



# *inforMED*

## School of Medicine at UAB

*State of the School Edition  
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The following text is an edited transcript of the SOM State of the School Address that took place November 28th and may be of interest to those of you who were unable to attend in person. Corresponding slides are only available to UAB IP addresses at: <http://www.uasom.uab.edu/documents/sos112807.ppt>

Good afternoon everyone. It is my pleasure to have an opportunity for an annual presentation on the state of the School of Medicine (SOM). I'd like to begin by telling you what my bottom line is going to be. I think the state of the SOM is vibrant. I hope to spend the next hour convincing you of that by telling you about what has been going on during the past year and some of the kinds of things we hope to see during the coming year. We'll talk about activities in each of our three primary mission areas (education, clinical service and research), how we use our money and where it comes from. We'll talk about the faculty. Specifically, I'll discuss some things we have been doing to try to make UAB a place where faculty want to spend careers, what we can do in terms of development and what we are doing in terms of promotion, recruitment and retention. Finally, I'm going to conclude with some comments about things I'm particularly proud of, things that you, the faculty, have achieved during this past year. **[Slide 2]**

Let's start with a snapshot of the School of Medicine. Most of you know that we are comprised of 23 departments, nine of which are in the basic sciences and are joint with other health science schools. We now have more than 1,100 full-time faculty, more than 350 postdoctoral students and fellows, more than 830 residents, 400 graduate students and 650 medical students. Our educational programs are mostly based in Birmingham; but, we also have important programs in Huntsville, Tuscaloosa, Selma and Montgomery. **[Slide 3]**

### **MD EDUCATION**

We increased the size of our class in 2006 by ten percent (from 160 to 176) in response to the call nationally for a significant increase in the number of physicians being produced. When they become third year students, 106 students will do their clinical training in Birmingham and 35 each in Tuscaloosa and Huntsville, increasing from current clinical training per year of 100 in Birmingham and 30 each in Tuscaloosa and Huntsville. The class admitted in the fall of 2007 is comprised of approximately 90 percent Alabama residents. We continue to have some issues that concern me with regards to the demographics of the class. We still have fewer underrepresented minority students than I think we should have in a state, which has a different complexion than 92 percent majority students. Additionally, we only have 34 percent of our students who were female, whereas these numbers have achieved parity in most medical schools in the country. I don't know why this is not the case at UAB. Of the 176 students admitted this year, you'll see that 13 came in through the Early Decision Program, eight were in the undergraduate Early Medical School Admissions Program, eight were MD/PhD, 14 from our Rural Medical Scholars Program and 129 by the regular admissions pathway. Five students who were admitted elected to defer their admission to next year. We will look forward to seeing them in 2008. **[Slide 5]** We have some new appointments, in addition to Hughes Evans, who was pictured on the last slide. Laura Kezar is now the Associate Dean for Students overseeing Medical Student Services and all aspects of medical student life. Roger Berkow is now the Associate Dean for Undergraduate Medical Education and is also responsible for the enormous job of implementing our new medical school curriculum. **[Slide 6]**

The next slide provides an overview of the preclinical curriculum, which has been largely organized into an integrated organ-system based structure. The first year begins with a course entitled, "Patient, Doctor and Society," which is an introductory course on medical ethics, history and professionalism. This is followed by two eight-week courses designated "Fundamentals 1" and "Fundamentals 2". In very small type, it also says scholarly activity introduction. I'm going to talk more about that in a minute. After the Christmas break beginning in January, instead of the traditional first and second year classes, students will have an integrated series of courses that are organ-systems based, which continues until March of the second year when there is a break for the USMLE Step 1 examination. Students begin their first clerkship at the conclusion of the step one examination. **[Slide 7]**

