This form should be completed by a school proposing the creation of a new branch campus or the expansion of an existing branch campus, **whether or not the new or expanded campus will result in an increase in overall class size (see note below).**

U.S. schools should submit this form to the two LCME Secretariat offices (in Chicago, IL, AND Washington, DC); Canadian schools should submit this form to the two LCME Secretariat offices AND the CACMS Secretariat office (in Ottawa).

**(NOTE: If the school plans an increase in class size that includes sites OTHER than the proposed new or expanding campus (e.g., at the main campus), then the relevant portions of the “Form for Reporting a Proposed Class Size Increase” (available in the Publications section of the LCME website) should also be completed. Consult with the LCME Secretariat (or the CACMS Secretariat, as appropriate) for more information on the reporting of a proposed increase in class size in this situation.)**

<table>
<thead>
<tr>
<th><strong>School name:</strong></th>
<th>The University of Alabama School of Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of plans for the new or expanded branch campus</strong> (include the curriculum years for which the campus will be used):</td>
<td><strong>Background</strong> Medical education had its origins in Montgomery in 1968 when the Montgomery County Medical Society appointed a committee charged with developing undergraduate and graduate medical education programs. The committee developed an elective in medicine for junior and senior medical students from the University of Alabama School of Medicine and established the Montgomery Regional Medical Foundation, representing the Montgomery hospitals, their medical staffs, and the Montgomery County Medical Society. The teaching faculty consisted of voluntary practicing community physicians and the participating teaching hospitals were St. Margaret's Hospital, Baptist Medical Center, and the Montgomery Veteran’s Administration Hospital. Clinical affiliation with the University of Alabama at Birmingham (UAB) was established. Soon thereafter, a small grant was obtained from the Alabama Regional Medical Program. The program continued to train junior and senior medical students on electives from the School of Medicine until late in 1974, when a three-year residency in medicine was established. The funding for this largely voluntary program consisted of a grant from the Alabama Regional Medical Program and contributions from the area hospitals and the Montgomery County Medical Society.</td>
</tr>
<tr>
<td></td>
<td>In an effort to expand the program, the Montgomery Area Community Health Sciences Institute (MACHSI) was established as a consortium of educational agencies in central Alabama including the School of Medicine, Auburn University at Montgomery (AUM), the Montgomery Regional Medical Foundation, and the Montgomery Veterans Administration Hospital. AUM, as the administrative institution, was able to obtain a modest state appropriation in late 1974 which was</td>
</tr>
</tbody>
</table>
renewed in 1976 and 1978. In 1976, the School of Medicine added the designation Associate Dean for Montgomery Affairs to the office of the Program Director. Most significantly, in 1978 the Internal Medicine Residency program became part of the School of Medicine, with the Program Director answering to the Dean, all residents being governed by the policies and procedures of the Dean’s Council for Graduate Medical Education, and all of the full time employees becoming employed by the University of Alabama at Birmingham (UAB).

From this modest beginning, a comprehensive medical education program has evolved: [1] a three year accredited residency program in Internal Medicine; [2] clinical electives in medicine – 198 students since the program’s inception in 1968, 99(50%) from the University of Alabama School of Medicine (UASOM); and [3] an extensive CME program for physicians and allied health personnel. In addition to the Internal Medicine residency program sponsored by the UASOM, currently there is [1] a Family Medicine program sponsored by Baptist Health and [2] a training site at Baptist Medical Center for PGY 2 and 3 Emergency Medicine residents from the UASOM.

More recently, the UASOM, in conjunction with the UAB Health System, launched a strategic plan in 2011 entitled AMC-21 – an effort to develop and enhance its position as a preferred academic medical center in the 21st century. The three strategic goals of AMC-21 are [1] developing advancements in scientific discovery and biomedical research, [2] delivering outstanding patient care with a re-emphasis in the area of primary care and [3] providing a strong foundation of education and training for physicians and health care professionals. Building on this theme, UASOM plans to open in late spring 2014 a regional clinical campus in Montgomery, Alabama for 3rd and 4th year medical students. The campus builds on the tradition of medical education over the past four decades and on the existing infrastructure of the GME programs in Montgomery and a UAB sponsored Family Medicine program in Selma. The curriculum will be the same as that offered at UASOM’s other campuses in Birmingham, Huntsville, and Tuscaloosa, and will emphasize primary care.

Location
The location in Montgomery – the capitol of Alabama and in the Black Belt, the poorest region of the state – places this campus in an ideal location to take advantage of additional opportunities in rural health advocacy, disparities, and policy. Montgomery is the second largest city in the state of Alabama and has a patient care service population of ~ 600,000. The new clinical campus will be located on the campuses of UAB-affiliated Baptist Medical Center South(BMC-S) and East(BMC-E). BMC-S is the tertiary referral center for central and southeast Alabama; has ~ 450 beds; five adult critical care units, a 42 bed regional neonatal intensive care unit; and has > 60,000 emergency room visits annually. BMC-E is located in the Montgomery suburbs and serves as a community hospital with a significant emphasis in obstetrics. It is intended that students will have a community medicine experience at the UAB Selma Family Medicine program, located 58 miles west of Montgomery and affiliated with Vaughn Regional Medical Center which serves numerous rural counties and underserved populations. Montgomery is only 90 miles south of Birmingham, which is centrally located with respect to the regional campuses.

