

Agenda Item 2: Consideration of Staff Recommendations for Indicator 2D, Compensation of Faculty: Standards Applicable in Performance Year 2001-02 to impact FY 2002-03 (Year 6)

Explanation: Standards for indicator 2D are to be revised annually based on updated and/or inflated national salary averages or in the case of research institutions, individual peer salary averages. The figure to be used is the most recent figure available inflated up to the current year by legislated pay increases. The improvement factor applied is also to be revised annually and is based on being greater than or equal to the legislated percent increase for unclassified employees plus one.

At the July meeting, staff recommended standards to the Committee based on the methodology described. The Committee post-poned approval pending additional research to address questions raised at the meeting by the technical college sector. Staff have reviewed the data and recommend changes to its prior recommendation for the Technical College Sector only in order to address data issues related to the reported national data for 2000-01. As was the case before, staff again provided all institutions with an opportunity to review and comment on the proposed standards. Below, standards recommended for Year 6 in accordance with the described methodology are presented with an adjustment to prior recommendations for the Technical College sector. The adjustment made is described in the "Data Source" description below.

Recommendation: Staff recommends that the Committee approve the standards as proposed below for Indicator 2D, Compensation of Faculty, for use in Performance Year 2001-02 and forward its recommendation to the full Commission for consideration.

Data Source: For research institutions, the data source for the base average salary (Col B) is the inflated peer data used in setting Year 5 standards that represent 1999-00 average salary data of peers inflated one year by 3%. These data are inflated up to the current year by 2% (Col D). For the teaching and regional campuses the data source is the 2000-01 average salary data from the salary survey conducted and reported by the American Association of University Professors Table 4, p. 38, of the March-April 2001 issue of *Academe* (Col B). These data are inflated to the current year by 2% (Col D). For technical colleges, the data source is the 1999-00 average reported in the March-April 2000 issue of *Academe* inflated by 3% (Col B). This number is inflated by 2% (Col D) to bring the number to the current year. The 1999-00 data are being used as the starting point in setting the Year 6 standards due to low numbers of institutions without rank included in the 2000-01 average. Column D below (national data inflated to the current year) is the number used to determine the range for a score of 2 as listed in Columns E and F.

Proposed Standards for Year 6:

	col A	col B	col C	col D	col E	col F
IMPROVEMENT FACTOR: The recommended improvement factor for Year 6 is 3%. This represents the legislated increase of 2% for unclassified employees +1.	Relevant Indicator	Most Recent Available Average Salary Data	% value used to inflating average to 2001-02 by the legislated increase for unclassified employees.	Average Salary Value used to derive the YR 6 Standards	RECOMMENDED YEAR 6 STANDARDS: Range for a Score of "2" based on being at or within 80%-94.9% of Average for 4-Yr institutions and 75%-94.9% of Average for 2-Yr institutlons.	
		See Data Source description above	See Part 1B, Proviso 63C.9 FY 01-02.	= Col B + (Col B*Col C)	80.0% of Col D for 4-Yr Inst. & 75.0% for 2-Yr	94.9% of Col D
					(If < value, score=1)	(If > value, score=3)
Standards for <u>Clemson University</u> - Based on 1999-00 data from reporting peers for Clemson University. For peer listing see appendix A of the September 2000 Workbook.						
Instructor	2D1a	n/a	n/a	n/a	n/a	n/a
Assistant Professor	2D1b	\$52,418	2.00%	\$53,466	\$42,773	\$50,740
Associate Professor	2D1c	\$62,062	2.00%	\$63,303	\$50,643	\$60,075
Professor	2D1d	\$85,244	2.00%	\$86,949	\$69,559	\$82,514

