



**The Florida International University
BOARD OF TRUSTEES
BOARD MEETING**

**MONDAY, 17 NOVEMBER 2003
9:00 A.M.
FLORIDA INTERNATIONAL UNIVERSITY
EAST GRAHAM CENTER BALLROOM
MIAMI, FL**

AGENDA

- I. CALL TO ORDER** *CHAIRMAN HENRIQUES*
- II. APPROVAL OF MINUTES**
 - **MINUTES, 2 SEPTEMBER 2003**
- III. CHAIRMAN'S REMARKS** *CHAIRMAN HENRIQUES*
- IV. FOUNDATION REPORT** *DONALD LEFTON*
- V. REQUESTS TO ADDRESS THE BOARD**
 - **BOARD OF GOVERNORS' REPORT** *HOWARD ROCK*
- VI. ITEMS FOR APPROVAL**
 - 1. CONSENT AGENDA** *CHAIRMAN HENRIQUES*
 - ACADEMIC POLICY AND STUDENT AFFAIRS COMMITTEE ITEMS*
 - A. GRANTING OF TENURE AS A CONDITION-OF-HIRE**
 - B. TRACK CONVERSION TO STAND-ALONE PROGRAM**
 - EARLY CHILDHOOD EDUCATION, B.S.**
 - ADMINISTRATION AND COMPENSATION COMMITTEE ITEMS*
 - C. FLORIDA EDUCATIONAL EQUITY PLAN**
 - 2. EXECUTIVE PERFORMANCE AND COMPENSATION** *ALBERT DOTSON*
 - 3. ANNUAL EXECUTIVE EVALUATION PROCESS** *ALBERT DOTSON*
 - 4. 2003-2004 UNIVERSITY GOALS** *ALBERT DOTSON*

VII. INFORMATION ITEMS (NO ACTION REQUIRED)

▪ **FINANCE AND AUDIT COMMITTEE** (*ROSA SUGRAÑES, CHAIR*)

• (*COMMITTEE DID NOT MEET. NO COMMITTEE MINUTES - NO ACTION REQUIRED*)

▪ **GOVERNMENTAL AFFAIRS COMMITTEE** (*MIRIAM LOPEZ, CHAIR*)

• (*COMMITTEE DID NOT MEET. NO COMMITTEE MINUTES - NO ACTION REQUIRED*)

5. ADMINISTRATION AND COMPENSATION COMMITTEE (*ALBERT DOTSON, CHAIR*)

• (*THE COMMITTEE MET TWICE SINCE THE SEPTEMBER BOARD MEETING. BOTH COMMITTEE MINUTES DRAFTS ENCLOSED AS INFORMATION ITEM- NO ACTION REQUIRED*)

6. ACADEMIC POLICY AND STUDENT AFFAIRS COMMITTEE (*DAVID PARKER, CHAIR*)

• (*COMMITTEE MINUTES DRAFT ENCLOSED AS INFORMATION ITEM- NO ACTION REQUIRED*)

7. PEOPLESOFT UPDATE DOCUMENTS

8. BOARD OF GOVERNORS' POWERS AND DUTIES- DRAFT 4

(*ADOPTED BY BOG 22 OCTOBER 2003*)

VIII. UNIVERSITY ISSUES

9. UNIVERSITY MISSION AND MANDATE

ADOLFO HENRIQUES

10. LIFE SCIENCES CORRIDOR UPDATE

DAVID PARKER

IX. OTHER BUSINESS (IF ANY)

CHAIRMAN HENRIQUES

X. ADJOURNMENT

CHAIRMAN HENRIQUES

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DRAFT

THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES



FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

MINUTES

TUESDAY, 2 SEPTEMBER 2003

9:00 A.M.

BOARD MEETING

FLORIDA INTERNATIONAL UNIVERSITY

UNIVERSITY PARK CAMPUS

GRAHAM CENTER BALLROOMS

MIAMI, FLORIDA

I. CALL TO ORDER

Chairman Henriques convened the meeting of The Florida International University Board of Trustees at 9:00 a.m., on September 2, 2003, at Florida International University, University Park Campus, Miami, Florida.

The following attendance was recorded:

PRESENT:

Rafael A. Calderón
Albert E. Dotson, Sr.
Marcel Escoffier
Adolfo Henriques
Miriam Lopez
Modesto A. Maidique
David R. Parker
Sergio Pino
Claudia Puig
Rosa Sugrañes
Clayton Solomon
Herbert A. Wertheim

EXCUSED:

Betsy S. Atkins
Patricia Frost

Mayra Beers
Erica Martinez took a silent roll.

II. APPROVAL OF MINUTES

Chairman Henriques requested the minutes from the May 19, 2003 Board meeting be approved as submitted.

A recommendation was made to approve the May 19, 2003 minutes of the Board of Trustees as submitted. The motion was MSC.

Chairman Henriques also requested the minutes of the July 2, 2003 Board meeting be approved as submitted.

A recommendation was made to approve the July 2, 2003 minutes of the Board of Trustees as submitted. The motion was MSC.

III. CHAIRMAN'S REMARKS

Chairman Henriques welcomed the Faculty Senate Chair, Marcel Escoffier, to his first Board meeting. He reported Trustees Frost and Atkins offered apologies for not attending the meeting.

Trustee Henriques reported the Board of Governors was moving into full action. He noted Howard Rock would address the Trustees later in the meeting. He added this Board would work closely with the Board of Governors to ensure support of FIU's distinctive mission and to ensure full funding. He added the BOT was waiting on the Board of Governors' review of two Ph.D. programs (Biomedical Engineering and Nursing) so they may be implemented. Trustee Henriques reported the Executive Committee of the Board of Governors would meet on September 17, 2003 at FIU and encouraged Trustees to attend.

Chairman Henriques thanked Trustees Dotson, Sugrañes, Escoffier, and Solomon for attending the State Board of Education meeting held at FIU on August 18-19, 2003 and representing the Board.

Trustee Henriques reported the University welcomed more than 10,000 new students earlier that week, including freshmen, transfer, and graduate students, following a summer full of new student and parent orientations. Chairman Henriques noted the first football game would be September 6, 2003 at Indiana State University.

IV. REQUESTS TO ADDRESS THE BOARD

Board of Governor's Report

Howard Rock addressed the Board on his observations following his participation in the Board of Governors' meetings during the summer. Please see Appendix A for his comments.

V. UNIVERSITY REPORT

President Maidique reported this year's Freshman Convocation was the biggest and best ever. He highlighted the FIU tradition of passing the Torch of Knowledge. He commented on several alumni and their post-graduation success in the job market. The President reported Mercedes Viana is now Director of Specialty Media at the White House; Mike Lowell is currently the third base man for the Florida Marlins; Johanna Rodriguez received a full graduate scholarship to Yale.

President Maidique announced the appointment of Bruce Dunlap as the Dean of Arts and Sciences.

The President introduced the new interactive Health Initiatives Website, which allows access to University resources and programs in the health field.

President Maidique gave the federal report and noted the contract with the Army Environmental Program was approximately \$5.6 million. He added the HCET year-end federal total was more than \$17 million.

The President reported the groundbreaking of several new projects on campus including the Graham Center, Health and Wellness Center expansions, and Parking Garages 3 and 4.

President Maidique announced the Florida Board of Governors' Executive Committee would meet September 17, 2003. He also announced October 3, 2003 would be the date of the Faculty Convocation at FIU. The President noted the first home game would be against Bethune Cookman on September 20, 2003 and October 25, 2003 would be FIU's Homecoming Game. He invited all Trustees to join him for these events.

President Maidique concluded his report.

VI. Committee Reports and Items for Review

FINANCE AND AUDIT COMMITTEE

1. Committee Report

Committee Chair Rosa Sugrañes gave an update on the additional Fee Waiver allocation authorized by the Board at the July 2, 2003 Board meeting as part of the Tuition increase. She reported, the Board decision to increase the University's fee waiver authority budget for 2003-04 from \$5 million to \$6.5 million, was to offset tuition increases at the graduate level as well attract and keep high-caliber students for those programs.

2. 2003-04 Budget Allocation Update

Trustee Sugrañes presented the update on the 2003-04 Budget Allocation as approved at the May 19, 2003 Board meeting. The total was adjusted to include changes in the E & G Allocations by the Legislature. In May of 2003, \$255,369.774 was proposed for 2003-2004 E & G Allocations. An adjusted total of \$251,382.200 was approved by the Legislature.

3. Application Fee and Admissions Deposit

Chair Sugrañes reviewed this two-part motion. She reported the current student application fee is \$20. The University recommended an increase to \$25 for all applicants except those of the Law School. Law School Dean, Leonard Strickman, noted the Law School fee remained unchanged because Law School materials were published before the recommendation was made for the increase. He added, in order to avoid the costs of re-printing, it was recommended Law School students pay a \$20 fee this year; however, a fee increase will be recommended for the 2003-2004 academic year.

Trustee Sugrañes stated there is currently no admissions deposit fee. Trustee Sugrañes reported the University recommended an admissions deposit of \$200 to indicate intent to attend. She noted the fee would be forfeited in the case where a student decides not to attend. Trustee Sugrañes added the fee would be credited toward tuition if a student does attend FIU and waived for those with demonstrated financial hardship. Vice President of Undergraduate Studies, Dr. Rosa Jones, supported the University's recommendation for an admissions deposit and noted the deposit would provide the University with a realistic number of students who plan on attending.

A recommendation was made to approve both the application fee changes and the inception of an admissions deposit. The recommendation was MSC.

4. 2003-2004 Challenge Grant Appropriation

Trustee Sugrañes reported the 2002-2003 Legislature appropriations totaled approximately \$3.9 million for FIU Challenge Grant funding. She added the University was given the authority to use the money toward any waiting projects. Trustee Sugrañes requested the approval of the University's priorities for the allocation as presented.

A recommendation was made to approve the University's priorities for the 2003-2004 Challenge Grant Appropriation. The recommendation was MSC.

5. Five Year PECO Request Priorities

Trustee Sugrañes reported the University is requesting \$190 million from the Division of Colleges and Universities for infrastructure and ten major buildings as its five-year PECO projection. She recommended the Board approve the University's priorities as presented.

A recommendation was made to approve the University Five Year PECO Request Priorities. The recommendation was MSC.

6. 2004-2005 Legislative Budget Request

Trustee Sugrañes presented the University's Legislative Budget request for 2004-2005. She reported the University requested \$82 million for enrollment, and \$60 million for Major Gift Matching. She added, even though the University requested \$25 million to meet the State's priorities, only \$3.5 million is being recommended for FIU.

Trustee Sugrañes also presented the enrollment and funding scenarios as projected by the Board of Governors. She recommended Board approval of the University's 2004-2005 Legislative Budget Request as submitted.

A recommendation was made to approve the 2004-2005 Legislative Budget Request as requested. The recommendation was MSC.

7. Florida Lambda Rail Project

Trustee Sugrañes explained the proposal for linking FIU to a statewide and nation-wide technological system for research known as the Lambda Rail project. John McGowan, Vice President of Information and Technology and CIO, noted linking FIU with the Lambda Rail, would make the University more competitive for future grants and research.

Trustee Sugrañes noted the line items 1 and 2 designations amends the University budget approved on May 19, 2003. She reported line item 1 would designate a total sum of \$148,148 directly to the "Florida Lambda Rail Project" initiative to be derived from the FY 2002/03 Educational and General (E&G) Carryforward Funds. Trustee Sugrañes continued and reported line item 2 would designate a total sum of \$445, 259 directly to the "Florida Lambda Rail Project" initiative to be derived from FY 2003/04 Educational and General (E&G) Funds. She noted each line item is a specific part and not an add-on to the approved E&G budget.

Trustee Sugrañes reported the item requested an approval of each allocation in the 2003-2004 FY budget for the University's participation in the Lambda Rail project.

A recommendation was made to approve each allocation (Line Items 1 and 2) in the 2003-2004 FY budget for the University's participation in the Lambda Rail project. The recommendation was MSC.

Trustee Sugrañes concluded the Committee report.

ADMINISTRATION AND COMPENSATION COMMITTEE

8. Committee Report

Trustee Dotson reported the Committee had not met, since the last Board meeting on May 19, 2003; however, the University President's annual evaluation process proceeded throughout the summer. He noted the Committee would meet on September 15, 2003 to finalize their report to the Board. He added a full report would be presented at the November 17, 2003 meeting.

Trustee Dotson concluded the Committee report.

GOVERNMENTAL AFFAIRS COMMITTEE

9. Committee Report

Trustee Lopez gave an update on the numerous legislative actions that occurred throughout the summer.

She reported the July BOT conference call resulted in the difficult decision to raise student tuition to the maximum allowed by the Florida Legislature in the 2003-2004 budget. She added, Chairman Henriques sent letters to the members of the Miami-Dade Legislative Delegation, as well as Governor Bush, expressing the Board's reasoning for raising tuition and its reticence to do so. She noted the reason for an increase was the continued lack of full funding of universities by the Legislature.

Trustee Lopez reported the letters began FIU's segment of the statewide "Quality and Access" public information campaign. She explained the purpose of the campaign is to inform the public, and the state's elected officials of the importance of supporting and properly funding public universities. She noted the Q & A campaign would add to the success of the State University President's Association fly-around in May of 2003 and increase awareness for the budget shortfalls that face FIU, as well as other universities.

She noted there are several areas of interest to FIU being addressed by the Committee, including the five year Enrollment Plan-Public Universities, K-20 Performance-based Funding Task Force, K-20 Educational Facilities Task Force, 2004-05 Legislative Budget Request, and the University State related contracts.

Trustee Lopez commended University staff in its leadership in ensuring a record year of success in Washington, D.C., with the U.S. House of Representatives already earmarking \$14 million for FIU projects. She added Representative Ileana Ros-Lehtinen is requesting an earmark of \$1.2 million for State-of-the-art equipment for a nursing lab in FIU's new Health Life Sciences building.

Trustee Lopez concluded the Committee report.

TRANSITION/ ACADEMIC POLICY AND STUDENT AFFAIRS COMMITTEE

10. Committee Report

Trustee Parker reported the Committee discussed dropping “Transition” from the Committee’s title, as most transition items were now complete. He requested the name change be made official.

Trustee Parker noted a good start in expected enrollment in all the new approved degree programs for the University.

He reported the State’s SUS Accountability Task Force was appointed and should have University Accountability indicators in place by December 2003.

Trustee Parker reported on the proposed five-year contract between FIU and the State of Florida. It permits the State to continue to provide services and set performance standards in exchange for providing universities with greater flexibility in other matters such as tuition. Universities currently participating in this contract include University of Florida and Florida State University. It was recommended by Speaker of the House of Representatives, Johnnie Byrd, the University of Central Florida and the University of South Florida are added to this CEPRI study.

He noted the PeopleSoft Implementation was on budget and schedule, as the Administrative module “went-live” on July 14, 2003. Trustee Parker reported the Student Admissions module is due to “go-live” in Fall 2004 and the Financials module in Summer 2004.

Trustee Parker concluded his report by informing the Board the Committee began discussions on a Health and Medical Education Initiative for FIU. He stated the Committee would bring a report to the Board at the November meeting.

11. Honorary Degree Recipients

Trustee Parker requested the approval of four candidates nominated to receive honorary degrees. The nominees were Bernard Tschumi, Steven L. Wolfe, Francis Halle, and Kip Thorne.

A recommendation was made to approve each of the four nominated honorary degree recipients. The recommendation was MSC.

12. Signing Authority

Trustee Parker reported the University General Counsel, Christina Mendoza, reviewed the applicable law for BOT signing authority and recommended a procedure to facilitate transaction of university business in a timely manner as instructed by Chairman Henriques. The policy states “the authority of the President, pursuant to the statute, includes the authority to enter into all contracts on behalf of FIU’s Board of Trustees which are necessary to effectuate all programs and actions

approved by the Board of Trustees in its approval of the yearly budget.” He added the Finance and Academic Policy and Student Affairs Committees reviewed the motion and recommended approval.

A recommendation was made for Board approval of the Presidential Signing Authority. The recommendation was MSC.

Chairman Parker concluded the Committee report.

VII. Other Business

The President requested to deliver closing remarks. President Maidique shared his goals for the University to become a leading learning, and cultural center that would move from a “management” to a “systems” institution in the future. He requested several University Vice Presidents report on some of the most important initiatives in their areas. Vice President of Information and Technology, John McGowan, presented plans for expanding research and internal processes through technology. Vice President of Advancement, Howard Lipman, reviewed plans for the upcoming capital campaign.

VIII. ADJOURNMENT

With no other business raised, the Chairman requested a motion to adjourn the meeting.

A recommendation was made to adjourn the meeting of the FIU Board of Trustees on September 2, 2003 at 10:40 am. The recommendation was MSC.

There were no trustee requests.

emm
09/05/03

Appendix A:
Howard Rock Address to the Board
(as submitted)

I have attended all meetings from the first one in 2002 beginning disorganized, decentralized, scripted, no discussion now a sea change Chair resigned, new Chair Carolyn Roberts brought her family to first meeting, great passion in board, organized it into eight working Committees including Accountability, Facilities, Finance and Strategic Policy and Planning as well as an Executive Committee of all the chairs that will meet here in two weeks to discuss its mission as a board and the missions of each university Amendment Eleven reads in part "The Board shall operate regulate and control and be fully responsible for the management of the while university system, design the distinctive mission of each constituent university, ensuring the well planned coordination and operation of the system and avoiding wasteful duplication of facilities or programs." This is a very powerful constitutional mandate.

At the meeting of July 23rd four committees met and the Board after which the Board had a content filled three-hour meeting with considerable dialogue and exchange. The members now are clearly interested in carrying out their mandate.

The following areas appear to be particularly in play:

1. Accountability under Stephen Uhlfelder appears dedicated to implementing specific measures; this could mean returning to requiring the CLAST test of all students, to other measures; 10% of the university's budget will be based on accountability\performance begriming next year. I am on that committee and determined to use whatever influence I have to make sure there is to FCAT for the universities for universities are not like K-12. But this is a very active committee. It has another meeting next week and will likely bring an action report to the September 24th meeting.
2. The Academic Policy Committee chaired by John Daisburg, a local figure. He put on an elaborate presentation using the BOE Genl. counsel to state that the Board had the ability to set major policy and stated that there were important times, such as mandating different schools different missions, when top down decisions had to be made, as much as he respects the importance of bottom up decisions.
3. The Finance Committee under Gerri Moll from Naples is intent on understanding the university budget and will deal with tuition and varying outlays.

It turns out that when we approved the university budget recommendation in August, hidden behind these figures were serous policy decisions that did not favor FIU, but indeed limited its growth\the in such areas as graduate enrollment. Since we were not shown these figures before we voted I protested vigorously as a member of the Bog and I know a most of our administration did as well, and the Chancellor wrote me that these were just provisional and indeed our figures are now being used. But we were also told that the BOG would be making missions decisions and then the budget would reflect these decisions.

So what about the BOG: It can cause harm to FIU and the whole system if it goes the wrong way in accountability, if it gets interested in faculty teaching loads and attempts to treated us like a community college.

2. It can cause harm to FIU and a number of other schools who have already achieved major research standing with vigorous programs if it somehow attempts to limit them.

It can do good however, if it:

1. Carefully screens new PhD programs
2. Puts forward standards for the selection of university presidents, that are based on academic rather than political standards, though I see no sign of this at the present
3. Orchestrate a careful legislative effort that brings in the resources of both the DOE and the members of the BOG who are people of considerable standing, as well as of each university, their lobbyists and their BOTS.
4. Acts in general as an advocate for the importance of the various universities
5. Helps get the matching funds the universities are owed.
6. Asks for needed hikes in in-state tuition from the legislature, or if it is willing, it has the authority to implement them itself. We need to be higher than 48th in the nation. We need to be at least somewhere near the national average. This will benefit everyone, and none more than the students.
7. Appoints the right people to the individual BOTs. It has the power to appoint half of the local boards if it seeks out the right people, truly acting independently of any political lobbying group, it can do a great deal of good.

This board is going to be very important. I am only on it though next July. We are very fortunate to have a faculty member on it and I hope that the faculty members are willing to stick their necks out when they need to do so. These meetings are covered by reporters from throughout the state (except Miami) and have a great deal of impact potentially.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Consent Agenda

PROPOSED ACTION

Review and approve the following items:

A. Tenure Nominations as a Condition-of-Hire.

1. Janine M. King, School of Architecture
2. George S. Dulikravich, College of Engineering
3. Dev S. Pathak, College of Health and Urban Affairs
4. David Cohen, College of Health and Urban Affairs

B. Track Conversion to Stand Alone Program: Early Childhood Education, B.S.

C. Florida Educational Equity Plan

Supporting Documentation Included:

- See documents for each item behind tabs A, B, and C

Facilitators/Presenters:

Chairman Henriques

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Granting of Tenure as a Condition-of-Hire

PROPOSED ACTION

Review and approve the Tenure Nominations as a Condition-of-Hire.

Tenure as a Condition-of-Hire:

- A. Janine M. King, School of Architecture
- B. George S. Dulikravich, College of Engineering
- C. Dev S. Pathak, College of Health and Urban Affairs

Tenure:

- D. David Cohen, College of Health and Urban Affairs

BACKGROUND INFORMATION

The nominees recommended for Tenure as a Condition-of-Hire include Janine M. King, School of Architecture, George S. Dulikravich, College of Engineering, Dev S. Pathak, College of Health and Urban Affairs, and David Cohen, College of Health and Urban Affairs.

Dr. David Cohen accepted an offer to join Florida International University's College of Health & Urban Affairs' School of Social Work as a Professor. He received his B.A. in Psychology from McGill University, Montreal, 1978, his M.S.W. from Carleton University, Ottawa, 1981, and his Ph.D. in Social Welfare from the University of California, Berkeley, 1989. He comes from the University of Montreal where he held the position of Professor in the School of Social Work.

Dr. Cohen's tenure nomination was unanimously endorsed by the School of Social Work's Tenure and Promotion Committee, the School of Social Work Director, the College of Health & Urban Affairs' Dean, Provost Mark B. Rosenberg, and President Modesto A. Maidique. However, because of an administrative error in 2000, his tenure nomination was not forwarded to the Board of Regents, the agency governing university

Agenda Section VI, Item 1A

tenure at that time. Since then, tenure-granting authority has devolved to the university boards of trustees.

Therefore, The Florida International University Board of Trustees is being asked to grant Dr. David Cohen tenure effective as of the time, absent the clerical error, tenure would have been granted by the Board of Regents.

Supporting Documentation Included:

- Tenure Nominations
2003-2004

Facilitators/Presenters:

Chairman Henriques

2003-2004
TENURE NOMINATIONS (as a condition of employment)
FLORIDA INTERNATIONAL UNIVERSITY

Name	Sex	Race	Department	Incoming Rank	Tenure CIP Code	Employment Date
SCHOOL OF ARCHITECTURE						
Janine M. King SS# 522-08-4831	F	W	Interior Design	Associate Professor	500408	08/13/03
COLLEGE OF ENGINEERING						
George S. Dulikrovich SS# 470-82-7277	M	W	Mechanical & Materials Engineering	Professor	140201	08/13/03
COLLEGE OF HEALTH & URBAN AFFAIRS						
Dev S. Pathak SS# 334-44-8814	M	A	Health Services Administration	Professor	510701	12/15/03

College of Health & Urban Affairs

David Cohen

Dr. David Cohen accepted an offer to join Florida International University's College of Health & Urban Affairs' School of Social Work as a Professor. He received his B.A. in Psychology from McGill University, Montreal, 1978, his M.S.W. from Carleton University, Ottawa, 1981, and his Ph.D. in Social Welfare from the University of California, Berkeley, 1989. He comes from the University of Montreal where he held the position of Professor in the School of Social Work.

When Dr. Cohen became an Associate Professor, his teaching focused on psychopathology, sociology of mental health, mental health practice, and research methodology. Based on student evaluations of his courses, his teaching has always been highly appreciated. He believes that his contribution to teaching in the discipline of social work has consisted in encouraging students to make explicit both their ethics and their science, and to critically analyze mental health care. He has also strived to foster independent scholarship in his students, three of which (two at the Master's level and one at the Doctoral level) have published articles as first authors with his collaboration.

Overall, Dr. Cohen's work has followed two major directions: developing a critical understanding of the mental health system and of psychosocial intervention during the "decade of the brain," and studying drugs as social phenomena. He edited a unique, two-volume anthology (1990 and 1994), *Challenging the Therapeutic State*, the first volume of which was reissued for the fourth time in 1997. It contained 28 original articles by authors from a dozen disciplines and was generally seen as a major contribution to the critical sociology of mental health.

The usages of psychotropic medications have been Dr. Cohen's principal lens to observe some internal and external dynamics of the mental health system. He was among the first authors in social work who discussed psychiatric drugs, in *Social Service Review*. His 1988 paper was prominently cited by Harriette Johnson as an important effort to strengthen the "bio" in the biopsychosocial paradigm. The same paper is described as "seminal" by Kia Bentley and Joseph Walsh in the 1996 book, *The Social Worker and Psychiatric Medications* – and citations to his work place him among the most cited authors in their text. Generally, citations to his articles since 1994 have appeared in over 20 journals.

Dr. Cohen's research experience is broad, spanning large-scale quantitative surveys (e.g. 2000 physicians surveyed on strategies to prevent medication adverse effects; 1000 physicians surveyed for attitudes to alcoholic patients; 1000 teachers surveyed to determine prevalence of stimulant use in primary schools, as well as in-depth qualitative inquiries in patients' and physicians' representations of adverse effects of drugs; of adult stakeholders' perceptions of the ADHD treatment system; of written decisions of review boards on civil commitment appeals). Most of these investigations were "firsts", having never been undertaken previously.

Overall, since 1996, Dr. Cohen has authored or co-authored 14 articles in peer-reviewed journals (7 in English, 7 in French), as well as 7 peer-reviewed chapters or encyclopedia entries (4 in English, 3 in French), and a number of other professional publications. He has also co-authored or edited 5 books or special issues (1 in English, 4 in French). Two manuscripts have recently been submitted and several others are in preparation.

Over the next few years, Dr. Cohen hopes to expand his research into the issue of cultural differences in the use of mental health services as well as children's use of medication from an international, comparative perspective.