Financial Support
The opening of the Montgomery Regional Campus represents a partnership between University of Alabama School of Medicine, Baptist Health System, and the Montgomery community. The funding from UASOM will be tuition revenue as well as resources from state education allocation. Please see the Financial Support section for details about how these groups will combine resources, both physical and financial, to ensure the success of the Montgomery Regional Medical Campus.

Provide a projection of the number of students who will be located at the branch campus. If instruction will not be offered in all curriculum years, leave the corresponding cells blank.

<table>
<thead>
<tr>
<th>Curriculum Year</th>
<th>Number of Students to be Enrolled at the Branch Campus during Each Academic Year (AY) (Start with the First Academic Year in Which Students Will be Enrolled)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td></td>
</tr>
<tr>
<td>Second Year</td>
<td></td>
</tr>
<tr>
<td>Third Year</td>
<td>0</td>
</tr>
<tr>
<td>Fourth Year</td>
<td>0</td>
</tr>
</tbody>
</table>

If the school plans to begin/expand more than one branch campus, copy this table.

a. How will students be assigned to the branch campus?

The initial class, beginning in May 2014, will be comprised of 10 MS3 students recruited from the current MS1 class. Thereafter, 20 students per year will be assigned to the Montgomery campus during the admissions process which is when our students are assigned to the Birmingham, Huntsville, and Tuscaloosa campuses. The assignment to the Montgomery campus will be in the same manner that students are assigned to our other campuses. Students have the opportunity to apply for a change in their campus assignment during the fall of their MS2 year. Reassignments are based on available space and the compelling nature of the request and are handled by the Deans of the campuses.

https://www.uab.edu/medicine/home/education/prospective/app-proc/app-status/preference-assign

CURRICULUM AT THE BRANCH CAMPUS

Curriculum Structure and Delivery

a. Will the curriculum at the branch campus be the same as or different from that on the main campus? If different, please describe the major differences.

The goals and objectives for each core clinical clerkship and the methods of evaluation (observation, oral examinations, final examination, etc.) will be the same within each clerkship discipline at all four SOM campuses. The goals and objectives and curriculum for each clerkship have been developed by joint agreement of campus clerkship directors on all four campuses. The clerkship directors will communicate periodically by e-mail, telephone, and monthly clerkship director meetings to discuss changes in the clerkship goals and objectives. Meetings are conducted via videoconferencing to enable participation from all campuses. Each campus has a clerkship director for each core clerkship who is responsible for orienting the faculty and preceptors used by that campus to the uniform goals, objectives, and evaluation methods linked to each clerkship.

The core clerkship curriculum includes rotations in internal medicine (8 weeks), pediatrics (8 weeks), obstetrics and gynecology (8 weeks), surgery (8 weeks), family medicine (4 weeks), neurology (4 weeks), and psychiatry (4 weeks). The required core clerkship curriculum in Montgomery, including assessment
methodology, will be the same as what is required of students assigned to the Birmingham, Huntsville, and Tuscaloosa campuses. Oversight of the curriculum rests with the SOM Medical Education Committee which is composed of faculty and students from all campuses.

The UASOM curriculum also requires students to complete a formal Scholarly Activity. Students begin preparations for this research activity in the first and second year of the curriculum in Birmingham (e.g., mentor identification, IRB training) and are provided a minimum of 8 dedicated weeks in the third or fourth year of the curriculum. Students are encouraged to select research mentors on their assigned campus, but may utilize any UASOM faculty member or an approved mentor at an institution other than UASOM for this purpose. It is expected that the clinical faculty on the Montgomery campus will be available to serve as a Scholarly Activity mentor for students interested in clinical research activities on that campus.

In the fourth year of the UASOM curriculum, students are required to complete 3 acting internships (internal medicine, surgery or critical care, and ambulatory) and 24 weeks of elective activities. Students must complete the internal medicine acting internship and ambulatory acting internship on their assigned campus (Birmingham, Tuscaloosa, Huntsville, or Montgomery). The educational goals and objectives and assessment methods for the acting internships are the same across the 4 campuses. Additionally, all students, regardless of campus assignment, must complete 4 one week Special Topics courses during their 4 years as medical students. Special Topics courses are available at all campuses, and students may select courses at any campus.

b. Will the didactic portions of the curriculum at the branch campus be delivered solely by on-site faculty, by main-campus faculty (e.g., by videoconferencing or other forms of distance learning), or by a combination of on-site and main-campus faculty? Describe, in general, how the content will be delivered.

The didactic portions of the clinical curriculum will be delivered primarily by on-site faculty. These components will include clinical conferences (e.g. Morning Report) and lectures which will be specified within each core clerkship curriculum. The core clerkship didactic curriculum will be structured based on the uniform educational goals and objectives outlined for each clerkship discipline. The SOM has videoconference capacity which will allow for the possibility of joint didactic sessions across the four campuses.

