



Meharry Medical College Focus Report

**Submitted to
Southern Association of Colleges and Schools
Commission on Colleges
January 2007**

**Meharry Medical College
Focused Report to the
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Preface

Meharry Medical College's (MMC) Responses to Preliminary Findings

The Meharry Medical College **Focused Report** addresses issues raised by the Southern Association of Colleges and Schools Commission on Colleges Off-Site Committee's Preliminary Findings, which were sent electronically on November 27, 2006, to the President and SACS Liaison of Meharry Medical College.

To respond to the Off-Site Committee's challenge of our argument for compliance, we mandated an immediate review of the institution's original response to the requirement, standard or regulation then conducted more extensive research of our supporting evidence to clarify our original statement, if applicable, and provide additional supporting documentation, if required. As a result, each of the Comprehensive Standards presented by the Off-site Committee as being non-compliant has been responded to with additional information, clarification, documentation, or action plans to bring the college into compliance.

The format of the Meharry Medical College Focused Report is as follows: each Comprehensive Standard found to be in non-compliance by the Off-site Committee will be cited and followed by (1) the **institution's original response**; (2) the **Off-Site Committee's comment**; and (3) the **college's response to the comment**. The documentation for each response to the findings is identified in the college's response by red type and underlining. The colored/underlined text functions as a link to the document in our electronic version of the Focused Report and is provided as Adobe Acrobat documents on the CD that accompanies the hard copy. Instructions for accessing and navigating the Meharry Medical College Focused Report CD are enclosed separately. (Links to documents submitted with the Compliance Certification Report are in blue, underlined type. They are also listed in the supporting documentation and are available on the Focused Report CD.)

In response to communications or conversations with Drs. Joseph H. Silver and Barry Goldstein, we anticipate that all recently revised *Principles of Accreditation* (adopted during the College Delegate Assembly Business Meeting in December 2006), which became effective January 1, 2007, will be responded to with documentation of compliance before the On-Site Committee comes to our campus March 6-8, 2007.

Responses to the Preliminary Findings

Comprehensive Standard 3.2.5:

Members of the governing board can be dismissed only for cause and by due process.

Original Narrative:

Meharry Medical College is in compliance with this comprehensive standard.

[Article II, Section 4 of the Amended and Restated Bylaws of Meharry Medical College](#) states that a trustee can be removed for any reason and sets forth the due process that must take place under such circumstances. A trustee may be removed from office by an affirmative vote of two-thirds of all trustees. Following a motion, but before a vote, the trustee has an opportunity to address the board in person or in writing. The motion for removal is discussed in executive session of voting members. The vote on the motion to remove a trustee is by secret ballot.

[Article II, Section 5 of the Amended and Restate Bylaws of Meharry Medical College](#) addresses absenteeism and the Board's discretion regarding a vacant seat under such circumstances. Members of the board may be removed or have their position declared vacant if they are absent for three consecutive meetings, including regular and special meetings that are duly called and notice given. The exceptions are absences due to ill health and being out of the country.

Preliminary Finding

Non-Compliance

Committee Comment:

After review of the Bylaws and the narrative in the Meharry Compliance Certification the Committee finds the College is in noncompliance with this standard. The College Bylaws state "All Trustees serve at the pleasure of the Board of Trustees" and the narrative in the report states "that a trustee can be removed for any reason." The interpretation of Comprehensive Standard 3.2.5 indicates that an approved policy should be developed. The College did not submit a policy.

MMC Response to the Preliminary Finding:

The Bylaws of Meharry Medical College are the only rules governing the internal management of the Board of Trustees (the Board), the governing board of Meharry Medical College. When drafting [Article II, Section 4 of the Amended and Restated Bylaws of Meharry Medical College](#), it was the intent of the Board to provide that Trustees would only be removed for cause and with the protection of due process. The Board included the stringent requirement of an affirmative vote of two-thirds (2/3) of the voting members to remove a Trustee from the Board to provide an additional safeguard against motions to remove a Trustee for anything less than cause.

When the Board most recently amended the Bylaws, in February 2005, this particular section was specifically reviewed by the Ad Hoc Bylaws Revision Committee. The committee as well as the full Board chose not to amend the requirements for removal of Trustees and thereby fully endorsing the notion that the intent of the language in Article II, Section 4 was that Trustees would only be removed for actions inconsistent with the

charge and responsibilities of the members of the Board of Trustees for Meharry Medical College and only after due process has been protected.

To date, the intent of the Board in upholding a removal for cause standard has not been challenged; however, it is respectfully noted that the Bylaws should be amended to further clarify the Board's intent that removal of Trustees would only be for cause. By revising the language in the Bylaws, the single source of authority over the Board, the Off-Site Committee' concern will be appropriately addressed. The following revised language will be submitted to the Board of Trustees of Meharry Medical College to replace the current language in Article II, Section 4 of the Amended and Restated Bylaws of Meharry Medical College:

Revised Article II, Section 4.

All Trustees serve at the pleasure of the Board of Trustees. A Trustee may be removed from office by an affirmative vote of two-thirds of all Trustees for committing actions in violation of these Bylaws or for actions that are contrary to the general welfare of Meharry Medical College. After a motion has been made to remove a Trustee from office that includes a statement of cause for removal and before a vote, the Trustee will be given the opportunity to address the Board either in person or in writing. Discussion of the motion will take place in executive session of voting members of the Board of Trustees only, and the vote on the motion will be by secret ballot.

The Board of Trustees of Meharry Medical College will consider the revised language during its February 2007 meeting.

Supporting Documentation
<u>Amended and Restated Bylaws of Meharry Medical College</u>

Comprehensive Standard 3.4.6:

The institution employs sound and acceptable practices for determining the amount and level of credit awarded for courses, regardless of format or mode of delivery.

Original Narrative

Meharry Medical College is in compliance with this comprehensive standard.

The college employs the practice of using contact hours as the basis for calculating the number of credit hours awarded for courses in all schools. The traditional definition of a contact hour, a 50 to 60 minute class, lecture, or faculty-supervised laboratory period, is applied to all courses, clerkships, and clinics.

The number of credit hours awarded for courses is calculated by dividing the number of scheduled clock hours by 18.

The college does not offer distance-learning or web-based academic programs.

Preliminary Finding

Non-Compliance

Committee Comment

The College utilizes the standard practice of awarding credit for courses based on contact hours. At Meharry the number of credit hours is awarded by dividing the number of scheduled hours by 18. This is somewhat higher than most institutions that use 15 or 16 as the denominator. The Catalog lists credit hours for the graduate school courses and for some of the dentistry courses but none for the medical school course listings. Without the credit for courses it is difficult to assess how many credits and hours are allotted to each course and this complicates assessing the appropriateness of the curriculum for the medical students. Students should be able to determine the weight of each of the courses by the credit hours assigned. Meharry may wish to consider listing the credit hour equivalent for these courses in the medical school and list this in their Catalog, both on the Web and in print.

