College of Medicine General Faculty Meeting  
Wednesday, February 13, 2013  
Kiewit Auditorium @ 4:30 p.m.

AGENDA

Call to Order

1. Welcome and Announcements – Steve Goldschmid, MD, Dean, College of Medicine
2. UA Health Network Update – Michael R. Waldrum, MD, MS, MBA, President & CEO, UAHN
3. Strategic Planning Update – Michele I. Barnard, Vice President, Marketing & Communications, UAHN
4. Committees and Brief Reports
   - Continuing Medical Education & Innovations on the Committee – John Harris, MD
   - Dean’s Council on Faculty Affairs – Heddwen Brooks, PhD
   - Tucson Educational Policy Committee – Paul St. John, PhD
   - UMC Chief of Staff – Paul Gordon, MD
5. LCME Update – Kevin Moynahan, MD
6. Presentations/Discussion
   - Educational Program Objectives – Amy Waer, MD
   - Social Media Guidelines – Kevin Moynahan, MD
7. Adjournment
Strategic Planning Update

February 13, 2013

Michele Barnard
Vice President, Marketing and Communications
EVOLVE THE STRATEGIC PLAN

• Build on achievements to date
  • Over 800 staff and faculty participated
  • Drafted Vision, Mission, Values

• Board Strategic Planning Committee formed
  • 2 retreats focused on planning
  • Visioning by committee
  • Strategic direction reported to Board

• COM progressing towards a strategic plan
  • Faculty town halls
  • Departmental strategic plans
  • Website

• A new CEO
  • Keep up momentum but leave opportunity for input
STRATEGIC DIRECTION

From Strategic Planning Committee Retreat:

• One strategic plan – UAHN and COM
• Organic growth is necessary but insufficient
  – More aggressive in finding right partners and affiliations
• Service, Quality, Safety, Patient-Centered Care, Infrastructure, Wellness and related culture are foundational and require attention

Areas of Emphasis

• Leadership in community health and wellness
• Expand Health Plan
• Strategy for Phoenix
• Identify potential relationships (affiliations)
• Gap Analysis on specific strategies
## PLAN COMPLETION TIMELINE

### Complete

<table>
<thead>
<tr>
<th>Task</th>
<th>Date</th>
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<tbody>
<tr>
<td>Engagement of staff, faculty, board (town halls)</td>
<td>Oct 2010-Jan 2013</td>
</tr>
<tr>
<td>Educate new UAHN board on progress</td>
<td>June 2012-Nov 2012</td>
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<tr>
<td>External competitive and market assessment</td>
<td>October 2012</td>
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<tr>
<td>Organize planning information- combine plans</td>
<td>Sept –Oct 2012</td>
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<tr>
<td>Draft Departmental Strategic Plans Submitted</td>
<td>December 2012</td>
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### In Process

<table>
<thead>
<tr>
<th>Task</th>
<th>Date</th>
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<tbody>
<tr>
<td>Data analysis – Prioritization</td>
<td>Feb-March 2013</td>
</tr>
<tr>
<td>Finalize vision, mission, values and goals</td>
<td>Feb 28, 2013</td>
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<tr>
<td>Finalize strategies and assign owners</td>
<td>March 28, 2012</td>
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<tr>
<td>Identify key tactics, assign metrics</td>
<td>April 15, 2013</td>
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<tr>
<td>UAHN Board review of plan</td>
<td>April 25, 2013</td>
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<tr>
<td>Write plan and design communication materials</td>
<td>May 2013</td>
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<tr>
<td>Begin communication activities</td>
<td>May 23, 2013</td>
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QUESTIONS?
Dean’s Council on Faculty Affairs

The Dean’s Council on Faculty Affairs is charged with developing policies and programs pertinent to the faculty of the College of Medicine and advising the Dean on matters pertaining to faculty affairs (e.g., career development activities, mentoring, leadership development, faculty awards, recruitment and retention).

In 2012/2013, the Council are addressing the following tasks:

1) **Created and executed a needs assessment survey for the establishment of child care at the COM/UMC/AHSC.**

The survey was distributed mid July 2012 to all faculty, staff, and graduate level students at AHSC. The committee is analyzing the data and coordinating the information with AHSC and UAHN and the College of Education to ensure campus efforts are not being duplicated.

