	0	0
Certificate Post-Doct. in Clinical Sciences ⁵	397	216	181	348	161	187	389	203	186	399	204	195	411	206	205
School of Dental Medicine	200	71	129	206	76	130	241	85	156	223	90	133	221	79	142
Professional Doctorate															
Dental Medicine (D.M.D.)	158	53	105	160	58	102	169	62	107	176	69	107	172	59	113
Graduate Programs	5	1	4	6	2	4	7	0	7	6	1	5	6	2	4
Prosthodontics (MS)	3	0	3	4	2	2	0	0	0	1	1	0	2	1	1
Pediatric Dentistry (MS)	2	1	1	0	0	0	3	0	3	4	0	4	3	0	3
Orthodontics (MS)	0	0	0	1	0	1	3	0	3	1	0	1	0	0	0
Oral and Maxillofacial Surgery (MS)	0	0	0	1	0	1	1	0	1	0	0	0	1	1	0
Postdoctoral Certificates	37	17	20	40	16	24	65	23	42	41	20	21	43	18	25
Oral and Maxillofacial Surgery	8	5	3	8	6	2	10	4	6	9	5	4	8	5	3
Pediatric Dentistry	8	2	6	8	1	7	16	0	16	7	1	6	8	1	7
Prosthodontics	9	6	3	10	6	4	12	10	2	9	5	4	9	7	2
Orthodontics	6	1	5	6	2	4	8	4	4	6	4	2	7	3	4
General Dentistry	6	3	3	8	1	7	19	5	14	10	5	5	11	2	9

¹ Includes readmissions and reclassifications.

² Evening program began in 2006-07.

³ Certificate program not leading to a degree.

⁴ No new students registered by program decision.

⁵ Refers to medical specialties residency programs.

School and Program	2004-2005			2005-2006			2006-2007			2007-2008			2008-2009		
	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	585	134	451	585	115	470	569	109	460	553	104	449	518	109	409
<u>Graduate Programs</u>	338	78	260	319	73	246	304	69	235	287	61	226	293	65	228
Public Health - Maternal and Child Health (MPH)	6	0	6	6	0	6	7	0	7	4	0	4	9	0	9
Demography (MS)	18	5	13	17	3	14	20	8	12	25	8	17	26	8	18
Health Services Administration (MHSA)	56	24	32	63	24	39	44	16	28	49	17	32	46	16	30
Public Health General (MPH)	20	5	15	23	8	15	13	2	11	19	5	14	16	4	12
Public Health - Environmental Health (DrPH)	11	4	7	14	4	10	11	3	8	11	3	8	16	6	10
Nutrition (MS)	33	2	31	29	1	28	27	3	24	24	1	23	19	1	18
Environmental Health (MS)	45	12	33	40	9	31	39	9	30	29	6	23	27	3	24
Health Education (MPHE)	47	4	43	38	2	36	36	2	34	35	5	30	33	3	30
Evaluation Research of Health Systems (MS)	26	4	22	21	3	18	23	3	20	23	2	21	22	4	18
Public Health - Epidemiology (MPH)	13	6	7	12	3	9	15	6	9	17	2	15	13	2	11
Epidemiology (MS)	24	2	22	24	4	20	29	5	24	22	7	15	22	5	17
Public Health - Biostatistics (MPH)	15	5	10	12	8	4	10	7	3	9	3	6	16	7	9
Nurse Midwifery (MPH)	3	0	3	1	0	1	7	0	7	6	0	6	6	1	5
Public Health - Gerontology (MPH) ⁶	6	0	6	1	0	1	1	0	1	-	-	-	-	-	-
Industrial Hygiene (MS)	15	5	10	18	4	14	22	5	17	14	2	12	22	5	17
<u>Graduate Programs - Evening</u>	213	50	163	226	38	188	242	36	206	232	37	195	195	41	154
Public Health - Maternal and Child Health (MPH)	26	1	25	27	1	26	31	2	29	28	2	26	19	3	16
Public Health General (MPH)	45	14	31	40	9	31	53	13	40	64	14	50	57	15	42
Environmental Health (MS)	44	14	30	38	10	28	33	6	27	33	6	27	33	10	23
Health Education (MPHE)	64	13	51	74	13	61	81	12	69	62	10	52	50	8	42
Public Health - Gerontology (MPH)	34	8	26	47	5	42	44	3	41	45	5	40	36	5	31
<u>Graduate Certificate</u>	7	0	7	5	0	5	4	0	4	5	1	4	2	0	2
Nurse Midwifery	7	0	7	5	0	5	4	0	4	5	1	4	2	0	2
<u>Graduate Certificate - Evening</u>	27	6	21	35	4	31	19	4	15	29	5	24	28	3	25
Gerontology	18	5	13	25	3	22	10	1	9	5	0	5	12	2	10
Developmental Disabilities Early Intervention	9	1	8	10	1	9	9	3	6	9	2	7	6	0	6
School Health Promotion ⁷	-	-	-	-	-	-	-	-	-	15	3	12	10	1	9
School of Pharmacy	220	53	167	236	57	179	241	60	181	237	56	181	225	52	173
<u>Professional Doctorate</u>															
Pharmacy (PharmD)	170	40	130	180	46	134	187	50	137	187	45	142	183	42	141
<u>Graduate Programs</u>	49	13	36	56	11	45	54	10	44	50	11	39	42	10	32
Industrial Pharmacy - Evening (MS)	29	6	23	35	5	30	33	5	28	30	7	23	24	6	18
Pharmaceutical Sciences - Evening (MS)	20	7	13	21	6	15	21	5	16	20	4	16	18	4	14
<u>Undergraduate Program</u>															
Pharmacy - (BS) ⁸	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-
School of Health Professions	418	58	360	390	51	339	411	62	349	410	63	347	456	63	393
<u>Graduate Programs</u>	117	15	102	114	10	104	111	13	98	105	13	92	130	18	112
Audiology (AuD) ⁷	-	-	-	-	-	-	-	-	-	5	1	4	9	2	7
Speech-Language Pathology (MS)	32	1	31	34	1	33	34	2	32	30	2	28	31	1	30
Occupational Therapy (MS)	11	2	9	20	2	18	30	3	27	35	2	33	39	2	37
Physical Therapy (MS)	41	9	32	37	5	32	47	8	39	35	8	27	51	13	38
Health Information Administration (MS) ⁶	20	3	17	17	2	15	-	-	-	-	-	-	-	-	-
Audiology (MS) ⁹	13	0	13	6	0	6	-	-	-	-	-	-	-	-	-
<u>Post-Bachelor's Certificate</u>	41	7	34	42	3	39	40	3	37	45	3	42	44	2	42
Dietetic Internship	10	2	8	10	0	10	10	0	10	10	0	10	10	0	10
Cytotechnology	6	2	4	6	0	6	6	0	6	5	1	4	5	1	4
Medical Technology	25	3	22	26	3	23	24	3	21	30	2	28	29	1	28

⁶ Evening program.

⁷ Program began in 2007-2008.

⁸ Inactive program since 2003.

⁹ The MSc in Audiology phased out in 2005-2006, leading to the Doctor of Audiology program.

School and Program	2004-2005			2005-2006			2006-2007			2007-2008			2008-2009		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
<u>Bachelor's Programs</u>	172	23	149	143	22	121	121	23	98	122	15	107	133	16	117
Veterinary Technology	26	7	19	24	9	15	19	6	13	22	3	19	31	4	27
Medical Technology	39	3	36	37	3	34	26	2	24	17	0	17	20	1	19
Nuclear Medicine Technology	8	3	5	8	1	7	8	3	5	8	2	6	9	0	9
Health Education	42	4	38	36	2	34	35	3	32	33	1	32	37	5	32
Bachelor of Health Sciences	49	5	44	38	7	31	33	9	24	42	9	33	36	6	30
Occupational Therapy ¹⁰	8	1	7	-	-	-	-	-	-	-	-	-	-	-	-
<u>Associate Degree Programs</u>	48	8	40	56	12	44	84	18	66	79	22	57	80	13	67
Ophthalmic Technology	5	0	5	7	1	6	15	1	14	10	1	9	10	0	10
Dental Assisting with Expanded Functions	8	0	8	12	2	10	27	4	23	21	5	16	24	0	24
Radiologic Technology	35	8	27	37	9	28	42	13	29	48	16	32	46	13	33
<u>Evening Programs</u>	40	5	35	35	4	31	55	5	50	59	10	49	69	14	55
Bachelor of Health Sciences (BS)	15	2	13	11	3	8	11	3	8	19	5	14	23	8	15
Clinical Laboratory Sciences (MS)	25	3	22	24	1	23	26	2	24	22	2	20	28	3	15
Health Information Administration (MS) ¹¹	-	-	-	-	-	-	18	0	18	18	3	15	18	3	15
School of Nursing	399	64	335	363	68	295	394	68	326	335	58	277	343	65	278
<u>Graduate Programs</u>	158	28	130	129	21	108	178	33	145	140	24	116	113	19	94
Nursing with Speciality in Anesthesia ¹²	32	15	17	34	13	21	58	20	38	34	13	21	22	9	13
Nursing with Speciality in Family Nurse Practitioner	-	-	-	-	-	-	8	1	7	24	4	20	25	5	20
Nursing (MS)	40	6	34	31	4	27	24	7	17	19	4	15	15	1	14
Nursing (MS) (Evening)	86	7	79	64	4	60	88	5	83	63	3	60	51	4	47
<u>Bachelor's Programs</u>	241	36	205	234	47	187	216	35	181	195	34	161	230	46	184
Nursing (BS)	158	22	136	172	35	137	149	20	129	137	23	114	184	37	147
Nursing (BS) (Evening)	83	14	69	62	12	50	67	15	52	58	11	47	46	9	37
Joint Programs	14	8	6	19	12	7	11	6	5	11	5	6	9	4	5
Master of Science in Clinical Research	10	7	3	15	11	4	11	6	5	10	5	5	9	4	5
Graduate Certificate in Clinical Research ⁴	4	1	3	4	1	3	0	0	0	1	0	1	0	0	0
Special Permit	163	66	97	159	63	96	48	18	30	88	22	66	83	29	54
Nursing	13	3	10	6	0	6	9	0	9	20	3	17	7	0	7
Medicine	19	4	15	13	7	6	18	11	7	16	7	9	24	13	11
Dental Medicine	4	2	2	2	0	2	4	1	3	12	4	8	16	7	9
Public Health	15	6	9	12	3	9	10	4	6	26	7	19	11	2	9
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Professions	7	1	6	1	0	1	2	0	2	3	0	3	1	0	1
Continuing Education	-	-	-	-	-	-	-	-	-	-	-	-	14	5	9
Others (unclassified students)	105	50	55	125	53	72	5	2	3	11	1	10	10	2	8

¹⁰ Inactive program since 2006.

¹¹ Evening program since 2006-2007.

¹² Inactive since 2008-2009.

Data source:

Academic Year 2004-2005: Database Student Information System (SIS) - March 28, 2005.

Academic Year 2005-2006: Database Student Information System (SIS) - May 2, 2006.

Academic Year 2006-2007: Database Student Information System (SIS) - March 27, 2007.

Academic Year 2007-2008: Database Student Information System (SIS) - March 3, 2008.

Academic Year 2008-2009: Database Student Information System (SIS) - February 23, 2009.

Prepared by: José Caro Torres
Institutional Planning, Research and Assessment Office
December 14, 2009
(Updated: January 12, 2011)

Appendix 5.2

Degrees and Certificates Awarded by the Medical Sciences Campus in 2008-2009

Degree or Certificate Awarded	Number	% of Total
Associate degrees	47	6%
Bachelor's degrees	101	14%
Post Bachelor's Certificates	26	4%
Master's degrees	231	31%
Graduate Certificates	25	3%
First Professional degrees (MD, DMD, PharmD)	184	25%
Doctoral degree	7	1%
Postdoctoral Certificates (medical specialties residency programs)	122	16%

Source: MSC Institutional Planning, Research, and Assessment Office

Appendix 5.3

Percentage of MSC Students with Financial Aid

Academic Year	Total Enrollment	Total Receiving Financial Aid	Percentage	Amount
2004-05	2,938	1,103	38	\$11,572,536
2005-06	2,849	1,130	40	\$13,288,831
2006-07	2,860	1,190	42	\$14,325,946
2007-08	2,808	1,225	44	\$15,424,458
2008-09	2,813	1,303	46	\$17,878,912

Source: MSC Office of Financial Aid

Appendix 5.4

Total Number of Applications, Admissions, Registrations, Selective Demand Index and Registration Index for AY 2004-5 to AY 2009-10

Academic Year	Applications ¹	Admissions	Registrations	Selective Demand Index ²	Registration Index ³
2004-05	1,621	879	774	93%	88%
2005-06	1,670	971	797	103%	82%
2006-07	1,618	919	792	97%	86%
2007-08	1,942	932	834	98%	89%
2008-09	2,063	830	722	93%	87%
2009-10	2,255	945	801	106%	85%

Source: Assessment Results Report 2005-2008

¹ Excludes special permit students.

² SDI = total admitted/total available slots

³ RI = enrollment/admissions

Appendix 5.5

Retention Percentage First to Second Year Selected Programs

School/Program	2005-06	2006-07
Medicine (MD)	97%	97%
Pharmacy (Pharm D)	98%	98%
Pharmacy (MS)	78%	66%
Dental Medicine (DMD)	98%	86%
Nursing (MSN)	81%	64%
Nursing (BSN)	89%	89%
Graduate School of Public Health	88%	75%
School of Health Professions	87%	70%

Source: 8th Report on Effectiveness of Educational Processes
MSC Institutional Planning, Research, and Assessment Office

Appendix 5.6

Percentage of Students Graduating in their Terminal Year 2006-2007 and 2007-2008

Selected School/Program	2006-2007	2007-2008
Medicine (MD)	100%	100%
Pharmacy (Pharm D)	96%	98%
Dental Medicine (DMD)	90%	92.7%
Nursing (BSN) (Day Curriculum)	89%	83%
School of Health Professions	96%	91%

Source: 8th Report on Effectiveness of Educational Processes
Institutional Planning, Research, and Assessment Office

Appendix 5.7

MSC Tuition Costs for AY 2009-2010 Entering Class

Program	Cost
MD and DMD	\$8,091 annually
PharmD	\$4,259 1 st year \$4,635 2 nd year \$4,384 3 rd year
Graduate Programs and Certificates	\$122.00/semester credit or \$82.00/trimester credit
Post baccalaureate Certificates	\$1,556.00 /year
Baccalaureate Programs	\$49.00/semester credit
Associate Degree Programs	\$49.00/semester credit or \$98.00/trimester credit (evening)

Source: MSC Catalog

Appendix 6.1

UNIVERSITY OF PUERTO RICO
 MEDICAL SCIENCES CAMPUS
 FACULTY BY DEANSHIP, RANK, WORK DAY,
 AGE GROUP, SEX, TYPE OF APPOINTMENT AND EDUCATION
 ACADEMIC YEAR 2010-2011

DEANSHIP AND RANK	TOTAL	Full Time	Part Time	AGE GROUP						SEX		TYPE OF APPOINTMENT							EDUCATION							
				20-29	30-39	40-49	50-59	60+	Otro*	M	F	Tenured	Tenure Track	Trust	Special	Contract	Temporary	Other*	PhD	MD	DMD	Post Doc	Other Doc	Master	Bach.	Other*
MSC	874	682	192	10	162	220	310	166	3	376	498	415	136	1	265	0	40	17	63	170	24	231	179	149	22	36
Professor	282	266	16	0	2	22	140	117	1	139	143	252	27	0	2	0	1	0	51	64	15	89	42	18	1	2
Associate Professor	177	144	33	0	12	66	71	28	0	73	104	99	37	0	32	0	4	5	7	35	6	51	46	24	2	6
Assistant Professor	257	144	113	1	89	85	61	19	2	120	137	35	49	1	148	0	13	11	0	60	3	81	51	35	7	20
Instructor	29	22	7	2	8	9	9	1	0	7	22	4	8	0	11	0	6	0	0	3	0	1	0	22	2	1
Other*	129	106	23	7	51	38	29	1	0	37	92	25	15	0	72	0	16	1	5	8	0	9	40	50	10	7
School of Medicine	447	296	151	4	83	103	163	91	3	224	223	172	65	1	192	0	12	5	22	151	0	156	69	27	1	21
Professor	136	122	14	0	0	6	67	62	1	75	61	117	18	0	1	0	0	0	18	56	0	48	12	1	0	1
Associate Professor	81	58	23	0	2	28	37	14	0	38	43	36	17	0	23	0	3	2	3	31	0	31	14	1	0	1
Assistant Professor	179	83	96	0	62	56	44	15	2	96	83	13	27	1	128	0	7	3	0	55	0	69	32	7	0	16
Instructor	6	1	5	0	0	0	6	0	0	3	3	0	0	0	6	0	0	0	0	3	0	1	0	2	0	0
Other*	45	32	13	4	19	13	9	0	0	12	33	6	3	0	34	0	2	0	1	6	0	7	11	16	1	3
School of Dental Medicine	94	77	17	2	15	22	32	23	0	48	46	50	18	0	12	0	2	12	0	4	22	37	16	8	2	5
Professor	44	44	0	0	1	5	22	16	0	25	19	41	3	0	0	0	0	0	0	2	14	24	2	1	1	0
Associate Professor	22	18	4	0	4	8	5	5	0	11	11	7	10	0	2	0	0	3	0	1	5	5	7	1	0	3
Assistant Professor	23	11	12	1	9	9	3	1	0	9	14	0	4	0	9	0	2	8	0	1	3	7	6	3	1	2
Instructor	2	2	0	1	0	0	1	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2	0	0
Other*	3	2	1	0	1	0	1	1	0	2	1	2	0	0	0	0	0	1	0	0	0	1	1	1	0	0
Graduate School of Public Health	85	77	8	1	12	21	34	14	0	34	51	52	9	0	16	0	8	0	20	6	0	7	24	25	2	1
Professor	34	34	0	0	1	3	20	10	0	18	16	33	1	0	0	0	0	0	16	2	0	4	10	2	0	0
Associate Professor	20	19	1	0	1	8	8	3	0	7	13	15	4	0	0	0	1	0	3	1	0	2	9	5	0	0
Assistant Professor	14	12	2	0	6	5	2	1	0	4	10	3	4	0	5	0	2	0	0	1	0	1	3	8	1	0
Instructor	3	1	2	1	1	1	0	0	0	1	2	0	0	0	2	0	1	0	0	0	0	0	0	3	0	0
Other*	14	11	3	0	3	4	4	0	0	4	10	1	0	0	9	0	4	0	1	2	0	0	2	7	1	1
School of Pharmacy	33	32	1	1	11	9	6	6	0	12	21	21	9	0	0	0	3	0	3	0	0	6	15	5	2	2
Professor	8	8	0	0	0	1	2	5	0	3	5	8	0	0	0	0	0	0	3	0	0	2	2	1	0	0
Associate Professor	12	12	0	0	4	6	2	0	0	4	8	10	2	0	0	0	0	0	0	0	0	2	6	3	1	0
Assistant Professor	10	9	1	0	6	1	2	1	0	4	6	2	7	0	0	0	1	0	0	0	0	2	6	0	0	2
Instructor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other*	3	3	0	1	1	1	0	0	0	1	2	1	0	0	0	0	2	0	0	0	0	0	1	1	1	0