MMC Response

To address the concern about providing medical students with information about the weight of each course offered by the School of Medicine, the [General Information and Academic Catalog for 2006-2008](#) has been updated to include the number of credit hours awarded for all courses in all schools. The General Information and Academic Catalog for 2006-2008 is available to all students on the Meharry Medical College website. Hard copies of the catalog will be distributed during new student orientation, which will be held annually at the beginning of the academic year.

Supporting Documentation

[General Information and Academic Catalog for 2006-2008, pp 48-66](#)

Comprehensive Standard 3.7.2

The institution regularly evaluates the effectiveness of each faculty member in accord with published criteria, regardless of contractual or tenured status.

Original Narrative

Meharry Medical College is in compliance with this comprehensive standard.

The [Policy on Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty](#), states: "Determining an evaluation of excellence in areas of academic endeavor of faculty is the most important responsibility of the appointment, reappointment, promotion, and tenure process." The examples of indicators of outstanding performance for various areas of academic endeavor are outlined in the Meharry Medical College Appointment, Promotion and Tenure document. The evaluation of faculty commences during the hiring process. At the time of initial appointment, the faculty member is provided a copy of the Meharry Medical College Policy on Guidelines for Academic Freedom, Appointments, Promotions and Tenure of Faculty by the chairperson. Chairpersons also provide the specific performance expectations and where appropriate, special conditions of the contractual agreement relating to academic advancement.

The Policy on Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty also states that all faculty members should have an annual written evaluation of his/her performance in teaching, scholarship, clinical service (where appropriate), and community/professional service.

The college's course evaluation system (see [Policy on Course Evaluations](#)) provides another avenue for evaluating faculty members' teaching effectiveness. Students evaluate course content and teaching at the end of each course/module. Student feedback is shared with course coordinators, department chairs, and faculty members. Student comments are used to help improve the delivery of information.

Each school has developed procedures to regularly evaluate all faculty members, regardless of contracted or tenure status.

School of Medicine

The School of Medicine process includes completion of a [Faculty Self Evaluation form](#) or [Faculty Comprehensive Evaluation](#) form. Both forms include a rating scale to indicate levels of performance on general (i.e. personal demeanor, communication skills, dependability, initiative, quality of work, and professional improvement), administrative (i.e. resource management, planning effectiveness), teaching, research, and clinical service duties. The forms also include space for describing major accomplishments, needs for improvement, goals for the upcoming year, comments, and overall assessment. Completion of the Faculty Comprehensive Evaluation may be requested by the dean every fifth year. The comprehensive evaluation may include a peer-review of classroom teaching, chair/peer evaluation of faculty service, and chair/peer evaluation of research and scholarly activities. The faculty evaluation forms are reviewed by the department chair with the faculty member before being forwarded to the dean.

School of Dentistry

Faculty members in the School of Dentistry complete the [Annual Staff Performance Evaluation](#) form. This form solicits ratings of job responsibilities and licensure/certification, managerial behaviors (which is completed by faculty members who supervise others), and an overall performance rating. The faculty member and department chair review the evaluation form before it is forwarded to the dean.

School of Graduate Studies and Research

The School of Graduate Studies and Research uses student evaluations of courses and instructions as the primary source of information about faculty members' performance. The [School of Graduate Studies and Research Master of Science in Public Health Program Instructor Evaluation](#) allows students to indicate their level of agreement or disagreement regarding organizational structure, instructor-student interaction, teaching skill, workload and course difficulty, grading and examinations, impact on students and overall ratings. The [School of Graduate Studies and Research Master of Science in Public Health Program Course Evaluation](#) form requests feedback from students regarding course organization, content, evaluation, and general perceptions. The forms provide opportunities to make open remarks and suggestions. The same forms are used by students in the doctoral program ([SOGSR Course Evaluation Ph.D. Program](#) and [SOGSR Instructor Evaluation Form Ph.D. Program](#)). The results of the student evaluations in both programs are shared with the faculty member and the dean. Faculty who teach doctoral students have their primary faculty appointments in the School of Medicine; consequently, they also participate in that school's process for

faculty evaluation.

The Policy on Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty and the [Bylaws of the Faculty Senate](#) contain provisions for addressing recommendations for dismissal that are supported by poor evaluations of performance. The grievance procedures provide faculty members with opportunities to defend their positions through meetings with the department chair and dean and written notification of injury to the School's Faculty Council. Failure to resolve the grievance at the school level may result in involvement by the Faculty Senate, which will conduct hearings to resolve outstanding issues.

Preliminary Finding

Non-Compliance

Committee Comment

The Policy on Academic Freedom, Appointment and Promotion and Tenure of Faculty states that all faculty members should receive annual written evaluations which are based on teaching, scholarship, clinical service (where appropriate) and community/professional service.

The Compliance Certification [states] that faculty in the Schools of Medicine and Dentistry are evaluated on their performance by the chair yearly and the evaluations are forwarded to the Dean and that the aspects of performance on the form are consistent with the stated policy of the institution with this standard. Also Faculty who teach doctoral students in the School of Graduate Studies and Research have their primary appointments in the School of Medicine and are evaluated by this process. Faculty also receive input on performance from Course evaluations.

In the Compliance Certification, the process of faculty evaluation for Faculty in the Master of Science in Public Health program in the School of Graduate Studies and Research is described as involving input from student evaluations of their teaching and states that these evaluations are shared with the instructor and Dean. The report does not describe whether the evaluation process addresses the other components of faculty performance, an overall assessment of performance or provide details on who performs the evaluation of the faculty member.

MMC Response to the Preliminary Response

As with the faculty who teach in the School of Graduate Studies and Research doctoral programs, the majority of the faculty members for the Master of Science in Public Health (MSPH) have their primary appointment in the School of Medicine. There are two faculty members for the MSPH program who are not affiliated with the School of Medicine—the director of the program and the School of Graduate Studies program evaluator. These two faculty members are evaluated by the students in the courses they teach and through annual employee evaluations conducted by the dean of the School of Graduate Studies and Research. The college acknowledges that other components of faculty performance have not been evaluated in regards to these two faculty members. Currently, the School of Graduate Studies and Research depends on the evaluations of the School of Medicine to assess research productivity and overall professional service, as applicable, of faculty whose primary appointments are in the School of Medicine.

In preparation for acquiring accreditation of the Masters of Science in Public Health program by the Council for Education in Public Health (CEPH) and to be compliant with the Southern Association of Colleges and Schools (SACS) requirements regarding evaluation of faculty, the college, under the leadership of the dean of the School of Graduate Studies and Research, will revamp its process for evaluating faculty who teach masters and doctoral students. The school will utilize criteria that include:

- The number of courses that graduate faculty teach and the quality of their teaching;
- Research grants that graduate faculty have and the number they acquire during each academic year;
- The number and quality of publications (faculty and students) in peer reviewed journals;
- The number and quality of abstracts presented at national meetings; and
- Contributions (i.e. advising and mentoring) to students' timely completion of degree requirements

The School of Graduate Studies and Research will develop and publish a policy and process for annually evaluating all faculty members who teach masters and doctoral students that will be independent of other faculty appointments at Meharry Medical College. The new process will be implemented during the 2007-2008 academic year.