Proposed Standards for Year 6, Continued

	col A	col B	col C	col D	col E	col F
IMPROVEMENT FACTOR: The recommended improvement factor for Year 6 is 3%. This represents the legislated increase of 2% for unclassified employees +1.	Relevant Indicator	Most Recent Available Average Salary Data	% value used to inflating average to 2001-02 by the legislated increase for unclassified employees.	Average Salary Value used to derive the YR 6 Standards	RECOMMENDED YEAR 6 STANDARDS: Range for a Score of "2" based on being at or within 80%-94.9% of Average for 4-Yr institutions and 75%-94.9% of Average for 2-Yr institutions.	
		See Data Source description above	See Part 18, Provision 63C.9 FY 01-02.	= Col B + (Col B*Col C)	80.0% of Col D for 4-Yr Inst. & 75.0% for 2-Yr	94.9% of Col D
					(if < value, score=1)	(if > value, score=3)

Standards for University of SC Columbia - Based on 1999-00 data from reporting peers for USC Columbia. For peer listing see appendix A of the September 2000 Workbook.

Instructor	2D1a	n/a	n/a	n/a	n/a	n/a
Assistant Professor	2D1b	\$54,802	2.00%	\$55,898	\$44,718	\$53,047
Associate Professor	2D1c	\$63,772	2.00%	\$65,047	\$52,038	\$61,730
Professor	2D1d	\$87,988	2.00%	\$89,748	\$71,798	\$85,171

Standards for the Medical University of SC - Based on 1999-00 data from reporting peers for MUSC. For peer listing see appendix A of the September 2000 Workbook.

Instructor	2D1a	n/a	n/a	n/a	n/a	n/a
Assistant Professor	2D1b	\$66,211	2.00%	\$67,535	\$54,028	\$64,091
Associate Professor	2D1c	\$77,028	2.00%	\$78,569	\$62,855	\$74,562
Professor	2D1d	\$97,996	2.00%	\$99,956	\$79,965	\$94,858

Standards for the Teaching Colleges and Universities - Data are from AAUP report using 2000-01 average salary data for "Public, Category IIA - Comprehensive"

Instructor	2D1a	n/a	n/a	n/a	n/a	n/a
Assistant Professor	2D1b	\$45,147	2.00%	\$46,050	\$36,840	\$43,701
Associate Professor	2D1c	\$54,886	2.00%	\$55,984	\$44,787	\$53,129
Professor	2D1d	\$68,828	2.00%	\$70,205	\$56,164	\$66,624

Standards for Regional Campuses - Data are from AAUP report using 2000-01 average salary data for "Public, Category III - 2-yr Colleges with Ranks"

All Combined	2D	\$46,650	2.00%	\$47,583	\$35,687	\$45,156
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(Rev) Standards for Technical Colleges - Data are from AAUP report using 1999-00 average salary data for "Public, Category IV - Institutions without Ranks" (inflated by 3% to 2000-01 and by 2% to 2001-02).

No Rank (all combined)	2D	\$44,691	2.00%	\$45,584	\$34,188	\$43,260
(proposed prior to revision)	2D	\$46,020	2.00%	\$46,940	\$35,205	\$44,546

Note: For research institutions and the teaching sector, the Commission approved not scoring the instructor level as part of indicator 2D beginning in year 6.

Agenda Item 3: Consideration of Staff Recommendations for Implementing Indicators 6A/B, 7A, and 9A as defined for MUSC

Explanation: Last February, the Commission approved that indicators be developed for the Medical University of South Carolina (MUSC) appropriate to its mission and to serve as complement measures for those used for other research sector institutions for Indicators 6AB (Combined, 6A, SAT and ACT Scores of Student Body and 6B, High School Class Standing, Grade Point Averages, and Activities of the Student Body), 7A (Graduation Rate), and 9A (Financial Support for Reform in Teacher Education). Commission staff has been working in cooperation with representatives of MUSC to define these indicators relevant to the institution's mission. Staff would like to note its appreciation to MUSC representatives in working with us to develop these indicators. On the following pages are the indicator measures and measurement details that staff is recommending for approval. Included as part of the measurement information attached are recommended standards for use in assessing performance. Indicator 6A/B is designed to assess entrance requirements of entering graduate students. Indicator 7A is designed to assess the completion rate of graduate students in all programs except PhD. Finally, Indicator 9A has been designed to assess MUSC's grant expenditures as related to improving the health of pre-K to grade 12 -aged children. All three indicators have been developed in keeping with the measures currently in effect for these indicators for other institutions, but altered to provide for assessment of MUSC's graduate student population and the institution's role in health care education. Staff notes that for the current performance year Indicators 6A/B and 7A as defined for MUSC are to be assessed as scored indicators, whereas, Indicator 9A as defined for MUSC is to be assessed as a compliance indicator to provide for the collection of baseline data.