DEANSHIP AND RANK	TOTAL	Full Time	Part Time	AGE GROUP							SEX		TYPE OF APPOINTMENT							EDUCATION						
				20-29	30-39	40-49	50-59	60+	Otro*	M	F	Tenured	Tenure Track	Trust	Special	Contract	Temporary	Other*	PhD	MD	DMD	Post Doc.	Other Doc.	Master	Bach.	Other*
School of Health Professions	93	91	2	0	12	31	34	16	0	18	75	66	14	0	5	0	8	0	5	3	2	12	17	41	9	4
Professor	35	34	1	0	0	4	17	14	0	8	27	32	2	0	0	0	1	0	5	2	1	7	9	10	0	1
Associate Professor	22	22	0	0	0	11	9	2	0	5	17	19	2	0	1	0	0	0	0	0	1	4	4	10	1	2
Assistant Professor	17	17	0	0	4	8	5	0	0	3	14	11	4	0	1	0	1	0	0	1	0	1	2	9	4	0
Instructor	10	10	0	0	3	6	1	0	0	2	8	2	4	0	1	0	3	0	0	0	0	0	0	7	2	1
Other*	9	8	1	0	5	2	2	0	0	0	9	2	2	0	2	0	3	0	0	0	0	0	2	5	2	0
School of Nursing	35	35	0	0	6	9	12	8	0	3	32	22	8	0	1	0	4	0	2	0	0	7	4	21	1	0
Professor	11	11	0	0	0	1	6	4	0	0	11	8	3	0	0	0	0	0	1	0	0	3	4	3	0	0
Associate Professor	9	9	0	0	0	1	5	3	0	1	8	8	1	0	0	0	0	0	1	0	0	4	0	4	0	0
Assistant Professor	7	7	0	0	1	4	1	1	0	2	5	5	2	0	0	0	0	0	0	0	0	0	0	6	1	0
Instructor	5	5	0	0	3	2	0	0	0	0	5	1	1	0	1	0	2	0	0	0	0	0	0	5	0	0
Other*	3	3	0	0	2	1	0	0	0	0	3	0	1	0	0	0	2	0	0	0	0	0	0	3	0	0
Deanship for Academic Affairs	53	48	5	2	10	14	20	7	0	21	32	26	9	0	15	0	3	0	8	1	0	2	18	17	5	2
Professor	11	11	0	0	0	1	5	5	0	7	4	11	0	0	0	0	0	0	7	1	0	0	3	0	0	0
Associate Professor	4	3	1	0	0	1	2	1	0	3	1	3	1	0	0	0	0	0	0	0	0	2	2	0	0	0
Assistant Professor	2	2	0	0	0	1	1	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	2	0	0
Instructor	3	3	0	0	1	0	1	1	0	0	3	1	2	0	0	0	0	0	0	0	0	0	0	3	0	0
Other*	33	29	4	2	9	11	11	0	0	11	22	10	5	0	15	0	3	0	1	0	0	0	13	12	5	2
University Hospital	10	3	7	0	0	3	7	0	0	8	2	2	0	0	8	0	0	0	0	4	0	3	3	0	0	0
Professor	2	1	1	0	0	1	1	0	0	2	0	1	0	0	1	0	0	0	0	1	0	1	0	0	0	0
Associate Professor	5	1	4	0	0	2	3	0	0	4	1	1	0	0	4	0	0	0	0	2	0	1	2	0	0	0
Assistant Professor	3	1	2	0	0	0	3	0	0	2	1	0	0	0	3	0	0	0	0	1	0	1	1	0	0	0
Instructor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Divisions**	24	23	1	0	13	8	2	1	0	8	16	4	4	0	16	0	0	0	3	1	0	1	13	5	0	1
Professor	1	1	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Associate Professor	2	2	0	0	1	1	0	0	0	0	2	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0
Assistant Professor	2	2	0	0	1	1	0	0	0	0	2	0	0	0	2	0	0	0	0	1	0	0	1	0	0	0
Instructor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other*	19	18	1	0	11	6	2	0	0	7	12	3	4	0	12	0	0	0	2	0	0	1	10	5	0	1

Source: Human Resources System (HRS), September 2010

Other: Represents employees who do not belong to these categories or the information is unknown.

**Other Divisions: Represent Deanship for Student Affairs, Deanship of Administration and Office of the Chancellor.

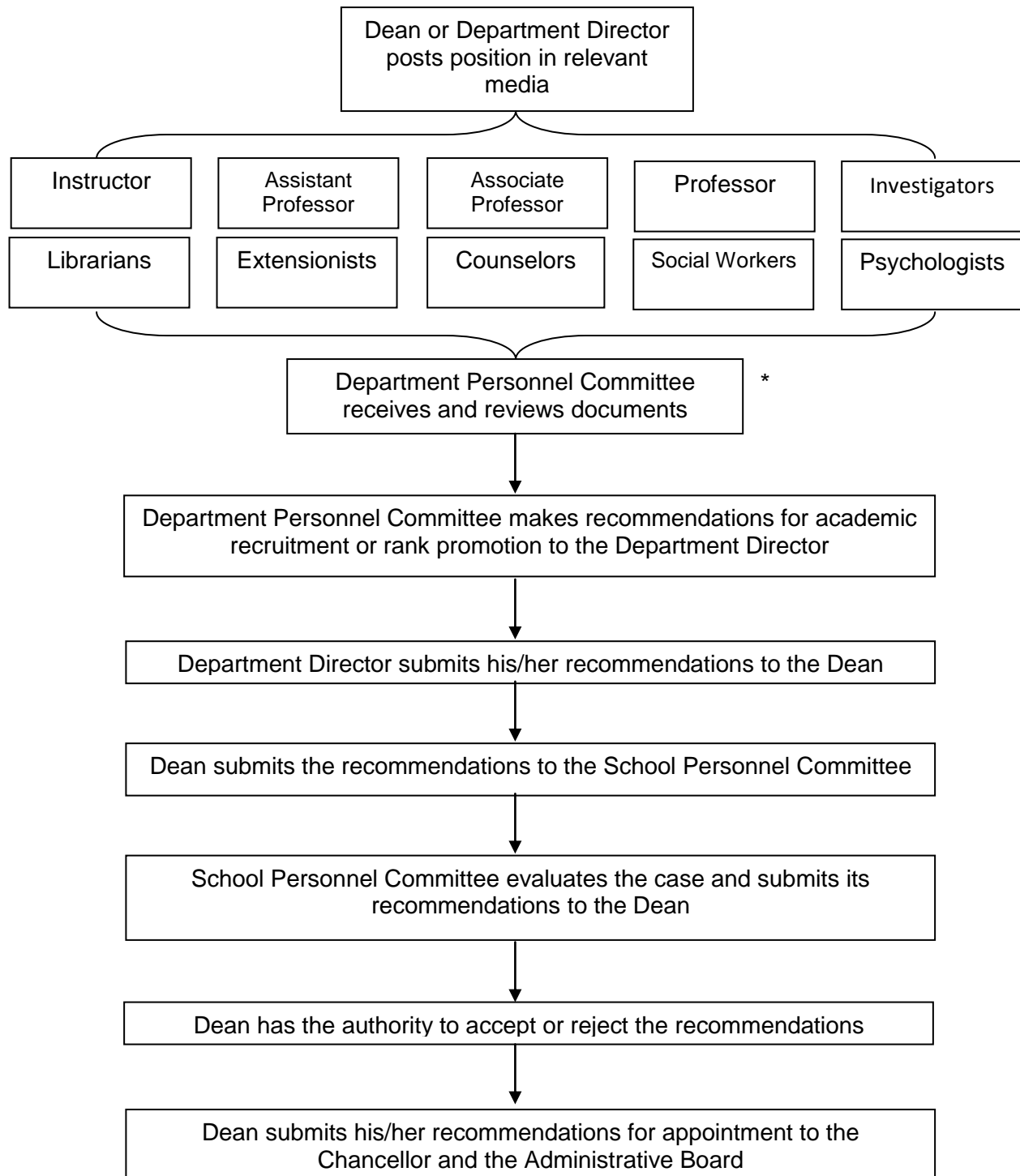
Institutional Planning, Research and Assessment Office

Sept, 2010

K.A.S

Appendix 6.2

Medical Sciences Campus Faculty Recruitment Process



*From this point on, the same process is followed for promotions in rank.

Appendix 6.3

Research Project Inventory

	2003-04	2004-05	2005-06	2006-07	2007-08
Total Number of Research Projects	169	329	416	390	472
	Number (%) of MSC Researchers				
Total Number of Researchers	125 (16%)	187 (22%)	243 (29%)	186 (22%)	225 (25%)
School of Medicine	38 (10%)	91 (19%)	165 (36%)	100 (22%)	123 (26%)
School of Dental Medicine	15 (18%)	16 (18%)	6 (6%)	13 (14%)	11 (11%)
School of Pharmacy	12 (30%)	14 (38%)	15 (44%)	16 (44%)	18 (46%)
School of Public Health	26 (41%)	26 (40%)	25 (39%)	26 (35%)	34 (42%)
School of Health Professions	19 (20%)	21 (21%)	17 (18%)	13 (14%)	19 (20%)
School of Nursing	9 (25%)	12 (36%)	10 (29%)	5 (13%)	13 (30%)
Deanship of Academic Affairs	6 (19%)	7 (18%)	5 (12%)	13 (28%)	7 (15%)

Appendix 6.4

Funded Grants Based on Annual Budget Amounts for years 2005-2009 by school and agency type

SCHOOL	AGENCY TYPE	BUDGET FY2005	BUDGET FY2006	BUDGET FY2007	BUDGET FY2008	BUDGET FY2009
ACADEMIC AFFAIRS	COMMONWEALTH	\$0	\$0	\$0	\$52,633	\$0
	FEDERAL	\$11,125,435	\$10,107,981	\$11,486,368	\$11,018,426	\$6,852,997
	PRIVATE	\$17,930	\$22,070	\$28,997	\$17,930	\$0
	Total:	\$11,143,365	\$10,130,051	\$11,515,365	\$11,088,989	\$6,852,997
<hr/> <hr/>						
CHANCELLOR'S OFFICE	FEDERAL	\$2,076,468	\$4,839,585	\$6,466,461	\$7,162,398	\$7,514,842
	FOUNDATIONS	\$8,500	\$0	\$0	\$0	\$0
	PRIVATE	\$320,395	\$345,511	\$526,520	\$339,458	\$314,919
	Total:	\$2,405,363	\$5,185,096	\$6,992,981	\$7,501,856	\$7,829,761
<hr/> <hr/>						
DENTAL MEDICINE	FEDERAL	\$730,786	\$460,465	\$2,097,573	\$2,145,947	\$2,357,706
	PRIVATE	\$0	\$0	\$121,052	\$135,230	\$0
	Total:	\$730,786	\$460,465	\$2,218,625	\$2,281,177	\$2,357,706
<hr/> <hr/>						

SCHOOL	AGENCY TYPE	BUDGET FY2005	BUDGET FY2006	BUDGET FY2007	BUDGET FY2008	BUDGET FY2009
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**HEALTH RELATED
PROFESSIONS**

COMMONWEALTH	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$531,008	\$538,115	\$535,920	\$532,018	\$592,822
PRIVATE	\$0	\$0	\$0	\$28,355	\$0
Total:	\$531,008	\$538,115	\$535,920	\$560,373	\$592,822

MEDICINE

COMMONWEALTH	\$0	\$0	\$167,351	\$42,996	\$216,990
FEDERAL	\$10,526,614	\$12,648,337	\$9,922,837	\$8,893,257	\$16,800,158
FOUNDATIONS	\$0	\$83,332	\$83,332	\$83,336	\$0
PRIVATE	\$820,488	\$992,356	\$2,641,952	\$1,519,574	\$3,205,912
Total:	\$11,347,102	\$13,724,025	\$12,815,472	\$10,539,163	\$20,223,060

NURSING

FEDERAL	\$197,945	\$199,660	\$197,945	\$75,000	\$75,000
PRIVATE	\$0	\$0	\$0	\$0	\$34,650
Total:	\$197,945	\$199,660	\$197,945	\$75,000	\$109,650

SCHOOL	AGENCY TYPE	BUDGET FY2005	BUDGET FY2006	BUDGET FY2007	BUDGET FY2008	BUDGET FY2009
PHARMACY	FEDERAL	\$50,000	\$0	\$0	\$0	\$138,650
	FOUNDATIONS	\$0	\$0	\$0	\$0	\$0
	PRIVATE	\$0	\$368,582	\$34,982	\$5,000	\$0
	Total:	\$50,000	\$368,582	\$34,982	\$5,000	\$138,650
PUBLIC HEALTH	COMMONWEALTH	\$0	\$6,075	\$0	\$12,500	\$25,000
	FEDERAL	\$877,033	\$1,611,550	\$637,670	\$725,342	\$1,699,928
	PRIVATE	\$399,998	\$25,000	\$15,970	\$118,817	\$51,003
	Total:	\$1,277,031	\$1,642,625	\$653,640	\$856,659	\$1,775,931
Grants Total:		\$27,682,600	\$32,248,619	\$34,964,930	\$32,908,217	\$39,880,577

Source: Office of Sponsored Programs

APPENDIX 6.5

**FACULTY PUBLICATIONS
2004-2005**

School or Unit	Publications	Main Author from the School	Other Authors from the School	Publication Type						
				Abstracts	Scientific or Professional Journal	Communications	Posters	Book	Book Chapter	Other ²
MSC, UPR	429	198 23%	163	195	114	8	57	3	4	48
Medicine	221	113 24%	92	100	56	2	27	0	2	34
Dental Medicine	29	18 20%	16	25	3	0	1	0	0	0
Public Health	34	22 34%	20	11	7	3	9	2	1	1
Pharmacy	36	25 67%	18	19	9	1	2	0	0	5
Health Professions	13	9 9%	9	2	7	1	2	0	1	0
Nursing	1	1 3%	1	0	0	0	0	0	0	1
Deanship for Academic Affairs	26	10 26%	7	11	7	0	8	0	0	0
Others ¹	69	-	-	27	25	1	8	1	0	7

¹Publications whose main authors do not belong to the MSC-UPR.

²Includes publications that did not report the type of publication.

Campus = 11

**FACULTY PUBLICATIONS
2005-2006**

School or Unit	Publications	Publication Type					Publication Status			Main Author from the School	Co-Authors from the School
		Books	Book Chapter or Monograph	Article in Peer-Review Journal	Article not in Peer-Review Journal	Abstract	Not Indicated	Published	In Press		
MSC UPR	530	5	16	243	66	124	76	289	111	183	179
Medicine	286	2	5	134	26	73	46	172	43	124	106
Dental Medicine	20	0	0	17	0	3	0	14	6	7	17
Public Health	47	1	8	18	3	12	5	33	13	19	15
Pharmacy	21	0	0	7	0	10	4	8	13	11	15
Health Professions	12	0	0	8	0	4	0	7	3	10	8
Nursing	5	0	0	1	2	1	1	3	1	4	2
Deanship for Academic Affairs	31	2	0	8	2	6	13	19	12	8	16
Main Author does not belong to the MSC	108	0	3	50	33	15	7	33	20	-	-

**FACULTY PUBLICATIONS
2006-2007**

School or Unit	Publications	Publication Type					Publication Status			Main Author from the School	Co-Authors from the School
		Books	Book Chapter or Monograph	Article in Peer-Review Journal	Article not in Peer-Review Journal	Abstract	Not Indicated	Published	In Press		
MSC	513	11	19	218	41	93	131	405	77	173	204
Medicine	248	7	11	89	18	57	66	194	34	111	133
Dental Medicine	15	-	-	13	1	1	-	13	2	2	4
Public Health	34	-	5	11	-	13	5	31	3	16	24
Pharmacy	9	-	-	6	-	3	-	8	1	5	8
Health Professions	13	1	-	-	6	5	1	11	2	9	4
Nursing	5	-	-	3	1	-	1	3	2	4	5
Deanship for Academic Affairs	38	-	-	19	15	4	-	31	7	21	20
Office of Chancellor	2	1	-	-	-	-	1	1	1	1	6
Main Author does not belong to the MSC	149	2	3	77	-	10	57	113	25	-	-

FACULTY OF PUBLICATIONS

2007-2008

School or Unit	Publications	Publication Type					Publication Status			Main Author from the School	Co-Authors from the School
		Books	Book Chapter or Monograph	Article in Peer-Review Journal	Article not in Peer-Review Journal	Abstract	Not Indicated	Published	In Press		
MSC	506	9	15	265	27	130	59	342	65	180	214
Medicine	229	4	5	120	17	64	19	143	34	122	130
Dental Medicine	11	1	1	2	0	7	0	7	1	5	11
Public Health	39	2	4	16	3	12	2	24	8	16	27
Pharmacy	14	0	0	7	1	2	4	8	2	5	12
Health Professions	15	0	0	11	2	2	0	11	1	9	6
Nursing	13	0	1	5	2	1	3	10	3	5	5
Deanship for Academic Affairs	43	0	1	26	1	15	0	26	3	17	17
Office of Chancellor	1	0	0	0	0	0	1	1	0	1	6
Main Author does not belong to the MSC	141	2	3	78	1	27	30	112	13	-	-

Source: Assessment Outcomes Report, June 2010

APPENDIX 6.6

The research centers, programs and institutes of the MSC are described below
(<http://www.rcm.upr.edu/rcm/CentrosInvestigacion.aspx>):*

AIDS Clinical Trials Unit (ACTU)

The ACTU belongs to an AIDS clinical trial network including different universities in the United States, Puerto Rico, Brazil and Italy. These centers actually work in the advancement of new AIDS treatments and other conditions associated to Human Immunodeficiency Virus. The ACTU is a component of the Medicine Department of the School of Medicine. It is supported with funds from the National Institute of Allergies and Infectious Diseases (NIAID) of the NIH.