We've had enormous faculty participation in this new curriculum - more than 200 faculty have been involved. The "Fundamentals 1" course introduces the basic principles of those courses that have been traditionally taught in the first year of medical school and then the "Fundamentals 2" course as those essential principles that are necessary to understand the integrated organ-system based courses, taken from the previous second year of medical school. We have 30 faculty who have already been engaged as module directors or co-directors. It is important to note we have added substantial budgetary support to departments based on the level of faculty participation in these courses. **[Slide 8]**

The Scholarly Activity will be a brand new, twelve-week required project for each student, which will be individually and separately mentored, with the expectation of a scholarly product at its conclusion. This activity can occur in any of several places of the curriculum. For those students who are particularly interested in bench research, this may occur at the end of the organ modules prior to beginning the clinical clerkships. For students who are more interested in Scholarly Activities involving clinical medicine, it may occur during or at the conclusion of the third-year core clinical clerkships. There will be four different themes for these activities: laboratory-based, clinical-based, outcomes analyses and community-based studies. The Scholarly Activities requirement will begin when our current first year class goes into the third year. We'll need lots of mentors for these students for those of you who are interested; I urge you to contact Peter Smith. Additionally, we will have short special topic courses, which will be mini-courses for second year students focused in any particular area of interest to our faculty. They will occur in August or around the winter break and Roger Berkow is presently organizing those courses. If you have interest in developing a mini course during these intervals, I urge you to contact Roger to discuss. **[Slide 9]**

In terms of the clinical curriculum, there are also some changes to be anticipated. We are reviewing all the acting internships and electives. We're interested in the possibility of integrating the basic sciences into their fourth year of training in the area in which the students are intending to specialize. For example, a student who is going into a surgical specialty may wish to go into the dissection laboratory during their fourth year for an in-depth dissection experience. We're also planning a residency preparation course at the end of the fourth year to better prepare students for residency training. **[Slide 10]**

Not everything has been smooth. As we expected during the introduction of a completely brand new curriculum, there have been some glitches. Some of them have been technical. I think it's also fair to say that there is an increased level of student anxiety regarding faculty expectations. We have met with the students to hear their concerns. There's good news and bad news. Students are really going to class and that is a major change from previous years in the preclinical courses. But the bad news, perhaps, is that not everyone likes going to class. Faculty seem to be pleased with having an audience of students both in the lectures and then in the small groups format. I think one of the things we need to be clearer about is in the two Fundamentals courses, we're not trying to cram two years of medical school into sixteen weeks. We need to make sure the Fundamental courses are really about fundamentals. As we go into the organ-based part of the curriculum another challenge will be to make sure that we don't have either excessive redundancy or excessive holes in the basic concepts. **[Slide 11]**

We're going to need still more faculty involvement in this new curriculum and we will be providing additional funding to the departments to cover the new teaching area. Obviously there will be some potential swings in departmental budgets as we introduce these changes. We have, therefore, put protection mechanisms in place for a couple of years to protect departments against swings in their budgets. The bottom line is - the more a department participates in the educational programs the greater their budget will be. **[Slide 12]**

Undergraduate medical education is, of course, not the only educational program that a medical school is about. We've established a new administrative structure with a new Assistant Dean for Graduate Medical Education, Gustavo Heudebert, who has taken responsibility for the more than 800 residents and fellows in our GME programs. Gustavo has been a director of graduate medical education in the Department of Medicine and as a consequence has a lot of experience in this area. Now he has broadened his purview to the entirety of the graduate medical education program. **[Slide 13]** The next slide indicates the size and distribution of our residency programs. Approximately 50 percent of residents are in the three big programs (medicine, surgery and pediatrics) and just over 40 percent are in the traditional primary care specialties of medicine, pediatrics and ob/gyn. **[Slide 14]**