Supporting Documentation
<u>Policy On Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty.</u>
<u>Policy on Course Evaluations</u>
<u>Faculty Self Evaluation form</u>
<u>Faculty Comprehensive Evaluation form</u>
<u>Annual Staff Performance Evaluation form</u>
<u>School of Graduate Studies and Research Master of Science in Public Health Program Instructor Evaluation</u>
<u>School of Graduate Studies and Research Master of Science in Public Health Program Course Evaluation form</u>
<u>SOGSR Course Evaluation Ph.D. Program</u>
<u>SOGSR Instructor Evaluation Form Ph.D. Program</u>
<u>Bylaws of the Faculty Senate</u>

Comprehensive Standard 3.7.4:

The institution ensures adequate procedures for safeguarding and protecting academic freedom.

Original Narrative

Meharry Medical College is in compliance with this comprehensive standard.

Fulfilling the mission and achieving the goals articulated in the college's vision and values statements depends on having an academic community that is committed to

the pursuit and transmission of knowledge. As the most important component in that process, faculty members are accorded the traditional rights and privileges of academic freedom in that they are free to develop, conduct, and publish the results of their research; they are free to teach and discuss their subject in the classroom; and, as citizens of the United States of America, they are free to write and speak without institutional censorship or discipline.

The college safeguards and protects the academic freedom of the faculty by adhering to the principles, policies, and procedures that are stated in the Amended and Restated Bylaws of Meharry Medical College, the Bylaws of the Faculty Senate, and the Policy on Guidelines for Academic Freedom, Appointments, Promotions, and Tenure of Faculty.

[Article I of the Amended and Restated Bylaws of Meharry Medical College](#) acknowledge the importance of protecting academic freedom by including the “approval of policies that protect academic freedom and contribute to the best possible environment for the faculty to teach, pursue their scholarship, and perform public service” among the powers of the Board of Trustees.

The Faculty Senate represents faculty in all schools and serves as a central voice for communication between the faculty and administration. As outlined in the [Bylaws of the Faculty Senate](#), the organization works with the president and deans to “insure a positive academic climate” at the college, to provide faculty input on academic matters, to provide faculty perspectives regarding administrative decisions that affect the general welfare of the college, and to act as the consensus building body on issues related to academic policy. Comprised of academic and administrative faculty members who represent the Faculty Councils of each school and the faculty-at-large, the Faculty Senate is actively engaged in the appeals process concerning appointments, promotions, tenure, and contractual matters, and hearing grievances that abridge academic freedom.

The tenets of academic freedom include the expectation that colleges and universities will provide a degree of economic security for faculty members. The [Policy on Guidelines for Academic Freedom, Appointment, Promotion, and Tenure of Faculty](#), exhibits adherence to this aspect of academic freedom by presenting explicit expectations, conditions, and procedures for employment, advancement, and termination of faculty. The policy includes provisions for: specifying in writing the faculty member’s assigned areas of effort upon employment; contractual terms (years) of appointments by rank and track; requirements for promotion and tenure; requirements and procedures for termination for cause, non-renewal of contracts or financial exigencies; and appealing decisions to deny tenure or terminate faculty members.

Complaints to the Association of American University Professors (AAUP) by a group of faculty members whose contracts were not renewed in 2003 resulted in an investigative committee visiting the campus in 2004.

The investigating committee concluded the administration acted in violation of the AAUP’s 1940 *Statement of Principles on Academic Freedom and Tenure*. [President John E. Maupin, Jr.’s, letter to the American Association of University Professors dated](#)

[September 2, 2004](#) communicated his belief that the investigation “placed too much credence upon the statements of a few disgruntled former faculty members. We also believe that the vast majority of our faculty would have given you positive comments about faculty-administrative relationships here at Meharry. We also believe that our system of faculty governance does in fact share authority, and I would remind you that our Policy on Guidelines for Academic Freedom, Appointments, Promotion, and Tenure of Faculty was approved by the Faculty Senate as well as our Board of Trustees.”

The AAUP judged Dr. Maupin’s response to be inadequate and placed Meharry Medical College on the association’s list of censured administrations in 2005.

Preliminary Finding

Non-Compliance

Committee Comments

The Policy on guidelines for Academic Freedom Appointments Promotions and Tenure of Faculty were approved by the Faculty Senate and the Board of Trustees. This very lengthy document describes faculty responsibilities and expectations as well as outlining criteria for promotion, tenure, adverse actions and grievances. Some of these responsibilities and expectations and procedures encompass academic freedom.

As stated in the Compliance Certification report, the tenets of academic freedom include the expectation that colleges and universities will provide a degree of economic security for faculty members. The Policy on Academic Freedom, Appointment, Promotion, and Tenure of Faculty exhibits adherence to this aspect of academic freedom by presenting explicit expectations conditions, and procedures for employment, advancement, and termination of faculty. The policy includes provisions for: specifying in writing the faculty member’s assigned areas of effort upon employment; contractual terms (years) of appointments by rank and track; requirements for promotion and tenure; requirements and procedures for termination for cause, non-renewal of contracts or financial exigencies; and appealing decisions to deny tenure or terminate faculty members.” Although the Policy on Academic Freedom, Appointment, Promotion, and Tenure of Faculty does address this aspect of academic freedom, it does not fully address the aspects of academic freedom related to the faculty member’s freedom to publish research findings or determine content of classroom instruction.

MMC Response to the Preliminary Finding

The [Policy on Guidelines for Academic Freedom, Appointment, Promotion, and Tenure of Faculty](#) at Meharry Medical College incorporates all of the concepts and principles of academic freedom that govern institutional commitment and behavior toward faculty in their expression of freedom in teaching, conducting research, and providing clinical service.

Below is a concise summary statement of academic freedom at Meharry Medical College.

The major purposes of the College and its faculty body are:

- the pursuit of truth;
- the discovery of new knowledge through scholarship and research;

- the study and reasoned criticism of intellectual and cultural traditions;
- the teaching and general development of students to assist them in becoming creative thinkers, outstanding professionals, and productive citizens in a diverse and global community; and
- The transmission of knowledge and learning to a society at large.
- The core elements of achieving academic freedom at Meharry Medical College are to inquire with freedom to speak within the academic and global community to achieve the major purposes. The freedom to teach and to learn depends upon the creation and establishment of appropriate conditions and opportunities on the campus as a whole as well as in the classrooms and laboratories. These purposes reflect the values of pluralism, diversity, opportunity, critical intelligence, openness and fairness, which are the cornerstones of society.

These ideals of academic freedom at Meharry Medical College are implicit in the following portions of the Policy on Guidelines for Academic Freedom, Appointments, Promotions, and Tenure of Faculty.

