

Proposal for Establishing a Residence Center in Springfield, MO to Serve as a Branch Clinical Campus of the University of Missouri-Columbia School of Medicine

Sponsoring Institution: University of Missouri School of Medicine

Program Title: Springfield Clinical Campus

Degree/Certificate: MD

Delivery Site: Springfield Clinical Campus, 1845 S. National Ave., Springfield MO 65804

CIP Classification: 511201

Implementation Date:

- **AY14-15 through AY16-17: Pilot** expanded class with 104 first-year medical students admitted at Columbia campus. This is an additional 8 over usual class size of 96 each year.
- **AY16-17: Pilot** with 8-12 third-year medical students at the new residence center (branch clinical campus).
- **AY17-18 and AY18-19: Pilot** with 8-12 third-year medical students and 8-12 fourth-year medical students at branch campus.
- **AY17-18: First fully expanded class** of 128 first-year medical students at Columbia campus. This is an additional 32 over our usual class size of 96.
- **AY19-20: First fully expanded class of 32 third-year students at branch campus.**
- **AY20-21: First full implementation of 32 third-year and 32 fourth-year students at branch campus.**

Mode of Program Delivery: Traditional and distance instruction

Cooperative Partners:

- CoxHealth, Springfield, MO
- Mercy Health System, Springfield, MO

Authorization:

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Overview and Rationale

The University of Missouri School of Medicine (MU SOM) in Columbia, Missouri respectfully seeks to establish a Missouri Department of Higher Education (MDHE) approved residence center in Springfield, MO to serve as a second clinical campus for medical students in years 3-4 of their curriculum. MU SOM is planning to expand its medical student class size by one third (from 96 to 128) and create a clinical campus in partnership with CoxHealth and Mercy health systems in Springfield, Missouri. Our vision is to create one expanded medical school with two clinical campuses. All students will be in Columbia for years 1-2; approximately 64 students (32 third-years and 32 fourth-years) will be based in Springfield for years 3-4.

1. Why increase medical school class size?

- The Missouri Department of Health estimates that 108 out of 114 Missouri counties and the City of St. Louis are designated as underserved in terms of physicians.
- Missouri ranks 14th in the nation in the number of people 65 and older who will require medical care as they age. The number of elderly in Missouri will double by 2030.
- Nationally, access to physicians is becoming difficult in both primary and specialty care.
- It is predicted that population growth and aging will increase family physicians and general internists' workloads by 29 percent between 2005 and 2025. However, the supply of generalists for adult care, adjusted for age and sex, will increase only 7 percent (2 percent if the number of graduates interested in primary care continues to decline).
- Data about Missouri physician workforce needs are limited, since there is no statewide health professions workforce data system.
- In each of the past two years, MU has turned away over 100 qualified applicants to medical school. Most are Missouri residents.

2. Why a clinical campus?

- To train physicians to meet the future health care needs of Missourians.
What is needed now?
 - Clinical training opportunities in a variety of settings that represent the health care needs of Missouri.
 - Opportunities that illustrate how providing care in Missouri communities can be the basis for a sustainable life of service.
 - Access to adequate numbers of patients that reflect the diversity of Missouri population. (This will preserve the patient to learner ratios needed to maintain our current high quality clinical training.)
- It is more cost-effective to expand current programs (MU School of Medicine, health care organizations already in place) than to build a new medical school.
 - Regional campuses are usually able to rely on volunteer clinical faculty.
 - A regional campus gives the school access to a broader spectrum of care settings that promote optimal learning environments and a larger patient base without building new clinical facilities.

3. Why the Springfield area?

- The School of Medicine currently draws a significant number of students from Southwest Missouri; the chance that they will return to serve that area increases if they are able to complete part of their training there.

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- The School of Medicine has willing partners who are asking for this opportunity: CoxHealth, St John’s Health System (Mercy) and Southwest Missouri AHEC.
 - Please see Appendices A-D for executed letters of agreement and affiliation agreements.
- St. John’s and CoxHealth share the School of Medicine Values (e.g. effective patient-centered care, commitment to health care quality and safety) and are of a size to offer an excellent spectrum of clinical training opportunities.
 - St. John's is a six-hospital based integrated health system encompassing an 866-bed referral center, five regional hospitals, and a 460-physician clinic with 70 locations throughout the region.
 - CoxHealth is a three-hospital integrated health system that includes a 740-bed referral center hospital, two regional full-service hospitals and 60 physician clinics.
 - The School of Medicine can build on five years of success with AHEC rural training in southwest Missouri involving 26 third-year rural clerkship students and 50 summer community program students.
- Please see Appendix E for a summary of the Economic Impact Study showing the project’s substantial financial benefit to the state of Missouri, particularly the southwest region.

While many benefits will certainly result from the MU School of Medicine expanded class size and the Springfield Clinical Campus, improved health for communities through better access to high-quality medical care has always been the primary driver of this transformational project.

In AY 2014-15, the state legislature appropriated initial funding to support the project. In response, MU SOM increased the entering class from 96 to 104 students. Leaders at Mercy, CoxHealth and MU immediately began implementing their plans for a small cohort of students to spend medical school years 3 & 4 in Springfield, with a pilot starting in 2016.

To accommodate 128 students in each of the first two years of medical school, MU is building a \$42.5 million medical education building in Columbia (the “Patient-Centered Care Learning Center,” PCCLC). Construction is scheduled to be completed in 2017. MU SOM will admit 128 students beginning AY17-18; 32 students from that class will begin their clinical years in Springfield beginning AY19-20. An architectural rendering of the PCCLC is provided in Appendix F.

Summary Table of Phased Enrollment at Columbia campus

<i>First-year medical students (M1s) at Columbia campus</i>	Year One of Class Size Increase (Pilot) AY14-15	Year Two of Class Size Increase (Pilot) AY15-16	Year Three of Class Size Increase (Pilot) AY16-17	Year Four of Class Size Increase AY17-18
Current Enrollment	96	104	104	104
Proposed Increase	8	0	0	24
Total	104	104	104	128

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Summary Table of Phased Enrollment at residence center in Springfield

Number of students to be enrolled at the residence center during each academic year (start with the first academic year in which students will be enrolled)					
Curriculum Year	Academic Year: 2016-17 (pilot)	Academic Year: 2017-18 (pilot)	Academic Year: 2018-19 (pilot)	Academic Year: 2019-20	Academic Year: 2020-21 (full capacity)
First Year					
Second Year					
Third Year	8-12	8-12	8-12	32	32
Fourth Year		8-12	8-12	8-12	32

To accommodate the 32 students per class based in Springfield in years 3-4, two health systems, Mercy and CoxHealth, have committed to make available their hospitals and clinics for clinical learning areas. They will also provide facilities for study and lounge space, conference room space, call rooms and access to health systems' libraries.

Needs Assessment

We have over 1600 students, many of them from Missouri, applying to MU SOM annually. We estimate that we turn away enough highly qualified applicants to fill the entering class three times over. In AY14-15, we admitted 104 students. An additional 104 were placed on the alternate list. An additional 200 applicants were interviewed, of whom half were considered qualified to be offered a seat.

At the same time, more than 90 percent of Missouri counties lack adequate access to health care and are federally designated as health professions shortage areas. The aging population, increasing numbers of people with chronic illnesses, and health insurance reform will make the physician shortage even more severe.

A careful analysis of how to address the physician shortage in Missouri showed that the most cost effective and efficient solution is to leverage existing resources at MU, CoxHealth and Mercy. Bringing the three organizations together to expand class size and create a clinical campus will require a fraction of the cost of creating an entirely new medical school.

Other considerations included a:

- Record of Success – Since 2005, MU, CoxHealth and Mercy have worked together in rural southwest Missouri to educate physicians. More than 85 MU medical students have trained in southwest Missouri through MU's highly acclaimed Rural Track Pipeline Program, which encourages students to become physicians in rural areas of the state. CoxHealth and Mercy hosted many of these students in their rural health care facilities for third-year core rotations. The Springfield Clinical Campus will build upon this experience but will not have a rural focus.
- World-Class Curriculum – MU has an internationally admired medical education program that has demonstrated high quality outcomes for the last 20 years.

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- Legacy of Service to Missouri – MU has educated physicians for Missouri for more than 165 years. Today, more Missouri physicians receive their medical degree from MU than from any other university.

Residence Center Curriculum Structure and Delivery

At full implementation, all core clerkships (Child Health/Pediatrics, Family and Community Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, and Surgery) will be offered at the branch clinical campus. The curriculum will be the same as on the Columbia campus. 4th year electives also will be offered at the branch campus. Each medical student will be eligible to enroll in 4th year electives at both the Columbia and Springfield campuses.

a. How didactic curriculum will be delivered:

In the pilot phase we expect most of the lectures to be delivered from the Columbia campus, using Tegrity, Blackboard, videoconferencing, etc. Through the Rural Track program, MU SOM has extensive experience and successful outcomes with distance learning. At full implementation, we anticipate that most of the curriculum for Springfield-based students will be delivered by on-site faculty using education methods similar to those now used in Columbia: lecture, case-based discussions, simulation, etc.

b. How students will be evaluated at the branch campus:

Students will be evaluated using the same methods and using the same criterion-based standards independent of clinical location.

- Faculty and resident evaluations are collected on-line and summarized by the clerkship director. The associate clerkship directors in Springfield will ensure timely feedback from Springfield based faculty and residents.
- Secure exams will be given both in Springfield and in Columbia.
- At full implementation, evaluations requiring simulation facilities or standardized patients will be given both in Springfield and Columbia. An exception is the Patient-Centered Care Objective Structured Clinical Exam (PCC OSCE), which is given in Columbia during the spring of the third year.
- Requirements for Evaluation
 - Grading for the required third-year clerkships and fourth-year selectives and electives is done on a four-level scale. The same standards are used independent of clinical location:
 - Honors
 - Letters of Commendation
 - Satisfactory
 - Unsatisfactory
 - Clinical performance, knowledge and professionalism are assessed independently. To receive honors for the clerkship, a student must perform at the honors level in all 3 areas. Multiple methods are used to assess student performance in the third and fourth year including observations by residents and faculty, standardized knowledge exams, skills and standardized patient exams, simulations and projects or papers.

Residence Center Curriculum Governance

- #### **a. How the faculty at the residence center will be incorporated into the medical school committee structure:**

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- All Springfield Clinical Campus faculty will have MU SOM faculty titles. There will be Springfield campus representation included in all medical education committees pertinent to the branch campus including Committee on Student Admissions, Curriculum Board, Clinical Curriculum Steering Committee, Committee on Student Promotions, and Medical Student Performance Evaluation Committee. We anticipate much of the branch campus faculty participation will be enabled by the same distance learning technology we have successfully used for many years.

b. How the curriculum at the residence center will be managed:

- Per the organizational chart in Appendix G, the day-to-day operations of the will be managed by the Springfield Clinical Campus Associate Dean/Chief Academic Officer who reports directly to the MU SOM Senior Associate Dean for Education. The Associate Dean for the Springfield Clinical Campus will be a full member of the Offices of Medical Education Executive Committee, participating in the weekly meetings of that group through distance technology.
- The branch campus Associate Dean will also be a member of a three-person Springfield Clinical Campus Executive Leadership Team (SCCELT) that also includes the Medical Education Director at CoxHealth and the Medical Education Director at Mercy Hospital Springfield.
 - The function of the SCCELT is to lead the day-to-day operations of the branch clinical campus.
 - The SCCELT will have a close working relationship with the Springfield Clinical Campus Partnership Board.
- The Springfield Clinical Campus Partnership Board will focus on policy matters for the branch campus. This board will be led by the Springfield Campus Associate Dean and include the Vice Chancellor of Health Affairs, the Dean of the medical school, the Associate Deans from the medical school (including the branch campus), the CEOs of Mercy and CoxHealth, and community representatives from the SW Missouri area.
- Day-to-day learning activities at the branch campus will be managed by the Springfield Clinical Campus Director of Curriculum and Faculty Development who will report jointly to the Springfield Campus Associate Dean and in Columbia, the MU SOM’s Associate Dean for Curriculum and Assessment.

c. Description of the means by which comparability of educational experiences and methods of evaluation will be ensured:

- The curriculum at the branch campus will be evaluated with the same rigor and methods used at the main campus. The curriculum leadership of the SOM routinely reviews school outcomes in accordance with an annual calendar. We will continue this process. Outcomes indicators and the individuals and groups receiving the data are indicated in the table below. Once a full complement of students matriculate through the Springfield site and student anonymity is ensured, the Offices of Medical Education will report the following categories: 1) aggregate data for all students independent of location; 2) data for students completing clinical rotations on the Springfield campus; 3) data for students completing clinical rotations on the Columbia campus.