2) **Creating a resource for faculty to enhance their professional development.**

This resource will identify gaps and supplement the currently available professional development opportunities at the COM that address research, teaching and service. Specifically it will supplement the “Learning to Lead” program, which was developed by the Dean’s Council on Faculty Affairs in 2009. The first cohort completed the year long course in May 2011. The next cohort of “Learning to Lead” began in Sept 2012 and is again aimed at the next generation of leaders at the UA COM.

3) **Completed: Myth busting re opportunities in the COM for the employment of flex-time faculty.**

The committee embarked on a myth busting exercise to identify barriers and opportunities for flexibility in the work week. This was identified as a key retention issue in feedback from previous surveys addressing retention issues. The data will be distributed to all HOD’s identifying the key issues for consideration.

**Members 2012/2013**

Heddwen Brooks, Physiology (Chair)
Christopher Cuniff, Pediatrics
Betsy Dokken, Medicine
Albert Fiorello, Emergency Medicine
Robyn Meyer, Pediatrics
Alice Min, Emergency Medicine
Terence O'Keeffe, Surgery
Theodore Price, Pharmacology
Paul St John, Cell and Molecular Medicine
Roxana Ursea, Ophthalmology
Todd Vanderah, Pharmacology
Amy Waer, Surgery
Anne Wright, Faculty Affairs (co-chair)
Activities of the Education Policy Committee (EPC) and the Tucson EPC (TEPC) during the period June 15, 2012 – January 31, 2013 are described below, arranged in general categories. Decisions made at the end of AY 2011-12 are also reported, because these were made after the release of last year’s annual report. This report includes information about both the whole EPC (both Tucson and Phoenix) and the TEPC, because TEPC members are members of the whole EPC and participate in its meetings and activities.

The EPC and TEPC received excellent staff support from the Office of Medical Student Education in Tucson and from other staff members in Tucson and Phoenix.

Membership

The members of the EPC for July, 2012, through June, 2013, were the following.

<table>
<thead>
<tr>
<th>Member name</th>
<th>Department</th>
<th>Track</th>
<th>End of Term</th>
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<tbody>
<tr>
<td>Claudia Adler</td>
<td>Student – Class of 2014</td>
<td>Phoenix</td>
<td>2014</td>
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<tr>
<td>Travis Austin**</td>
<td>Student – Class of 2013</td>
<td>Phoenix</td>
<td>2013</td>
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<tr>
<td>Shruiti Bala</td>
<td>Medical Student, Class of 2015</td>
<td>Phoenix</td>
<td>2015</td>
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<tr>
<td>Paul Boehmer, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2014</td>
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<tr>
<td>Doug Campos-Outcalt, MD</td>
<td>Family &amp; Community Medicine</td>
<td>Phoenix</td>
<td>2016</td>
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<tr>
<td>Diana Darnell, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Tucson</td>
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<td>Elizabeth Dupuy</td>
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<td>Mark Fischione, MD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
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<tr>
<td>Rebecca Fisher, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
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<tr>
<td>Herman Gordon, PhD**</td>
<td>Cellular &amp; Molecular Medicine</td>
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<td>Kristi Grall, MD</td>
<td>Emergency Medicine</td>
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<tr>
<td>William Grana, MD</td>
<td>Orthopedic Surgery</td>
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<td>Kurt Gustin, PhD</td>
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<td>Andrew Hennigan</td>
<td>Class of 2015</td>
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<td>Aaron Ho</td>
<td>Class of 2013</td>
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<td>Wendi Kulin, MD*</td>
<td>Neurology</td>
<td>Tucson</td>
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<td>Patricia Lebensohn, MD</td>
<td>Integrative Medicine</td>
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<td>Adam Luber**</td>
<td>Student – Class of 2013</td>
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<td>Michele Lundy, MD**</td>
<td>Family &amp; Community Medicine</td>
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<td>Maria Manriquez, MD</td>
<td>Obstetrics &amp; Gynecology</td>
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<td>Bill Marshall, MD*</td>
<td>Pediatrics</td>
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<td>Brandon Minzer</td>
<td>Class of 2014</td>
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<tr>
<td>Marci Moffitt, MD</td>
<td>Academic Affairs</td>
<td>Phoenix</td>
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<tr>
<td>Aditya Paliwal</td>
<td>Medical Student, Class of 2015</td>
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<tr>
<td>Ted Price, PhD**</td>
<td>Pharmacology</td>
<td>Tucson</td>
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<tr>
<td>Cindy Rankin, PhD</td>
<td>Physiology</td>
<td>Tucson</td>
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<th>Name</th>
<th>Department</th>
<th>Location</th>
<th>Year</th>
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<tr>
<td>Sydney Rice, MD**</td>
<td>Pediatrics</td>
<td>Tucson</td>
<td>2013</td>
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<tr>
<td>John Sarko, MD</td>
<td>Emergency Medicine</td>
<td>Phoenix</td>
<td>2013</td>
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<tr>
<td>Howard Silverman, MD *</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2016</td>
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<tr>
<td>Paul St. John, PhD (EPC Vice Chair, 2011-2012; TEPC Chair, 2012-13) *</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Tucson</td>
<td>2016</td>
</tr>
<tr>
<td>Cindy Standley, PhD (EPC Chair, 2011-12; PEPC Chair 2010-12)**</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2013</td>
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</tbody>
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* Term started July 1, 2012.
** Term ends June 30, 2013.
*** Resigned during July 1, 2012 - June 30, 2013.
**** Joined committee during July 1, 2012 – June 30, 2013 to fill term vacated by resignation.

