Call to Order - Dr. Kron called the meeting to order at 4:30pm.

Welcome and Announcements - Irving Kron, MD, Interim Dean, COM-T
    Dr. Kron congratulated everyone for a fantastic LCME visit, thanking Dr. Moynahan, Rachel Givens and Andrea Lopez specifically, for their hard work and preparation.

    He also congratulated and recognized Dr. Kevin Moynahan for earning the College of Medicine Alumni of the Year during Homecoming.

COM-T Dean Search Update
    Dr. Kron noted the search committee is inviting thirteen people to Tucson in December for initial interviews for the permanent COM-T Dean position. As the search progresses, there may be opportunities for faculty to meet the candidates.

Founder’s Day 11/16/18 and Research Retreat 2/13/19
    Dr. Kron reminded faculty that on November 16th, we will be celebrating the 51st anniversary of the founding of the College of Medicine-Tucson with the Founder’s Day Lecture. Each year a different speaker is selected on whose research has had significance. This year, Dr. Todd Vanderah is the honoree chosen to give the lecture.

    On February 13th, there will be a Research Retreat in the new HSIB building. It will include Ted Talks, Data Blitzes and a Shark Tank with Dr. Robbins being one of the judges. Dr. Kron stressed the importance of this event and encouraged faculty to attend this fun event and interact with other researchers. Drs. Gregorio and Cress are organizing the event.

Discussions/Presentations

Faculty Vote Information - Anne Cress, PhD, Deputy Dean for Research
    Dr. Cress reviewed the changes to the by-laws and AP&T guidelines and stated a faculty vote is needed. A new Specialty Instructor title to recognize non-physician medical professionals is being proposed. This change was requested by a number of department chairs and will highlight the professionals that help teach students by giving them a faculty title. It is a non-ranked title and it has been vetted through a number of COM-T committees as well as main campus.

    An update to the description of the Nominating Committee was presented, and will need a faculty vote on this, as well. The purpose is to include more diversity of faculty governance on committees, a limit to the number of committees faculty members can serve on has been proposed. Also, it is proposed that the Nominating Committee will now be empowered to ask if a faculty member is nominated for multiple committees, which ones they would like to serve.
Dr. Cress asked everyone to look over these issues, and stated a faculty vote will be upcoming within the next couple of days.

**Clinical Dossier:** UHAP updated the process for clinical faculty promotions, way to highlight the contributions of clinical faculty. Dr. Cress noted the Clinical Dossier is now available, so promotion reviews for clinical faculty for 2019-2020 will use this dossier.

**Plaque presentation of Clinical Excellence Awards** - Dr. Kron, Interim Dean and Department Chairs

Forty-eight applications were received this year and 10 awards were presented. Specific focus of recognition this year was on assistant/associate professors. There was also a desire to honor the chairs and the people who hired and mentored these nominees. Dr. Kron invited the winners and their department chairs (or their designee) up to be recognized. Photos taken and Dr. Kron thanked everyone for their work in this selection process.

**How RCM funds flow in COM-T - David Elmer, MBA, Deputy Dean, Finance and Business Affairs**

David Elmer began by indicating the Provost office had reached out asking to meet with faculty and schedule town halls in regards to RCM (Responsibility Centered Management) as the University is going through a 3-year review of the current budgeting methodology and seeking public input. RCM is a revenue and cost allocation methodology that was adopted at COM-T in 2016. Objectives of the presentation today are to share how RCM directs funds from the University to the colleges and to explain how this works within Health Sciences.

Mr. Elmer showed a diagram of how funds flow in RCM. Some of the UA budget is used for subventions, which is essentially a subsidy to cover support units and institutional costs. The remainder of dollars that come into the University are allocated out to the RCUs (Responsibility Centered Units). Across the university, the RCUs are the colleges, but the RCU for us is the Health Sciences rather than at the individual college level. Historically, the budget has been fixed, but now the funds that come in are allocated out on an activity-generated basis, but additionally, the university will tax these RCUs to cover university costs. The additional revenue UAHS got from base budget was a marginal change in revenue, so they got extra money but were saddled with a huge space bill.

He moved on to explain subvention more in depth, including the base year as 2015. The more efficient a college is, the more opportunity they have to gain dollars themselves. Calculated revenue was allocated to each college with additional support and facilities costs. Additional state funds were provided to RCUs to make them whole. The revenue allocation methodology is based on marginal change from year to year. Undergraduate Medical Education tuition is given back to UAHS, while there is a different distribution system for the university undergraduate tuition. He explained other revenue allocation methodology aspects. Mr. Elmer then explained how the taxes work, breaking down how much each aspect is taxed.

He emphasized that all tuition revenue for the College of Medicine goes back to the College of Medicine. While UAHS is the RCU, it does not sweep or tax any of these funds. COM-T also gets RCM activity driven funds and other funds from gifts, sales, and services. UAHS receives its own base budget, designated funds, and other RCM driven activity dollars. When Dr. Garcia was the head of UAHS, he agreed to pay all the space costs to avoid having trade-offs between colleges within UAHS. The extra indirect cost recovery dollars were distributed by UAHS. COM-T also gets payment from Banner for Clinical faculty efforts and the Alternative Dean’s Tax. In addition, they negotiated some academic support payments from Banner. Banner distributes Academic Enhancement Funds to UAHS. These dollars are required to be used to support COM-T and COM-P specifically. COM-T distributes some of the
dollars received to the departments based on certain methodologies. He further explained how RCM works for departments and centers.

Regarding new course revenue, a process for internal review and approval is being developed. The College would like to minimize financial risk for the department and encourage innovation by providing start-up funding for new programs. Tuition received specific to these programs will be split between the college and department.

In addition, Banner delivers an academic enhancement fund ($20 million a year for 30 years) to Health Sciences, which is at the purview of the Sr. VP of Health Sciences. We do not control those dollars but they are required to be used to support COM-T and COM-P, specifically. These are direct investment dollars available to us. COM-T has received a proportionate share since we had established foundational elements, but as time goes on, Banner would like to see an equal share go to COM-P.

In addressing cuts to tuition reimbursement (From 2002-2016, we’ve had 35% cuts to our tuition and state appropriation), the managing philosophy is stability in departments. Risks associated with education should be borne by COM-T Administration and the dean’s office.

Mr. Elmer reminded everyone of the discussion next Friday, where UA Provost Jeff Goldberg and Interim CFO Lisa Rulney will be presenting at 3:30 pm on Friday, November 16th in DuVal Auditorium as part of an RCM “Listening Tour”. The purpose of this meeting is to get feedback, which will ultimately be presented to UA President, Dr. Robert Robbins. Mr. Elmer finished by asking if there were questions.

QUESTION: Heddwen Brooks, PhD and Chair of the Committee of Ten, wanted to clarify that when you are taking teaching dollars out of departments, you are talking about medical student education. Dr. Books also stated that Physiology is the 2nd largest undergrad major at the UA with over 2000 Physiology undergrads and encourage faculty who are asked by undergrads to do research in their lab, to make sure they are signed up for Physiology credit. It’s important to capture every dollar. How it’s distributed is still under discussion.

QUESTION: Richard Ablin, PhD – The mandate of UA is education. At certain times you are taking money out of education to support other programs – is that right? How do you justify that? Mr. Elmer responded that funds are not moved from education to support other programs. If we look at costs of a program and quantify that, tuition does not cover our educational programs. Tuition directly supports education, and we do use additional state dollars for research and administration, and tenured faculty. We cross subsidize educational programs with clinical dollars. We would not be able to pay for education if we did not have other subsidies.

QUESTION: Nicholas Delamere, PhD – He wanted to emphasize Physiology is a net earner for COM-T. There is no subsidizing for undergrad with any clinical dollars. RCM causes us to look at things differently. David Elmer confirmed as well that we are not using clinical money to subsidize education in basic sciences.

Committee Reports attached:
    Committee of Ten
    CME Committee
    MD/PHD Committee
    GMEC Committee-South Campus

Meeting adjourned at 5:30pm.
College of Medicine – Tucson General Faculty Meeting
Wednesday, November 7, 2018 Kiewit Auditorium @ 4:30 p.m.

AGENDA

Call to Order

1. Welcome and Announcements with beverages and hors d’oeuvres
   - Dr. Irving Kron, Interim Dean
     i. Dean’s Search Update
     ii. Save the Dates: 11/16 Founders Day & 2/13 Research Retreat

2. Presentation / Discussion: Anne Cress, PhD, Deputy Dean for Research
   - Faculty Vote Information
     i. Bylaws Update (Click here to view)
     ii. COM-T P&T Guidelines Update (Specialty Instructor Title: Click here to view)
   - Faculty Information
     i. Clinical Dossier (Click here to view)
     ii. Per UHAP 7/1/2018 update for use in 2019/2020 Promotion cycle

3. Plaque presentation of Clinical Excellence Awards
   - Dr. Kron, Interim Dean and Department Chairs

4. Presentation: How RCM funds flow in the College of Medicine-Tucson
   - David Elmer, MBA, Deputy Dean, Finance and Business Affairs

5. Adjournment and Networking

Please click to RSVP and celebrate new faculty and the presentation of the Clinical Excellence Awards.