Recommendation: Staff recommends that the Committee approve the measures and standards as described herein for Indicators 6A/B, 7A, and 9A for the Medical University of South Carolina and forward its recommendation to the Commission for consideration.

(6) ENTRANCE REQUIREMENTS

6A/B, MUSC: COMPARABLE MEASURE TO COMBINED 6A/B FOR MUSC

ENTRANCE EXAMINATION SCORES, COLLEGE GRADE POINT AVERAGE, AND COLLEGE RANK OF ENTERING GRADUATE AND FIRST PROFESSIONAL STUDENTS

PROPOSED MEASURE

Percent of first-time, full-time entering graduate and first professional students who take and report required entrance examinations or who have reported a college grade point average (GPA) or a college rank who meet or exceed the Commission-approved target for such examinations or credentials.

NOTE: *Target scores (see below for additional details) are defined as follows:*

- 26.6 *Medical College Admission Test, MCAT: Sum of all targets for all scored parts including Verbal Reasoning = 8.6, Physical Science=8.8, and Biological Science = 9.2)*
- 34 *Dental Admission Test, DAT: Sum of target of 17 on each part (the "Academic Average" including Survey of Natural Sciences, Reading Comprehension and Quantitative Reasoning tests and the Perceptual Ability test) used for admission purposes.*
- 200 *Pharmacy College Admission Test, PCAT: Scaled Total Score*
- 1587 *Graduate Record Exam, GRE: Total = Verbal, Quantitative, and Analytical (If all three parts are not reported, the target used is the sum of the corresponding part total for each of the reported parts. The corresponding targets for the parts are: 471 for Verbal, 569 for Quantitative, and 547 for Analytical)*
- 521 *Graduate Management Admission Test, GMAT: Total Score*

3.0 or higher on a 4.0 scale	College GPA
Top 30% of Class	College Rank

APPLICABILITY

Applicable to MUSC only

MEASUREMENT INFORMATION

General Data Source:	Computed from data gathered and reported by the institution to CHE. <i>(Will give consideration of adding this reporting to CHEMIS for years subsequent to PF Year 2001-02, Yr 6, reporting)</i>
Timeframe:	The most recent ended fall term is considered for ratings. For Year 6, Fall 2001.
Cycle:	Rated annually.
Display:	Percentage.

Rounding:	Data rounded to 1 decimal.
Expected Trend:	Upward movement is considered to indicate improvement.
Type Standard:	Assessment based on comparison to a set scale.
Improvement Factor:	>= 5% of past 3-year performance average.

CALCULATIONS, DEFINITIONS and EXPLANATORY NOTES

The calculation for this indicator is based on the sum of first-time, full-time students of a given year who report in admissions material at least one of the identified credentials (entrance exam scores, college GPA, or college rank) and meet set targets for any one of the identified credentials divided by the total number of first-time, full-time students of a given year who reported in admissions material at least one of the identified credentials.

Target Score Generally: The target scores, levels identified for each credential, will initially be set for use in Year 6 and will remain constant until such time that a review of the national exam data indicates a need for an adjustment to the levels adopted. The targets are listed above.

Target Score, Exams: The target for standardized entrance examination scores will be set such that they are based on available national average data for identified examinations. In cases where national data is not available an agreed upon target to be based on any available information related to the examination and professional judgment will be identified. These examinations and target scores are identified above as a note to the "Proposed Measure." Student data for this piece will be considered provided that they were reported in admissions materials. At this time, the following exams as listed in the measure have been identified and the sources for the target scores follows. In the event that new admission tests are identified, a similar methodology will be used to determine an appropriate target score for the exam. The sources for the target scores for the exams currently considered include the following:

- **MCAT:** Target score is derived as the 5-year average of mean national scores for medical school applicants as reported by AAMC for years 1996 through 2000.
- **DAT:** Target score represents the score indicated by the ADA as typically signifying the average scaled score on each part (*the "Academic Average" including Survey of Natural Sciences, Reading Comprehension and Quantitative Reasoning tests and the Perceptual Ability test*) of applicants on a national basis.
- **PCAT:** Target score represents the 50th percentile of the applicants' scaled score for the exam.
- **GRE:** Target score is that reported by the testing service as the mean performance of all examinees tested between October 1996 and September 1999.
- **GMAT:** Target Score is derived as the 5-year average of mean scores reported from 1996 through 2000.