Responsibility for determining the types and numbers of patients as well as the clinical settings in which these encounters occur rests with the campus clerkship directors from each discipline across the four campuses and are based on the goals and objectives for the MD program and those objectives that are specific to the individual clerkship discipline. The goals and objectives for each discipline's clerkship are the same for all four campuses. The clinical settings used to accomplish the specific goals and objectives and patient interactions vary from campus to campus, and the educational program takes advantage of the individual campus and clerkship strengths. Each student on each campus will be expected to document patient encounters, and this information will be reviewed by the clerkship directors and the Associate Dean for Undergraduate Medical Education at least annually in an effort to assure comparability across the four campuses relative to patient exposure. The Medical Education Committee has developed and reviewed the Core Clinical Competencies document http://www.uab.edu/uasomume/mec/reports/corecomps.htm, which contains the core issues in terms of professional behavior, clinical skills, medical knowledge and disease processes, and family and societal issues that the medical students should become familiar with during the four years of medical education. Like the individual clerkship goals and objectives, these Core Clinical Competencies are consistent with the overall goals and objectives of the MD program. The settings for the core clinical clerkships at the Birmingham, Huntsville, Montgomery, and Tuscaloosa campuses enable students to see patients in both inpatient and ambulatory environments and to be exposed to both primary and tertiary care. In an effort to
supplement the clinical exposure to core concepts and to increase comparability across clerkships and campuses, the SOM purchased computer software which consists of a variety of standardized clinical cases in pediatrics (CLIPP – Computer-Assisted Learning in Pediatrics Program), internal medicine (SIMPLE – Simulated Internal Medicine Patient Learning Experience), and family medicine (fmCASES – Family Medicine Computer-Assisted Simulations for Educating Students). These cases are available to all SOM students and are routinely utilized by students at all campuses http://www.lhl.uab.edu/collections/?p=217.

(c) Describe, in general, how students will be evaluated at the branch campus. Will the methods to evaluate student performance at the branch campus be the same as or different from those at the main campus? How will grading for students at the branch campus be handled?

Each core clerkship discipline will identify a specific evaluation strategy based on the educational objectives of the clerkship. This evaluation strategy or plan is uniform across the four campuses. The SOM has a standard “Clerkship Evaluation Form” (see Appendix A) which is utilized by clerkship directors and preceptors on all four campuses to assess clinical performance. Similarly, other components (NBME and oral examinations) of the final evaluation of the student are the same for any of the core clerkships regardless of the campus to which the student is assigned.

Student grading will be the responsibility of the clerkship directors and administrators on all campuses. The grading method and formulae will be identical for each clerkship discipline as outlined above. Once student grades are calculated, this information is entered into a uniform, computerized grading database (CGAS) which is managed and administered on the Birmingham campus. Once entered into CGAS, the grades are accessible to the SOM Registrar who will update student transcripts.

Student grades on end-of-clerkship examinations and overall grading are reviewed by each individual clerkship director at the end of each clerkship. With all clerkship directors, the Associate Dean for Undergraduate Medical Education annually evaluates the grades and exam scoring from the campuses to determine if there are significant campus-to-campus variations in student performance.

Curriculum Governance

(a) How will faculty at the branch campus be incorporated into the medical school committee structure?

As mentioned previously, clerkship directors from all campuses meet as a campus group every month to discuss topics relevant to the clerkship program. Each campus’ clerkship directors meet in a common area on their campus and connect by telephone or videoconference to the other campuses. The topics of discussion involve all areas of clerkship management, evaluation, development of curricula, and development of faculty involved in the clerkship. In between these meetings, discipline-specific clerkship directors communicate by telephone, e-mail, and in person to review goals and objectives for their clerkships. A clerkship director listserv is in place which permits any clerkship director to communicate with every other SOM clerkship director and for the Associate Dean for Undergraduate Medical Education to provide information to and address questions from campus clerkship directors, help in the development of methods of course and student evaluation, assist in planning curricula, help implement programs, and provide advice on clerkship management.

Faculty from all four campuses will have representation on the SOM Medical Educational Committee, the Student Academic Standing Committee, the Admissions Committee and its subcommittees, and the SOM Executive Committee.

(b) How will the curriculum at the branch campus be managed?
If the curriculum at the branch campus will be the same as that at the main campus, describe the means by which comparability of educational experiences and methods of evaluation will be ensured.

Student grades on end-of-clerkship examinations and overall grading are reviewed by each individual clerkship director at the end of each clerkship. With all clerkship directors, the Associate Dean for Undergraduate Medical Education annually evaluates the grades and exam scoring from all campuses to determine if there are significant campus-to-campus variations in student performance. Because the number of students at the Tuscaloosa, Huntsville, and Montgomery campuses is much fewer than at the Birmingham campus, these data are also reviewed as three-year aggregates. The E-Value electronic patient and procedure log facilitates comparison of student exposure relative to clinical pathology and patient volume.

The Medical Education Committee performs regular (i.e. biannual) assessment of each clerkship discipline, including the comparability of student experience, grading and evaluation methods across the four campuses. These data are made available to all clerkship directors.

If the curriculum at the branch campus will be a separate curriculum track, describe the means by which the ultimate authority of the medical school’s chief academic officer will be ensured.