The 2019 COM-T General Faculty Meetings are scheduled: February 6, May 8, August 7, & November 6

Note: Committee reports are posted on the COM-T website at: https://medicine.arizona.edu/event/2018/com-tucson-general-faculty-meeting-2

1. Committee of Ten
2. CME Committee
3. GMEC Committee-South Campus
4. MD/PhD Committee
5. Dean’s Research Council (unavailable at this time)
Promotion Dossier for Clinical Faculty
Colleges of Medicine – Phoenix and Tucson

SECTION 1: SUMMARY DATA SHEET .................................................................................................................. 2
SECTION 2: SUMMARY OF CANDIDATE’S WORKLOAD ASSIGNMENT .................................................................. 3
SECTION 3: CURRICULUM VITAE & COLLABORATORS/SUPERVISORS LIST .............................................................. 4
SECTION 4: CANDIDATE STATEMENT ...................................................................................................................... 5
SECTION 5: TEACHING PORTFOLIO ....................................................................................................................... 6
SECTION 6: CLINICAL SERVICE PORTFOLIO .......................................................................................................... 7
SECTION 7: LETTERS FROM EXTERNAL EVALUATORS AND COLLABORATORS .................................................. 8
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SECTION 9: FINAL RECOMMENDATION .................................................................................................................. 10

Appendices in Separate Document
Appendix A: College Guidelines/Examples
Appendix B: Curriculum Vitae Format & Common Questions
Appendix C: Worksheet for the Selection of Outside Evaluators
## SECTION 1: SUMMARY DATA SHEET

**DATE:** ________________  
**NAME:** _______________________________  
**EMPLOYEE (UA) ID:** ________________  
**CURRENT TITLE:** ________________________________________________________________  
**HOME DEPARTMENT:** ________________________________________________________________  
**SECONDARY DEPARTMENT:** *(if applicable)* ________________________________  
**UA ROLE:** (e.g., preceptor, clerkship director, mentor, lecturer, supervising MD) ________________________________________________________________  
**COLLEGE OF MEDICINE:**  □ PHOENIX  □ TUCSON *(Check primary college)*  
**EMAIL ADDRESS:** _______________________________  
**PHONE:** ___ - ___ - _______  
**TERMINAL DEGREE:** _______________________________  
**MONTH/YEAR OF TERMINAL DEGREE:** _____ / _____  
**TRACK:**  □ CLINICAL SERIES  
□ CLINICAL SCHOLAR  
□ EDUCATOR SCHOLAR *(Clinical)*  
**REVIEW TYPE:**  
□ PROMOTION TO ASSOCIATE PROFESSOR  
□ PROMOTION TO FULL PROFESSOR

### FACULTY TITLE/APPOINTMENT AT THE UA

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>DATES</th>
<th>RANK/TITLE</th>
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<tbody>
<tr>
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### PRIOR ACADEMIC FACULTY TITLE/APPOINTMENT ELSEWHERE

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>DATES</th>
<th>RANK/TITLE</th>
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</table>

*Prepared by Candidate, Department to verify*
SECTION 2: SUMMARY OF CANDIDATE’S WORKLOAD ASSIGNMENT

NAME: ____________________________________________
DEPARTMENT: ___________________________ FTE: ______________________

Duties for the period 2013-2014 through 2017-2018 have been distributed as follows:

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Clinical Service %¹</th>
<th>Teaching in clinical setting %</th>
<th>Service in hospital/clinical setting %</th>
<th>Research related to the clinical setting %</th>
<th>Funded Research %²</th>
<th>Teaching and mentoring in research setting %</th>
<th>Important scholarship %</th>
<th>Didactic Teaching %³</th>
<th>Committee &amp; Community Service %⁴</th>
<th>Administrative Service %⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td>B</td>
<td></td>
<td></td>
<td>C</td>
<td></td>
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<td>2014-15</td>
<td></td>
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<td></td>
<td></td>
<td>D</td>
<td></td>
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<tr>
<td>2015-16</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2016-17</td>
<td></td>
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<tr>
<td>2017-18</td>
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</tbody>
</table>

A + B + C + D + E = Total Workload Assignment

100% 100% 100% 100% 100%

Use this space to clarify percentages listed, particularly if important scholarship allocation is listed and to address departmental expectations.

Clinical Service:
(e.g., 90% Clinical means 6 months of inpatient consult service and 2 half days of clinic a week, teaching in clinical setting happens)

Funded Research:
(e.g., 5% Research means a funding agency, company or department is funding 5% salary for research efforts)

Didactic Teaching:
(e.g., 2% teaching reflects preparation time and lecture for annual grand rounds, 4 hour long resident lectures and on service didactics)

Committee Service:

Administrative Service:

_________________________ Date ____________________________
Candidate’s Signature

_________________________ Date ____________________________
Department Chair’s Signature

¹ Teaching in clinical setting reflects the amount of time you have a trainee with you, e.g., 50% of the time you are in clinic you have trainees with you. Service in clinical setting reflects percent toward commitments, e.g., hospital committee, etc. Research related to the clinical setting reflects the percent of the time you help recruit for studies in your field or specialty or similar “non-funded” activities.

² Funded research is defined as formal support to protect time. Small allocations are permitted for important department supported scholarship, e.g., educational research and/or industry studies not providing % effort. Teaching and mentoring in research setting reflects the time you spend formally teaching research techniques or methods. Place non-funded research under important scholarship.

³ 1% allocation for every 20 hours of engagement. Add allocation if funded to teach.

⁴ 1% allocation for every 20 hours of engagement. Do not include hospital committee service here.

⁵ Only list funded administrative service in this section, e.g., program directorship, sleep lab director, institute director, core faculty, division chief, and other.

Prepared after meeting with Department Chair, Signed by Candidate and Chair
SECTION 3: CURRICULUM VITAE & COLLABORATORS/SUPERVISORS LIST

Please note, in Sections 5 & 6 you will expand upon your CV in the Teaching & Clinical Service Portfolio. The CV is more conducive to listing accomplishments and experiences. The portfolio allows for narrative and addition of supporting documents.

Name & Contact Information

Chronology of Education

Chronology of Employment

Honors and Awards

Service/Outreach

Publications/Creative Activity

Work in Progress

Media

Conferences/Scholarly Presentations

Awarded Grants and Contracts

List of Collaborators and their Organizational Affiliations

For advice on Curriculum Vitae format, see Appendix B.
SECTION 4: CANDIDATE STATEMENT

Candidate Statement of Accomplishments and Objectives (1-3 pages)
*Scholar Tracks: Include information addressing your plan for ongoing scholarship.
**Clinical Series: Include information addressing your plan for excellence in clinical care.

Signed Statement by Candidate

The candidate’s signature should appear on the last page of Section 4 with the following statement:

Sections 3 and 4 are true and accurate statements of my activities and accomplishments. I understand that misrepresentation in securing promotion and tenure may lead to dismissal or suspension under ABOR Policy 6-201J.

Prepared and Signed by Candidate
SECTION 5: TEACHING PORTFOLIO

The teaching portfolio should not duplicate activities listed on the CV. The portfolio should consist of hard copies of supporting documentation that fits the candidate’s narrative of excellence in teaching. Candidates should include, for example, learner evaluations, examples of featured teaching materials, and measures of effectiveness. The portfolio represents instructional contributions across the learner continuum (UME, GME, and/or CME). When appropriate, short narratives to emphasize importance of an activity (e.g., PowerPoint was posted online by ACP, curriculum adopted by another residency, etc.) and copies of certificates earned may be included. Below are suggested examples and format. Not all sections will be applicable to each candidate. Sections may be added, as desired, to clarify contributions.

BELOW IS A SUGGESTED LIST OF CONTRIBUTIONS.
Examples are not all inclusive and vary widely by department.

**Teaching Setting** (scholarship of teaching, limit to 3 examples of excellence & abbreviate, as needed, to conform to a 20-page limit)

- Syllabi or curriculum outline which you contributed to locally, regionally or nationally
  - Examples: Syllabus of anatomy lecture series you guest taught; material, website link/ screenshot, letter from site director or other supporting evidence of resident mentoring program that may have been adopted by another internal program or other institution

- Relevant seminars or contributions to teaching
  - Examples: Outline you created for a student, resident or fellow learning initiative (e.g., effective patient hand-offs); flyers from retreats or faculty development session; design of board review for residents or remediation initiatives

- Select UME, GME, CME lecture materials or PPT presentations, ideally with learner evaluation
  - Examples: PPT or lecture notes given for conference, journal club, CBI, Grand Rounds, etc. that ideally include learner evaluation

**Teaching Evaluations**

- Learners: Obtain evaluations and summary reports from your DIO, curriculum director, clerkship director, or academic affairs unit (UA and other learners)

- Peer evaluations are required *(recommended annually)* Letters attesting to teaching excellence and effectiveness can be included.

Prepared by Candidate. Documents may be obtained by Department
SECTION 6: CLINICAL SERVICE PORTFOLIO

The clinical service portfolio should not duplicate activities listed on the CV. The portfolio should consist of hard copies of supporting documentation that fits the candidate’s narrative of excellence in patient care. Candidates may include, for example, productivity (or RVU) reports, measures of clinical effectiveness of clinical programs in which you are involved (e.g., NSQIP in surgery). The portfolio may include broader service to the patient in terms of educational materials or brochures, etc. When appropriate, short narratives to emphasize importance of an activity and copies of materials created are encouraged. Below is a suggested format. Not all sections will be applicable to each candidate. Sections may be added, as desired, to clarify contributions.

BELOW IS A SUGGESTED LIST OF CONTRIBUTIONS. Examples are not all inclusive and vary widely by department.

Service to Patient

- Clinical Metrics of Service and Quality
  - Examples: Reports related to the assessment of clinical productivity; summaries of your clinical productivity (e.g., RVU, Referrals) as traditionally measured by your division/clinical employer (check with your division chief or clinical division manager for documentation)
  - Examples: Reports related to patient outcome, quality and safety (personal data or program data from practice plan, hospital, national, or data)
  - Demonstrates cultural competence and works to reduce health disparities among patients
  - Assessment of clinical leadership, citizenship, stewardship; letters from clinical leadership attesting to clinical excellence (if important to the candidate’s narrative or if portfolio does not have other metrics readily available)

- Patient Centered Service
  - Support group or volunteer clinic testimonials
  - Patient satisfaction reports (if not available from institution, consider including letters/emails from patient/family
  - Letters/notes/communications from grateful patient and family
  - Patient-centered community engagement/education

- Clinical-Translational Research Efforts
  - Letters of support from research colleagues

Prepared by Candidate. Documents may be obtained by Department.
SECTION 7: LETTERS FROM EXTERNAL EVALUATORS AND COLLABORATORS

All letters must be signed. If electronic, they must have a header identifying the sender and include a signature block.