Animal Resources Center

The Animal Resources Center (ARC) is responsible for the daily care of all animals used in teaching and research at the Medical Sciences Campus. The animal facilities are fully accredited by the American Association for the Accreditation of Laboratory Animal Care (AAALAC). The research conducted focuses primarily on the use of laboratory animals as models of human disease.

Behavioral Sciences Research Institute

The Behavioral Sciences Research Institute is a scientific research program under the Dean of Academic Affairs of the UPR MSC. Its main objectives are: 1) to carry out studies of mental disorders, behavioral problems and their associated features in the adult, child and adolescent population of Puerto Rico; 2) to translate, adapt to the Puerto Rican culture, and test the psychometric properties of the various diagnostic instruments used in the research performed; 3) to develop methodologies and theoretical models which are applicable to research with Hispanic and other minority populations within the United States; 4) to promote collaborative research with other research centers and researchers within and outside of the island, including European research centers; and 5) to provide the training of students in basic research skills, both within and outside the University, particularly in Latin America. Various mechanisms are used to fund trainees, but the most frequent mechanism used is the minority supplement awards sponsored by NIH.

Center for Environmental & Toxicology Research

The Center for Environmental Toxicology Research investigates the effects of pollutants in specific areas of environmental concern in Puerto Rico. The Center, headquartered at the UPR MSC, provides the infrastructure to support interdisciplinary research of 12 scientists and 27 graduate students from various campuses of the UPR system.

* Some programs may have closed but were operating during the period under study.

Caribbean Primate Research Center

The Caribbean Primate Research Center (CPRC) conducts multidisciplinary, collaborative studies on the entire life cycle of rhesus monkeys as a biological model for humans. For over 30 years the CPRC has been providing an invaluable service to the national and international scientific community by providing Indian-origin rhesus macaques with known backgrounds and of the same genetic pool, for use in studies of numerous diseases that afflict humans.

Center for Hispanic Youth Violence Prevention

The Center for Hispanic Youth Violence Prevention (CHYVP) is one of ten Academic Centers of Excellence of the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. The Center integrates academic institutions and community organizations to develop youth violence prevention strategies in Puerto Rico.

Center for Information Architecture in Research

The Center for Information Architecture in Research (CIAR) at the UPR MSC is funded by a RCMI grant (G12RR03051) from the National Center for Research Resources, National Institutes of Health. CIAR's main goal is to enhance collaboration between researchers at the Medical Sciences Campus (MSC), University of Puerto Rico, and researchers in other institutions within and outside Puerto Rico through the application of computing and telecommunications technologies. Four specific aims have been identified: 1) to facilitate access and stimulate the use of high performance computing and biotechnology research resources available through the Internet; 2) to create or enhance web sites, news groups or list servers for interdisciplinary research initiatives at the MSC that collaborate actively with investigators at the regional, national or international level; 3) to create portals to research resources available at the MSC or online through the Web, and 4) to update the telecommunications infrastructure in some areas of the MSC.

Census Data Center

The Graduate School of Public Health, in agreement with the U.S. Bureau of the Census and the Puerto Rico Planning Board, established the Census Data Center. The Center's main objective is to disseminate census and health data to the University community and the general public. Operated by the School's Demography Program, the Center has one of the largest collections of reports of all the censuses undertaken by the U.S. Bureau of the Census in the island. The Puerto Rico Vital Statistics Annual Report, as well as death and marriage survey tapes from the Puerto Rico Department of Health, are part of the data inventory. Reports from other public agencies, such as the Department of Labor, are also available.

Center for Health Care Systems Evaluation and Sociomedical Research

The goal of the Center for Health Care Systems Evaluation and Sociomedical Research of the Graduate School of Public Health is to promote and conduct research aimed at examining the main health problems that impact Latinos. The research generated by the Center is geared at improving the health conditions and quality of life of the Latino population. The experience in field studies undertaken by the Center during the past 20

years has been of great help in obtaining successful grant applications from the NIH and CDC, and in establishing various collaborative studies with other institutions. In addition to its publications, the Center disseminates information through workshops on evaluation research, methodology, and development of measurement instruments.

Center for Pharmaceutical Processing Research (CPPR)

The CPPR, established in 1995, is one of over 50 such centers established by the National Science Foundation, and the only one devoted to pharmaceutical processing research. CPPR is a multi-university center comprised by Purdue University, the University of Connecticut, and the UPR. The mission of the CPPR is to foster an interdisciplinary approach to pharmaceutical processing-related research, to catalyze interaction between industrial and academic scientists, and to make the application of a basic science approach to formulation and manufacture of drug products an integral part of graduate pharmaceutical education. Pharmaceuticals are foremost in the Puerto Rican industrial field. This industry is geared to the manufacturing and processing of both active ingredient and finished dosage forms, which is in line with the research focus of CPPR. In agreement with its mission, the CPPR's main goal is to establish an effective research program to support the pharmaceutical industry in Puerto Rico in the solution of manufacturing and processing problems. This goal is attained through the active participation of industry, UPR faculty, and students in the submission of research proposals. CPPR has also established a collaboration alliance with INDUNIV (University/Industry Research Consortium) to facilitate the interaction between industry and UPR researchers, and to identify areas of research interest and opportunities within the pharmaceutical industry.

Clinical Microbiology Laboratory

The Clinical Microbiology Laboratory of the Department of Microbiology and Medical Zoology of the School of Medicine is a reference laboratory for Puerto Rico and the Caribbean which performs specialized procedures such as isolation of herpes simplex virus and chlamydia by tissue culture and monoclonal antibody techniques. The laboratory gives technical and scientific support to both clinical and basic research projects that require PCR procedures for the detection of viral genome sequences such as HIV and HPV in human specimens.

Extramural Research Development Award (EARDA)

EARDA was created to achieve the following objectives: (1) to enhance the research productivity of the faculty, and facilitate research experiences for students to reduce health disparities, and improve the health related quality of life of the Puerto Rican community, and (2) to encourage research excellence, integrity and interdisciplinary collaboration. EARDA sponsors mini-pilot projects on a yearly competition, facilitates the communication between the funding agencies and the faculty, coordinates and conducts workshops on grants writing, grants process, proposal development, and scientific publications.

Hispanic Center of Excellence Program

The Hispanic Center of Excellence Program of the UPR School of Medicine is a federally funded program administered through the Office of Disadvantaged Assistance, Bureau of Health Professions of the Public Health Service. These are awarded to public or nonprofit private health professions schools to support programs of excellence in health professions education of minority individuals. The Hispanic Center of Excellence Program contributes to the understanding of health issues affecting Hispanics, the development of instructional activities for health professionals serving mainly Hispanic populations, and the training of Hispanic physicians to deliver culturally sensitive health care and who will understand and contribute to the solutions of the health problems affecting these populations. The Program is an important promoter of the training of generalist physicians and supports the development of research that is relevant to the health problems faced by Hispanics in Puerto Rico and the US mainland. The Community Oriented Primary Care model is promoted as an appropriate service delivery model upon which instructional activities and relevant research may be developed. The Program conducts activities to strengthen and expand the existing institutional programs concerning student performance and recruitment, information resources, curriculum, faculty development and retention, and faculty and student research. Research is addressed by the following objectives: (1) to develop research in community oriented primary care, health services outcomes, and Hispanic health problems that will result in publications and/or presentations by the faculty; (2) to provide students with a supervised research experience dealing with health issues that affect Hispanics on the island and on the mainland, the results of which will be presented at the MSC Annual Research Forum or another appropriate professional or scientific forum.

Institute for Health Sciences History

Created in 2003 with the participation of all campus schools, the Institute for Health Sciences History seeks to promote the study of the history of the health sciences by sponsoring symposia, lectures, and multidisciplinary projects among campus faculty and guest researchers. The Deanship for Academic Affairs provides the common ground for all disciplines and the Institute's activities.

Institute of Neurobiology

The Institute of Neurobiology of the UPR-MSU is an interdepartmental, interdisciplinary research facility. It is devoted to and equipped for the study of excitable cells and the neurobiology systems formed by them. In addition, the laboratory provides access to the rich fauna and flora which inhabit the littoral waters and the rain forests of Puerto Rico. All laboratory facilities are open to cellular neurobiologists and to research workers including physiologists, anatomists, biochemists, toxicologists, zoologists, and others, both from the UPR and visiting scientists from universities on the mainland and foreign countries.

Maternal Infant Study Center

The Maternal-Infant Study Center is dedicated to scientific research, training of health professionals and service to women who live with AIDS. The program offers patients with a multidisciplinary team that provides medical, gynecologic-obstetrics, psychiatric, psychological and social work services. Also provides research clinics with new

medicines related with HIV. One of the most important achievements has been to reduce to zero the perinatal transmission of HIV in patients they have attended. None of the children born to the patients has acquired HIV.

Medicinal Plants Garden

The School of Pharmacy established the Medicinal Plants Garden at the Río Piedras Campus in 1936 and was transferred in 1949 to the UPR Botanical Garden. In 2008 new facilities were opened to the public. The Medicinal Plants Garden has research and educational goals related to the chemical content and pharmacological effects of natural products.

Natural Products Laboratory

The Natural Products Laboratory screens natural products for potential anti-HIV, anti-cancer, and anti-malarial bioactives. Through the National Institutes of Health Research Centers for Minority Institutions grant, an AIDS Screening Laboratory was established in-house, being the only one of its kind in the Caribbean and Latin America. The laboratory is one of the few in the world dedicated to the broad screening of potential anti-HIV bioactives. Strong collaborative research links have been established with the University of Illinois College of Pharmacy, the Walter Reed Army Institute of Research, and the AIDS Center at Purdue University.

Minority Biomedical Research Support - Support of Continuous Research Excellence (MBRS-SCORE)

The MBRS-SCORE was funded under the umbrella of the Minority Opportunities in Research Division (MORE) in the National Institute of General Medical Sciences (NIGMS) of the NIH. The long-range objective of the MBRS SCORE Program at the UPR-MSU is to develop productive health-related research programs among faculty, contribute to a supportive campus research environment, and stimulate under-represented minority students to enter careers in biomedical research. MBRS SCORE Program funding provides faculty an opportunity to generate sufficient data to present research results at national and international research forums, publish in peer-review journals, and apply for independent research support. The Program encourages the participation of developing investigators from throughout the Medical Sciences Campus with the expectation that this support will empower them to compete on a more equal basis with researchers from more gifted institutions.

Minority Biomedical Research Support - Research Initiative for Scientific Enhancement (MBRS-RISE)

The purpose of the MBRS-RISE Program is to enhance the research environment at minority-serving institutions. The overall goal is to increase the interest, skills and competitiveness of students and faculty in pursuit of biomedical research careers.

Nursing Research Center on HIV/AIDS Health Disparities

The Nursing Research Center on HIV/AIDS Health Disparities was funded by the National Institute of Health, National Institute of Nursing Research in 2002, linking the

UPR School of Nursing with the School of Nursing at the University of California, San Francisco (UCSF). The project seeks to enhance the quantity and quality of Research on HIV/AIDS health disparities. The long-term goal of the Center is to ensure the independence of the SON (UPR) as a minority institution and serves as a demonstration center for other schools of nursing in Puerto Rico and the Caribbean. The Center's goal is to enhance the knowledge base for nursing care in order to improve the health and quality of life of people living with and affected by HIV disease. This includes: 1) expanding the number of nurses involved in HIV/AIDS health disparities research; 2) increasing the number of research projects aimed at reducing health disparities in HIV disease; and 3) enhancing the career development of minority nurse investigators. The Center provides funding workshops, mentorship, support and consulting in grants writing and publication of research articles to faculty, graduate students, and postdoctoral fellows from UCSF and UPR.

Puerto Rico Biomedical Research Education Program

The mission of the Puerto Rico Biomedical Research Education Program is to improve the knowledge of K-12 Puerto Rican students about biomedical research focusing on diseases and disorders that disproportionately impact the Puerto Rican population, with the long term goal of increasing the number of students who pursue a career in the biomedical sciences.

Puerto Rico Cancer Center

The mission of the Puerto Rico Cancer Center is to promote basic sciences, clinical, and epidemiological research in cancer prevention and control in Puerto Rico. In addition, the Center supports programs in cancer information and education for the public, patients, and health professionals. The Center also seeks to be the basis for a comprehensive cancer center of excellence in cancer prevention, research, and service for Puerto Rico and the Caribbean, given its primary concern with cancer in Hispanics and other minority populations.

Puerto Rico Comprehensive Center for the Study of HIV Disparities

The Puerto Rico Comprehensive Center for HIV Disparities established the operational and research infrastructure for a Comprehensive Center for the study of Health Disparities in the area of HIV/AIDS. This is also a unique and important initiative because for the first time, the three accredited medical schools in Puerto Rico (UPR School of Medicine, Universidad Central del Caribe School of Medicine, and Ponce School of Medicine) collaborate as partners in the pursuit of a common goal.

Puerto Rico Health Services Research Institute

The Puerto Rico Health Services Research Institute develops and enhances the capacity to conduct health services research in the Department of Health Services Administration and the School of Public Health at the UPR-MSU. The PRHSRI is funded by the Agency for Healthcare Research and Quality as a Minority Research Infrastructure Support Program. The Puerto Rico Health Services Research Institute was created to develop research-based knowledge founded on the reality of the Puerto Rican and U.S. healthcare systems that will assist decision-makers in evaluating health policy

options. The long-term objective is to extend the short term pilot projects into more comprehensive studies comparing the health of Puerto Ricans in the island to Puerto Ricans in the U.S.

Puerto Rico Public Health Leadership Institute

This institute for applied research in public health leadership is directed at health professionals in Puerto Rico and other Latin American countries. This two year continuing education program offers an innovative approach to leadership development. The Institute is co-sponsored and funded by the Puerto Rico Department of Health and the UPR Graduate School of Public Health. The Institute's headquarters are located on the fourth floor of the main building of the UPR Medical Sciences Campus. Institute scholars will receive a participation certificate, as well as, continuing education credits once they have fully completed the educational experience.

Quantitative Cytopharmacology

The Quantitative Cyto-Pharmacology Laboratory has a fully equipped tissue culture area and areas for cell sample preparation for immunophenotyping, chemical analysis and basic molecular biology studies. The RCMI Program Core Laboratories, Flow Cytometry Unit, Image Analysis Resource Center and Molecular Biology Core Facility are also available to research personnel for conducting experimental studies.

Research Centers in Minority Institutions (RCMI)

The goal of the RCMI Program for 2006-2011 is to continue the development of competitive research at the MSC by focusing on the development of a strong infrastructure for conducting multidisciplinary collaborative research studies through the establishment of clusters of excellence in health disparities affecting the Puerto Rican population. The RCMI program proposes to: (1) develop infrastructure and provide support services to facilitate the conduct of multidisciplinary collaborative research in health disparities; (2) target specific areas of research and provide initial funding for developing these research activities; (3) promote the professional development of junior or research faculty working on this area.

RCMI-Clinical Research Center

The goal of the RCMI-CRC Program at the MSC is to develop the necessary infrastructure and support services to conduct clinical research activities and to stimulate the clinical research potential of faculty. The following specific aims have been identified: 1) to create a self-supported infrastructure for clinical research including appropriate physical facilities, as well as administrative and research support services; 2) to enhance the research potential of current and new clinical research faculty and to encourage collaborative research between clinical and basic investigators; and 3) to target research programs or areas for development.

Research Institute for Global Health Promotion and Health Education

The goal of the Research Institute for Global Health Promotion and Health Education of the School of Health Professions is to establish and develop research collaboration with

different countries that will enable innovative research approaches in health related areas.

School of Dental Medicine Research Center

The Center for Clinical Research and Health Promotion of the School of Dental Medicine aims to make important contributions to global health and reducing disparities through research and health promotion activities. It also seeks to develop a strong research team that conducts and promotes internationally relevant and meritorious clinical research and health promotion activities. The center and its website are supported by Grant Number G12RR03051 (RCMI Program, UPR MSC) from the National Center for Research Resources (NCRR), a component of the NIH.

Specialized Neurosciences Research Program

The NeuroAIDS Program at the UPR-MSU is supported by the National Institutes of Neurological Disorders and Strokes (NINDS). The Program is one of the Specialized Neurosciences Research Programs (SNRP) on health disparity regarding HIV and the nervous system. The proposal was granted as a response to a request for application (RFA NS99-007) addressing the nervous system manifestations present in HIV patients and the high incidence of the disease in minority populations. The NeuroAIDS Program of the UPR MSC has two NINDS funded projects and two pilot studies ongoing. These projects are in collaboration with well recognized HIV investigators. These research collaborations offer the opportunity to establish state-of-the-art research projects and strengthen current research at the UPR MSC.

Unit of Comparative Medicine (UCM)

The UCM of the UPR MSC was established on October 1, 1999. Under the Chancellor's Office, the UCM serves as an administrative umbrella which oversees three research units: the Animal Resources Center (ARC), the Animal Facilities at the Institute of Neurobiology (AFIN), and the Caribbean Primate Research Center (CPRC) including Cayo Santiago.

Women and Health Research Center

The Research Component of the National Center of Excellence in Women's Health at the UPR-MSU was created to identify and establish priorities in basic and clinical research, as well as to develop a research agenda that will address women's health issues relevant to the Hispanic population. The Center's objectives to achieve these goals are the following: 1) To assess ongoing research efforts in women's health at the MSC; 2) To develop a directory of faculty who are conducting research related to women's health; 3) To identify key health needs of Puerto Rican women and their incorporation in a research agenda; 4) To establish a research program that stimulates collaborations and interdisciplinary approaches; and 5) To disseminate research-related information.