NA

RESOURCES FOR THE EDUCATIONAL PROGRAM

Only complete the sections below that are relevant to the educational program at the branch campus. Include in the responses both information about planned future instruction and instruction that has been ongoing at an existing branch campus.

Educational Facilities

a. Complete the following table describing the educational space to be used for required courses in the pre-clerkship curriculum, expanding the number of rows as necessary:

<table>
<thead>
<tr>
<th>Type of Room</th>
<th>Seating Capacity</th>
<th>Main Educational Use(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volker Hall Lecture Room A</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Volker Hall Lecture Room E</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Clinical Skills Center</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Simulation Centers</td>
<td>NA(see below)</td>
<td></td>
</tr>
<tr>
<td>Small group discussion rooms</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Multidisciplinary labs</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Anatomy Lab</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

1Lecture hall, multidisciplinary lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are used, simply indicate the total number of such rooms in parentheses.

2Lectures, small-group discussion, dissection, slide study, wet lab, simulations, clinical skills practice or testing, etc.

b. Provide a brief narrative assessment of the adequacy of other physical facilities, including library resources, information technology or services, clinical skills learning and evaluation areas, and study space to accommodate the number of students at the branch campus.

The Administrative Offices of approximately 4960 square feet will be housed in a building connected to the primary teaching facility and clinics by a covered overhead walkway. The Associate Dean’s office and that of the Director of Student and Academic Affairs and clerical staff will thus be accessible to students for all necessary communications, assistance, etc. A conference room is in this
office space for meetings of the Clerkship Coordinators, other faculty, and the Dean and Director of Student and Academic Affairs. Part of this space will be renovated into 3-4 call rooms that are separate from those used by the house staff programs at BMC-S. These call rooms will be secure and provide adequate sleeping areas and bathroom facilities. On the same floor, a student lounge will be constructed which will have computer terminals exclusive for student use. In this same facility are several computer classrooms as well as a large auditorium (~ 2300 square feet), where Grand Rounds in Medicine is held every other Thursday throughout the academic year.

On each floor at BMC-S, there are separate work areas adjacent to clinical space for residents and students with multiple computer terminals to access patient care data. Each floor at BMC-S also has COWS (Computers On WheelS) to allow access to data while on bedside teaching rounds. In the basement of BMC-S, there is a Medical Conference Room and two other rooms adjacent to the cafeteria which can be used for didactic purposes or be combined into a small auditorium for larger audiences.

There is a medical library (~ 876 square feet) in the basement of BMC-S, with textbooks and computer carrels that allow online access to online medical sites. Each computer terminal in BMC-S has free and unlimited access to UpToDate® and other online medical information sites. Students will also be able to access online all of the texts and journals at the library at the main campus, The Lister Hill Library of the Medical Sciences (www.uab.edu/lister/).

At BMC-E, there is (1) a classroom that seats 20-25, (2) a computer lab that may accommodate 10-15 learners, (3) two conference rooms with seating for 10-12 each, (4) access to UpToDate® at all computer terminals throughout the hospital, (5) multiple, secure call rooms for resident and student use. Additionally, students rotating at BMC-E will have online access to the holdings of the Lister Hill Library of the Medical Sciences.

At Vaughn Regional Medical Center / UASOM Selma Family Medicine Program, there is a conference room which seats 24 with a computer and projector that allows PowerPoint presentations. There is access to the Lister Hill Library of the Medical Sciences and UpToDate® at all nursing station terminals, on the EMR laptops, and on PCs in the conference room and resident work room. Students will have access to the resident work room. There is a classroom on the 1st floor of the medical office building adjacent to the hospital which seats 50.

Housed in the clinic and administrative building of the Montgomery Family Medicine Program is a large auditorium which seats 120 for lectures, conferences, etc. There is a library in this facility with computer terminals for online access to medical sites. In the clinic of the UASOM Internal Medicine program, there is a conference room for small group sessions and computer terminals with access to UpToDate® and online access to the Lister Hill Library and other medical sites.

The Institute for Patient Safety and Medical Simulation is a collaborative effort of Baptist Health and Auburn University which is supported by a grant from the Alabama Department of Public Health. Its mission is to improve the quality of healthcare while reducing the likelihood of medical errors. Housed in a 22,500 square foot facility approximately three blocks from the medical school campus and BMC South, the Institute will provide unique educational experiences for medical students at this campus. The director of the Institute is Dr. Randy Johnson, Chief Patient Safety Office for Baptist Health and Associate Professor of Aviation at Auburn University. There are four medical simulation specialists at the Institute and other health care educators in specialty areas. The initial interaction of the medical students at this facility will be participation in SMART Train (Synergistic Medical And Resource Team). This course is a series of lectures and small group interactive sessions to empower teamwork, high level communication skills, and purpose-based decision making. Simulation is used in critical situations and everyday events. At the core of this training is the use of the SBAR method (Situation, Background, Assessment, Recommendation). The Institute has fully equipped clinical
space including an operating room, emergency room, neonatal intensive care unit, and post anesthesia recovery unit. The Institute has numerous state-of-the-art mannequins which include (1) “SIM Man” for clinical scenarios – e.g. heart failure, stroke, etc., (2) “Harvey” for enhancing cardiovascular physical examination skills with correlation with ECG, ECHO, CXR, and hemodynamic data, (3) “NOELLE” for both routine and complicated obstetric situations, (4) four different pediatric mannequins – SIM Baby, SIM NewB, Preemie Hal, and SIM Junior, (5) adult mannequins designed primarily for teaching procedural skills (e.g. central line insertion, etc.). In the Institute, there are three separate classrooms and a 75 seat auditorium. As students become more experienced and clinically sophisticated, they have the opportunity to become certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). For more information, please see the Institute’s website: [http://www.patientsafetysimulation.com/index.htm](http://www.patientsafetysimulation.com/index.htm).