### Resources, Support, & Guests

Steve Goldschmid, MD (Dean, Tucson)
Stuart Flynn, MD (Dean, Phoenix)
Kevin Moynahan, MD (Deputy Dean for Education, Tucson)
Jacque Chadwick, MD (Associate Dean for Clinical Affairs, Phoenix)
Paul Standley, PhD (Assistant Dean for Curriculum, Phoenix)
James Kerwin, MD (Senior Associate Dean for Student Affairs, Tucson)
Cheryl Pagel, MD (Associate Dean for Student Affairs, Phoenix)
Nancy Alexander Koff, PhD (Senior Associate Dean, Medical Student Education, Tucson)
Gail Koshland, PhD (Physiology; Office of Medical Student Education, Tucson)
Raquel Hernandez-Givens, MEd (Office of Medical Student Education, Tucson)
Jack Dexter, PhD (Office of Medical Student Education, Tucson)
Sonya Seaman (Office of Medical Student Education, Tucson)
Sean Elliott, MD (Chair, Academy of Educators, COM, Tucson)
Lisa Yañez (Medical Student Education, Phoenix)

### Curriculum Governance – Program-Wide

In preparation for the upcoming LCME accreditation review, the EPC has been engaged in reviewing existing, and creating new, policies and processes to ensure all required standards are being fully met.

#### Review & Reaffirmation of Institutional Objectives – June 20, 2012

As an annual requirement established in the Policies and Procedures of the EPC, the Program Objectives and Educational Competencies for the ArizonaMed curriculum were reviewed and reaffirmed. The Program Objectives are posted on the EPC website and, as required, are appended to this report.

#### Review of Parallel Policies: Phoenix and Tucson Programs – June 20, 2012

The EPC established a task group of its members to review all program policies that have been established specifically for the Phoenix and Tucson programs by their respective campus EPCs. The intention of this review was to determine if any such policies were closely aligned and would be more advantageously adopted as program-wide policies. For the purposes of the LCME accreditation review, greater correspondence between program policies and processes should reduce the possibility of unnecessary and potentially undesirable differences between the programs. The results of the review were applied to policy changes as those were brought before the committee throughout the year.
Curriculum Oversight – Program-Wide

**Student Duty-Hour Policy Revision** – June 20, 2012
The policy on student duty hour limitations and reporting requirements was reviewed and rewritten. The revised policy follows the AGCME guidelines and is published on the EPC Website.

**OSCE / ACIR Passing Scores** – June 20, 2012
The grading policy on OSCE and ACIR Passing Scores was reworded and reaffirmed in order to clarify the existing policy.

**Orientation of Faculty and Residents to the Clerkship Across Sites** – October 17, 2012
To ensure that all students receive comparable instruction regardless of differences in the sites where instruction delivered, the EPC established a policy requiring specific orientation processes for attending physicians and residents who participate in clerkship education. This policy helps to ensure that all instructors understand both the COM’s Educational Program Objectives (EPOs) Leading to the MD Degree as a whole and the learning objectives specified for the clerkships in each discipline.

**Supervision of Medical Students in Clinical Learning Situations** – October 17, 2012
The EPC passed a policy to establish expectations for the Supervision of Medical Students in Clinical Learning Situations. This policy outlines the requirements to be followed when supervising medical students. The college’s goal is to promote safe patient care and maximize students' development of skills, knowledge, and attitudes needed to enter the practice of medicine.

**Teacher Learner Compact** – October 17, 2012
As part of the professionalism standards established for the College of Medicine community, a Teacher-Learner Compact was created to delineate the expectations for interactions between faculty, community preceptors, administration, staff and students. The compact was endorsed by the COM administration and approved by the EPC.