Appendix 7.1

Selected Humanities and Social Sciences Courses

School	Courses	Strategies
Nursing	Health: An Integral Perspective Nursing Process with the Human Being in Primary Care	Seminars, case discussions; problem based learning
Pharmacy	Health Promotion and Disease Prevention Psychosocial Basis, Culture, and Management Theory-Practice Seminar I-II	Exploration, Conceptualization and Application (ECA), problem posing and problem based learning
Medicine	Human Development I Fundamentals of Public Health and Preventive Medicine I-II	Problem posing and problem based learning, community visits, lectures, demonstrations, simulations
Dental Medicine	Human Development and Behavioral Management Introduction to Community Dentistry	Problem posing and problem based learning, community visits, lectures, demonstrations, simulations
Health Professions	Human Growth and Development I-II Fundamentals on Social Education	Seminars, case discussions; problem based learning
Public Health	Core Course in Public Health Culture, Society, and Complex Organizations	Lectures, case discussions, seminars, field experiences

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Dra. Dyhalma Irizarry, Presidenta
Marzo-Diciembre 2003
Colegio de Profesiones
Relacionadas con la Salud (CPRS)

Dra. Kathleen Crespo, Presidenta Interina
Enero – Septiembre 2004
Escuela de Odontología

MIEMBROS

Escuela de Medicina

Dr. Aníbal Marín
Sra. Irma L. Rivera

Escuela de Farmacia

Dra. Elga Vega
Dra. María Pi

Facultad de Ciencias Biosociales y Escuela de Graduada de Salud Pública

Dra. Annie Alonso
Sa. Ivelisse García

Colegio de Profesiones Relacionadas con la Salud

Dra. Lyvia A. Álvarez
Profa. Melba L. Muñiz
Prof. Zulma I. Olivieri Villafañe

Decanato de Asuntos Académicos

Profa. Brunilda Príncipe Pabellón
Profa. Lillian E. Ríos Rodríguez
Profa. María Lina Collazo
Sra. María Quintero
Sa. Wanda Barreto

Decanato de Estudiantes

Sra. Rosa Vélez

Decanato de Enfermería

Profa. Leonarda González
Profa. Nancy Morales Jiménez

Decanato de Administración

Sa. Jessica Zayas

Escuela de Odontología

Dra. María Recio
Dra. María A. Loza

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INDICADORES DE RESULTADOS PARA LAS METAS Y OBJETIVOS DEL RCM

AREA: 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**

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
1.1 Ofrecer programas académicos en las ciencias de la salud conducentes a la formación de los profesionales en estas disciplinas	<ul style="list-style-type: none"> • 100% de los Programas académicos estarán acreditados por las agencias correspondientes, si aplica. 	<ul style="list-style-type: none"> • Lista de programas académicos de cada disciplina, agencia acreditadora y última fecha de acreditación 	<ul style="list-style-type: none"> • Oficina de Acreditación, Decanato para Asuntos Académicos 	<ul style="list-style-type: none"> • Anual 	
1.2 Proveer experiencias educativas teóricas en las aulas y prácticas en los distintos escenarios de prestación de servicios	<ul style="list-style-type: none"> • Por lo menos el 70% de los estudiantes indicarán que se lograron los objetivos de los cursos • Por lo menos un aumento cada tres años de un escenario de prestación de servicio en cada Escuela 	<ul style="list-style-type: none"> • Informes de evaluación de cursos • Lista de escenarios de práctica disponibles 	<ul style="list-style-type: none"> • Oficina del Decano Asociado para Asuntos Académicos u Oficina de Evaluación de las respectivas facultades • Coordinadores de escenarios de prestación de servicios 	<ul style="list-style-type: none"> • Anual • Cada tres años 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
1.3 Proveer experiencias interdisciplinarias conducentes al dominio de las destrezas, conocimientos y actitudes necesarios para el ejercicio de su profesión como parte de los ofrecimientos académicos	<ul style="list-style-type: none"> • Aumento de una actividad interdisciplinaria anual en cada Facultad • 5% de aumento cada 3 años de los estudiantes que participan en las experiencias interdisciplinarias • Por lo menos un 70% de los estudiantes estarán satisfechos con las actividades 	<ul style="list-style-type: none"> • Lista de actividades (cursos, talleres, seminarios, clínicas, entre otros) por programas académicos de las respectivas facultades • Lista de los estudiantes participantes en actividades interdisciplinarias • Resultados de la evaluación de las actividades 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Oficina del Decano Asociado para Asuntos Académicos de las respectivas facultades • Jefes de departamentos académicos y directores de programas de las respectivas facultades • Jefes de departamentos académicos y directores de programas de las respectivas facultades 	<ul style="list-style-type: none"> • Anual • Anual • Anual 	
1.4 Sistematizar la revisión continua de los programas académicos para atemperarlos a las necesidades de la comunidad puertorriqueña y al contexto de la realidad económica de la Universidad de Puerto Rico	<ul style="list-style-type: none"> • Creación de una política institucional para la revisión sistemática de los programas académicos para el año 2006. • Implantación de una política institucional para la revisión sistemática de los programas académicos para el año 2007 	<ul style="list-style-type: none"> • Certificaciones, documentos normativos y guías de procedimiento que permitan sistematizar la revisión continua de los programas académicos 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos 	<ul style="list-style-type: none"> • 2006 Creación • 2007 Implantación 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
1.5 Desarrollar nuevos programas académicos en las ciencias de la salud en respuesta a las necesidades de la comunidad puertorriqueña	<ul style="list-style-type: none"> • Desarrollar un programa académico nuevo cada 5 años en respuesta a las necesidades de la comunidad puertorriqueña 	<ul style="list-style-type: none"> • Lista de propuestas aprobadas para el desarrollo de programas académicos nuevos 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Oficina del Decano Asociado para Asuntos Académicos de las respectivas facultades 	<ul style="list-style-type: none"> • Cada 5 años 	
1.6 Fortalecer el apoyo institucional a los programas para que respondan a las necesidades de demanda real de profesionales de la salud del pueblo y de la sociedad puertorriqueña	<ul style="list-style-type: none"> • Al menos un 5% anual de aumento en los fondos extrauniversitarios • De 5-10% anual de aumento de fondos para mejoras permanentes y mantenimiento preventivo a la planta física • De 5-10% anual de aumento de fondos asignados para la capacitación de la facultad y el personal no docente 	<ul style="list-style-type: none"> • Informe Anual 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos 	<ul style="list-style-type: none"> • Anual 	

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AREA: DESARROLLO ACADEMICO Y ESTUDIANTIL

META 2: PROVEER EDUCACIÓN DE EXCELENCIA EN LAS CIENCIAS DE LA SALUD DESDE NIVELES PRE Y POST BACHILLERATO HASTA DE POST GRADO

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
2.1 Proveer los recursos humanos, físicos, de equipo, biblioteca y otros recursos de apoyo para el desarrollo de programas académicos	<ul style="list-style-type: none"> • Contar con un número de facultativos por programa, suficiente para mantener la razón facultad/estudiante según los estándares establecidos, tal como agencias acreditadoras • Por lo menos cumplir con los estándares mínimos de espacio/capacidad máxima para el proceso enseñanza-aprendizaje • Para el 2008 todos los programas expresarán que cuentan con el equipo necesario para el proceso enseñanza-aprendizaje por programa académico • El RCM contará con el 100% de todo lo identificado como esencial en las listas de recursos bibliográficos para el 2008 	<ul style="list-style-type: none"> • -Informe Anual • -Autoestudios • -Informes • -Planificación Física • -Autoestudios de las Escuelas • -Encuesta • -Brandom List para MD, Odon, Allied Health • -ACPE List para Pharm. 	<ul style="list-style-type: none"> • Decanos • Gerencia de Capital Humano • Registrador • Planificación Física • Decanos • Decanos • Oficina de Propiedad • Directora de la Biblioteca 	<ul style="list-style-type: none"> • Anual • Cada 2 años • Cada 2 años • Cada 5 años 	Desarrollar cuestionario

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
	<ul style="list-style-type: none"> • Contar con por lo menos el promedio del número de bibliotecarios y paraprofesional disponibles por población servida, según los estándares de la Biblioteca • Contar con por lo menos un Consejero Profesional por cada Escuela 	<p>-Estándares de Biblioteca de agencias acreditadoras</p> <ul style="list-style-type: none"> • Informe Anual de Biblioteca AAHSL (American Association of Health Sciences Library Annual Report) • Informe Anual 	<ul style="list-style-type: none"> • Directora de la Biblioteca • Decanos Auxiliares de estudiantes de las facultades 	<ul style="list-style-type: none"> • Anual • Anual 	
2.2 Propiciar que las experiencias de investigación y servicio enriquezcan la docencia	<ul style="list-style-type: none"> • Divulgar el 100% de los proyectos de investigación en los programas académicos • Por lo menos un estudiante participará en cada investigación de facultad • Al menos seis acuerdos de colaboración para ofrecer servicios clínicos y otros en instituciones públicas y privadas • Refiérase a los indicadores de la Meta 2, Objetivo 6 	<ul style="list-style-type: none"> • Informe de Acreditaciones • Informes Semestrales • "Activity Statement" • Informe de Acreditaciones • Informes Semestrales • "Activity Statement" • Convenios y Acuerdos • Informe Anual • Catálogo de Cursos 	<ul style="list-style-type: none"> • Decanos • Decanos Asociados • Decanos Asociados • Decanos • Coordinadores de Clínicas • Decanato de Asuntos Académicos 	<ul style="list-style-type: none"> • Anual • Anual • Anual • Cada 2 años 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
2.3 Garantizar el control de calidad de los programas académicos mediante los procesos de acreditación y de evaluación sistemática de los mismos	<ul style="list-style-type: none"> • El 100% de los programas académicos deben tener acreditación por su agencia • Al menos 3 actividades de evaluación (revisión de cursos, secuencia curricular y otros) a nivel de escuela se llevarán a cabo • 100% de las facultades contarán con un plan de avalúo para el 2006 	<ul style="list-style-type: none"> • Calendario de Acreditaciones • Minutas de reuniones • Prontuarios revisados • Plan de avalúo de programas académicos 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Decanos Asociados de Asuntos Académicos • Decanos Asociados 	<ul style="list-style-type: none"> • Semestral • Anual • Anual 	
2.4 Contar con procedimientos ágiles para iniciar con prontitud nuevos ofrecimientos académicos o innovaciones curriculares	<ul style="list-style-type: none"> • El tiempo promedio de aprobación de un programa académico nuevo será de 3 años o menos • El tiempo promedio de aprobación de un programa académico revisado será de 1 año • Por lo menos 2 innovaciones curriculares se llevarán a cabo en cada programa (estrategias de enseñanza, incorporación de tecnología, etc.) 	<ul style="list-style-type: none"> • Certificaciones emitidas por cada uno de los foros • Documento final de Propuesta Académica • Certificación de Aprobación de Junta de Síndicos • "Activity Statement" • Prontuarios • Encuesta a Facultad 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Decano(a) Asuntos Académicos • Senado Académico • Decanos Asociados 	<ul style="list-style-type: none"> • Cada 2 años • Anual • Cada 3 años 	<ul style="list-style-type: none"> • Hay que definir innovaciones curriculares
2.5 Proveer actividades que promuevan el desarrollo personal, profesional y de destrezas de enseñanza en la facultad	<ul style="list-style-type: none"> • Por lo menos 2 actividades de desarrollo pedagógico se celebrarán en cada facultad • Cada facultativo asistirá a por lo menos 2 actividades por año de desarrollo profesional 	<ul style="list-style-type: none"> • Informe Anual • Informe Anual 	<ul style="list-style-type: none"> • Investigación Institucional • Decanos • Decanato de Asuntos Académicos 	<ul style="list-style-type: none"> • Anual • Anual 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
	<ul style="list-style-type: none"> • Se celebrará una actividad de desarrollo personal por facultad anual 	<ul style="list-style-type: none"> • Informe Anual 	<ul style="list-style-type: none"> • Decanos Asociados • Programa de Ayuda al Personal 	<ul style="list-style-type: none"> • Anual 	
<p>2.6 Implantar un sistema de incentivos que estimule a la facultad a obtener niveles de excelencia en la docencia y que contribuya al reclutamiento y retención de la facultad más cualificada</p>	<ul style="list-style-type: none"> • Se concederá por lo menos una sabática anual • Se auspiciarán al menos 5 viajes anuales para la facultad por escuela • Para el 2008 el 70% de la facultad estará satisfecha con los incentivos disponibles: <ul style="list-style-type: none"> ✓ Ayuda económica para estudios ✓ Costos indirectos ✓ Descarga ✓ Licencias (ver reglamento) ✓ Plan de Práctica Intramural ✓ Exención de matrícula ✓ Tiempo de estudio ✓ Beneficios marginales 	<ul style="list-style-type: none"> • Informe Junta Administrativa • Informe Anual • Informes • Encuesta 	<ul style="list-style-type: none"> • Junta Administrativa • Decanos • Decanos • Investigación Institucional 	<ul style="list-style-type: none"> • Anual • Anual • Cada 5 años 	
<p>2.7 Fortalecer los programas de reclutamiento de estudiantes que demuestren mayor talento y motivación</p>	<ul style="list-style-type: none"> • Se recibirán 2 solicitantes que cualifican por cada estudiante admitido para el 2008 • Cada facultad contará con un plan de reclutamiento para el 2006 • Incremento de 10% para el 2007 en las actividades de reclutamiento y promoción por escuela 	<ul style="list-style-type: none"> • Informes OIIA • Plan • Informe de Actividades 	<ul style="list-style-type: none"> • Investigación Institucional • Registrador • Oficina de Admisiones • Oficina de Asuntos Estudiantiles • Decanato de Estudiantes • Oficinas de Asuntos Estudiantiles 	<ul style="list-style-type: none"> • Anual • Anual • Anual 	

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AREA: DESARROLLO INSTITUCIONAL

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

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
3.1 Procurar en los estudiantes el dominio, aprecio y respeto por los conocimientos y procedimientos pertinentes a su profesión	<ul style="list-style-type: none"> • El 70% de los estudiantes del RCM, próximos a graduarse indicarán haber desarrollado el conocimiento, destrezas, valores y actitudes requeridos/necesarios para el desempeño de sus roles y funciones pertinentes • El 80% de los estudiantes expresarán estar satisfechos con el conocimiento adquirido para el desempeño de su profesión. 	<ul style="list-style-type: none"> • Cuestionarios a estudiantes próximos a graduarse • Estudios de satisfacción de estudiantes, graduandos y egresados. 	<ul style="list-style-type: none"> • Decano de Asuntos Académicos del RCM • Decano de Asuntos Académicos de las diferentes Escuelas • Decano de Asuntos Académicos del RCM • Decano de Asuntos Académicos de las diferentes Escuelas 	<ul style="list-style-type: none"> • Anual • Anual 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
(Cont. 3.1)			<ul style="list-style-type: none"> Oficinas responsables de Avalúo y Evaluación por Decanato 		
	<ul style="list-style-type: none"> El 70% de los egresados que pertenecen a un programa cuya profesión requiera examen de reválida y exámenes de certificación nacional, según aplique, para ejercer la misma, lo aprobarán en el primer intento 	<ul style="list-style-type: none"> Informe de resultados de reválidas de las Juntas Examinadoras Exámenes de certificación nacional 	<ul style="list-style-type: none"> Decanato de Asuntos Académicos del RCM Decano de Asuntos Académicos de las diferentes Escuelas 	Anual	
3.2 Proveer un contenido curricular que propicie el compromiso de los estudiantes con el bienestar de la población, enmarcado en los valores éticos de la sociedad puertorriqueña	<ul style="list-style-type: none"> Cada facultad desarrollará al menos una actividad que atienda un área de salud en la comunidad puertorriqueña 	<ul style="list-style-type: none"> Instrumento para recopilar datos 	<ul style="list-style-type: none"> Decanato de Asuntos Académicos del RCM Decanos de Asuntos Académicos de las diferentes Escuelas 	<ul style="list-style-type: none"> Anual 	<ul style="list-style-type: none"> Desarrollar formulario
3.3 Propiciar el desarrollo del pensamiento crítico en los estudiantes mediante la búsqueda y manejo de información, la experimentación, la confrontación inquisitiva, la colaboración, la discusión socializada y el análisis reflexivo	<ul style="list-style-type: none"> El 100% de los programas del RCM evidenciarán en su oferta curricular actividades que propicien el desarrollo de pensamiento crítico de los estudiantes 	<ul style="list-style-type: none"> Formulario para recopilar las actividades que se ofrecen en cada Programa Académico, que propicie el desarrollo de pensamiento crítico 	<ul style="list-style-type: none"> Decanato de Asuntos Académicos del RCM Oficina de Investigación Institucional y Académica 	<ul style="list-style-type: none"> Anual 	<ul style="list-style-type: none"> Preparar instrumentos para recopilar información sobre las actividades que se ofrecen en cada Programa Académico

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
(Cont. 3.3)			<ul style="list-style-type: none"> Decanos de Asuntos Académicos de las diferentes Escuelas 		
	<ul style="list-style-type: none"> Cada facultad desarrollará al menos una actividad semestral interdisciplinaria que fomente el pensamiento crítico, tales como: <ul style="list-style-type: none"> -Foros de Investigación -Debates de Issues Éticos -PBL – (<i>Problem Based Learning</i>) -Correlaciones clínicas 	<ul style="list-style-type: none"> Instrumento que recopile las actividades en que participan los estudiantes, las cuales propician el desarrollo de pensamiento crítico 	<ul style="list-style-type: none"> Decano de Asuntos Académicos del RCM Decanos de Asuntos Académicos de las diferentes Escuelas 	<ul style="list-style-type: none"> Anual 	
3.4 Promover en los estudiantes el conocimiento de la historia, el lenguaje, la cultura del país y la capacidad para analizar problemas éticos	<ul style="list-style-type: none"> Refiérase al indicador de la Meta 3, Objetivo 3.3 				
3.5 Exponer al estudiante a la tecnología educativa contemporánea para facilitar el proceso de enseñanza-aprendizaje	<ul style="list-style-type: none"> El 70% de la facultad utilizará al menos 2 métodos de tecnologías educativas contemporáneas 	<ul style="list-style-type: none"> Formulario para recopilar el tipo de tecnología utilizada 	<ul style="list-style-type: none"> Decanato de Asuntos Académicos del RCM Decanos de Asuntos Académicos de las diferentes Escuelas 	<ul style="list-style-type: none"> Anual 	<ul style="list-style-type: none"> Definir lo que es tecnología educativa Desarrollar el formulario