Medical Education Information Services (MEIS), located at the Birmingham campus, oversees the Information Technology needs of medical students at all campuses. Students are assigned a Blazer ID which enables them to access the Lister Hill Library, university email, and other university sites. MEIS provides the information technology infrastructure and technical support staff for essential services such as website hosting services, acts as technical consultants, and provides information systems to support the functions of the educational mission. MEIS personnel are dedicated to the management and organization of the pre-clinical and clinical courses in Blackboard Learn as well as the use of TurningPoint audience response system. Services specific to students include web based discussion board, management of electronic testing software, web based surveys, and electronic delivery/retrieval of posted grades. MEIS supports SOM faculty in many ways, including assistance with course design via training classes, workshops and individual hands-on lab/consultation sessions, and online tutorials. Many educational resources are made available to the students and faculty via the Internet through Blackboard Learn, Knowledge Map, Echo360, SharePoint, online Learning Portfolio, and general purpose secured websites. The resources available include but are not limited to: PowerPoint presentations used in lectures, audio and written transcripts of lectures, video recordings of lectures, and video recordings of class meetings.

The University of Alabama System provides the Intercampus Interactive Telepresence System (IITS) which is a statewide compressed telepresence network used for video conferencing among the campuses. IITS staff members coordinate scheduled video conferences with the assistance of IT staff at each remote location. They are available before and during video conferences to assist with any technical issues that arise. All campuses have access to enterprise level applications maintained by UAB’s central IT department. These applications include Blackboard Learn the learning management system, Microsoft SharePoint online collaboration tool, and Joomla, the content management system.

**Instructional Staff**

a. Complete the following table for each required course and clerkship offered at the branch campus, expanding the number of rows as necessary. Include the number of staff that will be available when instruction begins in that course/clerkship:

<table>
<thead>
<tr>
<th>Course or Clerkship Title</th>
<th>Number of Staff¹</th>
<th>Instructional Responsibilities for Staff²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>30</td>
<td>Lectures, clinical precepting, mentoring, assessment</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>80</td>
<td>Lectures, clinical precepting, mentoring, assessment</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>26</td>
<td>Lectures, clinical precepting, mentoring, assessment</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>7</td>
<td>Lectures, clinical precepting, mentoring, assessment</td>
</tr>
<tr>
<td>Surgery</td>
<td>17</td>
<td>Lectures, clinical precepting, mentoring, assessment</td>
</tr>
<tr>
<td>Neurology</td>
<td>3</td>
<td>Lectures, clinical precepting, mentoring, assessment</td>
</tr>
</tbody>
</table>
Psychiatry | 4 | Lectures, clinical precepting, mentoring, assessment  
--- | --- | ---  
Scholarly Activity | Students must choose a mentor from over 1400 faculty members who can come from any of our campuses | Faculty mentor the scholarly activity which can take a variety of scholarly forms. [https://www.uab.edu/medicine/home/education/current/research-scholarly-activity/scholarly-activity](https://www.uab.edu/medicine/home/education/current/research-scholarly-activity/scholarly-activity)  
--- | --- | ---  
Ambulatory Acting Internship | 19 | Lectures, clinical precepting, mentoring, assessment  
--- | --- | ---  
Medicine Acting Internship | 80 | Lectures, clinical precepting, mentoring, assessment  
--- | --- | ---  
Surgery and/or Critical Care Acting Internship | 50 | Lectures, clinical precepting, mentoring, assessment  

1Includes full-time, part-time, and community-based (volunteer) faculty, residents, graduate students, and others with teaching responsibilities  
2Lectures, small-group precepting, lab or clinical supervision, etc.  

b. Describe additional hiring that is planned, including the timetable for recruitment.  

A Regional Dean for the campus, Dr. Wick Many, was appointed effective September 1st, 2012 (see Dr. Many’s CV in Appendix C). Dr. Many has over 25 years of experience in medical education at the undergraduate and graduate levels. In addition, a Director of Student and Academic Affairs will be recruited and appointed by October, 2013. Prior to the matriculation of the first students in the summer of 2014, two additional FTE - primarily clerical in job description – will be hired.  

c. Describe the opportunities for faculty development that will be available for faculty at the branch campus, whether provided on site or at another location (e.g., at or through the main campus).  