**Transfer Student Policy** – October 17, 2012
The policy on transfer students was clarified to align to the needs of both the Phoenix and Tucson programs.

**Revision of the EPC Purview Statement** – October 17, 2012
Changes were made to the EPC Purview Statement to better address accreditation standards and to ensure the purview of the committee could be easily interpreted for both the Phoenix and Tucson programs.

**Revision of Grading and Progression Policy: USMLE Step 1 Failures** – October 17, 2012
Changes to the USMLE Step 1 Attempts Policy allow students who fail the USMLE a first time to petition the Student Progress Committee to be allowed to continue their clerkship progress while awaiting the score of their second attempt. When students fail a second time, they immediately stop all academic progress until they succeed in passing.

**Separation of Academic Assessment and Provision of Health Services to Students** – December 12, 2012
Accreditation standard MS-27-A requires that health professionals at a medical education program who provide psychiatric/ psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services. This policy establishes program limitations and procedures in this regard.

**Clerkship Co-Directors & Site Directors Meetings and Site Visits** – December 12, 2012
The College of Medicine must assure compliance with LCME accreditation standards regarding the equivalence of learning experiences available across all sites of the clerkship. This policy/procedure will also help clerkship leadership maintain and improve the quality of clerkships, and will assist the EPC in fulfilling its responsibility to provide oversight for the clerkship educational program.

**Other Activities of the EPC**

**Years 3 and 4 Curriculum Retreat**

On September 7, 2012, the EPC met with all clerkship directors and other administrators of the Years 3 and 4 curriculum in Casa Grande. The meeting was held to ensure all clerkship directors were informed of the oversight requirements and policies that need to be in place at both campuses. A great deal was accomplished at the meeting, with information being generated for the LCME accreditation review as well as reviewing the progress all clerkships were making toward meeting the program requirements.
2012-13 Report of the Tucson Educational Policy Committee (TEPC)

Curriculum Governance Activities – Tucson Program

The evaluation plan for Years 1 and 2 was revised to clarify what components are to be reviewed, the procedures for conducting reviews, and for reporting their outcomes. These revisions were made to simplify the plan and to ensure all aspects of program evaluation required by the LCME were being met.

Policy for Implementation of Exams in Years 1 & 2 – Tucson – October 3, 2012
In order to ensure that all blocks treat performance assessment and the determination of grades in consistent ways, the TEPC established the processes by which examinations are reviewed and the outcomes adjusted, if required, prior to the assignment of grades. The process included establishing a committee of assessment experts, external to the delivery of the block or exams, who review the examinations and make recommendations with respect to re-keying or dropping exam items following administration of each exam.

Updates on TEPC subcommittee descriptions and membership – October 3, 2012
The TEPC continues to review and update committee roles, membership and processes to ensure they reflect the policies recently passed or amended. In advance of the accreditation review, a review of committee roles and responsibilities was conducted and changes made as required.

- Electives Subcommittee
- Tucson Evaluation Subcommittee
- Tucson Curriculum Management Subcommittee
- Tucson Clinical Curriculum Subcommittee (a campus-specific component of the Clinical Curriculum Subcommittee of the EPC)

Policy Regarding Changes to Individual Blocks or Courses in Years 1 and 2 – January 16, 2013
Policy was adopted by TEPC to provide clear oversight responsibilities of the committee over changes to block structure, instruction and content. Some types of changes can be made by block directors without review by the TEPC (e.g., sequence of sessions, minor adjustments to content that would not change the block objectives). Other changes must be proposed to TEPC (e.g., block objectives, instructional format, altering unscheduled time, changes to grading criteria and/or assessment methods). A “Block Change Form” will be used by block directors to present proposed changes to the committee.

Curriculum Maintenance and Evaluation – Tucson Track

Case-Based Instructional Method Revision – Continuing
The process of reformatting the Case-Based Instructional Method (CBI) continues. The use of interactive technologies designed to teach reflective problem-solving skills (i.e., “ThinkSpace”), have been incorporated into CBI cases within the MSS and DMH blocks. Student feedback regarding the changes has rated the experiences higher than before the change.

Block Reviews – Various Meetings
TEPC continues its oversight responsibility with ongoing reviews of instructional blocks. Blocks are reviewed once every other year, and assessments are made of the content covered, the expectations for
student performance, instructional quality and examination quality and outcomes. The report of the Musculoskeletal block (MSS) was finalized at the beginning of the 2012-13 academic year.

