Meeting Minutes

Call to Order

1. Welcome and Announcements - Steve Goldschmid, MD, Dean, College of Medicine

2. Brief Reports
   a. Faculty Elections & Committee Nominations - Baldassarre Stea, MD, PhD
   b. Term Limits-Anne Wright, PhD
   c. LCME Accreditation Update - Nancy Koff, PhD

   There are two accreditation standards that they have been specifically working on for quite a while in preparation for the LCME Site Visit. The first standard is Institutional Setting (IS) which has many components, and involves defining and establishing diversity for students, faculty, and staff. The other standard is Medical Students (MS). This standard involves on professionalism in learning environments for medical students. Dr. Koff read these standards and gave examples of what needs to be done to fit these standards.

   • Discussion of Diversity Definition - Ana Maria Lopez, MD, MPH

   A bi-campus working group began by building on the previous work of the Diversity Statements. The next step is identifying the areas and approaches that can be successfully measured for recruitment and retention of a diverse population. The committee proposes that for admitted students, the criteria for diversity assessment would be based on social economically disadvantaged status, first generation college student, rural origin, and membership in a federally recognized American Indian Tribe or Nation. For staff, assessment will be based on gender, race, and ethnicity. This builds on the attempt to recruit and retain a diverse campus.

   • Attributes of Professional Behavior - Amy Waer, MD

   A committee has come up with ten professional attributes that faculty will be asked to approve. Dr. Koff read these attributes aloud. Faculty approval is the first step in making sure that all these attributes go into affiliation agreements and other systems.

3. Committees Reports

   Committee reports are posted on the COM website.

   • Dean's Council on Faculty Affairs - Heddwen Brooks, PhD
   • GMEC Committee - Conrad Clemens, MD and Victoria Murrain, DO

   Dr. Clemens called attention to a poster in the room announcing the winners of the Graduate Medical Education scholarships. There were about 30 proposals that were nominated by program directors for students who showed great excellence and promise in their academic career. They hope to have another round of nominations this fall.

   • Honors and Awards Committee - Paul R. Gordon, MD
   • Medical Student Research Committee - Harris Bernstein, PhD
   • VAMC - Jayendra Shah, MD
4. Presentations/Discussion - J. Lyle Bootman, PhD, ScD, Sr. Vice President for Health Sciences & Dean of the College of Pharmacy

Dr. Bootman thanked everyone for welcoming him to the meeting. He gave some background on himself, his career, and his history with the University of Arizona. Dr. Bootman said there have been some issues and hard times at the UA Health Sciences due to institutional changes, as well as national changes and health reform. He concluded that Arizona is in a unique position politically and financially which is to our advantage. He emphasized the importance of diversity in health reform and within the professions delivering care. UAHS needs the support of the University of Arizona, the state of Arizona, and many other stakeholders in order to be successful in its mission. Dr. Bootman stated that his definition of health reform begins with research, education, and health delivery. He said all three of these aspects have issues within them, but Tucson has the Critical Path Institute and other institutions which can help improve the research aspect. Better technologies can help students learn better and faster. Internal commitment to developing more efficient systems will allow for more resources to be dedicated to research and health reform. Dr. Bootman said the issue with many academic medical centers is that they have lost their way in terms of how they support research, education, and health deliveries. This is a complex issue for university presidents, and Dr. Bootman believes that a direct line of communication is important. For the future, Dr. Bootman said we can take it one chunk at a time. Bioinformatics is key to each of the three aspects he mentioned for health reform. We must set up a function in the computer system from the beginning that enables population-based research. This can help with personalized and precision medicine, and innovation in research. Simulations, improved technology, and inter-professional education can help improve the education aspect. CMS now defines pharmacists and nurses as part of the medical staff, which changes how practice plans are designed and how health care services are delivered. Dr. Bootman said he has a global health agenda that is not the number one agenda item, but is still important. He believes that if we coordinate and improve all these aspects, we can become a top institution. He assured faculty that despite the loss of state support over the past decade, there is still great support from some legislators and President Hart. Health care is a growing business which will add new sources of revenue to help make up some of what has been lost from the state. Plans are in development to make this all happen. Dr. Bootman said now is the right time to make an investment in Health Sciences, and there are a variety of solutions to achieve this investment.

5. Adjournment

Dean Goldschmid adjourned the meeting.
Terms of Committee Service: Proposed Amendment to Bylaws, May 2012

The following sentences will be removed from Section V.E "Election of Members to Permanent Committees:"

Terms of office will begin on July 1 following the election. The terms of office of Permanent Committee members will be three years, except where otherwise noted. Committees may include additional members, who will serve in an advisory, rather than a voting, capacity, as described in the Committee's operational rules, if the Committee determines that it requires additional input from a specific group or segment of the Faculty. A Committee may create one or more subcommittees; such subcommittees should be described in the Committee's operational rules.