Target Score, GPA and Rank: For the college GPA and rank, a target GPA of 3.0 or higher on a 4-point scale and a college rank in the top 30% of their class will be used as the GPA and rank targets. Student data for these pieces will be considered provided that they were reported in admissions materials.

Standardized entrance examination is the national examination taken for applicants to similar programs. Generally, the MCAT for College of Medicine; PCAT for College of Pharmacy; DAT for College of Dental Medicine; and GRE or GMAT for Colleges of Graduate Studies, Health Professions and Nursing.

College GPA is defined as the grade point average on a 4.0 scale for all credit hours attempted. For students admitted to the College of Medicine or any other College at MUSC using a similar measure of GPA, the adjusted GPA will be used.

College Rank is the student's rank in class as reported by the college from which the student earned a baccalaureate or equivalent degree.

Student is an individual entering a masters, first professional or doctoral program at the Medical University of South Carolina.

Full-time student for graduate students is defined as enrollment in 9 or more semester credits or enrollment considered full-time by the institution for students involved in involved in thesis or dissertation preparation, first professional students, and students enrolled in programs in the summer term. MUSC's academic policies for full-time status as applicable here are those published in the university's bulletin. Allowable exceptions are those consistent with university policy.

First-time student is a person enrolled at the graduate level or first professional level at an institution for the first time. Include graduate or first professional students enrolled in the Fall semester who attended graduate or first professional school in the prior summer term. (IPEDS and CHEMIS Technical Documentation, REGIS_STAT, 67.3)

STANDARDS USED TO ASSESS PERFORMANCE

STANDARDS ADOPTED IN 2001 TO BE IN EFFECT FOR PERFORMANCE YEARS 6 (2001-02), 7 (2002-03) AND 8 (2003-04)		
Sector	Level Required to Achieve a Score of 2	Reference Notes
Research, MUSC	70.0% to 85.0%	<i>Proposed standard based on a review of preliminary data from the institution and in light of the mix of exams and program requirements.</i>

***If an institution scores above the higher number, a 3 is awarded. If an institution scores below the lower number, a 1 is awarded.**

Improvement Factor: 5%

If an institution scores a 1 or 2, performance is assessed for improvement to determine whether an additional 0.5 is to be awarded to the score for this indicator. To earn the 0.5:

The performance being assessed must equal or exceed the institution's 3-year average performance (most recent ended three years not including the performance being assessed) by 5% of most recent ended 3 years. (Note: If less than 3 years of data for the most recent ended 3 years, then available data points will be considered for determining the historical average.)

Improvement Factor Calculation Methodology:

IF Indicator (or Indicator Subpart) Score based on Comparison to Standards = 1 or 2
AND Current Performance \geq (Most Recent 3-yr Avg + (5% of Most Recent 3-yr Avg))
THEN Add 0.5 to the score for this indicator or subpart.

NOTES

1) Measure implemented to assess indicators 6A and 6B beginning in Performance Year 2001-02 (Year 6) for MUSC. The measure was adopted in February 2001 to provide a parallel measure to that used for an adopted revised indicator, 6A/B - combination of 6A and 6B, for Clemson and University of South Carolina Columbia. The measure is designed for MUSC in order to better assess MUSC's function as a professional/graduate health sciences institution.

(7) GRADUATES' ACHIEVEMENTS

7A FOR MUSC: COMPARABLE MEASURE TO 7A FOR 4-YEAR INSTITUTIONS

GRADUATION RATES

PROPOSED MEASURE

First-time, full-time graduate students, except those in PhD programs, and first professional students who complete degree programs within an allowable timeframe.