- 1.2.1: This section describes activities that are classified as teaching and the expectations that faculty members will demonstrate leadership in the organization, design, planning, coordination and delivery of courses or programs of instruction.
- 1.2.2--1.2.2.2: These sections describe expectations for scholarly activity and states that “Creative activities, which contribute to the body of knowledge, are critical to the academic reputation of the College. Both quality and quantity of research and publication are important. However, quality of contribution to the body of knowledge is the major criterion.”
- 5.1.1 This section acknowledges that “The award of tenure is yet another important protection of the academic freedom of faculty members who have made exceptional meritorious contributions to teaching, scholarship, clinical service, and professional community service.”
- 5.2.1.1 This section speaks to probationary appointment to the tenure track and states “The expectation is that faculty assigned to this appointment status will devote an appropriate amount of their time to the pursuit of original scholarship and shall publish their findings in peer-reviewed journals, make presentations before their peers, and develop national recognition.”

Meharry Medical College respectfully submits that its Policy on Guidelines for Academic Freedom, Appointment, Promotion, and Tenure of Faculty includes language that supports and protects the tenets of academic freedom pertaining to each faculty member’s freedom to publish research findings and determine content of classroom instruction.

Supporting Documentation
Article I of the Amended and Restated Bylaws of Meharry Medical College
Bylaws of the Faculty Senate
Policy on Guidelines for Academic Freedom, Appointment, Promotion, and Tenure of Faculty

Supporting Documentation
President John E. Maupin, Jr.'s, letter to the American Association of University Professors dated September 2, 2004

Comprehensive Standard 3.8.3

The institution provides a sufficient number of qualified staff—with appropriate education or experiences in library and/or other learning/information resources—to accomplish the mission of the institution.

Original Narrative

Meharry Medical College is in compliance with this comprehensive standard.

Since February of 2005, the Meharry Medical College Library (MMCL) has been headed by a team of library professionals from the Eskind Biomedical Library at Vanderbilt University. The head of the management team is a physician with a degree in library science. The other two management team members hold master's degrees. The on campus staff of 18 persons (four librarians and 14 staff members) have the appropriate academic training or experience to provide and facilitate the various services offered by the library.

The names, job descriptions, and qualifications (curriculum vitae) of the MMCL staff are listed below.

Name	Job Description	Qualifications
Nunzia B. Giuse, M.D., M.L.S., A.H.I.P.	Director, Eskind Biomedical Library, Library Management Team Director, MMCL - Article II	Curriculum Vitae
Annette Williams, M.L.S.	Associate Director for Operations, Eskind Biomedical Library, MMCL Management Consultant Team - Article II	Curriculum Vitae
Marcia Epelbaum, M.A.	Assistant Director, Eskind Biomedical Library Consultant Meharry Medical College - Article II	Curriculum Vitae
Latosha Craig, M.L.I.S.	Librarian II	Curriculum Vitae
Donald Dryden, M.L.S.	Focus Coordinator, Digital Library and Collection Management	Curriculum Vitae
Soundaram Ranganathan, M.L.S.	Librarian I, Reference	Curriculum Vitae

Name	Job Description	Qualifications
Marvelyn Thompson, M.L.S., M.P.H.	Focus Coordinator, Public Services	Curriculum Vitae
Patricia Moreland	Circulation Supervisor	Curriculum Vitae
Barbara Grissom	Archives Assistant	Curriculum Vitae
Tammie Evans	Circulation Assistant	Curriculum Vitae
Marcus McCrary	Circulation Assistant	Curriculum Vitae
Kimberly Thompson	Circulation Assistant	Curriculum Vitae
Charles Murungi	Computer Operator I	Curriculum Vitae
Leroy Young, Jr.	Computer Operator II	Curriculum Vitae
Bobby Bledsoe	Media Services Coordinator	Curriculum Vitae
Donnie Frierson	Health Information Analyst III	Curriculum Vitae
Teresa Peters	Health Information Analyst III	Curriculum Vitae

The [MMCL Staff Directory](#) webpage provides online access to information about the library management team, librarians, and staff.

Preliminary Finding

Non-Compliance

Committee Comment

A review of the Meharry Compliance Certification reveals a well-qualified trio of professionals who head the management team, including a physician with an accredited master's degree in library science. These three professionals include the Director, Associate Director and Assistant Director of the Eskind Biomedical Library at Vanderbilt.

The 2006 organization chart reflects an incongruence with the institution's stated library leadership. Specifically, Meharry's 2006 organizational chart indicates no library director for the Biomedical Sciences Library.

The Committee observes an uncertainty of the existence and status of an alliance with Vanderbilt, especially regarding responsibilities of the leadership team.

MMC Response to the Preliminary Finding

The Meharry Medical College library director position is currently vacant and a search is underway to identify a director (see attached [Job Description for Director of the MMC Library](#)). However, Meharry Medical College is *not* void of leadership for the responsibilities associated with the library director's position due to a unique five-year contractual agreement with the director and key staff of the Eskind Biomedical Library at Vanderbilt University Medical Center. This contractual agreement was arranged by utilizing the historic [Meharry-Vanderbilt Alliance Partnership agreement](#).

The Alliance between Meharry Medical College (MMC) and Vanderbilt University Medical Center (VUMC) was established June 3, 1999, to mutually benefit each institution while maintaining the unique missions of each academic health center. The

goals for the Alliance are to enhance the educational, scientific, and clinical programs at both institutions, to foster cooperation, and to minimize duplication of services and programs with the goals of achieving excellence in each institution's programs and in their affiliated programs. Most important, the Alliance is designed to enhance collaborative efforts through which MMC and VUMC will develop and enter into additional transactions, affiliations and other arrangements that include professional service agreements, contracts, and joint ventures to more fully realize the goals of the Alliance.

Given the spirit of the Alliance agreement, in the summer of 2004, Dr. Nunzia Giuse, nationally renown informatics expert and Director of the Eskind Biomedical Library at VUMC, and her staff were invited by MMC's former President Dr. John E. Maupin, Jr., to conduct a thorough review of the MMC Library with the goal of writing a proposal to transform the MMC Library into a state-of-the-art facility. As a result of their review, modernization and renovation of the MMC Library as well as a new management structure were proposed in the [Meharry Medical College Information Center Vision Statement](#).

The process of implementing the vision for Meharry's information center was launched with a five-year contractual agreement, the [EBL Management Agreement](#), between VUMC and MMC for the Eskind Library team of professionals to provide management of the MMC Library and oversight of MMC Library staff. Impressed by the locally and nationally publicized historic agreement, a Meharry donor contributed \$1 million to the project to cover all administrative costs. In addition to the administrative managerial services provided by Dr. Giuse and her staff, the agreement provides for streamlining print and electronic collections, development of the Meharry digital library, use of Eskind Library's Digital Library shell and associated tools, and development of Meharry's Library web site.

Under the contractual agreement, Dr. Giuse is the chief administrator for the MMC Library. She has assembled Eskind Biomedical Library (EBL) professionals who serve as a management team for MMC (see [MMC Library Organization Structure: EBL Management Team](#)). The EBL team, in alignment with Meharry leadership's vision of the library, developed a roadmap and set goals for refining the MMC Library's services and operations. The team is actively working with Meharry staff to move towards the goals described in the proposal.