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
(Cont. 3.5)			<ul style="list-style-type: none"> • Directores de departamentos y/o programas • Oficina y/o coordinador de evaluación 		
3.6 Promover en la facultad y en el estudiantado el compromiso con el desarrollo de los valores éticos y humanos necesarios para la práctica de la profesión y para su desarrollo personal	<ul style="list-style-type: none"> • El RCM Proveerá al menos una actividad anual para la facultad que propicie el desarrollo de valores éticos, humanos y personales necesarios para la práctica de su profesión • El 100% de los programas académicos del RCM evidenciarán en sus currículos actividades y experiencias que promuevan el desarrollo de los valores éticos y humanos 	<ul style="list-style-type: none"> • Informe Anual • Informe Anual • Prontuarios de los cursos • Temarios de los cursos • Instrumento para recopilar datos 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos del RCM, Inst Bioética • Decanato de Asuntos Académicos del RCM • Decanos de Asuntos Académicos de las diferentes Escuelas 	<ul style="list-style-type: none"> • Anual • Anual 	<ul style="list-style-type: none"> • Desarrollar formulario • Desarrollar formulario
3.7 Propiciar experiencias curriculares y extracurriculares para el desarrollo social, personal, cultural, espiritual y físico de los estudiantes	<ul style="list-style-type: none"> • El RCM propiciará una actividad que atienda cada uno de los componentes 	<ul style="list-style-type: none"> • Informe Anual 	<ul style="list-style-type: none"> • Decanato de Estudiantes 	<ul style="list-style-type: none"> • Anual 	

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AREA: 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

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
4.1 Fomentar la creación y desarrollo del establecimiento de modelos ejemplares de prestación de servicios de salud que respondan a las necesidades de la comunidad puertorriqueña	<ul style="list-style-type: none"> • Aumentar en un 5% las actividades de capacitación de la facultad sobre desarrollo de propuestas de servicio para el 2008 • Aumentar en un 3% cada dos años la participación de la facultad con representación de todos los decanatos en actividades de capacitación relacionadas con el desarrollo de propuestas de servicio • Aumentar en un 3% el número de propuestas de servicios, sometidas por las escuelas al 2008 • De cada 5 propuestas de servicios sometidas se aprobará al menos una propuesta de servicio 	<ul style="list-style-type: none"> • Instrumento para recopilar actividades de capacitación en la preparación de propuestas de servicio • Instrumento para recopilar actividades de capacitación en la preparación de propuestas de servicio • Informe anual • Informes anuales de los Centros de Servicios 	<ul style="list-style-type: none"> • Decanos • Oficina de Desarrollo • Decanos • Oficina de Desarrollo • Decanos • Oficina de Desarrollo • Decanos • Oficina de Desarrollo 	<ul style="list-style-type: none"> • Anual • Anual • Anual • Anual 	<ul style="list-style-type: none"> • Desarrollar formulario • Desarrollar formulario

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
4.2 Ofrecer servicios de salud a la comunidad a través de los distintos talleres clínicos y del plan de práctica de la Facultad del Recinto de Ciencias Médicas	<ul style="list-style-type: none"> • Aumentar en 10% anual la participación de la facultad en los planes de práctica intramural • El 70% de los clientes estarán satisfechos de calidad de los servicios recibidos • Aumentar en 1% anual la diversidad en los servicios de salud ofrecidos a la comunidad 	<ul style="list-style-type: none"> • Informes anuales de los Centros de Servicios • Encuestas de satisfacción de participantes • Informe anual 	<ul style="list-style-type: none"> • Decanos • Oficina de Desarrollo • Decanos • Oficina de Desarrollo • Decanos • Oficina de Desarrollo 	<p>Anual</p> <p>Anual</p> <p>Anual</p>	Desarrollar encuesta
4.3 Ofrecer servicios de orientación en salud a la comunidad, como parte de las actividades educativas y de investigación del Recinto	<ul style="list-style-type: none"> • Aumentar en 3% anual las actividades educativas dirigidas a ofrecer servicios de orientación en salud a la comunidad, dentro de los programas académicos del Recinto • Aumentar en 3% anual as actividades educativas dirigidas a ofrecer los servicios de orientación en salud a la comunidad, dentro de los diferentes proyectos de investigación en el Recinto 	<ul style="list-style-type: none"> • Informe anual • Informe anual 	<ul style="list-style-type: none"> • Decanos • Oficina de Desarrollo • Decanos • Oficina de Desarrollo 	<p>Anual</p> <p>Anual</p>	
4.4 Ofrecer servicios de asesoramiento y consultoría a las agencias gubernamentales y a la comunidad en general a nivel local, nacional e internacional	<ul style="list-style-type: none"> • Aumentar en un 2% anual el número de facultativos del Recinto que ofrecen servicios de asesoramiento y consultoría a las agencias gubernamentales y a las comunidades • Aumentar en 2% anual la diversidad de consultorías y asesoramiento a las agencias gubernamentales y a la comunidad en general a nivel local, nacional e internacional 	<ul style="list-style-type: none"> • Informe anual • Formulario que recoja esta información 	<ul style="list-style-type: none"> • Decanos • Oficina de Desarrollo • Decanos • Oficina de Desarrollo 	<p>Anual</p> <p>Anual</p>	

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AREA: DESARROLLO ACADÉMICO Y ESTUDIANTIL

META 5: MANTENER ACTUALIZADOS LOS CONOCIMIENTOS Y DESTREZAS DE LOS PROFESIONALES DE LAS CIENCIAS DE LA SALUD

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
5.1 Desarrollar actividades de educación continua, de acuerdo a las necesidades educativas cambiantes en el área de la salud	<ul style="list-style-type: none"> • Se ofrecerá al menos una actividad de educación continua para cada área de la salud anualmente 	<ul style="list-style-type: none"> • Formulario de evaluación de las actividades de educación continuada 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Oficina de Educación Continuada Del RCM y de las facultades 	<ul style="list-style-type: none"> • Anual 	<ul style="list-style-type: none"> • Definir las áreas de salud a incluirse en las actividades • Analizar los formularios vigentes de educación continuada
5.2 Ofrecer actividades educativas, experiencias clínicas y otras actividades necesarias para mantener actualizadas las destrezas necesarias del personal de salud	<ul style="list-style-type: none"> • El 70% de los participantes en cursos de educación continuada expresarán que el contenido de la actividad contribuyó a sus competencias /destrezas profesionales 	<ul style="list-style-type: none"> • Formulario de evaluación de la actividad de educación continuada 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Oficina de Educación Continuada RCM y de las facultades 	<ul style="list-style-type: none"> • Anual 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
5.3 Establecer un foro para la discusión de temas relevantes, asuntos de actualidad y proyecciones futuras que impacten la salud del pueblo de Puerto Rico	<ul style="list-style-type: none"> El 70% de los participantes del foro indicarán estar satisfecho con el contenido de la actividad 	<ul style="list-style-type: none"> Cuestionario de Satisfacción 	<ul style="list-style-type: none"> Decanato de Asuntos Académicos Oficina de Educación Continuada 	<ul style="list-style-type: none"> Anual 	<ul style="list-style-type: none"> Desarrollar un instrumento de satisfacción

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AREA: DESARROLLO DE LA INVESTIGACIÓN

META 6: FORTALECER LA INVESTIGACIÓN CIENTÍFICA BÁSICA APLICADA COMO CONTRIBUCIÓN INSTITUCIONAL A LA BÚSQUDA DEL CONOCIMIENTO EN EL CAMPO DE LA SALUD

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios 6.
6.1 Promover el desarrollo de la investigación científica, básica y aplicada en las ciencias biomédicas y biosicosociales, enfatizando primordialmente los problemas de salud de la comunidad puertorriqueña	<ul style="list-style-type: none"> • Aumento de 10% anual en el núm. de proyectos de investigación 	<ul style="list-style-type: none"> • Informe Anual 	<ul style="list-style-type: none"> • Unidades de investigación de las facultades • Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> • Anual 	<ul style="list-style-type: none"> • Diseñar un formulario para recopilar tipo de investigación: E, D
	<ul style="list-style-type: none"> • Incremento de 10% anual en el núm. de proyectos de investigación sobre problemas de salud de la población puertorriqueña 	<ul style="list-style-type: none"> • Informe Anual 	<ul style="list-style-type: none"> • Unidades de investigación de las facultades • Oficina de Asuntos de Investigación 		<ul style="list-style-type: none"> • Diseñar un formulario que especifique ejemplos de las principales áreas de la salud. El formulario actual se debe revisar.

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
6.2 Llevar a cabo investigación en torno a la educación en las ciencias de la salud	<ul style="list-style-type: none"> Incremento de 5% en un período de 3 años en el núm. de proyectos de investigación sobre educación en la salud 	<ul style="list-style-type: none"> Informe Anual 	<ul style="list-style-type: none"> Unidades de investigación de las facultades Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> Anual 	
6.3 Propiciar el desarrollo de investigaciones comprometidas con la excelencia, la dedicación, la integridad y la sensibilidad humana	<ul style="list-style-type: none"> Incremento de un 10% anual en el Núm. de publicaciones en revistas revisadas por pares Se celebrará por lo menos un taller anual que estimule la ética en la investigación Se desarrollará por lo menos una investigación cada tres años que atienda las necesidades de salud de poblaciones desventajadas 	<ul style="list-style-type: none"> Informe Anual Informe Anual Informe Anual 	<ul style="list-style-type: none"> Unidades de investigación de las facultades Oficina de Asuntos de Investigación Unidades de investigación de las facultades Oficina de Asuntos de Investigación Unidades de investigación de las facultades Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> Anual Anual Anual 	<ul style="list-style-type: none"> Desarrollar un formulario Desarrollar un formulario

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
6.4 Aplicar la tecnología y las técnicas más efectivas e innovadoras que aseguren una investigación de excelencia	<ul style="list-style-type: none"> • Incremento de 10% cada tres años en los fondos para la adquisición de tecnología innovadora • Incremento de 5% anual en el Núm. de proyectos que utilizan tecnología innovadora 	<ul style="list-style-type: none"> • Informe Anual 	<ul style="list-style-type: none"> • Unidades de investigación de las facultades • Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> • Anual 	<ul style="list-style-type: none"> • Desarrollar formulario para recoger esta información
6.5 Fortalecer los centros, institutos y unidades académicas que llevan a cabo investigación	<ul style="list-style-type: none"> • Para el 2008 cada facultad contará con un centro o unidad de investigación • Incremento de un 10% en 3 años en el presupuesto para fortalecer los centros • Incremento anual de un 5% en el núm. de propuestas financiadas por recursos externos en estos centros • Incremento de 2% anual en actividades de adiestramiento en tecnologías innovadoras para la investigación 	<ul style="list-style-type: none"> • Informe Anual • Informe Anual • Informe Anual • Informe Anual 	<ul style="list-style-type: none"> • Decanos • Unidades de investigación de las facultades • Oficina de Asuntos de Investigación • Unidades de investigación de las facultades • Oficina de Asuntos de Investigación • Unidades de investigación de las facultades • Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> • Anual • Anual • Anual • Anual 	<ul style="list-style-type: none"> • Desarrollar formulario para recoger esta información

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
6.6 Establecer esfuerzos colaborativos de investigación con otras instituciones docentes	<ul style="list-style-type: none"> Incremento de 10% en tres años del núm. de proyectos/acuerdos colaborativos 	<ul style="list-style-type: none"> Informe Anual 	<ul style="list-style-type: none"> Oficinas o unidades de investigación en cada facultad 	<ul style="list-style-type: none"> Anual 	<ul style="list-style-type: none"> Desarrollar formulario
6.7 Facilitar la participación estudiantil en programas de investigación	<ul style="list-style-type: none"> Se Incrementará en un 10% el número de estudiantes con ayudantía de investigación para el 2008 Para el 2008 habrá un programa de pasantías de verano en cada facultad Incremento de 5% anual en el núm. de proyectos de investigación de los estudiantes Incremento anual de un 3% en facultad/personal de apoyo dedicado a la investigación realizada por estudiantes Incremento de 10% en tres años de las publicaciones de estudiantes Para el 2008 cada programa tendrá al menos un curso o experiencia de investigación requerido 	<ul style="list-style-type: none"> Informe Anual Informe Anual Informe Anual Informe Anual Informe Anual Informe Anual 	<ul style="list-style-type: none"> Encargada del informe anual en cada facultad Encargada informe anual en cada facultad Encargada informe anual en cada facultad Encargada informe anual en cada facultad Encargada informe anual en cada facultad Encargada informe anual en cada facultad Oficina de Currículo de cada Facultad 	<ul style="list-style-type: none"> Anual Anual Anual Anual Anual Anual 	
6.8 Expandir la investigación mediante contratos con el gobierno y la industria	<ul style="list-style-type: none"> Incremento de 5% anual en el Núm. de contratos con industria y gobierno 	<ul style="list-style-type: none"> Informe Anual 	<ul style="list-style-type: none"> Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> Anual 	
6.9 Agilizar los servicios de apoyo a los programas de investigación	<ul style="list-style-type: none"> Para el 2008 un 70% de los investigadores estará satisfecho con el apoyo administrativo y facilidades físicas 	<ul style="list-style-type: none"> Encuesta 	<ul style="list-style-type: none"> Oficina de Asuntos de Investigación Facultades RCMI 	<ul style="list-style-type: none"> Anual 	<ul style="list-style-type: none"> Desarrollar Cuestionario

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
6.10 Mantener actualizado el sistema de incentivos que estimule a la facultad a desarrollar actividades de investigación	<ul style="list-style-type: none"> • Para el 2008 por lo menos un 3% de la facultad disfrutará de algún incentivo para desarrollar investigación • 70% de los investigadores estará satisfecho con los incentivos para el 2008 	<ul style="list-style-type: none"> • Informe Anual • Encuesta 	<ul style="list-style-type: none"> • Oficina de Asuntos de Investigación • Oficina de Estadísticas e Investigación Institucional 	<ul style="list-style-type: none"> • Anual • Cada tres años 	<ul style="list-style-type: none"> • Desarrollar Cuestionario • Desarrollar Cuestionario
6.11 Garantizar la disponibilidad de los recursos físicos y fiscales para el desarrollo de la investigación básica y aplicada en las ciencias biomédicas y biosicosociales	<ul style="list-style-type: none"> • Incremento de 5% anual en la cantidad de fondos universitarios y extrauniversitarios asignados a investigación • Para el 2007 se habrán revisado los procesos relacionados con los servicios de apoyo a la investigación • Núm. y tipo de facilidades físicas asignados a investigación serán evaluadas como adecuadas por el 70% de la facultad para el 2008 	<ul style="list-style-type: none"> • Informe Anual • Informe • Minutas de reuniones • Encuesta 	<ul style="list-style-type: none"> • Oficina de Presupuesto • Decano de Administración • Oficina de Estadísticas e Investigación Institucional 	<ul style="list-style-type: none"> • Anual • Anual • Cada 3 años 	<ul style="list-style-type: none"> • Desarrollar cuestionario
6.12 Divulgar ampliamente a la comunidad académica las oportunidades existentes para el desarrollo de proyectos de investigación	<ul style="list-style-type: none"> • 70% de la facultad estará satisfecha con el sistema de divulgación de información 	<ul style="list-style-type: none"> • Encuesta 	<ul style="list-style-type: none"> • Oficina de Asuntos de Investigación • Oficina de Estadísticas e Investigación Institucional 	<ul style="list-style-type: none"> • Cada tres años 	<ul style="list-style-type: none"> • Desarrollar cuestionario

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
6.13 Propiciar la difusión de los hallazgos producto de la investigación que se lleva a cabo en el Recinto de Ciencias Médicas	<ul style="list-style-type: none"> Incremento de un 30 % en el núm. de publicaciones para el 2008 	<ul style="list-style-type: none"> Informe Anual 	<ul style="list-style-type: none"> Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> Cada 3 años 	
	<ul style="list-style-type: none"> Incremento de un 5% anual en el núm. de presentaciones en foros científicos locales e internacionales 	<ul style="list-style-type: none"> Informe Anual 	<ul style="list-style-type: none"> Oficina de Estadísticas e Investigación Institucional 	<ul style="list-style-type: none"> Anual 	
	<ul style="list-style-type: none"> Para el 2008 se establecerá una oficina para ofrecer apoyo en la edición de artículos 	<ul style="list-style-type: none"> Informes Minutas de reuniones 	<ul style="list-style-type: none"> Oficina de Asuntos de Investigación 	<ul style="list-style-type: none"> Anual 	

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AREA: DESARROLLO INSTITUCIONAL

META 7: MANTENER LA INTEGRACIÓN Y UNIDAD DE PROPÓSITO INSTITUCIONAL ENTRE LA GESTION ADMINISTRATIVA Y LOS PROCESOS DE ENSEÑANZA, INVESTIGACIÓN Y SERVICIO

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
7.1 Desarrollar sistemas administrativos que garanticen la ejecución y rendimiento óptimo de la institución	<ul style="list-style-type: none"> • Para el 2008 el 70% de los empleados y estudiantes estarán satisfechos con el servicio de los sistemas administrativos 	<ul style="list-style-type: none"> • Encuesta de satisfacción a usuarios por área de servicio 	<ul style="list-style-type: none"> • Decanato de Administración 	<ul style="list-style-type: none"> • Cada 3 años 	
7.2 Establecer una estructura organizacional ágil y facilitadora que permita responder rápidamente a las necesidades cambiantes del ambiente	<ul style="list-style-type: none"> • Incremento de un 10% para el cambio realizado en la estructura organizacional y procesos • Incremento de un 10% cada 2 años en el número de adiestramientos al personal en técnicas y conocimientos nuevos • Incremento de un 10% anual en el número de revisiones o modificaciones en la estructura de puestos 	<ul style="list-style-type: none"> • Datos comparativos de los cambios (referencias y ejemplos de otros) • Registro de actividades o adiestramientos • Planilla de Evaluación de las funciones de puestos 	<ul style="list-style-type: none"> • Decanatos • Departamento de Gerencia de Capital Humano • Decanatos • Departamento de Gerencia de Capital Humano • Departamento de Gerencia Capital Humano • Decanatos 	<ul style="list-style-type: none"> • Anual • Anual • Anual 	<ul style="list-style-type: none"> • Diseñar planilla