APPLICABILITY

Applicable to MUSC only

MEASUREMENT INFORMATION

General Data Source:	Data reported by the institution including the resulting percentage and aggregate data making-up that percentage as requested. <i>(Will give consideration of adding this reporting to CHEMIS for years subsequent to PF Year 2001-02, Yr 6, reporting)</i>
Timeframe:	Cohort based. Graduation rates are calculated based on the appropriate entering cohorts which for Year 6 is the 1996 entering cohort minus PharmD students who will be included beginning with the 1997 cohort. (See explanatory notes below for additional information.)
Cycle:	Rated annually.
Display:	Percentage.
Rounding:	Data rounded to 1 decimal.
Expected Trend:	Upward movement is considered to indicate improvement.
Type Standard:	Assessment based on comparison to a set scale.
Improvement Factor:	$\geq 3\%$ of past 3-year performance average.

CALCULATIONS, DEFINITIONS and EXPLANATORY NOTES

The graduation rate is to be cohort based and will include first-time, full-time degree-seeking students who complete a masters or first professional degree who take no longer than one additional year plus one semester beyond "normal" program time to complete the requirements for their degree. It is to be computed by taking those in the appropriate entering cohort of first-time, full-time degree-seeking students who have completed their programs and graduated within the prescribed timeframe divided by the first-time, full-time degree-seeking students who entered those programs. In computing the cohort for purposes of this measure, the following categories of students are considered the only "allowable exclusions" from the final cohort calculations: 1) Students are deceased or are totally and permanently disabled; 2) Students left school to serve in the armed forces; 3) Students left school to serve with a foreign aid service of the Federal Government, such as the Peace Corps; and 4) Students left school to serve on official church missions.

Timeframe for the initial cohort: Beginning with Performance Year 6 (2001-02), the initial cohort will be those students considered part of the cohort (as indicated above and by the definitions that follow) who enrolled during summer 1996 and fall 1996. Due to unique data circumstances for the PharmD program, PharmD students will not be included in the graduation rate cohort until the following performance year. At that time, only PharmD students who did not enter the program directly through MUSC's BS Pharmacy program will be included. Beginning with the 2001 cohort, all PharmD students will be included.

Normal program time is the time stated in MUSC's catalog to obtain a degree. Generally, the normal time is three years for a master's degree and four years for a first professional degree.

One year plus one semester beyond normal program time refers to the allowable time for completing a degree for purposes of this indicator. Generally, four years plus one additional semester for a masters degree and five years plus one additional semester for a first professional degree.

Student is an individual entering a masters program or first professional program at the Medical University of South Carolina. Students entering PhD programs or joint degree programs that include as one degree the PhD are excluded.

Degree-seeking students are students enrolled in courses for credit who are recognized by the institution as seeking a degree.

Full-time student for graduate students is defined as enrollment in 9 or more semester credits or enrollment considered full-time by the institution for students involved in involved in thesis or dissertation preparation, first professional students, and students enrolled in programs in the summer term. MUSC's academic policies for full-time status as applicable here are those published in the university's bulletin. Allowable exceptions are those consistent with university policy.

First-time student is a person enrolled at the graduate level, except doctoral level, or first professional level at an institution for the first time. Include graduate or first professional students enrolled in the Fall semester who attended graduate or first professional school in the prior summer term. (IPEDS and CHEMIS Technical Documentation, REGIS_STAT, 67.3)

STANDARDS USED TO ASSESS PERFORMANCE

STANDARDS ADOPTED IN 2001 TO BE IN EFFECT FOR PERFORMANCE YEARS 6 (2001-02), 7 (2002-03) AND 8 (2003-04)		
Sector	Level Required to Achieve a Score of 2 *	Reference Notes
Research MUSC	80.0% to 89.9%	<i>Proposed standards based on a review of preliminary data from the institution and in light of the mix of programs, enrollment and degrees awarded.</i>

***If an institution scores above the higher number, a 3 is awarded. If an institution**

scores below the lower number, a 1 is awarded.