Outcome Indicator	Individuals and Groups Receiving the Data
Results of USMLE or other national examinations	Pre-Clerkship Steering Committee (PCSC), Clinical Curriculum Steering Committee (CCSC), Springfield Clinical Campus Executive Leadership Team (SCCELT) Curriculum Board, Department Chairs, Associate Deans, Committee on Student Promotions (CSP)

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Student scores on internally developed examinations	Pre-Clerkship Steering Committee (PCSC), Clinical Curriculum Steering Committee (CCSC) Springfield Clinical Campus Executive Leadership Team (SCCELT)
Performance-based assessment of clinical skills (e.g., OSCEs)	Pre-Clerkship Steering Committee (PCSC), Clinical Curriculum Steering Committee (CCSC), PCC-OSCE Faculty Oversight Committee, Curriculum Board, Springfield Clinical Campus Executive Leadership Team (SCCELT)
Student responses on the AAMC GQ	Pre-Clerkship Steering Committee (PCSC), Clinical Curriculum Steering Committee (CCSC), Curriculum Board, Springfield Clinical Campus Executive Leadership Team (SCCELT)
Student advancement and graduation rates	Curriculum Board, Committee on Student Promotions, Faculty at large
NRMP match results	Pre-Clerkship Steering Committee (PCSC), Clinical Curriculum Steering Committee (CCSC), Curriculum Board, Department Chairs, Associate Deans, Faculty at Large, Springfield Clinical Campus Executive Leadership Team (SCCELT)
Specialty choices of graduates	Pre-Clerkship Steering Committee (PCSC), Clinical Curriculum Steering Committee (CCSC), Springfield Clinical Campus Executive Leadership Team (SCCELT), Curriculum Board, Department Chairs, Associate Deans, Committee on Student Promotions
Assessment of residency performance of graduates	Pre-Clerkship Steering Committee (PCSC), Clinical Curriculum Steering Committee (CCSC), Springfield Clinical Campus Executive Leadership Team (SCCELT), Curriculum Board, Department Chairs, Associate Deans
Data on Patent Log	Clinical Curriculum Steering Committee (CCSC), Springfield Clinical Campus Executive Leadership Team (SCCELT), Curriculum Board, Associate Deans
Student Feedback on the Quality of the Educational Experience.	Clinical Curriculum Steering Committee (CCSC), Curriculum Board, Department Chairs, Associate Deans, Springfield Clinical Campus Executive Leadership Team (SCCELT)

Educational Facilities

For clerkship students at the Springfield Clinical Campus, our partner health systems, Mercy and CoxHeath, will provide study and evaluation space, meeting facilities, library access, call rooms and clinical learning areas. The branch campus will have one computer classroom/testing center site. The branch campus computer classroom/testing center will have 16 workstations.

- *Libraries:* While at the branch campus, learners will have full access to MU's J. Otto Lottes Health Sciences Library through the same distance learning technologies we have successfully utilized for our long-standing Rural Track program. Professional library resources are also available at both partner hospitals in Springfield.
- *Clinical Simulation:* Clinical skills simulation and related assessment opportunities will be overseen by the Russell D. and Mary B. Shelden Clinical Simulation Center, located at the Columbia campus. Simulation activities conducted in Springfield will be appropriate to the clerkship objectives and will be comparable to those used at the Columbia campus. Examples include history and physical skills assessment, practice in stroke assessment and treatment, basic technical skills (airway management, IV, Foley catheters, suturing, laparoscopic device training, mock trauma assessment and treatment), inpatient assessment and treatment, and obstetrics (normal and abnormal deliveries).

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- o Methods of simulation may include the use of high fidelity mannequins, task trainers, standardized patients or any combination of these.
- o Simulation education on the Springfield campus will be conducted in a collaborative partnership with the health systems. We will coordinate equipment, facilities, and staffing to meet the needs of the students, delivering equivalent simulation education opportunities to those occurring on the Columbia campus. If there are any gaps in simulation-based learning resources, MU SOM will deliver needed experiences to Springfield-based medical students through the SOM’s Mobile Sim unit. The Mobile Sim is currently used to provide simulation services all over the state of Missouri in a variety of hospital, clinic, school or other settings. High-fidelity simulations offered include health assessment, high-acuity adult medical surgery, pediatrics, childbearing, chronic care, leadership, critical thinking and teamwork. Education opportunities also include American Heart Association Certifications for Heartsaver/Basic Life Support, Advanced Cardiac Life Support, and Pediatric Life Support. The Mobile Sim is equipped with cameras for recording and assessment, high fidelity mannequins (adults, birthing, infant, one-year old, five-year old) and task trainers (chest tube, central line, femoral line, lumbar puncture, IV, Intubation, Foley/GI and others.)
- o The same web-based simulation learning management system currently in use on the Columbia campus will be used to record, monitor, and collect data for all simulation events conducted on the Springfield campus. Because the simulation learning management software is web-based, assessment at any facility can be done synchronously or asynchronously by faculty from any location, with oversight from the professional staff at the Shelden Clinical Simulation Center.
- *IT:* In the area of information technology infrastructure and services at the new branch campus, MU SOM is working with key leaders and administrators to ensure an equivalent, high level of support is provided to faculty, learners and staff located in those facilities. Information technology areas of focus include wired and wireless network and Internet services (access), applications (clinical, teaching, learning, evaluative and administrative), and technical support. The Springfield Clinical Campus will have 2 technical staff .

Administrative Facilities

The facilities for administrative space to support the Springfield Clinical Campus will be in leased office space at 1845 S. National, conveniently located to both CoxHealth and Mercy. An associate dean’s office will house the associate dean/chief academic officer of the clinical campus, director of student services, director of curriculum & faculty development, seven associate clerkship directors, three clerkship coordinators, two instructional design specialists, faculty affairs coordinator, administrative associate (fiscal), senior information specialist, faculty liaison, coordinator for Rural Track, administrative assistant, faculty lead-simulation, simulation coordinator, two information technology support personnel and work space for clinical faculty as needed. Space will also be allocated for meeting and interview rooms, and the testing center described in the section titled Educational Facilities.

Faculty/Instructional Staff

- a. Summary table listing each required course and clerkship that would increase instructional staff to accommodate the proposed increase in class size. (1* Includes full-time, part-time, and community-based (volunteer) faculty, residents, graduate students, and others with teaching responsibilities. 2* Includes lectures, small-group precepting, lab or clinical supervision, etc.)

Course or Clerkship Title	Number of New Staff ¹	Instructional Responsibilities of New Staff ²
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<i>Columbia campus</i>		
Contemplating Medicine Patients, Self and Society (COMPASS)	35 faculty	Act as guides for this 4-year longitudinal course
<i>Springfield Clinical Campus</i>		
<ul style="list-style-type: none"> • Child Health (Pediatrics) • Family and Community Medicine • Internal Medicine • Neurology • Psychiatry • Obstetrics and Gynecology • Surgery 	<ul style="list-style-type: none"> • For each of the 7 required clerkships in Springfield, an Associate Clerkship Director and 10-15 clinical faculty (or more) • 3 clerkship coordinators in Springfield 	<ul style="list-style-type: none"> • Lead clerkships at Springfield Clinical Campus • Assist in administration of the clerkships and electives at the Springfield Clinical Campus

- b. **Number of standardized patients that would be needed to accommodate the Springfield Clinical Campus:**
- A pool of standardized patients (SPs) will have to be developed in Springfield. We will work collaboratively with existing simulation colleagues who may currently be utilizing SPs to help provide more opportunities for the trained individuals. Our goal will be to have approximately 30 consistent SPs who will be trained to meet our curricular objectives.
- c. **Additional hiring that is planned, including the timetable for recruitment:**
- Please see the Organizational Chart (Appendix G) for the Springfield Clinical Campus. The Springfield-based associate dean, administrative associate, associate clerkship directors and clerkship coordinator have been hired to prepare for the first 8-12 students in AY16-17.
- d. **Opportunities for faculty development that will be available for faculty at the branch campus, whether provided on site or at another location (e.g., at or through the main campus).**
- Faculty development for the Springfield based faculty has already begun. Selected faculty leaders have attended national and regional meetings such as the AAMC Group on Regional Medical Campuses.
 - We had three faculty members (one from CoxHealth, one from Mercy and one from MU) attend the Clinical Teaching Program offered by the Stanford Faculty Development Center for Medical Teachers. Program directors, Drs. Kelley Skeff and Georgette Stratos, committed to a special session in March 2016 so all three MU SOM participants could attend. Following their training, these faculty members will receive funding from the SOM to conduct the Clinical Teaching Program in both Springfield and Columbia for at least the next two years.
 - A Director of Curriculum and Faculty Development will be based in Springfield. This individual will have formal training and expertise in education for health professions, and can be either a PhD educator or MD with formal training in education. This individual will help Springfield leaders and associate clerkship directors create comparable educational experiences that follow sound educational practices.
 - Columbia-based clerkship directors will be working with their Springfield-based associate clerkship directors to provide faculty development for new clinical faculty in Springfield.
 - Springfield-based faculty will have access to "Teaching Teachers to Teach," a set of MU SOM-developed online faculty development modules that cover multiple aspects of curriculum and evaluation.

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- Faculty recruitment, retention and development has a line item in the Springfield Clinical Campus budget with an annual allocation of \$250,000.
- e. Resident physicians at the branch campus clinical facilities:
 - CoxHealth currently has a Family Medicine residency program and MU SOM currently has resident physicians from Orthopedics and Neurosurgery spending time at CoxHealth.
 - By June 2019, there also will be MU SOM resident physicians from General Surgery and Emergency Medicine rotating at CoxHealth.

Clinical Facilities

- a. Description of new clinical teaching sites that would be used to accommodate the proposed increase in class size.

Facility Name	Used For Required Clerkships In						
	Fam. Med	Int. Med	Neuro	OB/Gyn	Peds	Psych	Surg
Mercy Hospital Springfield	X	X	X	X	X	X	X
CoxHealth Springfield (Cox Medical Centers)	X	X	X	X	X	X	X
Springfield clinical simulation site	X	X	X	X	X	X	X

- b. Capacity information for each inpatient facility noted in the preceding table:

Facility Name	No. of Beds	Avg. Daily Occupancy Rate	Avg. Length of Stay	No. of Admissions/Yr	No. of Outpatient Visits/yr	No. of ER Visits/Yr
Mercy Hospital Springfield	914 (licensed, as of 6/30/14) 708 (staffed, as of 6/30/14)	69.1% (staffed) 53.5% (licensed)	4.81	37,161	535,021	94,034
CoxHealth Springfield (Cox Medical Centers)	Staffed 675 Licensed 741	54.5%	4.69	35,086	443,326	145,024

- c. Student/faculty ratio

- At full implementation, the branch campus will have a maximum of 32 students per academic year rotating through seven core clerkships. These students will be balanced between the two clinical partners and across the clerkships, so approximately 2-4 students per rotation per site. There will be 6-8 faculty or residents available to teach each clerkship at each Springfield site.

- d. A brief assessment of each required clerkship's adequacy of patient volume and mix to accommodate the proposed increase in class size.

- The Columbia campus does not have the capacity to absorb increased number of students in clerkships; therefore it is vital we create the new clinical campus in Springfield with our partners, CoxHealth and Mercy. Both Springfield health systems are larger than University of Missouri Health Care and both have more than enough capacity to provide equivalent clinical experiences for 32 students per year in years 3 & 4 of the curriculum.

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- Based on the average daily census and outpatient volumes reported by CoxHealth and Mercy for each of the clinical services related to MU SOM's seven core clerkships (Child Health/Pediatrics, Family and Community Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Surgery), we are confident there is adequate patient volume and mix to accommodate the proposed increase in size.