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
7.3 Mantener actualizado un sistema de información que sirva de apoyo a las actividades académicas y administrativas	<ul style="list-style-type: none"> • Para el 2008 habrá un incremento de un 10% en el número de recursos tecnológicos disponibles para actividades académicas y administrativas • Para el 2008 habrá un incremento de un 10% en el personal de apoyo disponible por Decanatos para actividades académicas y administrativas 	<ul style="list-style-type: none"> • Planilla o inventario de equipos tecnológicos y programados actualizados de sistemas de información • Lista o acervo de personal nuevo contratado en puestos para sistemas de información 	<ul style="list-style-type: none"> • Oficina de Sistemas de Información • Decanatos • Ofic de Propiedad • Gerencia de Capital Humano • Decanatos 	<ul style="list-style-type: none"> • Anual • Anual 	
7.4 Lograr la articulación efectiva entre las necesidades de las facultades y la administración, para facilitar el conocimiento y aplicación de las normas y procedimientos institucionales	<ul style="list-style-type: none"> • Para el 2008 habrá un incremento de un 20% en reuniones realizadas entre Facultades y el Decanato de Administración • Para el 2008 habrá un incremento en un 20% anual de actividades de adiestramiento y orientación al personal sobre las normas y procedimientos institucionales para el cumplimiento efectivo con las mismas • Para el 2008 el 60% de la facultad estará satisfecha entre la Administración y la Facultad 	<ul style="list-style-type: none"> • Registro de asistencia de las reuniones periódicas efectuadas entre Facultades y el Decanato Administración • Minutas o Actas de reuniones • Registro de Adiestramientos al personal en cuanto a procedimientos y normas institucionales • Encuesta de satisfacción 	<ul style="list-style-type: none"> • Decanatos • Decanatos • Decanatos 	<ul style="list-style-type: none"> • Anual • Anual • Cada 5 años 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
7.5 Promover el proceso de planificación institucional como una actividad continua y sistemática a través de la institución	<ul style="list-style-type: none"> • Para el 2008 se habrá establecido una evaluación anual para el nivel de cumplimiento con los Planes Estratégicos • Para el 2008 habrá un 70% de cumplimiento con las actividades descritas en los Planes Estratégicos • Para el 2008 habrá un 90% de cumplimiento con las actividades descritas en el Plan de Avalúo 	<ul style="list-style-type: none"> • Informe Anual • Plan Estratégico • Planes Estratégicos • Plan de Avalúo 	<ul style="list-style-type: none"> • Decanatos • Oficina de Investigación Institucional • Facultades • Decanatos • Facultades • Decanatos 	<ul style="list-style-type: none"> • Anual • Anual • Anual 	
7.6 Evaluar sistemáticamente las operaciones y procesos administrativos de la institución	<ul style="list-style-type: none"> • Para el 2008 se habrá completado la evaluación de un área de servicio del Decanato de Administración 	<ul style="list-style-type: none"> • Informes del Decanato de Administración 	<ul style="list-style-type: none"> • Decanato de Administración 	<ul style="list-style-type: none"> • Anual 	

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AREA: DESARROLLO INSTITUCIONAL

META 8: DESARROLLAR Y MANTENER ENTRE EL PERSONAL UNIVERSITARIO EL COMPROMISO HACIA UNA EJECUCIÓN DE EXCELENCIA

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
8.1 Promover en el personal universitario el compromiso hacia un desempeño en el mejoramiento académico, profesional y técnico del personal del RCM	<ul style="list-style-type: none"> • Aumento en un 3% general de la diversidad de temas de las actividades educativas y de adiestramiento que se ofrecen al personal no docente 	<ul style="list-style-type: none"> • Informes del Programa de (Aprendizaje sostenido) Adiestramiento al Personal No Docente 	<ul style="list-style-type: none"> • Gerencia de Capital Humano 	<ul style="list-style-type: none"> • Anual 	
8.2 Auspiciar programas de adiestramiento para mejorar y mantener las competencias del personal del RCM	<ul style="list-style-type: none"> • Aumento en un 3% en general del número de participantes en las actividades educativas y de adiestramiento que se ofrecen al personal no docente • Un 70% de participantes no docentes indicarán que aumentaron sus conocimientos al finalizar las actividades de adiestramiento 	<ul style="list-style-type: none"> • Registro de Asistencia • Evaluación del adiestramiento 	<ul style="list-style-type: none"> • Gerencia de Capital Humano • Gerencia de Capital Humano 	<ul style="list-style-type: none"> • Anual • Anual 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
	<ul style="list-style-type: none"> • Para el 2008 habrá un aumento de un 3% en la diversidad de temas que se ofrecen a la facultad en las siguientes áreas: <ul style="list-style-type: none"> - enseñanza- aprendizaje - profesional - técnico • Para el 2008 habrá aumento de un 3% en general del número de participantes en las actividades que se ofrecen a la facultad en las áreas de: <ul style="list-style-type: none"> - enseñanza- aprendizaje - profesional - técnico • Un 70% de facultativos indicarán que aumentaron sus conocimientos al finalizar las actividades • El 100% de los facultativos cumple con los requisitos de educación continua de su disciplina • Para el 2008 habrá un aumento en un 3% general en la cantidad de personal que recibe apoyo institucional para completar grados académicos o para mejoramiento en su área de desempeño 	<ul style="list-style-type: none"> • Informes del Programa de Actividades del Plan de Desarrollo de Facultad, ODD, Ed Cont • Registro de Asistencia • Hoja de evaluación de la actividad • Planilla para recopilar datos • Informes de Acreditación • Informe Anual 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Escuelas • Programas Académicos • Decanato de Asuntos Académicos • Escuelas • Programas Académicos • Decanato de Asuntos Académicos • Escuelas • Programas Académicos • Escuelas • Escuelas • Escuelas 	<ul style="list-style-type: none"> • Anual • Anual • Anual • Anual • Cada 5 años aproximadamente • Anual 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
8.3 Propiciar la retención del personal idóneo a través de un sistema de evaluación equitativo basado en el principio de méritos.	<ul style="list-style-type: none"> • Para el 2008 todas las Escuelas tendrán implantado un plan para la evaluación de la facultad • Para el 2008 el RCM tendrá aprobado un sistema nuevo y equitativo de evaluación para ascenso en rango 	<ul style="list-style-type: none"> • Planilla para recopilar datos • Plan de evaluación de ascenso en rango 	<ul style="list-style-type: none"> • Escuela • Escuela 	<ul style="list-style-type: none"> • 2008 • 2008 	

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META 9: AMPLIAR LOS INTERCAMBIOS COLABORATIVOS NACIONALES E INTERNACIONALES PARA EL FORTALECIMIENTO Y ENRIQUECIMIENTO ACADÉMICO Y CULTURAL DE LA INSTITUCIÓN

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
9.1 Facilitar la interacción e intercambios educativos e investigativos a nivel local e internacional	<ul style="list-style-type: none"> • Referirse a Meta 6.12 • Aumento de un 3% general en el personal que presenta trabajos educativos a nivel local e internacional • Aumento de un 3% general en el personal que presenta trabajos investigativos a nivel local e internacional • Se celebrarán por lo menos 3 actividades anuales auspiciadas por el RCM para facilitar la interacción e intercambios educativos e investigativos 	<ul style="list-style-type: none"> • Planilla para recopilar información • Planilla para recopilar datos • Planilla para recopilar datos • Informe Anual 	<ul style="list-style-type: none"> • Escuelas • Decanato de Asuntos Académicos • Decanato de Asuntos Académicos • Decanato de Asuntos Académicos 	<ul style="list-style-type: none"> • Anual • Anual • Anual • Anual 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
9.2 Establecer acuerdos de colaboración educativa y de investigación con distintas instituciones de educación superior e institutos de investigación en PR y en el extranjero	<ul style="list-style-type: none"> • Para el 2008 habrá un aumento de un 2% general en los acuerdos colaborativos con instituciones de educación superior locales e internacionales para el desarrollo de: <ul style="list-style-type: none"> -programas académicos - programas educativos - investigación • Para el 2008 habrá un aumento de 5% general de solicitudes de candidatos iberoamericanos a los ofrecimientos académicos del RCM 	<ul style="list-style-type: none"> • Planilla para recopilar información sobre acuerdos colaborativos • Contratos con el RCM • Solicitudes de Admisión 	<ul style="list-style-type: none"> • Decanato de Asuntos Académicos • Asesores Legales • Oficina de Admisiones del RCM • Escuelas 	<ul style="list-style-type: none"> • Anual • Anual 	Desarrollar instrumento
9.3 Promover los ofrecimientos académicos del RCM para la población potencial de la comunidad iberoamericana	<ul style="list-style-type: none"> • Para el 2008 habrá por lo menos 2 cursos en modalidad de educación a distancia dirigidos a estudiantes iberoamericanos 	<ul style="list-style-type: none"> • Informe de la Oficina de Integración de la tecnología en academia 	<ul style="list-style-type: none"> • Oficina de integración de la tecnología en la academia 	<ul style="list-style-type: none"> • Anual y cada 5 años 	

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META 10: PROPICIAR UN AMBIENTE UNIVERSITARIO QUE FACILITE LA ACTIVIDAD CREADORA, EL RESPETO POR LOS VALORES HUMANOS Y LA CONSECUCIÓN DEL PROGRESO SOCIAL

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
10.1 Mantener un clima institucional de respeto, diálogo y confianza mutua entre estudiantes, facultad, personal no docente y administradores mediante el reconocimiento de los derechos que son inherentes al ser humano	<ul style="list-style-type: none"> • A partir del 2005 habrá una disminución de 20% en el número de querellas ante la procuradora de estudiantes, facultad y organizaciones sindicales • Para el 2007 un 75% de la comunidad académica estará satisfecho con el clima institucional 	<ul style="list-style-type: none"> • Planilla de recolección de datos • Encuesta 	<ul style="list-style-type: none"> • Procurador Estudiantil • Decanato de Administración • Procurador del Claustro • Asuntos Académicos 	<ul style="list-style-type: none"> • Anual • Cada tres años 	
10.2 Auspiciar el intercambio de ideas y conocimientos mediante simposios, talleres, seminarios y congresos, con la participación de la comunidad dentro y fuera de Puerto Rico	<ul style="list-style-type: none"> • Referirse a indicadores de la Meta 6, objetivo 6.12 y Meta 9, objetivo 9.1 				

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
10.3 Mantener un ambiente que propicie la actividad creadora en las actividades de enseñanza, investigación y servicio	Referirse a indicadores Metas 6 y 9				
10.4 Garantizar a todos los miembros de la comunidad del Recinto la oportunidad de participar o estar representados en las decisiones que lo afecten	<ul style="list-style-type: none"> • Todos los sectores estarán representados en los comités y cuerpos deliberativos según las decisiones que le afecten • Para el 2007 el 75% de la comunidad del RCM estará satisfecho con su nivel de participación y representatividad en la toma de decisiones que le afectan 	<ul style="list-style-type: none"> • Reglamentos • Listas de Asistencia • Actas y Minutas de reuniones • Encuesta 	<ul style="list-style-type: none"> • Decanatos • Decanato de Asuntos Académicos • Decanato de Asuntos Académicos 	<ul style="list-style-type: none"> • Anual • Cada 3 años 	Desarrollar cuestionario

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AREA: DESARROLLO INSTITUCIONAL

META 11: DOTAR DE SOLIDEZ Y ESTABILIDAD ECONÓMICA AL RECINTO DE CIENCIAS MÉDICAS EN CONSONANCIA CON LA FILOSOFÍA ACADÉMICA DEL RECINTO

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
11.1 Promover la imagen del Recinto dando a conocer los recursos, actividades, proyectos y compromisos institucionales ante la comunidad puertorriqueña, nacional e internacional	<ul style="list-style-type: none"> • Aumento de 5% anual en actividades de promoción realizadas (prensa, radio, TV, representantes RCM, internet, etc.) 	<ul style="list-style-type: none"> • Planilla de recolección de datos 	<ul style="list-style-type: none"> • Oficina de Prensa • Decanatos y/o Facultades • Programas de investigación o servicios 	<ul style="list-style-type: none"> • Anual 	
11.2 Establecer la organización necesaria en el Recinto para promover el apoyo y contribución efectiva de la comunidad (egresados, corporaciones, fundaciones y poblaciones afines de los Estados Unidos) al desarrollo institucional	<ul style="list-style-type: none"> • Para el 2008, se establecerá una Oficina de Desarrollo Institucional/Exalumnos • A partir del 2005 habrá un aumento del 10% en ingreso anual de donativos recibidos 	<ul style="list-style-type: none"> • Informes fiscales • Informes fiscales 	<ul style="list-style-type: none"> • Rector • Decanatos 	<ul style="list-style-type: none"> • Anual • Anual 	

Objetivo	Indicadores Cantidad/Calidad	Fuente de Información	Responsable de Recopilar la Información	Frecuencia para Recopilar Datos	Comentarios
11.3 Estimular la búsqueda de fuentes de financiamiento extrauniversitarias para el desarrollo de actividades y proyectos institucionales cónsonos con la misión del Recinto	<ul style="list-style-type: none"> • Referirse a Metas 4 y 6 • Aumento de un 2% en el número de patentes en tres años 	<ul style="list-style-type: none"> • Planilla de recolección de datos 	<ul style="list-style-type: none"> • Oficina de Asesores Legales 	<ul style="list-style-type: none"> • Anual 	
11.4 Fortalecer los mecanismos para asegurar el uso eficiente y efectivo de todos los recursos fiscales de la institución	<ul style="list-style-type: none"> • Para el 2008 se establecerá una Oficina o unidad de Auditoría interna • Aumento de 3% anual en el número de actividades de capacitación en el área administrativa y financiera • Aumento de 5% en los participantes en actividades de capacitación 	<ul style="list-style-type: none"> • Planilla recolección datos • Planilla recolección datos • Planilla recolección datos 	<ul style="list-style-type: none"> • Decanato de Administración 	<ul style="list-style-type: none"> • Anual • Anual • Anual 	

Appendix 8.2

EXAMPLES OF AREAS OF IMPROVEMENT THAT HAVE RESULTED FROM ASSESSMENT PROCESSES AT THE SCHOOL AND CAMPUS LEVEL

- The Registrar's office extended its service hours and provided electronic access for various services for students.
- Medical services, financial aid services and the admission processes were improved by the acquisition of information technology.
- The institution increased the number of psychologists available to offer services for students.
- The campus increased student exchange programs and support services for these students.
- The library provides a new virtual reference service.
- The institution increased funding for scholarships for low income students.
- The School of Medicine inaugurated new physical facilities for the Faculty Practice Plan at *Reparto Metropolitano*.
- The Campus began the remodeling of the physical facilities for the School of Health Professions and the Nursing School, as well as the construction of the new Pharmacy School Building.
- The institution improved the opportunities for student travel, as well as social, sport and community activities.
- All schools hired new faculty.
- The School of Nursing and School of Medicine implemented new faculty development programs.
- All schools developed new programs for recruitment of new students and established programs to increase ties with alumni.
- The acquisition of software to offer online exams and equipment for teleconferences (School of Medicine, School of Pharmacy). The School of Nursing also acquired technology for online courses.
- The School of Medicine and the School of Nursing purchased simulators to improve students' assessment of clinical skills.
- Several schools purchased additional review material for the National Examinations (School of Medicine, School of Dental Medicine, School of Pharmacy, School of Nursing and various programs at the School of Health Professions).

- Physical facilities for the research infrastructure were improved (School of Dental Medicine, School of Pharmacy, and School of Medicine).
- Study halls and amphitheatres at the School of Dental Medicine and School of Medicine were remodeled.
- The School of Nursing received funding for improvements needed for its accreditation.
- The Graduate School of Public Health expanded its counseling and document reproduction services for students attending evening sessions.


MSC Academic Program	MSC Graduate Domain											
	Knowledge domain		Human sensibility and ethical values		Social conscience		Critical thinking/ problem solving		Life-long learning		Interprofessional / interdisciplinary	
	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO
Physiology	x		x		x		x		x		x	
Microbiology	x		x		x		x		x		x	
Nursing	x	x	x	X	x	x	x	x			x	x
Nursing- Anesthesia	x		x				x				x	
Family Nurse Practitioner	x		x		x		x		x		x	
Clinical Laboratory	x	x		X	x	x	x	x		x		x
Clinical Research	x		x		x		x		x		x	
Physical Therapy	x	x	x	X	x	x	x	x		x		x
Occupational Therapy	x	x	x	X	x	x	x	x	x	x	x	x
Administration of Health Information ¹	x	x		X	x		x	x			x	x
Evaluative Research of Health Systems	x	x			x			x				
General Public Health	x	x		X	x	x	x	x		x	x	x

¹ Interpretation of *learning outcomes* by the authors, the program did not offer information on alignment .