Medical education does not end when one is awarded the medical degree. One of the things that we are proud of at UAB is the Continuing Medical Education program. It's also under new directorship with Jeroan Allison as Assistant Dean for CME. The program for CME at UAB has been different from most other continuing education programs. Most CME programs are still very much of what I call the coffee and donuts type. You attend, have a meal, sit in a lecture room and at the end of the day you go away. The evidence that this approach changes clinical practice substantially, weeks or months or years later, is pretty meager. The program at UAB has instead been able to take continuing education into physician offices and then try to follow up with them. We do this through Jeroan's supervision of a practice-based network that I want to tell you a little bit about. **[Slide 15]**

More than 750 practicing physicians around the states of Alabama and Mississippi are now engaged in this program of continuing education. It has active research involvement with grants from the NIH, AHRQ and the U.S. Health Resources and Services Administration that basically support the scholarly activities of our clinical investigators while they are delivering continuing education around the state. **[Slide 16]** We think it's the right way to do the so-called phase 2 translational research. We think about translational research being first the translation from the basic science to the patient, and then second, from the patient in the academic setting to the patient in a community setting. The latter is where our continuing medical education program is really focusing. It takes important innovation and represents an important contribution that UAB is making to the whole notion of how one goes about life-long learning for physicians. **[Slide 17]**

## **PHD EDUCATION**

Education of scientists is also a core mission of our medical school. An important development for PhD education this year has been establishment of a new consolidated area for administration of our graduate programs on the first floor of the Shelby building. Additionally, we're currently in the process of reorganizing the general structure of PhD programs. **[Slide 19]** Interdisciplinary programs have now been established for the Genetics Graduate Program and the Neurosciences Graduate Program. I'm also proud to say, that the Department of Neurobiology together with the School of Social and Behavioral sciences has become the home, for the first time in UAB history, of an undergraduate major in neuroscience. We see this as an important contribution of the SOM to undergraduate education on our campus, as well as a pipeline for recruitment of graduate students. **[Slide 20]**

We have invested substantially in the PhD graduate education program. As a consequence during fiscal year 07, stipends for graduate students were increased to \$23,000. They provided a full twelve months of support and included health insurance. This came as a cost of an additional \$235,000 from the SOM, plus approximately \$270,000 from the Graduate School. One of things that Graduate School Dean Bryan Noe has done that I consider particularly notable during this past year is to encourage graduate students to get individual fellowship support by providing a \$250 award to students upon application for such funding. Note that it is not required that such applications are successful; just going through the effort of putting forward an individual fellowship application leads to a student award of \$250. We are very grateful to Bryan for having done that. **[Slide 21]**

We've done well this past year with regard to NIH training awards and I've listed those training grants that are either new or competitively renewed. Congratulations to Tika Benveniste for the development of a new training award in brain tumor biology. You can see the additional competitive renewals, notably the training program in immunology and rheumatic diseases that are 31 and 26 years running, respectively. I think that is a remarkable record. **[Slide 22]**

The faculty in our basic sciences have also been doing notable scholarly work. I want to share with you something that appeared in the *Chronicle of Higher Education* last week. The *Chronicle of Higher Education* ranked 375 research universities in terms of the scholarly activity of their PhD faculty. They were rated according to a variety of parameters that I'll discuss with you a little later on, but our overall faculty rank number is 10 out of 375 major universities in the country. I think that is something we can be proud of. These ranking numbers are related to the distance above or below the mean in terms of standard deviation. So, UAB was 0.83 standard deviations above the mean ranking for all 375 schools. **[Slide 23]**

Postdoctoral education is also an important part of the education of scientists. *The Scientist* newspaper has now ranked UAB for the last four years as one of the ten best places in the U.S. for work for postdocs. We now have 16 institutional training awards with postdoctoral slots. Three students have individual postdoctoral awards and the first one of our students is an awardee of one of the brand new Transition to Independence Awards from the NIH. This award allows one to be awarded a K99 postdoctoral fellowship and then transfer that award to an R00 award as one becomes an independent faculty member. It's a very important new kind of award and I hope many more of our postdocs will be applying. **[Slide 24]**