Dr. Cohen's tenure nomination was unanimously endorsed by the School of Social Work's Tenure and Promotion Committee, the School of Social Work Director, the College of Health & Urban Affairs' Dean, Provost Mark B. Rosenberg, and President Modesto A. Maidique.

Architecture

Janine King

Associate Professor

Prior to joining FIU, Ms. King was the chair of the Department of Interior Design-College of Design and Planning at the University of Florida, where she worked since 1993. She holds a BA in art history, a BA in fine arts and a master of interior architecture, the latter from the University of Oregon. Ms. King is the chair of the Interior Design Continuing Education Council, as well as a member of an editorial review board and a publication board member of the *Journal of Interior Design*. She has been the recipient of numerous awards, honors and grants.

Mechanical Engineering

George Dulikrovich

Professor and Chair

Professor Dulikrovich has authored and co-authored approximately 300 technical publications in diverse fields involving computational and analytical fluid mechanics, subsonic, transonic and hypersonic aerodynamics, and theoretical and computational electro-magneto-hydrodynamics. Dr. Dulikrovich attended Cornell University where he graduated with a PhD in aerospace engineering and applied mathematics. He is also a registered professional engineer in Texas. His areas of expertise include multi-disciplinary aero-thermo-structural-electro-magnetics analysis, inverse design, and optimization turbo machinery aerodynamics, heat transfer, and elasticity simulation and design optimization. His teaching experience includes courses taught at the Department of Mechanical and Aerospace Engineering, the University of Texas at Arlington; the Department of Aerospace Engineering at the Pennsylvania State University; and the Institute of Mathematics at the University of Novi Sad in Yugoslavia, among others.

School of Public Health

Dev S. Pathak

Director

Prior to joining FIU, Dr. Pathak was interim dean, School of Public Health; interim chair, Division of Health Services Management and Policy; director, Center for Health Outcomes, Policy, and Evaluation Studies (HOPES); and, Merrell Dow Professor in the Division of Pharmacy Practice and Administration at the Ohio State University. Professor Pathak received his MS in economics from Southern Illinois University, and MBA and DBA in marketing and finance from Michigan State University. He is widely published in peer-reviewed journals. He has authored/co-authored and edited/co-edited 19 books, monographs and/or special journal issues, and more than 160 peer-reviewed articles. His articles are published in journals such as *Journal of Health Care Management*, *Health Economics*, *Annals of Pharmacotherapy*, *Drug Information Journal*,

Journal of Health Care Marketing, American Journal of Psychiatry, Journal of Nervous and Mental Disease, Journal of Retailing, Journal of Research in Pharmaceutical Economics, and Journal of Pharmaceutical Marketing and Management. Dr. Pathak is frequently invited to speak at national and international meetings related to his research interests. These include topics such as economic evaluation of health care and pharmaceutical programs and services with special emphasis on health status valuation using utility analysis and health related quality of life measurements, drug distribution and public policy, health care marketing, and strategic planning and health care organizations. He has functioned as an adviser to various business and professional organizations including Pfizer (New York, NY), Searle (Peapack, NJ), Glaxo-Wellcome Inc. (Research Triangle Park, NC), Procter and Gamble Pharmaceuticals Inc. (Cincinnati, OH), Upjohn (Kalamazoo, MI), Ritzman Pharmacy, Inc. (Akron, OH), and Ministerio de Salud (Lima, Peru). In 2002, Dr. Pathak received The Ohio State University Alumni Award for Distinguished Teaching. He also received the Research Achievement Award from Economics, Marketing and Management Section of the American Association of Pharmaceutical Scientists in 2000. In 1994, he received the Research Achievement Award from the American Pharmaceutical Association, and the Chatterjee Memorial Award from the Indian Pharmaceutical Association for outstanding contribution to the discipline of pharmaceutical administration in 1989.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Track Conversion to Stand Alone Program: Early Childhood Education, B.S.

PROPOSED ACTION

Review and approve the track conversion to stand-alone program for an Early Childhood Education, B.S.

Supporting Documentation Included:

- Request for Authorization
- Feasibility Study
- Tables I-IV

Facilitators/Presenters:

Chairman Henriques

TABLE IV						
NUMBER OF ANTICIPATED GRADUATES						
<i>Early Childhood</i>						
NAME OF PROGRAM:	Early Childhood					
CIP CODE:	13.1204					
	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
NUMBER OF GRADUATES	57	57	90	90	90	90

Florida International University

Board of Trustees—November 17, 2003

Request for Authorization to Convert the Current Track in Early Childhood/ESOL Education to a Stand Alone Program

The College of Education requests authorization to convert the Early Childhood/ESOL Education Track to a stand-alone degree program. The Florida Department of Education (DOE) established the Early Childhood/ESOL Education “certification program” in 1999. It was designed to prepare teachers for Florida certification in the area of Pre-kindergarten/Primary/ESOL Education (Age 3-Grade 3). The FIU College of Education implemented its program as a track under the Elementary/ESOL Education degree program. This track was re-approved by the joint NCATE/DOE/SUS review team in November 2001. The Early Childhood/ESOL Education track currently functions as an approved program by the State Board of Education, follows national association practices, admits students, schedules classes, and has faculty with credentials in Early Childhood Education.

The conversion of this track to a stand-alone degree program will enable FIU to award a degree that accurately defines the academic preparation of graduates. The stand-alone degree designation will make our graduates more competitive in the local and national job market. The Early Childhood/ESOL degree designation is more appropriate and reflects the curriculum completed for the state approved program currently endorsed by the Florida Department of Education.

Early childhood education is growing in prominence as a cornerstone of reform at both the state and national levels. FIU has partnered in statewide school readiness initiatives and is actively engaged in partnerships with other SUS institutions and community colleges to raise standards, share resources, and develop sound policy for the Early Childhood field. “Pathways to Professionalism,” a statewide initiative supported by the SUS Agenda on School Readiness, creates a professional development ladder for early childhood educators. Our shared goals are to develop highly skilled early childhood educators to meet the needs of this fast growing area and to serve the needs of a diverse population of young children and their families. These goals are in line with Florida’s Strategic planning objectives. Faculty work within the frameworks set forth by the National Association for the Education of Young Children, Professional Board for Teacher Certification, National Association for Colleges of Teacher Education, Division of Exceptional Children, and other influential organizations in the field.

No additional faculty will be needed to initiate the program. However, in order to maintain a high degree of excellence in our undergraduate, master’s and doctoral programs, two additional faculty members may be added, one each in the third and fourth year, as funds are generated for the program through FTE enrollment and research grants. The Early Childhood/ESOL Education faculty members currently administer 5 grants worth over \$2,000,000 dollars and are significantly involved with state and local initiatives centered on school readiness, early literacy, and curriculum development.

Budget - Costs	Year 1	Year 2	Year 3	Year 4	Year 5
Current E & G (I&R)	\$267,875	\$267,875	\$267,875	\$267,875	\$267,875
New E & G (I&R)	\$0	\$47,500	\$90,0000	\$85,000	\$85,000
Total E & G Cost	\$267,875	\$315,375	\$373,750	\$368,750	\$368,750
C & G Cost	\$0	\$0	\$0	\$0	\$0
Total Costs	\$267,875	\$315,375	\$373,750	\$368,750	\$368,750
Projected Enrollment					
Headcount	120	120	190	190	190
FTE	99.0	99.0	156.0	156.0	156.0
Budget – Expected Revenue					
FTE Revenue Generated	\$679,833	\$679,833	\$1,071,252	\$1,071,252	\$1,071,252
College C & G Generated (New)	\$500,000	\$1,00,000	\$1,500,000	\$2,000,000	\$2,000,000

**Florida International University
Board of Trustees—November 17, 2003**

**Request for Authorization to Convert the Current Track in
Early Childhood/ESOL Education to a Stand Alone Program**

Criteria	How Met
Fit with FIU Strategic Plan	<ul style="list-style-type: none">• Program responds to university goal of top research university• Program addresses FIU's learning opportunities
Distinctiveness of Program	<ul style="list-style-type: none">• Faculty with state and national and international reputation• Faculty expertise in Early Childhood Education• Extensive partnership with Florida Department of Education and the local school districts
Funding	<ul style="list-style-type: none">• Program currently functions as a certified track• Funding is currently generated from enrollment growth resources• No additional funding will be needed until the program is expanded
Support	<ul style="list-style-type: none">• Miami-Dade County Public Schools• Local and State partners• Students• Outside evaluators
Competition	<ul style="list-style-type: none">• University of Miami - Private• Barry University Private• Nova University -Private• St. Thomas University - Private• Florida Memorial College, Private• UF, FSU, FAMU
Pros	<ul style="list-style-type: none">• A critical shortage area in the State and nation• Number of jobs in Early Childhood Education• Available contracts and grants funding for Early Childhood Education• Quality of faculty; successful in attracting outside funding
Cons	<ul style="list-style-type: none">• None. The program is currently a very successful DOE certified program.

Florida International University
Feasibility Study—Academic Affairs
New Academic Program

Program Name: Baccalaureate in Early Childhood/ESOL Education
Department and College: Department of Curriculum and Instruction
College of Education
Proposed Implementation Date: Immediate conversion of track to stand alone program upon approval by Board of Trustees

I. PROGRAM DESCRIPTION

This program is currently offered as an Early Childhood/ESOL Education track and is an approved program by the State Board of Education. The Early Childhood/ESOL stand-alone program will require 69 credits of upper division courses and will meet all new state-mandated curricular changes and graduation requirements. The current track under Elementary/ESOL Education meets all of these requirements, but FIU graduates currently receive a degree that does not accurately reflect the program they completed. Upon approval of the stand-alone program, the diplomas of students will accurately reflect their credentials in Early Childhood/ESOL Education.

A. GOALS AND OBJECTIVES

The proposed baccalaureate program in Early Childhood/ESOL Education will:

1. Provide highly trained early childhood educators to serve the academic workforce needs of the local community and the State;
2. Provide place-bound students access to an affordable Early Childhood Education degree program;
3. Supply additional minority Early Childhood educators to the profession;
4. Award students a degree that properly reflects the curriculum they have completed;
5. Attract more students into this critical shortage area.

The Early Childhood program is guided by the College of Education's conceptual framework and has been designed to provide students with a sequential and well-integrated series of courses that stresses the major questions underlying the profession. The course content reflects theories and practices of teaching and learning related to the diverse needs of schooling in contemporary society.

B. CLIENTELE

This program currently serves students who are interested in becoming early childhood educators. The enrollment in the current track was 107 during Fall 2002. Approximately 500 students are currently enrolled in lower division community college programs, funded by Head

Start. By Fall 2004, many of these students will be enrolling in upper division programs. At this time, the lack of clearly identified degree status precludes FIU from effectively marketing the program to these students. A new recruitment plan includes providing information to public school high school students interested in studying early children education. In short, the creation of the Early Childhood/ESOL program as a stand-alone degree program will enable the College to increase degree productivity in this critical shortage area.

II. INSTITUTIONAL MISSION

The Early Childhood program embraces FIU's mission as an urban, multi-campus, research university serving South Florida, the state, the nation, and the international community. The Early Childhood/ ESOL degree program fulfills this mission by imparting knowledge to students in this critical shortage area and by serving our community by providing access and educational opportunity. One of the College of Education's goals is for this program to become a program of national distinction with a solid research focus supported by external funding that links inquiry to practice. In 2002, the Early Childhood faculty received over \$2,000,000 in external funding for research projects related to assessment and the implementation of intervention strategies to improve the school readiness of four-year-olds in Miami-Dade County.

III. ASSESSMENT OF NEED AND DEMAND

Early Childhood Education has become a priority in this country and in the State of Florida as many new initiatives in school readiness, early literacy, and universal pre-kindergarten are undertaken. A larger number of early childhood educators will be needed to fill teaching vacancies and new positions created when universal preschool education becomes a reality in Florida.

Despite our inability to currently advertise this certification program as a stand-alone degree, many students are aware of the program and the growing need in our community for teachers with Early Childhood training. The enrollment in the program has increased by more than 400% over the past three years. In Fall 2000, 21 students were enrolled; Fall 2001, 52 students were enrolled; and in Fall 2002, 107 students were enrolled. Approximately 500 students are currently enrolled in lower divisions community college programs funded by Head Start, and by Fall 2004 many will be seeking to enroll in upper division programs. At this time, the lack of program status precludes FIU from more effective marketing. The creation of the stand alone Early Childhood/ESOL degree program will enable the College of Education to increase degree productivity in this critically shortage area. Our new recruitment plan provides information to high school students interested in studying early childhood education and encourages them to enroll in four-year programs at FIU.

Historically, Early Childhood Education has been a multidisciplinary field encompassing school and non-school professionals; it continues to be so. Early Childhood Education includes the health sciences, special education, family studies, and social welfare professionals as well as classroom teachers. In the current track format, the College of Education can serve only a portion of the field and such a narrow focus puts the FIU program at a competitive disadvantage. Programs serving the Miami-Dade area include Barry University, Nova Southeastern University, University of Miami, and lower division AA degrees from the community colleges in Miami-

Dade County and Broward County. These institutions offer Early Childhood degrees and on-line professional development courses in early childhood education. As the public research university serving the largest metropolitan area in Florida, FIU needs to offer this stand-alone Early Childhood Education program. By offering this degree program rather than a track, the College of Education at FIU is helping to meet a critical teacher shortage, is responding to student demands for a diploma that accurately reflects their credentials, and is responding to the needs of our community for qualified professionals. The diploma and transcripts of FIU graduates will reflect the proper degree name and the curriculum completed by the students.

IV. CURRICULUM

Credit Requirements

The Early Childhood degree will have the same requirements as the current track. The program requires 69 credits of upper division course work and it meets all new state-mandated curricular changes and graduation requirements. The requirements for admission include a 2.5 GPA, 60 credit hours of lower division coursework, and successful completion of all sections of the CLAST.

Program of Study

The program of study will require completion of courses in the following categories:

Lower division prerequisites are:

- EDF 1005 Introduction to Education
- EDG 2701 Teaching Diverse Populations
- EME 2040 Introduction to Educational Technology

General education requirements include:

- Nine semester hours in English to include writing, literature, and speech;
- Nine semester hours in science to include earth science, life science, and physical sciences, with a minimum of one associated laboratory.
- Nine semester hours in Mathematics to include college algebra or above and geometry;
- Twelve semester hours in Social Sciences to include American history and general psychology;
- Six semester hours in humanities to include philosophy and fine arts.

Upper division courses are as follows:

- ECE 3xxx Issues in Early Childhood Education
- SCE 4310 Teaching Elementary Science
- EDP 3004 Education Psychology
- EEC 4005 Early Childhood Programs
- LAE 3xxx Language and Literacy Development
- EEX 3221 Assessment of Young Children with Disabilities

- TSL 3370 Foundations of TESOL
- EDG 3321 General Instructional Decision Making
- HLP 3013 Teaching Elementary Health/PE
- MAE 4310 Teaching Elementary Math
- ARE 3313 Teaching Elementary Art
- RED 4150 Teaching Primary Literacy
- EDF 4634 Cultural/Social Foundations
- EEC 4204 Integrated Early Childhood Curriculum
- SSE 4xxx Integrating Social Studies in the ECE Curriculum
- TSL 4141 TESOL and Multiculturalism
- EDP 3XXX Classroom Management in ECE
- EEX 3012 Educational Foundations for Exceptionalities (ECE)
 - * RED 4XXX Emergent Literacy
 - * RED 4XXX Children's Literature
- EEC 4943 Student Teaching

V. EXCESS HOURS JUSTIFICATION

Curriculum requirements for the stand-alone degree program in Early Childhood are the same as the current track. Although this program exceeds the 120-hour rule for completion of degrees, the excess credit hours have been approved by the State for all initial teacher preparation programs.

VI. ASSESSMENT OF IMPACT ON PROGRAMS CURRENTLY OFFERED

The Early Childhood/ESOL track has operated successfully for the past three years, therefore, its status change should have little or no effect on other department/units. The majority of the courses have been taught for several years. The faculty who currently deliver this program work collaboratively with a number of support faculty in the College of Education. These support faculty members represent disciplines in Special Education, Elementary Education, Foundations, and other subject areas. The change from track to stand-alone program will help both Early Childhood and Elementary Education by clearly delineating their areas of specialization. It will help students by clarifying the distinctions between the programs and will offer them an opportunity to have a degree that accurately reflects their preparation and major.

VII. STUDENT PROJECTIONS

Table I. delineates the headcount and FTE enrollment projections for the next five years. Currently 107 undergraduates are enrolled in the Early Childhood Education track. We project

that 120 students will be enrolled the first year and at least 190 students will be enrolled by the fifth year. This dramatic growth over the next five years is partially due to federal legislation affecting degree requirements and credentials for Head Start teachers. A needs assessment in Miami-Dade suggests that close to 500 Head Start teachers are currently enrolled in two-year community college programs. An increasing number of public school pre-kindergarten classroom openings will also be available given Florida's aggressive initiatives to prevent literacy failure and provide universal pre-kindergarten for all four-year-olds.

We anticipate that this change in degree designation will accelerate and support future enrollment growth in the FIU College of Education. In addition, the College of Education is working with our local community colleges to increase the number of graduates in the critical shortage area of teacher education.

VIII. BUDGET

No additional faculty will be needed to initiate the stand-alone program. However, one additional junior faculty member will be hired in the second and third years. These additional lines will be funded through normal enrollment growth resources and are necessary to maintain a high degree of excellence in this undergraduate program.

IX. INSTITUTIONAL CAPABILITY

As noted above, the current Early Childhood/ESOL track has operated successfully for the past three years, and the majority of the courses have been taught for several years. The faculty members who deliver this program currently exist and have credentials in Early Childhood/ESOL Education. In addition, they work collaboratively with a number of support faculty members in the College of Education. The support faculty members represent disciplines in Special Education, Elementary Education, Foundations, and other subject areas.

The current Early Childhood/ESOL Education track functions as an approved program by the State Board of Education, follows national association practice, and was re-approved by the joint NCATE/DOE/SUS review team in November 2001.

The College of Education has sufficient space to meet the needs of this program. The University has three instructional sites where this program can be delivered: University Park, Biscayne Bay Campus, and Pines Center.

PARTICIPATING FACULTY

Dr. Charles Bleiker is currently a tenure track Associate Professor in Early Childhood Education. He received his Ph. D. in Child and Adolescent Development and a Minor in Psychology from Stanford University.

Dr. Angela Katiuska Salmon is currently a Visiting Assistant Professor in Early Childhood Education. She oversees the Initial Teacher Preparation-Undergraduate Programs. She received her Ed.D. in Early Childhood Education from the University of Cincinnati, Cincinnati, Ohio.

Dr. Carolyn Fulton is currently a tenure track Assistant Professor in Music Education. She

received her Ph. D. from Florida State University.

William Ritzi, M.S. is currently an Instructor in Art Education. He received his M.S. in Art Education at Florida International University.

Dr. William Yongue is currently a tenured Associate Professor in Health, Physical Education, and Recreation. He received his Ed.D in Physical Education from West Virginia University.

Dr. Alicia Mendoza is currently a tenured Associate Professor in Elementary Education. She received her Ed.D. in Elementary School Administration from the University of Miami.

Dr. Richard Campbell is currently a tenured Professor in Science Education. He received his Ed.D. in Science Education from Indiana University.

Dr. Cengiz Alacaci is currently a tenure track Assistant Professor in Mathematics Education. He received his Ed.D. in Mathematics Education from the University of Pittsburgh.

Dr. Martha Pelaez-Nogueras is currently a tenured Associate Professor in Educational Psychology. She received her Ph.D. in Developmental Psychology from Florida International University.

Dr. E. Judith Cohen is in Special Education and serves as the Field Coordinator. She received her Ed.D. in Exceptional Student Education from Florida International University.

Dr. Bryan J. Moseley is currently a tenure track Assistant Professor in Educational Psychology. He received his Ph.D. in Educational Psychology with emphasis in cognitive science from the University of California.

Dr. Robert Farrell is currently a tenured Associate Professor in Foundations of Education. He received his Ph. D. in Education and Latin American Studies from Columbia University.

Dr. Wendy Cheyney is a tenured Professor in Special Education with an emphasis in Early Childhood Education/Literacy. She received her Ed.D. in Educational Psychology/Reading from the University of Miami.

Dr. Joyce Fine is currently a tenured Associate Professor in the area of Literacy. She received

her Ed.D. in Curriculum and Instruction, Reading Education from Florida International University.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Florida Educational Equity Plan

PROPOSED ACTION

Review and approve Florida International University's Florida Education Equity Plan.

BACKGROUND INFORMATION

From R.E. Lemon, Vice Chancellor, Academic and Student Affairs, FDOE:

Statute 1000.05 (5)(a) requires all state university boards of trustees to develop and submit plans for the implementation of the Florida Educational Equity Act. Statute 1006.71 (1)(d) requires each board of trustees to annually evaluate its president on the extent to which gender equity goals have been achieved. The Statute also charges the Commissioner of Education to annually assess the progress of each institution's plan and to advise the State Board of Education regarding compliance [1006.71 (1)(c)]. Each University must develop an Equity Accountability Program (EAP) 2001-2002 Progress Report and a Budgetary Incentive Plan to support the achievement of Equity Accountability Program (EAP) goals and the implementation of strategies in a timely manner. The reports should be approved by the university local board of trustees before the information is submitted to the State Board of Education.

Supporting Documentation Included:

- FIU's Equity Accountability Program Report (2001-2002)-
April 8, 2003
- Goal Achievement Table B&C
- GOALS: EAP 2002-2003 EAP Update
- Florida Statute 1012.95

Facilitators/Presenters:

Chairman Henriques

FLORIDA INTERNATIONAL UNIVERSITY

2001-2002 Equity Accountability Program Report (EAP)

April 8, 2003

- LAW:** F.S. 1012.95 University Employment Equity Accountability Program
(see attached)
- PURPOSE:** To ensure the hiring and/or promotion of women and minorities in senior-level administrative and professional positions, senior academic administrative-level positions, and tenure-track faculty.
- REPORT:** The report includes three components:
- 2001-2002 EAP Report
 - 2002-2003 EAP Update
 - Budgetary Incentive Plan
- GOALS:** Goals were set for Female, African American, Hispanic, and Other Minority (Asian, Pacific Islanders, American Indians, and Alaskan Natives).
- RESULTS:** **2001-2002 EAP Report:** there are two levels of analyses, performance in targeted units, and overall university performance.
- a. Targeted units: the goals for Females and Hispanics were achieved. The goals were 27 and 9 respectively. The goals for African Americans and Other Minorities fell short. In both these cases, the outcomes were 2 less than projected. The actual numbers were 5 for African Americans and 7 for Other Minorities. (see attached Table B)
 - b. Overall performance: analysis at this level resulted in success in three of the four goals. At this level, the only goal not achieved is the Other Minority category. Under this scenario, there were 32 Females, 8 African Americans, 11 Hispanics, and 7 Other Minorities. (see attached Table C)
- GOALS:** **2002-2003 EAP Update:** in establishing goals for the current planning year, the difficult budget situation figured prominently in the equation. The University, nonetheless, set what were believed to be realistic goals. The goals include 15 Females, 7 African Americans, 10 Hispanics, and 3 Other Minorities.
- BUDGET:** New strategies are being implemented alongside of previous strategies to ensure compliance with the law.

TABLE B 2001-02 UNIVERSITY **GOAL** ACHIEVEMENT (Hiring in Specifically Targeted Units)

Position Category	Female				African American				Hispanic				Other*** Minority			
	Goals	H*	P**	H/P	Goals	H	P	H/P	Goals	H	P	H/P	Goals	H	P	H/P
Senior Level Administrative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Academic Administrative	4	2	2	4	2	0	0	0	1	1	0	1	2	1	1	2
Ranked Faculty	23	19	4	23	5	3	2	5	8	6	3	9	7	3	2	5
TOTAL	27	21	6	27	7	3	2	5	9	7	3	10	9	4	3	7

*(H)ires

** (P)romotions

***Includes Asians, Pacific Islanders, American Indians, and Alaskan Natives.

TABLE C 2001-02 UNIVERSITY **OVERALL** ACHIEVEMENT (Total Hiring in All Units)

Position Category	Female				African American				Hispanic				Other Minority			
	Goals	H	P	H/P	Goals	H	P	H/P	Goals	H	P	H/P	Goals	H	P	H/P
Senior Level Administrative	0	5	0	5	0	3	0	3	0	1	0	1	0	0	0	0
Academic Administrative	4	2	2	4	2	0	0	0	1	1	0	1	2	1	1	2
Ranked Faculty	23	19	4	23	5	3	2	5	8	6	3	9	7	3	2	5
TOTAL	27	26	6	32	7	6	2	8	9	8	3	11	9	4	3	7

*(H)ires

** (P)romotions

***Includes Asians, Pacific Islanders, American Indians, and Alaskan Natives.

GOALS: EAP 2002-2003 EAP Update

2001-02 Goals	27	7	9	9
<i>Category</i>	<i>Female</i>	<i>African American</i>	<i>Hispanic</i>	<i>Other Minority</i>
Senior Level Administrative	5	3	1	0
Academic Administrative	4	0	1	2
Ranked Faculty	23	5	9	5
2001-02 Actual	32	8	11	7
2002-03 Goals	15	7	10	3

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Executive Performance and Compensation

PROPOSED ACTION

Review and approve the Executive Performance and Compensation Plan as submitted.

Supporting Documentation Included:

- Executive Compensation-
Performance Ratings

Facilitators/Presenters:

Albert Dotson

EXECUTIVE COMPENSATION

Performance Rating	Increase Percentage
Superior	5.0 – 10%
Outstanding	2.3 – 4.9%
Commendable	1.0 – 2.2%

PERFORMANCE RATINGS

Superior Performance - Constantly surpasses established expectations.

- Continually addresses new challenges and initiatives.
- Constantly anticipates and/or responds quickly to changing situations and University needs.
- Demonstrates a constant commitment to the continuous growth of programs and research.
- Successfully promotes the University's mission.

Outstanding Performance - Often exceeds established expectations.

- Actively supports changing situations and challenges.
- Regularly develops approaches and implements new programs.
- Produces outstanding work quality and productivity beyond required standards.

Commendable Performance - Fully achieves established expectations.

- Proactively improves the University's visibility locally as well as nationally.

The CUPA Administrative Compensation Survey indicates that the median salary increase for 2002-03 is 4% for executive positions.