Mercy Hospital Springfield						
FY15 data pulled from EPSi	Medical (both Fam Med & Int Med)	Neuro	OB/Gyn	Peds	Psych	Surg
Total Licensed Beds	235	53	75	40	43	120
Staffed Beds	198	43	75	23	25	101
Avg. Daily Occupancy Rate Staffed Beds	82.64%	77.85%	65.92%	54.07%	95.80%	86.35%
Avg. Length of Stay	4.25	4.05	2.49	2.79	6.31	4.56
No. of *Admissions/Yr (*Inpatient+Observation)	14,058	3,014	7,259	1,629	1,386	6,988

Mercy Hospital Springfield							
No. of *Outpatient Visits/yr (*Clinic visits in Springfield)	Fam. Med	Int. Med	Neuro	OB/Gyn	Peds	Psych	Surg
	102,178	91,638	15,704	47,323	79,725	25,344	34,718

CoxHealth - Springfield - FY 2014						
<i>Discharge Dates: 10/01/2013 thru 9/30/2014</i>						
Excludes SNF and Inpatient Rehab						
Based on Nursing Unit						
	*Med Surg	Neuro (800E&W)	OB/Gyn	Peds	Psych	
No. of Staffed Beds	351	69	75	100	72	
Avg. Daily Occupancy Rate	70.02%	64.31%	30.16%	40.85%	84.34%	
Avg. Length of Stay	4.68	4.11	2.47	3.59	6.50	
No. of Admissions /Yr	18,472	4,501	3,350	4,189	3,653	
**No. of Outpatient Visits/Yr	3,887	1,459	3,866	952	0	
Based on Attending Specialty						
CoxHealth	*Med Surg	Neuro	OB/Gyn	Peds	Psych	Other
Avg. Length of Stay	4.49	4.40	2.64	4.25	6.74	4.27

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No. of Admissions /Yr	22,481	1,953	3,372	2,756	2,544	1,059
**No. of Outpatient Visits/Yr	5,084	512	3,068	416	0	1,084
* Per CoxHealth’s accounting method, Med Surg statistics include family medicine, internal medicine and surgery.						
** No. of Outpatient Visits/Yr - Defined as Outpatient visits discharged from an Inpatient nursing unit. The majority of these cases will be SDS or Observation.						

Student Services

Day-to-day student activities:

- Day-to-day student activities at the branch campus will be managed by the Springfield Clinical Campus Director of Student Services who will report jointly to the Springfield Campus Associate Dean and in Columbia, the MU SOM’s Associate Dean for Student Programs & Professional Development.

Financial aid:

- We will increase the availability of financial aid resources in Columbia to address the needs both here and in Springfield. We will create a new position in Columbia for an assistant director/student financial aid in addition to and supervised by the current coordinator/student financial aid/registrar position.
- Students at the Columbia and Springfield campuses will experience the same financial aid resources and opportunities. The Director of Student Services in Springfield will help students connect to the Columbia-based financial aid resources available online and by telephone. Since all Springfield students will spend years 1-2 in Columbia, they will be able to draw on a personal relationship with the financial aid staff in Columbia after they transfer to the branch campus. In addition, the Director of Financial Aid will visit the branch campus at least three times a year to meet with students.

Student health:

- All University of Missouri students, including all enrolled medical students, pay a student health fee. Services covered include consultations with medical and behavioral health providers, immunizations, physicals, and preventive care. The student health fee is not insurance, and certain services (e.g. splinting, stitches, lab tests, costs associated with referral appointments etc.) are not covered. All medical students are required to carry personal health insurance and are eligible for the University-sponsored program, Aetna Student Health. Students on rotations away from the University are advised it is their responsibility to contact their insurance carrier concerning coverage of medical care while away from home.
 - o Health services for students at the Springfield Clinical Campus will be provided through a contract between the University of Missouri and the Taylor Health and Wellness Center at Missouri State University in Springfield. This is similar to the way health services are provided to University of Missouri-Kansas City (UMKC) pharmacy students currently based in Springfield. There will be no additional cost to the students who transfer to the Springfield Clinical Campus. Please see website at Taylor Health and Wellness Center for more information. <http://health.missouristate.edu/>
- Physicians involved in student health (at any site) will not be involved in student assessment.

Personal counseling:

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- We are exploring personal counseling services for students at the Springfield Clinical Campus being provided through a contract between University of Missouri and Missouri State University in Springfield. There are other options in the community and this decision has not been made at this time. There will be no additional cost for this service to the students who transfer to the Springfield Clinical Campus.
- Physicians involved in personal counseling (at any site) will not be involved in student assessment.

Academic assistance:

- Academic Assistance for students at the branch campus in Springfield is addressed under the “Academic Tutoring” section.

Academic Tutoring:

Years 1 and 2:

- One-on-one academic tutoring is available throughout the academic year for first- and second-year medical students. Faculty members tutor students to help them with certain specialized academic needs, for example, working with a student who has particular difficulty with clinical reasoning. Since one-on-one tutoring is the most intensive form of academic assistance available, these resources are prioritized according to student academic need. In addition, tutoring is provided by fourth year (M4) students in good academic standing. During 2013-2014, 30 M4 students served as academic tutors and served a total of 43 students (28 M1s and 15 M2s).
- M4 Academic Tutors. M4 students get academic credit for tutoring M1 and M2 students through the course, ABS6397: Academic Tutoring (for which they register in a four-week block). The goals of this course are to:
 - Provide M4 students an opportunity to revisit the basic sciences of the pre-clerkship years in light of their clinical experiences.
 - Enhance teaching skills of M4 students through one-on-one academic mentoring sessions.
- Two to five M4 tutors generally register to tutor during any given four-week block. Each tutor usually works with five to eight students.
- All M4 students may elect to complete fourth-year courses in Springfield, off-site, or Columbia. M4 students assigned to Springfield may enroll in the academic mentoring course if they elect to return to Columbia to work with first and second-year medical students.
- A blackboard site, “Study Strategies for Medical Students,” is available to all medical students as a resource for use at any time. The content of this site was designed expressly for MU’s PBL curriculum. The inclusion of content was also informed by the experiences of high performing students and by students who struggled initially but became successful by using active study strategies and effective time management techniques introduced on the blackboard site. Students assigned to Springfield will continue to have access to the Academic Assistance Blackboard site.
- Dr. Joe Donaldson provides a mandatory orientation session for tutors at the beginning of each four-week block. Both Drs. Hoffman and Donaldson serve as resources for the tutors should they run into difficulties or should contentious issues arise. The M4 tutors have their own blackboard site that includes all the materials made available to M1/M2 students on the Study Strategies blackboard site and resources available only to tutors including information on common difficulties experienced by students and effective strategies to address these difficulties. M4 tutors are required to complete reports on their interaction with their M1/M2 mentees every two weeks. Drs. Hoffman and Donaldson monitor the outcomes of tutoring and gauge M1/M2 student progress by reviewing these reports. The reports ensure consistency in information

Proposal for Establishing a Residence Center in Springfield, MO to Serve as a Branch Clinical Campus of the University of Missouri-Columbia School of Medicine

submitted. Tutors report information on the number of meetings and hours spent with individual students, information about topics covered, the tutor's assessment of the student's progress, the effectiveness of the student's study strategies, and the student's level of motivation to improve and learn deeply. The quality of the M4 generated tutor reports and the feedback M1/M2 students provide on the effectiveness of the tutoring sessions determine the grade awarded to the M4 tutor.

Years 3 and 4:

- Requests for academic assistance in the third and fourth year are rare. Students that experience academic difficulty may request assistance from the Associate Dean for Curriculum & Assessment. The Associate Dean interviews the student to better understand the request and the specific interventions needed. Interventions may include tutoring by a content expert, additional practice with clinical skills, additional simulations, additional clinical rotations, assistance with study skills, or help with time management. Once the interventions are identified the Associate Dean recruits faculty with content and/or skill expertise and develops an individualized plan for the student.
- Similarly for students assigned to Springfield, after interviewing the student to better understand the needs, the Associate Dean for Curriculum & Assessment will work with the Associate Dean for the Springfield Campus to identify faculty with content and/or skill expertise and develop an individualized study plan for the student. Together the Associate Dean for Curriculum & Assessment and the Associate Dean Springfield campus will monitor compliance with the plan and the effectiveness of the plan in enhancing student performance.

Career advising:

- The University of Missouri School of Medicine participates in the American Association of Medical Colleges' (AAMC) Careers in Medicine program (CiM). First-year medical students are introduced to the AAMC CiM multi-phase four-year career planning program at orientation.
- Required orientation sessions for the entire class, which include career counseling and advising information, take place at the beginning of the first and second years of medical school, and in January of the M-2 year, prior to the beginning of the third year. Additional optional sessions are provided at regular intervals throughout all four years, and include information about summer experiences (January M-1 year); third-year planning, rural track and step one preparation (fall M-2 year); preparation for ERAS, MSPE and NRMP (May M-3 year); interview preparation (fall M-4 year) and the match (December and January M-4 year). All these sessions will be made available live, and through recording, to students at all sites, including the planned Springfield Clinical Campus.
- Students are provided with access to the Career Advising Tool for Students and Advisors (CATSA) throughout enrollment. CATSA provides a 'one stop shop' for information about residency application and the Match, and includes copies of presentations, information provided by the School, such as in previous emails, advice on the preparation of cv's and personal statements as well as links to additional resources, including ERAS, NRMP. CATSA is available online to any enrolled MU SoM medical student, and will be available to students based in Springfield.

Years 3 and 4:

- Specialty exploration panels are provided through Student Interest Groups. As these groups develop in Springfield, we anticipate that similar specialty panels will be provided for M-3 and M-4 students at that site.

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- Individual career advising sessions are available through the Office of Student Programs to any enrolled medical student at any time. Beginning with AY 2015/16, an additional optional whole class session on M-3 registration opportunities, including the availability of two week M-3 electives, will be provided to the M-2 class, following which individual advising sessions will be offered to all M-2 students. M-3 and M-4 students based in Springfield will have the option of seeking career advising face to face from Springfield based leadership, including the Associate Dean - Springfield Clinical Campus, and the faculty liaison for student programs in Springfield.
- All M-3 students are required to meet with either the Associate Dean for Student Programs or her designees during the second half of their M-3 year. Content of that session includes advice on specialty choice, M-4 enrollment, the timing of USMLE and residency application. The same service will be provided to M-3 students in Springfield by the Associate Dean for Springfield, the faculty liaison for student programs in Springfield, or by faculty designated by the Associate Dean for Student Programs.
- During the third year, students are matched with a clinical advisor of their choice. The student services director-Springfield, in consultation with the faculty liaison for student programs in Springfield and the Associate Dean for the Springfield Clinical Campus will develop a list of appropriate Springfield-based clinical advisors in all specialties.
 - Clinical advisors based in Springfield will be provided with formal and informal resources (including access to CATSA) and support from departmental specialty faculty advisors in Columbia, the Associate Dean for Student Programs, and faculty liaisons for student services and advising in Columbia.
- As described above, Springfield based students will participate through videoconferencing in the class meetings in which they are introduced to the residency applications and match processes. They will receive face to face advising from faculty based in Springfield, who will work closely with the Associate Dean for Student Programs and other staff and faculty based in Columbia. Departmental advising liaisons will be appointed in each clinical department in Springfield to ensure that advice provided by clinical advisors is appropriate and up to date. We anticipate that students interested in competitive specialties prior to assignment to the Springfield campus will have already established relationships within those departments prior to their M3 year, and that those relationships will continue after transfer to Springfield. Students developing new interest in competitive specialties in the course of their M3 year will have access to departmental specialty faculty liaisons, advising expertise in both sites, and the opportunity to register for electives in their specialty of choice at either site early in their M4 year.
- Mock interviews are provided in Columbia in the summer and fall of the M-4 year, and these will also be provided in Springfield.
- At full implementation, there will be 0.5 FTE personnel at the branch campus for career advising.

Applicant Pool

a. Data on entering class (1st year) for each of the preceding five years.

	Four years prior (AY 10-11)	Three years prior (AY 11-12)	Two years prior (AY 12-13)	One year prior (AY 13-14)	Current year (AY 14-15)
Applications ¹	1686	1778	1533	1747	2003
Interviews	444	452	419	456	401
Acceptances	170	162	160	159	180
Matriculants	104	96	96	104	104

¹Includes only the number of admissions applications considered by the admissions committee.

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b. Data on newly matriculating students for each of the past five years.