MSC Academic Program	MSC Graduate Domain											
	Knowledge domain		Human sensibility and ethical values		Social conscience		Critical thinking/ problem solving		Life-long learning		Interprofessional / interdisciplinary	
	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO
Administration of Health Services	x	x		X	x	x	x	x		x	x	x
Speech Pathology	x	x	x	X		x		x	x	x		x
Public Health- Biostatistics	x	x		X	x	x		x		x	x	x
Public Health- Epidemiology	x	x		X	x	x		x		x	x	x
Sciences Epidemiology	x	x	x	X	x	x	x	x	x		x	x
Health Education	x	x	x	X	x	x	x	x	x		x	x
Demography	x	x			x	x	x	x				x
Public Health-Gerontology	x	x	x			x		x			x	x
Nutrition	x	x	x		x	x	x	x			x	
Public Health Nurse Midwife	x	x	x		x	x	x	x	x	x	x	x
Public Health – Maternal and Child Health	x	x	x	X	x	x	x	x		x		
Industrial Hygiene	x	x	x		x		x	x			x	x
Environmental Health	x	x	x				x	x			x	

MSC Academic Program	MSC Graduate Domain											
	Knowledge domain		Human sensibility and ethical values		Social conscience		Critical thinking/ problem solving		Life-long learning		Interprofessional / interdisciplinary	
	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO
Post Baccalaureate Certificates												
Cytotechnology	x	x	x	x				x		x	x	x
Medical Technology												
Dietetics	x	x	x	x	x	x	x	x	x	x	x	x
Certificate Nurse Midwife		x		x		x		x		x		
Graduate Certificate in Clinical Management	x	x	x		x		x	x			x	
Graduate Certificate School Health Promotion	x	x		x	x	x	x	x				x
Graduate Certificate in Gerontology	x	x			x	x		x				
Graduate Certificate in Developmental Disabilities	x	x	x	x	x	x	x	x		x	x	x
Baccalaureates												
Nursing	x	x		x		x		x	x	x	x	x
Health Education	x	x	x	x	x	x	x	x	x	x	x	x
Health Sciences	x	x	x	x	x	x					x	x

MSC Academic Program	MSC Graduate Domain											
	Knowledge domain		Human sensibility and ethical values		Social conscience		Critical thinking/ problem solving		Life-long learning		Interprofessional / interdisciplinary	
	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO	GP	SLO
Radiologic Technology	x		x		x		x		x		x	
Veterinary Technology	x		x		x		x		x		x	
Medical Technology	x	x	x	x	x	x	x	x	x	x		x
Nuclear Medicine Technology	x	x	x	x		x	x	x				
Associate												
Dental Assistance	x	x	x	x	x	x	x	x	x	x	x	x
Ophthalmic Technology	x	x			x	x	x	x				x
Radiologic Technology		x		x								x

 Student Learning Outcomes not available

Source: Graduate Profiles of Academic Programs

Analysis of Graduate Profiles by MSC Domains prepared by MSC-Office of Academic Development

Alignment between Institutional student learning Outcomes (SLO) and Program SLO prepared by MSC Academic Programs

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Appendix 8.4

TABLE OF DIRECT AND INDIRECT ASSESSMENT MEASURES USED BY PROGRAMS AT THE MSC

MSC Academic Programs	Measures	
	Direct	Indirect
Doctor of Public Health with specialty in Environmental Health	Class discussion, Group exercises, Homework assignment, Internship performance, Performance on field work by rubric, oral reports by rubric, Practicum, Proposal development, Research projects, Term papers, Tests, Theses, Written reports by rubric	Student course evaluation; Course grade; Curriculum and syllabi analysis; External reviewers; Honors, awards, scholarships, and other forms of public recognition earned by students and alumni; Number or rate of students involved in faculty research, collaborative publications and/or presentations, service learning or extension of learning in the larger community; Individual or group <u>informal</u> interviews dealing with the faculty member's perception of student learning
Master of Science with specialty in Evaluation Research on Health Systems	Practicum, Theses, Case study Essay Oral presentation Simulations Term papers Exams	Student course evaluation; Alumni survey Course grade Curriculum analysis Student academic progress to next step Graduation rate
Master of Public Health- General Option	Community intervention, Special project, Case study, Essay	Student course evaluation; Course grade Student academic progress to next step Graduation rate

MSC Academic Programs	Measures	
	Direct	Indirect
	<ul style="list-style-type: none"> Oral presentation Written presentation Group exercises Practicum performance 	
Master of Health Services Administration	<ul style="list-style-type: none"> Class discussion participation Community need assessments Homework assignment Objective test Oral reports by rubric Essay by rubric Group exercises Case study analysis by rubric Service experiences Internship performance Research projects Proposal development 	<ul style="list-style-type: none"> Course grade Course progression and success-tracking the performance of students in the next courses Employer surveys Exit interviews External reviewers Number of student hours spent at community activities related to the course Number of students involved in the applied experiences in the community Surveys, focus-group and individual interviews dealing with <i>alumni's</i> perception of their own learning or of their current career satisfaction
Master of Public Health-Biostatistics	<ul style="list-style-type: none"> Community intervention, Special project, Case study, Quizzes Proposal development Group exercises Exams Practicum performance Homework assignments Community need assessments 	<ul style="list-style-type: none"> Student course evaluation; Course grade Student academic progress to next step Graduation rate

MSC Academic Programs	Measures	
	Direct	Indirect
Master of Public Health-Epidemiology	Community intervention, Special project, Oral presentation Case study, Quizzes Proposal development Group exercises Exams Practicum performance Homework assignments Community need assessments	Student course evaluation; Course grade Student academic progress to next step Graduation rate
Master of Public Health-Nurse Midwifery	Proposal development Community Interventions Practicum performance Class Discussions Community need assessments Case study Service experience Skill laboratory Pass rate on certification exam	Student course evaluations Course progression and success tracking the performance of students Number or rate of students involved in faculty research, collaborative and/or presentations Exit Interviews Graduation rate Alumni survey
Master of Science with specialty in Epidemiology	Special project, Case study, Oral presentation Quizzes Proposal development Group exercises Exams Practicum performance Homework assignments	Student course evaluation; Course grade Student academic progress to next step Graduation rate

MSC Academic Programs	Measures	
	Direct	Indirect
Master of Public Health Education	Community intervention, Oral presentation Case study, Proposal development Research project Group exercises Practicum performance Homework assignments Essay Reflective journal Special project Licensure examination	Student course evaluation; Course grade Student academic progress to next step Graduation rate Self-evaluation of program Exit interview Syllabi analysis Curriculum análisis
Master of Science in Demography	Oral presentation Research project Group exercises Practicum performance Homework assignments Term paper Class discussion	Student course evaluation; Course grade Student academic progress to next step Graduation rate External reviewer Alumni survey Syllabi analysis Curriculum analysis
Master of Public Health-Gerontology	Simulations by rubric Research Projects Community Interventions Practicum performance Reflexive Essays Class Discussions Oral reports with rubric Home assignments Term papers	Student course evaluations Course progression and success tracking the performance of students Number or rate of students involved in faculty research, collaborative and/or presentations Exit Interviews Surveys dealing with Alumni perception Graduation rate

MSC Academic Programs	Measures	
	Direct	Indirect
	Community Need assessments Case study Service experience	
Master of Health Sciences with specialty in Nutrition	Community need assessment, Oral presentation Research project Group exercises Homework assignments Essay Special project Written reports Quizzes Class discussion	Student course evaluation; Course grade Student academic progress to next step Graduation rate Exit interviews Employer survey External reviewers Number or rate of students involved in service learning
Master of Science with specialty in Maternal and Child Health	Special project, Case study, Oral presentation Research project Practicum performance Homework assignments Essays	Student course evaluation; Course grade Student academic progress to next step Graduation rate
Master of Science with specialty in Industrial Hygiene	Special project, Case study, Oral presentation Research project Practicum performance Homework assignments Term paper Skill laboratory Proposal development	Student course evaluation; Course grade Student academic progress to next step Graduation rate External reviewer Alumni survey

MSC Academic Programs	Measures	
	Direct	Indirect
	Service experience	
Master of Science with specialty in Environmental Health	<ul style="list-style-type: none"> Research Projects Community Interventions Class Discussions Oral reports Home assignments Community Need assessments Case study Exams Skills laboratory 	<ul style="list-style-type: none"> Student course evaluations Course progression and success tracking the performance of students Number or rate of students involved in faculty research, collaborative and/or presentations Graduation rate Percent of class time spent on active learning Honors, awards, asolarships and other forms of public recogniktion earned by students and alumni.
Graduate Certificate in Nurse Midwifery	<ul style="list-style-type: none"> Class discussion participation Case study Clinical performance Service experiences Skills laboratory Practicum performance 	<ul style="list-style-type: none"> Student course evaluations Course progression and success tracking the performance of students Focus-group interviews Employer surveys Students involved in community based learning activities
Graduate Certificate in School Health Promotion	<ul style="list-style-type: none"> Community intervention, Oral presentation Group exercises Practicum performance Homework assignments Essay Special project 	<ul style="list-style-type: none"> Student course evaluation; Course grade Student academic progress to next step Graduation rate Exit interview
Graduate Certificate in Gerontology	<ul style="list-style-type: none"> Community Interventions Practicum performance 	<ul style="list-style-type: none"> Student course evaluations Course progression and success tracking the performance of students

MSC Academic Programs	Measures	
	Direct	Indirect
	Reflexive Essays Class Discussions Oral reports Home assignments Term papers Case study Written reports Service experience	Number or rate of students involved in faculty research, collaborative and/or presentations Exit Interviews Surveys dealing with Alumni perception Graduation rate
Graduate Certificate in Developmental Disabilities- Early Intervention	Quizzes Test Oral reports Practicum performance Observation Group exercises Proposal development Service experience	Student course evaluations Course progression and success tracking the performance of students Exit Interviews Surveys dealing with Alumni perception Graduation rate
Bachelor of Science in Nursing	Class discussion participation Case study analysis Rubric scores for oral presentations Observation of clinical and field experiences Homework assignments Quizzes Exams Rubrics scores for leadership practice Discussion of self evaluation Portfolio (nursing care plans, and students' progress in clinical performance) Individual reflections Rubric scores for problem solving Rubric scores for clinical performance	Student course evaluations Interviews with students Student perception surveys Graduation rate

MSC Academic Programs	Measures	
	Direct	Indirect
	Rubric scores of literature access Rubric scores for evidence-based research project Rubric scores for research findings application in clinical practice	
Doctor of Medicine	Performance on internal course examinations and/or NBME Shelf Exams Performance on CSA Performance on USMLE Step 1 and Step 2 CK Performance on CPX and/or USMLE Step 2 CS Clinical Clerkships Assessments Performance on Clinical Clerkships OSCE's Junior Clerkships Assessment Performance on Fundamentals of Clinical Skills Course Performance on Introduction to Clinical Skills activities with Standardized patients and Formative Exams Performance on Fundamental of Clinical Skills Course Clinical Activities with real patients and Competency Tests	Student course evaluations Course progression and success tracking the performance of students
Doctor of Dental Medicine	Daily clinical evaluations on professional development Summative clinical evaluations Case presentations Written examinations Problem-based and Case-based questions Written exercises Essays Debates and discussion on ethical reasoning Critical thinking encouraged utilizing the	Student course evaluations Senior year survey Students perception of preparedness Post doctoral placement rate Patient satisfaction survey Administrative course evaluations Retention rates Number of students in academic probation

MSC Academic Programs	Measures	
	Direct	Indirect
	Socratic method Successful completion of courses 2 nd year OSCE Written report evaluating research articles Simulated Private Practice and DAU Assessment of productivity in the comprehensive care clinic Written and oral presentation of a complete case to a faculty board Self assessment of competency National Boards II Licensure Exam	
Bachelor of Science in Dental Assisting with Expanded Functions	Course and homework assignments Examination and quizzes Class discussion participation Clinical experiences Observations of field work Internship performance, service learning and clinical experience Observations of field work Rubric scores for performances Grades that are base on explicit criteria related to clear learning goals Case study analysis	Course evaluation Alumni Survey
Bachelor of Science in Nuclear Medicine Technology	Examinations Clinical Practice Evaluations	Alumni survey
Bachelor of Health Education	Educational Need Assessment questionnaire Rubric for class participation	Courses Evaluation Percent of class time and student hours

MSC Academic Programs	Measures	
	Direct	Indirect
	<p>Written essay and reflections Electronic Portfolio Observations of interview in home Written community report rubrics score Oral presentation of community research Concepts map Class discussion Minute paper Written quizzes Exams Open questions Oral written report Reflexive Diary Written Health Education Program Plan Rubrics for critical analysis reading,score for speech Self introspection</p>	<p>spent in those activities.</p>
Bachelor of Radiologic Technology	<p>Courses and homework assignment Clinical supervision Case study analysis Capstone project Course evaluation Passing rate on licensure Employer and internship supervision ratings of student performance Standardized text Clinical experiences Attrition rate Retention rate</p>	<p>Alumni survey Jobs Placement Employer survey</p>

MSC Academic Programs	Measures	
	Direct	Indirect
Master of Science in Clinical Laboratory Sciences	<p>Manual for Corrective Actions and Quality Control/ Assurance Developed during QA Practice.</p> <p>Course individual and group presentation.</p> <p>Research proposal document.</p> <p>Research proposal design oral presentation.</p> <p>Continuing Education Course Design.</p> <p>Research projects topic and mentors.</p> <p>Research project presentation.</p> <p>Research project manuscripts submission.</p> <p>Research project manuscripts publication.</p> <p>Course Presentation.</p> <p>Quality Assurance and Administration. Practice Grade.</p> <p>Student's presentation in each course.</p>	<p>Course evaluations.</p> <p>Student / faculty informal meeting.</p> <p>Mentor's feedback.</p> <p>Graduates students participation as lecturers in continuing education courses</p> <p>Course oral and written presentations.</p>
Post-Bachelor Certificate in Dietetic Internship	<p>Evaluation forms for research projects</p> <p>Evaluation forms for nutritional care processes</p> <p>Preceptor Evaluation Form</p> <p>Portfolio</p> <p>Case studies</p> <p>Instructional modules</p> <p>Dietetic Intern self-evaluation Form</p> <p>Pre-post test</p> <p>Evaluation forms for research of complex medical conditions</p>	<p>Alumni survey</p>
Post-Bachelor Certificate in Cytotechnology	<p>Theory and Practicum test</p> <p>Quizzes</p> <p>Papers discussions</p> <p>Cases study</p> <p>Portfolio</p>	<p>Accreditation Informs</p> <p>Graduates Surveys</p> <p>Employers Surveys</p> <p>Advisory Committee Minutes</p> <p>Statistics of admissions</p>

MSC Academic Programs	Measures	
	Direct	Indirect
	Clinical experiences Courses Evaluation Retention Rate Clinical Instructors Evaluations Exams Presentations Research Work Clinical Skills Evaluation Clinical Screening Evaluation Students Performance Record	Statistics of Graduates employed BOR Scores Program Resources Assessment by Students Faculty Evaluations Clinical Site Evaluations
Master of Health Information Administration	Internship supervisor ratings of students' performance. Examinations and quizzes Internship supervisor ratings of students' performance. Course assignment Term papers and reports	Employer surveys Alumni surveys
Master of Science with specialty in Speech Language Pathology	Capstone projects Case study analysis Class discussion participation Student's Self-Evaluation Questionnaire Course and homework assignment Examinations and quizzes Observations of field work Portfolio Clinical Supervisors' ratings Pass rates on local licensure examination Pass rates on the Departmental Exam Pass rates on the National Exam	Alumni surveys Employer surveys Activities related to the course such as prevention activities, health fairs in the community Clinical Practicum experiences.

MSC Academic Programs	Measures	
	Direct	Indirect
Master of Science in Physical Therapy	Debate and small group discussion of topics assigned by the professor Discussions in small groups Rubric for presentation of an oral and written report Participation in the discussion of case studies Lecture, discussion and application through role playing Case study that includes legal and fiscal impact of treatment Panel discussions on an assigned topic. Self-assessment of performance Computer assisted evaluation of Kolb's learning style by each student Research project Clinical practice evaluation Practice-based exams	Alumni surveys Employer surveys
Master of Science in Occupational Therapy	Course and homework assignment Written exam, practical exam and quizzes Class attendance and participation Term papers and oral reports Observations of fieldwork, service learning and clinical experiences assessment Class discussion and participation Laboratory experience reports Case study analysis Occupational/activity/task analysis Oral presentation Professional document analysis Journal article report Self assessment, peer evaluation and Facilitator	Institution course evaluation Employer and alumni survey

MSC Academic Programs	Measures	
	Direct	Indirect
	evaluation Rubric scores for writing, oral presentations, and performances Ethics Code Analysis and cases discussion Portfolio Course and homework assignment Fieldwork Performance Evaluation for Occupational Therapy Student Pass rate on Puerto Rico OT Licensure Student participation in professional associations, conclaves and conferences	
Pharmacy Doctor	Evaluation of performance Capstone project Portfolio assessment Pass rate on licensure test Score rate on licensure test Performance test of critical thinking	Student course evaluation Faculty course evaluation Student survey Alumni survey Employer survey Faculty survey Preceptor survey Graduation rates

Source: Alignment between Institutional student learning Outcomes (SLO) and Program SLO prepared by MSC Academic Programs

Prepared by:

Dr. Ivelisse M. García-Meléndez, MSC-Graduate School of Public Health
 Prof. Zulma I. Olivieri, MSC-School of Health Professions
 March 2010

Appendix 8.5

EXAMPLES OF DIRECT AND INDIRECT MEASURES USED TO ASSESS STUDENT LEARNING IN MOST ACADEMIC PROGRAMS AT THE MEDICAL SCIENCES CAMPUS

<i>Measures</i>	
<i>Direct</i>	<i>Indirect</i>
Capstone project	Alumni survey
Case studies	Course grade
Comprehensive exams	Curriculum analysis
Conceptual maps	Exit interview
Debates	Graduation rate
Essays	Student academic progress to next step
Exams	Student course evaluation
Group exercises	Student perception survey
Internship performance	Syllabi analysis
Licensure examination	
National boards	
Oral presentations	
Quizzes	
Reflective journal	
Research project	
Research proposal	
Service proposal	
Simulations	
Skills laboratory	
Student peer evaluation	
Student performance evaluation	
Student portfolio	
Term paper	
Theses	

Source: Alignment between Institutional student learning Outcomes (SLO) and Program SLO prepared by MSC Academic Programs
Progress Letter to the Middle States Commission on Higher Education, April 1, 2009

Prepared by:
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March 2010

Appendix 8.6

Faculty Development Activities in the Area of Assessment of Student Learning

Title of Activity/hrs	Date	Sponsor
Test Construction 3hrs	October 28, 2005	Deanship for Academic Affairs, Faculty Development Program
Assessment Techniques Part I 3hrs	November 18, 2005	Deanship for Academic Affairs, Faculty Development Program
Evaluation vs. Assessment Part I 2hrs	April 13, 2005	Deanship for Academic Affairs, Faculty Development Program
Evaluation vs. Assessment Part II 2hrs	April 20, 2005	Deanship for Academic Affairs, Faculty Development Program
Brain Based Learning 3hrs	December 8, 2006	Deanship for Academic Affairs, Faculty Development Program
Survey Construction 3 hrs	August 25, 2006	Deanship for Academic Affairs, Faculty Development Program
Assessment Techniques 3hrs	November 9, 2006	Deanship for Academic Affairs, Faculty Development Program
Developing your own tools and strategies to assess student learning 1.5 hrs	March 14, 2007	Title V COOPII Project
Assessment Tools for Online Courses 3 hrs	April 19, 2007	Academic Development Office
“Desarrollo de una Propuesta para el avaluó del aprendizaje estudiantil” - Part 1 3 hrs	August 15, 2007	Title V COOPII Project
“Desarrollo de una Propuesta para el avaluó del aprendizaje estudiantil” - Part 2 3 hrs	August 22, 2007	Title V COOPII Project
“Desarrollo de rúbricas para el avaluó del aprendizaje estudiantil” - Part 1 2 hrs	August 29, 2007	Title V COOPII Project