The UASOM Office of Faculty Development (http://medicine.uab.edu/about/48400) offers a variety of educational opportunities for faculty at all campuses. In addition, UAB offers faculty development opportunities and educational support through the Office of the Vice Provost for Faculty and Student Success (http://www.uab.edu/faculty/professional-development) and the Center for Teaching and Learning (http://www.uab.edu/faculty/new-faculty/item/74-center-for-teaching-and-learning). These activities are available at the main campus and also via frequent seminars at the current regional campuses. Teleconferencing capabilities are currently available in Montgomery. The UASOM Internal Medicine Program also provides regularly scheduled Faculty Development Seminars for their faculty, the faculty at the UASOM Selma Family Medicine program, and the faculty of the Baptist Health sponsored Family Medicine Program. The Department of Internal Medicine hosts an annual “education summit” in which faculty development in education is highlighted. [http://www.uab.edu/medicine/gim/education-summit](http://www.uab.edu/medicine/gim/education-summit). These activities will continue and expand to address topics specific to undergraduate medical education.  

d. Will there be resident physicians at the clinical facilities associated with the branch campus?  

UASOM has an Internal Medicine residency program with 27 residents located at BMC-S in Montgomery (http://medicine.uab.edu/about/campuses/45286/) and a Family Medicine residency program with 15 residents located at Vaughn Regional Medical Center in Selma, Alabama (http://medicine.uab.edu/selmafamilymedicine/). Baptist Health System sponsors a Family Medicine residency program with 24 residents at BMC-S and BMC-E (http://www.montgomeryfmrp.com/). In addition, PGY-2 and PGY-3 Emergency Medicine residents from the Department of Emergency
Medicine at the UAB School of Medicine have one to two month block rotations in both years of training in the Emergency Department at BMC-S. Thus, medical students will have the opportunity to interact with multiple graduate trainees in this setting.

## Clinical Facilities

a. Complete the following table for any clinical teaching sites that will be used for students at the branch campus:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Used for required clerkships in</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fam Med</td>
</tr>
<tr>
<td>Baptist Medical Center South</td>
<td>X</td>
</tr>
<tr>
<td>Baptist Medical Center East</td>
<td></td>
</tr>
<tr>
<td>Crossbridge Behavioral Health, Montgomery</td>
<td></td>
</tr>
<tr>
<td>Vaughn Regional Medical Center, Selma</td>
<td>X</td>
</tr>
</tbody>
</table>

b. For each inpatient facility noted in the preceding table, provide the following information:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th># beds</th>
<th>Avg. daily occupancy rate</th>
<th>Avg. length of stay</th>
<th># of admissions/yr</th>
<th># outpatient visits/yr</th>
<th># ER visits/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptist Medical Center(BMC) South</td>
<td>358</td>
<td>59.8%</td>
<td>4.65</td>
<td>17,178</td>
<td>90.357</td>
<td>56,226</td>
</tr>
<tr>
<td>Baptist Medical Center(BMC) East</td>
<td>149</td>
<td>79.2%</td>
<td>3.94</td>
<td>10,672</td>
<td>83,826</td>
<td>41,378</td>
</tr>
<tr>
<td>Crossbridge Behavioral Health</td>
<td>60 (42 psych, 18 Geri-psych)</td>
<td>51.8%</td>
<td>6.72</td>
<td>1574</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Vaughn Regional Medical Center, Selma</td>
<td>149</td>
<td>33%</td>
<td>3.35</td>
<td>7,596</td>
<td>40,600</td>
<td>31,870</td>
</tr>
</tbody>
</table>

d. For each clinical teaching site, briefly describe the number of students per clinical rotation and the number of faculty members or residents that will be available as teachers and supervisors.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Discipline</th>
<th># of students/rotation Year 1</th>
<th># students/rotation Year 2 forward</th>
<th># of Faculty</th>
<th># of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMC – South</td>
<td>Internal Medicine, Internal Medicine AI and Critical Care AI</td>
<td>1-2</td>
<td>2-4</td>
<td>53</td>
<td>27</td>
</tr>
<tr>
<td>BMC – South</td>
<td>Family Medicine, Ambulatory</td>
<td>1-2</td>
<td>2-4</td>
<td>8</td>
<td>22</td>
</tr>
</tbody>
</table>
e. For each required clerkship, provide a brief assessment of the adequacy of patient volume and mix to accommodate the students at the branch campus.

**3rd Year Required Rotations**

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Site</th>
<th>Patient Volumes/Case Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>Baptist Medical Center South</td>
<td>Admissions* 4651</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consults 84</td>
</tr>
<tr>
<td></td>
<td>Baptist Family Medicine Clinic</td>
<td>Clinic Census 8077</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinic Visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adults 15,208</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pediatric 4,384</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OB 604</td>
</tr>
<tr>
<td></td>
<td>UASOM Selma Family Medicine</td>
<td>Clinic Census 15,772</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinic Visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adults 10,372</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pediatric 9,548</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OB 602</td>
</tr>
<tr>
<td></td>
<td>Family Medicine Vaughn Regional</td>
<td>Case Mix Index 1.2166</td>
</tr>
<tr>
<td></td>
<td>Medical Center Selma, AL</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Baptist Medical Center South</td>
<td>Admissions 2662</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admissions/Month 221.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average Daily Census 37.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Mix Index 1.7616</td>
</tr>
<tr>
<td></td>
<td>UASOM IM Clinic</td>
<td>Clinic Census 4265</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinic Visits 3320</td>
</tr>
<tr>
<td>Neurology</td>
<td>Baptist Medical Center South</td>
<td>Inpatient Visits 5200</td>
</tr>
<tr>
<td></td>
<td>Baptist Health Neurology Clinic</td>
<td>Clinic Visits 6222</td>
</tr>
</tbody>
</table>
STUDENT SERVICES