Average	Four years prior (AY 10-11)	Three years prior (AY 11-12)	Two years prior (AY 12-13)	One year prior (AY 13-14)	Current year (AY 14-15)
Total GPA	3.78	3.77	3.79	3.76	3.79
Science GPA	3.74	3.71	3.73	3.71	3.76
MCAT BS	10.59	9.94	10.58	10.27	10.70
MCAT PS	9.97	9.68	10.27	9.96	10.06
MCAT VR	10.22	9.67	10.55	9.73	9.41
MCAT WS	Q	Q	Q	N/A	N/A

c. The expected impact of the proposed class-size increase on the geographic scope of the applicant pool and on student diversity.

- The School of Medicine Committee on Admissions regularly reviews processes and policies. In considering applicants for interview, the Committee gives overwhelming preference to applicants who are current residents of the state of Missouri or those who have strong residential ties to the state. Second preference is typically given to individuals from contiguous states, especially those who contribute to class diversity (with an emphasis on underrepresented minorities and students from rural or disadvantaged backgrounds) or to those applying to the School's MD/PhD program. Applicants from non-contiguous states are typically not considered for interview unless they bring unusual diversity or are MD/PhD applicants. We do not anticipate that the increase in class size will alter these preferences.

d. How students will be assigned to the branch campus:

- Second-year medical students will self-select in 2015. In future years, we anticipate the selection process will take place in spring of the M-1 year. A lottery system will be utilized if an inadequate number of students sign up for either campus.

Financial Support

a. Description of increase in revenue that will be provided by government sources, the parent university, or other sources to accommodate the proposed increase in class size.

- Beginning in AY 2014-15, the State of Missouri has committed to the University of Missouri approximately \$10 million in annual recurring dollars restricted for the class expansion and the Springfield Clinical Campus projects.
- At full implementation, the class expansion will bring in approximately \$4 million in additional tuition each year, of which approximately \$2 million will be used to make bond payments on the Patient-Centered Care Learning Center for students in Yrs 1-2.
- With the recruitment of the new MU SOM Dean in December 2014 the University committed Columbia campus fiscal support to hire a minimum of ten physician-scientists over a two to five year period, chair positions as needed, and \$4 million for basic science laboratory renovations. University Physicians has committed \$10 million over five years to assist in recruitment efforts by the new Dean.

b. An assessment of the expected impact of the proposed increase on scholarship support, including any projected increases in institutional funding for need-based and merit-based scholarships, and the sources for such additional funding.

- The University of Missouri is in the silent phase of a \$1B+ Campaign, of which the School of Medicine's portion is \$125M. A public announcement will occur in late 2015, and the

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campaign will last an additional 5-6 years. The School of Medicine's case statement addresses the need to increase contributions in the areas of "People, Places and Programs." Under the category of "People" the School of Medicine has set a goal of raising \$41.5M for both student scholarships and faculty endowments. As of June 2015 we were at 42% towards our overall goal of \$125M.

- Raising money for scholarships is a particular focus of MU SOM Development Office.
- In June 2015, MU SOM received a \$500,000 gift from CoxHealth to be used for scholarships.

Additional Supporting Data

- Statewide partnerships that made the class size increase possible include committed leaders from CoxHealth and Mercy, the Springfield community (including the Chamber of Commerce) and the Missouri legislature. See video at the following link.
<http://medicine.missouri.edu/morephysicians/>
- Appendix A. Executed Letter of Agreement between University of Missouri School of Medicine, CoxHealth and St. John's Health System (Mercy) titled, "Exploring the Potential of Expanding Medical Student Clinical Experiences in Southwest Missouri" 12-23-2009
- Appendix B. Goals and Guiding Principles from the Letter of Agreement 12-23-2009
- Appendix C. Affiliation Agreement with Mercy 4-28-2016
- Appendix D. Affiliation Agreement with CoxHealth 6-9-2016
- Appendix E. Economic Impact Study Summary - University of Missouri School of Medicine Class Expansion and New Clinical Campus in Springfield, MO. Done by CPAC 2011
 - Note: *Detailed* 38-page Economic Impact Study is available upon request. It was not submitted with the proposal because of size (4M).
- Appendix F. Architectural rendering of new Patient-Centered Care Learning Center
- Appendix G. Organizational Chart for Springfield Clinical Campus Personnel 5-22-2016
- Appendix H. LCME Determination to Proceed 10-20-2015

Appendix A.

Letter of Agreement between University of Missouri School of Medicine, CoxHealth and St. John's Health System titled, "Exploring the Potential of Expanding Medical Student Clinical Experiences in Southwest Missouri"

Exploring the Potential of Expanding Medical Student Clinical Experiences in Southwest Missouri

Preamble

The School of Medicine has already moved from a traditional campus to a broader geographic presence with the advent of ambulatory teaching sites and the creation of the AHEC Rural Track Program. The advent of a clinical campus outside of Columbia is the next logical step in the evolution of the School. We are already one medical school in many locations with multiple campuses.

Letter of Agreement

This Letter of Agreement is made and entered into by and among the University of Missouri School of Medicine, CoxHealth and St. John's Health System. The School of Medicine has programs for the education and training of medical students, residents and fellows and desires obtaining additional clinical educational experiences for trainees.

St. John's Health System and CoxHealth operate hospitals and clinics in southwest Missouri, currently host medical students and wish to expand those training opportunities. University of Missouri School of Medicine retains more practicing physicians within the state of Missouri than any other medical school and wishes to expand their efforts.

The three organizations propose to build on a history of success in developing rural AHEC training in southwest Missouri involving third-year rural clerkship students, and summer community program students. In addition all three organizations have an interest in exploring potential collaborative research opportunities.

Goals

- Explore the physician workforce needs of Missouri and the U.S.
- Explore increasing medical school class size in a way that addresses the physician workforce needs of Missouri and the U.S. (Note that the Association of American Medical Colleges has recommended a 30% increase in medical school class size. At MU, that means an increase from 96 to 128 students admitted each year.)
- Consider expanding student clinical rotations hosted by St John's Health System and CoxHealth, with School of Medicine administration, faculty and staff placed in Southwest MO, assisted by the Southwest Missouri Area Health Education Center (AHEC).
- Establish a process for determining the resources needed in Southwest Missouri and Columbia to support an increase in class size at the MUSOM and a clinical campus in Springfield.

Guiding Principles

The mission statements of the three organizations are documented below.

CoxHealth

CoxHealth's Mission is to improve the health of the communities we serve through quality health care, education and research.

St John's Health System

We seek to improve the health and quality of life of communities we serve, with particular concern for people who are economically poor.

School of Medicine

Improve the health of Missourians and the nation by:

Providing excellent health care education, with special emphasis on the needs of rural providers and communities.

Generating new knowledge through health-related research.

Providing the outstanding patient-centered clinical care on which excellence in research and education is based.

Given these mission statements, we adopt the following guiding principles;

- Learning experiences model commitment to the patient as the first priority. The highest quality health care is the environment for the highest quality education of future health care providers.
- Clinical educational experiences are structured to achieve excellent outcomes and added value for both patients and learners.
- Learning strategies, educational goals, and curricular content are evidence-based. Learning methods are based on problems situated in real clinical contexts to foster skills in self-directed and life-long learning.
- Learning experiences emphasize continuous improvement through transparent timely assessment of student performance and educational programs.
- All learning experiences have goals and objectives that are clear to learners, faculty, and other participants.
- Learning methods and experiences promote collaborative problem solving through effective teamwork.
- Learning experiences utilize state of the art technology and educational strategies.
- Educational experiences and evaluation methods are comparable across all alternative instructional sites. (This is a Liaison Committee on Medical Education requirement.)

Rationale

1. Why increase medical school class size?

- The Missouri Department of Health estimates that 108 out of 114 Missouri counties and the City of St. Louis are designated as underserved in terms of physicians.
- Missouri ranks 14th in the nation in the number of people 65 and older who will require medical care as they age. The number of elderly in Missouri will double by 2030.
- Nationally, access to physicians is becoming difficult in both primary and specialty care.
- It is predicted that population growth and aging will increase family physicians and general internists' workloads by 29 percent between 2005 and 2025. However, the supply of generalists for adult care, adjusted for age and sex, will increase only 7 percent (2 percent if the number of graduates interested in primary care continues to decline).
- Data about Missouri physician workforce needs are limited, since there is no statewide health professions workforce data system.
- In each of the past two years, MU has turned away over 100 qualified applicants to medical school. Most are Missouri residents.

2. Why a clinical campus?

- To train physicians to meet the future health care needs of Missourians.
What is needed now?
 - Clinical training opportunities in a variety of settings that represent the health care needs of Missouri.
 - Opportunities that illustrate how providing care in Missouri communities can be the basis for a sustainable life of service.
 - Access to adequate numbers of patients that reflect the diversity of Missouri population. (This will preserve the patient to learner ratios needed to maintain our current high quality clinical training.)
- It is more cost-effective to expand current programs (MU School of Medicine, health care organizations already in place) than to build a new medical school.
 - Regional campuses are usually able to rely on volunteer clinical faculty.
 - A regional campus gives the school access to a broader spectrum of care settings that promote optimal learning environments and a larger patient base without building new clinical facilities.

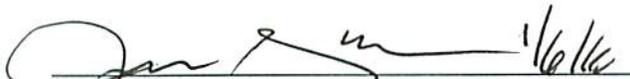
3. Why the Springfield area?

- The School of Medicine currently draws a significant number of students from Southwest Missouri; the chance that they will return to serve that area increases if they are able to complete part of their training there.
- The School of Medicine has willing partners who are asking for this opportunity: CoxHealth, St John's Health System and Southwest Missouri AHEC.

- St. John's and CoxHealth share the School of Medicine Values (e.g. effective patient-centered care, commitment to health care quality and safety) and are of a size to offer an excellent spectrum of clinical training opportunities.
 - St. John's is a six-hospital based integrated health system encompassing an 866-bed referral center, five regional hospitals, and a 460-physician clinic with 70 locations throughout the region.
 - CoxHealth is a three-hospital integrated health system that includes a 740-bed referral center hospital, two regional full-service hospitals and 60 physician clinics.
 - The School of Medicine can build on five years of success with AHEC rural training in southwest Missouri involving 26 third-year rural clerkship students and 50 summer community program students.

Work Plan and Timeline

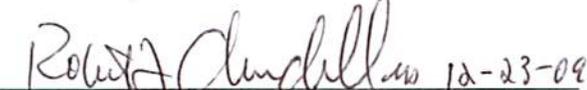
- a. Create a working group of representatives from partner organizations.
 - i. MU campus
 - ii. MU School of Medicine
 - iii. CoxHealth
 - iv. St John's Health System
 - v. SW MO AHEC
 - vi. Springfield community
- b. First task of the working group: create a Memorandum of Understanding among MU, CoxHealth, St John's Health System, and Southwest Missouri AHEC.
 - i. A statement of shared values, educational goals and outcomes.
 - ii. Confidentiality (for preliminary thinking, proprietary information, intellectual property).
 - iii. Principles of work going forward.
- c. Second task of the working group: create a road map and timeline.
 - i. Study similar initiatives elsewhere.
 - ii. Create a work plan and timeline.
 - iii. Identify needed human and physical resources in Columbia and Springfield.
 - iv. Identify needed agreements.


Signature _____ Date 1/6/10

~~John Swope~~ Jon Swope
President & Chief Executive Officer
St. Johns Health System


Signature _____ Date 12-23-09

Harold A. Williamson, Jr., M.D.
Vice Chancellor for Health Services
University of Missouri


Signature _____ Date 12-23-09

Robert J. Churchill, M.D.
Hugh E. and Sarah D. Stephenson Dean
School of Medicine
University of Missouri


Signature _____ Date 1-14-2010

Robert H. Bezanson
President & Chief Executive Officer
CoxHealth


Signature _____ Date 1-19-10

Brady J. Denton, Ph.D.
Chancellor
University of Missouri

Appendix B.

Goals and Guiding Principles from the Letter of Agreement 12/23/2009

Goals and Guiding Principles from the Letter of Agreement 12/23/2009

Goals

- Explore the physician workforce needs of Missouri and the U.S.
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- All learning experiences have goals and objectives that are clear to learners, faculty, and other participants.
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- Learning experiences utilize state of the art technology and educational strategies.
- Educational experiences and evaluation methods are comparable across all alternative instructional sites. (This is a Liaison Committee on Medical Education requirement.)