The Watson Wyatt 2002-03 Salary Increase Survey projected an average increase for executives in service related organizations in the southeast region of 4.2%.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Annual Executive Evaluation Process

PROPOSED ACTION

Review and approve the annual Executive Evaluation as presented.

Supporting Documentation Included:

- Memo
- Florida University Presidential Tenure/Compensation

Facilitators/Presenters:

Albert Dotson



MEMORANDUM

TO: Albert E. Dotson, Chair
Administration and Compensation Committee, FIU Board of Trustees

FROM: Modesto A. Maidique

DATE: September 15, 2003

RE: Chief Executive's Annual Management Review Statement

Florida International University has once again had an extremely successful year, perhaps surprisingly so given the state's economic situation and constraints upon our state-funded budget.

Review of goals. I am proud to report that we have either met or exceeded the major University goals approved by the Board of Trustees for the 2002-2003 fiscal year, in many cases by a wide margin.

► Enrollment: We exceeded our full-time equivalent (FTE) projection of 20,239. Our final tally of 20,776 was 537 FTEs, or 2.7%, higher than the Florida Board of Education target.

► Sponsored Research: We exceeded our \$70 million goal by 8% or \$5.5 million. The more than \$75.5 million in sponsored research represents an 18% increase over the 2001-2002 level of \$64 million. Significantly, a key indicator, federal sponsored research increased from \$36.4 million in 2001-2002 to more than \$50 million, an increase of almost 40%, placing us among the nation's top 90 public colleges and universities in total federal research (out of some 2000). For the past ten years, our sponsored research has grown at a compound rate of 18%.

► Advancement: We secured \$15.6 million in new cash gifts, commitments and state matching funds, which represents a 42% increase over our \$11 million board-approved goal. We have seen an increase of 40% in cash and new pledges over last year's fund-raising effort. We secured major gifts, including state matching funds, totaling more than

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Memorandum to Albert E. Dotson

Modesto A. Maidique Management Review, 2002-2003

September 15, 2003

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\$5.2 million for three key endeavors: (1) the creation of the Dr. Robert Stempel School of Public Health (\$1 M) , (2) the Blue Cross Blue Shield of Florida Auditorium in Phase 2 of the Health Sciences Building (\$1M), and (3) the Marriott Center and Scholarship Endowment in the School of Hospitality and Tourism Management (\$3.2). This year we also initiated the student volunteer alumni telephone campaign.

► **Auxiliaries:** Auxiliary income was \$61.7 million, which represented a 12.3% increase over last year or 4% over the goal set for the year.

► **State Legislative Priorities:** The challenging budget situation in the State of Florida prevented us from securing additional equity funding in the 2003 legislative session. Nonetheless, with the aggressive support of our University Trustees, especially the leadership of the Board's Governmental Relations Committee, we aggressively kept this issue on the front burner throughout the year.

FIU continued, also, to make a strong case for equity funding but in the context of dwindling state revenues and class size reduction efforts the university's principal funding strategy shifted from obtaining new equity funds to fighting proposals for deep budget cuts. Nonetheless, the university successfully avoided stated plans of Senate President to rescind 2002 equity funds. In the interim, Governmental Relations monitored and participated in the CEPRI equity study, which acknowledged the existence of an equity problem, supported by State Board of Education member Charles Garcia's separate equity study.

When the State University Presidents' Association (SUPA) prepared a five-year enrollment plan, FIU facilitated the Presidents' consensus to distribute any new enrollment growth funding on an equitable system average basis, rather than the previous year's expenditures.

Regarding our funding goals during the 2002-03 fiscal year, we did surpass our goal of obtaining at least a 3% increase in Education and General (E&G) allocations for the 2003-2004 budget (our increase was 3.3%, from \$244.3 million to \$252.2 million, unfortunately, most of the \$7.9 million increase was generated by student fee increases totaling \$5.3 million).

We also obtained record PECO funding for 2003-2004 of \$27.5 million, including \$17 million for our new law school building. Over the last two years PECO funding totaled nearly \$63 million.

Unfortunately, the legislature declined to fund new enrollment growth; however, the issue has been advanced with every Miami-Dade legislator for future consideration.

► **Federal Legislative Priorities:** We met our goal, securing a commitment of a \$3 million grant for the Center for Energy and Technology of the Americas (CETA).

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Memorandum to Albert E. Dotson

Modesto A. Maidique Management Review, 2002-2003

September 15, 2003

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We were extremely successful in FY 03 and are poised for even better results in FY 04 funding. The University received \$9.8 million in FY 03 Congressional earmarks. Governmental Relations was actively involved in securing \$17.3 million in FY 03 awarded funds. The U.S. House of Representatives has earmarked \$14 million for FIU in FY 04, pending final resolution by the Congress. We appreciate the great support from our Trustee lobbying team.

► New Executive Appointments: We met our goal of recruiting three key executive appointments: our new General Counsel, Cristina Mendoza, previously served as General Counsel for Knight Ridder, and as General Counsel and Vice-President of Human Resources for HBO Latin America, and VISA Latin America; Executive Vice Provost for Academic Budget Dr. Kyle Perkins is highly experienced in development of a strategic faculty hiring plan intended to raise the National Research Council rankings in competitive programs, and in enhancing core doctoral programs lacking critical mass; and Dr. Marie Zeglen, Vice Provost for Planning and Institutional Effectiveness, brings vast experience in enterprise-wide data system implementation, strategic and master planning, accreditation and program review, and fundraising to support strategic program change.

We also made a major academic appointment in hiring Dr. R. Bruce Dunlap as Dean of the College of Arts and Sciences. Dr. Dunlap comes to FIU from the University of South Carolina where he was instrumental in the development of interdisciplinary and multidisciplinary research initiatives and in building the nanoscience center with support from the National Science Foundation.

In addition, we appointed a Senior Associate Vice President for Enrollment Services, Sue McKinnon, who with over twenty-four years experience in enrollment services and planning in public higher education, will help shape and drive the academic quantity and quality of future enrollment; and an Assistant Vice President for Human Resources, Paul Michaud who is recognized as a distinguished leader in the higher education human resources arena, with over 25 years of experience at such prestigious institutions as the University of Cincinnati, Iowa State University, and Clemson University.

We also welcomed two new Associate Vice Presidents in University Advancement. Bill Draughon is a nine-year veteran of the University of Florida Alumni Association (he was director of Administration and Programs) and also brings to FIU significant experience on the corporate side, having directed the market research departments of two major consumer product companies, the Dial Corporation and M&M Mars. He called the opportunity to engage alumni and students with FIU a "once-in-a-lifetime" opportunity. John Engen, a Certified Fund Raising Executive for over 17 years, is the newly appointed Associate Vice President for Development. John has served as Vice President and Director of

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Memorandum to Albert E. Dotson

Modesto A. Maidique Management Review, 2002-2003

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Development at Columbia University's Western Campus and the Director of the Development and Alumni Office at the University of Arizona College of Agriculture and Life Sciences.

All in all, it was the best year in our history for recruitment of senior hires.

► Faculty Salaries: We met our goal of investing at least an additional \$1 million to continue to bring faculty salaries to the average level of other Florida Research-I state universities, by committing \$1.3 million beyond the state-mandated increases. These were merit-based awards for our top faculty.

► New Programs: As planned, we submitted four new degree programs for BOT approval during the year (Ph.D. in Industrial and Systems Engineering, M.A. in Liberal Studies, Ph.D. in Nursing, and Ph.D. in Biomedical Engineering), and each was approved. To date, the Board of Governors has approved the doctoral program in Industrial and Systems Engineering.

The College of Law has continued to recruit high quality faculty and both full-time and part-time students. For Fall 2003, the College has more than filled its target of 60 acceptances in the full-time program and enrolled 66 full-time students. In addition, we enrolled a class of approximately 49 part-time students. The median LSAT score for students committed to attend is 153, even higher than the score for last year and also well above the national median score of 150. The College also hired six new faculty members of exceptional quality, including Jerry W. Markham of the University of North Carolina, a nationally recognized scholar in the fields of corporate finance, commodities trading, commodities and securities regulation, and international trade law.

► Accreditation: The University received full approval of formal accreditation reviews for programs in the College of Engineering (ABET—Accreditation Board for Engineering and Technology, Inc.) and in the School of Journalism (Accrediting Council on Education in Journalism and Mass Communication). The SJMC was recognized for its “strong entrepreneurial leadership” and “diverse students with increasing levels of achievement and a faculty fully engaged in helping students reach their potential.”

► Major Building Projects: We completed, opened, and dedicated the Paul L. Cejas Architecture Building, the Management and Academic Research Center (MARC Building), and Phase I of the Health and Life Sciences complex. Progress continues on more than \$153 million in additional projects, including the Patricia and Phillip Frost Museum, the Law School facility, the Chapman Graduate School of Business, and the Marine Biology building at the Biscayne Bay Campus, all of which remain on schedule.

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Modesto A. Maidique Management Review, 2002-2003

September 15, 2003

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► **Infrastructure:** The Phase I PeopleSoft implementation, our major infrastructure project, remains on time and on budget.

► **Athletics:** The launch of football was a great success both on and off the field. We sold out our first home game (17,341 attendance), the team's record of 5-6 was the best of any first year I-AA team in the last decade, and one internet service named FIU as the I-AA Independent team of the year. Five teams – Men's Soccer, Women's Basketball, Softball, and Men's and Women's Track & Field – participated in national post-season tournaments.

Discussion of Issues Requested by the Committee:

► **Doctoral degrees awarded:** In addition to more than 4700 baccalaureate degrees and 1773 master's degrees, we awarded 60 doctoral degrees in 2002-03, 17.6% more than in the previous year.

► **ARL progress/status:** As a result of severe financial resource restraints occasioned by the state's budgetary situation, we have moved the goal of attaining ARL status for the University Libraries to the status as a long-term goal for the University and not a goal which we can attain in the near future.

► **Retention rates:** This past year, the retention rate for first-time-in-college students (FTIC) returning for a second year was 83.5%, the highest that it has ever been and two percent higher than the previous year. For the past seven years, the FTIC second-year retention rate has been 80% or higher, and has been 81% or higher in five of those years. The 83.5% rate compares favorably to the national norm of about 79% for similar institutions.

The second-year retention rate for transfer students with an AA degree from another Florida institution was 80.7%, consistent with rates over the past six years, which have remained relatively constant at 80-82%. For FTIC students, third and fourth year retention rates (68.4% and 61.4%, respectively) remain strong; these rates are among the highest of those over the past several years. The third year retention rate for Florida AA transfers (75.6%) was the highest ever.

The six-year retention rate for FTIC students was 51.6%, statistically the same as last year's 51.5%. The four-year retention rate for AA transfers improved, going from 68.8% to 69.3%. These rates approximate the rates for both national averages and our benchmark institutions, and exceed those for most public urban universities, which average about 48%.

► **Graduation rates:** Graduation rates are calculated on traditional six-year graduation expectations. The University's latest available six-year graduation rate for first time full-

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time (FTIC) freshmen students in 2003 was 44%, up slightly from the previous year's rate of 43%. The graduation rate has increased gradually from 42% for the 1994 cohort to 44% for the 1996 cohort. *(Students who are full-time in their first semester are included in each graduation cohort. As an urban institution, FIU has a large percentage of part-time students and therefore traditional measurements that apply to a residential campus do not adequately reflect graduation rates—thus the dilemma of non-traditional urban institutions—e.g. an employer calculating a company's average wages based on wages of full-time and part-time employees as one group. Overall graduation rates for Florida public universities are approximately 60%.)*

The four-year graduation rate for Florida AA transfers was 57.5% in 2003, an increase over the previous year's rate of 55.3%. A.A. transfer students' graduation rate was 57.5% in 2003, an increase over the previous year's rate of 55.3%.

Additional Accomplishments:

Our most important accomplishments are included in the discussion above regarding the achievement of our major goals. Perhaps the University's most important additional accomplishment in the 2002-2003 academic/fiscal year was not so much what we were able to do, but in what we were able to prevent from happening to our 2003-2004 state budget. Working in concert with our sister state universities and Trustee leadership, our administrative and lobbying teams successfully turned what might have been a draconian and disastrous cut in our state-funded budget into one with which we can live, despite a reduction of almost \$4 million in state funding.

Another positive in 2002-2003 was that we were able to turn around the situations regarding our two largest disappointments in the previous year – not meeting our Sponsored Research goal and negative publicity regarding the film festival. Once again, the annual increase in our Sponsored Research revenues returned to double-digits, registering an 18% increase over last year. The 2003 Miami International Film Festival received considerable critical acclaim this year as well as very favorable publicity and sharply increased attendance at screenings at each venue included in the Festival. We are currently looking for a major partner to collaborate and share costs with us on future festivals.

Two new initiatives that we formally launched within a few days of each other in August 2002 warrant some additional discussion. (1) The **College of Law** held its first classes amid numerous celebratory events, and the first year progressed as well as can be expected, with strong academic performance and retention of both full-time and part-time students. (2) The launch of **intercollegiate football** accomplished two important things: first, it

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created the most intense on-campus excitement that the University has ever experienced; and second, it gave FIU the most extensive local and national media coverage it has ever had, including regular local television coverage throughout the season and major stories in *USA Today* and *The New York Times*.

Personal Achievements, Involvement: During 2002-03, I was appointed to the Board of Directors of IVAX Corporation and received a federal appointment to the Task Force on the Future of Science Programs of the Department of Energy. I continue to serve on the boards of two other public companies (Carnival Corporation and National Semiconductor Corporation), on the Presidential Scholars Commission, and the Secretary of Energy's Advisory Board and the DOE National Task Force.

During 2002-2003, I was awarded the Kiwanis Freedom Award, the Dade Cultural Alliance Special Recognition Award, and the Anti-Defamation League's Distinguished Public & Community Service Award.

Locally, I also made a major luncheon presentation during the year on FIU's role in Miami-Dade County to a monthly trustees' meeting of the Greater Miami Chamber of Commerce.

The Presidential Lecture Series continues to bring important lecturers to our community and a recent addition, the Lecture Series in the Sciences -- which recently brought Nobel Prize recipients Murray Gell-mann and Mario Molina to lecture to FIU students and faculty-- continues into 2004.

As part of a renewed emphasis on leadership and professional development, in 2003 we established a new leadership development program for FIU administrators, the Leadership Breakfast Series. This program equips FIU's senior leaders to take on broader and more demanding leadership responsibilities. In addition, we inaugurated the Leadership Academy -- a year-long program for a selected cohort group of top executives and administrators that includes an ongoing seminar series with internal and external expert speakers and reading and discussion groups

Finally, we exceeded our goal for this year's United Way campaign with a new record of \$357, 000.

Disappointments: The major disappointment over the past year was the University's budget situation. While a cut in our 2003-04 budget of almost \$4 million will create difficulties for the University, it was not the devastating cut that loomed over us at some points during the year. The most disappointing aspect of the state's budget situation was the inordinate amount of time that the battle over our budget situation consumed for key academic and administrative leaders, Trustees, and friends of the University. The University leadership

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September 15, 2003

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could have been more effective and productive had it been able to devote its full attention to our academic, research and community service missions. A related disappointment is that the cuts in our state-appropriated budget for both 2002-03 and 2003-04 are preventing the University from implementing some new programs and making progress on achieving true and equitable funding relative to some other public universities in the state.

Conclusion: In summary, I am proud of what our university has accomplished during a year characterized by a weak state and national economy that sent shock waves affecting a wide variety of our operations – from our base state budget, to difficulty in recruiting and enrolling international and non-Florida graduate students, to a more difficult philanthropic climate. Nevertheless, we continue to expand our physical plant, and we were able during the past year to register some important media coverage and favorable publicity. Despite external difficulties, the demand for quality higher education offered by FIU to the citizens of South Florida remains steadfast, as judged by our success in meeting enrollment goals.

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Proposed Goals for 2003-2004:

The University's strategic themes guide our development and serve as a compass for our vision of the FIU of the future. Therefore, our goals address 6 critical areas:

1. To educate undergraduate students to think critically, develop multiple competencies, foster diversity, and embrace civic life;
2. To educate graduate and professional students to add to the corpus of knowledge, to synthesize that knowledge in practical ways, and encourage the ethical application of their intellectual abilities;
3. To foster quality at every level and achieve top national and international recognition of selected academic programs;
4. To promote life-long learning opportunities in a wide range of areas for the broader university community;
5. To lead in the development of information technology for teaching, research, and application;
6. To enhance the university's financial infrastructure through funding equity, increasing contracts and grants, and expanding endowment.

Within the guidelines of our operational philosophy's commitment to strategic, operational, and service excellence, we submit the following university goals for 2003-2004 for approval by the Board of Trustees:

1. Enrollment:

- Meet Board of Governors' projected enrollment of 21,424 total full-time equivalents (FTE).

Enrollment (FTEs)	2002-2003	2003-2004
Projected	20,239	21,424
Actual	20,776	

2. Sponsored Research:

- Increase sponsored research funding by 15% to \$85 million.

Sponsored Research	2002-2003	2003-2004
Projected	\$70.0 million	\$85.0 million
Actual	\$75.5 million	

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3. Advancement:

- Achieve \$13.2 million of new advancement funding (without gifts-in-kind).

Advancement	2002-2003	2003-2004
Projected	\$11.0 million	\$13.2 million
Actual	\$15.6 million	

- Enhance the University's image and cohesively communicate its message and lay the groundwork for the forthcoming capital campaign by
 - Conducting a branding and marketing study with Art and Science Group to collect the research data to develop a fact-based marketing plan by Jan 2004.
 - Using results of marketing and branding study to develop marketing plan with specific strategies and tactics for communications, including alumni and campaign communications by June 2004.

4. Auxiliaries:

- Increase auxiliary revenues by 10% to approximately \$68 million.

Auxiliaries	2002-2003	2003-2004
Projected	\$59.0 million	\$68.0 million
Actual	\$61.7 million	

5. Executive Appointments:

- Recruit Vice-President, Division of Sponsored Research.
- Recruit Dean , School of Journalism and Mass Communication.
- Recruit Chief of Staff, Office of the President.

6. Faculty and Staff Salaries:

- Commit at least \$1.5 million to enhance merit-based salary increases for faculty and staff.

7. Human Resources:

- Implement on-line Performance Evaluation and Applicant Tracking System by June 2004.
- Inaugurate Leadership Academy and introduce Leadership Development and Professional Skills Development Programs.

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Modesto A. Maidique Management Review, 2002-2003

September 15, 2003

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8. New Programs:

- Successful implementation of six new approved programs:

Ph.D.

Ph.D. Industrial and Systems Engineering

Ph.D. Nursing

Ph.D. Biomedical Engineering

Master's

M.A. in Liberal Studies

M.S. in Technology Management

M.S. in Telecommunications and Networking

- Submit for approval the two Ph.D. and two Master's programs:

Ph.D.

Ph.D. in Public Health

Ph.D. in Environmental Studies

Master's

M.A. in Human Resource Management

M.S. in Sales Management

9. Accreditation:

- Attain re-accreditation or re-certification for four established programs.
 - Theatre (site visit, Fall 2003)
 - Physical Therapy - CAPTE/APTA (site visit, Summer 2004)
 - Health Services Administration - CAAHEP (site visit, Spring 2004)
 - Chemistry – ACS (re-certification, no site visit)
- Attain first time accreditation for four programs:
 - Law (provisional accreditation) – ABA (site visit, Fall 2003)
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 - Counselor Education – CACREP (site visit, Fall 2003)
 - Athletic Training Track in Exercise and Sports Sciences – CAAHEP (site visit, Spring 2004)

10. Infrastructure (PeopleSoft):

- Complete implementation of the Student Administration module that includes Registration, Financial Aid, and Campus Community by June 2004.
- Complete implementation of Financials Module including General Ledger, Purchasing, Accounts Payable, and Asset Management by July 2004.

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11. Construction:

- Break ground on six facilities:

Biscayne Bay Campus

- Marine Biology Building
- Wolfe University Center Expansion

University Park Campus

- Patricia and Phillip Frost Art Museum
- Law School Building
- Utility Plant Expansion
- Recreation Center

- Complete two facilities:
 - Health and Wellness Center
 - FIU/Florida Memorial College (FMC Campus joint-use classroom building)
- Reach 90% completion of the following:
 - Health and Life Sciences II
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 - Graham Center Expansion
- Complete design:
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- Complete feasibility study for I-A football program by 1 December 2003 and finalize I-A decision by 1 January 2004.
- Football – Another smooth season with at least as many wins as last season.
- Two major teams in post-season tournaments.

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September 15, 2003

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13. Legislative:

- State: Develop and achieve support for cost-to-continue and enrollment growth funding.
- Federal - Achieve active involvement and support for the University's priority federal projects and legislative interests, including at least \$3 million to continue the new Army Environmental Program and \$2 million to launch the new Florida Hurricane Mitigation Alliance.

14. Personal Development:

- Continued sponsorship of
 - Presidential Lecture Series
 - Presidential Lecture Series in the Sciences
 - Leadership Breakfast Series
- Participate in Wharton School's "The Leadership Journey."
- Participate in FIU Leadership Academy.
- Complete draft of article on leadership.

Salaries of Public State Universities

Florida University Presidents Tenure / Compensation					
					10.23.03
<i>University</i>	<i>President</i>	<i>Current Base Salary*</i>	<i>Hire date</i>	<i>Tenure</i>	<i>Up for Review</i>
Florida International University	Modesto A. Maidique	\$285,000	Oct-86	18 years	\$315,000*** Proposed
University of Central Florida	John C. Hitt	\$295,000	03/01/92	11 years	No
Florida Gulf Coast University	William C. Merwin	\$240,000	Jul-99	4 years	Jul-05
University of South Florida	Judy Lynn Genshaft	\$325,000	06/20/00	3 years	Jan-03
University of West Florida	John Cavanaugh	\$210,125	07/15/02	1 year	No
Florida A&M University	Fred Gainous	\$275,000	07/01/02	1 year	No
New College Florida	Gordon Michelson, Jr.	\$175,000	01/07/03	9 months	Jul-04
Florida State University	T.K. Wetherell	\$288,750	01/07/03	9 months	No
Florida Atlantic University	Frank T. Brogan	\$290,000	03/04/03	7 months	No
University of North Florida	John Delaney	\$217,987	07/01/03	3 months	Jul-04
University of Florida	<i>leaving office</i>	\$341,500	11/01/99	n/a	No
University of Florida	James Bernard Machen		01/05/04	0 months	\$450,000** New Appointment
					meb/mm
* Base salary amounts do not include benefit packages which vary greatly from institution to institution. Additional benefit packages may include, but are not limited to, the following: Foundation compensation support, prresidential housing accounts, special spending accounts, travel allowances, auto allowances, annuities, retirement packages, severance packages, etc.					
** \$375,000 base salary plus \$75,000 performance bonus					
*** \$315,000 recommendation from the FIU BOT Administrationand Compensation Committee (10/15/03)					

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: 2003-2004 University Goals

PROPOSED ACTION

Review and discuss the 2003-2004 University goals and recommended provisions.

Supporting Documentation Included:

- 2003-2004 Goals

Facilitators/Presenters:

Chairman Dotson

FLORIDA INTERNATIONAL UNIVERSITY

Proposed Goals for 2003-2004:

The University's strategic themes guide our development and serve as a compass for our vision of the FIU of the future. Therefore, our goals address 6 critical areas:

1. To educate undergraduate students to think critically, develop multiple competencies, foster diversity, and embrace civic life;
2. To educate graduate and professional students to add to the corpus of knowledge, to synthesize that knowledge in practical ways, and encourage the ethical application of their intellectual abilities;
3. To foster quality at every level and achieve top national and international recognition of selected academic programs;
4. To promote life-long learning opportunities in a wide range of areas for the broader university community;
5. To lead in the development of information technology for teaching, research, and application;
6. To enhance the university's financial infrastructure through funding equity, increasing contracts and grants, and expanding endowment.

Within the guidelines of our operational philosophy's commitment to strategic, operational, and service excellence, we submit the following university goals for 2003-2004 for approval by the Board of Trustees:

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- Participate in FIU Leadership Academy.
- Complete draft of article on leadership.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Administration and Compensation Committee

PROPOSED ACTION

Meeting minutes from 09-15-03 and 10-15-03 included as an information item.
No action required.

Supporting Documentation Included:

- Meeting Minutes 09-15-03
- Meeting Minutes 10-15-03

APPROVED

APPROVED

APPROVED



FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES**

**ADMINISTRATION and COMPENSATION
COMMITTEE MEETING**

Monday, 15 September 2003
FIU, UNIVERSITY PARK CAMPUS
GREEN LIBRARY 835
MIAMI, FL
9:00 A.M.

MINUTES

I. CALL TO ORDER

The Florida International University Board of Trustees' Administration and Compensation Committee meeting was called to order by Chairman Albert Dotson at 9:05 a.m., at Florida International University, University Park Campus, Green Library 835, Miami, FL 33199.

The following attendance was recorded:

Present:

Albert Dotson, *Chairperson*
Patricia Frost, *Vice-Chairperson*
Betsy Atkins
Claudia Puig
Rosa Sugrañes
Adolfo Henriques, *BOT Chairman*
Donald Lefton, *Foundation Chair (via telephone)*

FIU Staff:

President Modesto A. Maidique
Provost and EVP Mark Rosenberg
EVP Paul Gallagher
VP Patricia Telles-Irvin
Cristina Mendoza, *General Counsel*
Mayra Beers
A silent roll was taken by Mayra Beers.

II. CHAIRMAN'S REMARKS

Committee Chair Albert Dotson welcomed everyone present to the meeting. He extended a special welcome to Board of Trustees' Chairman Adolfo Henriques and thanked him for participating in the Committee meeting.

Chairman Dotson noted FIU's spirit during the weekend's football game with Maine played in Portland. He reported that it was an outstanding event and commented on the great turnout of New England based alumni to watch their football team.

III. APPROVAL OF MINUTES

Committee Chairman Dotson recommended the minutes of the 8 April 2003 Administration and Compensation Committee meeting be approved.
The recommendation was MSC.

IV. ITEMS FOR COMMITTEE REVIEW

1. Florida Educational Equity Plan (EAP) Report

Committee Chairman Dotson reported that as indicated in the report submitted for Committee review for 2001-2002, the University had exceeded all equal opportunity goals in every area. He noted the 2002-2003 goals reflected the demographic mix of the University's geographic area.

Trustee Frost commented on the outstanding report on University Diversity that Trustees had received in the mail. She complemented the University on its commitment to diversity.