Three External Letters (required): Candidates do NOT contact external letter writers. The department will contact evaluators with instructions and include copies of the workload assignment, candidate statement, and CV. Letters cannot be from collaborators, supporters or past and current supervisors. Letters should be outside your local peer group (i.e., not from the same center, department or community practice) but can be from other departments or affiliate institutions. Names can be recommended to your department chair who will contact external letter writers on your behalf. The department chair and department Promotion & Tenure Committee may also solicit letters from appropriate external reviewers.

- Letter writers must be at requested rank/equivalent experience or higher
  - Note: Scholar Track faculty must have at least one letter from outside your academic and clinical institutions that speaks to National impact

Letters of Support (optional): Solicited by candidate and placed in appropriate portfolio section 5 or 6.

Examples:
- Physicians with whom you have referral relationships
- Letters from research colleagues
- Nursing team and hospital leaders
- Clerkship Director
- Trainee letters
- If you hold a secondary title, consider a letter from that chair

External Letters Solicited by Department with candidate input as appropriate.
SECTION 8: LETTERS FROM DEPARTMENTAL COMMITTEE AND CHAIR

Department P&T Committee Letter

Department Chair Letter

Prepared by Department.
SECTION 9: FINAL RECOMMENDATION

College APT Committee Assessment

Dean's Decision

Prepared by College.
# Appendix A  College Guidelines/Examples

## Promotion & Tenure Guidelines for Career Track (NTE) Faculty at UA Colleges of Medicine, Phoenix & Tucson

<table>
<thead>
<tr>
<th>Track Type</th>
<th>Clinical Series</th>
<th>Clinical Scholar</th>
<th>Educator Scholar (Clinical)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Mission</strong></td>
<td>Clinician, Patient Care Focus</td>
<td>Clinician, +/- Admin, scholarship is important</td>
<td>Clinician, +/- Admin, scholarship with Education focus/leadership</td>
</tr>
<tr>
<td><strong>Promotion Review</strong></td>
<td>Typical 6+yrs in rank (Min 3+)</td>
<td>Typical 6+yrs in rank (Min 3+)</td>
<td>Typical 6+yrs in rank (Min 3+)</td>
</tr>
<tr>
<td><strong>Timeframe</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Promotion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Criteria/Primary</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>Optimized Clinical Volume, Teaching Participation, Clinical Care Quality; Effectiveness of Healthcare; Department Metrics. Department must attest to excellent clinical care with documentation of how that determination was accomplished.</td>
<td>Clinical niche, Innovation in Care Delivery; Publications, Reputation, Enduring Materials; Patents, Clinical Trials; Department Metrics</td>
<td>Clinical niche, Innovation in Medical Education and Training; Teaching Excellence; Curriculum, Publications, Reputation, Enduring Materials; Dept Metrics</td>
</tr>
<tr>
<td><strong>Secondary Objectives</strong></td>
<td>Publications, national reputation, Member/Leadership in Professional Organizations</td>
<td>Grants, National leadership</td>
<td>Grants, National leadership, AAMC/ACGME leadership</td>
</tr>
<tr>
<td><strong>Effort %</strong></td>
<td>Typically 90-100% Clinical with Teaching duties in clinics/wards</td>
<td>Scholarly output should reflect available time for scholarship (typically 5%)</td>
<td>Scholarly output should reflect available time for scholarship (typically 5%)</td>
</tr>
<tr>
<td><strong>Research Funding</strong></td>
<td>Not expected.</td>
<td>Not required</td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Philosophy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assistant Professor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Papers</strong></td>
<td>NA, abstracts encouraged</td>
<td>NA - demonstrated interest in scholarship</td>
<td>NA - demonstrated interest in scholarship</td>
</tr>
<tr>
<td><strong>First + Senior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reputation</strong></td>
<td>Emerging Local</td>
<td>Emerging Local</td>
<td>Emerging Local</td>
</tr>
<tr>
<td><strong>Teaching/Mentoring</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Grant Funding</strong></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Associate Professor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Papers</strong></td>
<td>Preferred, Not required</td>
<td>Typically 1-2 per yr. with half as first/sr.</td>
<td>Typically 1-2 per yr. with half as first/sr.</td>
</tr>
<tr>
<td><strong>First + Senior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reputation</strong></td>
<td>Strong Local/Regional</td>
<td>Strong Regional/National</td>
<td>Strong Regional/National</td>
</tr>
<tr>
<td><strong>Teaching/Mentoring</strong></td>
<td>Demonstrates support for the teaching and scholarly missions of the Department</td>
<td>Local to National teaching/mentoring excellence</td>
<td>Local to National teaching/mentoring excellence</td>
</tr>
<tr>
<td><strong>Grant Funding</strong></td>
<td>NA</td>
<td>Helpful if present but not expected</td>
<td>Helpful if present, but not expected</td>
</tr>
<tr>
<td><strong>Full Professor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Papers</strong></td>
<td>Preferred, other scholarship required</td>
<td>Typically 1-2 per yr. with half as first/sr.</td>
<td>Typically 1-2 per yr. with half as first/sr.</td>
</tr>
<tr>
<td><strong>First + Senior</strong></td>
<td>-For time in rank</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reputation</strong></td>
<td>Regional to National</td>
<td>National/International</td>
<td>National/International</td>
</tr>
<tr>
<td><strong>Teaching/Mentoring</strong></td>
<td>Awards local, Sustained Participation/Excellence</td>
<td>Local to National/Excellence</td>
<td>National/Excellence, Enduring materials for PD</td>
</tr>
<tr>
<td><strong>Grant Funding</strong></td>
<td>NA</td>
<td>Helpful if present, but not expected</td>
<td>Helpful if present, but not expected</td>
</tr>
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</table>
Appendix B          Curriculum Vitae Format & Common Questions

Name & Contact Information (no specific format; all other areas should be chronological – oldest to newest with dates aligned to the left margin for all sections)

Chronology of Education **Month/Year, no gaps** (Include any leaves, military, etc.)
- All colleges and universities attended
  - Institutions, degrees and dates awarded
- Title of doctoral dissertation/master's thesis and name of director/advisor
- Major field(s)
- Board Certifications & Licenses

Chronology of Employment (Include active and Shared Appointments at UA) **Month/Year, no gaps**

Honors and Awards (Do not include grants, do include Visiting Professorships, Teaching Awards, Patents, etc.)
- Honorary membership in a society (e.g. Fellow, American College of Cardiology)

Service/Outreach (Limited to time in current rank) List year “2015” or years “2015-2017” or “2018 –” for current
Create a separate section for each of the following categories:
- Local/state outreach Memberships on local/state committees, organizations
- National/international outreach Memberships on nat’l/international committees, organizations
- Departmental committee(s) Example: Dept. of Medicine Executive Committee, etc.
- College committee(s) Example: College of Medicine Curriculum Committee, etc.
- University committee(s) Example: Ombuds Committee, etc.
- Other committees (internal or external) Boards (Editorial Boards), discussion groups, etc.

Publications/Creative Activity (Break out by Published or Accepted in Chronological Order [oldest to newest])
Place a * to the left of any publication title substantially based on work done as a graduate student. Provide English translations of titles for foreign publications. Include all publication information, including page numbers and the sequence of co-authors’ names. **Bold** candidates name, include PMID and spell out acronyms.
- Scholarly books and monographs (distinguish scholarly works vs. textbooks)
- Chapters in scholarly books and monographs
- Refereed journal articles, published or accepted in final form
- Other peer-reviewed publication; electronic publications

Work in Progress (May include publications and other creative activities)
Media (May include performances, exhibits, shows, recordings, CD’s, web-based material, patient education material)

Conferences/Scholarly Presentations (Limited to time in current rank)
Create sections for invited and submitted presentations. Provide presentation title, group/meeting and location for each
- Colloquia, Seminars, Symposia, Conferences [Peer reviewed abstracts can be added at the end]
  - The first section should be invited talks
  - Each section can be divided into regional, national or international

Awarded Grants and Contracts (If grant title is not descriptive, a 1 or 2 line description can be added)
List dates & percent effort on grant; role [PI, Co-PIs]; all co-PIs; source and amount; include a pending section
- Categorize by: Federal, State, Industry, Private Foundation
- Use NIH formatting - NIH Example can be found here:

List of Collaborators and their Organizational Affiliations
Collaborators include all individuals who have within 60 months preceding the submission of this dossier co-authored on projects, books, articles, reports, abstracts, papers or grant proposals.

- Alphabetical (last name, first name) list of collaborators on grants and publications from last five years
- The candidate’s Graduate, Postdoctoral, Thesis Advisors or Sponsors

Signed Statement by Candidate

The candidate’s signature should appear on the last page of Section 5 with the following statement:

Sections 4 and 5 are true and accurate statements of my activities and accomplishments. I understand that misrepresentation in securing tenure and promotion may lead to dismissal or suspension under ABOR Policy 6-201 J.

Common CV Questions

**Question:** What if I don't have any information for a specific heading, e.g. Awarded Grants and Contracts or Media?

**Answer:** The heading can be removed or you can put N/A under the heading

***

**Question:** Where does my teaching and mentoring activities go on the CV?

**Answer:** Teaching and mentoring information do not go on the UA Dossier CV but in a separate section of the Dossier where the candidate can list courses, individual student content (advising, mentoring, clinical instruction, dissertations directed & in progress), teaching awards, instructional innovations and collaborations as well as provide supporting documentation such as syllabi and course materials.