Appendix C.
Affiliation Agreement with Mercy

CLINICAL TRAINING AFFILIATION AGREEMENT

WHEREAS, the Curators of the University of Missouri on behalf of the University of Missouri-Columbia School of Medicine ("SCHOOL") currently operates a medical school in Columbia, Missouri.

WHEREAS, with the support of a number of other entities in the State and Springfield community, SCHOOL has established a satellite campus in Springfield, Missouri. The goals of the satellite campus are to educate and train more medical students in order to increase the supply of educated medical workforce for the State of Missouri, with a particular focus on increasing supply of physicians to rural areas of the State.

WHEREAS, Mercy Hospital Springfield, a Missouri nonprofit corporation ("HOST AGENCY") is a health care provider in Springfield, Missouri, a community which has a need for additional physicians. HOST AGENCY is supportive of the educational mission of the SCHOOL and the establishment of the satellite campus.

WHEREAS, HOST AGENCY desires to make available certain resources and undertake activities for the sole purpose of supporting and enhancing the educational activities of SCHOOL in Springfield and surrounding areas.

WHEREAS, neither party is entering into this AGREEMENT for the purposes of inducing or affecting referrals to any health care provider associated with either SCHOOL or HOST AGENCY and any transfers of value between the parties are solely related to the educational

WHEREAS, the purpose of this AGREEMENT is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for medical students in the SCHOOL.

WHEREAS, this AGREEMENT is intended and shall be interpreted to meet the SCHOOL's accreditation standards related to affiliation agreements with clinical affiliates which require at a minimum:

- The HOST AGENCY will provide medical student, and faculty if applicable, access to appropriate resources for medical student education.
- The SCHOOL is ultimately responsible for the medical education program, academic affairs, and the assessment of medical students.
- The SCHOOL is primarily responsible for the appointment and assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.

-
- The shared responsibility of the SCHOOL and HOST AGENCY for creating and maintaining an appropriate learning environment.

WHEREAS, neither party intends for this AGREEMENT to alter in any way its respective legal rights or its legal obligations to any third party.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

A. Responsibilities of the SCHOOL

1. The SCHOOL will plan and determine the adequacy of the educational experience of the students in theoretical background, basic skill, professional ethics, attitude and behavior and shall assign to the HOST AGENCY only those students who have satisfactorily completed the prerequisite didactic portions of the SCHOOL's curriculum.
2. The SCHOOL will retain ultimate responsibility for the education and assessment of its students. The School's representative for this Agreement shall be a faculty member appointed and assigned by the SCHOOL, who will be responsible for medical student teaching and assessment provided pursuant to this Agreement.
3. The SCHOOL will advise all students assigned to the HOST AGENCY facilities regarding the confidentiality of patient/client records and patient/client information imparted during the training experience. The SCHOOL will also advise all students that the confidentiality requirements survive the termination or expiration of this AGREEMENT.
4. The SCHOOL will require all participating students to maintain health insurance and provide proof of health insurance to the School. The HOST AGENCY may request the student provide proof of health insurance prior to beginning of the training experience.
5. The SCHOOL will require all participating students to have documentation of immunizations on file with the SCHOOL and to complete a criminal background check consistent with SCHOOL policy. The SCHOOL will inform participating students that the HOST AGENCY may require them to complete an additional criminal background check. If HOST AGENCY requires a criminal background check for its purposes, HOST AGENCY will inform participating students of its criminal background check requirements, initiate the request to the student, and review the results of such check for suitability under HOST AGENCY's policies and practices. The cost of any such background check will be paid by the student, if not by the HOST AGENCY. If applicable, the HOST AGENCY shall direct requests for evidence of criminal background check or immunization to participating students. The SCHOOL will also inform students that they may be required to undergo a drug test or other similar screening tests pursuant to the HOST AGENCY's policies and practices, and that the cost of any such test will be paid by the student, if not by the HOST AGENCY.
6. The SCHOOL will advise students that they are required to comply with HOST AGENCY rules, regulations, and procedures.
7. If requested by the HOST AGENCY, the SCHOOL will provide instruction to the HOST AGENCY'S staff with respect to the SCHOOL's expectations regarding assessment of the SCHOOL'S

students at the HOST AGENCY.

8. The SCHOOL will maintain professional liability insurance with coverage limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate through the SCHOOL's self-insurance fund for all students participating in educational activities provided by the HOST AGENCY, subject to Paragraph 1 of this Agreement. If requested by the HOST AGENCY, the SCHOOL shall provide proof of coverage as described above for students completing clinical training at HOST AGENCY.

B. Responsibilities of the HOST AGENCY

1. The HOST AGENCY has a responsibility to maintain a positive, respectful, and adequately resourced learning environment so that sound educational experiences can occur. Therefore, the HOST AGENCY will provide students and faculty with access to appropriate resources for medical student education including: a) access to patients at HOST AGENCY facilities in an appropriately supervised environment, in which the students can complete the SCHOOL's curriculum; b) student security badges or other means of secure access to patient care areas; c) access and required training for medical students in the proper use of electronic medical records or paper charts, as applicable; d) computer access; e) secure storage space for medical students' personal items when at the HOST AGENCY; and f) access to call rooms, if necessary.

2. The HOST AGENCY will retain full authority and responsibility for patient care and quality standards, and will maintain a level of care that meets generally accepted standards conducive to satisfactory instruction. While in HOST AGENCY's facilities, students will have the status of trainees; are not to replace HOST AGENCY staff; and, are not to render unsupervised patient care and/or services. All services rendered by students must have educational value and meet the goals of the medical education program. HOST AGENCY and its staff will provide such supervision of the educational and clinical activities as is reasonable and appropriate to the circumstances and to the student's level of training.

3. The HOST AGENCY staff will, upon request, assist the SCHOOL in the assessment of the learning and performance of participating students by completing assessment forms provided by the SCHOOL and returned to the SCHOOL in a timely fashion.

4. The HOST AGENCY will provide for the orientation of SCHOOL's participating students as to the HOST AGENCY'S rules, regulations, policies, and procedures.

5. The HOST AGENCY agrees to comply with applicable state and federal workplace safety laws and regulations. In the event a student is exposed to an infectious or environmental hazard or other occupational injury (i.e., needle stick) while at the HOST AGENCY, the HOST AGENCY, upon notice of such incident from the student, will provide such emergency care as is provided its employees, including, where applicable: examination and evaluation by HOST AGENCY's emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and/or HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that HOST AGENCY does not have the resources to provide such emergency care, HOST AGENCY will refer such student to the nearest emergency facility. The SCHOOL will define, for its medical students, who bears financial responsibility for any charges generated.

6. To the extent the HOST AGENCY generates or maintains educational records related to the participating student, the HOST AGENCY agrees to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as such laws and regulations apply to the SCHOOL and shall limit access to only those employees or agents with a need to know. For the purposes of this Agreement, pursuant to FERPA, SCHOOL hereby designates HOST AGENCY as a school official with a legitimate educational interest in the educational records of the participating student(s) to the extent that access to the SCHOOL's records is required by HOST AGENCY to carry out the Program.

7. HOST AGENCY will maintain professional liability insurance with coverage limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for all personnel employed or contracted by HOST AGENCY which participate in educational activities with students. Upon request, the HOST AGENCY will provide proof that it maintains liability insurance as described above.

8. The HOST AGENCY will provide written notification to the SCHOOL promptly if a claim arises involving a student. The HOST AGENCY and SCHOOL agree to share such information in a manner that protects such disclosures from discovery to the extent possible under applicable federal and state peer review and joint defense laws.

9. The HOST AGENCY will resolve any situation in favor of its patients' welfare and restrict a student to the role of observer when a problem may exist until the incident can be resolved by the staff in charge of the student or the student is removed. The HOST AGENCY will notify the SCHOOL'S course director if such an action is required.

10. The HOST AGENCY shall identify a site coordinator from among its medical staff who will communicate and cooperate with the SCHOOL's clerkship director to ensure faculty and medical student access to appropriate resources for the clinical training experience.

11. The HOST AGENCY shall provide adequate space and facilities at its clinical locations as necessary to meet accreditation requirements for students, including furnishing adequate lounge areas, call rooms, work areas and personal lockers.

12. The HOST AGENCY shall work with SCHOOL to make meeting rooms available to SCHOOL's faculty and students as necessary to serve the educational needs of students.

C. Mutual Responsibilities

1. Representatives for each party will be established on or before the execution of this AGREEMENT.

2. The parties will work together to maintain an environment of high quality patient care. At the request of either party, a meeting or conference will promptly be held between SCHOOL and HOST AGENCY representatives to resolve any problems or develop any improvements in the operation of the clinical training program.

3. The SCHOOL will provide qualified and competent individuals in adequate number for the instruction, assessment, and supervision of students using the SCHOOL facilities. The HOST AGENCY will provide qualified and competent staff members in adequate number for the instruction

and supervision of students using the HOST AGENCY facilities.

4. The SCHOOL and the HOST AGENCY will not discriminate against any employee, applicant or student enrolled in their respective programs because of age, creed, gender identity, national origin, race, sex, sexual orientation or any other basis protected by law.

5. The SCHOOL, including its faculty, staff, medical students, and residents, and HOST AGENCY share responsibility for creating an appropriate learning environment that includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the student. The parties will cooperate to evaluate the learning environment (which may include on-site visits) to identify positive and negative influences on the maintenance of professional standards, and to conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences. HOST AGENCY shall require its faculty and staff who interact with students to adhere to the expectations set forth in Exhibit A, and communicate student violations to the SCHOOL. SCHOOL agrees to require its students to adhere to the expectations set forth in Exhibit A.

6. HOST AGENCY may immediately remove from the premises and retains the right to suspend or terminate any student's participation at the HOST AGENCY. The HOST AGENCY will immediately notify the appropriate office of the SCHOOL if such an action is required and the reasons for such action. The SCHOOL may terminate a student's participation when, in its sole discretion, it determines that further participation by the student would no longer be appropriate. The SCHOOL will notify the HOST AGENCY if such action is required.

7. HOST AGENCY AND SCHOOL agree to mutually collaborate in order to expand HOST AGENCY's current simulation laboratory. In order to support such expansion, each party agrees to furnish and make available certain simulation equipment for the benefit of the students and HOST AGENCY's medical staff and employees. A list of each party's respective equipment will be maintained by SCHOOL and HOST AGENCY. The parties will establish mutually agreed upon guidelines for the use of the other party's simulation equipment. Each party shall retain full ownership of and risk of loss on its simulation equipment and may, at any time, remove or limit access to the same. Each party shall maintain its own simulation equipment, except to the extent otherwise agreed. HOST AGENCY also agrees to consult with SCHOOL with respect to any renovations that might improve the range of training available in HOST AGENCY's simulation laboratory.

D. Term and Termination

This AGREEMENT is effective upon execution of the Implementation Letter by both parties to the covered clinical training experience(s) and will continue indefinitely or until terminated. This AGREEMENT may be terminated at any time and for any reason by either party upon not less than twelve (12) month's prior written notice to the other party. Should notice of termination be given under this Section, students already scheduled to train at HOST AGENCY will be permitted to complete any previously scheduled clinical assignment at HOST AGENCY.

E. Employment Disclaimer

The students participating in the program will not be considered employees or agents of the HOST AGENCY or SCHOOL for any purpose. Students will not be entitled to receive any compensation from HOST AGENCY or SCHOOL or any benefits of employment from HOST

AGENCY or SCHOOL, including but not limited to, health care or workers' compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. HOST AGENCY will not be required to purchase any form of insurance for the benefit or protection of any student of the SCHOOL.

F. Health Insurance Portability and Accountability Act.

Students participating in clinical training pursuant to this Agreement are members of the HOST AGENCY's workforce for purposes of the Health Insurance Portability and Accountability Act (HIPAA) within the definition of "health care operations" and therefore may have access to patient medical information as provided for in the Privacy Rule of HIPAA. Therefore, additional agreements are not necessary for HIPAA compliance purposes. This paragraph applies solely to HIPAA privacy and security regulations applicable to the HOST AGENCY and, as stated in paragraph E, above, does not establish an employment relationship.