Title of Activity/hrs	Date	Sponsor
“Desarrollo de rúbricas para el avalúo del aprendizaje estudiantil” - Part 2 2 hrs	September 5, 2007	Title V COOPII Project
Developing outcomes for assessment of student learning. 3 hrs	April 4, 2008	Title V COOPII Project
“Avalúo del aprendizaje estudiantil” 3 hrs	April 10, 2008	Title V COOPII Project
“Principios Básicos para el desarrollo de una prueba” 3 hrs	June 10, 2008	Title V COOPII Project
WEAVEonline Webinar: Strategies for Identifying and Writing Program-level Learning Outcomes	April 1, 2009	Title V COOPII Project
Designing and Implementing Direct Measures of Student Learning	October 6, 2009	Title V COOPII Project
WEAVEonline Virtual Community Meeting - Weaving Solutions for Assessment Success	November 20, 2008	Title V COOPII Project
WEAVEonline Strategic Planning Webinar	January 15, 2009	Title V COOPII Project
Webinar: Integrating Startegic Planning within WEAVEonline	February 27, 2009	Title V COOPII Project
WEAVEonline Webinar: Building an Assessment Documentation Culture with Faculty	May 5, 2009	Title V COOPII Project
WEAVEonline: The nuts and bolts of building a cirricular map	July 21, 2009	Title V COOPII Project
WEAVEonline Webinar: Introductory Faculty Training	August 18, 2009 October 21, 2009	Title V COOPII Project
WEAVEonline Webinar: Mapping Many Uses, Great Value	August 19, 2009	Title V COOPII Project

APPENDIX 8.7

Closing the Loop in MSC Academic Programs

Academic Year	Assessment Results	Action Taken
SCHOOL OF DENTAL MEDICINE		
2006-2007	<p>2nd year OSCE – Students present difficulties in identifying and interpreting basic radiographic findings.</p>	<p>A one day course was offered to junior students in order to reinforce concepts of radiographic interpretation. The situation was discussed with course coordinators and department chairs.</p> <p>Additional radiographic interpretation exercises were incorporated in Dental and Craniofacial Imaging (EVDI7135) and Clinical Application of Dental Skills (PRET 7136).</p> <p>The following year an improvement was reported, although there is a need to keep reinforcing radiographic interpretation in other courses.</p>
2007-2008	<p>Results of Licensure Exam:</p> <p>2006-07 Rate of 1st time approval: 13/25 (52%) 2006-08 Rate of 1st time approval: 15/28 (54%)</p> <p>The assessment indicator establishes a 1st time passing rate of 90%</p>	<p>A new licensure exam was established by the PR Dental Examination Board. In order to improve 1st time passing rates in the licensure exam the following actions were taken:</p> <p>Faculty members participated in calibration exercises with the licensure examiners;</p> <p>Changes in evaluation criteria to adjust them to those required in the licensure exam were made in the Operative Dentistry Clinical Rotation (PRET 7358), The Fixed Prosthodontics Course (PRET 7276), and Endodontics Course (PRET 7296);</p> <p>Additional practice sessions were offered to help students become familiarized with exam procedures.</p>
2007-2008	<p>Student and administrative evaluation of courses: PRET 7266 Oral Surgery, PRET 7106 Cariology, After a thorough assessment of these courses the need for additional topics was identified.</p>	<p>Additional hours were allocated to these two courses in order to cover the suggested topics.</p>

Academic Year	Assessment Results	Action Taken
	<p>EVDI 7135 Dental and Craniofacial Imaging the assessment results identified the need to reinforce radiographic interpretation exercises.</p>	<p>Radiographic interpretation exercises were incorporated in this course and also in the Clinical Application of Dental Skills (PRET 7136) course. The results of these actions will be observed in the 2009 OSCE exam.</p>
<p>2007-2008</p>	<p>National Board Dental Examination Part I results:</p> <p>Class 2009- 1st time passing rate 40/46 (87%) Class 2010- 1st time passing rate 19/27 (70%)</p> <p>The assessment indicator establishes a 1st time passing rate of 80%.</p>	<p>The actions taken to improve these passing rates are as follows:</p> <p>The course Integration of Biomedical Sciences into Dental Practice (CBIO7190) was restructured in its educational methodology and curriculum sequence. It was rescheduled in order to offer the course after all of the basic sciences courses were completed. Also, a case based methodology was incorporated to promote the integration of biomedical concepts. This type of format will also be beneficial to introduce students to the case based questions included in the National Board Part I;</p> <p>Further analysis of basic sciences courses methodology and content are needed to improve students' performance;</p> <p>An orientation and timeline for taking the test were developed for sophomore students in February 2009, and additional study materials were purchased for student use;</p> <p>Beginning with the entering class of 2008-09 students are required to purchase a DVDs with all textbooks to assure they have them available and use them as study materials.</p>
SCHOOL OF MEDICINE		
<p>2005-2006</p>	<p>Clinical Practice Examination performance was below expected.</p> <p>Objective Structured Clinical Examinations Performance was below expected.</p>	<p>The Curricular Workshop was dedicated to the revision and creation of a longitudinal clinical skills curriculum. Cycle expected to be completed by 2009-2010.</p> <p>Revision of Behavioral-Neurosciences content and integration of content. Cycle expected to be completed by 2008-2009.</p>

Academic Year	Assessment Results	Action Taken
	<p>Poor performance in Behavioral Sciences in United States Medical Licensure Examination (USMLE) Step 1</p>	
<p>2006-2007</p>	<p>Immediate results from above intervention: USMLE Step 2 Clinical Skills:</p> <p>Basic Science Shelf Examinations performance decreased</p> <p>Poor performance on Biostatistics/Epidemiology in USMLE Step 1</p>	<p>Complete revision of the Public and Population Health Curriculum, with assistance from the Associate Dean of Academic Affairs and faculty members of the School of Public Health. Immediate implementation of changes. Cycle expected to be completed by 2011</p> <p>Basic Science faculty reviewed shelf examinations and implemented appropriate changes within courses. Cycle expected to be completed by 2007-2008.</p>
<p>2007-2008</p>	<p>Immediate results from above: Performance in Basic Science Shelf exams improved.</p> <p>USMLE Step 1 performance overall class decrease. Students referred exam very clinically oriented.</p>	<p>The Curricular Workshop was dedicated to design clinical correlations for all basic science courses and basic integration activities to all third year clinical clerkships. This is an ongoing process; the cycle is expected to be completed by 2012.</p>
<p>SCHOOL OF NURSING</p>		
<p>2002-2005</p>	<p>Benchmark for passing the PR licensing examination (70%) had not been met during years 2002, 2003, 2004, 2005. The expected outcome was not achieved for the analyzed period. It decreased between 6% to 7% for academic years 2003-2004 and 2004-2005.</p> <p>Although the SON's expected outcome has not been achieved, the Puerto Rico average pass rates for all Nursing programs' first time takers is consistently between 14 to 26% lower than SON's. The Puerto Rico average pass rates for all programs first time takers during the years analyzed have remained below 54%. In addition to this, the Board test passing grade for candidates</p>	<p>Based on the results of assessment and the analysis done by faculty the following measures were taken.</p> <p>Internal strategies</p> <ul style="list-style-type: none"> • Evaluation of all course content and objectives to assess that content defined by the Puerto Rico State Board was included. • Emphasize multiple choice questions with situations for critical thinking similar to board questions in all BSN exams • Implementation of a required elective review course that began in 2005. This course is offered the last semester of BSN Program (2nd semester 4th year) and since 2008 has been available in computer. Strategies used in this course are as

Academic Year	Assessment Results	Action Taken
	<p>has been lowered from 70% to 68% since March, 2002.</p> <p>Analysis of the failed students' performance at the state board examination considered factors such as: curriculum, characteristics of students, exam (construction, validation and application), instructional resources and quality of faculty. According to analysis, the BSN faculty recommended a bi-level approach: internal and external strategies.</p> <p>Internal strategies included: the development of a comprehensive review and exam for senior students in order to identify weaknesses and reinforce knowledge, continue emphasizing multiple choice questions with situations for critical thinking similar to board questions in all BSN exams, and assessment of BSN students' academic achievement measurements.</p> <p>External strategies included participation in the Puerto Rico Board of Nurse Examiners Committee.</p>	<p>follows: Conference and discussion, analysis of multiple selection questions of all content nursing specialties, discussion of correct responses and rational, individual students' assessment on a computerized test, discussion of questions with major difficulties and opportunity for remediation. Student Assessment through Comprehensive Examination (EXCO). If students don't attain the minimum required percentage (70%), and opportunity for remediation and test make-up.</p> <ul style="list-style-type: none"> • Continue assessment of other indicators of BSN students' academic achievement such as grades in nursing specialties courses, academic progress, and number of repeat nursing courses. <p>External strategies:</p> <ul style="list-style-type: none"> • Participation of nursing schools administrators and faculty in an Island-wide committee to establish dialogue with members of the Puerto Rico Nursing State Board. • As a result, the Board reactivated the standing Board Test Advisory Committee to review and evaluate the issues. Some improvements have already taken place. A revised content outline, a test plan and a form to submit test questions with instructions were sent by the Board to all schools in April, 2005. A revised exam with new questions was offered in November, 2005. Since 2007 a computerized test is been offered which provides the opportunity for candidates to receive faster feedback. The PRABE test bank is being improved with new questions that are revised by several content experts, including two members of the SON faculty. <p>Results:</p> <p>Results of pass rates have met and maintained the benchmark for PR licensing examination 2006 (51/68=75%), 2007 (61/68-89.70%), 2008 (13/19)-68%). Thus, while the School of Nursing actions have increased pass rates, external factors related to the test seem to impact the School's ability to maintain the benchmark pass rates.</p>

Academic Year	Assessment Results	Action Taken
GRADUATE SCHOOL OF PUBLIC HEALTH		
2001- 2002	Students in the Gerontology Program lack time to perform the need assessment of the elderly in different communities, and develop an educational plan in GERO 6511	A one-credit course (GERO 6495) was added to the Graduate Certificate in Gerontology so that the students could perform both the need assessment and develop the educational plan for their community intervention in their practicum in course GERO 6511.
2005-2008	<p>Area of concern on preparing students of Health Services Administration Program to acquire, reduce, analyze and synthesize information and to use quantitative methods to improve managerial decision making and programmatic administration.</p> <p>65.5%of the alumni (survey 2007) respond that the Program contributes with the development of the competencies of this area.</p> <p>61.9% of the students (survey 2005-07) respond that the Program contributes with the development of the competencies of this area.</p>	The specific area of concern was financial skills. Alumni and employers recommended enhancing the number of applied experiences and also the revision of the financial content in the curriculum. The changes were implemented in August, 2008.
2006-2007	Gerontology students express a gap in knowledge related to methodological procedures [programming]. Students had difficulties in data entry and corresponding epidemiological analyses at the practicum [SALP 6520].	In course SALP 6001 , taken by the MPH in Gerontology students in the trimester prior to their practicum, 3 sessions of the programming EPI-Info were incorporated in the first trimester of their last year so that they could acquire the necessary tools to be able to perform their investigative field work and comply with requirements of the practicum.
2006-2008	Low graduation rate in the Master of Health Science in Nutrition, mainly due to problems with the research project (Learning objective #2)	Modifying the Course NUTR 6540-Techniques of Nutritional Research to Methods in Nutritional Research. This course was re-structured to focus on how to design and conduct nutritional research, with emphasis on the appropriate methodology, data collection, data analysis, interpretation and dissemination of findings.

Academic Year	Assessment Results	Action Taken
2006-2008	Improve students' performance in the Master of Science in Demography related to methodological aspects of demography.	<p>Curriculum and Syllabi Analysis</p> <p>Creation of course in demographic estimates and projections</p> <p>Strengthen the performance of demographic techniques in established courses (time dedicated to task, number of exercises, type of exercises, etc.)</p> <p>Include a GIS (Geographical Information System) course as part of the curriculum.</p> <p>Develop a section for demographic tools in the program's web page.</p>
2007-2008	Curriculum analysis by licensing agency of Health Services Administration Program indicates no alignment of educational goals of the Program with curriculum, and poor communication among all administrative components of the program	Revision of conceptual model and competencies of the program; revision of program administrators' functions and refinement of communication lines among all levels. Revision of all course objectives for in-depth knowledge and skills.
2008-2009	<p>Findings of the following measures in MPH-Nurse-Midwifery Program:</p> <p>Course Evaluations, Clinical site evaluations, Exit interviews of graduates</p>	<p>Updated references ; modified course offerings with web-enhanced topics</p> <p>Initiated contracts with additional clinical agencies to provide a wider range of experiences</p> <p>Plan to convert courses to on-line offerings</p>
SCHOOL OF HEALTH PROFESSIONS		
2004-2009	<p>Expanded Functions Dental Assisting Program</p> <p>At least 90% of graduates approved the dental assisting license board exam in the first administration.</p>	The Program faculty prepared a review for dental assisting license board exam to ensure a high percentage of success.

Academic Year	Assessment Results	Action Taken
	The Program identified teaching areas that needed to be reinforced.	The information is used to prepare the Professional Development Plan for the faculty.
	Students' assessment results are used in the modification of the curriculum.	Students' recommendations have been incorporated to the curriculum. New textbook, workbooks and online courses on Blackboard Learning System were incorporated
	There is an annual budget assigned in accordance to the annual budget report.	Dental Assisting Laboratory was recently remodeled, equipment was acquired and new dental units and chairs were acquired.
2004	Nuclear Medicine Technologists Program Graduates must be competent Nuclear Medicine Technologists	The curriculum provides the competencies needed to perform competent entry level functions in the field of Nuclear Medicine Technology. The above as concluded in the program self-study. As such continue to provide ongoing evaluation to assure that this continues.
2006-2007	Health Education Program Course: EDSA 4004: Field Experience in Health Education IV Other human resources were introduced to implementation plan	Own learning:students need more time for their health education activity. • Help students:more interaction with preceptors in practical site
	Course: EDSA 4065: Teaching Techniques for Community Health Education Students awareness of own skills	Adjust class time for students' self assessment in implementation of health interventions.
	Course: EDSA 4047:Educational Media and Technology Assess needed valid and reliable information from Internet, different search system databases, and MSC Library	Own learning: students needs to comprehend Gestalt Theory Principles and use in the creation of instructional materials. Also, to use New Information & Communication creation of those materials Help students: practice and increase skills in New Information & Communication Technology
2006-2007	Cytotechnology Program Theory an Practicum test	As a result of last program assessment, graduation requirements were revised to incorporate a comprehensive test.

Academic Year	Assessment Results	Action Taken
		<p>2008-2009</p> <p>The annual report submitted to CAAHEP was approved. The measured results obtained after changes in degree requirements met all minimum trends required by area. Particularly in relation to the examination of the "Board of Registry" five (100%) students took the exam, and four (80%) students passed.</p>
2009	<p>Dietetic Internship Program</p> <p>The supervised learning activities presented a variety of settings that provided the "background" in which the intern will perform as expected.</p> <p>After assessing resources, interns and preceptors evaluations, as well as new requirements from the American Dietetic Association the evaluation led to an academic change: Medical Nutrition Therapy as an area of emphasis / concentration. This change will begin in August 2009.</p>	<p>The preceptors use the evaluation form both as a formative and a summative measure of student outcomes. If the students are not able to obtain the expected level of performance, several options are offered (reposition / substitution)</p> <p>Specific tasks have been modified, eliminated or added to increase level of performance.</p> <p>Specific supervised learning experiences have been modified or added to provide a variety of clinical settings</p>
2009	<p>Health Information Administration Program</p> <p>90% of graduates will approve the National Certification Board (RHIA) on their first attempt</p>	<p>The program faculty examined the results to find the competencies with the lower scores.</p> <p>The program faculty continued curricular revision with special attention to the identified domains.</p> <p>A mandatory mock was implemented.</p>
	<p>90% of the specific expected domains of entry-level for HIA included in the "Student's Self-Evaluation Questionnaire" are attained by students with high, medium or regular development.</p>	<p>The unsatisfactory ratings were reviewed with the students and a priority list was developed. A series of activities were planned to cover each of the sub-domains identified in the priority list. Students prepared their own professional development plan.</p>
February 2008	<p>Speech Language Pathology Program</p> <p>Student questionnaire regarding the clinical portfolio: students thought that the technical requirements of the portfolio distracted them from the portfolio's main purpose.</p>	<p>Portfolio was eliminated</p>
In May of each year	<p>Speech Language Pathology Program</p> <p>Questionnaire sent in May of each year to students. For several years, students have stated that the program needs a course on treatment</p>	<p>A one-credit treatment course was added under the "Current Topics" category. As a result of this experience, the faculty determined that the course needs to be a two credit course.</p> <p>The faculty has included the course in the curricular revision.</p>

Academic Year	Assessment Results	Action Taken
Annual	Speech Language Pathology Program Survey of clinical instructors' performance	The Clinical Coordinator talks with the clinical instructor and establishes a plan for improving the instructor's performance.
2008	Speech Language Pathology Program Faculty discussion of each student's progress in each of the program domains.	A Promotion Instrument was devised to assess the students' performance on each of the domains that the Program fosters. If warranted, the academic advisor discusses the results with the student
2008-2009	Occupational Therapy Program Need to assure integration between the curriculum design and experiences with clinical practice settings.	The Fieldwork Experience Level I B course (TEOC 6502) was revised by the OT faculty and clinical faculty to modify course objectives, student fieldwork evaluation form, and include a seminar as part of the course to discuss current practice issues and integrate theory with clinical situations.
2009-2010	Occupational Therapy Program The total pass rate of the occupational therapy program graduates taking the national certification test for the first time is under 70% on the aggregate data for the past three years.	A corrective plan was developed and is being implemented. Eight academic activities and/or action steps are taking place. Examples: 1) an analysis of the reasons for the low number of students who take the national test have been explored; 2) factors that contribute to enhance the ability of the students to pass the test have been identified and are addressed throughout the curriculum; and a systematic orientation program was developed to be offered throughout the curriculum to help the students prepare for the national certification test.
SCHOOL OF PHARMACY		
2007-2008	NAPLEX passing rate for first time candidates for 2006 graduates (84.6%) and 2007 (87%) was below the 90% target. Passing rate for 2008 graduates was 92.9%	Implemented changes in Lab IV related to aseptic preparations and revised OTC and CAM activities in Community Pharmacy Rotation of 3 rd professional year. Curriculum Committee preparing alignment of NAPLEX competency statements with courses.
2007-2008	First time graduating Pharmacy Student Survey by AACP administered. Need to examine and monitor various statements.	The report was referred to Curriculum and Assessment Committees presidents, pharmacy practice experiences Director, Assistant Dean for Student Affairs. The Evaluation, Promotion and Graduation Committee has prepared an Academic Honesty Code that addresses academic and professional misconduct.

Academic Year	Assessment Results	Action Taken
	Portfolio assessment form used did not adequately describedegree of achievement.	Develop a rubric for portfolio assessment.

Source: Alignment between Institutional student learning Outcomes (SLO) and Program SLO prepared by MSC Academic Programs
Progress Letter to the Middle States Commission on Higher Education, April 1, 2009

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