Chairman Dotson requested the Committee recommend Board approval of the 2002-2003 goals and new plan to attain those goals.
The recommendation was MSC.

2. Executive Performance and Compensation

Chairman Dotson reported that based on best practices and recommendations in accordance with research conducted by the College and University Professional Association for Human Resources, the Committee was asked to recommend adoption of a scale for rating executive performance and its commensurate minimum compensation. Committee members discussed the report and agreed the recommended best practices were in accordance with system wide institutional practices. It was noted the compensation scale was far lower than would be acceptable in the private sector.

Chairman Dotson then requested the Committee recommend the Board of Trustees adopt the Executive performance ratings and compensation scale as submitted. The recommendation was MSC.

3. Evaluation Process Report

Trustee Dotson reported the information gathering parts of the annual Presidential performance evaluation process as approved and adopted by the Board were complete. The chairman noted that although the Committee did not meet since the May Board meeting it was busy nonetheless and as mandated by Florida statute, the formal annual evaluation of the University President was carried out, following the evaluation process adopted by the Board. He added that in July, comments from all Trustees were compiled and the initial phase of the evaluation process was completed with the help of University Vice President Patricia Telles-Irvin. Committee Chair Dotson thanked Vice President Telles-Irvin and Mayra Beers for their assistance in the successful completion of that part of the evaluation process.

As a second step, Trustee Dotson reported, he reviewed the collective findings with President Maidique and the President prepared a response. He noted the President was ready to present his management self-review to the Committee during the meeting.

Committee Chair Dotson noted the next step of the process was the President's report of goals and performance during 2002-2003 and the Committee's formal review. He added the report and review were somewhat outside the proposed timetable the Committee developed because complex summer schedules had made a summer meeting of the Committee very difficult.

4. President's 2002-2003 Performance Report

President Maidique submitted a memo to the Committee with an overview of the major goals and accomplishments of the University during 2002-2003 for the Committee's review and provided a visual and oral summary of his performance report. The President noted the major cultural transformation the University had undergone since 1986, from a teaching to a research University. He added that the radical transformation was the result of the many who supported that vision and who have worked to make it a reality. President Maidique reported the University was undergoing another radical transformation as the institutional culture shifted to embrace new hiring patterns that will attract key individuals to enact institution-wide change. The President proceeded through his report commenting on each of the 2002-2003 University goals as approved by the Board of Trustees. He noted that in all areas goals were either met or exceeded, in many cases by a wide margin.

At the close of the report, several Trustees commented on the strength of the University's performance during 2002-2003, even in the face of dwindling state revenues. In particular, the Committee commended the President for his leadership and vision in guiding the University through another success-filled year.

At the close of his report, President Maidique excused himself from the meeting.

5. Committee Discussion

With the President excused, Trustee Dotson reported on the compilation of Trustee responses on President Maidique's management performance for 2002-2003. He noted the President received "superior" evaluations in every category. Trustee Dotson then requested the members of the Committee, including Foundation Chair Donald Lefton and Board Chair Adolfo Henriques, engage in an open discussion of the President's report to the Committee and make appropriate recommendations for the Board's approval at the November 17, 2003 meeting.

After deliberation, the Committee members met with President Maidique and provided feedback on his performance for 2002-2003. Committee Chair Dotson noted President Maidique's outstanding performance during 2002-2003 and recommended the Committee accept the President's report once amended as requested by the Committee to reflect several personal accomplishments he had omitted.

The recommendation that the President's amended report be submitted for Board approval was MSC.

The Committee also discussed the University goals for 2002-2003, as submitted by President Maidique. Trustee Dotson voiced the Committee members' concern regarding the goal for research for 2003-2004, noting it seemed optimistic, however, no change was recommended. He noted the goals were in keeping with the University's mission and would serve to move the University forward.

The recommendation that the 2003-2004 University goals as presented by President Maidique be presented to the Board for approval was MSC.

Trustee Dotson added that once the Florida Board of Education publishes State-wide accountability standards for universities, these would become part of any future annual management reviews of the President.

The Committee also deliberated on adequate compensation for the President's superior performance in light of the compensation scale approved earlier (see agenda item 2). Board Chairman Adolfo Henriques noted that recent legislative action capped compensation for University Presidents in Florida. He also noted that as the most senior President in the SUS and his superior performance at FIU, President Maidique was acutely underpaid. Chairman Henriques commented that to replace President Maidique at the same level would be prohibitively expensive for FIU. Other comments expressed the need for the Committee and the Board to consider market conditions along with performance while investigating ways to close the gap when proposing adequate compensation for the President.

Trustee Dotson noted the FIU Foundation's role in determining adequate compensation for the President and requested Foundation Chair Donald Lefton voice the Foundation's position. Foundation Chairman Lefton commented the Foundation was very pleased with the President's leadership and management of the University. He expressed the Foundation's desire to extend the President's current three-year contract and to look for ways to compensate him as much as possible.

In view of the discussion and the overwhelming approval of the President's performance by Trustees, Committee Chair Dotson requested the Committee commend President Maidique for his management of the University and his compensation package be commensurate to his superior performance. Based on the compensation scale adopted by the Committee (pending Board approval of that scale), Trustee Dotson requested the Committee submit for Board approval a recommendation that the President receive the maximum "best practices" recommended compensation increase for "Superior" performance: a 10% increase to the President's current compensation of \$285,000. The 10% increase would be in addition to the state-mandated increase of "2% or not more than \$1400" scheduled for implementation in December 2003. The recommended compensation for President Maidique would then total \$315,000.

The recommendation was MSC.

Committee Chair Dotson then instructed Vice-President Patricia Telles-Irvin, Executive Vice President for Business and Finance Paul Gallagher, and University General Counsel Cristina Mendoza to prepare a plan for implementation of a revised compensation package for President Maidique and to submit a report to the Committee within 30 days. The Committee would meet shortly thereafter via conference call to review the proposed plan and make further recommendations.

V. OTHER BUSINESS

No other business was raised.

VI. ADJOURNMENT

Trustee Dotson thanked the Trustees for their thoughtful and candid participation in the President's evaluation process.

A recommendation was made to adjourn the meeting.
The motion was MSC.

The meeting was adjourned at 2:05 pm.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES**

**ADMINISTRATION and COMPENSATION
COMMITTEE MEETING**

Wednesday, 15 October 2003
FIU, UNIVERSITY PARK CAMPUS
VIA CONFERENCE CALL
11:00 A.M.

MINUTES

I. CALL TO ORDER

The Florida International University Board of Trustees' Administration and Compensation Committee meeting was called to order by Chairman Albert Dotson at 11:05 a.m., via conference call.

The following attendance was recorded:

Present:

Albert Dotson, *Chairperson*
Patricia Frost, *Vice-Chairperson*
Betsy Atkins
Claudia Puig
Rosa Sugrañes
Adolfo Henriques, *BOT Chairman*
David Parker, *BOT Vice-Chairman*
Donald Lefton, *Foundation Chair*

Staff:

EVP Paul Gallagher
VP Patricia Telles-Irvin
Cristina Mendoza, General Counsel
Mayra Beers

A silent roll was taken by Mayra Beers.

II. CHAIRMAN'S REMARKS

Committee Chair Albert Dotson welcomed everyone to the meeting. He extended a special welcome to Board of Trustees' Chairman Adolfo Henriques and Vice Chair David Parker, thanking them for participating in the Committee meeting. Chairman Dotson also thanked all the Committee members for their commitment and time to work on the entire process over the last three to four months. He also thanked the Committee staff, VP Telles-Irvin, Mayra Beers, EVP Paul Gallagher, Provost Rosenberg, and Cristina Mendoza for their help in a smooth process.

Patricia Frost thanked Committee Chair Dotson for his efforts in coordinating the evaluation procedures and for his follow-up work.

III. APPROVAL OF MINUTES

Committee Chairman Dotson recommended the minutes of the 15 September 2003 Administration and Compensation Committee meeting be approved.

The recommendation was MSC.

IV. ITEMS FOR COMMITTEE REVIEW

1. Executive Compensation and Evaluation Plan

Committee Chairman Dotson reported the Committee's recommendation regarding compensation for President Maidique was discussed at the 15 September 2003 meeting. As instructed by the Committee, Vice-President Patricia Telles-Irvin, Executive Vice President for Business and Finance Paul Gallagher, and University General Counsel Cristina Mendoza prepared a plan for implementation of a revised compensation package for President Maidique and submitted their report. Trustee Dotson noted the Committee had recommended, based on the compensation scale adopted by the Committee (pending Board approval of that scale), Board approval of the recommendation that the President receive the maximum "best practices" recommended compensation increase for "Superior" performance: a 10% increase to the President's current compensation of \$285,000. The 10% increase would be in addition to the state-mandated increase of "2% or not more than \$1400" scheduled for implementation in December 2003. The recommended compensation for President Maidique would total \$315,000.

A recommendation for Board approval of the Executive compensation package for President Maidique as submitted by the Committee, for a total of \$315,000 was made.

The recommendation was MSC.

2. President's Contract

The Committee reviewed President Maidique's contract and noted it was a three-year contract requiring no action at the present time.

3. Executive Compensation and Benefits

Trustee Dotson noted that to ascertain a consistent and fair compensation package for President Maidique in view of his stellar performance for 2002-2003, and after consultation with Foundation Chairman, Donald Lefton, the Committee recommend to the Board of Trustees to ask the Board of Directors to increase the President's annuity up to an additional 8% above the current amount.

Trustee David Parker raised a question of governance and the powers and duties of the Board of Trustees as mandated by statute. He noted that while the BOT requested the assistance of the Board of Directors in providing fair and equitable compensation for the university president, by statute the BOT has the power to set compensation. He added he was concerned about the issue so that the university president could receive compensation commensurate to his performance. He recommended the Committee (and the Board) make a recommendation based on the President's performance and on an equitable scale.

Chairman Adolfo Henriques noted the state Legislature placed the university boards of trustees in the untenable position of having responsibility for recommending compensation for the university president, but limiting the amount each can pay. He added while the BOT could make any recommendation, it had to ask the Foundation for assistance in completing the process. Chairman Henriques noted even the new recommended package meant President Maidique was still underpaid.

Therefore, Trustee Dotson recommended the Committee submit for Board approval an increase to the President's current salary from \$285,000 to \$315,000 and request the Foundation increase the compensation package annuity benefits by 8% above the current contribution.

The recommendation was MSC.

V. OTHER BUSINESS

No other business was raised.

VI. ADJOURNMENT

Trustee Dotson thanked the Trustees for their thoughtful and candid participation in the President's evaluation process. He added FIU was the better for having a President such as President Maidique and the Board's responsibility was to make sure he was properly compensated. He encouraged the Trustees to remain vigilant in equity issues both on behalf of the President and for the University.

A recommendation was made to adjourn the meeting.

The motion was MSC.

The meeting was adjourned at 2:05 pm.

10.15.03 MEB

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Academic Policy and Student Affairs Committee

PROPOSED ACTION

Meeting minutes from 10-16-03 included as an information item.
No action required.

Supporting Documentation Included:

- Meeting Minutes 10-16-03

DRAFT

DRAFT

DRAFT

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES**



**ACADEMIC POLICY AND STUDENT AFFAIRS COMMITTEE
MINUTES**

**THURSDAY, 16 OCTOBER 2003
FIU, UNIVERSITY PARK CAMPUS
GL 835
MIAMI, FL 33199**

I. Call to Order

The Florida International University Board of Trustees' Academic Policy and Student Affairs Committee meeting was called to order on October 16, 2003, by Chairman David Parker at 8:30 a.m., at FIU Green Library, Room 835, Miami, FL.

The following attendance was recorded:

Present:

David Parker, Chairperson
Herbert Wertheim, Vice Chair (via telephone conference)
Betsy Atkins
Marcel Escoffier
Clayton Solomon
Joan Peven Smith, Foundation Liaison

Excused:

Sergio Pino
Rafael Calderón

Staff:

Provost Mark Rosenberg
Executive Vice-President Paul Gallagher
Vice President Patricia Telles-Irvin
Deputy General Counsel Isis Carbajal
Vice President Rosa Jones
Vice President John McGowan
Vice Provost Institutional Effectiveness, Marie Zeglen
Dean University Graduate School and Vice Provost Douglas Wartzok
Dr. Carlos Martini, Medical School Project Director
Dr. George Dambach, Academic Consultant
Dr. Thomas Breslin, Vice President Research
Dr. Dan Coleman, Vice Provost Institutional Effectiveness (retired)

Dr. Bruce Dunlap, Dean Arts and Sciences
Dr. Ronald Berkman, Dean Health and Urban Affairs

Mayra Beers
Erica Martinez

Erica Martinez took a silent roll.

II. Approval of Minutes

Committee Chair David Parker recommended the minutes of the 12 August 2003 Academic Policy and Student Affairs Committee meeting be approved as submitted.

The motion was MSC.

III. Chairman's Remarks

Committee Chairman Parker welcomed all present to the meeting. He introduced Joan Peven Smith as the new Foundation Liaison to the Committee. Ms. Smith has been a long-time member of the FIU Foundation and currently chairs the Academic Affairs Committee of the BOD.

Chairman Parker requested each agenda item be briefly outlined in order to provide ample time for the scheduled Health and Medical School Initiative discussion.

IV. Items for Approval

1. Granting of Tenure as a Condition-of-Hire– Provost Rosenberg explained the process of tenure in hiring new faculty from other institutions. He reported that as a condition-of-hire, the University would entice new professors by meeting competitive tenure packages. Provost Rosenberg introduced the tenure nominations as a condition-of-hire.

A motion was made for the Committee to recommend Board approval of the following tenure nominations as a condition-of-hire:

- (1) Janine King, Architecture
- (2) George Dulikravich, Mechanical Engineering
- (3) Dev S. Pathak, School of Public Health

The recommendation was MSC.

For continuity, Trustee Parker requested an “other business” item be added to the agenda.

Provost Rosenberg presented a fourth candidate for consideration in granting of tenure as a condition of hire. The Provost explained Dr. David Cohen accepted an offer to join Florida International University's College of Health & Urban Affairs' School of Social Work as a Professor. Dr. Cohen's tenure nomination was unanimously endorsed by the School of Social Work's Tenure and Promotion Committee, the School of Social Work Director, the College of Health & Urban Affairs' Dean, Provost Mark B. Rosenberg, and President Modesto A. Maidique. However, because of an administrative error in 2000, his tenure nomination was not forwarded to the Board of Regents, the agency governing university tenure at that time. Since then, tenure-granting authority has devolved to the university boards of trustees. Therefore, The Florida International University Board of Trustees is being asked to grant Dr. David Cohen tenure effective as of the time, absent the clerical error, tenure would have been granted by the Board of Regents.

A recommendation was made to approve the nomination of Dr. David Cohen, College of Health and Urban Affairs, as the fourth candidate for tenure as a condition-of-hire.

The recommendation was MSC.

2. Track Conversion to Stand Alone Program: Early Childhood Education, B.S.— Provost Rosenberg explained the importance of Pre-K education within the critical months of 12-36 of age. He proposed the notion of converting the Early Childhood Education Track into a stand-alone, full degree program. Provost Rosenberg noted the existing track currently enrolled over 150 students.

After some discussion, a recommendation was made to recommend Board approval of the track conversion to a stand-alone program for an Early Childhood Education, Bachelor of Science.

The recommendation was MSC.

V. Items For Information and Update

3. Accountability Plan- Provost Rosenberg gave a review of the K-20 accountability measures as established by the 2003 Legislature. He reported the Board of Governors wanted a more aggressive system to measure and quantify student learning on a discipline-by-discipline basis. One of the measures they recommended was more standardized testing to measure student success.

Trustee Escoffier commented on the complexity of quantitative measurement of institutional effectiveness. He stated it is very difficult to find a valid test that measured the success of a University. In addition, Trustee Atkins raised concern on quantitative measurement for liberal arts programs that are more qualitative.

Chairman Parker suggested a better system would be to have each department within the University set its own goals to be supervised by the University, who would ensure implementation. Trustee Solomon agreed and favored a local accountability plan rather than a state-wide or national standard of measurement.

4. Program Review Process and Update- Provost Rosenberg reviewed the program review process and provided an update on the status of existing degree programs.

5. Union Updates- Deputy General Counsel Isis Carbajal provided an update on the status of unions at FIU. She reported on the election of American Federation of State, County, and Municipal Employees (AFSCME). As a result of that election, AFSCME will be the representative.

On the United Faculty of Florida (UFF) she reported thus far no bargaining unit had been determined for the faculty. Carbajal noted the upcoming Advisory Committee meeting would help to negotiate factors for the faculty. She reported that in the interim, the faculty is in a holding pattern because the PERC ruling was pending.

6. PeopleSoft Implementation Report – John McGowan, Vice President and Chief Information Officer of University Technology Services presented the PeopleSoft Implementation report. He indicated the administrative module “went-live” with admissions, was on schedule, and successful. He reported budget issues proceeded as planned.

A discussion ensued on the capabilities of the PeopleSoft system for tracking post-graduation moves by alumni. VP McGowan reported alumni affairs already had those capabilities and the full implementation of PeopleSoft would enhance that process. Discussion ensued on specific items to be tracked.

7. Health and Medical Education Initiative Discussion– Provost Rosenberg opened a discussion regarding the future of health and medical programs at the University. The discussion outlined the University’s desire to institute a comprehensive Health and Medical Education Initiative to service the needs of South Florida.

He noted all articles presented for Committee review were in “draft” form and therefore subject to change. The Provost thanked Dr. Dambach, Dr. Martini, and Dr. Coleman for their efforts in creating the FIU Health and Medical Education Initiative concept paper for Committee review.

Provost Rosenberg briefly presented an outline of the concept paper. He proposed the notion of having an Academic Health Center as the basis of the initiative, with an MD in Allopathic Medicine as the centerpiece, aligned with a medical program that reflected local and national needs.

Provost Rosenberg explained the approach to focus on advancing health with a strategic plan that would be complimentary to local, state, and national efforts. He noted the goal of the Initiative would be to educate, and focus on the needs of patients. He added a special focal point would be on proactive medicine.

The Provost explained how the creation of a MD in Allopathic Medicine would help to increase the cultural representation of minority physicians in Florida, create affordable public educational health for South Florida, and advance biomedical and scientific knowledge.

He then outlined the financial needs of the initiative. Provost Rosenberg reported the initiative would require new faculty, new facilities, and more resources. He stated the appropriate funding would come from in part from state and national foundation support.

Asked what the major concerns to such a program might be, Dr. Berkman noted several prospective complaints for which the Committee should prepare, including concerns regarding financial costs, necessity of such a program in the state, and concerns on whether current medical programs should be advanced instead of creating an entire new program from scratch. Dean Berkman also noted no other state universities have had continued support of public health programs as FIU. Joan Peven Smith, Foundation Liaison, stated there are no existing medical schools that have implemented a concentration on Complimentary Alternative Medicine, CAM; therefore, she suggested FIU be the first.

Dr. Breslin, Vice President Research, noted there were far more qualified applicants than available space for the medical program. He stated there is enough support for the program to produce approximately 100-125 students a year.

Provost Rosenberg concluded by briefly outlining the time line of the proposed Health and Medical Education Initiative. He stated a formal proposal with Board approval would be made shortly. In the interim, he noted additional planning would be implemented.

Chairman David Parker, and Vice Chairperson Herbert Wertheim, recommended the Committee should present the Health and Medical Education Initiative at the next full Board meeting on November 17, 2003. The Committee agreed with the Chairman's recommendation and agreed to draft a specific timeline by the first week of November.

VI. Other Business

No other business was raised.

VII. Adjournment

Chairman David Parker adjourned the meeting at 10:38 a.m.

Trustee Requests

Vice Chairperson Herbert Wertheim requested a PDF format for all future agendas.

*EM/emm
10.20.03*

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: PeopleSoft Implementation Update Documents

PROPOSED ACTION

Information Item.
No action required.

Supporting Documentation Included:

- Executive Update-PantherSoft Project
- Status Report-PantherSoft Project
- PantherSoft Newsletter Issue 3



Status Report

Project: Financials Release 8.4
Period: 10/30/2003 to 11/05/2003

Overall Status

Lead

Chart of Accounts / General Ledger

Andy Fornaguera / Fay Greenholtz

Delivered Integration session.
Reviewed testing strategy
Reviewed budget security setup
Continued hands on workshops for entry of budget, grant, journal data
Reviewed Interdepartmental Transfers Requirements
Initiated Procedure development for Interdepartmental Transfers
Developed Agency Associated budget list
Completed 100% of base Configuration setup
Reviewed Revised converted data
Completed Final Draft of GL Design document
Reviewed data requirements for HR and SF

Purchasing

Judy Weech

Entered 90% of configuration
Cleaned A&B vendors
Loaded 600 vendors into PLY
Worked on Business Procedures 20% complete
Entered 15 test scenarios

Accounts Payable

Hector Pagan

Conducted AP session on Control Groups and Unencumbered Payments
Continued write-up on AP design Document
Attended Integration session
Conducted internal training session with AP users on control groups
Validated and Updated Business Procedure on Unencumbered Payments
Discussed functionality associated with ERS and EDI
Created Log of AP Business Processes

Asset Management

Judy Weech

Updated Receiving Query for AM session
Started AM Fund Code Change development/Testing
Reviewed Business Procedure document on tagging and receiving of assets
Co-ordinated meeting with Facilities Group on Location conversion/interface
Discussed business process flow for assigning tags to OCO PO's
Developed Query for assigning tags to OCO PO's
Created Query for Pending review and requested review from AM team
Commenced defining AM test scenarios log
Created sample AM system testing scenarios list

Integration with 3rd Party Solutions

Asset Mgmt. - HighJump - New proposal received, under review
Financial Imaging System - Analyzing Docupak
ProCard -Bank of America - Load test data into Pcard module
Pinnacle Software - Continue to discuss and analyze options
Interface diagram being drafted for review

Technical / Development

Suman Somaraj / Manny Rodriguez

Continued to debug runtime issues in PSFSPLY
Continued to work on Permission Lists, Roles and sample User Profiles for AM, AP & GL.
Continued Development.
Continued to research row-level security and options
Researched Budget Security option for row level security
Updated SAR Log.
Updated Project Plan

Training

Carolina Iglesias

Analyzing sample roles, permission lists and system processes to build course curriculum.
Reviewing exiting training material for Student
Present training general strategy to the functional team



Status Report

Project: Financials Release 8.4
Period: 10/30/2003 to 11/05/2003

Key Accomplishments and Deliverables for Next Period (11/06/2003 - 11/12/2003)

Chart of Accounts / General Ledger

Andy Fornaguera / Fay Greenholtz

Review test strategy for budgeting
Document grant budget requirements
Load more GL and Budget Conversion Data
Review Ledger conversion data
Review Ledger_KK conversion data
Prepare more detailed report specifications
Continue CTL/Transaction Data review
Create scenarios and associated budgets and journals

Purchasing

Judy Weech

Develop and Review 3 Business Process Procedures
Resolve and close Actions Items in the Eagle Database - On-going
Labs everyday 3-4 in IDP conf room
Complete PO configuration
Load additional vendors into PLY
Finalize security roles

Accounts Payable

Hector Pagan

Set-up and test AP voucher Approval process
Provide options on naming convention for University Invoices
Establish business flow diagrams for AP voucher processes - Ongoing
Discuss use of Duplicate Invoice checking on vouchers
Continue with AP design document

Asset Management

Judy Weech

Define test scenario for AM process Ongoing
Conducted AM session on Asset change/delete
Establish business process for transaction loader process

Integration with 3rd Party Solutions

Asset Mgmt. - Make decision
Financial Imaging System - Finalize strategy
ProCard -Bank of America
Pinnacle Software

Technical / Development

Suman Somaraj / Manny Rodriguez

Continue to debug runtime issues
Start setting up and testing Application Messaging functionality
Continue working on security
Continue development.
Continue to work with Fay on GL Transaction Report
Security Meetings with AP & AP functional leads.

Training

Carolina Iglesias

Get list from Samas current users
Continue developing courses curriculum
start creating Introductory training guides.