G. No Agency Relationship Between the Parties.

Nothing in this Agreement is intended to or shall be construed to constitute or establish an agency, employer/employee, partnership, franchise, or fiduciary relationship between the parties; and neither party shall have the right or authority or shall hold itself out to have the right or authority to bind the other party, nor shall either party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

H. Assignment

This AGREEMENT will not be assigned by either party without the prior written consent of the other.

I. Governmental Immunity

The SCHOOL is a public entity entitled to protections of governmental immunity under Missouri law. It is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this AGREEMENT will be construed as: an express or implied waiver by the SCHOOL of its sovereign immunity; an express or implied acceptance by SCHOOL of liabilities arising as a result of actions which lie in tort or could lie in tort in excess of the liabilities allowable under the applicable sovereign immunity laws; or, a pledge of the full faith and credit of a debtor contract; or, as the assumption by the SCHOOL of a debt, contract, or liability of the HOST AGENCY.

J. No Special Damages

In no event shall either party be liable hereunder (whether in an action in negligence, contract or tort or based on a warranty or otherwise) for any indirect, incidental, special or consequential damages incurred by the other party or any third party, even if the party has been advised of the possibility of such damages.

K. Notices

All notices provided by either party to the other will be in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States mail, First Class, postage prepaid, addressed as indicated in the Uniform Clinical Affiliation Agreement Implementation

Letter.

L. No Payments

No payments shall be made between the parties or to the students in connection with this Agreement.

M. Severability

The invalidity of any provision of this AGREEMENT will not affect the validity of any other provisions.

N. Headlines

Headlines in this AGREEMENT are for convenience only.

O. Entire Agreement

This AGREEMENT contains the entire agreement of the parties as it relates to this subject matter and may be modified only by additional written provisions contained in a properly executed Uniform Clinical Affiliation Agreement Implementation Letter.

P. Choice of Law

This AGREEMENT shall be interpreted according to the laws of the State of Missouri, without giving effect to its conflicts of law provisions.

Q. Non-Discrimination

SCHOOL does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, gender expression, age, disability or protected veteran status. SCHOOL affirms its commitment to providing equal opportunities by establishing Section 320.010 of the University of Missouri Collected Rules and Regulations, known as the Equal Employment/Educational Opportunity policy statement. Additionally, allegations of sexual misconduct and allegations of other forms of sex discrimination, as defined in Section 600.020C, are further governed by Section 600.020 of the Collected Rules and Regulations, known as the Sex Discrimination, Sexual Harassment and Sexual Misconduct in Education/Employment Policy.

HOST AGENCY agrees that employees interacting with representatives and learners of SCHOOL under this AGREEMENT will comply with the non-discrimination policies of SCHOOL, including the Equal Employment/Educational Opportunity policy statement and Sex Discrimination, Sexual Harassment and Sexual Misconduct in Education/Employment Policy. HOST AGENCY specifically agrees to provide annual training to its employees interacting with representatives and learners of SCHOOL under this AGREEMENT regarding the University's Equal Employment/Educational Opportunity policy statement and Sex Discrimination, Sexual Harassment and Sexual Misconduct in Education/Employment Policy. HOST AGENCY may fulfill the annual non-discrimination training requirement by either (a) requiring employees interacting with representatives and learners of SCHOOL

under this AGREEMENT to complete SCHOOL's non-discrimination training module (which training module will be made available electronically by SCHOOL to HOST AGENCY) or (b) if HOST AGENCY already provides annual non-discrimination training to its employees, distributing supplemental written educational materials regarding SCHOOL's non-discrimination policies to employees of HOST AGENCY interacting with representatives and learners of SCHOOL under this AGREEMENT annually, which supplemental educational materials shall be provided by SCHOOL to HOST AGENCY on request. HOST AGENCY shall require all of its employees interacting with representatives and learners of SCHOOL under this AGREEMENT who become aware of sex discrimination as defined in the Sex Discrimination, Sexual Harassment and Sexual Misconduct in Education/Employment Policy (including sexual harassment, sexual misconduct, stalking on the basis of sex, dating/intimate partner violence or sexual exploitation) involving a student, employee, volunteer, or visitor of SCHOOL to report the information to the appropriate Title IX Coordinator for SCHOOL, unless HOST AGENCY is prohibited by law from communicating such information to SCHOOL.

Mercy Hospital Springfield

By: [Signature]
Its: President
Date: 4/28/16

The Curators of the University of Missouri

By: [Signature]
Its: Lisa J. Wimmennauer
Date: 4/28/16 Assoc. Director, Business Svcs

APPROVED
AS TO
LEGAL FORM
8/15 4-25-16

EXHIBIT A: TEACHER-LEARNER EXPECTATIONS

The SCHOOL holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn.

GUIDING PRINCIPLES:

Duty: Medical educators have a duty to convey the knowledge and skills required for delivering the profession’s standard of care and also to instill the values and attitudes required for preserving the medical profession’s social contract with its patients.

Integrity: Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

Respect: Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.

RESPONSIBILITIES OF TEACHERS AND LEARNERS:

Teachers should:

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive

-
- Solicit feedback from students regarding their perception of their educational experiences
 - Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Students should:

- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Display honesty, integrity and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own
- Recognize and respect patients' rights to privacy
- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse"

Relationships between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision.

Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.

Appendix D.
Affiliation Agreement with CoxHealth

CLINICAL TRAINING AFFILIATION AGREEMENT

THIS CLINICAL TRAINING AFFILIATION AGREEMENT (this "AGREEMENT") is effective June 9, 2016 ("Effective Date") by and between The Curators of the University of Missouri on behalf of the University of Missouri-Columbia School of Medicine ("SCHOOL") and CoxHealth, a Missouri not-for-profit corporation ("HOST AGENCY").

WHEREAS, SCHOOL currently operates a medical school in Columbia, Missouri.

WHEREAS, with the support of a number of partners in the State of Missouri and Springfield community, SCHOOL has established a satellite campus in Springfield, Missouri. The goals of the satellite campus are to educate and train more medical students in order to increase the supply of educated medical workforce for the State of Missouri.

WHEREAS, HOST AGENCY is a not-for-profit corporation whose mission is to provide medical treatment and care in the greater Springfield, Missouri and surrounding geographic areas, which are areas that have a need for additional physicians. HOST AGENCY is supportive of the educational mission of the SCHOOL and the establishment of the satellite campus.

WHEREAS, HOST AGENCY desires to make available certain resources and undertake activities for the sole purpose of supporting and enhancing the educational activities of SCHOOL in Springfield and surrounding areas.

WHEREAS, neither party is entering into this AGREEMENT for the purposes of inducing or affecting referrals to any health care provider associated with either SCHOOL or HOST AGENCY and any transfers of value between the parties are solely related to the educational purposes of this AGREEMENT.

WHEREAS, the purpose of this AGREEMENT is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for SCHOOL's medical students (referred to herein as "students" or "medical students").

WHEREAS, this AGREEMENT is intended and shall be interpreted to meet the SCHOOL's accreditation standards related to affiliation agreements with clinical affiliates which require at a minimum:

- The HOST AGENCY will provide medical student, and faculty if applicable, access to appropriate resources for medical student education.
- The SCHOOL is ultimately responsible for the medical education program (the "Program"), academic affairs, and the assessment of medical students.
- The SCHOOL is primarily responsible for the appointment and assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when a

medical student is exposed to an infectious or environmental hazard or other occupational injury.

- The shared responsibility of the SCHOOL and HOST AGENCY for creating and maintaining an appropriate learning environment.

WHEREAS, neither party intends for this AGREEMENT to alter in any way its respective legal rights or its legal obligations to any third party.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

A. Responsibilities of the SCHOOL

1. The SCHOOL will plan and determine the adequacy of the educational experience of the students in theoretical background, basic skill, professional ethics, attitude and behavior and shall assign to the HOST AGENCY only those students who have satisfactorily completed the prerequisite didactic portions of the SCHOOL's curriculum.

2. The SCHOOL will retain ultimate responsibility for the education and assessment of its students. The SCHOOL's representative for this AGREEMENT shall be a faculty member appointed and assigned by the SCHOOL, who will be responsible for medical student teaching and assessment provided pursuant to this AGREEMENT.

3. The SCHOOL will advise all students assigned to the HOST AGENCY facilities regarding the confidentiality of patient/client records and patient/client information imparted during the training experience. The SCHOOL will also advise all students that the confidentiality requirements survive the termination or expiration of this AGREEMENT.

4. The SCHOOL will require all participating students to maintain health insurance and provide proof of health insurance to the SCHOOL. The HOST AGENCY may request the student provide proof of health insurance prior to beginning of the training experience.

5. The SCHOOL will require all participating students to have completed an appropriate criminal background check and to have documented appropriate immunizations on file with the SCHOOL. The SCHOOL shall assume all responsibility for the screening of students (and faculty) who are assigned to the HOST AGENCY facilities to ensure that said students/faculty meet all educational requirements and that such persons pose no threat to the physical safety or psychological well-being of HOST AGENCY's patients, and are otherwise appropriate for participation in the Program at the HOST AGENCY facilities. The SCHOOL shall notify all students and faculty who are assigned to the HOST AGENCY of his/her responsibility to comply with HOST AGENCY's requirements concerning immunizations, drug screens, background checks, and other screening obligations. The SCHOOL shall provide a letter to HOST AGENCY for each student confirming that each complies with the immunization, drug screening, background checks, and other requirements set forth by the SCHOOL. The SCHOOL understands that HOST AGENCY may require students and faculty

to have an additional criminal background check as indicated in Exhibit A unless such requirements are already captured under SCHOOL's required background checks.

6. The SCHOOL will require all students and faculty to comply with HOST AGENCY rules, regulations, and procedures, including training relating to Anti-Kickback Statute and Stark laws.

7. If requested by the HOST AGENCY, the SCHOOL will provide instruction to the HOST AGENCY'S staff with respect to the SCHOOL's expectations regarding assessment of the SCHOOL'S students at the HOST AGENCY.

8. At all times during the term of this AGREEMENT and until the expiration of the applicable statute of limitations period for the activities undertaken by the SCHOOL and students hereunder, the SCHOOL will maintain professional liability insurance with coverage limits of at least \$1,000,000 per claim or occurrence and \$3,000,000 annual aggregate through the SCHOOL's self-insurance fund for all students participating in educational activities provided by the HOST AGENCY, subject to Paragraph I of this AGREEMENT. If requested by the HOST AGENCY, the SCHOOL shall provide proof of coverage as described above.

9. The SCHOOL acknowledges receipt of a copy of the following policies: Corporate Compliance Plan, Compliance Code of Business Conduct and Ethics, and Stark and Anti-Kickback Physician Referral Laws (collectively, the "Compliance Documents"), which set forth the policy of HOST AGENCY to comply with applicable laws and ethical standards and agrees to comply with such Compliance Documents.

B. Responsibilities of the HOST AGENCY

1. The HOST AGENCY has a responsibility to maintain a positive, respectful, and adequately resourced learning environment so that sound educational experiences can occur. Therefore, the HOST AGENCY will provide students and faculty with access to appropriate resources for medical student education including: a) access to patients at HOST AGENCY facilities in an appropriately supervised environment, in which the students can complete the SCHOOL's curriculum; b) student security badges or other means of secure access to patient care areas; c) access and required training for medical students in the proper use of electronic medical records or paper charts, as applicable; d) computer access; e) secure storage space for medical students' personal items when at the HOST AGENCY; f) a parking permit allowing students to park in designated areas at HOST AGENCY's facility; and g) access to call rooms, if necessary.

2. The HOST AGENCY will retain full authority and responsibility for patient care and quality standards, and will maintain a level of care that meets generally accepted standards conducive to satisfactory instruction. While in HOST AGENCY's facilities, students will have the status of trainees; are not to replace HOST AGENCY staff; and, are not to render unsupervised patient care and/or services. All services rendered by students must have educational value and meet the goals of the medical education Program. HOST

AGENCY and its staff will provide such supervision of the educational and clinical activities as is reasonable and appropriate to the circumstances and to the student's level of training.

3. The HOST AGENCY staff will, upon request, assist the SCHOOL in the assessment of the learning and performance of participating students by completing assessment forms provided by the SCHOOL and returned to the SCHOOL in a timely fashion.

4. The HOST AGENCY will provide for the orientation of SCHOOL's participating students as to the HOST AGENCY'S rules, regulations, policies, and procedures.