The management contract was initiated in February 2005, and the EBL team has been functioning collectively to fulfill leadership responsibilities for the Meharry Library as outlined in the [EBL Management Agreement](#) clauses cited below:

- 1.1 Meharry retains Vanderbilt and EBL, and Vanderbilt and EBL agree to act as manager of the Meharry Medical College Library (MMCL), subject to all the provisions set out herein.
- 2.1 Vanderbilt University Medical Center shall appoint Dr. Nunzia Giuse, a Vanderbilt employee to act in the capacity of Administrator, and she will have general day-to-day responsibility for the management and day-to-day operations of MMCL. The President of Meharry shall appoint a Meharry representative who shall, at the Administrator's request assist in trouble-shooting issues.

- 2.2 The Administrator will identify qualified EBL staff members to function as a team (Management Team) to provide the services outlined in this Agreement. The Management Team will provide a supervisory function. MMCL staff will execute the day-to-day work under the management and supervision of the Management Team.

As the head of the EBL team, Dr. Giuse coordinates the work of the team and leads the team's goal setting and administrative work with the MMCL staff. Within each area of the library's operations (e.g. collection management), an EBL management team member works with MMCL staff to ensure effective conduct of work; in most cases, the area is headed by an MMCL staff member who consults with EBL staff to manage operations. The team is currently seeking additional staff (reference librarian, archivist) to fill vacant positions. The team and MMC leadership are also seeking a director for the MMCL to begin work in academic year 2007-2008 in conjunction with the EBL team so that the director can work with the EBL team to ensure a smooth transition of operations.

Finally, this seamless cooperative library management agreement between MMC and VUMC led the Ad Hoc Survey Team for the Liaison Committee on Medical Education (LCME), October 2005, to conclude the following:

In the [24] months since the agreement went into effect, electronic holdings have increased and print holdings have been reduced; wireless Internet access has been established throughout the library; extended hours have been adopted; a digital library has been created and the web site revamped; library staff has been reorganized and undergone extensive training; and furnishings have been upgraded and rearranged to increase study space and attractiveness. As a result of these changes, Meharry students have returned to the Meharry library and used it much more extensively.... The survey team believes the facility meets current accreditation standards and expectations." ([Report of the Survey of the Meharry Medical College School of Medicine, October 2-5, 2005, prepared by an Ad Hoc Survey Team for the Liaison Committee on Medical Education, pp.40-41](#)).

Although the 2006 Organization Chart submitted with the college's Compliance Certification Report did not include a reference and reporting line for the director of the MMC Library, in practice the director of the Library Management Team reported to the president of the college. During fall 2006, the college's organizational structure was revamped under the leadership of Interim President Dr. A. Cherrie Epps. The [Recentralization \(Interim Changes\) organization chart](#) presented to the Board of Trustees in October 2006 indicates the Biomedical Sciences Library director reported to the interim president.

Supporting Documentation
MMCL Staff Directory
Position Description Library Director - Article II
Meharry-Vanderbilt Alliance Partnership Agreement
Meharry Medical College Information Center Vision Statement
EBL Management Agreement
MMC Library Organization Structure: EBL Management Team

Supporting Documentation
<u>Report of the Survey of the Meharry Medical College School of Medicine, October 2-5, 2005, prepared by an Ad Hoc Survey Team for the Liaison Committee on Medical Education, pp.40-41</u>
<u>Recentralization (Interim Changes) Organization Chart</u>

Comprehensive Standard 3.10.4

The institution exercises appropriate control over all its financial and physical resources.

Original Narrative

Meharry Medical College is in compliance with this comprehensive standard.

The college's policies, procedures, and routine internal audits are evidence of exercising appropriate control over financial and physical resources. The following policies are practiced and enforced: [Policy on Accounts Payable](#), [Policy on Purchasing](#), [Policy on Travel](#), [Policy on Cash Receipting and Deposits](#), and [Investment Policies, Guidelines, and Spending Policy](#). The college's compliance with this standard is evidenced by the unqualified opinions cited in recent audits.

The financial status of the college is monitored on a regular basis through monthly financial reports, quarterly financial reports to the Board of Trustees, and internal audits. The [Policy on Financial Reporting](#) and [Policy on Budget Process](#) give details on the process of monthly financial reporting to departments and divisions. The monthly reports show budget to actual and variance. Quarterly financial statements to the Board of Trustees also show budget to actual activity and variance. Internal audits and reviews (see [Internal Audits and Reviews FY 2004-2006](#)) are conducted routinely to ensure that reporting requirements are in compliance with external regulatory agencies and that internal controls are in place to protect the college's resources. The guidelines for internal audits are described in the [Policy on Internal Control](#).

The college's physical resources, which include land, buildings, machinery, equipment, furniture, fixtures, and other property acquired during the process of doing business, are also monitored on a regular basis. The [Policy on Fixed Assets Management](#) provides guidelines for valuing, identifying, depreciating, and disposal of property. Inventories of physical resources are conducted biannually by divisions under the direction of the Controller's office.

Qualified financial and administrative managers are in place to ensure that policies and procedures are enforced. Each person has the qualifications to fulfill the respective job responsibilities. The persons in leadership positions in the Division of Finance include the following:

Name	Job Description	Qualifications
LaMel Bandy Neal, M.B.A.	Vice President for Finance and Treasurer	Curriculum Vitae
Dora Moore, M.B.A., C.P.A.	Associate Vice President and Controller	Curriculum Vitae
Reynard Trea McMillan, M.B.A., C.P.A.	Associate Vice President for Finance	Curriculum Vitae
George Williams	Director, Grants and Contracts	Curriculum Vitae
Palace Reid	Director, Financial Planning and Analysis	Curriculum Vitae

The responsibilities for maintaining and safeguarding physical resources are assigned to the Office of Campus Services and the Department of Public Safety and Security, which report to the Office of the General Counsel and Vice President of Management Services. The Office of Campus Services outlines practices for routine maintenance, proactive maintenance, and preventive maintenance (all of which are designed to keep building systems and equipment working at optimal levels) in the [Campus Operations Maintenance Program](#). The operations maintenance program also addresses the college’s capital maintenance requirements by providing for periodic assessments of facilities to identify emerging needs for capital repair.

The [Department of Public Safety and Security](#) (DPSS) safeguards building and people by routinely implementing its [Security Plan](#). The plan outlines responsibilities for monitoring access to buildings and parking facilities. The department coordinates protection of off-campus facilities with local police departments. The DPSS staff provides an evening escort service for students and employees and responds when crimes involving student, employees, or the public occur on campus.

Individuals holding positions in Campus Services and the Department of Public Safety and Security are qualified by education and experience. Job descriptions and curriculums vitae for the [Director, Campus Services, George Kelly](#), and [Director, Department of Public Safety and Security, Richard Briggance](#) are appended.