It will be replaced with a new section V.G:

G. Terms of Office and Removal

Terms of office will begin on July 1 following the election. The terms of office of Permanent Committee members will be three years, except where otherwise noted. Committees may include additional members, who will serve in an advisory, rather than a voting, capacity, as described in the Committee's operational rules, if the Committee determines that it requires additional input from a specific group or segment of the Faculty. A Committee may create one or more subcommittees; such subcommittees should be described in the Committee's operational rules. Committee members may serve a maximum of two (2) consecutive terms, as specified in the terms of office for that committee. Members may run for election to the same committee on which their maximum term has expired, but only after a break in service for a period of time equal to one term for such committee, unless the Dean determines that good cause exists to waive the term limit. In order to ensure that committees maintain sufficient numbers to conduct Committee business, members who consistently fail to attend committee meetings or participate in committee business may be removed by a majority vote of the committee.
In order to enhance the diversity of our academic community, to ensure inclusiveness in hiring and retaining qualified faculty and staff, and to admit qualified and culturally competent students, the University of Arizona College of Medicine (UA COM) has collaboratively developed and adopted a Diversity Statement, which demonstrates its commitment to a broad definition of diversity. To implement that commitment, the college is engaging in meaningful outreach efforts to optimize the pool of diverse faculty and staff applicants, and to attract a diverse student body. The UA COM is making efforts to develop specific approaches to measure its success in recruiting, retaining and attracting diverse individuals to the college's faculty, staff and student body by identifying certain measurable characteristics within these groups.

For admitted students, the specific criteria on which the UA COM is measuring its success in increasing diversity are socioeconomically disadvantaged status, first generation college attendees, rural origin, and membership in federally recognized American Indian tribes. For faculty and staff, the specific criteria on which the UA COM is measuring its success in increasing diversity are gender, race and ethnicity. These criteria can be identified by examining post-hire documents to determine whether the COMs diversity goals are being met. Additionally, the UA COM will develop surveys so that individuals can self-identify other criteria that fall within the COM's diversity statement. The college also aspires to develop programs that will increase the number of faculty and staff who demonstrate cultural competency and bilingual abilities.
University of Arizona College of Medicine
Attributes of Professional Behavior
May 2012

These attributes of professional behavior describe those behaviors that are expected from all members of the University of Arizona College of Medicine to include the faculty, residents, students, staff, and community preceptors. This professional behavior is expected to be upheld during all exchanges including but not limited to face-to-face, telephone, texting, video, email, and social networking technologies.

• Communicate in a manner that is effective and promotes understanding.

• Adhere to ethical principles as accepted to be the standards for scholarship, research, and patient care, including advances in medicine.

• Demonstrate sensitivity and respect to diversity in age, culture, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.

• Strive for excellence and quality of care in all activities and continuously seek to improve your knowledge and skills through life-long learning while recognizing your own limitations.

• Uphold and be respectful of the privacy of others.

• Consistently display compassion, humility, integrity, and honesty as a role model to others.

• Work collaboratively to support the overall mission in a manner that demonstrates initiative, responsibility, dependability, and accountability.

• Maintain a professional appearance, bearing, demeanor, and boundaries in all settings that reflect on the College of Medicine.

• Promote wellbeing and self-care for patients, colleagues, and self.

• Be responsive to the needs of the patients and society that supersedes self-interest.
Awards Selected by the Honors & Awards Committee

1. The College of Medicine Outstanding Senior Award
Paul R. Gordon, MD, MPH
Lindsay E. Gunnell
Alison M. Small

2. The Merck Manual Award
Awarded to senior students for scholastic achievement
Gregory M. Cheeney
Eric J. Shewmaker
Aditi A. Bhuskute

3. Honors and Awards Outstanding Achievement Award
Safia H. Cheeney
Maggie L. Diller
Sigrid N. Gardner
Jessica C. Lang
Christopher W. Piercechi
Wyatt D. Unger

4. Honors and Awards Community Service Award
Briana M. Cranmer

5. Newsome and Mildred Holesapple Estate to Benefit Outstanding Medical Student Research
Martin A. Benjamin
Gregory M. Cheeney
Stephen F. Chiu
Christopher P. Geffre
Julie L. Lockwood

6. American Medical Women’s Association Certificate of Commendation
Alison M. Small

7. American Medical Women’s Association Glasgow-Rubin Certificate of Commendation for Academic Achievement
Safia H. Cheeney
Maggie L. Diller
Sigrid N. Gardner
Lindsay E. Gunnell
Shari A. Robbins
Clair Secomb
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 2011/2012, the Council addressed the following tasks:

1. Create a resource for faculty to enhance their professional development. This resource will supplement the current leadership program, “Learning to Lead”, which was developed by the Council in 2009. The first cohort completed the year long course in May 2011. The next cohort of “Learning to Lead” will begin in Sept 2012 and is again aimed at the next generation of leaders at the UA COM.