Issues Requiring Project Management Attention

Issue #

Lead

Due Date

Major Concerns for Executive Attention

Lead

Date Reported



Status Report

Project: Student Administration Release 8
Period: 10/30/2003 to 10/05/2003
Prepared For: Jeff Gonzalez

Overall Status

Lead

Admissions:

Production Maintenance - Applicants
Production Maintenance - Prospects
Applicant Decisions
Grad Evaluator Evaluations
Orientation - Training BPR's
Users are testing Self-Service for Prospects and Request for Information

Mark
Louis, Mark, Alex
Ana, Mark, Alex
Louis
Ruben, Graciela & Sylvia
Sylvia

Financial Aid:

User testing

FA Team, Ivette, Otto, Paul

Student Financials:

Tuition calculation for multiple students in TST (30,288 students with enrollment for multiple terms)!!!!!!!!!!!!
Functional/Tech Spec Writing
Technical Development
Meeting with Housing Staff and Financials
Meeting regarding conversion calendar
Service Indicators in Production

Janet, Joy, Ledys
Ledys, Matt
Joy, Janet, Ledys, Matt
Janet, Ledys
Janet

Student Records:

Prepared grading information for Jeff's presentation
Meeting on 2004 Academic Calendar and go-live dates with Fin. Aid
Worksession on Transfer Credit, BPR012b
Discussion of Plan setup
Working with Raquel on Plan updates (PS & Legacy)
Prep. & testing for SRBPR012a, b, c
SR Conversion support
Research and development & documentation of requisites

Lynette, Jorge
Bev
Lynette, Bev, Jorge, Hugo, Darlene
Lynette, Bev, Jorge
Jorge
Bev
Bev
Ovid

Conversion:

Continued Mock 1 for SR
Continued setup/research for frozen SDB environment
Continued research for data cleanup
Continued SQR to convert initial admit type for FA
Completed Race O/Ethnicity report
Created cobol to post degrees in batch
Continued work on transfer credit conversion
Researching potential changes due to acad structure chg
Created file containing nat'l IDs to be chgd to all 9's
Created rpt w/degree codes and titles
Completed mock for SR Summary Data/FA
Researching test score conversion
Started catalog fix program

Carla
Rob, Bruce
Pete, Claudia
Claudia
Pete
Randy
Rob
Bruce
Rob
Randy
Randy
Carla
Claudia, Bruce
Bruce

Development:

Admissions Production Support
Completing FA development
On going SF, SR
SA Patches and Fixes to TST/STG Environment
FA Migrations and Reviews
FA Sign-Off

Jose

Security

Production Support
Tools 8.20 retrofits

Alex/John

Training:

Meeting with College of Ed about inquiry training (10/30)
One-on-one training for admissions offices
Developed job aids for grad admissions
Testing and Sign-offs for FA
Attended BPR session for Transfer Credit
SA Fundamentals Class for Institutional Research staff (10/28)

Vicki

Testing:

Ongoing FA User Testing
Grad & Undergrad self-service "Request Info" changes
Optimize Testing Lab Functionality

Otto
Otto, Paul, Ivette, FA Team
Otto, Alexis, Ruben, Louis
Otto

Infrastructure/DBA Patches Migrated to Production on Sunday R-25 Production Conversion Complete New FA database created Perform two refreshes on CNV New Tidal Unix Master Testing PeopleTools 8.20 testing in Progress	Manny
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Key Accomplishments and Deliverables for Next Period (11/06 - 11/12)		Lead
Admissions: Production Support Go LIVE with Self-Service & Request for Information		Mark
Financial Aid: Complete Initial User testing Continue working with developers		Paul FA Team, Paul Grace, Paul, Beatriz
Student Financials: Functional Specs Development Continue Testing		Joy Janet, Joy Ledys, Matt Janet, Joy
Student Records: SR conversion support Work Session on Transfer Credit with Hugo Cleaning up Plan setup, building new codes and Crossover table Building and testing pre/co-requisites		Bev/Ron Bev Bev, Lynette, Jorge Bev, Lynette, Jorge Ovid, Lynette
Conversion: Continue research/setup of frozen environment Continue various research items for cleanup Complete initial admit type conversion sqr Followup on duplicates cleanup Continue work on gpa, units compare rpt Complete sqr to chg certain national ID's to 9's in PS Run SR/Pay duplicates in stg, prd (Project off week for Rob, Bruce) (Carla will be working remotely)		Carla Pete, Claudia Claudia Pete Randy Carla Carla Carla
Development: Admissions Production Support Ongoing Development		Jose
Security Dev: Tools Patches SA Bundle 1		Alex/John
Training: Meeting with College of Ed (11/6) Draft workbook for Academic Department Scheduling Classes		Vicki
Testing: Continue FA User Testing Test Self Service Sign-in and Request info		Otto, Paul, Ivette, FA Team Otto, Alexis, Ruben, Louis
Infrastructure/DBA PeopleTools 8.20 Upgrade Apply 8.20 Tools in Development and Demo R25 Conversion Testing Apply Bundle 1 in Demo and run compare reports		Manny

Issues Requiring Project Management Attention	Issue #	Lead	Due Date
None			

Major Concerns for Executive Attention	Lead	Date Reported
None		

Current Activity Status

Activity	Planned Start Date	Planned End Date	Actual % Complete	Overall Status
PeopleSoft AD Implementation	5/1/2002	9/19/2003	96%	In Progress
Preparation for Application Design Sessions (BPWs)	5/6/2002	5/7/2002	100%	Complete
Conduct Application Design Sessions (BPWs)	5/1/2002	6/3/2002	100%	Complete
Preparation for Business Process Redesign Sessions (BPRs)	7/22/2002	8/5/2002	100%	Complete
Conduct AD Business Process Redesign Sessions (BPRs)	5/6/2002	1/31/2003	98%	In Progress
Design/Build Phase	5/6/2002	3/14/2003	98%	In Progress
Transition Phase	11/12/2002	9/17/2003	97%	In Progress
Deployment Phase	8/1/2003	9/19/2003	78%	In Progress
PeopleSoft FA Implementation	5/6/2002	9/10/2004	71%	In Progress
Preparation for Application Design Sessions (BPW)	5/6/2002	5/10/2002	100%	Complete
Conduct Application Design Sessions (BPW)	5/6/2002	7/11/2002	99%	In Progress
Preparation for Business Process Redesign Sessions (BPR)	8/12/2002	8/15/2002	100%	Complete
Conduct FA Business Process Redesign Sessions (BPR)	8/19/2002	1/28/2003	100%	Complete
Design/Build Phase	5/6/2002	12/1/2003	76%	In Progress
Transition Phase	1/6/2003	6/30/2004	61%	In Progress
Deployment Phase	2/23/2004	9/10/2004	0%	Not Started
PeopleSoft SF Implementation	5/6/2002	8/25/2004	44%	In Progress
Preparation for Application Design Sessions (BPW)	5/6/2002	5/7/2002	100%	Complete
Conduct Application Design Sessions (BPW)	5/6/2002	3/7/2003	93%	In Progress
Preparation for Business Process Redesign Sessions (BPR)	8/19/2002	8/21/2002	100%	Complete
Conduct SF Business Process Redesign Sessions (BPR)	8/26/2002	3/5/2003	99%	In Progress
Design/Build Phase	8/26/2002	3/28/2003	13%	In Progress
Transition Phase	5/6/2002	6/14/2004	9%	In Progress
Deployment Phase	6/28/2004	8/25/2004	0%	Not Started
PeopleSoft SR Implementation	5/6/2002	1/14/2005	7%	In Progress
Academic Structure	5/6/2002	4/22/2003	90%	In Progress
Prepare for BPW/BPR Sessions	5/6/2002	5/7/2002	100%	Complete
Conduct SR Application Design/Business Process Sessions (BPWs/BPRs)	5/6/2002	6/19/2003	76%	In Progress
Design/Build Phase	5/6/2002	12/31/2003	3%	In Progress
Transition Phase	5/6/2002	6/4/2004	51%	In Progress
Deployment Phase	5/6/2002	1/14/2005	0%	Not Started
Administrative Tasks	5/6/2002	6/27/2003	32%	In Progress
PeopleSoft Conversion	10/29/2002	1/5/2004		In Progress
Admissions / Bio/Demo / Course Catalog/SOC - July, 2003	11/11/2002	7/10/2003	96%	In Progress
Student Records (inactive students) - December, 2003. The majority of the Financial Aid - March, 2004	1/6/2003	1/5/2004	39%	In Progress
Student Records (active students) - June, 2004	3/4/2003	10/1/2003	58%	In Progress
Student Financials - July, 2004	6/10/2003	9/1/2003	0%	Not Started
Student Records (Summer 2004 new students, enrollments) - August, 2004	6/30/2003	10/20/2003	0%	Not Started
FIU PeopleSoft Infrastructure Plan (SA)	8/30/2002	9/5/2003	98%	In Progress
Setup on-site (delivered) Hardware	9/16/2002	9/27/2002	100%	Complete
Build on-site (delivered) systems	9/23/2002	9/30/2002	100%	Complete
Apply Oracle Patch 9.0.1.3	9/16/2002	9/19/2002	100%	Complete
SA 8.0 SP1 Upgrade	9/13/2002	10/9/2002	100%	Complete
Apply Update and Fixes to SA	10/7/2002	9/5/2003	80%	In Progress
Implement Allfusion cc Harvest tool	8/30/2002	10/24/2002	100%	Complete
Build PeopleSoft Systems	12/2/2002	5/7/2003	100%	Complete

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Board of Governors' Powers and Duties-Draft 4

PROPOSED ACTION

The Board of Governors' Powers and Duties-Draft 4, as adopted by the BOG on 22 October 2003, attached as an information item.
No action required.

Supporting Documentation Included:

- BOG Powers and Duties-Draft 4

DRAFT 4

BOARD OF GOVERNORS' POWERS & DUTIES

MASTER

PREAMBLE

WHEREAS, Section 7(d), Article IX of the Constitution of the State of Florida was approved by the citizens of Florida in November 2002; and

WHEREAS, said section created the Board of Governors of the State University System of Florida effective January 7, 2003, and stipulated its governing responsibilities; and

WHEREAS, the Board of Governors shall operate, regulate, control, and be fully responsible for the management of the whole university system; and

WHEREAS, said Board is responsible to achieve excellence through teaching students advancing research, and providing public service for the benefit of Florida citizens, their communities and economies. And

WHEREAS, said Board consists of seventeen (17) members, 14 of whom are appointed by the Governor. In addition to the 14 members appointed by the Governor, the Board of Governors automatically includes the Commissioner of Education, the Chair of the Advisory Council of the Faculty Senates and the President of the Florida Student Association; and

WHEREAS, the appointed members shall serve staggered 7-year terms. In order to achieve staggered terms, beginning July 1, 2003, of the initial appointments, 4 members shall serve 2-year terms, 5 members shall serve 3-year terms, and 5 members shall serve 7-year terms; and

WHEREAS, said Board's management shall be subject to the powers of the legislature to appropriate for the expenditure of funds; and

WHEREAS, said Board will conduct its business in an open and inclusive manner;

Be it therefore resolved that the Board of Governors shall:

I. Assume the following Duties and Responsibilities with respect to the State University System:

1. Establish the vision, mission, and goals for the State University System.
2. Establish a long-term plan for the State University System,

3. Develop, approve and advocate an annual budget for the State University System.
4. Determine the financial needs of the State University System; develop financial strategies to fund those needs and advocate those strategies. An element of the financial strategy includes a policy governing tuition and fees.
5. Develop policies governing student access, enrollment, admissions, matriculation, and graduation.
6. Develop policies that prevent wasteful, inefficient duplication of facilities and programs.
7. Account for expenditures from legislative appropriations.
8. Develop policies that ensure the delivery of high quality academic programs and services.
9. Develop policies in partnership with others that ensures seamless articulation with other educational sectors.
10. Develop policies that govern data collection, dissemination, and analysis.
11. Select *and remove*, with the advice and consent of the Commissioner of Education, the Chancellor of Colleges and Universities.
12. Annually Review ~~no less than annually~~ the Chancellor's performance.
(How do we deal with the power to remove?)

II. Assume the following Duties and Responsibilities with respect to the Constituent Colleges and Universities:

1. Define the mission and approve the goals and key strategies of each constituent university through an inclusive model that provides due consideration of the mission, goals, and strategies approved by the university board of trustees of each constituent university as balanced against the higher education needs of the State and the resources available to fund those needs.
2. Approve the budget of each *constituent colleges and universities*.
3. Measure the performance and efficiency of each constituent university using realistic accountability standards.
4. Seek to ensure the financial integrity of each constituent university.
5. Appoint 5 of the 13 University Board of Trustees members for each university subject to confirmation by the Senate and consider, along with the Governor, diversity and regional representation when making these appointments.
6. Approve the policies and procedures of each constituent *college or* university governing their respective presidential search, including criteria used in the selection, appointment, and evaluation. (The University Board of Trustees' decision regarding hiring shall be final.) The Board of Governors' ratification of the final candidate is required.

III. Devolve the following Duties and Responsibilities powers and duties enumerated in s. 1001.74, Florida Statutes, to the University Board of Trustees of the Constituent Colleges and Universities: (all duties and responsibilities not enumerated above)

~~By enumerating the specific responsibilities above, the Board of Governors has not intended to limit its constitutional responsibility to operate, regulate, control and be fully responsible for the management of the whole university system. (MOVED TO END OF DOCUMENT)~~

IV. Operate in the following manner:

1. A Chair and Vice Chair shall be elected by a majority vote of the Board at a meeting held during the first calendar quarter the Board of Governors at the XXX meeting. The Chair and Vice Chair shall serve terms beginning July 1 of the year elected and shall serve for a two-year term of office. There shall be no term limits.
2. Convene no fewer than eight (8) times per year to be scheduled at least 24 months in advance. The Chair may convene additional meetings at her/his discretion subject to the notice requirements of Chapter 286, Florida Statutes (the "Sunshine Law"). It is expected that these additional meetings will typically be telephonic.
3. Form standing and ad hoc committees of the board as deemed necessary. In each instance, the standing committee shall be governed by the powers and duties delegated to the Committee and by a workplan approved by the full board. The charter delegation of powers and duties shall include at a minimum:
 - a. The duties and responsibilities of the committee
 - b. The meeting schedule of the committee. The Chair may convene additional meetings at her/his discretion subject to the notice requirements of Chapter 286, Florida Statutes (the "Sunshine Law"). It is expected that these additional meetings will typically be telephonic.
 - c. The identity of the staff resources to the committee
4. (Rules governing attendance.)

V. By enumerating specific responsibilities above, the Board of Governors has not intended to limit its constitutional responsibility to operate, regulate, control and be fully responsible for the management of the whole university system.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: University Mission and Mandate

PROPOSED ACTION

Discussion of University objectives and mission.

Supporting Documentation Included:

- Millennium Strategic Planning Documents

Facilitators/Presenters:

Adolfo Henriques

Millennium Strategic Planning

INSTITUTIONAL VALUES STATEMENT

As an institution of higher learning, Florida International University is committed to:

- **Freedom of thought and expression;**
- **Excellence in teaching and in the pursuit, generation, dissemination, and application of knowledge;**
- **Respect for the dignity of the individual;**
- **Respect for the environment;**
- **Honesty, integrity, and truth;**
- **Diversity;**
- **Strategic, operational, and service excellence.**

Millennium Strategic Planning

INSTITUTIONAL GOALS

In pursuit of our vision of being a **Top Urban Public Research University**, we have established the following goals:

1. To educate undergraduate students:
 - To become critical thinkers empowered to learn how to learn and to integrate their understanding in a variety of areas of knowledge, creativity, and accomplishment
 - To possess the intellectual and personal competencies needed to excel in their fields throughout the world
 - To understand their culture and the cultures of others and appreciate the complexities and diversity of our global society
 - To understand and commit to their civic responsibilities
2. To educate graduate and professional students:
 - To demonstrate an ability to synthesize knowledge and practice in ways that produce new insights
 - To add to the existing body of knowledge in a discipline area
 - To understand the obligation of the holders of advanced degrees to apply their knowledge and critical intellectual abilities in an ethical manner to issues important to society
3. To generate research results and creative contributions that achieve national and international recognition and to have at least five academic programs ranked among the top twenty-five in the United States while fostering quality in all of our programs
4. To be a leading university in engagement by developing and implementing effective programs that addresses educational, economic, social, cultural, and environmental needs through lifelong learning opportunities, research, service, and creative endeavors
5. To be a leader in developing information technology alliances and in the effective application of selected information technology to the teaching-learning process, research activities, institutional administration, and global engagement
6. To enhance the financial infrastructure of the University by achieving funding equity within the university system, increasing the proportion of external contracts & grants funding, and expanding significantly the University endowment

Millennium Strategic Planning

INSTITUTIONAL MISSION STATEMENT

Florida International University is an urban, multi-campus, research university serving South Florida, the state, the nation and the international community. It fulfills its mission by imparting knowledge through excellent teaching, promoting public service, discovering new knowledge, solving problems through research, and fostering creativity.

Millennium Strategic Planning

OPERATIONAL PHILOSOPHY

Strategic operational and service excellence is an institutional imperative at Florida International University. The University seeks to employ concepts and strategies that foster systematic institution-wide continuous improvement in providing services and in achieving constituent satisfaction. We have the following guides for management excellence:

- **Quality:** generating outcomes and services that exceed constituent expectations
- **Competitiveness:** performing in a way that allows the University to achieve a comparative advantage in our endeavors
- **Accountability:** monitoring and assessing the results of policies, programs, and processes to ensure that results are achieved in an efficient, effective manner
- **Innovation:** exploring and implementing new ideas in our administrative, research, and academic endeavors
- **Collegiality:** formulating decisions, policies, and management practices through a consultative process engaging the University community
- **Diversity:** creating a University environment that is responsive to diversity in all of its forms
- **Operational Excellence:** implementing improved information and management systems to optimize use of our resources

Millennium Strategic Planning

UNIVERSITY VISION

These five words summarize FIU's vision:

TOP * URBAN * PUBLIC * RESEARCH * UNIVERSITY

TOP: To be recognized in national rankings as one of the top urban public research universities.

URBAN: To address metropolitan and community issues and contribute through teaching, research, and service to the economic growth and cultural richness of the region. Students, faculty, staff, and alumni reflect the diversity of the urban region.

PUBLIC: To be known for the breadth and quality of academic programs, affordable tuition, and engagement with local communities, industries, and governments.

RESEARCH: To be recognized as contributing to the discovery, invention, and reinterpretation of knowledge as well as for the innovative application of knowledge and techniques that contributes to the enhancement of human understanding and to the promotion of artistic accomplishment.

UNIVERSITY: "Magistorum et scholarium": to be dedicated to teaching, scholarship, and service while offering a full range of programs from baccalaureate to doctoral level with professional schools and programs for professional development and life-long learning.

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
BOARD MEETING**

17 November 2003

SUBJECT: Life Sciences Corridor Update

PROPOSED ACTION

Discussion Item.
Implications and opportunities associated with the Scripps Initiative.

Supporting Documentation Included:

- “Governor Bush Announces...”
– *MyFlorida.com*
- Economic Impact of Scripps Florida
Biotech Research Institute
- “Business Leaders Briefed on Scripps”
– *Sun Sentinel*
- “Academic Health Centers...”
– *Institute of Medicine*
- Health and Medical Initiative Concept
Paper
- New Academic Program Feasibility
Study
- Request for Authorization

Facilitators/Presenters:

David Parker

INSTITUTE OF MEDICINE

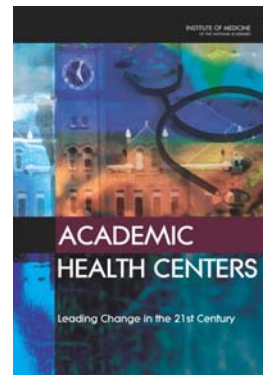
Shaping the Future for Health

ACADEMIC HEALTH CENTERS: LEADING CHANGE IN THE 21ST CENTURY

Health care is changing in very fundamental and important ways. Biomedical and other technological advances create a constantly expanding knowledge base to be harnessed and applied so its benefits can reach people. Our concepts of medicine, health, and preventive care will be fundamentally redefined as knowledge from human genome research and other new sciences offer new treatments and the ability to customize care to meet individual needs and characteristics. Peoples' health needs are shifting from the treatment of acute illness to the management of chronic conditions, which are the leading cause of illness, disability, and death, and account for the majority of health resources used today. Expanding technology and knowledge provides opportunities for the health care system to achieve goals of much higher levels of quality and safety.

Academic health centers (AHCs) play a particularly important role in responding to these forces because they are the places that train health professionals, conduct research that advances health, and provide care especially to the most ill and poorest populations. The IOM Committee on the Roles of Academic Health Centers came together in 2001 to consider how AHC roles in education, research and patient care will need to adapt if they are to continue to meet the public's needs in the coming decades. For this study, an AHC is the constellation of functions and organizations that are committed to improving the health of patients and populations through the integration of their roles in research, education, and patient care to produce the knowledge and evidence base that becomes the foundation for both treating illness and improving health.

This report provides a two-part plan to guide the types of adaptations that will be required of AHCs in the future. The first part identifies actions by AHCs as well as public policy steps to transform each of the AHC roles to respond to the trends identified above. The public policy actions are intended to spur AHCs to undertake the types of changes that will be needed. In the area of education, Congress should create a dedicated fund to support innovation in the education of health professionals; in response, AHCs should reform the methods, approaches, and settings used in clinical education. In the area of patient care, public and private payers, and foundations should support experimentation to redesign processes of care to improve health for both patients and populations; in response, AHCs will need to create the structures and team approaches in care to focus on improving health. In the area of research, federal funding agencies



...an AHC is the constellation of functions and organizations that are committed to improving the health of patients and populations...

In the area of education, Congress should create a dedicated fund to support innovation in the education of health professionals...

should support collaborations by the mix of scientists who do different types of research; in response, AHCs will need to examine how they can improve linkages across their research programs in biomedical, clinical, health services, and prevention research.

AHCs will not be able to take on the changes called for in each role with minor adaptations or by looking at each role in isolation from the others.

AHCs will not be able to take on the changes called for in each role with minor adaptations or by looking at each role in isolation from the others. Adding one more course to an already over-crowded curriculum or doing one more research study will not be sufficient. In taking on the challenges set forth, AHCs will need to recognize the interdependent and complementary nature of their traditionally independent roles within an overall context that encompasses a commitment to improving the health of patients and populations. Thus, the second part of the plan identifies three strategic management systems that all AHCs will need to establish to enable a more coordinated and cohesive system-wide view across its multiple roles and organizations — information systems to manage the information and knowledge that is used and produced by AHCs, accountability systems to establish and measure goals for change, and systems to develop and support AHC leadership. The unique contribution of AHCs in the coming decades will lie in their ability to achieve an integration of their roles within medicine and across all health sciences, including public health, nursing, dentistry, pharmacy, and others, to improve the health of all Americans.

TRANSFORMING THE ROLES OF AHCS

AHC as a Reformer: The Education Role

To respond to the changing needs of the population and changing demands of practice, AHCs should play a leading role in transforming the content, methods, approaches, and settings used in health professions education.

Recommendation 1:

AHCs should take the lead in reforming the content and methods of health professions education to include the integrated development of educational curricula and approaches that:

- a. Enable and encourage coordination among deans of various professional schools and leaders across disciplines (such as medicine, dentistry, nursing, public health, pharmacy, social work, and basic sciences) to remove internal barriers to interprofessional education.
- b. Ensure that all teaching environments—from the classroom to sites for clinical rotations and preceptorships, and practice—are exemplars for the future of health care delivery (e.g., by modeling team-based care and using information technology) and, in collaboration with local health care leaders, demonstrate how to improve health for populations and communities, as well as individual patients.
- c. Emphasize training in skills that will be needed to improve health, such as the theory and computational skills necessary to comprehend the new biological sciences, as well as the social and behavioral sciences.
- d. Develop, recognize, and reward those who teach and conduct research on clinical education.

Financing Reform of Clinical Education

Support should be provided for both short- and long-term reforms in health professions education to encourage the training of a workforce that will be prepared to work in interdisciplinary, health-oriented, information-driven models of care. The committee does not

...AHCs should play a leading role in transforming the content, methods, approaches, and settings used in health professions education.

question continued support for health professions education, but believes that current methods are insufficient to support future needs.

Recommendation 2:

Congress should support innovation in clinical education through changes in the financing of clinical education.

- a. Congress should create an ongoing fund that provides competitive grants to support educational innovation.
 - Funds should support educational innovations such as use of clinical information systems, testing of new educational approaches in hospital and nonhospital settings, and evaluation of curricular and other needed reforms in clinical education. Priority for such funds should be given to those organizations that integrate the training of multiple health disciplines (e.g., medicine, nursing, pharmacy, therapy, public health, administration) and that use information technology in their clinical education programs.
 - To create this education innovation fund, Congress should redirect the portion of the funding provided for indirect medical education that exceeds the additional costs of caring for Medicare patients that are attributable to teaching activities (commonly referred to as the “empirical amount”). Availability of these funds should be contingent upon implementing innovations in clinical education and training environments.
- b. In addition, Congress and the Administration should promptly revise the current statutory framework of Medicare support for graduate medical education to support more interdisciplinary, team-based, nonhospital training that aims to improve the health of patients and populations. Revisions should include consideration of whether other payers should provide specific support for the education of health professionals; examine the relationship between support for the training of physician and nonphysician clinicians; assess the appropriate recipient of support; and identify mechanisms for accountability for both the disbursement and use of public funds.

Congress should create an ongoing fund that provides competitive grants to support educational innovation.

AHC as a Modeler: The Patient Care Role

AHCs should be part of conceptualizing new models of care and communicating to payers and policymakers the characteristics of care models that are able to improve health, especially for those patients and populations at high risk for serious illness and those that are financially vulnerable since these populations are especially reliant on AHCs.

Recommendation 3:

AHCs should design and assess new structures and approaches for patient care.

- a. AHCs should work across disciplines and, where appropriate, across settings of care in their communities to develop organizational structures and team approaches designed to improve health. Such approaches should be incorporated into clinical education to teach health-oriented processes of care.
- b. Public and private payers, state and federal agencies, and foundations should provide support for demonstration projects designed to test and evaluate the organizational structures and team approaches designed to improve health and prevent disease. Demonstrations should target in particular (1) populations that are at high risk for serious illness, (2) populations that are financially vulnerable, (3) conditions that reflect disparities across the population, and (4) methods for supporting individuals’ involvement in and decisions about their health. Demonstrations

Public and private payers, state and federal agencies, and foundations should provide support for demonstration projects...

should encompass both financing and delivery components, including the testing of organizational reforms that optimize work design and workforce management. Payers should streamline the process for incorporating successful demonstration results into coverage and payment policies.

AHC as a Translator of Science: The Research Role

AHCs will need to increase their emphasis on clinical, health services, and prevention research to answer questions about what works and does not work in health and to improve understanding of both the clinical and cost effectiveness of new technologies as well as current practices. Funders of health-related research, especially at the federal level, need to improve their coordination and communication to foster the types of collaborations needed across all areas of research and different scientists.

Recommendation 4:

Health-related research needs to span the continuum from discovery to testing to application and evaluation.

- a. AHCs should increase their emphasis on clinical, health services, prevention, community-based, and translational research that can move basic discoveries into clinical and community settings.
- b. Congress and the Administration should coordinate funding across agencies that support health-related research including the life sciences (biomedical, clinical, health services, and prevention research), the physical sciences, and other sciences that advance health. More coordinated funding efforts and the criteria for evaluating funding support should foster interdisciplinary and collaborative arrangements that cut across departments, professional schools, and institutions.

SYSTEMS FOR CHANGE INSIDE AHCS

Managing Information

To support the management of the clinical knowledge used and produced by AHCs, and to enhance the flow of information throughout the enterprise for integrated decision making, performance assessment, and financial management, AHCs must make the implementation of information and communications systems a higher priority. Capital for this purpose needs to be as high a priority as capital for new buildings and equipment.

Recommendation 5:

AHCs must make innovation in and implementation of information technology a priority for both managing the enterprise and conducting their integrated teaching, research, and clinical activities.

- a. AHCs should have information systems that span the enterprise for integrated decision making, performance assessment, and financial management.
- b. AHCs need to pioneer the use of information systems for clinical purposes and incorporate their use into clinical education and research.

Defining and Measuring Goals for Change

AHCs must set clear goals so that progress toward making changes in each of their roles can be steadily measured. Greater transparency will be required, especially in understand-

Payers should streamline the process for incorporating successful demonstration results into coverage and payment policies.