Preliminary Finding

Non-Compliance

Committee Comment

The responsibility for oversight of the institution’s control of its financial and physical resources is delegated to the Vice President for Finance and Treasurer. The institution has an internal audit department which reports directly to the President rather than the Board of Trustees. A schedule of internal audits performed since 2003 was provided to the Committee; however, there was no summary of the results of the audits

Monthly financial statements, including a budget to actual comparison are prepared and distributed to the administration and the Board of Trustees.

The Committee reviewed the organization chart and there appears to be adequate infrastructure and qualified staff to maintain adequate control over the assets of the institution. The institution reports that an annual physical property and equipment inventory is maintained to remain in compliance with various state and federal requirements. The Committee reviewed the College's policy on fixed assets management which provides that a physical inventory will be performed annually, however the institution reported that the inventories are actually performed biannually. The committee was not provided any evidence that such physical inventory has taken place. It is noted, however, that the annual A-133 audit did not have any findings relating to the control over assets purchased with governmental funds.

The Committee was unable to determine which administrative department is responsible for the risk management function of the institution. The institution did not provide any evidence regarding the risk management policies and procedures or a report documenting overall risk management plan including evidence of adequacy of insurance coverage.

MMC Response to the Preliminary Finding

Regarding Internal Audits: The director of internal audit reports to the president and the Audit and Compliance Committee of the Board of Trustees (see [Recentralization Interim Changes Organization Chart](#)). The Audit and Compliance Committee approves the annual audit schedule/plan for the Internal Audit Department during the May meetings of the Board of Trustees.

Upon the Board's approval of the audit schedule, the Internal Audit Department notifies the divisional vice president and department head that a department or area is to be audited through an engagement letter. A copy of the engagement letter is sent to the president and vice president of finance. The engagement letter includes the date of the entrance conference, a brief description of specific area(s) that will be reviewed, and the scope of the audit. After the entrance conference, which is a formal meeting to discuss the nature, scope, and operational characteristics of the department to be audited, fieldwork begins, usually, the following week.

Fieldwork is the gathering of evidence through observation, inspection, test checks, confirmation, and interviews with staff to allow the Internal Auditor a reasonable basis to express an opinion or conclusion about controls, compliance, and performance of the area being audited. During the course of fieldwork, periodic meetings between the auditor and management of the department are held to obtain or provide information about audit issues and to review preliminary audit findings.

After fieldwork is completed, an audit report is drafted which includes the audit findings and recommendations. The draft report allows spacing for management's responses, corrective action plan, and feedback. The draft report is submitted to the Department Head for review, a meeting is held to discuss the report, and discussions regarding any discrepancies are held. At this meeting, the auditors request responses with implementation dates for each finding to be submitted to the Internal Audit department within a week.

Management's responses are included in the final report prior to distribution. The final report, inclusive of an Executive Summary is distributed to the President, Vice President

of Finance, members of the Audit and Compliance Committee of the Board of Trustees, the Divisional Vice President, the Department Head, and the Director of Compliance.

The Internal Audit Department prepares a [Management Response Tracking Report](#) that listing the findings (problem description), the corrective action plan, expected implementation date, and the status (on track, delayed, or complete). This tracking report is required to be submitted to the Director of Internal Audit, with a copy to the president and vice president of finance monthly until all items have been corrected. The Chairman of the Audit and Compliance Committee, a senior member of the Board of Trustees, receives monthly updates of ongoing issues from the Internal Audit Director. In addition, the tracking report is shared with the Audit and Compliance Committee at each Board of Trustees meeting until all issues have been resolved. The addition of the tracking report to the audit process has substantially reduced the number of outstanding audit findings.

The attached [Internal Audit Department Summary of Audits and Reviews FY04, FY05, and FY06](#) indicates there is one (1) outstanding issue for FY 2004, none for FY 2005, and two (2) for FY 2006. The outstanding finding from 2004 is an ongoing issue regarding the Billing and Collections system in the Meharry Medical Group. Internal Audit recommended the upgrading of the Billing and Collections system (McKesson). Several upgrades have been made to certain features and several others are being considered for upgrades.

The outstanding findings for FY 2006 are both in the area of Credentialing in the Meharry Medical Group. Both issues relate to the delay in the hiring of a Credentialing Coordinator. This position has been posted and the Meharry Medical Group is currently seeking competent candidates.

Internal Audit annually reviews and reports on the extent of improvement and confirms or refutes whether recommendations and management's responses for corrective action have been implemented.

On a biannual basis the Internal Audit Department completes an enterprise-wide risk assessment designed to assess Meharry Medical College's business risks, which include financial, legal and regulatory, operational, strategic, and information systems risks. The primary objective of the assessment is to identify and prioritize areas for possible internal audit focus, allocation of resources and development of the Internal Audit schedule for the two upcoming fiscal years.

Perspectives are gained from members of Senior Management, members of the Audit and Compliance Committee of the Board of Trustees, and the various business process owners. An audit universe, encompassing significant "auditable entities" is defined. For ease of understanding, the auditable entities are categorized primarily by divisions, school and business process.

Using knowledge gained during the interview process, the results of prior year audits, and professional judgment gained from prior experience, each auditable entity is individually assessed as either "high", "medium" or "low" risk. Factors considered for purposes of risk ranking the auditable areas, as well as determining the frequency and timing of testing included the following:

- Likelihood of Risk Occurrence: Extent of process or system changes (e.g., purchasing system implementation)
- Nature of process: “routine” processes (e.g., payroll) vs. non-routine (e.g., establishing reserves)
- Impact of Risk Occurrence: Financial statement materiality of related account balance (e.g., accounts receivable)
- Financial or Operational benefit to the organization (e.g., revenue impact)

A two year internal audit plan is developed based on the risk assessment results. Accordingly, Internal Audit activities are focused in the areas with the highest risk.

Regarding Inventory of Physical Property and Equipment: An earlier version of the Fixed Assets Management Policy was mistakenly submitted with the Compliance Certification Report for this Comprehensive Standard. The current [Policy on Fixed Assets Management \(revised April 10, 2006\)](#) accurately reflects that a physical inventory will be performed bi-annually.

In keeping with the current policy, a campus wide inventory of fixed assets was performed in 2004 and in 2006. The following documentation is provided to support the actual physical inventories taken:

1. [Memo, supporting documents, and sample completed reports regarding fixed assets inventory for 2004.](#)
2. [Memo, supporting documents, and sample completed reports regarding fixed assets inventory for 2006.](#)

Fixed Assets purchased with governmental funds through sponsored programs are recorded in accordance with our procurement and fixed assets management policies, which also adhere to government standards. These assets are documented in the fixed assets permanent records.

Regarding Risk Management: The responsibility for Risk Management is assigned to the Office of Corporate Compliance. The function of Risk Management is to identify, manage, and control the college’s exposure to loss and to select the most advantageous means of protecting the college against such losses. Risks and exposures may involve accidents and other instances resulting in injury or damage to patients, employees, students, and visitors.