**Content Review Plan for Years I and II** – July 18, 2012
The curriculum governance committees for the college are required to engage in regular reviews of the content. The proposed plan establishes a regular system for content oversight by the TEPC and its subcommittees. The process includes a semi-annual grand overview of all Years I and II content, followed by annual surveys of more focused topics.

**Redesign of the Electives Curriculum Schedule** – December 5, 2012
The TEPC approved a change to simplify the elective schedule. The new schedule is based on a 2-4 week block format, eliminating the option for 3 weeks as a normal block in the schedule. For electives that are three weeks long, the procedure is to embed them within a 4-week block. In that case, a 1-week experience, or vacation time will need to be taken before or after the three week course.

**Tucson Track Electives Approved**
The TEPC reviews and approves the elective courses that can be taken by students registered in the Tucson track. New electives approved by the TEPC included the following:

- **Prevention and Wellness Elective**
  A new elective on Prevention and Wellness was approved with plans to offer the same elective in Phoenix so that students from both campuses can take part in combined activities.

- **Emerging Leaders in Health Care Elective** – July 18, 2012
  The proposed elective has been designed to promote student interests in health care administration. It has been revised a number of times and thoroughly reviewed by the Electives Subcommittee. Among the electives offered at the college, this will be unique in that its content is framed on issues of administration. The proposal was accepted by unanimous vote.

- **Courses to fulfill the Emergency Medicine/Critical Care requirement** – July 18, 2012
  A number of elective courses were formally approved that, when taken, will satisfy the graduation requirement that students must have an experience in emergency medicine or critical care. This list of approved courses (selectives) is published in the Electives Manual.

- **Emergency Ultrasound Elective** – December 5, 2013
  An elective was approved for point-of-care emergency ultrasound through the Dept. of Emergency Medicine. During this course the students will learn the basic principles and physics of sonography.

- **Musculoskeletal Radiology Elective** – January 16, 2013
  A new elective on Emergency Ultrasound was approved. The elective provides students with an understanding of the role radiology brings to the diagnosis of diseases of the musculoskeletal system.

End of Report. One Appendix attached ("Educational Program Electives for the Program Leading to the MD Degree").

Submitted on February 12, 2013, by Paul A. St. John, Ph.D. (Chair, EPC and TEPC)
Appendix 1. Educational Program Objectives for the Program Leading to the MD Degree

EDUCATIONAL PROGRAM OBJECTIVES
for the Program Leading to the MD Degree

As approved by the General Faculty, the Educational Policy Committee has established the following educational program objectives for the program leading to the MD degree. The Educational Program Objectives are comprised of six competencies and the measurable objectives by which attainment of each competency can be assessed.

By the time of graduation, students will demonstrate the following:

COMPETENCY: PATIENT CARE
Graduates obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. They develop appropriate differential diagnoses and patient care management plans. They recognize and understand the principles for managing life-threatening situations. They select, perform and accurately interpret the results of laboratory tests and clinical procedures in making patient care decisions, and use appropriate diagnostic and treatment technologies in providing patient care.

Measureable Objectives for the Patient Care competency

Graduates will be able to:
- Obtain an accurate medical history that covers all essential aspects of the history
- Perform both a complete and an organ system specific examination
- Interpret the results and perform commonly used diagnostic procedures
- Reason deductively in solving clinical problems
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, and those requiring short- and long-term rehabilitation
- Provide appropriate care to diverse* patients
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial therapy
- Outline an initial course of management for patients with serious conditions requiring critical care
- Effectively work with health care professionals, including those from other disciplines, to provide patient-focused care

COMPETENCY: MEDICAL KNOWLEDGE
Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches.

Measureable Objectives for the Medical Knowledge competency
Graduates will demonstrate their knowledge in these specific domains:
Core of Basic Sciences
• The normal structure and function of the body as a whole and of each of the major organ systems
• The molecular, cellular and biochemical mechanisms in understanding homeostasis
• Cognitive, affective and social growth and development

Application to Patient Care
• The altered structure and function (pathology & pathophysiology) of the body/organs in disease
• The foundations of therapeutic intervention, including concepts of outcomes, treatments, and prevention, and their relationships to specific disease processes
• Information on the organization, financing and distribution of health care
• The influence of human diversity* on clinical care
• The legal, ethical issues and controversies associated with medical practice

Critical Thinking
• The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
• The use of computer-based techniques to acquire new information and resources for learning

COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT
Graduates are prepared to practice medicine within the context of society and its expectations. They use evidence-based approaches, demonstrating proficiency with information retrieval and critical appraisal of the medical literature to interpret and evaluate experimental and patient care information. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities.