Improvement Factor: 3%

If an institution scores a 1 or 2, performance is assessed for improvement to determine whether an additional 0.5 is to be awarded to the score for this indicator. To earn the 0.5:

The performance being assessed must equal or exceed the institution's 3-year average performance (most recent ended three years not including the performance being assessed) by 3% of most recent ended 3 years. (Note: If less than 3 years of data for the most recent ended 3 years, then available data points will be considered for determining the historical average.)

Improvement Factor Calculation Methodology:

IF Indicator (or Indicator Subpart) Score based on Comparison to Standards = 1 or 2
AND Current Performance \geq (Most Recent 3-yr Avg + (3% of Most Recent 3-yr Avg))
THEN Add 0.5 to the score for this indicator or subpart.

NOTES

1) Measure implemented to assess indicator 7A beginning in Performance Year 2001-02 (Year 6) for MUSC. The measure was adopted in February 2001 to provide a parallel measure to that used for indicator 7A for Clemson and University of South Carolina Columbia. The measure is designed for MUSC in order to better assess MUSC's function as a professional/graduate health sciences institution.

(9) RESEARCH FUNDING

9A FOR MUSC: COMPARABLE MEASURE TO 9A FOR 4-YEAR INSTITUTIONS

**FINANCIAL SUPPORT FOR REFORM: IMPROVING CHILD AND ADOLESCENT HEALTH
(Pre-K to Grade 12 Aged Children)**

***NOTE:** Indicator 9A as defined for MUSC is a compliance indicator for Year 6. CHE is working with MUSC to define the measure, collect data and determine standards for the next performance measurement cycle. The measure being recommended follows. The expectation is that this measure will be scored in Year 7 and thereafter. It is noted that as baseline data is collected and reviewed in determining standards, issues may arise resulting in the need for additional clarification to the measure and definitions as drafted here. Additionally, it may also be necessary to incorporate a phase-in for scoring performance if complete data is not available. Any necessary changes/revisions will be considered prior to the beginning of the next performance cycle as the Committee and Commission review performance measures and standards for the 2002-03 cycle.*

PROPOSED MEASURE

The amount of grants and awards expended to support the improvement in child and adolescent (pre-K – Grade 12 aged children) health, including public service grants and contracts with schools or school districts or other such entities, as compared to the average from the prior three years.

APPLICABILITY

Applicable to MUSC only

MEASUREMENT INFORMATION

General Data Source:	Data collected at the institution and reported to CHE as required.
Timeframe:	Specific timeframe to be developed. During Year 6, assessment is based on the gathering of baseline data. These data will be used in determining in Year 7 and subsequent years the data to be scored. It is expected that performance is to be based on the most recent-ended fiscal year as compared to the average of the past three fiscal years.
Cycle:	Rated annually.
Display:	Percentage.
Rounding:	Data rounded to 1 decimal.
Expected Trend:	Upward movement is considered to indicate improvement.
Type Standard:	Compliance during Year 6 as baseline data is collected and standards determined. In Year 7 and subsequent years, the expectation is that assessment is to be based on comparison to a defined scale.
Improvement Factor:	None.

CALCULATIONS, DEFINITIONS and EXPLANATORY NOTES

Staff Explanation, 9A for MUSC: *The Commission approved developing a complementary measure to be applied. Staff has worked with institutional representatives to identify a measure for 9A in the spirit of that applicable to other research institutions and to the teaching universities. To this end and as indicated in these materials, the measure will be an assessment of MUSC's expenditures through public service grants and contracts focusing on child and adolescent health, including programs with schools and school districts. The measure is based on MUSC's improvement in expenditures over time and is similar in nature to the derivation of the measure as applied for the teaching sector and other research institutions. The focus, however, is in keeping with MUSC's mission as well as institutional goals and serves as a nice corollary to 9A as assessed for other institutions. As noted at the outset, additional technical measurement details may be considered from those presented here as data is collected and reviewed in determining standards for use beginning in 2002-03.*

Performance will be calculated as the percent improvement of total expenditures of grants within the most recent-ended fiscal year compared to the average expenditures for the past three years.