In conjunction with the Offices of Corporate Compliance and Legal Affairs, the Risk Management staff provides assistance in managing the following insurance coverage:

- **Professional Malpractice:** This coverage is used to ensure against claims arising out of negligent acts, errors, or omissions in the rendering or failing to render professional services as defined in the policy. Total policy limits of \$20 million per incident with a \$22 million aggregate.
- **Employment Practices Liability (EPL):** This insurance coverage is used to protect against lawsuits by employees alleging wrongful termination, discrimination, harassment or other specified employment related exposures. The coverage limit is \$5 Million.

- **Directors and Officers (D&O):** This insurance coverage is used to protect against claims arising from the negligent acts, errors, or omissions alleged to have been committed by present or former directors or officers of the college. The coverage limit is \$5 million.
- **Commercial Automobile:** Coverage includes the following:
 - Liability**, to protect against claims alleged for bodily injury and property damage arising from the ownership, maintenance or use of any covered auto.
 - Automobile Physical Damage**, to protect the covered vehicle itself. It pays for physical damage losses that result from a covered peril.
 - Uninsured/Underinsured Motorist**, to protect Meharry and its passengers against bodily injury expenses if they are hit by another driver who has no automobile liability insurance or has less than the minimum limits required by the State of Tennessee.
 - Hired Automobile**, to protect against claims arising out of the use of vehicles leased, hired, rented, or borrowed by the employee while on approved official business of the College.
 - Non-Owned Auto Liability**, to protect Meharry for automobiles Meharry does not own, lease, hire, rent, or borrow while they are being used in connection with Meharry's business operations.

The Commercial Automobile coverage limit is \$1 million per occurrence.

- **Property:** This insurance coverage provides protection for permanent structures listed on the policy. Completed additions, permanently-installed fixtures, machinery and equipment, outdoor fixtures, owned personal property used to service, repair or maintain the building and additions under construction or repair are all included in this policy. Personal Property coverage protects personal property owned by Meharry and used in Meharry's operations. Furniture and fixtures, equipment and machinery, raw stock, and finished goods are inclusive within this category. Electronic Data Processing coverage provides coverage for the costs of replacing EDP equipment or restoring electronic data that is damaged or corrupted by a covered peril up to specified limits in the policy. Mechanical Breakdown and Electrical Injury Coverage is used to extend the Property policy to protect against loss resulting from mechanical breakdown or electrical injury to cover equipment as defined in the policy. Boiler and Machinery equipment coverage has been combined in the property coverage. Business Interruption and Business Income Coverage are also inclusive in the Property insurance policy. The coverage limit is \$314,583,712.
- **Commercial Crime (Employee Dishonesty, Money, and Securities):** This insurance coverage provides protection in the event of criminal acts of others. Employee Dishonesty coverage protects against loss of money and securities or other property resulting from dishonest acts of employees. This coverage is also used to ensure against loss of money and securities caused by theft (robbery and burglary) disappearance, or destruction of money and securities while

located inside or outside Meharry’s premises. It also covers damage to the premises resulting from actual or attempted theft. The coverage limit is \$1 million.

- **Workers’ Compensation:** This insurance provides coverage for accidents or diseases arising from employment as prescribed by state laws. Benefits can include lost wages, medical expenses, and permanent disfigurement/disability payments. Tennessee Statutory limits apply. Employer Liability Limits are \$500,000 per incident; \$500,000 per disease; \$500,000 each employee.
- **General Liability:** This insurance coverage protects the College from claims arising from alleged bodily injury, personal injury, or property damage liability. Coverage payments can include judgments, attorney fees, court costs, or other related expenses. The coverage limit is \$1 million.
- **Umbrella:** This insurance coverage provides protection against catastrophic liability claims. The policy acts as an excess coverage over the primary liability policies---General Liability, Automobile, and Workers Compensation. The coverage limit is \$5 million.
- **Fiduciary Liability:** This insurance coverage protects against negligent acts, errors or omissions committed by college employees for whose acts the college is legally responsible for while engaging in the management of Meharry’s Employee Benefit Plans. The coverage limit is \$5 million.

The [Insurance Premium Analysis](#) provides information about the cost of the college’s insurance coverage from 2002-2003 to 2006-2007.

Written procedures for securing insurance coverage, reporting events, and claims management are maintained by Risk Management and the Office of Corporate Compliance. The following procedures are attached for review: [Professional Malpractice Application Process](#), [Directors and Officers/Employment Practices Liability Coverage Process](#), [Request for Employees to be Added to Commercial Auto Policy](#), [Property Coverage Process](#), [Commercial Crime Process](#), [Workers’ Compensation Process](#), [General Liability Coverage Process](#), [Umbrella Coverage Process](#), and [Fiduciary Liability Coverage Process](#).

Risk Management staff members work with the insurance broker and insurance carriers to conduct on-site assessments of clinical and property risks. The staff also assists with the coordination and presentation of risk management training for physicians, dentists, residents, students, and staff.

Supporting Documentation
Policy on Accounts Payable
Policy on Purchasing
Policy on Travel
Policy on Cash Receipting and Deposits
Investment Policies, Guidelines, and Spending Policy.
Policy on Financial Reporting

Supporting Documentation
Policy on Budget Process
Internal Audits and Reviews FY 2004-2006
Policy on Internal Control
Policy on Fixed Assets Management
Campus Operations Maintenance Program
Department of Public Safety and Security
Security Plan
Director, Campus Services, George Kelly,
Director, Department of Public Safety and Security, Richard Briggance
Recentralization (Interim Changes) Organization Chart
Internal Audit Department Management Response Tracking Report
Internal Audit Department Summary of Audits and Reviews FY04, FY05, and FY06
Policy on Fixed Assets Management (revised April 10, 2006)
Memo, supporting documents, and sample completed reports regarding fixed assets inventory for 2004
Memo, supporting documents, and sample completed reports regarding fixed assets inventory for 2006
Insurance Premium Analysis
Professional Malpractice Application Process
Directors and Officers/Employment Practices Liability Coverage Process
Request for Employees to be Added to Commercial Auto Policy
Property Coverage Process
Commercial Crime Process
Workers' Compensation Process
General Liability Coverage Process
Umbrella Coverage Process
Fiduciary Liability Coverage Process

Comprehensive Standard 3.10.7

The institution operates and maintains physical facilities, both on and off campus, that are adequate to serve the needs of the institution’s educational programs, support services, and other mission-related activities.

Original Narrative

Meharry Medical College is in compliance with this comprehensive standard.

Meharry’s campus consists of 20 buildings that sit on 26 acres of land in the heart of north Nashville. The campus buildings and grounds are adequate to serve the needs of the college’s educational programs, support services, and mission related activities.

The largest buildings—Harold D. West Basic Sciences Building, Dental School Building, Old Hospital, and Kresge Learning Resources Center—house lecture halls, classrooms, computer centers, study areas for students, research laboratories, auditoriums, faculty offices, ambulatory services, and the library. Smaller buildings, such as the Clay Simpson Building, Biomedical Research Center, Henry Moses Building, and Rolfe Student Center, also house educational and student support programs, research laboratories, employee support services, and faculty offices. Two buildings, Dorothy

Brown Hall and Royal Towers, provide student housing. Two parking structures and several surface lots provide on-campus parking for students, faculty, and visitors.