## **CLINICAL SERVICE**

I'd like to change the focus now from our educational programs to clinical service. We have a huge clinical program. I think all of you can appreciate that and I want to just point out a bit of the evidence. During the past year we had 293,000 patient days in our hospital, 27,829 surgical procedures, over 65,000 visits to the emergency department, which is approximately 180 visits per day and in the clinic more than a million patient encounters. **[Slide 26]**

We have new facilities. Most of you have seen or been by the UAB Highlands facility on the southwest corner of the campus, where we have expanded existing services that are listed including the development of new critical care services. This will enable us to off-load certain services that are under space pressures within the main University Hospital and I think will contribute importantly in the long run to the development of our strategic planning processes for clinical care. **[Slide 27]**

You're also aware of what's going on immediately to the west of the North Pavilion, where under construction we see the Women and Infants facility and the Radiation Oncology facility. You can see the bridge that will connect these facilities across the street to the North Pavilion. The construction is presently on schedule and occupancy is anticipated in the spring of 2010. **[Slide 28]**

We began early in my tenure as dean the strategic planning process for research. By intent, the strategic planning process for clinical care was delayed until the research strategic planning process could be completed to make sure the clinical strategic plan was in support of the academic programs in the SOM. The leadership of the clinical strategic planning process, which has been underway during the past year, has been by Scott Buchalter and it is really in full flower at the moment. There have been many retreats in which the leadership of the SOM, the HSF and the Health System have all been participating during this past year. We're currently in the process of evaluating how we invest resources and determine where we want to grow and align with the SOM research strategic plan. **[Slide 29]**

The questions Scott has been asking us are basically 1) where do we grow our programs; 2) where should we grow; and how should we grow. Each of these questions obviously requires a detailed analysis of where our opportunities are. First of all, those opportunities require an understanding of changing demands in the health care arena, demands that both require an understanding of incidence of disease, but also real changes in how we treat disease, such as increasing

emphasis on ambulatory care versus inpatient care, and or, on less invasive approaches to the treatment of a whole variety of diseases. We need to think about how this is going to be changing over the next decade as we plan for changes in our strategic clinical initiatives. **[Slide 30]**

We need to be looking at where the revenue margins are available that are essential to drive the entire clinical process and to support the academic program. We need to understand the resources that are necessary to make this happen and then to assess market competition in terms of where it is we can be most effective. In each of these four areas we now have active work going forward to try to give us in-depth understanding. **[Slide 31]**

The way in which we see the clinical strategic plan ultimately interacting then with strategic planning activities for research in the SOM is pretty straightforward. First of all, we see that clinical care delivery is the source of patients, of clinical hypothesis, of outcomes research, tissue banks and training programs that feed directly into our clinical research activities. Similarly, the presence of a vibrant clinical research program feeds the clinical care delivery because it provides the real expertise, the translational research and the new paradigms for care. It drives our volume and it differentiates us in the market. All of these things also have the potential for a bidirectional interface with our basic science hypothesis-driven research, as well as translational studies. **[Slide 32]**

## **RESEARCH**

Let's now focus on the research mission of the school. Perhaps the most notable thing that has happened in the research mission during the past year has been implementation of our IMPACT funding. The IMPACT fund was a \$10 million set aside provided by Central Administration to provide for the recruitment and retention of outstanding faculty. This includes faculty recruits at the associate professor or full professor level, who come to us with extramural support and, in some cases assistant professors of truly exceptional promise. Application for IMPACT funding requires the department chairs and center directors to provide at least a 1:1 match in terms of the support they are asking for from this \$10 million pool. It requires of the Dean's Office an annual report to the President and ultimately to the Board of Trustees regarding the economic impact because these monies are really predicated upon the notion that research at UAB is an economic engine for the State of Alabama. It is administered by the SOM through the Dean's Office, particularly by Senior Associate Dean, Bob Kimberly, but it is explicitly open to any school at UAB. **[Slide 34]**