***

**Question:** What format should my publication be in?

**Answer:** APA format is acceptable, but always list all authors and **bold** your name. You can include your ORCID ([https://orcid.org](https://orcid.org)) in this section.
# Appendix C  Worksheet for the Selection of Outside Evaluators

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<th>Outside Evaluator Information (Alphabetize)</th>
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Clinical Promotion Dossier Appendices, effective December 1, 2018
Proposed addition to COM P&T Bylaws, November 2018

1. Establishment of a new Specialty Instructor Title

This faculty track was created to fulfill a requirement for the titling of non-physician healthcare providers who contribute to the training of UA medical students, residents and or fellows. Examples of non-physician healthcare providers include, but are not limited to, Nurse Practitioners, Midwives, Pharmacists, Physician Assistants, CRNAs, Social Workers and Simulation Instructors. This is a non-academic, non-ranked, non-voting faculty title. Full details of the guidelines for awarding the Specialty Instructor title are found here: https://medicine.arizona.edu/sites/default/files/specialty_instructor-guidelines_for_ awarding_titles.pdf

Proposed Changes to COM Bylaws, November 2018

1. Addition of new title “Specialty Instructor” to wording of Section IV. A.

IV. FACULTY
A. Membership

Existing language with proposed addition in red:

All individuals holding academic Faculty titles at the COM-Tucson will have voting rights. Faculty holding non-academic titles (Faculty Physician and Specialty Instructor) will not have voting privileges or be eligible to serve on faculty committees at the College of Medicine. The President of the University, the Senior Vice President for Health Affairs, the Dean, Vice Deans, Deputy Deans, and the Deans for Academic Affairs, Associate and Assistant Deans will be ex-officio members of the Voting Faculty.

2. Nomination and Election of Members additional wording to Section V. D.

V. Establishment of College of Medicine Committees
D. Nomination and Election of Members

Existing language:

The Nominating Committee, as described below, will present nominations for membership of each Committee at the regular spring meeting of the Faculty of the COM-Tucson campus. In addition, any member of the Voting Faculty may make nominations during the meeting for such offices. Nominations for election to the Nominating Committee will be made during the meeting at the regular spring meeting of the COM-Tucson Faculty. Voting will be conducted as described in Section IV.C.2. Nominees receiving the largest number of votes will be elected, so long as the individual meets the requirements for membership of each Committee, as specified below.

Additional language (Proposed):
Furthermore, the Nominating Committee will be empowered to refer potential Conflicts of Interest (COI) of nominees and elected committee members to the appropriate COI entity.

Additional language (Proposed):
In the interests of broad participation in faculty governance, an individual faculty member will be limited to membership on two (2) COM-T committees. An individual faculty member may be nominated for any number of committees, but placement on the ballot will be limited to two (2) committees, designated by the nominee.
3. Revision of wording in Section VI. B.

VI. Permanent Committees
   B. Appointments, Promotion and Tenure Committee

Existing language:
The COM-Tucson Faculty will elect the Appointments, Promotion and Tenure Committee, which will include a minimum of three (3) tenured full professors. Additional tenured professors and non-tenure eligible professors from the traditional title series may be added to expand committee knowledge about criteria for promotion on the clinical, research and educator tracks. All Committee members will have voting privileges for appointment and promotion decisions of non-tenure track Faculty. Only tenured members of the Committee may vote on issues concerning tenure track Faculty. This Committee will review and advise the Dean regarding each proposed Faculty appointment, promotion or award of tenure.

Proposed language with revisions in red:
The COM-Tucson Faculty will elect the Appointments, Promotion and Tenure Committee, which will include a minimum of three (3) tenured full professors. Additional tenured professors and non-tenure eligible professors from the traditional title series may be added to expand committee knowledge about criteria for promotion on the clinical, research and educator tracks. All Committee members will have voting privileges for appointment and promotion decisions of non-tenure track Faculty. Per UHAP 3.3.02, in promotion or tenure matters, recommendations will be made only by faculty members holding rank superior to the rank of the faculty member being considered, except in the case of full professors, where recommendations can only be made by faculty members holding the same rank. The same will apply to faculty title series. Only tenured members of the Committee may vote on issues concerning tenure track Faculty. This Committee will review and advise the Dean regarding each proposed Faculty appointment, promotion or award of tenure.

4. Revision of wording of all (2) instances of Health Affairs to reflect Health Sciences (UAHS)

III. ADMINISTRATION

Existing language with proposed revision in red:
The Senior Vice President for Health Affairs Sciences (UAHS) is the Chief Academic and Administrative Officer of the College and is responsible for the implementation of its policies, and compliance with accreditation requirements, along with the Dean, Vice Deans, and Deputy Deans. The Chief Academic and Administrative Officer may delegate responsibilities to the Dean, who may appoint Vice, Deputy, Associate and Assistant Deans to assist in discharging these duties within the College.

IV. FACULTY
   A. Membership

Existing language with proposed revision in red:
...The President of the University, the Senior Vice President for Health Affairs Sciences (UAHS), the Dean, Vice Deans, Deputy Deans, and the Deans for Academic Affairs, Associate and Assistant Deans will be ex-officio members of the Voting Faculty.
Guidelines for Awarding Titles
Specialty Instructor
Colleges of Medicine Phoenix and Tucson

The Specialty Instructor title has been developed to recognize non-physician healthcare providers who contribute to the training of University of Arizona medical students, residents, and/or fellows. Individuals on this track add value to the tripartite mission of the University of Arizona Colleges of Medicine by enhancing the academic learning environment and adding to the COM educational programs through their specific specialty. Individuals of this title are expected to provide outstanding instruction and have regular and direct contact with UA College of Medicine – Tucson or Phoenix medical students, residents, and/or fellows. Examples of regular and direct contact include ward or clinic precepting, preceptorship in other clinical venues, or didactic teaching.

Individuals who hold the Specialty Instructor title may receive certain non-compensation amenities from the University as defined by the applicable policy.

The following guidelines will apply when awarding the Specialty Instructor title at all UA COM campuses:

- Department chairs or their designees recommend non-physician healthcare providers (e.g. Nurse Practitioners, Midwives, Pharmacists, Physician Assistants, CRNAs, Social Workers, Simulation Instructors, etc.) to the Dean for award of the Specialty Instructor title. The recommendation will include the candidate’s specialty, reasons why their contribution of training students/residents/fellows is needed, and how the individual will provide the training. A letter of reference, addressing the individual’s excellence in their specialty and instruction ability is required.

- Determination of whether an individual continues to hold a Specialty Instructor title will be at the discretion of the department head or Dean.

- This is a stand-alone, non-ranked faculty title.

- Specialty Instructors not employed by the University of Arizona are considered associate Designated Campus Colleagues (DCC). Individuals holding this title are non-voting members of the volunteer faculty at the College of Medicine-Phoenix and the College of Medicine-Tucson. The Arizona Board of Regents and University policies regarding volunteer faculty will be applicable to individuals holding Specialty Instructor titles.

The Dean will make final decisions regarding award of the Specialty Instructor title and will notify the candidate of such decisions.

Specific qualifications for individuals being considered for or holding the Specialty Instructor title are as follows:

1. Must hold the specific specialty degree, certification or possess equivalent professional experience which allows the individual to practice in their field. Sponsoring Departments and/or designated units will work with the Dean's office to define equivalent professional experience.

2. If a license is required to provide healthcare services, the individual must maintain such license in good standing and notify the College of Medicine of any changes.
Committee of Ten
Report to General Faculty, November, 2018

Committee Members
Heddwen Brooks, PhD (Chair)
Hina Arif-Tiwari, MD
Melissa Cox, DO
Dorothy Gilbertson-Dahdal, MD
Felicia Goodrum, PhD
Katherine Hiller, MD
Michael Kuhns, PhD
Ranjit Kylathu, MD
Kwan Lee, MD
Melissa Zukowski, MD, MPH

Dr. Heddwen Brooks, PhD, continued this year as Chair of the Committee of Ten (C10). Over the past year, the committee continued work related to fact finding of RCM and tuition dollar distribution in UAHS. They also met with Banner Leadership in hopes of being a voice for the faculty.

Interim dean, Dr. Irving Kron met with C10 in August 2018 and discussion centered on financial transparency/RCM and the mission of COM-T with respect to the growing undergraduate (BS) and graduate degrees (MS and PhD programs), reinvesting in our research mission and costs of research at UA, research services, medical student performance/residency programs, and issues related to promotion, scribe services and daycare.

C10 is currently working together with Dean’s Council on Faculty Affairs (DCFA) and Dean’s Faculty Advisory Committee (DFAC) to send a feedback survey to COM-T faculty for their feedback in hopes to get input related to UAHS/CMT/Banner environment. Additional future focus will be on data related to medical student performance/residency programs.
The Continuing Medical Education Committee (CMEC) is one of the permanent committees of the University of Arizona, College of Medicine (COM). The CMEC approves continuing medical education (CME) policy, provides oversight of CME activities, and assures the approved policies and activities meet accreditation standards for continuing medical education. The College of Medicine Office of CME (OCME) is the operating arm for CME activities. The current CME Committee members and COM support staff are below.