Measureable objectives for the Practice-Based Learning and Improvement competency:
At the time of graduation, students have not yet established a practice but nonetheless will demonstrate an awareness of and an understanding of general principles for:
• Evaluating his/her own patient care practices, using systematic methodology
• Comparing own patient outcomes to larger studies of similar patient populations
• Using information technology to learn of new, most current practices on national and international levels
• Using quality assurance practices
• Pursuing continuing education to remediate or improve practice
• Attending (and presenting at) conferences relevant to his/her patient care
• Using on-line resources for most current information and education
• Using an evidence-based approach to decide or reject new experimental findings and approaches.
• Understanding and critically assessing articles in professional journals
• Understanding the requirements and steps for approval of new medicines and techniques

COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS
Graduates must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families, and professional associates. They promote health behaviors through counseling of individual patients and their families, and through public education and action.
Measureable objectives for the Interpersonal and Communication Skills competency:

Graduates will demonstrate:
• The ability to create and sustain a therapeutic and ethically sound relationship with patients and their families
• Effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
• Ability to document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
• The ability to encourage patients’ health and wellness through appropriate patient education

COMPETENCY: PROFESSIONALISM
Graduates are committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations. They are altruistic and compassionate in caring for patients and at all times act with integrity, honesty, and respect for patients’ privacy and for the dignity of patients as persons. Graduates are advocates for improving access to care for everyone. They are committed to working collaboratively with the health care team, and acknowledge and respect the roles of other health professionals. Graduates recognize their limitations and seek improvements in their knowledge and skills.

Measureable objectives for the Professionalism competency:

Graduates will exemplify a professional character that exhibits:
• Compassionate treatment of patients
• Respect for patients’ privacy, dignity and diversity*
• Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
• A responsiveness to the needs of patients and society that supersedes self-interest.
• The skills to advocate for improvements in the access of care for everyone, especially those traditionally underserved
• A commitment to excellence and on-going learning, recognizing their limitations of knowledge, and the skills to effectively address their learning needs
• Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
• An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

COMPETENCY: SYSTEMS-BASED PRACTICE AND POPULATION HEALTH
Graduates demonstrate awareness of and responsiveness to the large context and system of health care. They are able to effectively call on system resources to provide optimal care. Graduates are able to work with patients both as individuals and as members of communities and take this into account when performing risk assessments, diagnosing illnesses, making treatment plans and considering the public health implications of their work.

Measureable objectives for the Systems-Based Practice and Population Health competency:
Graduates will evince:

- An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Knowledge about how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- The ability to practice cost-effective health care and resource allocation that does not compromise quality of care
- An advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities
- The capacity to partner with health care managers and health care providers assess, coordinate and improve health care and know how these activities can affect system performance
- An understanding of the physician’s role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery
- The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
- How to appropriately mobilize community-based resources and services while planning and providing patient care

* “Diversity” is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin and life experiences.
I assumed the role of Chief of Staff in January 2012 to complete the term of Dr. Scott Klewer. It has been a busy year as we addressed the following issues:

- Clinical privileges for procedures that cross standard disciplines: often called “turf battles” our Credentials Committee and Medical Executive Committee worked to outline the appropriate training and experience to competently perform the requested privileges. We would consult the literature for White Papers co-authored by members of multiple disciplines. We met with both individuals and groups working to achieve consensus.
- Clinical privileges for physicians whose training did not occur in the United States: the Teaching License was established by the Arizona Medical Board (used to be BOMEX) to facilitate physicians trained outside the US to work in UAMC and teach our attendings and residents. We continued to discuss the appropriate use of the teaching license to arrive at consensus among the Department Heads, Dean and senior leadership.
- Although UAMC-University Campus and UAMC-South Campus are separately accredited, senior leadership met regularly (and continue to meet) to align our by-laws.
- The Medical Staff Office worked with the Credentials Committees from both campuses to simplify the application and re-application for privileges. New Delineation of Privileges documents were constructed and reviewed so that physicians practicing at both campuses are able to gain and maintain privileges with fewer forms to complete.
- We formally separated our Peer Review Committee from our Quality Review Committee. The first reviews physician practice issues while the second addresses more systems issues.
- Continued to review issues related to the Code of Conduct with members of our staff and Department Heads.
As approved by the General Faculty, the Educational Policy Committee has established the following educational program objectives for the program leading to the MD degree. The Educational Program Objectives are comprised of six competencies and the measurable objectives by which attainment of each competency can be assessed.