Let's take a look at the first year results from this IMPACT funding. We've recruited 13 faculty in nine departments from the following schools, and you can see there are some very prominent schools in that list from which we have been recruiting who have new faculty coming to UAB. In addition, we have retained eight faculty in six departments who had solid offers from the schools listed. **[Slide 35]** A particularly impressive thing is the return on investment in the first year of these recruitments and retentions. In the first year the amount of money that was brought in to the school by newly recruited faculty members was 1.2 times the amount of money invested from the IMPACT funds in their recruitments. Obviously the first year funding for people who have NIH grants is generally just the first year a multi-year grant. So the actual return on investment that can be anticipated is substantially higher than 1.2. For retention it is really a remarkable number, these were truly outstanding faculty members who in the first year returned more than six times the amount of NIH funding that would have been lost from UAB had they elected to go to another institution. I think this has been a remarkable first-year experience. The total for this first year was 21 total recruitments and retentions which followed from 28 offers. We're not successful every time we do this, but I consider 21 out of 28 a very good track record. Sixteen departments in three different schools had winners in the IMPACT funding process. Most of the faculty were recruited into the SOM, but the School of Nursing and the School of Health Professions' Department of Nutrition Sciences also had IMPACT winners. We've invested over \$12 million in the process, so it was more than the \$10 million that had been allotted. **[Slide 36]**

For a good number of years the Health Services Foundation General Endowment Fund (HSF-GEF) has been very generous in support of the SOM, providing money from the GEF to help with recruitment packages. Since 2003, we have recruited 29 faculty members into 12 departments, distributed as shown, contributing initially \$100,000 per recruitment. More recently we've changed that number to \$150,000. It is a very helpful additional program, particularly since the IMPACT program is primarily targeted to funded faculty. Since the establishment of the IMPACT program, we've been able to focus these monies particularly on very promising assistant professor recruitments. **[Slide 37]**

In addition to recruitment monies, we distributed from the HSF-GEF support in four areas of initiatives to faculty members who could apply for programmatic support in medical education, patient-oriented initiatives, clinical care initiatives and laboratory research initiatives. You can see the persons who received this \$2.7 million during the past year and the nature of the specific programs, which really span an incredible spectrum of scholarly activities. I think it's a unique program in the U.S. and it's certainly one of the most unusual programs for faculty support of new ideas, especially initiatives that enhance the infrastructure for research or education across departmental boundaries and between laboratories and individuals. **[Slide 38-39]**

Faculty have also been taking the initiative to support the research strategic plan. I want to simply point to several of the things that have happened in the faculty during this past year that have been led out of the faculty. The development of a Program in Immunology, which has been supported by the HSF, the very successful Comprehensive Cancer Center Research Retreat last month, a Comprehensive Neuroscience Center Symposium and a Developmental Biology Day at UAB. **[Slide 40]**

Perhaps the most important thing that has happened during this past year in the research arena has been the establishment of our new Center for Clinical Translational Science under the leadership of Lisa Guay-Woodford. This is a schematic of the diagram that basically went in as part of the application that was submitted earlier this month. These are the areas of focus in the massive application that involved hundreds of faculty members. I think many of you who have been involved in this know the Clinical and Translational Research Awards which stimulated this from NIH will essentially replace General Clinical Research Centers when they are awarded and then the GCRC will then be folded into successful CTSA awards. We don't know yet the outcome of our CTSA application. Nevertheless we have committed to the development of this Center for Clinical and Translational Sciences because we believe it something that is commensurate with our overall goals as an institution and secondly because we are determined to be winners in this competition, either this time or in a subsequent application. **[Slide 41]**

## **FINANCES**

Now let's take a look at the money. I'm going to address some of the issues of how the money flows from the Dean's Office to the departments, what we spend the money on and what kind of investments are we planning. **[Slide 43]**