Committee Members as of November 2018:

1. Valerie Ebert, DO, Assistant Professor, Department of Pediatrics (6/2016 – 6/2019) vebert@email.arizona.edu, CMEC Chair
2. Sarah Desoky, MD, Assistant Professor, Department of Medical Imaging (6/2016 – 6/2019) sdesoky@radiology.arizona.edu, CMEC Vice Chair
3. Sam Afshin, MD, Assistant Professor, Department of Medicine (6/2015 – 6/2018) asam@email.arizona.edu
4. Daniel Combs, MD, Assistant Professor, Department of Pediatrics (6/2016 – 6/2019) dcombs@peds.arizona.edu
5. Brenda A. Gentz, MD, Associate Professor, Department of Anesthesiology (6/2017-6/2020) bgentz@email.arizona.edu
6. Ryan Matika, MD, Assistant Professor, Department of Anesthesiology (6/2017 – 6/2020) rmatika@email.arizona.edu
7. Teri Gail Pritchard, PhD, Assistant Professor, Department of Pediatrics, Director, Resident/Fellow Development (6/2017 – 6/2020) tpritcha@email.arizona.edu
8. Bijin Thajudeen, MD, Assistant Professor, Department of Medicine (6/2017 – 6/2020) bijint@email.arizona.edu
9. Ole Thienhaus, MD, MD, Department Head, Professor, Department of Psychiatry (6/2016 – 6/2019) ojt@email.arizona.edu
10. Hina Arif Tiwari, MD, Assistant Professor, Department of Medical Imaging (6/2017-6/2020) hinaarif@email.arizona.edu
Support Staff:

- Randa Kutob, MD, MPH, Director, Office of Continuing Medical Education
  rkutob@medadmin.arizona.edu
- Robert Amend, MEd, Operations Manager, Office of Continuing Medical Education
  amend@medadmin.arizona.edu
- Denise Garrett, Administrative Associate (Live and Enduring Material Activities), Office of Continuing Medical Education
  dgarrett@medadmin.arizona.edu
- Cheryl Novalis-Marine, MBA, MIS, Senior Applications Architect, Office of Continuing Medical Education
  cheryl@medadmin.arizona.edu

Educational Activities:

The College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) through March 2019 to sponsor educational activities for AMA PRA Category 1 CME Credit™. Every CME activity has to comply with criteria for development, funding, presentation and evaluation. Since the OCME serves our academic community, activities originate from faculty members of the College of Medicine (direct activities) and from outside organizations (joint providers). Activities include enduring materials (e.g., online educational programs); live events (e.g., conferences); and regularly scheduled series (e.g., grand rounds). Table 1 below lists the CME activities by type over the last five calendar years.

In 2012, as part of its expansion into online CME, the College purchased The Virtual Lecture Hall® (VLH), an interactive, evidence-based, online medical education website that offers CME courses on a wide variety of topics, many of which are required for licensure or renewal of licensure in over 40 states. The VLH currently offers 29 courses with a total of 107.5 CME credit hours available. Examples of VLH offerings include courses on medical errors prevention, medical ethics, risk management, patient safety, professional responsibility, cultural competency, and pain management. The VLH does not accept advertisements and is supported by fees from individual users and organizations that purchase site memberships. The VLH does not offer CME courses supported by educational grants from pharmaceutical or device companies. Several of the courses offered by the VLH were developed with grant support from

...
the National Institute of Health (NIH), resulting in numerous research publications and several clinical/educational tools for physicians, such as “The Physicians' Competence in Substance Abuse Test” (P-CSAT) which is now in the public domain (Harris & Sun, 2012). Since 1998, physicians and other health professionals have earned over 187,000 hours of CME credit on the VLH website (www.vlh.com).

<p>| Table 1. CME Activities by Calendar Year 2013-2017 |
|---------------------------------|------|------|------|------|------|</p>
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Continuing Medical Education Committee Activities and Accomplishments Highlights, 2017-18

1. Collaborated with the UA COM-T Office of Continuing Medical Education to accredit live conferences, grand rounds, and enduring materials. (See Table 1 above.)

2. Supported the development of two additional online courses, *Managing Opioid Misuse Disorder in Pregnancy and Neonatal Care* and *Opioid Issues in Youth Pain Management*. This work was funded through a $25,000 subcontract with the College of Public Health (Dr. Dan Derksen, PI) as part of an Arizona Department of Health Services-sponsored initiative to disseminate new Arizona opioid prescribing guidelines. Overall, four courses have been developed for a total of six credit hours provided for free to Arizona prescribers.
3. Approved the provision of 10 units of CME credit ($250 value) to COM Faculty and COM-T Community Preceptors.


5. Reviewed and approved the Activities Directors Survey which captured key information on the impact of CME and quality improvement efforts as part of the COM-T re-accreditation by the ACCME.

6. Continued work on *Professionalism and Patient Care: Training the Health Care Team* which is funded through a BUMC-Tucson Medical Staff Grant. The CMEC is working in collaboration with Banner’s CIPE Committee to create a scenario-driven, online course addressing prevention and remediation of lapses in professionalism based on recurring, actual events at our local facilities. The program will consist of interactive scenarios, incorporating prevention strategies and recommendations for remediation when professionalism lapses occur.
The University of Arizona College of Medicine at South Campus (UACOM-SC)  
Graduate Medical Education Committee Report  
To the General Faculty, Major Participating Institutions and  
Arizona Board of Regents  
November 2018 (AY 18)

GME Committee (GMEC)

1. **Overview**: The UACOM-SC GMEC is currently in its 12th year of operations. The committee, composed of program directors, program coordinators, peer-selected residents from each program, quality officer from the primary teaching hospital and administrators, meets monthly. The committee’s charge is to monitor and advise the sponsoring institution on all aspects of graduate medical education; establish policies and procedures regarding the quality of education; provide oversight of ACGME-accredited programs’ annual evaluation and improvement activities and monitor the work environment for the residents in all its programs. The monthly meeting addresses the business of the GMEC as per ACGME requirements. There are several subcommittees which all report to the GMEC monthly.

a. **Subcommittees**:
   i. Task Force monthly meetings focus on addressing specific issues requiring more detailed attention to enhance our educational experience. Examples of our endeavors during 2017-18 included promotion of Holistic Reviews of applicants to improve the diversity of our residencies; Wellness/Resilience programs; Enhancing rural rotation opportunities within the Banner system; Implementation of new ACGME Requirements; education on changes to the Medical Student Performance Evaluation (MSPE).
   ii. CLER Subcommittee – Monthly meetings focus on addressing specific citations from our Clinical Learning Environment Review report. 2017-18, the committee focused on developing a definition of professionalism as well as a professionalism workshop presented at New Resident Orientation; Development and Implementation of Multidisciplinary Mock RCA at SC.
   iii. Distinction Track Subcommittee – Continued development of the Medical Spanish Language/Health Care Disparities Distinction Track (DT). In 2017-18, the second year of operation, in addition to the Spanish Language class and Health Care Disparities forums, there are also Spanish luncheons which now feature activities to enable providers to practice their medical Spanish skills. Participants proficient in Spanish are funded to take the ALTA Clinical Cultural and Linguistic Assessment (CCLA). To date, 6 participants have passed the exam, distinguishing them as Certified Bilingual Providers. The success of this DT has resulted in a plan to implement a similar DT at Tucson Campus in 2018-19.
2. **Programs**: There are 4 ACGME accredited residency programs and one Fellowship at UACOM-SC, all of which have enrolled residents and fellows. The residency programs include: Internal Medicine, Ophthalmology, Emergency Medicine and Family Medicine. In academic year 2017-18, there were 79 enrolled residents. All 4 programs and 1 fellowship participated in the NRMP (Ophthalmology in the San Francisco) MATCH and filled all offered positions successfully. The Medical Toxicology fellowship is a 2-year program, accredited by the ACGME for a total of two fellows in the program and continues to fill in the NRMP Fellowship MATCH. They currently have 2 fellows enrolled.

3. **Hospital Committees**: The GMEC continues to work with both the hospital and residency programs in ensuring resident participation on hospital committees. Annually, a list of hospital committees is distributed to each residency program administration with a request that residents be appointed to the committees. Attached, please find a list of resident assignment to hospital committees.

   During AY 18, the BUMCS **Resident Quality Council (RQC)** continued to meet under the leadership of Dr. David Sheinbein and Dr. Lawrence Deluca. They focused on educating and addressing Quality of Care issues pertinent to residents and patient care. The Council targeted the finalization of the Delirium Project (early assessment of delirium in ICU patients), and two interdepartmental CPI's focusing on alcohol withdrawal and restraint safety. Both CPI’s led to policy change for the BUMCS.

4. **Faculty Development**: Through FY 18, the GME Office continued to encourage and support each program’s attendance at a national ACGME or specialty specific meeting. Attendance at these meetings not only increases GME knowledge base, but also enhances networking with the GME community at large. Upon return from national meetings, each PD and/or PC presents a brief report to members of the GMEC. Other opportunities for faculty development include: the annual University of Arizona COM at SC GMEC sponsored retreat, in which all programs as well as members of the UACOM T GMEC participate. Each program is also encouraged to develop program specific faculty development to train faculty educators in learner assessment and teaching modalities. Based on ACGME Survey results, programs were encouraged to develop faculty development programs on providing resident feedback and brief educational modules. The Office of Medical Student Education has also offered a number of faculty development instruction opportunities to each program – including videos of seminars, workshop guides, learning theory, and teaching strategies and tools, including direct observation of medical student/resident teaching. We also support program coordinators to attend the New Innovations workshop, to maximize their understanding and usage of our residency management system. This investment allows us to develop a few super users who are available to offer guidance to their program coordinator colleagues.

5. **Financial Support**: In accordance with ACGME requirements, the sponsoring institution continues to provide financial support for each residency program. This includes educational, administrative and technological support. PD and PC funding continues in accordance with ACGME requirements.
6. **Housestaff Meeting**: the CMO of the primary teaching hospital (Dr. David Sheinbein) hosted a quarterly lunch meeting where residents could address issues related to hospital operations. Dr. Andy Theodorou, Chief Clinical Education Officer, BUMD, also participated.

7. **Resident Program Meetings** are scheduled biannually. During these meetings, the DIO and/or GME Program Coordinator, Senior meet with each program’s cohort of residents to address institution and program specific issues/concerns. This is also an opportunity to discuss the program’s annual ACGME Survey results. The issues raised are shared anonymously with each program’s leadership team and collaborate to identify potential solutions as appropriate. A follow-up meeting is scheduled 4-6 months later to assess progress in resolving identified issues.