2. Examine the opportunities in the COM for the employment of flex-time faculty. The committee has 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.

3. Create and execute a needs assessment survey for the establishment of child care at the COM/UMC/AHSC. The survey will be distributed by the end of May 2012 to all faculty, staff, and graduate level students at AHSC. The committee is working with the College of Education to ensure campus efforts are not being duplicated.

Members 2011/2012
Heddwen Brooks, Physiology (co-chair)
Christopher Cunniff, Pediatrics
Ronald Hammer, Basic Medical Sciences
Albert Fiorello, Emergency Medicine
Robyn Meyer, Pediatrics
Francisco Moreno, Psychiatry
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)
GME Report (Update) for UACOM at South Campus (5/16/12)
University of Arizona General Faculty Meeting

The University Of Arizona College Of Medicine at South Campus (formerly known as UA/UPHK GME Consortium) continues to mature and excel in graduate medical education. Several accomplishments are noted below:

- We successfully identified a new name which was approved by the sponsoring institution and the ACGME: **The University of Arizona College of Medicine at South Campus (UACOM-SC)**.
- All six ACGME accredited programs filled by MATCH day without the need to access the SOAP (scramble system). 10% are University of Arizona COM (Tucson and Phoenix) graduates.
- There will be a total of 110 UACOM at SC residents on 7/1/12.
- On June 30, 2012, we will graduate 20 residency trained physicians; at least 60% of whom will remain within the state of Arizona – either in clinical practice or fellowship training.
- Emergency Medicine program is scheduled for an ACGME Site Visit in July 18, 2012.
- Annual GME Recognition Day (scholarly event) will be presented on 5/22/12. All faculty are encouraged to support our residents in their scholarly efforts. Residents from each South campus program along with some residents from UA programs and UACOM medical students will present scholarly posters in a competition for first and second place resident and first place student posters. Additionally, the annual Normal J. Peal, PhD Excellence in GME Award will be presented by her sister, Sharyn Peal. (Please see attached announcement).
- ACGME will be transitioning to a NAS, the Next Accreditation System, over the course of the next few years. Each program is being introduced to the new requirements as information becomes available. More will be included in the annual report.
- UACOM at South Campus will submit their annual report to the General Faculty at the November 2012 meeting.
The GMEC continues its charge to monitor and advise on all aspects of graduate medical education. There are currently 40 accredited residency programs at the University of Arizona with over 540 residents. The GMEC continues to work with affiliated institutions to increase resident participation on institutional hospital committees.

**GME Update**

**New Office Location:** The GME office moved to a new location during this past year. We are now located in #2233, on the main floor of the hospital, directly across from Java City.

**New Associate Dean:** After a national search, Dr. Conrad Clemens accepted the appointment of Associate Dean of Graduate Medical Education (GME) and ACGME Designated Institutional Official (DIO) effective December 2011.

**New GMEC Chair:** Al Fiorello, Program Director of Emergency Medicine has agreed to serve as Chair of the GME Committee.

**Match 2012:** Programs that participated in the 2012 Match were very successful in filling their slots with excellent applicants from superb institutions throughout the country. Almost 15% of matched applicants came from the University of Arizona. We will welcome this new cohort of trainees on July 1st.

**New Resident and Fellow Orientation:** This process has been completely revised to feature extensive online requirements including a significant emphasis on patient safety, quality improvement and patient-centered care. A revised “Residents as Teachers” session will also occur.

**Housestaff Quality Council:** The Housestaff Quality Council has completed its first year with Andy Theodorou as faculty advisor. This group has taken the lead to improve patient safety across all aspects of the institution including improving patient flow and communication from the ED to the wards, improved EHR integration, and faster times for radiology wet reads. This group is also breaking down some barriers that have traditionally existed between services/departments.

**Learning Specialists:** In continued effort to provide the best support for our trainees, the GME office has teamed up with the Office of Medical Student Education to create a team of Learning Specialists who can assist residents on issues from test-taking problems to organizational skills to time management issues.

**Housestaff Counselor transition:** We continue to provide a full-time housestaff counselor for all trainees and their family members. After serving admirably for a number of years, Dr. Gail Schwartz will be stepping down as Housestaff Counselor on June 30, 2012 and Dr. Larry Onate will be succeeding her. He will be able to be reached at his office at (520) 325-9176.