Nashville General Hospital at Meharry, the city's public hospital, is leased to the Nashville-Davidson County Hospital Authority by Meharry Medical College. The hospital authority is responsible for maintaining the building and its equipment. Meharry's off-campus housing is operated and maintained by a property management firm. The [Campus Map](#) provides an overview of the location of buildings and parking facilities.

The [Campus Operations Maintenance Program](#), which is carried out by the Office of Campus Services, describes the college's plan for routine, preventive, and deferred maintenance of campus buildings and grounds. The Office of Campus Services maintains an inventory of space allocations by buildings. The [MMC Space Allocation by Buildings FY2004](#) is attached for review.

The current [Meharry Medical College Campus Master Plan](#) was developed in 2003. The plan is designed to provide direction for campus building improvements, correct existing deficiencies, and meet the long term strategic goals of the college. The plan includes a conceptual land use plan, property acquisition, possible building demolitions, and proposals for adding new research laboratories.

The [2005 Employee Satisfaction Survey](#) indicated 62 percent (N=263) were satisfied with the overall quality of campus facilities. The results of the [Meharry Medical College 2005 Graduating Student Survey for Overall Student Support](#) indicated 71 percent of respondents were very satisfied or satisfied with campus parking; 76 percent were very satisfied or satisfied with housing facilities; and 79 percent were very satisfied or satisfied with safety and security.

Preliminary Finding

Non-Compliance

Committee Comments

The institution's campus and grounds appear to be adequate to serve the needs of the College's educational programs, support services, and mission related activities. The campus sits on 26 acres of land and consists of 20 buildings, plus an off-site apartment complex. The Committee reviewed the policies relating to campus maintenance and they appear to be adequate.

The Committee reviewed the institution's Campus Master Plan prepared in 2003 noting that the majority of the buildings on campus were constructed in the 1970's, although there are some much older buildings and a few newer ones as well. The Campus Master Plan delineated the top master planning priorities including: conference/meeting space; faculty/staff office space; private faculty practice/clinic space; research labs; and additional teaching areas/lecture halls. The plan includes a conceptual land use plan, property acquisition, possible building demolitions, and proposals for adding new research laboratories. The Committee was not provided a timeline or capital budget for these improvements.

The Committee was not provided any details about the deferred maintenance needs of the campus nor other evidence of the state of the facilities. The Committee was not able to form a conclusion about the adequacy of the upkeep of the facilities.

MMC Response to the Preliminary Finding***Regarding a Timeline and Capital Budget for the Campus Master Plan:***

The Meharry Medical College Campus Master Plan is a conceptual document that provides a guide for campus improvements that will meet the long-term strategic goals. The master plan identified the following priorities for future improvements and expansion of the campus:

- Campus Recreation Area
- Campus Wayfinding (signage)
- Conference/Meeting Space
- Faculty/ Staff Office Space
- Infrastructure
- Private Faculty Practice/Clinic Space
- Parking/ Campus Circulation
- Research Labs
- Security
- Teaching Areas/Lecture Halls
- Technology/Information System

Since the development of the Campus Master Plan in 2003, the college has approached its implementation by making annual improvements as needs and funding permit. The college has also revised its approach regarding the demolition of existing buildings and the construction of new facilities to house research programs that were conceptualized in the Campus Master Plan. Long term goals for expansion are contingent on property acquisition, growth in the educational and research enterprises, and the acquisition of funding to support purchasing property, new construction, or renovation of existing buildings.

The table below highlights identified priorities in the Campus Master Plan that have been addressed since 2003. The table includes the projects, costs, funding sources, and project completion years.

Capital Project	Budget	Funding	Project Completion
Campus Recreation Area (refurbish gymnasium and create multi-purpose recreation facility)	\$233,000	Alumni Assoc.	2007
Campus Wayfinding (new, standardized directional signage at points of entry to the campus and major buildings)	\$63,000	Operational Funds	2004-2008
Conference/Meeting Space (auditorium in Learning Resource Center refurbished_	\$250,000	United Methodist Black College Fund	2007

Capital Project	Budget	Funding	Project Completion
Faculty/Staff Office Space (renovation of Henry Moses Building: 1st Floor Human Resources, 2nd Floor Student Support Services)	\$438,000	United Methodist Black College Fund; Operational Funds	2004-2006
Infrastructure (HVAC Cooling Tower Renewal)	\$625,000	Title III	2006
Research Labs: concept revised to use available space for the following projects			
Women Health Research Center, located in Old Hospital	\$5,600,000	NIH	2006
HIV Research	\$6,800,000	NIH	2007
Security (relocated to renovated building that was scheduled for demolition; installation of emergency phones throughout campus)	\$83,000	Operational Funds	2007
Teaching Areas/Lecture Halls Student Academic Support Center Renewal	\$140,000	Title III	2007
West Basic Sciences Lecture Halls	\$260,000	NIH	2007
Capital Project	Budget	Funding	Project Completion
Technology/Information System (upgrades to Digital Library; upgrade telephone system to VoIP)	\$156,000	Private Foundations	2005-2009

Regarding deferred maintenance: The Meharry Medical College campus consists of 20 buildings on 26 acres. The average age of these buildings is 39 years. Over the years, capital improvements have been executed based on the availability of funds with some effort to provide a systematic and objective approach.

A facilities audit is conducted annually to assess the existing physical condition and functional performance of campus buildings and infrastructure as well as maintenance deficiencies. The facilities audit also provides a basis for decision making on routine maintenance, capital renewal, deferred maintenance, functional improvements, and replacements. A deficiency report is generated by:

- Reviewing facility design and associated documentation
- Interviewing key personnel in administration, engineering, and maintenance to identify known problems

- Conducting visual inspections of major facility components, systems and equipment to determine their condition, performance, life expectancy, and associated cost of replacement.

The facilities audit is completed by November of each year. The most recent facilities audit was completed in November 2006 and is reported on the [Deferred Maintenance Assessment Sheet](#). The audit organizes deferred maintenance needs by buildings and functional areas. The audit also prioritizes deferred maintenance projects and includes projections of cost. Over the past three fiscal years, funding for deferred maintenance projects have come from Title III funds (a federal grant), private grants, and institutional operational capital funds. Expenditures from these funding sources over the past three years totaled: \$854,801 from Title III; \$250,000 from a private foundation; and \$245,300 from operational funds,

The total projected expenditures for deferred maintenance for FY2007 is \$3,044,847, which will come from Title III, private foundations, and institutional funds.

Supporting Documentation
Campus Map
Campus Operations Maintenance Program
MMC Space Allocation by Buildings FY2004
Meharry Medical College Campus Master Plan
2005 Employee Satisfaction Survey
Meharry Medical College 2005 Graduating Student Survey for Overall Student Support
Deferred Maintenance Assessment Sheet