8. **Resident Well Being**:
   a. Education regarding **Fatigue and Well Being**: Each program is required to present the SAFER or LIFE program to their residents and faculty annually and document their participation. This is confirmed via the Annual Program Evaluation.
   b. **Housestaff Counselor**: Drs. Mark Gilbert and Gary Hellman began as the new housestaff counselors for the University of Arizona College of Medicine. They provide behavioral health services to residents and their families. They are introduced to the new interns/residents at orientation raising awareness of their availability.
   c. The Sponsoring Institution appointed a Director of Resident Wellness, Dr. Mari Ricker. She is responsible for identifying resident and program needs related to wellness, providing education and assessment tools as well as activities to promote resident resilience.

9. **Annual GME Retreat**: The annual retreat was held on May 18, 2018 at Hacienda del Sol. The retreat focused on developing wellness initiatives for programs and the sponsoring institution as well as approving the professionalism definition drafted by the CLER Subcommittee and development of a workshop to be presented to all GME programs. The day began with considering the success story of a faculty member and the new ACGME guidelines related to resident wellness. Other presentations included: a mind-mapping exercise to determine the levels of need for resident wellness; mindfulness exercises; and education on implementing wellness initiatives. The day concluded with a discussion on professionalism an exercise to develop professionalism case studies for the professionalism workshop.

10. **Annual Scholarly Day**: UACOM-SC hosted its 8th GME Scholarly Day in May 2018. There were 26 posters submitted for consideration and over 100 attendees. The poster submissions were from UACOM-Tucson medical students and residents in both UACOM-SC and UACOM T GME programs. Posters were submitted in the following categories: Clinical, Research, and Quality Improvement. Each participating residency program offered a brief clinical presentation. The recipients of the Scholarly Day awards were Dr. Paul Roettges, Dr. Balaji Natarajan, Dr. Mahesh Kumarr Balakrishnan, Dr. Justin Otis, Dr. Roberto Swazo, and Ike Chinyere.

**Major changes**

No major changes to report.
Comprehensive Program Reviews (CPR)

1. GME administered comprehensive program reviews involve faculty and residents in the overview of a residency program. An appointed GMEC panel interviews residents, teaching faculty and the program leadership of the designated residency program. The panel also reviews pertinent documents related to resident education and environment for learning. Areas receiving special attention include:
   a. Addressing any deficiencies from prior site visits
   b. Program administration
   c. Participating institutions and current program letters of agreement
   d. Facilities and support services
   e. Education and implementation of QA/QI projects
   f. Core teaching faculty – sufficient volume; scholarly activity
   g. Clinical teaching; including patient volumes, resident supervision, number of procedures
   h. Educational program including reviewing goals and objectives, didactics, the written curriculum that incorporates the competencies, evaluation tools for the Milestones, QA/QI activities, resident scholarly activity
   i. Resident evaluation, including criteria for advancement/promotion, summative letters, and evaluation forms
   j. Faculty and program evaluation including confidentiality of the process, annual review of the program
   k. Working conditions including duty hours, fatigue, moonlighting
   l. Quality of applicants and graduates
   m. Review of all program policies (duty hours, effects of leaves of absence, moonlighting, QA/QI, resident selection, supervision)

2. The GMEC has approved each program completing a CPR every 3 years unless there is an area of concern requiring an expedited CPR. A CPR schedule has been developed.

ACGME Site Visits

1. All of programs have been awarded Continued ACGME Accreditation and are in the NAS 10-year cycle. The ACGME has now implemented Self-Study evaluations that require each program to perform an in-depth, longitudinal critical self-evaluation and improvement plan.

Ongoing Accreditation Mandates

1. ACGME Resident Duty Hours—In compliance with ACGME Duty Hours requirements, each program annually reviews and updates their Duty Hours, Moonlighting and Supervision policies to address any changes. The requirements include:
   a. Clearer guidelines regarding 80-hour work week
   b. Specification of continuous work based on PGY year – liberalizing the requirements as a resident advances into the senior years of training. Senior residents may extend duty period (by choice) if their presence is critical to patient care or continuity of care.
   c. All residents have a maximum work shift of 24 hours plus 4 hours to manage transitions of care.
   d. A resident may not be responsible for the care of new patients after 24 hours of continuous duty
e. Limitations on breaks between duty periods by PGY year which must be monitored by program
f. Each resident must have one day in seven free from duty (averaged over 4 weeks)
2. Limitations on night float – frequency and must include an educational component.
3. All moonlighting (both internal and external) must count towards 80-hour work week
4. Home call – when called in, hours count towards duty hours
5. Institution must provide lodging or transportation for residents who are too tired to travel safely after a duty period.
6. Programs must track episodes of noncompliance with DH requirements.
   a. Quarterly, the GMEC reviews each program’s Duty Hours documentation and annually we review the individual program’s ACGME resident survey report. If there are areas of noncompliance, the program is requested to investigate and report back to the GMEC within 1 month.
7. Resident Supervision–ACGME supervision requirements include:
   a. Three levels of supervision defined – Direct, Indirect and Oversight
   b. Program must assure proper level of supervision available to residents
   c. Programs must develop standards to identify limits of each resident’s scope of authority and the circumstances in which they are permitted to act with conditional independence.
   d. Program must develop list of must call situations.
   e. Program must limit number of resident transitions and train residents to utilize handoff tools.
      i. GMEC has developed and implemented a standardized educational module on Transitions of Care. Annually in June, every current resident receives the training. In July of each year, all new interns participate in a similar Transitions of Care workshop. Each program is required to utilize a standardized handoff tool. Based on the results of a survey performed by the CLER Subcommittee, most residents trained in the new system utilized it consistently and found that it improved quality of care. GMEC continues with its monitoring system of random observation of a program’s handoff by a PD from a different program. Reports are submitted to GMEC.
   f. Each program is required to update their Supervision policy in compliance with the ACGME requirement. Annually, the GMEC reviews resident and faculty ACGME survey reports to identify any concerns regarding supervision. It is incumbent on each residency program and department to assure they have an adequate number of faculty to support the supervision needs of their residency in accordance with regulatory and educational needs.

ACGME New Accreditation System (NAS)

1. All programs are now in the ACGME’s NAS (New Accreditation System). This accreditation system is an outcome-based evaluation system, replacing the competency-based evaluation system. “The aims of the NAS are threefold: enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, accelerate the ACGME’s movement toward accreditation based on educational outcomes and reduce the burden associated with the current structure and process-based approach.” Increased emphasis will be placed on the Sponsoring Institution for the quality and safety of the environment for learning and patient care. The process will include:
2. Annual data collection for submission to ACGME (including institutional data, milestones and EPAs, faculty and resident surveys and resident procedure logs)
a. All programs have developed Clinical Competence Committees to evaluate resident progress and submit Milestone evaluations on their residents biannually.

3. Clinical Learning Environment Review (CLER) every 18 months (Short notice visits to the sponsoring institution to assess the learning environment and resident involvement in patient care, safety and quality issues). The GMEC CLER Subcommittee continues to meet monthly to address citations and make recommendations to the GMEC. We hosted our 3rd CLER Site Visit on May 8th and 9th, 2018. The report on findings was received, distributed and informed subsequent CLER Subcommittee projects for 2018-19. Attached, please find a summary of the findings of the CLER site visit team.

4. Institutional Site Visits every 6 years

5. Program Site Visits every 10 years (Programs demonstrating high-quality outcomes will be freed to innovate and extend the periods between site visits).

### Quality Assurance and Patient Safety

1. The 7th New Resident Orientation, June 2018, was the result of a joint effort between UA, BUMG, BUMCS and BUMCT. Replacing the historic institution specific, multiple orientations, all new residents and fellows from both clinical facilities (over 200) convened at the Marriott Hotel for a single orientation. After a welcome and introduction to the institution, multiple exercises were introduced which exposed the new residents/fellows to the importance of quality of care, patient safety, patient satisfaction and communication skills. All new residents/fellows were distributed at small group tables with cohorts from varying specialties with interprofessional facilitators.

2. During July orientation, the GMEC sponsors a hospital orientation at BUMCS. The orientation consisted of a scenario-based review of the six ACGME Competencies and Milestones by program directors, teambuilding exercise and a chief resident directed session on standardization of Transitions of Care. Subsequently, residents met with peers from their programs and completed a workshop on proper Transitions of Care.

3. During the first six months of the academic year, the pharmacy director (or a staff member) met with individual residency programs and presented pharmacy specific information. This program has been well received and requested to continue throughout the year.

4. In compliance with the GMEC requirement, every program’s faculty and residents complete either the SAFER or LIFE modules. GCEP (GME Competency Education Program) modules, developed by AMA, are also now available and utilized by several programs.

5. GMEC implemented an educational plan to educate all residents in Quality Assurance terminology and application to patient care. Annually, this program is updated with the assistance of the hospital CPAI leadership to ensure accuracy and pertinence of the information.

6. Physician Well Being – Each program is tasked with implementing a Residency Resiliency program aimed at early intervention and prevention of resident burn-out. The newly formed GMEC Joint Subcommittee on Resident Wellness began meeting in January of 2018. Initiatives of the group include a wellbeing pocket card for residents/fellows that lists wellbeing resources and resiliency tips; a Facebook page exclusively for residents/fellows that encourages interdepartmental camaraderie and support; resources and moment of silence for National Physician Suicide Awareness Day; securing funding for a resident/fellow wellness event.