By the time of graduation, students will demonstrate the following:

**COMPETENCY: PATIENT CARE**

Graduates obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. They develop appropriate differential diagnoses and patient care management plans. They recognize and understand the principles for managing life-threatening situations. They select, perform and accurately interpret the results of laboratory tests and clinical procedures in making patient care decisions, and use appropriate diagnostic and treatment technologies in providing patient care.

**Measurable Objectives for the Patient Care competency**

Graduates will be able to:

- Obtain an accurate medical history that covers all essential aspects of the history
- Perform both a complete and an organ system specific examination
- Interpret the results and perform commonly used diagnostic procedures
- Reason deductively in solving clinical problems
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, and those requiring short- and long-term rehabilitation
- Provide appropriate care to diverse* patients
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial therapy
- Outline an initial course of management for patients with serious conditions requiring critical care
- Effectively work with health care professionals, including those from other disciplines, to provide patient-focused care

**COMPETENCY: MEDICAL KNOWLEDGE**

Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches.

**Measurable Objectives for the Medical Knowledge competency**

Graduates will demonstrate their knowledge in these specific domains:

**Core of Basic Sciences**

- The normal structure and function of the body as a whole and of each of the major organ systems
• The molecular, cellular and biochemical mechanisms in understanding homeostasis
• Cognitive, affective and social growth and development

Application to Patient Care

• The altered structure and function (pathology & pathophysiology) of the body/organs in disease
• The foundations of therapeutic intervention, including concepts of outcomes, treatments, and prevention, and their relationships to specific disease processes
• Information on the organization, financing and distribution of health care
• The influence of human diversity* on clinical care
• The legal, ethical issues and controversies associated with medical practice

Critical Thinking

• The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
• The use of computer-based techniques to acquire new information and resources for learning

COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT

Graduates are prepared to practice medicine within the context of society and its expectations. They use evidence-based approaches, demonstrating proficiency with information retrieval and critical appraisal of the medical literature to interpret and evaluate experimental and patient care information. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities.

Measurable objectives for the Practice-Based Learning and Improvement competency:

At the time of graduation, students have not yet established a practice but nonetheless will demonstrate an awareness of and an understanding of general principles for:

Evaluating his/her own patient care practices, using systematic methodology

Comparing own patient outcomes to larger studies of similar patient populations

• Using information technology to learn of new, most current practices on national and international levels
• Using quality assurance practices
• Pursuing continuing education to remediate or improve practice
• Attending (and presenting at) conferences relevant to his/her patient care
• Using on-line resources for most current information and education
• Using an evidence-based approach to decide or reject new experimental findings and approaches.
• Understanding and critically assessing articles in professional journals
• Understanding the requirements and steps for approval of new medicines and techniques

COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS

Graduates must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates. They promote health behaviors through counseling of individual patients and their families, and through public education and action.

Measurable Objectives for the Interpersonal and Communication Skills competency:
Graduates will demonstrate:

- The ability to create and sustain a therapeutic and ethically sound relationship with patients and their families
- Effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
- Ability to document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
- The ability to encourage patients’ health and wellness through appropriate patient education

**COMPETENCY: PROFESSIONALISM**

Graduates are committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations. They are altruistic and compassionate in caring for patients and at all times act with integrity, honesty, and respect for patients’ privacy and for the dignity of patients as persons. Graduates are advocates for improving access to care for everyone. They are committed to working collaboratively with the health care team, and acknowledge and respect the roles of other health professionals. Graduates recognize their limitations and seek improvements in their knowledge and skills.

**Measurable objectives for the Professionalism competency:**

Graduates will exemplify a professional character that exhibits:

- Compassionate treatment of patients
- Respect for patients’ privacy, dignity and diversity*
- Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
- A responsiveness to the needs of patients and society that supersedes self-interest.
- The skills to advocate for improvements in the access of care for everyone, especially those traditionally underserved
- A commitment to excellence and on-going learning, recognizing their limitations of knowledge, and the skills to effectively address their learning needs
- Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
- An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

**COMPETENCY: SYSTEMS-BASED PRACTICE AND POPULATION HEALTH**

Graduates demonstrate awareness of and responsiveness to the large context and system of health care. They are able to effectively call on system resources to provide optimal care. Graduates are able to work with patients both as individuals and as members of communities and take this into account when performing risk assessments, diagnosing illnesses, making treatment plans and considering the public health implications of their work.