Due to a lack of data for fiscal years prior to FY 2000-01, the calculation of the measure will be phased-in as follows.

Year 6 (2001-02): Compliance Measure. Baseline data for FY01 is collected.

Year 7 (2002-03): Scored measure. FY02 compared to FY01.

Year 8 (2003-04): Scored measure. FY03 compared to Average of FY01 and FY02.

Year 9 (2004-05): Scored measure. FY04 compared to Average of FY01, FY02 and FY03.

Grants generally: Grants included for consideration should include an educational component as a focus of the grant. Basic research grants with no educational component should not be counted. Grants included must be extramural grants. The MUSC Hospital Authority would be considered an extramural agent.

"Pre-K to grade 12 aged children" may be considered as the time period from pre-conception to 20 years of age.

Goals, Scope and Process:

The goal of this performance indicator is to evaluate the efforts of the Medical University of South Carolina to facilitate the development of healthy and hence better-educated children in the state through its community outreach programs in education, treatment, and research programs.

The scope of the projects relevant to this performance indicator will be pre-conception to late adolescence [20 years of age]. To optimize the health benefits of pre-K to adolescent children, parents, teachers, health and social service providers, relevant administrators and policy makers, and the general public may be involved.

In measuring this performance indicator, community outreach programs in research, education, and treatment that are funded from extramural sources will be included if they meet the definitions given below:

Research programs whose stated or implied intent is to improve the health and education of South Carolina children and adolescents, e.g. missed days from school.

Educational programs whose stated or implied intent is to improve the health and education of South Carolina children and adolescents, e.g. training concerning the effect of prenatal consumption of alcohol.

Treatment programs for which the stated or implied intent is to improve the health and education of South Carolina children and adolescents, e.g. behavior modification intervention in dyslexic children.

Process:

Decisions must be made as to which of the extramurally funded research, education, and treatment programs of the Medical University of South Carolina should be included in Performance Indicator 9A. A process to accomplish this task follows.

- 1.) A listing of grants and contracts administered by the Office of Grants and Contracts or affiliated MUSC organizations will be sent to the Office of Special Initiatives.
- 2.) The Office of Special Initiatives will identify potential research, education, and treatment projects and request from the Office of Grants and Contracts and affiliated MUSC organizations abstracts of those projects.
- 3.) Using these abstracts the Office of Special Initiatives will identify projects as candidates to be included in Performance Indicator 9A.
- 4.) These identified candidate projects will be submitted to a review committee made up a representative involved in outreach to children in each of the colleges as well as ad hoc membership from the Office of Special Initiatives, Office of Grants and Contracts, and Office of Institutional Research and Assessment.
- 5.) The review committee will specify which of the projects meet the criteria to be included as those improving pre-K through grade 12 child and adolescent health.

STANDARDS USED TO ASSESS PERFORMANCE

STANDARDS ADOPTED IN 2001 TO BE IN EFFECT FOR PERFORMANCE YEARS 6 (2001-02), 7 (2002-03) AND 8 (2003-04)		
Sector	Level Required to Achieve a Score of 2 *	Reference Notes
Research MUSC	For Year 6, compliance as the measure is defined, baseline data collected and standards determined. In subsequent years, the expectation is that standards will be identified and used in the scoring process. It is likely that a phase-in schedule would have to be adopted until enough data (at least 3 years) are available to fully implement the indicator. (The fully implemented measure is to be calculated based on the current FY divided by the average of the past 3 FYs)	

***If an institution scores above the higher number, a 3 is awarded. If an institution scores below the lower number, a 1 is awarded.**

Improvement Factor: N/A

NOTES

1) Measure to be implemented to assess indicator 9A beginning in Performance Year 2001-02 (Year 6) for MUSC. During Year 6, the measure will remain a compliance year as baseline data are collected and standards determined. Including a measure here for MUSC was adopted in February 2001 to provide a parallel measure to that used for Indicator 9A for Clemson and University of South Carolina-Columbia, and colleges in the Teaching Sector. The measure is designed for MUSC to better assess MUSC's function as a professional/graduate health sciences institution.