This is a brief schematic of where the money comes from. You can see that 48 percent of the money, in shades of green, comes from federal or non-federal granting agencies, either as direct costs or indirect costs. Sixteen percent of the money, or \$84 million, comes in our state appropriation. The State of Alabama has been very good to this university and this SOM. Many states find that their state support has slipped into single digits and some states now call themselves state-affiliated or state-assisted rather than state-supported. It's worth noting that the SOM is in fact more than a half a billion dollar enterprise, and that doesn't count the Health System or the HSF. **[Slide 44]**

How do we spend the money? The vast amount of our money goes right back to our departments and centers. Just under 45 percent of it is spent on direct costs for research grants and another 42.5 percent goes into department and center budgets. Small amounts of money are involved in space costs, administrative and new initiatives and investments. **[Slide 45]**

I want to give you a thumbnail sketch of what the state appropriation has been, not just for the SOM, but for the entire university. I hope that you appreciate that the last three years have really been extraordinary years for the state higher education system and particularly for UAB in the appropriations process from the state legislature. You can see the remarkable numbers in the double digits that we have enjoyed during the fiscal year 2006, 2007 and now 2008. This followed a period of flat funding that were impediments to our growth. **[Slide 46]**

Within the SOM during fiscal 08, we enjoyed a 9.36 percent in our operations funding, which did not include a new \$10 million award for cancer-related programs. We have a budget of over \$76 million of which \$54 million goes directly out of the Dean's Office to departmental allocations. Just over \$8 million goes to support medical and graduate education, \$7 million for SOM administration and infrastructure, nearly \$6 million for our branch campuses and just under \$800,000 for development and alumni programs. **[Slide 47]**

I regard the allocation process as one of the best things about budgeting in the SOM at UAB, because departmental budgets are specifically reflective of activities and successes in the expected activities of our departments. It's driven by a process. Out of the state departmental allocation 15 percent is based on faculty size and departmental infrastructure. Thirty-five percent of a department's budget is based on the productivity in research, 10.5 percent on the teaching of graduate students, 15 percent on medical student teaching and about nine percent on residents and fellows. You can see that we very much value our education and our research activities as the primary drivers of our allocation process. This comes up to 85 percent. Fifteen percent of the state budget is then left over for the Dean to use to distribute to departments in a discretionary way to help make up for special issues or opportunities that may come up in departments requiring particular attention. **[Slide 48]**

Department chairs have full discretion in terms of how they spend those monies. They commonly use state support for the things for which they were earned – faculty teaching, faculty research activities that need special support, salaries of support personnel, departmental operating costs and graduate student costs. **[Slide 49]**

We obviously depend substantially on philanthropy and I wanted to mention a couple of things that were achieved during this past year with regard to our development activities. We raised more than \$19 million in gifts and pledges, excluding an additional \$40 million in philanthropic grants. Four of the gifts were \$1 million or more. Pure philanthropy led to the establishment of 21 new endowments, including eight endowed chairs and one pledge, one endowed professorship and one pledge and some additional endowed scholarships and endowed research support funds. **[Slide 50]**

So what do we have to look forward to next year? We look forward during fiscal 08 to having more than \$36 million of investment money, including our cancer-related money and our IMPACT fund from Central Administration, some funds from departments, some from the Health System and substantial support from the HSF. The HSF during this past year voted to assess themselves \$10 million per year for five years to support initiatives for our research and clinical strategic plans for a total of \$50 million. We are obviously exceptionally grateful for that. What this doesn't show are additional contributions from the Health System that go directly into departments in the form of equity transfers that do not pass through the Dean's Office. These are investment monies that the Dean's Office will be administering in support of faculty recruitment, including the current substantial packages as well as with new chairs that we anticipate recruiting in the coming year, specifically targeted investments will include the areas of cancer, biomedical informatics and

immunology, research infrastructure and capital expenditures, as well as further investments in the new medical curriculum and in the support of graduate training programs. **[Slide 51]**