Capital for this purpose [information and communications systems] needs to be as high a priority as capital for new buildings and equipment.

ing the real financial resources within the AHC and the flow of funds among the schools, hospitals, practice plans, and the university.

Recommendation 6:

Both AHCs and the public should evaluate the progress of AHCs in: (1) redesigning the content and methods of clinical education; (2) developing organizational structures and team approaches in care to improve health; and (3) increasing emphasis on health services, clinical, prevention, and translational research.

- a. To aid AHCs in evaluating their progress, the Secretary of Health and Human Services should:
 - Identify broad areas of AHC performance (e.g., quality of education programs, financial accountability).
 - Establish an advisory group to suggest guidelines for measurement and examples of measures that could be used by AHCs.
 - Obtain information from AHCs related to the broad areas of performance and issue a report every 2 years on progress made in transforming the roles, and identifying areas of success as well as obstacles encountered.
- b. University leaders and/or AHC boards of trustees should establish mechanisms for accountability and transparency that can be used to assess their progress toward meeting the goals established for transforming the roles of AHCs.

AHCs must set clear goals so that progress toward making changes in each of their roles can be steadily measured.

Developing Leadership

AHCs must improve their processes for identifying, preparing, and developing leaders who can generate and direct the recommended changes. Furthermore, AHCs should demonstrate leadership to guide the nation toward improved health.

Recommendation 7:

AHCs must be leaders and develop leaders, at all levels, who can:

- a. Manage the organizational and systems changes necessary to improve health through innovation in health professions education, patient care, and research.
- b. Improve integration and foster cooperation within and across the AHC enterprise.
- c. Improve health by providing guidance on pressing societal problems, such as reduction of health disparities, responses to bioterrorism, or ethical issues that arise in health care, research, and education.

AHCs must be leaders and develop leaders, at all levels.



For More Information...

Copies of *Academic Health Centers: Leading Change in the 21st Century* are available for sale from the National Academies Press; call (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area), or visit the NAP home page at www.nap.edu. The full text of this report is available at <http://www.nap.edu>

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The Institute of Medicine is a private, nonprofit organization that provides health policy advice under a congressional charter granted to the National Academy of Sciences. For more information about the Institute of Medicine, visit the IOM home page at www.iom.edu.

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**COMMITTEE ON THE ROLES OF ACADEMIC HEALTH CENTERS IN THE 21ST CENTURY**

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Concept Paper¹

Florida International University

Health and Medical Education Initiative:

A New Model for the Education of Health Care Professionals

10/5/2003

Executive Summary

Building upon a strong foundation of basic sciences, health programs, and biomedical engineering, Florida International University (FIU) proposes the initiation of a new program in allopathic² medicine leading to a medical doctorate (MD) degree. This degree, coupled with enhanced coordination of health programs, the introduction of new health related degrees, and deepened partnerships with hospitals and clinics in the community, will lead to the creation of a new Academic Health Center in Southeast Florida.

FIU's proposed Academic Health Center takes as its basic premise a 21st century approach to health care: it will utilize existing community-based resources to avoid wasteful duplication and address critical community health needs. The proposed new MD degree will improve the quality of health care in Southeast Florida by:

- increasing the number of culturally sensitive under- represented minority (URM) physicians serving Southeast Florida;
- creating an affordable, accessible medical school in Southeast Florida that directly partners with community hospitals and health care clinics throughout the region;

¹ This paper is a draft that builds on discussions at FIU first enabled through the Office of the Vice President for Research in 1996, and formally continued beginning in the 2002-2003 academic year. Key individuals helping to compose this document include Dan Coleman, Tom Breslin, George Dambach, and Carlos Martini. It will benefit from extensive faculty and community input.

² Allopathy is the treatment of disease using remedies whose effects differ from those produced by that disease; principle of mainstream medical practice. As opposed to homeopathy (patient is given minute doses of natural drugs that in larger doses would produce symptoms of the disease itself; like can be cured by the like) and osteopathy (medicine based on theory that diseases are caused by misalignment of bones, ligaments and muscles).

- advancing biomedical and scientific knowledge through research, scholarship, and direct application to the health care needs of South Florida, the State, the nation, and the wider region served by FIU.

The proposed Health and Medical Education Initiative is the top programmatic priority for Florida International University. It is responsive to specific and urgent needs in our Southeast Florida community, is innovative, and is informed by the emerging, essential restructuring of health education and health care nationally.

The University envisions an integrated health care professional education model that is community health based and patient centered, whose foundation is built on evidence-based medicine and health services.

The Institute of Medicine of the National Academies' Committee on the Role of Academic Health Centers in the 21st Century reported in June, 2003 that, "... changes will be required in each of the roles if AHCs (Academic Health Centers) are to continue to meet the public's needs in the coming decades." The FIU Health and Medical Education Initiative being proposed addresses the issues raised in the Institute of Medicine report and further addresses the extremely important issue of increasing the number of under-represented minority health care practitioners for the region, state and nation.

The majority of graduates from the FIU medical school and health professional programs will remain in the region. Florida International University is already educating many health professionals. The colleges and schools throughout the institution currently offer 49 of the 55 academic degree programs contributing to the proposed Health and Medical Education Initiative. Of the remaining six degree programs, the Medical Doctorate (MD) is the only program that is not on the State University System master plan. The development of a new medical school and the proposed innovations in medical education bring a unique opportunity to integrate as much as possible the curriculum and the learning practices of all the health professionals.

The proposed MD and the AHC are essential elements of the FIU Health and Medical Education Initiative if we are to develop a solution for the current Southeast Florida health care crisis. In addition to the AHC providing an integrated health care education, research, and delivery system, the FIU medical degree will increase the number of qualified under-represented minority professionals entering the health care delivery network and increase the medical science research and health care resource dollars coming into the region.

FIU will establish partnerships with major health service providers to foster its medical education initiative: Mount Sinai Hospital, Miami Children's Hospital, Mercy Hospital, Baptist Hospital, the State of Florida, and local government health care agencies are among the proposed partners that have shown an interest in working with the new academic health center. There is a strong likelihood that major health-related national foundations will show an interest in the Initiative, including the Kellogg, Robert Wood Johnson, and Pew foundations.

While 16% of Floridians and over 50% of the population in Miami-Dade County are Hispanic and 20% of the population in Miami-Dade and Broward County are African American/Black, only 9% of all physicians in Florida are Hispanic and only 3% of all physicians in Miami-Dade and Broward are African-American/Black. These demographics drastically affect the provision of culturally competent health care. As a consequence of demographic diversity and the multicultural nature of its population, the health care industry needs in our community are unique.

There is a shortage of qualified physicians to participate in the delivery of modern health care services, particularly in Southeast Florida, with its culturally diverse population. Like the rest of the State, Southeast Florida is a net importer of physicians; less than 20% of newly licensed physicians in Florida are graduates from one of Florida's medical schools. Florida's physicians are the oldest in the nation—64% are over 55 years old, and 25% are over 65. In addition, 35% of the physicians are graduates of foreign medical schools, and Board certification rates in our region are below national standard. A

significant proportion of the doctors in Southeast Florida have no specialty certification of any kind.

In order to meet the State's growing demands for high quality health care, Florida needs to license more physicians who are qualified to participate in the delivery of modern health care services, particularly in culturally diverse Southeast Florida. The State currently licenses approximately 2,500 new physicians per year. However, Florida's medical schools only graduate about 500 doctors per year of which some leave the State. Equity and access to medical education for Florida residents are issues that significantly affect our community and State. Every year more than 2,000 Floridians sit for the Medical College Admissions Test, but there are only about 500 seats available in Florida's medical schools. The ratio of Florida applicants to available space is 4.3:1; almost double the national average of 2.2:1. The State would need 400 additional first year students to match comparison targets with other states. In addition, there is an under representation of minority physicians (only about 11%) and a very low proportion are females (17%).

Southeast Florida, with a population of more than 4.5 million people, has only one private allopathic medical school (University of Miami) and no public medical school. The serious shortage of medical residency positions in Southeast Florida also contributes to the health care crisis. There has been no increase in MD training in the State for more than 25 years, and there will not be any until Florida State University graduates its first class of 30 medical doctors.

A public medical school will increase the medical science research and health care resource dollars coming into Southeast Florida, particularly from the federal government. Research funding to medical schools and public health schools usually exceeds state base funding by 2-3 fold annually.

A new, public medical school with its full array of services, community outreach, educational programs, and bio-technical investments, will have a positive influence on

the supply of qualified health care professionals and will support the delivery of health services to our most needy residents.

The Florida International University Medical School will enroll a substantial number of minorities and residents of Southeast Florida. In Florida, only 7.5% of medical students are under-represented minorities compared to 10.5% nationally. The profile of Florida's medical school students is not representative of the proportion of minorities in the State's population. Less than 5% of the students are minority in some of the medical schools in the State. More than 70% of FIU's students are under-represented minorities. In addition, during the past two years, more than 530 members of the two freshman classes had the desired academic credentials to successfully complete a pre-medical curriculum to qualify for admission to medical school.

Based on the number of academically talented students entering FIU at the current time, there should be an ample number of minority students from the region to achieve the desired URM goal. FIU, with its very high number of matriculated minority students and the development of its special programs to aid students in their basic preparation, is in an ideal situation to lead the country in the recruitment of URM's for health professional education.

FIU has an extensive set of health related program offerings and research initiatives. They are embedded in the FIU curriculum ranging from the School of Nursing to the Biomedical Engineering program; from the School of Public Health to the Bioinformatics program; from the School of Social Work to the Department of Dietetics and Nutrition; from Physical Therapy and Occupational Therapy to Biological Sciences. Scholars throughout the institution carry out health-related sponsored and non-sponsored research that is nationally recognized.

Further, FIU has a physical infrastructure that provides a strong base for the Academic Health Center, including two new facilities (Health and Life Sciences I, II) and a third that is proposed and should be partially funded by 2005.

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During the 2004-2005 academic year, the Medical School should have (pending funding) a dean, an associate dean, two assistant deans, nine chairs and sixteen support positions. In 2011, when the School has its full complement of administrators, faculty, and staff, there will be 8 central administrators, 116 faculty, and 56 support positions. It is anticipated that the faculty time will be distributed as follows: 40% Education & General (E&G), 40% family practice, and 20% Contracts & Grants (C&G).

Current and Anticipated Facility Resources Requirements

The proposed Health and Medical Education Initiative will require two additional health and medical education buildings. A facility that could serve as a medical sciences education building is scheduled for completion by June 2006. This facility will have nearly 115,000 gross square feet and will provide classrooms, offices, and other space to facilitate the desired vertical and longitudinal integration of all of the health and medical education program curricula into a single comprehensive program focused on community-based health services. The estimated cost of this facility is \$33 million dollars. The current PECO budget coupled with the naming donation and State match will fully fund this building.

A new Medical Sciences, Biomedical, and Biotechnology Research Laboratory Building of approximately 200,000 square feet will be constructed in two phases over the next decade. The resources to develop this facility will come from private donations, State matching funds, bonds, contracts and grants, indirect revenue, federal equipment grants, and State PECO funds. This facility will have the capacity to generate approximately \$26 million dollars in contract and grant funding annually.

Introduction

Building upon a strong foundation of basic sciences, health programs, and biomedical engineering, Florida International University proposes the initiation of a new program in allopathic medicine leading to a medical doctorate (MD) degree. This degree, coupled with enhanced coordination of health programs, the introduction of new health related degrees, and deepened partnerships with hospitals and clinics in the community, will lead to the creation of a new Academic Health Center in Southeast Florida.

FIU's proposed Academic Health Center takes as its basic premise a 21st century approach to health care: it will utilize existing community based resources to avoid wasteful duplication and address critical community health needs. Community hospitals in Miami and leading community health organizations will collaborate with FIU to focus teaching and research on primary care issues—fundamental to the health of a large, multicultural urban community that has uneven access to health care.

The proposed new MD degree will improve the quality of health care in Southeast Florida by:

- increasing the number of culturally sensitive under-represented minority (URM) physicians serving Southeast Florida;
- creating an affordable, accessible medical school in Southeast Florida that directly partners with community hospitals and health clinics throughout the region;
- advancing biomedical and scientific knowledge through research, scholarship, and direct application to the health care needs of Southeast Florida, the State, the nation and the wider region served by FIU.

FIU already has in place many of the critical elements of its proposed Academic Health Center—including strong basic sciences programs, numerous health related degree programs, and community partnerships. To bring this together, a medical school is needed. However, unlike many academic health centers that feature campus-based

hospitals, FIU's proposed center will not include a university hospital or provide direct patient care. Instead, it will consist of a partnership with four of the largest hospitals in the area that will serve as teaching hospitals, and with a number of community health organizations that will collaborate in education and research programs.

The proposed Health and Medical Education Initiative is the top programmatic priority for Florida International University. It is responsive to specific and urgent needs in our Southeast Florida community, is innovative, and is informed by the emerging, essential restructuring of health education and health care nationally.

As Southeast Florida's public research university, Florida International University has an obligation to the State, the community, and its global constituency to offer academic programs, conduct research, and create partnerships that will provide solutions to those problems that confront our local and extended community.

In this context, the University has already developed a major capability to address a range of critical health care needs of the Southeast Florida region through its health programs. Now, consistent with our new Millennium Strategic Plan, and the specification of health as a key academic theme, FIU proposes to implement a new Health and Medical Education Initiative that is a community based and patient-centric integrated health care professional education model. This Initiative will be coordinated through the proposed new Academic Health Center (AHC). As such, FIU intends to play a much more visible and consequential role in developing partnerships with community institutions to address the regional health care crisis, and we expect to enhance education, research, and services in health care for the community throughout the 21st century.

The State of Florida's future is intimately linked to the quality of the educational programs and health care services provided to its residents. This is particularly important in heavily urbanized Southeast Florida—where population growth and rapid demographic change have outpaced educational development and institutional responsiveness to the needs of the community, particularly in health care.

On the economic front, the State of Florida and the greater Miami region lag behind other states and metropolitan areas in federally sponsored research and development in life sciences and health. As pointed out by such studies as “One Community, One Goal,” these are domains that are emerging economic drivers in other regions. The State and region would be well served economically by focused initiatives and investments in health and biotechnology research.

Major changes in health care are anticipated on a national scale but are likely to be developed most effectively in state and regional markets. Deficiencies in our current systems include disparities in the availability of health care in many areas; costs of many components of health care that are escalating at multiples of general economic growth; inefficiencies in services including high administrative costs; and large disparities in health indices in identifiable groups of our population. Services remain parochial, insular, and uncoordinated resulting in poorer outcomes and higher costs than our basic state of knowledge and technology could produce. Fundamental financial incentives are not aligned with the dual goals of quality care and cost-effective services.

The general problems of health care nationally are compounded in Southeast Florida by rapid population changes, including a net population growth of nearly 2,000 people per week (Miami-Dade and Broward Counties). Nearly 52% of Miami-Dade County’s population is foreign-born, with significant diversification. The largest groups of foreign-born residents include Cubans, Colombians, Haitians, Nicaraguans, Jamaicans, Mexicans and Canadians. The relatively youthful population of the County has a median age of 35.6, rapidly moving away from the by-gone years when Miami was known as a retirement community. Nearly 67% of Miami-Dade’s residents speak a language other than English at home.

Since 1975, Miami-Dade County’s population has nearly doubled. Nonetheless, medical education in the region has not changed in scale for more than 25 years. The region is among the nation’s leaders in importing physicians, many of whom are in the last quarter

of their professional careers or who were educated outside the U.S. The problem is felt to a lesser degree in other regions of the State because Florida has far fewer opportunities for medical education of its citizens than peer states based on population and applicants to medical schools.

FIU's Model of Health and Medical Education

The University envisions an integrated health care professional education model that is community health based and patient centered, whose foundation is built on evidence-based medicine and health services. It is our intention to break the mold of traditional programs in which the education of health professionals—particularly of physicians, nurses, public health and allied health personnel—consists of self-contained programs, independent from each other, with an exclusive curriculum focused on each specialty, and independent clinical training. This approach has affected historical factors in the development of the professions, resulting in the creation of separate programs within academic institutions, medical schools, nursing schools, public health schools, and related disciplines. In our model, there will be vertical and horizontal integration of all of the health and medical education program curricula into a single comprehensive program focused on community-based health services.

The Institute of Medicine of the National Academies' Committee on the Role of Academic Health Centers in the 21st Century reported in June, 2003 that, “... changes will be required in each of the roles if AHCs (Academic Health Centers) are to continue to meet the public's needs in the coming decades.” Accomplishing their objectives will require that AHCs create an environment of innovation that achieves a more coordinated, cohesive system across the multiple roles and components represented in the AHCs. This mandate for the nation continues, “...the unique contribution of AHCs in the coming decades will lie in their ability to achieve such integration of their roles within medicine and across all health sciences, including public health, nursing, dentistry, pharmacy, and others to foster the health of Americans.”

Further, it stated that, “Health care practitioners will not be prepared for practice in the 21st century without fundamental changes in the approaches, methods, and settings used for all levels of clinical education. Current training of health professionals emphasizes primarily the biological basis of disease and treatment of symptoms, with insufficient attention to the social, behavioral, and other factors that contribute to healing and are part of creating healthy populations.”

The FIU Health and Medical Education Initiative being proposed addresses the issues raised in the Institute of Medicine report and further addresses the extremely important issue of increasing the number of under represented minority health care practitioners for the region, State and nation.

Left to themselves, the health professions failed to develop teaching models integrated with one another. Accrediting organizations reinforced the independence of the professions. The desired change will be challenging in established AHCs, whereas FIU through this Health and Medical Education Initiative will have a unique opportunity to include the proposed attributes from the outset.

FIU is already educating many health professionals. Table 1 provides an inventory of the current programs, planned programs, and proposed new programs. This initiative, including an MD program, will be organized around the opportunity to be innovative by integrating the full spectrum of medical education.

Cultural sensitivity and competence, combined with appropriate diversity of the faculty and student body will be fundamental dimensions of this initiative. Finally, the ability to communicate with patients is a need that is common to all health practitioners.

Table 1

Florida International University Health and Medical Education Initiative

Academic Programs

Program	Bachelors	Masters	Ph D/MD
<u>Medical and Nursing Sciences</u>			
• Medicine (MD)			Proposed
• Nursing	X	X	Awaiting Approval
<u>Health Sciences</u>			
• Dietetics & Nutrition	X	X	X
• Physical Therapy		X	
• Occupational Therapy	X	X	
• Speech Pathology & Audiology		X	
<u>Basic Medical Sciences</u>			
• Biology-Micro, Molecular, Human	X	X	X
• Chemistry, Biochemistry	X	X	X
• Health Sciences	X	X	
• Physics, Biophysics	X		
<u>Public and Health Service Administration</u>			
• Health Services Administration	X	X	
• Public Administration	X	X	X
• Public Health		X	Proposed
<u>Engineering and Medical Technology</u>			
• Biomedical Engineering	X	X	Awaiting Approval
• Health Information Management	X		
• Informatics	To be proposed	To be proposed	To be proposed
• Computer Science/MIS	X	X	X

<u>Social Medical Sciences</u>			
• Exercise Science/Physiology/ Sports Medicine	X	X	
• Health/Clinical Psychology			To be proposed
• Philosophy – Bioethics	X		
• Psychology	X	X	X
• Religious Studies – Bioethics	X	X	
• School Psychology			S
• Social Work	X	X	X
• Sociology	X	X	X
• Special Education		X	X

Note: A program that is currently offered is designated with an 'X'

The primary goal of an integrated educational structure is to advance quality and efficiency of practicing professionals. All of these professions share a common responsibility—the care of patients. Patients will be the central focus of the new integrated education. Educational methodologies, whenever possible, will be based on the following principles:

- Inter-professional curriculum committees among the different units to plan and coordinate the integration.
- Centralized management and administration of the health professional's curriculum.
- Education centered on the patient.
- Students having very early contact with patients.
- Problem-based education of groups of students of different professions.
- Culturally-sensitive education, culturally sensitive and competent graduates.
- Practice-based curriculum, emphasizing clinical practice.
- Learning programs planned around outcomes with shared responsibilities among the different professions and integrated clinical training.
- Research, innovation and evaluation in health services.
- Intense emphasis on evidence-based medicine and services.
- Education supported by shared information technology.

FIU will include these principles in the development of the curriculum of the new medical school and proposes to commence the planning at all levels during the 2004-2005 academic year.

The majority of graduates from the FIU Medical School and health professional programs will remain in the region. For example, more than 65% of the physicians practicing in the Greater Detroit, Michigan region were graduates of the Wayne State Medical School or residents who completed their training in the region. The FIU Medical School will achieve similar results for Southeast Florida.

Florida International University is already educating many health professionals. The colleges and schools throughout the institution currently offer 49 of the 55 academic degree programs contributing to the proposed Health and Medical Education Initiative. Of the remaining six degree programs, the Medical Doctorate (MD) is the only program that is not on the State University System master plan. The development of a new Medical School and the proposed innovations in medical education bring a unique opportunity to integrate as much as possible the curriculum and the learning practices of all the health professionals.

Although the education of health professionals, particularly of physicians, nurses, and allied health personnel has been independent and with little integration, the basic sciences of medicine are necessary for all of the health and medical education programs. In addition, cultural sensitivity, bioethics, and communication with patients are essential components of programs designed to prepare health care practitioners for practice in the 21st century.

The proposed MD and the AHC are essential elements of the FIU Health and Medical Education initiative if we are to develop a solution for the current Southeast Florida health care crisis. Since the hub of an AHC is the public medical school and its students and faculty, the implementation of a successful AHC in Southeast Florida, serving the greater Miami region, is dependent on the approval and implementation of the new medical doctorate program (MD) at Florida International University.

In addition to the AHC providing an integrated health care education, research, and delivery system, the FIU medical degree will increase the number of qualified under represented minority professionals entering the health care delivery network and increase the medical science research and health care resource dollars coming into the region. By creating partnerships among the public medical school and local health care providers and advocacy organizations, the quality of health care to the citizens of the region will be improved through extended services, more health care practitioners, and additional state/federal resources for uninsured and indigent residents. These partnerships will

facilitate securing grants from government agencies and philanthropic organizations to support health care initiatives in Southeast Florida.

In addition to the formal degree programs, doctors require quality professional continuing education. Licensing and certification are time-limited. A medical doctor needs many hours of continuing education to obtain and maintain certification. These opportunities are limited and could be provided by FIU through its current and proposed academic units. These curricular offerings will also provide a solution to the low proportion of doctors in Southeast Florida without specialty certification of any kind. The objective will be to raise the proportion of Board certified medical practitioners in Southeast Florida to the levels expected of high quality tertiary care institutions (nationally, more than 80% of doctors are certified).

Partnership Development

The most effective academic health centers in the coming decade will be organizations based upon partnerships among a wide spectrum of health service organizations with an academic medical educational and research core. Heretofore, academic health centers have been dominated by tertiary care institutions such as a university hospital or a major urban charity hospital. These will continue to be essential partners, but there must be many additional new domains in the partnerships of the AHC. Health care is appropriately becoming a more effective range of services, and the components of the full spectrum must be coordinated and integrated for high quality and efficient community-wide outcomes.

A full spectrum of providers must be closely affiliated with the academic health center in a combined education, research and service delivery mission. Public health, community health, community health education, prevention services, primary/secondary institutions, tertiary care institutions, chronic disease management, long-term care, rehabilitation care, and end-of-life care are all domains, which must be in partnership relationships within the center. These partnerships may be most effectively forged from the academic base as a

common foundation or focal point, but the public marketplace including provider institutions, insurers, foundation agencies, and government authorities must be engaged to assure fiscal viability and fiscal policy reorganization for effective, full-service health care to evolve rapidly.

FIU will establish partnerships with major health service providers to foster its medical education initiative: Mount Sinai Hospital, Miami Children's Hospital, Mercy Hospital, Baptist Hospital, the State of Florida, and local government health care agencies are among the proposed partners that have shown an interest in working with the new Academic Health Center. There is a strong likelihood that major health-related national foundations will show an interest in the initiative, including the Kellogg, Robert Wood Johnson, and Pew foundations.

In addition, FIU will maintain its partnership with the University of Miami in offering a post-graduate degree in public health, and it will deepen its partnership with the University of South Florida's Academic Health Center—particularly in collaborative undergraduate programs focusing on pre-medical education.³

Health Care Crisis Issues and Needs

There is almost universal acceptance that the health care of the American population is in a multidimensional crisis of finances, access, cost, and equity. Of all the dimensions of health care, tertiary services appears to be the only component that meets community expectations of high quality; however, this is also limited largely to the market of fully insured citizens. Uninsured care, Medicare, Medicaid, end-of-life care, chronic illness management, prevention, health maintenance, and equal access are all major concerns nationally, as are the high cost and the projections for cost escalation far beyond economic growth rates. There are serious disparities in the incidence of illness, severity of illness, and outcomes of treatment among identifiable cohorts of our citizens based on race, ethnicity, socioeconomic status, and genetic predisposition. In addition, there are

³ FIU's School of Nursing has already established numerous partnerships to enhance nurse education and training.

medical workforce problems in our region including geographic distribution, demographic characteristics of professionals, and training background, that pose challenges for the provision of adequate quality health care to our large and diverse population.

Southeast Florida has all the major problems of health care that can be found throughout the US. But Southeast Florida also has some unique and different dimensions of this national crisis. They are related to the personal characteristics and professional education of physicians and a very severe shortage of nursing personnel. In addition, nearly 500,000 residents of South Florida have compromised access to affordable and high quality health care services. One-quarter of South Floridians are uninsured, well above the national average.

While 16% of Floridians and over 50% of the population in Miami-Dade County are Hispanic, and 20% of the population in Miami-Dade and Broward Counties are African American/Black, only 9% of all physicians in Florida are Hispanic and only 3% of all physicians in Miami-Dade and Broward are African-American/Black. These demographics drastically affect the provision of culturally-competent health care. As a consequence of demographic diversity and the multicultural nature of its population, the health care industry needs in our community are unique.