**Measurable objectives for the Systems-Based Practice and Population Health competency:**

Graduates will evince:

- An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Knowledge about how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
• The ability to practice cost-effective health care and resource allocation that does not compromise quality of care
• An advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities
• The capacity to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance
• An understanding of the physician’s role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery
• The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
• How to appropriately mobilize community-based resources and services while planning and providing patient care
• * “Diversity” is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin and life experiences.

Approved by the ArizonaMed Steering Committee 2004
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Social Media Guidelines
College of Medicine

Social media offer opportunities to interact, build relationships and enhance interpersonal and professional connections. As members of the University of Arizona (hereafter “University” or “UA”) community, we must be aware of the ways social media content may affect our personal and professional reputation and credibility and the way others perceive the University. These guidelines govern students, staff, faculty and others affiliated with the College of Medicine.

The following guidelines have been established to protect your interests as well as the College of Medicine’s interests when individuals use social media for either professional or personal purposes. UA External Relations has established more extensive guidelines for those who use social media to represent their colleges and departments.

1. **Protect Yourself:**
   a. Use appropriate privacy settings to reduce the chances that your personal information and the content you post are accessible to unintended audiences.
   b. Consider the safety risks of tagging your location.
   c. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched and may be required to be saved and retrieved under certain circumstances.
   d. Review and comply with the user agreements of the social media you use, with particular attention to directives that prohibit harassment, threats of violence, discriminatory statements, and personal slurs or attacks.
   e. Regularly monitor social media sites to ensure that others have not included you in images depicting unprofessional conduct. If you discover such images, make reasonable efforts to remove them. Typing your name into a search engine (“Googling yourself”) is an easy way to see what others can see about you.
   f. Consider the impression that may be created when posting content frequently during the work day.

2. **Protect the Privacy of Others:**
   a. Use sound judgment when using social media to forge connections with members of the UA community. It is generally best to connect with students on sites such as Facebook only after they are no longer members of your class or under your direct supervision. Likewise, consider the potential impact of having access to personal information about your employees through certain social media venues.
   b. If you wish to communicate professional content through Facebook, consider creating a professional page or a fan page rather than asking individuals to link to your personal account.
   c. It is never appropriate to use social media to engage in personal communications with individuals with whom you are currently involved in a healthcare provider-patient relationship. Unless specifically permitted by a research sponsor, it is never appropriate to use social media
to engage in personal communication with individuals who are in a researcher-patient or researcher-research subject relationship or who are being recruited to participate in research.

d. Ensure that student privacy rights are protected as required by the Family Educational Rights and Privacy Act (FERPA). Do not describe student behavior, report grades, or provide personally identifiable information.

e. In order to protect the privacy rights of patients and research subjects as required by state or federal privacy laws, including the Health Insurance Portability and Accountability Act and its amendments, do not discuss or describe patients or research subjects or share content that might be personally identifiable.

f. Protect confidential or personal information you may have acquired as part of your work as a University employee and abide by University policies regarding confidentiality of personnel information.

g. Request permission before posting photos of work friends or colleagues.

3. **Protect the University’s Assets and Reputation:**

a. While you have rights of free expression as a private citizen, remember that others may also view you as a member of the UA community. Before posting social media content, consider the impact it may have on the University’s reputation.

b. When your online posting suggests that you are affiliated with the UA, include a statement that the content of your posting reflects only your personal views and not those of the UA, its colleges or affiliates.

c. Adhere to all University policies regarding the use of computers and other technology.

d. Remember that state law prohibits University employees from using their UA affiliation to influence electoral and legislative outcomes. If you use social media to express a political position, make sure that you do so as a private citizen rather than as a UA representative. Failure to make this distinction may violate state law and trigger a host of consequences for the University if the comments are deemed to be lobbying under federal and state statutes. See the University’s [Political Activity Fact Sheet](#) for more information.

e. Use a personal email address to register on social networks, blogs or other online tools utilized for personal use.

f. Respect intellectual property rights, including copyrights, trademarks, trade names and trade secrets, of others and of the University. Always give other people proper credit for their work, and make sure you have the right to use something with attribution before you publish.

g. Remember that use of University or college-owned logos requires written approval by the University’s Department of Trademarks and Licensing.

h. Keep in mind that established workplace channels are available (and often superior to social media outlets) for resolving work-related complaints.