Provide a brief narrative assessment of the capacity of each of the following student service areas for students at the branch campus. Note if these resources will be available on site and/or through the main campus.

a. Financial aid

UASOM utilizes the financial aid office at UAB as the primary loan resource for all students. The Financial Aid Office at UAB has one officer designated as the primary contact with expertise in the Financial Aid needs, resources and challenges of medical education. This officer is available during admission interviews for one-on-one meetings with any interested student. The Financial Aid office hosts an active and extensive web presence with multiple resources at http://main.uab.edu/Sites/students/32658/. In addition the SOM has a staff member dedicated to scholarships and advising students on personal budgeting and education financing. Students can meet with any of these resource personnel by appointment, via e-mail, or telephone.

Programmatically, every student is advised on a personal budget planning presentation at orientation, at the beginning of the MS-1, MS3, and MS4 years. Every student is sent an annual e-mail with the presentation and a budgeting workbook attached. In addition, all students are advised to use the AAMC FIRST (financial information, resources, tools) at https://www.aamc.org/services/first/.

The Montgomery Campus Director of Student and Academic Affairs will be expected to be familiar with financial aid, scholarship, and personal financial tools for medical students, and to advise or refer students as appropriate. In addition to the easy availability via electronic means and the annual training materials, staff members are available to travel to the regional campuses for training and advising sessions as needed.

b. Student health

UASOM students are covered by VIVA health insurance, or provide proof of comparable coverage health insurance. Students on the Montgomery Campus would have the same coverage as other current students.
They may select any primary care provider in system (there are currently over 150 primary care physicians in system in the Montgomery County, including over 25 OB/Gyn.).

Since the UAB student health office is contracted as primary care for all medical students, that office will reimburse the co-pay required by the primary care physician (up to 4 visits/year). VIVA provides coverage for referrals by the primary care provider and for emergency/urgent care after hours.

Current UAB residents in the Montgomery program utilize one practice for primary care with three physicians. These physicians and many others in system have no supervisory or evaluative role for students.

Dependents of students are not required to participate in VIVA insurance, but may purchase that coverage if desired. Additionally, the current VIVA coverage is being negotiated to include a blood-borne pathogens rider. If this rider is enacted, it will cover all medical students including those on the Montgomery campus.

Additional details about the student health insurance coverage and costs are available at: http://www.uab.edu/studenthealth/

c. Personal counseling

In addition to the services available through the student health insurance program and UAB Wellness Center (http://main.uab.edu/Sites/students/life/counseling/), students at the Montgomery Campus will have full access to the UAB Physician Resource Office (PRO) (http://www.uabmedicine.org/for-healthcare-professionals/Physician+Resource+Office) which provides confidential comprehensive health and wellness services for UAB and non-UAB MDs, PhDs, dentists, and their respective residents and students. There is no charge for students to obtain services. Topics addressed include: communication, balance, family systems, boundary setting, managing stress, anger management, physician-nurse relationships, the troubled physician, spirituality in medicine, time management, burnout, dealing with difficult relationships, fatigue, personality differences, strategic feedback, and teamwork.

Two licensed clinical psychologists who have worked in the field of resident and student education will be available to the students at the Montgomery regional campus. They are available for evaluation for psychiatric and psychological disorders, individual counseling, conflict resolution, psychometrics, etc. The office is off-site to insure privacy and confidentiality. A series of interactive seminars on emotional health and wellbeing are incorporated in the Internal Medicine and Family Medicine curricula, and these will be open to include medical students. They have also worked with the UAB Physician Resource Office to evaluate and monitor health care providers and trainees with substance abuse issues and disruptive behavior. Neither will be involved in student supervision or evaluation.

d. Tutorial assistance

Students on the Montgomery Campus will be subject to the same educational expectations and performance standards as all other UASOM students. Should a student have academic or clinical performance difficulty, the course director and clinical faculty will be the primary resources to identify the problem and provide coaching.

All students have access by phone, web, or e-mail to academic success personnel on the Birmingham Campus. The Academic Success office and Physician Resource Office in Birmingham can assist students who need intervention beyond coaching by faculty mentors, such as screening for learning disabilities, attention disorders, mental or physical health issues which may impact academic performance. Birmingham personnel will travel to any of the regional campuses on an as-needed basis. The SOM works closely with the UAB Office of Disability Support Services to support students with chronic health
conditions that impact their educational experience, including learning disabilities.
http://www.uab.edu/handbook/student-services/e-disability

Existing policies that will apply include
https://www.uab.edu/medicine/home/education/current/medical-student-services/acad-success-resources:
Academic Resources
http://www.uasom.uab.edu/depts/lcme/School-wide%20Goals%20and%20Objectives1.pdf : Goals and
Objectives Leading to the MD Degree
https://www.uab.edu/medicine/home/education/current/student-policies/status-advance-grad: Medical
Student Academic Status, Advancement, and Graduation

e. Career advising

UASOM provides robust career advising services at all regional campuses. Our advising process starts
during Orientation with an introduction to AAMC’s Careers in Medicine. During Phase 1 of that program
when all students are located at the UAB main campus, we have a number of other activities to facilitate
student development in understanding personal career goals and exploring specialty options. These
include Primary Care Week, Global Health Week, and Diversity presentations focused on specific career
and professional topics, as well as regular programming from student Specialty Interest Groups which are
organized to explore many medical specialties. In addition, students have the opportunity to explore
career options during Special Topics courses (one-two week intensive electives) and in co-enrolled
courses that are taken concurrently with required coursework.