There is a shortage of qualified physicians to participate in the delivery of modern health care services, particularly in Southeast Florida, with its culturally diverse population. Like the rest of the State, Southeast Florida is a net importer of physicians; less than 20% of newly licensed physicians in Florida are graduates from one of Florida's medical schools. Florida's physicians are the oldest in the nation—64% are over 55 years old, and 25% are over 65. In addition, 35% of the physicians are graduates of foreign medical schools, and Board certification rates in our region are below national standard. The average age of physicians is also a concern. Medical knowledge doubles every three years. Older physicians tend to be less able to update their knowledge than younger colleagues, and their certification rates are lower. Besides, their productivity tends to be

low given that many have semi-retired to Florida. Because of all these reasons, we anticipate an even more pronounced shortage of qualified practitioners in the future.

A significant problem is the proportion of doctors in Southeast Florida without specialty certification of any kind. FIU's clinical partners have told us many times that it is very difficult for them to raise the proportion of certified medical staff to the levels expected of high quality tertiary care institutions (nationally, more than 80% of doctors are certified). In addition, a serious shortage of medical residency positions in Southeast Florida also contributes to the crisis in health care. Residents provide up-to-date patient care, and many of them stay where they receive their training. Residency training is conducted in academic health centers; however, there are too few opportunities for residency training in the Miami region. FIU's Health and Medical Education Initiative must help to address these issues for the community with a primary-care medical school that will serve the particular needs of South Floridians.

The high dependency on foreign medical graduates in our region is also an issue. For some time now, there have been discussions at the national level about limiting the number of foreign medical graduates who are admitted to residency training. When this happens, Southeast Florida will encounter a serious physician shortage. This is even more likely given the growing restrictions on the movement of foreign-trained specialists as a result of heightened concerns for US national security.

In order to meet the State's growing demands for high quality health care, Florida needs to license more physicians who are qualified to participate in the delivery of modern health care services, particularly in culturally diverse Southeast Florida. The State currently licenses approximately 2,500 new physicians per year. However, Florida's medical schools only graduate about 500 doctors per year, of which some leave the State. An even smaller cohort is trained to provide the type of care required by our region's culturally diverse population. There is evidence linking poor health status to gaps in cultural understanding among service providers.

Equity and access to medical education for Florida residents are issues. Every year more than 2,000 Floridians sit for the Medical College Admissions Test, but there are only about 500 seats available in Florida's medical schools. The ratio of Florida applicants to available space is 4.3:1; almost double the national average of 2.2:1. The State would need 400 additional first-year students to match comparison targets with other states. In addition, there is an under representation of minority physicians (only about 11%) and a very low proportion are females (17%).


Southeast Florida, with a population of more than 4.5 million people, has only one private allopathic medical school (University of Miami) and no public medical school. The serious shortage of medical residency positions in Southeast Florida also contributes to the health care crisis. There has been no increase in MD training in the State for more than 25 years, and there will not be any until Florida State University graduates its first class of 30 medical doctors.

Benefits to the Community and the State

The Academic Health Center proposed in FIU's initiative will provide:

- Improved quality of health care
- Better access to health care services
- Increased educational opportunities for health professionals
- Increased diversity of health care professionals
- Improved access to medical education for Florida residents, in particular under represented minorities
- Enhanced support for community-based organizations that focus on health care
- Increased access for public funds for the medically indigent and underserved populations
- Enhanced growth in biomedical and biotechnical research
- Focused education and research on a seamless continuum of health care services including all professional specialists

- Expanded pool of qualified under represented minorities (URM) for professional education through intensive programs at the collegiate level at FIU (for study not only at FIU but also at other professional programs in the State).

 Public medical school will increase the medical science research and health care resource dollars coming into Southeast Florida, particularly from the federal government. Research funding to medical schools and public health schools usually exceeds state base funding by 2-3 fold annually. By creating partnerships between the public medical school and local health care providers and advocacy organizations, more medical research and health care resources can be brought into the region. Development of such partnerships will facilitate securing grants from the federal, state, and local governments, foundations, and other philanthropic organizations to support health care initiatives in South Florida.

A new public Academic Health Center, including a Medical School at FIU, would accord with FS 187.201, the State's Comprehensive Plan. The State's Comprehensive Plan sets a goal of "health care services which are of high quality, reasonably accessible, and adequate to meet the need of the public" and lays out policies whereby "the public shall have access to affordable health care" and the state shall promote the availability of needed health care professionals and services in medically underserved areas."

A new, public medical school with its full array of services, community outreach, educational programs and bio-technical investments, will have a positive influence on the supply of qualified healthcare professionals and will support the delivery of health services to our most needy residents.

Matriculation of URMs in Health and Medical Education

The Florida International University Medical School will enroll a substantial number of minorities and residents of Southeast Florida. Although there are a significant number of local students who already possess the desired academic credentials for a pre-medical program, the University will expand its science and engineering pre-collegiate programs

to include the pre-medical sciences. In addition, the University's collegiate medical science initiatives will provide learning communities and other support services to increase the number of academically-talented students who complete the premedical sciences curriculum and qualify for admission to a medical school. The presence of a public medical school in Southeast Florida will increase the interest in medical science education in our junior and senior high schools and increase the number of our local, academically-talented students who attend college in Southeast Florida.

In Florida, only 7.5% of medical students are under represented minorities compared to 10.5% nationally. The profile of Florida's medical school students is not representative of the proportion of minorities in the State's population. Less than 5% of the students are minority in some of the medical schools in the State.

More than 70% of FIU's students are under represented minorities. In addition, during the past two years more than 530 members of the two freshman classes had the desired academic credentials to successfully complete a pre-medical curriculum to qualify for admission to medical school.

The Association of American Medical Colleges recognized the deficit of minorities in medical education several years ago when it launched a new initiative: "3000 by 2000." This initiative proposed to reach at least this number of minority students at the end of the century. Unfortunately, the goal was not achieved. The FIU Medical School will help address this issue by developing an admission program similar to the University of South Florida program that guarantees admission to academically-talented high school students upon entering the university provided they complete the pre-medical curriculum with the desired GPA and achieve the desired MCAT score. Based on the number of academically-talented students entering FIU at the current time, there should be an ample number of minority students from the region to achieve the desired URM goal.

To improve the recruitment of minorities in medical education, FIU is also considering a new certificate and degree program at the baccalaureate level (articulated with local high schools and special minority programs) to assist students that apply to health professional education.

FIU, with its very high number of minority students matriculated and the development of its special programs to aid students in their basic preparation is in an ideal situation to lead the country in the recruitment of URM's for health professional education.

Readiness: Institutional Mission and Strengths

Florida International University's Millennium Strategic Plan identified six strategic themes of focus that will be at the forefront during the first decade of this millennium. They are as follows: Health; Environment; Florida and Local Economic Development; International; Arts, Culture, and Diversity; and Learning Opportunities.

State legislatures and leaders have charged their urban research universities with helping to address the challenges of their urban regions. Health-related issues are fundamental to community well-being. FIU has an extensive set of health related program offerings and research initiatives. They are embedded in the FIU curriculum ranging from the School of Nursing to the Biomedical Engineering program; from the School of Public Health to the Bioinformatics program; from the School of Social Work to the Department of Dietetics and Nutrition; from Physical Therapy and Occupational Therapy to Biological Sciences. Scholars throughout the institution carry out health-related sponsored and non-sponsored research that is nationally recognized.

Further, FIU has a physical infrastructure that provides a strong base for the Academic Health Center, including two new facilities (Health and Life Sciences I, II) and a third that is proposed and should be partially funded by 2005.

However, the major program left unaddressed is the production of medical doctors, particularly minority population medical doctors, to serve the population of Miami and other urban areas. FIU has all the components of an Academic Health Center with the exception of a School of Medicine.

Other states have recognized the importance of educating medical doctors at their publicly supported urban universities. Examples include Chicago, Cincinnati, Detroit,

Kansas City, Louisville, Los Angeles, Pittsburgh, Richmond, San Francisco, San Diego, Tampa, and Philadelphia. The latter is exemplary because the publicly supported university medical school in Philadelphia joins three other accredited private university medical schools.

Of the top twenty-five largest metropolitan areas in the United States, there are only three without a publicly supported university medical school. These three are Boston (ranked 7th in size) with three private university medical schools, St. Louis (ranked 18th in size) with two private university medical schools, and Miami (ranked 12th in size) with one private university medical school. Kansas City, which just makes the top twenty-five metropolitan areas at 24th, has two publicly funded university medical schools. Clearly, other states have recognized the importance of using the resources of their publicly funded universities to produce medical doctors and to address the broad spectrum of health care issues in urban areas.

By partnering with the local community, the University has implemented innovative academic, professional, and research programs to address the social and economic challenges of the Southeast Florida community; however, it can do more. The economic future of Florida and particularly the Southeast Florida region will in part be dependent on the ability of FIU to provide trained professionals and research and development in key areas of the political economy, particularly health. The University's deepened engagement in this critical area will not only help meet the needs of the local community but also provide health care service solutions beyond the local community to its global constituencies.

Program Quality – Reviews and Accreditation

The University has specialized accreditation in nursing, physical therapy, occupational therapy, speech pathology and audiology, health service administration, public health, health information management, dietetics & nutrition, social work, school psychology, special education, and exercise sciences/physiology/sports medicine. In addition, the

University has completed academic program reviews of all of the life science, physical science, and health science programs during the last three years. Based on these reviews and the University's strategic planning priorities, investments will be made in the natural sciences, biomedical engineering, and the health sciences in accordance with the institution's strategic directions and the availability of enrollment growth funding.

Current and Anticipated Faculty and Staff Resources Requirements

During the 2004-2005 academic year, the Medical School should have (pending funding) a dean, an associate dean, two assistant deans, nine chairs and sixteen support positions. In 2011, when the School has its full complement of administrators, faculty, and staff, there will be 8 central administrators, 116 faculty, and 56 support positions. It is anticipated that the faculty time will be distributed as follows: 40% E&G, 40% family practice, and 20% C&G.

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Projected Budget by Year and Program

Category	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Medical Science MD	\$12.4 m	\$16.3 m	\$21.3 m	\$26.4 m	\$31.4 m	\$88.4m
Informatics – B, M, PhD	*	*	*	*	*	*
Human/Clinical Psy PhD	*	*	*	*	*	*
Facilities						
Education Building						\$29 m
Research Bldg Phase 1						\$30 m
Research Bldg Phase 2						\$30 m

* These programs will be implemented from current college resources and enrollment growth funding resources. The other new programs that are associated with this Initiative will be implemented from current college resources and enrollment growth funding resources. In addition, the dean of the Medical School will review the library budget and augment it to the level of other peer institutions.

Health and Medical Sciences Facilities Plan and Budget

Building	Gross Footage	Furniture	Equipment	Construction	Total cost
Health and Medical Sciences Education Bldg. (Hlth & Life Sci III)	115,000	\$2,000,000	\$5,000,000	\$29,000,000	\$36,000,000
Health and Medical Sciences Research Bldg Phase I	100,000	\$1,500,000	\$15,000,000	\$30,000,000	\$46,500,000
Health and Medical Sciences Research Bldg Phase II	100,000	\$1,500,000	\$15,000,000	\$30,000,000	\$46,500,000

Funding Sources

Building	PECO	Private	State Match	Federal grants	Total
Health and Medical Sciences Education Building	\$18,000,000	\$7,000,000	\$7,000,000	\$1,000,000	\$33,000,000
Health and Medical Sciences Research Bldg Phase I	\$22,500,000	\$10,000,000	\$10,000,000	\$4,000,000	\$46,500,000
Health and Medical Sciences Research Bldg Phase II	\$22,000,000	\$10,000,000	\$10,000,000	\$4,500,000	\$46,500,000
Academic Health Center		All Private			\$100 to 250 M

M. D. Estimated Expenditures and Estimated Revenue by Category and Year

Estimated Expenditures	Planning year 1	Planning year 2	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Current E & G (I&R)	\$0	\$0	\$0	\$0	\$0	\$0		\$0
New E & G (I&R)	\$4,012,500	\$7,021,250	\$9,778,750	\$12,343,750	\$16,664,933	\$19,117,300	\$22,001,050	\$21,774,800
Total E & G	\$4,012,500	\$7,021,250	\$9,778,750	\$12,343,750	\$16,664,933	\$19,117,300	\$22,001,050	\$21,774,800
<i>Clinical</i>	\$0	\$0	\$0	\$187,500	\$375,000	\$375,000	\$645,000	\$1,635,000
<i>C & G</i>	\$0	\$0	\$0	\$462,500	\$837,500	\$1,256,250	\$2,472,500	\$3,998,750
Total Expenditure	\$4,012,500	\$7,021,250	\$9,778,750	\$12,993,750	\$17,877,433	\$20,748,550	\$25,118,550	\$27,408,550
Projected Enrollment								
Headcount	0	0	60	171	201	285	317	347
FTE	0	0	56.25	131.06	230.07	340.31	382.31	423.19
Estimated Revenue								
G. R. Special Appropriation	\$4,012,500	\$7,021,250	\$4,701,430	\$0	\$0	\$0	\$0	\$0
G. R. Headcount Appropriation*	\$0	\$0	\$4,200,000	\$11,970,000	\$14,070,000	\$19,950,000	\$22,190,000	\$24,290,000
Tuition	\$0	\$0	\$877,320	\$2,500,362	\$2,939,022	\$4,167,270	\$4,635,174	\$5,073,834
<i>Clinical</i>	\$0	\$0	\$0	\$1,092,000	\$2,028,000	\$2,904,000	\$3,768,000	\$4,488,000
<i>C & G</i>	\$0	\$0	\$0	\$555,000	\$1,005,000	\$1,507,500	\$2,967,000	\$4,798,500
Total revenue	\$4,012,500	\$7,021,250	\$9,778,750	\$16,117,362	\$20,042,022	\$28,528,770	\$33,560,174	\$38,650,334

* General Revenue Appropriation per headcount

Timeline for Planning and Implementation

Activity	Date
Present Concept Paper to the BOT	October 2003
Present Medical Doctorate (MD) degree proposal to the BOT	November 2003
Request BOT authorization to implement the MD Degree	November 2003
Present MD degree proposal to the DCU	2004
Request BOG authorization to implement the MD Degree	2004
Secure private funding of \$5m to \$10 m for the Education Bldg	2004-5
Secure State matching of \$5m to \$10 m for the Education Bldg	2005
Secure Legislative support	2004-5 & 2005-6
Establish Faculty and Curricula	2005-6
Occupy the Health and Medical Education Building	2006
Apply for initial accreditation	2005-6
Enroll first class of 60 medical students	2006-7
Commence planning the Laboratory Research Building	2007

Summary

The implementation of the FIU Health and Medical Education Initiative, which involves the adoption of an allopathic medicine program and the creation of a new Academic Health Center in Miami, will enable the University to fulfill its mission and obligation to the State, the community, and its global constituency by offering solutions to the health care challenges that confront our community. This Initiative will provide the University with a unique opportunity to be an innovative leader in health and medical science education by integrating the curriculum and the learning practices of all the health professionals. In addition, it provides an opportunity to address those problems that confront our local and extended community by restructuring the health education programs and creating a research consortium and partnerships with a full spectrum of health service providers in greater Miami to meet the quality health care needs of our citizens in this 21st century.

AHCs are the nation's resources for education in the health professions, biomedical research, health services research, and patient care. The main element of the Academic Health Center is the proposed Medical School. Since FIU's proposed Academic Health Center will not include a university hospital or provide direct patient care, this Initiative will be a cost efficient and effective solution to the health care crisis of our region, and the pending health care crisis of the State and nation.

Florida International University
Board of Trustees—October 16, 2003

Request for Authorization to Propose to the Florida Board of Governors
MD in Allopathic Medicine

Building upon a strong foundation of basic sciences, health programs, and biomedical engineering, Florida International University proposes the initiation of a new program in Allopathic Medicine¹ leading to a medical doctorate (MD) degree. This degree, coupled with enhanced coordination of related health programs, the introduction of new health degrees, and deepened partnerships with hospitals and clinics in the community, will lead to the creation of a new Academic Health Center in Southeast Florida.

FIU's proposed Academic Health Center takes as its basic premise a 21st century approach to health care: it will utilize existing community-based resources to avoid wasteful duplication and reinforce critical community health needs. The four largest community hospitals in Miami and leading community health care organizations will collaborate with FIU to focus teaching and research on primary care issues—fundamental to a large, multicultural urban community.

The new MD degree will improve the quality of health care in Florida by:

- increasing the number of culturally sensitive under-represented minority (URM) physicians serving Southeast Florida;
- creating an affordable, accessible medical school in Southeast Florida that directly partners with community hospitals and health care clinics throughout the region;
- advancing biomedical and scientific knowledge through research, scholarship, and direct application to the health care needs of Southeast Florida, the State, the nation and the wider region served by FIU.

Implementation of the FIU Health and Medical Education Initiative involves restructuring of the health and medical science education programs, implementing the proposed allopathic medical degree program, enhancing partnerships with a full spectrum of health service providers in Greater Miami, and creating a multidisciplinary research consortium, all of which will address the health care crisis in the region.

This Initiative is a top priority for the University and is a major action component of the Millennium Strategic Plan approved by FIU's Board of Trustees in December 2002. It responds to urgent concerns in the community about citizen access to health care and the shortage of qualified medical doctors around the State. It is informed by the national emerging trends and essential recommendations for enhancing health/medical education and health care delivery for citizens in the 21st century.

The FIU program will be the only public educational MD program in Southeast Florida and will be only the fifth allopathic medical degree program in the State. The others are at University of Florida, Florida State University, University of South Florida, and the University of Miami.

¹ Allopathy is the treatment of disease using remedies whose effects differ from those produced by that disease; principle of mainstream medical practice. As opposed to homeopathy (patient is given minute doses of natural drugs that in larger doses would produce symptoms of the disease itself; like can be cured by the like) and osteopathy (medicine based on theory that diseases are caused by misalignment of bones, ligaments and muscles).

M. D. Estimated Expenditures and Estimated Revenue by Category and Year

Estimated Expenditures	Planning year 1	Planning year 2	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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Academic Health Center		All Private			\$100 to 250 M

Florida International University
Board of Trustees—October 16, 2003
Criteria for Evaluating Proposed Academic Programs
MD in Allopathic Medicine

Criteria	How Met
Fit with FIU Strategic Plan	<ul style="list-style-type: none"> • Addresses the primacy of <u>Health</u> as emphasized in the FIU Strategic Plan. • Fulfills the Selective Investment and Medical School priorities identified in the Millennium Strategic Cross-Functional Action Plans. • Demonstrates FIU's commitment to offer academic programs, conduct research, and create partnerships that will provide solutions to the health care crisis that confronts our region.
Distinctiveness of Program	<ul style="list-style-type: none"> • Proposed program is community based and patient centered. • Provides an integrated model involving partnerships across the spectrum of health services. • Continues FIU's move toward integrating academic and research programs to achieve greater efficiency and effectiveness in training quality health care professionals for the 21st century. • Faculty with national and international reputation will work in multidisciplinary/interdisciplinary teams to implement the program. • Based on extensive hospital and health care provider partnerships.
Funding	<ul style="list-style-type: none"> • FIU is seeking State support to implement the allopathic medical program in the amount of approximately \$22 million in operating expenses for the fifth year. • FIU has endowments of more than \$20 million in support of medical science research and health care education. • Forty-nine of the 55 academic degree programs identified as components of this Initiative are already in place.
Support-External	<ul style="list-style-type: none"> • FIU is expanding the strong and effective partnerships it has developed in the Southeast Florida community to address health concerns. • Partnering health care providers include Mount Sinai Hospital, Miami Children's Hospital, Mercy Hospital, and Baptist Hospital. • Health and medical education partners include the University of South Florida and other outside consultants and evaluators. • FIU has extensive funding through external contracts and grants (C&G) to support the pre-collegiate outreach program in the health and medical sciences.
Support-Internal	<ul style="list-style-type: none"> • The College of Arts and Sciences, the College of Health and Urban Affairs, and the College of Engineering have a track record of successfully developing multidisciplinary/ interdisciplinary health and medical science partnerships. • Building on the success of learning communities as a tool for retention, FIU is

Criteria	How Met
	developing a collegiate pre-med learning community.
Competition	<p>Allopathic Medicine</p> <ul style="list-style-type: none"> • University of Miami—Private, entering class about 150 • University of Florida—Public, entering class about 120 • University of South Florida—Public, entering class about 100 • Florida State University—Public, entering class about 45 <p>Osteopathic Medicine</p> <ul style="list-style-type: none"> • Nova Southeastern University—Private, entering class 140
Pros	<ul style="list-style-type: none"> • Proposed program is community based and patient centered. • Provides a full array of clinical services, community outreach activities, educational programs and bio-technical investments that will influence and support the delivery of health services to our most needy residents. • Increases the supply of physicians in Florida, especially physicians who are trained to provide the type of care required by our region's culturally diverse population. • Provides greater equity and access to medical education for Florida residents. • Will increase the diversity of medical professionals in our community by training more under-represented minority physicians, thereby addressing age and diversity profile issues of the current physician workforce. • As a public medical school partnering with local health providers, the proposed program will contribute to local economic growth by providing access to public funds that may not be available to private sector institutions, and will increase the health care funding flowing into Southeast Florida. • FIU has significant faculty strengths in health and medical sciences to support the program. • Does not require investment in a new tertiary care teaching facility for the medical school, thereby avoiding considerable expenses and making it possible to start medical education activities sooner at lower costs. • Proposed MD program will enable partnering hospitals to increase the number of residency positions, enhancing the quality of health care for citizens of the region.
Cons	<ul style="list-style-type: none"> • Unfavorable State budget climate. • Might require further program consolidation/elimination. • Long start-up period with limited initial return. • Florida Atlantic University's medical initiative.

Florida International University Academic Affairs

New Academic Program Feasibility Study

Program Name: MD in Allopathic Medicine
Department and College: FIU School of Medicine
Proposed Implementation Date: Fall 2006 - pending BOG approval

I. PROGRAM DESCRIPTION

This proposal is for a professional program in allopathic medicine leading to a medical doctorate (MD). The four-year program leading to the MD will be 156 hours in length. The students who enter the proposed program will be representative of the race and gender profile of Southeast Florida and have a strong background in the basic medical sciences, have an understanding of health care issues, and be dedicated to working in an urban environment serving underserved populations. The University will assist its hospital partners in developing graduate residency programs. In addition to the four-year undergraduate pre-med and four-year MD program, the FIU Medical School faculty will consider a combined seven-year program.

In addition to the degree program in allopathic medicine, the University is proposing the creation of the Academic Health Center (AHC) in Southeast Florida. The proposed program in allopathic medicine leading to a medical doctorate (MD) is an essential component of the FIU Integrated Health and Medical Initiative and the proposed Academic Health Center. The creation of the AHC in Miami involves restructuring the FIU health and medical science education programs, implementing the proposed allopathic medical degree program, and enhancing partnerships with a full spectrum of health service providers in Greater Miami. It also involves creating a multidisciplinary research consortium, thereby addressing the health care crisis in the region and providing leadership in health care reform to meet the health care needs of our community in the 21st century. This Initiative is a top priority for the University and our community, and it is responsive to the specific and urgent needs of the citizens of Southeast Florida.

A. GOALS AND OBJECTIVES

The proposed MD program in allopathic medicine will:

- increase the number of culturally sensitive, under-represented minority (URM) physicians serving Southeast Florida;
- create an affordable, accessible medical school in Southeast Florida that directly partners with community hospitals and health clinics throughout the region;
- advance biomedical and scientific knowledge through research, scholarship, and direct application to the health care needs of Southeast Florida, the State, the nation and the wider region served by FIU.

B. LEVEL AND EMPHASIS

This is a professional program in allopathic medicine for students with a baccalaureate or post-graduate degree who meet the admission standards of a quality medical school. The students

who enter this program must have a strong background in the basic medical sciences and be interested in practicing medicine in an urban environment with culturally diverse patients.

C. CLIENTELE AND BENEFICIARIES

Clientele for this program will come from graduates of FIU, other SUS universities, non-SUS institutions, foreign students, and practicing health professionals, especially from Southeast Florida. A vast majority of those admitted will be Florida residents.

II. INSTITUTIONAL MISSION

Florida International University is an urban, multi-campus, research university serving South Florida, the State, the nation, and the international community. It fulfills its mission by imparting knowledge through excellent teaching, promoting public service, discovering new knowledge, solving problems through research, and fostering creativity.

Florida International University's Millennium Strategic Plan identified six strategic themes of focus that will be at the forefront during the first decade of this millennium. They are as follows: Health; Environment; Florida and Local Economic Development; International; Arts, Culture, and Diversity; and Learning Opportunities.

As Southeast Florida's public research university, Florida International University has an obligation to the State, the community, and its global constituency to offer academic programs, conduct research, and create partnerships that will provide solutions to those problems that confront our local and extended community. In this context, the University is prepared to address the critical comprehensive health care needs of the Southeast Florida region. The University's new Health and Medical Education Initiative is based on an integrated health care professional education model that is community based and patient centered. It will be coordinated through the proposed new Academic Health Center. The University expects to provide important new leadership in developing partnerships with other community institutions in addressing the regional health care crisis and expects to provide education, research, and services in health care for the community throughout the 21st century.

The Health Initiative was identified during the Millennium Planning process by our community of leaders and scholars as the area in which the University must focus its intellectual efforts and invest its resources to develop comprehensive health care solutions for the greater benefit of our region. The State of Florida's future is strongly tied to the quality of the educational programs and health care services provided to its citizens. This is particularly important in the Southeast Florida urban regions where a health care crisis exists, and population growth and rapid changes in demographics have outpaced educational development and institutional responsiveness to the needs of our community. High quality health care is not only important for the quality of life issue of its citizens but it is also essential if the region is to sustain its economic development. Providing leadership in a comprehensive Initiative addressing the health care crisis and preparing a foundation for fostering health care for the community is at the forefront of the University's priorities.

III. ASSESSMENT OF NEED AND DEMAND

Southeast Florida has all the major problems of health care that afflict the rest of the states and the nation; however, Southeast Florida also has some unique and different dimensions of this national crisis. These dimensions are related to the personal characteristics and professional education of physicians. In addition, nearly 500,000 residents of South Florida have compromised access to affordable and high quality health care services. One-quarter of South Floridians are uninsured, this is well above the national

average. Over 16% of Floridians and over 50% of the population in Miami-Dade County are Hispanic. Twenty percent of the population in Miami-Dade and Broward County is African American/Black. This population, including many medically underserved, should receive health care from culturally sensitive and knowledgeable physicians. However, only 9% of all physicians in Florida are Hispanic and only 3% of all physicians in Miami-Dade and Broward are African American. These demographics drastically affect the provision of culturally competent health care. Due to the population diversity and the international nature of its population, the health care industry needs in Southeast Florida are unique.