### Resident Survey

The annual ACGME Resident survey continues to focus on six major categories: Clinical Experience and Education (formerly Duty Hours), Faculty, Evaluation, Educational Content, Resources, Patient Safety / Teamwork. The ACGME focuses on program trends of improvement vs. declining
performance. All five of our residency/fellowship programs participated in the survey. For programs with more than 4 residents/fellows, a minimum of 70% participation from the residents in each individual program is required to receive a program specific report. Our response rate was 98%. Once results are returned, the DIO met with each program’s leadership team to identify those areas not in substantial compliance. Subsequently, the PD meets with residents and faculty of their program to discuss potential causes and interventions. Based on the 2017-18 Institutional Aggregate Program Data the following table compares our institutional vs. national mean.

<table>
<thead>
<tr>
<th>Area</th>
<th>Institution Mean</th>
<th>National Mean</th>
<th>Significant areas of noncompliance noted and planned interventions</th>
</tr>
</thead>
</table>
| Clinical Experience and Education | 4.7              | 4.8           | Adherence to 80-hours - 79% Compliant  
*Paperwork and Patient needs were the primary reasons for residents exceeding duty hours requirements |
| Faculty                     | 4.4              | 4.3           | None                                                          |
| Evaluation                  | 4.5              | 4.5           | Satisfied that program uses evaluations to improve - 72% Compliant  
Satisfied with feedback after assignments -72% Compliant  
*All programs are developing immediate feedback forms for ambulatory settings. OMSE has offered sessions on giving feedback to residents. |
| Educational Content         | 4.4              | 4.4           | Education (not) compromised by service obligations - 71% Compliant  
*Programs continue to educate residents re: the definition of “service” as well as assess resident workload. GME continues to work with hospital to ensure adequate case management services are available. |
| Resources                   | 4.2              | 4.4           | Electronic medical records effective - 68% Compliant  
Satisfied with process to deal with problems and concerns - 76% Compliant  
*The implementation of CERNER has been challenging for residents and faculty. Most recent survey of residents reveals that system utility is improving. The institution continues to solicit input and develop systems to facilitate ease of use. |
| Patient Safety              | 4.3              | 4.4           | None                                                          |

**Faculty Survey**

2017-18, all programs participated in the faculty survey. The categories surveyed included: Faculty Supervision and teaching; Educational Content; Resources; Patient Safety; Teamwork. Survey results
are reviewed with the program faculty as well as DIO and included in the GMEC meeting presentation. Based on the 2017-18 Institutional Aggregate Program data, the following compares our institutional data vs. national mean.

<table>
<thead>
<tr>
<th></th>
<th>Institution Mean</th>
<th>National Mean</th>
<th>Significant areas of noncompliance noted and planned interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Supervision and Teaching</td>
<td>4.4</td>
<td>4.6</td>
<td>Improved from last year, but still low Faculty satisfied with personal performance feedback -77% Compliant Sufficient time to supervise residents decreased from 94% to 87% *Faculty identified concerns regarding implementation of CERNER limiting time for education.</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.8</td>
<td>4.8</td>
<td>All previous areas of concern demonstrated improvement/increased compliance. Worked on scholarly project with a resident - 77% *Programs are tasked with ensuring residents have faculty mentors for scholarly projects. In some programs not all faculty are tasked with scholarly project mentoring.</td>
</tr>
<tr>
<td>Resources</td>
<td>4.1</td>
<td>4.4</td>
<td>Satisfied with faculty development to supervise and educate residents/fellows - 74% *Multiple methods of providing Teaching Pearls and Snippets were demonstrated and shared with programs.</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>4.5</td>
<td>4.6</td>
<td>None</td>
</tr>
<tr>
<td>Teamwork</td>
<td>4.5</td>
<td>4.7</td>
<td>None</td>
</tr>
</tbody>
</table>

**Graduate Exit Interview**

June 2018, the DIO and/or GME Program Coordinator Senior met with the majority of graduating senior residents for an exit interview. General feedback is shared with GMEC and individualized feedback provided to each program to implement appropriate changes.

1. Overall residents felt prepared for future career goals – practice, fellowship.
2. Residents appreciated the collegiality, cohesiveness of the smaller community hospital setting
3. Residents had very positive feedback about their program director’s support.
4. Residents would still choose their program if they had the opportunity to do it again.
5. Resident continue to identify insufficient subspecialty presence at SC as a challenge
6. Residents recommend not merging programs, do not want to lose the uniqueness of South Campus programs.
7. Residents would like to see improvements to outpatient clinics.
8. Residents feel like they are doing too many administrative/non-medical tasks.
9. Cerner continues to cause many problems. Residents agree that their use of the system is slowly improving.
<table>
<thead>
<tr>
<th>Year</th>
<th>EM</th>
<th>FM</th>
<th>IM</th>
<th>Neuro</th>
<th>Ophtho</th>
<th>Psych</th>
<th>Med Tox</th>
<th>Total</th>
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<tbody>
<tr>
<td>08-09</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>09-10</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>1</td>
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<td></td>
<td>6</td>
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<tr>
<td>10-11</td>
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<td>0</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>11-12</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>12-13</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>13-14</td>
<td>6</td>
<td>7</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>14-15</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
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<td>1</td>
<td>34</td>
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<tr>
<td>16-17</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>26</td>
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<td>17-18</td>
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<td>50</td>
<td>77</td>
<td>10</td>
<td>16</td>
<td>26</td>
<td>3</td>
<td>222</td>
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</table>
**Resident Paths After Graduation**

![Bar Chart]

**Resident Responsibilities**

Residents agree to abide by the terms of their employment contract and to fulfill the educational requirements of their training program; to use their best effort to provide safe, effective professional and compassionate patient care under supervision from the teaching staff; and to perform assigned duties to the best of their ability. Residents agree to abide by all UACOM-SC policies and procedures, including the provisions of the most current edition of the GME Resident Manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Respectfully submitted,

Victoria E. Murrain, DO
Assistant Dean for Graduate Medical Education
ACGME Designated Institutional Official (DIO)
## Residents on Committees 2017-18

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>RESIDENT PARTICIPATION</th>
<th>Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Arizona College of Medicine at South Campus <strong>GMEC</strong></td>
<td>Zoe Cappe, MD, Family Medicine, PGY3 Philipp Call, DO, Family Medicine, PGY2 Senthil Anand, MD, Chief, Internal Medicine, PGY4 Roberto Swazo, MD, Internal Medicine, PGY3 Daniel Orta, MD, Internal Medicine, PGY2 Alex Beazer, MD, Ophthalmology, PGY2 Lisa Goldberg, MD, Emergency Medicine, PGY3 Karen Bertels, MD, Emergency Medicine, PGY3</td>
<td>4th Friday, noon</td>
</tr>
<tr>
<td>GMEC CLER Subcommittee</td>
<td>Chandra Stockdall, MD, Internal Medicine, PGY3 Jayasree Jonnadula, MD, Internal Medicine, PGY3 Mahesh Balakrishnan, MD, Internal Medicine, PGY2 Philipp Call, DO, Family Medicine, PGY2 Todd Horstman, MD, Family Medicine, PGY3 Jenny Saint Aubyn, MD, Family Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td>South Campus Hospital Pharmacy &amp; Therapeutics</td>
<td>Kady Goldlist, MD, Internal Medicine, PGY3 Lisa Goldberg, MD Emergency Medicine, PGY3</td>
<td>2nd Wednesday, noon</td>
</tr>
<tr>
<td>Pima County Medical Society</td>
<td>Nirmal Singh, MD, Internal Medicine, PGY3</td>
<td>Last Tuesday, 5pm</td>
</tr>
<tr>
<td>Psychiatry Resident Education</td>
<td>Psychiatry residents</td>
<td></td>
</tr>
<tr>
<td>South Campus ICU Code</td>
<td>Roberto Swazo, MD, Internal Medicine, PGY3 Marcos Teran, MD, Family Medicine, PGY3 Todd Horstman, MD, Family Medicine, PGY3 Chadi Berjaoui, MD, Family Medicine, PGY2</td>
<td>Wednesdays Bi-monthly 3-4p</td>
</tr>
<tr>
<td>Sepsis Committee</td>
<td>Rui Wen Pang, MD, Internal Medicine, PGY3 Sarah Tariq, MD, Internal Medicine, PGY2 Wina Yousman, MD, Internal Medicine, PGY2 Nirmal Singh, MD, Internal Medicine, PGY3 Marcos Teran, MD, Family Medicine, PGY3 Todd Horstman, MD, Family Medicine, PGY3 Marcos Teran, MD, Family Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td>Medicine Housestaff Committee</td>
<td>Senthil Anand, MD, Internal Medicine, PGY4 Nirmal Singh, MD, Internal Medicine, PGY3 Francisco Mora, MD, Internal Medicine, PGY2 Gianna O’Hara, MD, Internal Medicine, PGY1</td>
<td>1st Monday, noon</td>
</tr>
<tr>
<td>Medicine Competency Committee</td>
<td>Senthil Anand, MD, Internal Medicine, Chief</td>
<td>Quarterly</td>
</tr>
<tr>
<td>ACP Representatives</td>
<td>Radhamani Kannaiyan, MD, Internal Medicine, PGY3 Supreet Khare, MD, Internal Medicine, PGY2 Emilio Power, MD, Internal Medicine, PGY2</td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine GME Committee</td>
<td>Karen Bertels, MD Emergency Medicine, PGY 3 Lisa Goldberg, MD, Emergency Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td>South Campus GME Environmental Committee</td>
<td>Robert Conley, MD, Emergency Medicine, PGY3 Jose Marquez, MD, Internal Medicine, PGY3</td>
<td>Annually</td>
</tr>
</tbody>
</table>
Summary of 2018 CLER Site Visit Findings

1. **Patient Safety:** Our residents understand the basics of patient safety and know that patient safety concerns should be reported. It is a continued struggle to convince residents and faculty to report in Verge, the current reporting system because of the lack of feedback on follow through.