During the third year we focus on Phase 2 of the Careers in Medicine Program, which involves more
intensive exploration of specialty and practice options. To better serve the career advising needs of the
MS-3 and MS-4 students, each campus identifies 1-4 faculty members in each primary match field.
These faculty members provide a series of informational meetings for the MS-3 class. This “exploring
options” series centers on the unique characteristics of the specific specialty and various practice
environments of that specialty. This series of meetings also provides the student with the opportunity to
identify a career advisor in their specialty field of choice. The career advisor usually comes from the
regional campus to which the student is assigned, but a student may designate a career advisor from any
campus. For highly competitive specialties, students are encouraged to have an advisor at their assigned
campus and at the Birmingham campus which houses the residency training program. Career advisors are
strongly encouraged to attend our annual training workshop. They also receive regular email updates
about effective advising strategies, competitiveness of the Match for their own specialty, identification of
students at high risk for failure to match, importance of parallel specialty applications, and the process for
ERAS, NRMP, and SOAP. They receive school-specific match data for their own specialty and training
on how to appropriately share this information. To ensure that a student’s fourth year schedule helps them
meet their career needs, each student must meet with his/her senior advisor prior to putting in a request
for his/her 4th year schedule. Once entered, any change to the student’s schedule requires approval from
their specialty advisor.

Medical Student Services addresses the application and matching process with all students from all
campuses at a Rising Senior meeting midway through the third year in which we discuss career selection,
how to request letters of recommendation, personal statements, ERAS details and timeline, MSPE
preparation, and preparation for interviews including financial and logistical aspects. Early in the senior
year we offer interview workshops, mock interviews, and individual advising as needed. At the Senior
Meeting in January, we explain the Rank Order List and Match Week programs. Throughout the MS-4
year, students receive regular communication and advising from their Senior Advisor and from their
MSPE letter writer.

The Director of Student and Academic Affairs at the Montgomery campus will be expected to attend
Careers in Medicine training and workshops and will provide training to faculty and career advisors.
MSPEs are generally written by a member of Medical Student Services at the student’s home campus. Annual training in writing the MSPE is conducted by the Office of the Associate Dean for Students. Experienced MSPE writers review all MSPEs for clarity and consistency across all campuses and among writers.

**Student Affairs**

The Associate Dean for Students has supervisory, but shared responsibility for Student Affairs issues at all regional campuses. The Director of Student and Academic Affairs of the Montgomery campus will be a member of the Student Affairs Directors Group. This group meets by teleconference weekly. Student programming, services, and advising issues are discussed by all members of the team. Specific students with personal, academic or performance issues are discussed. In this way, each challenging student situation is discussed by all directors, developing a consensus and consistency in student affairs across all regional campuses. This permits each campus to work effectively and independently as needed while maintaining consistency across the campuses.

**FINANCIAL SUPPORT**

Briefly describe any increases in revenue that will be available from government sources, the parent university, and/or other sources to accommodate the proposed new or expanded branch campus.

Baptist Health has agreed to provide administrative space and other physical structure needs (student lounge, call rooms, etc.) at no cost for the initial five years of the campus’s existence. In the building housing the hospital’s Administrative Offices, there is a 2400 square foot auditorium for larger conferences; two computer classrooms of 690 square feet with a total of 26 computer stations. The Institute for Patient Safety and Medical Simulation is located approximately three blocks from the primary teaching hospital and houses in addition to its simulation labs an auditorium holding 75; three classrooms with a capacity of 18, 18, and 24 respectively; and another computer lab facility.

In addition to income from tuition and support from the School of Medicine, the City of Montgomery and the Montgomery County Commission have pledged up to $500,000 per academic year in financial support to the program (see letter of support in Appendix A). Tuition represents only a small fraction of the total funding supporting the campus. The School of Medicine will provide oversight of the fiscal management of the medical education program of the campus and financial reserves of the School of Medicine would be utilized to maintain the campus in the event of unexpected losses of community support.

A portion of the financial support will be utilized for scholarships for the initial class matriculating in the spring of 2014. Permanent scholarship support based on academic achievements and economic needs will be solicited from philanthropic individuals and businesses within the community.

**ADDITIONAL SUPPORTING DATA**

Note any additional relevant data that the LCME should take into consideration when evaluating the adequacy of resources to support the proposed new or expanded branch campus.

**Appendices:**

- **Appendix A:** Clerkship Evaluation Form
- **Appendix B:** Curriculum vitae for Wick Many, MD
- **Appendix C:** Letter of Support