There is a shortage of qualified physicians to participate in the delivery of modern health care services, particularly in Southeast Florida with its culturally diverse population. Like the rest of the State, Southeast Florida is a net importer of physicians—less than 20% of newly licensed physicians in Florida are graduates from one of Florida’s medical schools. Florida’s physicians are the oldest in the nation—64% are over 55 years old, and 25% are over 65. In addition, 35% of the physicians are graduates of foreign medical schools, and Board certification rates in our region are below national standard. The average age of physicians is also a concern. While medical knowledge doubles every three years, older physicians tend to be less able to update their knowledge than younger colleagues; their certification rates are also lower. Besides, their productivity tends to be low (many have semi-retired to Florida). Because of all these reasons, we anticipate an even more pronounced shortage of qualified practitioners in the future.

A serious problem is the proportion of doctors in Southeast Florida without specialty certification of any kind, and the high dependence on foreign medical graduates in our region is also an issue. For some time now, there have been discussions at the national level about limiting the number of foreign medical graduates who are admitted to residency training. When this happens, Southeast Florida may encounter an even more serious physician shortage.

In order to meet the State’s growing demands for high quality health care, Florida needs to license more physicians who are qualified to participate in the delivery of modern health care services, particularly in Southeast Florida, with its culturally diverse population. The State currently licenses approximately 2,500 new physicians per year. However, Florida medical schools only graduate about 500 doctors per year, and some of these leave the State. An even smaller cohort is trained to provide the type of care required by our region’s culturally diverse population. There is evidence linking poor health status to gaps in cultural understanding among service providers.

Equity and access to medical education for Florida residents are issues that significantly affect our community and State. Every year more than 2,000 Floridians sit for the Medical College Admissions Test, but there are only about 500 seats available in Florida’s medical schools. The ratio of Florida applicants to available space is 4.3:1; almost double the national average of 2.2:1. The State would need 400 additional first year students to match comparison targets with other states. In addition, there is an under representation of minority physicians (only about 11%) and a very low proportion are females (17%).

South Florida, with a population of more than 4.5 million people, has only one private allopathic medical school (University of Miami) and no public medical school. The serious shortage of medical residency positions in Southeast Florida also contributes to the health care crisis. In the past 25 years, as Florida has experienced nearly 40% population increase, there has been no increase in medical school graduates. This trend will continue until Florida State University graduates its first class of 30 medical doctors. By 2020, the State of Florida projects an additional 20% increase in population.

IV. CURRICULUM

CREDIT REQUIREMENTS

The MD in allopathic medicine program will require 156 credit hours beyond the Bachelor of Science degree. The program will be comprised of approximately 66 classroom semester credits and approximately 90 clinical semester credit hours.

The planning of the curriculum of an MD program is the responsibility of the medical school faculty. The first task of the founding faculty will be the definition of the expected learning outcomes, the final design of the curriculum, and the preparation of the sequenced course of study. The FIU new medical school curriculum will follow the general requirements specified by Liaison Committee on Medical Education (LCME) and described below:

- In 1999-2000, there was an average of 37 required weeks of instruction during the first year curriculum in American medical schools, 36 weeks for the second year, 46 weeks for the third, and 35 weeks for the fourth year.
- Medical students in the third and fourth years devote all their time to required clinical clerkships and electives in selective experiences in clinical institutions. Clinical education has become dispersed geographically, being provided in a variety of settings, including teaching hospitals, community-based clinics, health departments, physician offices, etc. The average number of weeks for clerkships in clinical disciplines is 5.7 weeks for family practice; 11.6 for internal medicine; 3.7 for neurology; 6.8 for obstetrics and gynecology; 7.9 for pediatrics; 6.5 for psychiatry; 8.4 for surgery 8.4, and 5.3 weeks for surgical specialties.
- Part of the clerkship time is spent in ambulatory care settings. Accreditation standards place a cap on the amount of time (out of the total time allocated to ambulatory clinical experiences) students can devote to their choice of clinical disciplines: 95.0% in family medicine; 41.0% in pediatrics; 35.0% in surgical specialties; 33.0% in obstetrics; 27.5% in neurology; 26.0% in internal medicine; 25.0% in psychiatry, and 20.0% in surgery.
- A standard core curriculum in U.S. medical education programs includes courses, with an average number of weeks of teaching per subject:
 - Cell Biology/Histology/Micro Anatomy—14 weeks
 - CNS/Neuroanatomy/Neuroscience—12 weeks
 - Biostatistics/Epidemiology/Public Health—11 weeks
 - Anatomy/Gross Anatomy/Embryology—18 weeks
 - Pharmacology—22 weeks
 - Pathophysiology—22 weeks
 - Pathology—16 weeks
 - Immunology/Microbiology—16 weeks
 - Genetics—6 weeks
 - Introduction to Clinical Medicine/Clinical Skills—18 weeks
 - Ambulatory Care—18 weeks
 - Family/Community Medicine—18 weeks
 - Internal Medicine—13 weeks
 - Obstetrics-Gynecology—18 weeks

- Pediatrics—10 weeks
- Primary Care—4 weeks
- Psychiatry—10 weeks
- Surgery—11 weeks
- Radiology—5 weeks
- Emergency Medicine—5 weeks
- Geriatrics—13 weeks
- Program Elective Offerings to be selected from a variety of health care, health care improvement, communication, social science, and contemporary medical sciences courses.

V. EXCESS HOURS JUSTIFICATION

Not applicable.

VI. ASSESSMENT OF IMPACT ON PROGRAMS CURRENTLY OFFERED

The FIU Health and Medical Education Initiative and the implementation of the allopathic medicine degree will have a positive impact on the health and medical programs currently being offered. In addition to implementing the MD program, the Initiative involves restructuring health education programs, creating partnerships with a full spectrum of health service providers in greater Miami, and creating the multidisciplinary/interdisciplinary research consortium. This Initiative is focused on community health and leadership in health care reform to meet the needs of the community for the 21st century. It is responsive to specific and urgent needs in our Southeast Florida community and is informed by the emerging, essential restructuring of health education and health care nationally.

The outcome of this Initiative will be a more efficient, effective health and medical education delivery system that addresses quality health care delivery for all segments of the community. We anticipate that the implementation of the MD program will foster the development of contracts & grants research activity among the basic sciences, engineering, social sciences, health sciences and medical sciences. In addition, the implementation of the medical school will increase the number of academically talented students who attend the university; some of these will not major in medicine and will opt to major in one of the other programs offered at the University, thus raising standards of excellence across the University.

VII. STUDENT PROJECTIONS

Table Three provides a summary of the headcount and FTE by year. All of the medical students will be full-time and will enroll each of the three terms commencing with the fall term. The students will complete approximately 15 hours in each of the academic terms and 12 hours during the summer. Therefore, they will generate approximately 1.05 FTE per student. The program will admit 60 students into the first two classes and admit 90 students commencing with the third class. Since retention is very high in quality medical schools, we anticipate that at least 54 of each of the first two cohorts and 86 of the remaining cohorts will graduate in the four-year period.

VIII. BUDGET

M. D. Estimated Expenditures and Estimated Revenue by Category and Year

Estimated Expenditures	Planning year 1	Planning year 2	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Current E & G (I&R)	\$0	\$0	\$0	\$0	\$0	\$0		\$0
New E & G (I&R)	\$4,012,500	\$7,021,250	\$9,778,750	\$12,343,750	\$16,664,933	\$19,117,300	\$22,001,050	\$21,774,800
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Estimated Revenue								
G. R. Special Appropriation	\$4,012,500	\$7,021,250	\$4,701,430	\$0	\$0	\$0	\$0	\$0
G.R. Headcount Appropriation*	\$0	\$0	\$4,200,000	\$11,970,000	\$14,070,000	\$19,950,000	\$22,190,000	\$24,290,000
Tuition	\$0	\$0	\$877,320	\$2,500,362	\$2,939,022	\$4,167,270	\$4,635,174	\$5,073,834
<i>Clinical</i>	\$0	\$0	\$0	\$1,092,000	\$2,028,000	\$2,904,000	\$3,768,000	\$4,488,000
<i>C & G</i>	\$0	\$0	\$0	\$555,000	\$1,005,000	\$1,507,500	\$2,967,000	\$4,798,500
Total revenue	\$4,012,500	\$7,021,250	\$9,778,750	\$16,117,362	\$20,042,022	\$28,528,770	\$33,560,174	\$38,650,334

* General Revenue Appropriation per headcount

Health and Medical Sciences Facilities Plan and Budget

Building	Gross Footage	Furniture	Equipment	Construction	Total cost
Health and Medical Sciences Education Bldg. (Hlth & Life Sci III)	115,000	\$2,000,000	\$5,000,000	\$29,000,000	\$36,000,000
Health and Medical Sciences Research Bldg Phase I	100,000	\$1,500,000	\$15,000,000	\$30,000,000	\$46,500,000
Health and Medical Sciences Research Bldg Phase II	100,000	\$1,500,000	\$15,000,000	\$30,000,000	\$46,500,000

Funding Sources

Building	PECO	Private	State Match	Federal grants	Total
Health and Medical Sciences Education Building	\$18,000,000	\$7,000,000	\$7,000,000	\$1,000,000	\$33,000,000
Health and Medical Sciences Research Bldg Phase I	\$22,500,000	\$10,000,000	\$10,000,000	\$4,000,000	\$46,500,000
Health and Medical Sciences Research Bldg Phase II	\$22,000,000	\$10,000,000	\$10,000,000	\$4,500,000	\$46,500,000
Academic Health Center		All Private			\$100 to 250 M

IX. INSTITUTIONAL CAPABILITY

FIU has a major determining role to play in helping the region achieve its goal of high quality health care for all of its citizens, by providing expertise in health care, medicine, science, and especially in new technologies, such as informatics, biomedical technologies and medical science. These contributions are critical to Southeast Florida. Developing a comprehensive solution to the health care crisis is at the forefront of our priorities. Through this Health and Medical Education Initiative, FIU will have a unique opportunity to include the benefits that academic health centers provide, a model that would be difficult to implement in established healthcare delivery systems.

FIU's greatest contributions to improving health care for the citizens of Southeast Florida are its academic programs and its graduates who serve as practitioners and researchers who constitute a significant portion of the region's educated workforce.

Florida International University is already educating many health professionals. The College of Arts and Sciences, the College of Health and Urban Affairs, and the College of Engineering currently offer 49 of the 55 academic degree programs contributing to the proposed Health and Medical Education Initiative. Of the remaining six degree programs, the Medical Doctorate (MD) is the only program that is not on the State University System master plan. The development of a new Medical School and the opportunity to innovate in medical education bring a unique opportunity to integrate as much as possible the curriculum and the learning practices of all the health professionals.

Although the education of health professionals—particularly of physicians, nurses, and health personnel—has been fairly independent and with little integration, the basic sciences of medicine are necessary for all of the health and medical education programs and many can be integrated with the basic and social medical science programs. In addition, cultural sensitivity, bioethics, and communication with patients are essential components of programs designed to prepare health care practitioners for practice in the 21st century and common to all health professionals.

The most effective academic health centers in the coming decade will be organizations based upon partnerships among a wide spectrum of health service organizations with an academic medical educational and research core. The University will have the essential partnerships with several major health service providers: Mount Sinai Hospital, Miami Children's Hospital, Mercy Hospital, Baptist Hospital, other community health care providers, Federal agencies, foundations and programs for advancing under represented minority medical school enrollment and education. These partnerships will enable the university to implement an efficient, effective program to deliver coordinated, integrated high quality community-wide health care outcomes.

X. PARTICIPATING FACULTY

The initial faculty will be appointed in 2004-2005.

Table I
NUMBER OF ANTICIPATED STUDENTS FROM POTENTIAL SOURCES*
PROFESSIONAL DEGREE PROGRAM

NAME OF PROGRAM: **Medicine**
CIP CODE: **52.1201**

ACADEMIC YEAR	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5	
	2006-2007		2007-2008		2008-2009		2009-2010		2010-2011	
SOURCES OF STUDENTS* (Non-Duplicated Count in Any Given Year)	FT** HC	FTE**	FT HC	FTE	FT HC	FTE	FT HC	FTE	FT HC	FTE
Individuals drawn from agencies/industries in your service area (e.g., older returning students)	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Students who transfer from other graduate programs within the university***	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Individuals who have recently graduated from preceding degree programs at this university	25	23.44	49	54.94	97	108.56	144	170.25	170	204.38
Individuals who graduated from preceding degree programs at other SUS universities	20	18.75	39	43.69	60	70.13	85	102.19	91	110.06
Individuals who graduated from preceding degree programs at non-SUS Florida colleges and universities	5	4.69	10	11.25	15	17.81	20	24.38	20	24.38
Additional in-state residents	5	4.69	10	11.25	15	17.81	20	24.38	19	23.44
Additional out-of-state residents	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

ACADEMIC YEAR	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5	
	2006-2007		2007-2008		2008-2009		2009-2010		2010-2011	
SOURCES OF STUDENTS* (Non-Duplicated Count in Any Given Year)	FT** HC	FTE**	FT HC	FTE	FT HC	FTE	FT HC	FTE	FT HC	FTE
Additional foreign residents	5	4.69	9	9.94	14	15.75	16	19.13	17	20.06
Other (explain) Service FTE	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
TOTAL	60	56.25	117	131.06	201	230.06	285	340.31	317	382.31

Table II
FACULTY PARTICIPATION IN PROPOSED DEGREE PROGRAM BY FIFTH YEAR

Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5th Year Workload in Proposed Program (portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Earned		
C	New Hire - Dean	Medical Education	Professor		MD	2004	1.00
C	New Hire - Associate Dean	Medical Education	Professor		MD/Ph D	2004	1.00
C	New Hire - Assistant Dean	Medical Education	Associate		MD/Ph D	2004	1.00
C	New Hire - Faculty	Anatomy	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Physiology	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Biochemistry	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Behavioral Sciences Sci	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Pathology	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Internal Medicine	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Family Medicine	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Pediatrics	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Med Ed	Professor		MD/Ph D	2004	1.00
C	New Hire - Faculty	Preventive Medicine	Professor		MD/Ph D	2005	1.00
C	New Hire - Faculty	Languages	Professor		MD/Ph D	2005	1.00

Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5th Year Workload in Proposed Program (portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Earned		
C	New Hire - Faculty	informatics	Professor		MD/Ph D	2005	1.00
C	New Hire - Faculty	Micro-Immuno	Professor		MD/Ph D	2005	1.00
C	New Hire - Faculty	Pharmacology	Professor		MD/Ph D	2005	1.00
C	New Hire - Faculty	Psychiatry	Professor		MD/Ph D	2005	1.00
C	New Hire - Faculty	Ob & Gyn	Professor		MD/Ph D	2005	1.00
C	New Hire - Faculty	Surgery	Professor		MD/Ph D	2005	1.00
C	New Hire - Associate Dean	Medical Education	Associate		MD/Ph D	2006	1.00
C	New Hire - Assistant Dean	Medical Education	Associate		MD/Ph D	2006	1.00
C	New Hire - Faculty	Anatomy	Associate		MD/Ph D	2006	1.00
C	New Hire - Faculty	Anatomy	Associate		MD/Ph D	2006	1.00
C	New Hire - Faculty	Physiology	Associate		MD/Ph D	2006	1.00
C	New Hire - Faculty	Physiology	Associate		MD/Ph D	2006	1.00
C	New Hire - Faculty	Biochemistry	Associate		MD/Ph D	2006	1.00
C	New Hire - Associate Dean	Medical Education	Associate		MD/Ph D	2007	1.00
C	New Hire - Assistant Dean	Medical Education	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Biochemistry	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Preventive Medicine	Associate		MD/Ph D	2007	1.00

Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5th Year Workload in Proposed Program (portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Earned		
C	New Hire - Faculty	Preventive Medicine	Assistant		MD/Ph D	2007	1.00
C	New Hire - Faculty	Informatics	Assistant		MD/Ph D	2007	1.00
C	New Hire - Faculty	Informatics	Professor		MD/Ph D	2007	1.00
C	New Hire - Faculty	Lang	Assistant		MD/Ph D	2007	1.00
C	New Hire - Faculty	Informatics	Assistant		MD/Ph D	2007	1.00
C	New Hire - Faculty	Behavioral Sciences	Assistant		MD/Ph D	2007	1.00
C	New Hire - Faculty	Behavioral Sciences	Assistant		MD/Ph D	2007	1.00
C	New Hire - Faculty	Micro-Immunology	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Micro-Immunology	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Pathology	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Pharmacology	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Pathology	Assistant		MD/Ph D	2007	1.00
C	New Hire - Faculty	Anatomy	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Family Medicine	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Pediatrics	Associate		MD/Ph D	2007	1.00
C	New Hire - Faculty	Ob &Gyn	Professor		MD/Ph D	2007	1.00
C	New Hire - Faculty	Physiology	Assistant		MD/Ph D	2008	1.00

Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5th Year Workload in Proposed Program (portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Earned		
C	New Hire - Faculty	Pharmacology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Pharmacology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Anatomy	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Anatomy	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Physiology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Physiology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Biochemistry	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Biochemistry	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Biochemistry	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Prev Medicine	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Micro-Immunology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Micro-Immunology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Pathology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Pathology	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2008	1.00

Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5th Year Workload in Proposed Program (portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Earned		
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Family Medicine	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Family Medicine	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Psychiatry	Associate		MD/Ph D	2008	1.00
C	New Hire - Faculty	Surgery	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Surgery	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Surgery	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Surgery	Assistant		MD/Ph D	2008	1.00
C	New Hire - Faculty	Surgery	Assistant		MD/Ph D	2009	1.00
C	New Hire - Faculty	Surgery	Assistant		MD/Ph D	2009	1.00
	New Hire - Faculty	Micro-Immunology	Associate		MD/Ph D	2009	1.00
	New Hire - Faculty	Pathology	Assistant		MD/Ph D	2009	1.00
	New Hire - Faculty	Pharmacology	Assistant		MD/Ph D	2009	1.00
	New Hire - Faculty	Pharmacology	Associate		MD/Ph D	2009	1.00
	New Hire - Faculty	Behavioral Sciences	Assistant		MD/Ph D	2009	1.00
C	New Hire - Faculty	Languages	Assistant		MD/Ph D	2009	1.00
C	New Hire - Faculty	Psychiatry	Assistant		MD/Ph D	2009	1.00

Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5th Year Workload in Proposed Program (portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Earned		
C	New Hire - Faculty	Psychiatry	Assistant		MD/Ph D	2009	1.00
C	New Hire - Faculty	Pediatrics	Assistant		MD/Ph D	2009	1.00
C	New Hire - Faculty	Informatics	Assistant		MD/Ph D	2009	1.00
C	New Hire - Faculty	Ob & Gyn	Assistant		MD/Ph D	2009	1.00
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Internal Medicine	Associate		MD/Ph D	2010	1.00
C	New Hire - Faculty	Fam Medicine	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Fam Medicine	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Pediatrics	Associate		MD/Ph D	2010	1.00
C	New Hire - Faculty	Ob &Gyn	Associate		MD/Ph D	2010	1.00
C	New Hire - Faculty	Ob &Gyn	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Psychiatry	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Psychiatry	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	General Surgery	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	General Surgery	Associate		MD/Ph D	2010	1.00
C	New Hire - Faculty	General Surgery	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	General Surgery	Assistant		MD/Ph D	2010	1.00

Faculty CODE	Faculty Name or "New Hire"	Academic Discipline/ Specialty	Rank	(For Existing Faculty Only)		Initial Date for Participation in Proposed Program	5th Year Workload in Proposed Program (portion of Person-year)
				Contract Status (Tenure status or equivalent)	Highest Degree Earned		
C	New Hire - Faculty	Medical Education	Associate		MD/Ph D	2010	1.00
C	New Hire -Assistant Dean	Medical Education	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Fam Medicine	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Pediatrics	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2010	1.00
C	New Hire - Faculty	Internal Medicine	Associate		MD/Ph D	2010	1.00
C	New Hire - Faculty	Informatics	Associate		MD/Ph D	2010	1.00
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	Internal Medicine	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	Fam Medicine	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	Fam Medicine	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	Pediatrics	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	Pediatrics	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	Ob & Gyn	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	Ob & Gyn	Assistant		MD/Ph D	2011	1.00
C	New Hire - Faculty	General Surgery	Associate		MD/Ph D	2011	1.00
C	New Hire - Faculty	General Surgery	Assistant		MD/Ph D	2011	1.00

Faculty CODE	Corresponding Faculty Position Category in TABLE 3 for the Fifth Year	Proposed Source of Funding for Faculty	TOTAL 5th Year Workload by Budget Classification
A	Current General Revenue	Existing Faculty -- Regular Line	0.00
B	Current General Revenue	New Faculty -- To Be Hired on Existing Vacant Line	0.00
C	New General Revenue	New Faculty -- To Be Hired on a New Line	60.00
D	Contracts & Grants	Existing Faculty -- Funded on Contracts & Grants	56.00
E	Contracts & Grants	New Faculty -- To Be Hired on Contracts & Grants	0.00
Overall Total for 5th Year			116.00

**Table III-A
Costs for Proposed Program**

	First Year				Fifth Year			
Instruction & Research	General Revenue		Contracts	Summary	General Revenue		Contracts	Summary
	Current	New	& Grants		Current	New	& Grants	
Position (FTE)								
Faculty	0.00	27.00	0.00	27.00	0.00	89.00	17.00	106.00
A&P	0.00	9.00	0.00	9.00	0.00	22.00	0.00	22.00
USPS	0.00	9.00	0.00	9.00	0.00	34.00	0.00	34.00
Total	0.00	45.00	0.00	45.00	0.00	145.00	17.00	162.00
Salary Rate								
Faculty	\$0	\$4,940,000	\$0	\$4,940,000	\$0	\$14,016,000	\$2,494,000	\$16,510,000
A&P	\$0	\$405,000	\$0	\$405,000	\$0	\$990,000	\$0	\$990,000
USPS	\$0	\$270,000	\$0	\$270,000	\$0	\$1,020,000	\$0	\$1,020,000
Total	\$0	\$5,615,000	\$0	\$5,615,000	\$0	\$16,026,000	\$2,494,000	\$18,520,000
I&R								
Salaries & Benefits	\$0	\$7,018,750	\$0	\$7,018,750	\$0	\$20,032,500	\$3,117,500	23,150,000
OPS Graduate Assistants	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0
Other Personnel Services	\$0	\$550,000	\$0	\$550,000	\$0	\$742,000	\$0	742,000
Expenses	\$0	\$400,000	\$0	\$400,000	\$0	\$450,000	\$0	450,000
Graduate Assistant Waivers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0
Operating Capital Outlay	\$0	\$410,000	\$0	\$410,000	\$0	\$140,000	\$0	140,000
Electronic Data Processing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0
Library Resources	\$0	\$1,200,000	\$0	\$1,200,000	\$0	\$250,000	\$0	250,000
Special Categories	\$0	\$200,000	\$0	\$200,000	\$0	\$386,550	\$0	386,550
Total I & R	\$0	\$9,778,750	\$0	\$9,778,750	\$0	\$22,001,050	\$3,117,500	\$25,118,550

Table III-B
Five-Year Budget Detail
Projected Costs for Proposed Program

2 planning years and first 2 years

Continued on next page

Estimated Expenditures	Planning year 1	Planning year 2	Year 1	Year 2
Current E & G (I&R)	\$0	\$0	\$0	\$0
New E & G (I&R)	\$4,012,500	\$7,021,250	\$9,778,750	\$12,343,750
Total E & G	\$4,012,500	\$7,021,250	\$9,778,750	\$12,343,750
<i>Clinical</i>	\$0	\$0	\$0	\$187,500
C & G	\$0	\$0	\$0	\$462,500
Total Expenditure	\$4,012,500	\$7,021,250	\$9,778,750	\$12,993,750
Projected Enrollment				
Headcount	0	0	60	171
FTE	0	0	56.25	131.06
Estimated Revenue				
G. R. Special Appropriation	\$4,012,500	\$7,021,250	\$4,701,430	\$0
G.R. Headcount Appropriation*	\$0	\$0	\$4,200,000	\$11,970,000
Tuition	\$0	\$0	\$877,320	\$2,500,362
<i>Clinical</i>	\$0	\$0	\$0	\$1,092,000
C & G	\$0	\$0	\$0	\$555,000
Total revenue	\$4,012,500	\$7,021,250	\$9,778,750	\$16,117,362

* General Revenue Appropriation per headcount

\$70,000

Table III-B
Five-Year Budget Detail
Projected Costs for Proposed Program
Years 3 through 6

Continued –

Estimated Expenditures	Year 3	Year 4	Year 5	Year 6
Current E & G (I&R)	\$0	\$0		\$0
New E & G (I&R)	\$16,664,933	\$19,117,300	\$22,001,050	\$21,774,800
Total E & G	\$16,664,933	\$19,117,300	\$22,001,050	\$21,774,800
<i>Clinical</i>	\$375,000	\$375,000	\$645,000	\$1,635,000
C & G	\$837,500	\$1,256,250	\$2,472,500	\$3,998,750
Total Expenditure	\$17,877,433	\$20,748,550	\$25,118,550	\$27,408,550
Projected Enrollment				
Headcount	201	285	317	347
FTE	230.07	340.31	382.31	423.19
Estimated Revenue				
G. R. Special Appropriation	\$0	\$0	\$0	\$0
G.R. Headcount Appropriation*	\$14,070,000	\$19,950,000	\$22,190,000	\$24,290,000
Tuition	\$2,939,022	\$4,167,270	\$4,635,174	\$5,073,834
<i>Clinical</i>	\$2,028,000	\$2,904,000	\$3,768,000	\$4,488,000
C & G	\$1,005,000	\$1,507,500	\$2,967,000	\$4,798,500
Total revenue	\$20,042,022	\$28,528,770	\$33,560,174	\$38,650,334

* General Revenue Appropriation per headcount

\$70,000

Table IV
Number of Anticipated Graduates

<i>GRADUATE DEGREE PROGRAM</i>						
NAME OF PROGRAM:	<u>MD in Allopathic Medicine</u>					
CIP CODE:	<u>52.1201</u>					
	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
NUMBER OF GRADUATES	54	54	86	86	86	86