## **FACULTY**

Finally, let's turn to our faculty. It's important that we not only recruit faculty but that we actually provide them with the tools that will enable them to have fully developed careers at UAB. This is what Kathe Nelson has been focused on very actively this past year. **[Slide 53]** We have completely changed our promotions and appointment process for faculty from departmentally-based criteria to school-wide criteria. We have defined the criteria for promotion to scholarship in the four major areas of discovery, teaching, application and integration. This process has been under the leadership of Stuart Frank and the Faculty Council. I've been grateful for the job that they have done during this past year, revising a program that previously had been more difficult to understand. I'm pleased to say that 68 faculty were advanced for promotion during this past year; 61 of whom were faculty that were promoted and 20 that were awarded tenure. **[Slide 54]**

What do we want to do over the next several years? First of all we will continue to aggressively recruit additional faculty during the next five to seven years. With the presence of our IMPACT funding we expected almost half would be funded at the time of their initial appointment. We'll be measuring faculty departures and recruitments to assess our net progress. In fiscal 07 we had not quite twice the net gain in faculty as we had in fiscal 05, so I think we are making progress in that direction. **[Slide 55]**

## **THINGS AND PEOPLE TO CELEBRATE**

Finally, let's close with some things of which I am particularly proud. First of all, I just want to show you two slides on how our medical students have done on the USMLE Step 2 examination. The Step 2 examination is the examination that students take during their fourth year and provides insight into how well prepared they are to enter their residencies. The vertical line is the national mean and you can see that in every one of these specific parameters of assessment our students were either at or, in the vast majority of cases, above the mean. Students at UAB are performing exceptionally well and congratulations to all of our faculty who have been the mentors that have accomplished this kind of performance. **[Slides 57-58]**

I'm also proud of the growth of interest in research by our medical students. This slide shows a plot of the number of our students who have made presentations at Medical Student Research Day since 1998. I think you can see that this slope over the last three years has really been remarkable. **[Slide 59]**

Another thing to take pride in is the 11 new chairs and professorships that have been appointed during this past year. **[Slide 60]**

Our clinical programs continue to be cited in national media and publications for their outstanding qualities. These are from *U.S. News' Best Hospitals* and *Best Doctors*. More than 60 percent of Birmingham medical specialists listed are UAB faculty. **[Slides 61-62]**

Going back to the issue of scholarly activity by our PhD faculty, one thing that was particularly notable is that in the Department of Pathology, our 31 pathology faculty who have PhDs were listed number three in the nation with a scholarly index of 1.33 - that is above the mean 1.33 times the standard deviation. These are the criteria that were used: percent of faculty who have a journal publication during the past three years - 100 percent at UAB; journal articles per faculty member over those three years - 12.3 on average; the number of those publications that have been cited -100 percent; and the average citation over the four years - nearly 160 per faculty member. This is a remarkable record and it is something to be exceptionally proud of. **[Slide 63]**

We have a number of new and competitively renewed programmatic P-series awards. I want to particularly congratulate individual faculty who did the enormous amount of work necessary to assemble and then put forward a P-series application in a very competitive environment. **[Slide 64]**

Finally, I want to close by recognizing one outstanding achievement. That is the publication in the July 12<sup>th</sup> issue of *Nature* of two back-to-back full length Articles on the structural basis of action of the bacterial RNA polymerase by Dmitri Vassilyev. I'd like Dmitri to come and join me at the podium. Dmitri, I think this may be a UAB first, and I want to extend my personal congratulations. But in addition I want to present you with the *First Annual Dean's Award for Excellence in Scholarship*. I have a certificate for you and something a little more tangible in this envelope. Congratulations. **[Slide 65]**

That concludes my report. I hope you will conclude that my initial statement - that the state of the school is vibrant - is in fact justified by the data. Thank you very much.