5. The HOST AGENCY agrees to comply with applicable state and federal workplace safety laws and regulations. HOST AGENCY is not responsible for the personal health of the students or for injuries sustained by students while performing their clinical responsibilities under this AGREEMENT. Provided, however, in the event a student is exposed to an infectious or environmental hazard or other occupational injury (i.e., needle stick) while at the HOST AGENCY, the HOST AGENCY, upon notice of such incident from the student, will provide initial treatment of needle stick injury or other exposure to blood or body fluids consistent with current guidelines of the Centers for Disease Control. All follow-up care will be the student's responsibility. The SCHOOL will define, for its medical students, whether SCHOOL or the student bears financial responsibility for any charges generated.

6. To the extent the HOST AGENCY, generates or maintains educational records related to the participating student, the HOST AGENCY agrees to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as such laws and regulations apply to the SCHOOL and shall limit access to only those employees or agents with a need to know. For the purposes of this AGREEMENT, pursuant to FERPA, SCHOOL hereby designates HOST AGENCY as a school official with a legitimate educational interest in the educational records of the participating student(s) to the extent that access to the SCHOOL's records is required by HOST AGENCY to carry out the Program.

7. At all times during the term of this AGREEMENT, and until the expiration of the applicable statute of limitations period for the activities undertaken by HOST AGENCY, HOST AGENCY shall maintain commercial professional liability insurance coverage, via commercial insurance or self-funded trust, with limits of at least one million dollars (\$1,000,000) per claim or occurrence and three million dollars (\$3,000,000) per year in the aggregate. If requested by the SCHOOL, the HOST AGENCY shall provide proof of coverage as described above.

8. The HOST AGENCY will provide written notification to the SCHOOL promptly if a claim arises involving a student. The HOST AGENCY and SCHOOL agree to share such information in a manner that protects such disclosures from discovery to the extent possible under applicable federal and state peer review and joint defense laws.

9. The HOST AGENCY will resolve any situation in favor of its patients' welfare and restrict a student to the role of observer when a problem may exist until the incident can be

resolved by the staff in charge of the student or the student is removed. The HOST AGENCY will notify the SCHOOL's Program director if such an action is required.

10. The HOST AGENCY shall identify a site coordinator from among its medical staff who will communicate and cooperate with the SCHOOL's Program director to ensure faculty and medical student access to appropriate resources for the clinical training experience.

11. The HOST AGENCY shall provide adequate space and facilities at its clinical locations as necessary to meet accreditation requirements for students, including furnishing adequate lounge areas, call rooms, work areas and personal lockers.

12. The HOST AGENCY shall work with SCHOOL to make meeting rooms available to SCHOOL's faculty and students as necessary to serve the educational needs of students; provided, however, HOST AGENCY will need advance notice when meeting rooms are needed and cannot guarantee a meeting room will always be available.

13. The parties certify that they shall not violate the Stark laws or Anti-Kickback statute with respect to the performance of this AGREEMENT.

14. The HOST AGENCY shall allow students and faculty to purchase a fitness center membership at HOST AGENCY's employee/student membership rate.

C. Mutual Responsibilities

1. Representatives for each party will be established on or before the execution of this AGREEMENT.

2. The parties will work together to maintain an environment of high quality patient care. At the request of either party, a meeting or conference will promptly be held between SCHOOL and HOST AGENCY representatives to resolve any problems or develop any improvements in the operation of the clinical training Program.

3. The SCHOOL will provide qualified and competent individuals in adequate number for the instruction, assessment, and supervision of students using the SCHOOL facilities. The HOST AGENCY will provide qualified and competent staff members in adequate number for the instruction and supervision of students using the HOST AGENCY facilities.

4. HOST AGENCY acknowledges that SCHOOL's Collected Rules and Regulations prohibit SCHOOL from discriminating on the basis of race, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, gender expression, age, disability or protected veteran status. HOST AGENCY shall not discriminate against any employee, applicant, or student enrolled in SCHOOL's program in violation of laws applicable to HOST AGENCY.

5. The SCHOOL, including its faculty, staff, medical students, and residents, and HOST AGENCY share responsibility for creating an appropriate learning environment that includes both formal learning activities and the attitudes, values, and informal “lessons” conveyed by individuals who interact with the student. The parties will cooperate to evaluate the learning environment (which may include on-site visits) to identify positive and negative influences on the maintenance of professional standards, and to conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences. HOST AGENCY shall require its faculty and staff who interact with students to adhere to the expectations set forth in Exhibit B, and communicate student violations to the SCHOOL. SCHOOL agrees to require its students to adhere to the expectations set forth in Exhibit B.

6. HOST AGENCY may immediately remove from the premises and retains the right to suspend or terminate any student’s participation at the HOST AGENCY. The HOST AGENCY will immediately notify the appropriate office of the SCHOOL if such an action is required and the reasons for such action. The SCHOOL may terminate a student’s participation when, in its sole discretion, it determines that further participation by the student would no longer be appropriate. The SCHOOL will notify the HOST AGENCY if such action is required.

7. To the extent permitted by Missouri law and without waiving sovereign immunity, each party shall defend, indemnify and hold the other party harmless from any and all claims, actions, liabilities, and expenses (including costs of judgments, settlements, court costs) resulting from, or based upon the negligent or intentional acts of omissions, or any failure to perform any obligation undertaken or any covenant by, the indemnifying party in this AGREEMENT. Upon notice from the indemnified party, the indemnifying party will defend against, at its expense, any such claim or action, provided that the indemnifying party’s selection of counsel shall be subject to the indemnified party’s approval, and indemnified party shall have the right to participate in the defense at its own cost and to approve any settlement.

D. Term and Termination

This AGREEMENT is effective upon the Effective Date and will continue until terminated. This AGREEMENT may be terminated at any time and for any reason by either party upon not less than twelve (12) month’s prior written notice to the other party. Should notice of termination be given under this Section, students already scheduled to train at HOST AGENCY will be permitted to complete any previously scheduled clinical assignment at HOST AGENCY.

E. Employment Disclaimer

The students participating in the Program will not be considered employees or agents of the HOST AGENCY or SCHOOL for any purpose. Students will not be entitled to receive any compensation from HOST AGENCY or SCHOOL or any benefits of employment from HOST AGENCY or SCHOOL, including but not limited to, health care or workers’ compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. HOST AGENCY will not be required to purchase any form of insurance for the benefit or protection of any student of the SCHOOL.

F. Health Insurance Portability and Accountability Act.

Students participating in clinical training pursuant to this AGREEMENT are members of the HOST AGENCY's workforce for purposes of the Health Insurance Portability and Accountability Act ("HIPAA") within the definition of "health care operations" and therefore may have access to patient medical information as provided for in the Privacy Rule of HIPAA. Therefore, additional agreements are not necessary for HIPAA compliance purposes. However, SCHOOL shall maintain a Statement of Confidentiality signed annually by each student and faculty member who are at HOST AGENCY'S facilities. SCHOOL shall ensure that students and faculty are trained in compliance with HIPAA privacy regulations. This paragraph applies solely to HIPAA privacy and security regulations applicable to the HOST AGENCY and, as stated in paragraph E, above, does not establish an employment relationship.

G. No Agency Relationship Between the Parties.

Nothing in this AGREEMENT is intended to or shall be construed to constitute or establish an agency, employer/employee, partnership, franchise, or fiduciary relationship between the parties; and neither party shall have the right or authority or shall hold itself out to have the right or authority to bind the other party, nor shall either party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

H. Assignment

This AGREEMENT will not be assigned by either party without the prior written consent of the other.

I. Sovereign Immunity

The SCHOOL is a public entity entitled to protections of sovereign immunity under Missouri law. It is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this AGREEMENT will be construed as: an express or implied waiver by the SCHOOL of its sovereign immunity; an express or implied acceptance by SCHOOL of liabilities arising as a result of actions which lie in tort or could lie in tort in excess of the liabilities allowable under the applicable sovereign immunity laws; or, a pledge of the full faith and credit of a debtor contract; or, as the assumption by the SCHOOL of a debt, contract, or liability of the HOST AGENCY.

J. No Special Damages

In no event shall either party be liable hereunder (whether in an action in negligence, contract or tort or based on a warranty or otherwise) for any indirect, incidental, special or consequential damages incurred by the other party or any third party, even if the party has been advised of the possibility of such damages.

K. Notices

All notices provided by either party to the other will be in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States mail, First Class, postage prepaid, addressed to the parties as follows:

To SCHOOL:	Division of Finance 311 Jesse Hall Columbia, MO 65211-1240 Attn: L. Wimmenauer
To HOST AGENCY:	CoxHealth Attn: Ron Prenger, Sr. VP, Chief Hospital Officer 3801 S. National Ave. Springfield, MO 65807
With a copy to:	CoxHealth, Legal Department Attn: Charity Elmer 3850 S. National Ave., Ste 760 Springfield, MO 65807

L. No Payments

No payments shall be made between the parties or to the students in connection with this AGREEMENT.

M. Severability

The invalidity of any provision of this AGREEMENT will not affect the validity of any other provisions.

N. Headlines

Headlines in this AGREEMENT are for convenience only.

O. Entire Agreement

This AGREEMENT contains the entire agreement of the parties as it relates to this subject matter and may be modified only upon the mutual consent and approval in writing by both parties.

P. Choice of Law

This AGREEMENT shall be interpreted according to the laws of the State of Missouri, without giving effect to its conflicts of law provisions.

Q. Non-Discrimination

SCHOOL affirms its commitment to providing equal opportunities by establishing Section 320.010 of the University of Missouri Collected Rules and Regulations, known as the Equal Employment/Educational Opportunity policy statement. Additionally, allegations of sexual misconduct and allegations of other forms of sex discrimination, as defined in Section 600.020C, are further governed by Section 600.020 of SCHOOL's Collected Rules and Regulations, known as the Sex Discrimination, Sexual Harassment and Sexual Misconduct in Education/Employment Policy.

HOST AGENCY specifically agrees to provide annual training to its employees interacting with students and representatives of SCHOOL under this AGREEMENT regarding HOST AGENCY's anti-discrimination policy. Further, HOST AGENCY understands that SCHOOL may directly contract or otherwise arrange for teaching and supervisory services directly with HOST AGENCY employees and may conduct additional training of such individuals in relation to those arrangements.

R. No Requirement to Refer

Nothing herein shall be construed as a requirement, or intended to create a requirement, on the part of any party to refer any patient to the other party.

S. Recitals Incorporated

The recitals to this AGREEMENT are incorporated herein as part of this AGREEMENT.

T. Execution in Counterparts; Delivery

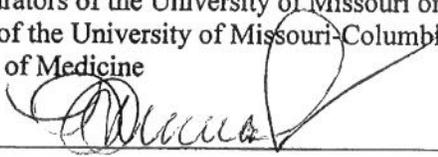
This AGREEMENT may be executed in two identical parts which taken together shall constitute one and the same instrument. This AGREEMENT may be executed and delivered by facsimile and/or other electronic transmission (e.g., by e-mail).

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties have caused this AGREEMENT to be executed by their duly authorized officers on the day and year first written above.

SCHOOL:

The Curators of the University of Missouri on
behalf of the University of Missouri-Columbia
School of Medicine

By: 

Name: Lisa J. Wimmenauer
Assoc. Director, Business Services

Title: _____

HOST AGENCY:

CoxHealth

By: 

Name: Ron Prenger

Title: Sr. VP, Chief Hospital Officer

**APPROVED
AS TO
LEGAL FORM**
BAA 6-9-16

DIVISION OF FINANCE

MU 6/9/16

EXHIBIT A: CRIMINAL BACKGROUND CHECK REQUIREMENTS

Students and faculty are required to have a criminal background check done for all states in which the individual has lived or worked in the previous seven (7) years in addition to a federal background check for the past seven (7) years. A criminal background check for the State of Missouri shall also be done whether or not the individual has lived or worked in the State of Missouri. All such background checks shall be done at the student's or faculty member's expense, as applicable, and records shall be provided to HOST AGENCY upon request. For positions that have direct contact and routine access to hospital patients, students or faculty members with convictions involving violence to persons or sex offenses within the past ten (10) years will be excluded from participating. For positions that have access to, or prescribe, order, or administer controlled substances, students or faculty members with convictions relating to controlled substances within the past ten (10) years will be excluded. Convictions relating to dishonesty shall be evaluated through an individualized assessment process. Individuals convicted of terrorism and related offenses within the past ten (10) years will be excluded. HOST AGENCY will review convictions that are more than ten (10) years old in making an individualized assessment as to whether an individual should be excluded or not pursuant to this policy. This Exhibit A contains a non-exhaustive list of criminal convictions, which shall include suspended impositions of sentence, that HOST AGENCY will consider in making the above determinations for each student or faculty member. In any matters involving discretion, HOST AGENCY will consider whether a student's or faculty member's position in the Program has a reasonably tight nexus to the nature and gravity of the offense at issue and the time that has passed since the offense in determining whether the individual should be excluded. An SIS or attempt to commit any of the below crimes may also prohibit a student from participating in clinical experiences at HOST AGENCY.