2. **Healthcare Quality:** Resident QI projects have improved from being just an idea to being implemented and analyzed initiatives. Still, many of these projects are not linked to the institutions priorities. There is also no central monitoring, or list of, resident-led or Banner-ongoing QI projects. Additionally, many residents do not get aggregate or individual data on quality metrics related to their practice.

3. **Healthcare Disparities:** Both residents and institutional leadership seem to understand what our patient population’s major health disparities are. We are doing better with cultural competency training. Post-acute care assessments for challenges after discharge are being done on all patients per institutional leadership.

4. **Care Transitions:** Handoffs are being done well when teams transition from night to day. There is a lack of interprofessional training on handoffs. Most vulnerable handoffs are from ED to floor, ICU to floor, or outside hospital to floor, and inpatient to outpatient care.

5. **Supervision:** Inconsistency in whether residents are supervised adequately, too much or too little. No safety events related to supervision. Residents feel comfortable going to most of the faculty when they need help.

6. **Wellbeing:** The EHR transition was a contributor to burnout. There is a need for more balance between faculty workload and ability to teach. There is no systematic way to identify burnout among faculty. Faculty burnout was observed by residents. There is no systematic way wellbeing is integrated into staff’s routine.

7. **Professionalism:** The majority of residents are documenting things that they did not do personally without giving credit to who did it. Residents are aware of the professionalism reporting site at UA.
Current Members:
Jan Burt, PhD; Charles Hsu, MD, PhD; Rajesh Khanna, PhD; Christina Laukaitis, MD, PhD, FACP; Prabir Roy-Chaudhury, MD, PhD; Linda Restifo MD, PhD; Jil Tardiff, MD, PhD, Gregory Woodhead MD, PhD; Shannon Collins MD/PhD student

The Committee met on August 30, 2018 to discuss the vision and mission of the program based on feedback from the Program Director. Plans were made for roll out of the recruitment season for the 2019 class.

Procedural changes implemented this year:

- MD/PhD Committee members will utilize the American Medical College Application Service (AMCAS) for reviewing and scoring applicants.
- Committee members will be assigned a subcommittee and that group will review and score their designated candidates.
- No more than 30 candidates from will receive interview invitations.

The Committee reviewed 64 candidate applications and met on September 14th to decide who to extend interview invitations. At that meeting, 25 applicants were chosen to invite to interview. Our interview sessions were scheduled for October 11th and 18th. A recap session will be scheduled for the first week of November.

The Augmented Admissions Committee was established in previous years by the Office of the Program Director to include standing members of the MD/PhD Committee, standing members of the College of Medicine Admissions Committee and faculty with previous experience working with physician scientist admissions.

Current augmented committee members include:
Heddwen Brooks, PhD; Jorge Gomez, MD, PhD; Tejal Parikh, MD

2017-2018 Applicant Analysis

- **Total MD/PhD applicants: 130**
  a. Average applicant GPA was 3.61
  b. Average applicant MCAT score was 508
- **From the total applicants, 27 were selected for interview**
  a. Average candidate GPA was 3.80
  b. Average candidate MCAT score was 510
- **From the 27 candidates interviewed, 8 were extended offers.**
- **From the 8 candidates extended offers, 5 accepted.**
  a. However, 1 candidate declined after accepting, and the 5th MD/PhD student was added to our program from the MD MS1 university pool.
Objectives

• Review the UA fund and cost allocation methodologies under Responsibility Centered Management (RCM).

• Explain how RCM differs for colleges in UA Health Sciences in comparison to other UA colleges.
The following chart illustrates how funds flow in RCM.

- **Support Units and Institutional Costs**
  - Subventions
  - Mandatory Fees
  - Other Misc. Fees
  - Auxillaries
  - Philanthropy

- **UA Budget**
  - State General Funds
  - Tuition
  - Differential Tuition
  - Program Fees
  - F&A Recovery
  - Strategic Investment

- **Colleges**
  - RCM Allocations
  - Subventions
  - Sponsored Activity
  - Course Fees
  - Outreach
  - Summer Session
  - Philanthropy
  - Sales and Service

- **Facilities**
  - Cost Assessed based on Net Assignable Square Footage

- **Administrative Service Charge**
What Is Subvention?

- Base Year is 2015
- Overall level of funding did not change within any of the Responsibility Center Units (RCUs) as historical budgets are maintained consistent with previous levels.
- Revenues are attributed to each of the college RCUs along with a calculated share of the support and facility costs.
- State funds (subventions) are provided to each of the RCUs, that, when combined with the allocated revenue, are sufficient to cover the RCU’s historical budget and their share of the allocated support and facility costs.
RCM *Revenue* Allocation Methodology

- **Operational Base Budget**
  - Change is marginal from year to year based on prior year activity.
  - Student Credit Hours (SCH) and Major dollar values may change based on overall enrollment.

- **Undergraduate Tuition**
  - Funds are pooled, reduced by institutional aid, then distributed to RCUs @ 75% SCH and 25% Major.

- **Graduate Tuition**
  - Allocated individually to RCUs @ 25% SCH and 75% Major.

- **Program Fees and Differential Tuition**
  - Allocated 100% based on the college who owns the fee/tuition.

- **Facilities and Administration Cost Recovery (IDC)**
  - Allocated 100% based on the F&A distribution associated with the grant award.

- **Summer and Winter Sessions / Online and Distance Programs**
RCM Cost Allocation Methodology

- Funds units that support the primary missions of the university including:
  - Institutional administration
  - Student support
  - Research support
  - Public services
  - Facilities

- Utilizes a tax based approach applied to RCU revenue
RCM *Cost* Allocation Methodology continued...

- **Undergraduate Tuition**
  - 30.96% for Support costs
  - 2.75% for Strategic Investment Fund (increases to 3.5% in FY19 and 5% in FY20)

- **Graduate Tuition**
  - 12.38% for Support costs
  - 2.75% for Strategic Investment Fund (increases as above)

- **Program Fees, Differential Tuition and Medical Student Tuition**
  - 12.38% for Support costs
  - 2.75% for Strategic Investment Fund (increases as above)

- **F&A Cost Recovery / Indirect Cost Recovery (IDC)**
  - 12.38% for Support costs

- **Facilities Costs**
  - $25.19 per Net Assignable Square Foot
How Does RCM Work at UAHS and COM-T?

- UAHS Base Budget – State
- Designated Funds
- RCM Activity Driven

- UA Health Sciences
- Academic Enhancement Funds

- COM Base Budget – State and All Tuition
- RCM Activity Driven
- Other – Gifts, Sales & Services

- Colleges of Medicine
- Indirect Cost Recovery Dollars
- Academic Enhancement Funds

- COM Departments and Centers
- BUMG Faculty Effort
- Academic Support Payment
- Alternative Dean’s Tax
- Other Strategic Investments

- Banner Health
- Academic Enhancement Funds
- Mission Based Funding
- Indirect Cost Recovery Dollars
- Mission Support
- Other Strategic Investments
How does the RCM model differ for COM-T?

- The University allocation of Facilities Costs for all Health Science colleges is absorbed by UAHS.

- Any funding reconciliation (subvention) in the RCM base year related to IDC Revenue and Facilities Cost is retained by UAHS to cover the shortfall between revenues distributed and Facilities costs.

- Initially, under the UAHS model, COM-T received a fixed IDC distribution dollar amount based on the highest of a defined 3 year period. In FY18, the IDC distribution to COM-T was changed to 25% of total IDC specific to COM-T under the RCM model. Tax is absorbed by UAHS.

- In FY19 UAHS began distributing all IDC dollars in excess of Facilities Costs to the colleges.
How does RCM work for Departments and Centers?

- Departments and Centers continue to maintain base budgets at pre-RCM levels.

- The F&A (IDC) distribution model continues the use of an allocation methodology based on a MTDC (modified total direct cost) per sq. ft., rewarding efficient use of research space while providing funds for research investment.

- Additional IDC revenues received from the FY19 distribution policy change will be distributed consistent with the methodology above.

- Tuition associated with existing teaching activity (with the exception of summer session) is not directly distributed to the activity generating unit.
What About New Course Revenue?

- The College has an interest in strategic development of new degree and certificate programs, on-line courses and micro-campuses.

- A process for internal review and approval is being developed.

- The College would like to minimize financial risk to the departments and encourage innovation by providing start-up funding for new programs. Funding from the Provost Strategic Investment Funds also will be leveraged to cover initial costs.

- Tuition received specific to these new programs, less taxes, will be split 50/50 between the College and the Department(s).
Questions?
By-Laws and P&T Guidelines Update

General Faculty Meeting
11/7/2018
Proposed By-Laws Changes Needing a Vote (emailed web link to documents on 10/24)

• New Specialty Instructor title to recognize non-physician medical professionals that teach our students. Examples are social workers, midwives, simulation instructors, etc.

• New language in Nominating Committee description includes 2 committee limit per faculty member and ability to refer COI questions

• Language change for the Appointments, Promotion and Tenure Committee: Clarifies alignment with UHAP 3.3.02

• Updating “Health Affairs” to Health Sciences in two places

• Questions/Comments?

• Electronic ballot will be sent 11/9/2018
Information Point
Clinical Faculty Promotion Dossier

- **UHAP Promotion & Tenure** Section 3.3.03 C & F
  - A 7/1/18 revision recognizes the distinctive duties of clinical faculty and strengthen the alignments of career progressions with the quality of clinical care.
  - Promotion reviews fro 2019/2010 for **Clinical Faculty** will use the **Clinical Faculty Dossier**

- **Clinical Dossier Features**
  - *Workload Assignment* was modified for a Clinical focus
  - *A Clinical Service Portfolio* was added
  - *External evaluators* were re-defined with a Clinical focus

Many THANKS to CoM-T faculty of the A/P&T committee, Clinical Task Force and CoM-Phoenix for moving this forward.