Dishonesty (including, but not limited to)

- Blackmail or Extortion
- Bribery
- Burglar's Tools Violations
- Buying, Receiving or Possessing Stolen Property
- Embezzlement
- Forgery or Counterfeiting
- Fraud
- Larceny or Theft
- Motor Vehicle Theft
- Perjury or Suborning Perjury

Terrorism and Related Offenses

Any and All Offenses

Violence (including, but not limited to)

- Aggravated Assault
- Arson
- Burglary or Attempted Burglary
- Criminal Homicide
- Explosives violations
- Forcible Rape of Sexual Assault
- Hate Crime Violation
- Kidnapping
- Other Assaults

Robbery
Weapons Violation

Sex Offenses (including, but not limited to)

Incest
Indecent Exposure
Intercourse with Impaired Person
Sale of Obscene Literature
Sodomy
Statutory Rape
Other Sex Offenses Involving a Minor

Controlled Substance Abuse (including, but not limited to)

Sale
Possession
Paraphernalia
Manufacture
Growing
Intent to Sell
Intent to Manufacture
Intent to Grow
Use

EXHIBIT B: TEACHER-LEARNER EXPECTATIONS

The SCHOOL holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn.

GUIDING PRINCIPLES:

Duty: Medical educators have a duty to convey the knowledge and skills required for delivering the profession’s standard of care and also to instill the values and attitudes required for preserving the medical profession’s social contract with its patients.

Integrity: Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

Respect: Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.

RESPONSIBILITIES OF TEACHERS AND LEARNERS:

Teachers should:

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive

-
- Solicit feedback from students regarding their perception of their educational experiences
 - Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Students should:

- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Display honesty, integrity and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own
- Recognize and respect patients' rights to privacy
- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse"

Relationships between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.

Appendix E.

Economic Impact Study Summary of MUSOM Class Expansion and Clinical
Campus in Springfield, MO

Potential Economic Contributions of a University of Missouri School of Medicine Class Size Increase and Development of a Clinical Campus in Springfield

Prepared by Thomas Johnson, PhD
James Rossi, Bhawani Mishra and Shrinivas Gautam
Community Policy Analysis Center (CPAC)



COMMISSIONED BY

THEHEALTHCOMMISSION
Serving the Springfield - Greene County Region



School of Medicine
University of Missouri Health System

Potential Economic Contribution of a University of Missouri School of Medicine Class Size Increase and Development of a Clinical Campus in Springfield

CPAC

1-Executive Summary

- The construction phase of the medical school expansion in Columbia and the clinical campus in Springfield are expected to have a total economic impact of \$56.5 million for Missouri. This gross sales total includes increasing the gross domestic product (GDP) by \$27 million and labor income by \$20.6 million. In addition, the program will create 475.9 jobs throughout the duration of the construction.
- When the program reaches its full effect (after 27 years) the total economic impact on the Missouri economy of the new educational program, student spending and additional physicians in the state are predicted to be more than \$390 million. This gross sales total includes increasing the state's gross domestic product by \$240 million, and generating more than \$190 million in additional annual income to Missouri workers. In addition, the program will have added 3,500 jobs to the state economy.
- The operating phase of the project is expected to have an annual economic impact of \$17.6 million. This gross sales total includes annually increasing statewide GDP by \$12.2 million and labor income by \$10.3 million. In addition, employment will increase by 203.4 jobs as a result of operations.
- The students' spending on room and board, class materials and insurance is expected to have a total economic impact of \$2.8 million. This gross sales total includes increasing GDP by \$1.6 million and labor income by \$942,000. In addition, employment will increase by 25.8 jobs as a result of student spending.
- The program is expected to contribute 51 medical residents and 27 physicians to the Southwest Missouri region by the 10th year of operation, increasing to 192 physicians by the 20th year. When the program is fully effective after 27 years, it is expected to increase the number of physicians in the Southwest Missouri region by 315.
- When fully effective after 27 years, the program will have a total economic impact of \$327 million on Southwest Missouri. This gross sales total includes increasing GDP by \$210 million and labor income by \$165 million. In addition, employment will increase by 3,004 jobs in Southwest Missouri.
- These economic benefits do not include other community benefits resulting from the increased supply of physicians, such as reduced travel costs or improved community health.
- These estimates assume that new physicians to the region do not displace gross revenues to existing physicians or reduce the numbers of physicians that would have located in the region otherwise.

Appendix F.

Architectural rendering of new Patient-Centered Care Learning Center

Patient-Centered Care Learning Center

Rendering Courtesy of BNIM



School of
Medicine
University of Missouri Health

2017 EXPANSION

Appendix G.
Organizational Chart for Springfield Clinical Campus Personnel

University of Missouri – School of Medicine

Organizational Chart

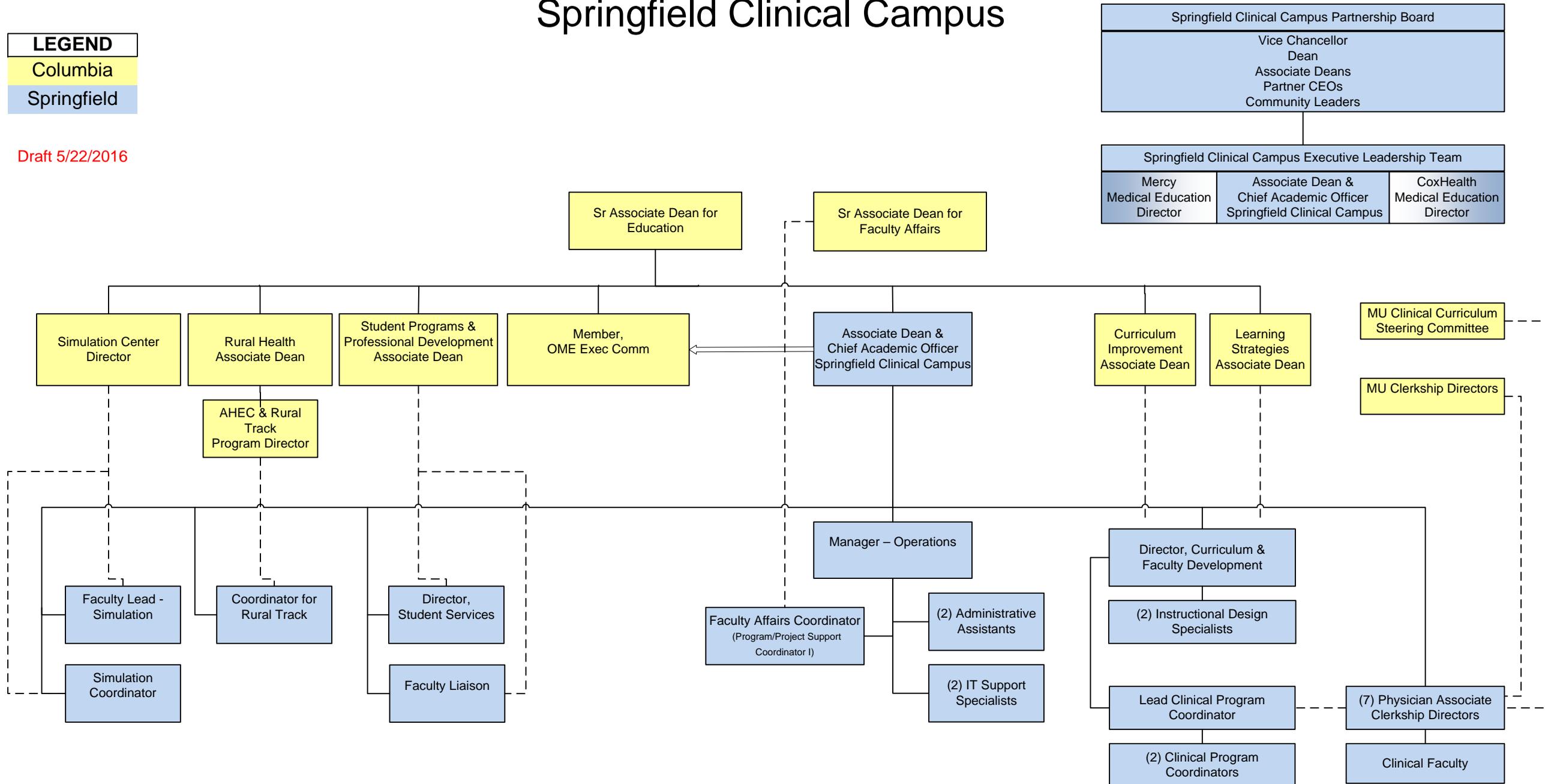
Springfield Clinical Campus

LEGEND

Columbia

Springfield

Draft 5/22/2016



Appendix H.
LCME Determination to Proceed with
Class Expansion/Branch Clinical Campus

Barbara Barzansky, PhD, MHPE
Co-Secretary
Liaison Committee on Medical Education
American Medical Association
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Phone: 312-464-4933
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Dan Hunt, MD, MBA
Co-Secretary
Liaison Committee on Medical Education
Association of American Medical Colleges
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Washington, DC 20001-2339
Phone: 202-828-0596
E-mail: dhunt@aamc.org

October 20, 2015

James P. Stannard, MD
Interim Dean
University of Missouri-Columbia School of Medicine
MA204 Medical Sciences Building
One Hospital Drive
Columbia, MO 65212

RE: Notification of establishment of a new branch campus and
Class size increase proposal dated August 3, 2015

Dear Dean Stannard:

At its October 13-14, 2015 meeting, the LCME reviewed the August 3, 2015 proposals for the establishment of a new branch campus and for an increase in entering class size that were submitted on behalf of the medical education program leading to the MD degree at the University of Missouri Columbia School of Medicine. The increase would result in an entering class size of 128 medical students annually, beginning in academic year 2017-18, which is an increase of 32 students from the current 96 students.

Notification of establishment of a new branch campus in Springfield, Missouri

The LCME does not decide whether a medical education program should go forward with the establishment of a branch campus. Instead, based on the information provided by the school, the LCME makes a determination as to whether there appear to be adequate resources currently available to support the proposed change. It is the responsibility of the medical school to decide whether to proceed. However, establishment of a branch campus in the absence of adequate resources may lead the LCME to re-evaluate a program's accreditation status.

The LCME voted as follows:

LCME Determination:	Resources appear adequate to support the proposed branch campus
Required Follow-Up:	No follow-up requested
Next Full Survey Visit:	January 10-13, 2016

Class size increase proposal

The LCME does not decide whether a medical education program should go forward with an increase in class size. Instead, based on the information provided by the school, the LCME makes a determination as to whether there appear to be adequate resources currently available to support the proposed change. It is the responsibility of the medical school to decide whether to proceed. However, an increase in class size in the absence of adequate resources may lead the LCME to re-evaluate a program's accreditation status.

The LCME voted as follows:

LCME Determination:	Resources appear adequate to support the proposed class size increase
Required Follow-Up:	No follow-up requested
Next Full Survey Visit:	January 10-13, 2016

CHANGES THAT REQUIRE NOTIFICATION TO THE LCME

The LCME awards accreditation to a medical education program based on a judgment that there exists an appropriate balance between student enrollment and the total resources of the institution, including faculty, facilities, and operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in either student enrollment or in the resources of the institution such that the balance becomes distorted, the LCME expects to receive advance notice of the proposed change. Substantial changes may lead the LCME to re-evaluate a program's accreditation status. More specific information about notification requirements is available on the LCME Web site at www.lcme.org.

Sincerely,



Barbara Barzansky, PhD, MHPE
LCME Co-Secretary



Dan Hunt, MD, MBA
LCME Co-Secretary