**Resident Scholarships:** We are pleased to announce that 7 current residents are recipients of our first GME Resident Excellence and Leadership Scholarships. Their proposals were chosen from almost 30 applicants and are detailed on the bulletin board outside of our GME office. We hope to make this an annual program. The projects and winners are:

- “Evaluation of the Angiogenic Potential of Serum-deprived Human Adipose Stem Cells Using a Chick Embryo Model” – Aparna Vijayasekaren, Surgery
- “Elucidation of the subtypes of the IL-17 family in rheumatoid arthritis” – Fatima Alnaimat, Internal Medicine
“Comparative Analysis of the Karyometric Features of Pancreatic Neoplasms” – Evan Glaser, Surgery


“Evaluation of a new hemodynamic monitoring technique in septic Emergency Department patients” – Alexander St. John, Emergency Medicine

“A certificate program in Mind-body Medicine” – Sutapa Dube, Psychiatry

“A structured curriculum to develop Residents as Teachers” – Justin Roesch, Internal Medicine

Quarterly Chief Resident Dinner: A quarterly Chief Resident Dinner continues to meet. All Chief Residents are invited to meet with the Associate Dean for GME/DIO and GME Director to discuss issues relating to residents’ work environment and education. These have been very effective in identifying issues of concern for our residents.

New Program Directors and Programs

New Program Director appointments include:

- Diagnostic Radiology: Dorothy Gilberston-Dahdal, M.D.
- Molecular Genetic Pathology: Stephen Renner, M.D.
- Pediatrics: Sean Elliot, M.D.
- Radiation Oncology: Shona Dougherty, MB ChB
- Surgical Critical Care and Acute Care: Terence O’Keeffe, MB ChB
- Thoracic Surgery: Sreekumar Subramanian, M.D.

The GMEC appreciates the dedication and service that those listed below have given as program director:

- Conrad Clemens, M.D. – Pediatrics
- Bill Erly, M.D. – Diagnostic Radiology
- Lisa Hazard, M.D. – Radiation Oncology
- Michael Moulton, M.D. – Thoracic Surgery
- Peter Rhee, M.D. – Surgical Critical Care and Acute Care
- Lisa Rimsza, M.D. – Molecular Genetic Pathology

Internal Reviews

During the past year the GMEC has conducted Internal Reviews on the following training programs: Anesthesiology; Critical Care, Dermatology, Primary Care Sports Medicine, Hospice and Palliative Care, and Neurology

The Internal Reviews involve a comprehensive process which involves faculty and residents and includes a review of the following:

a. Addressing any deficiencies from prior site visits
b. Program administration
c. Participating institutions and affiliation agreements
d. Facilities and support services
e. Teaching faculty; including numbers, scholarly activity
f. Clinical teaching; including patient numbers, resident supervision, number of procedures
g. Educational program including reviewing goals and objectives, didactics, the written curriculum that incorporates the competencies, evaluation tools for the competencies, development of dependable measures of the competencies, QA/QI activities, resident scholarly activity
h. Resident evaluation, including criteria for advancement/promotion, summative letters, evaluation forms
i. Faculty and program evaluation including confidentiality of the process, annual review of the program
j. Working conditions including duty hours, fatigue, moonlighting, supervision
k. Quality of applicants and graduates
l. Review of all program policies (duty hours, effects of leaves of absence, moonlighting, QA/QI, resident selection, supervision)

ACGME Site Visits

We had several ACGME site visits in the last year:

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<tr>
<th>Program</th>
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<tr>
<td>Gastroenterology</td>
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<tr>
<td>Pathology</td>
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<tr>
<td>Molecular Genetic Pathology</td>
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<td>Pediatrics</td>
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<td>Psychiatry</td>
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<td>Child Psychiatry</td>
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<td>Radiation Oncology</td>
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<td>Urology</td>
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<tr>
<td>Vascular Interventional Radiology</td>
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Upcoming site visits: Neurology

Ongoing Accreditation Mandates

New Accreditation System: The ACGME has announced that beginning in July of 2013, a completely revised New Accreditation System (NAS) will be put into place. This new system will include longer (every 10 years) accreditation cycles which will include a self-study for that program but annual data reporting by each program including adoption of “educational milestones.” Finally, the ACGME will use of periodic
(every 18 month) JAHCO-like visits to the institution in order to assess the quality of the learning environment. (More detailed information can be found at www.acgme.org)

ACGME Resident Duty Hours. The ACGME’s revised duty hour requirements went into effect on July 1, 2011. The new standards include graduated standards for duty hours and are designed to better match residents’ levels of experience and emerging competencies. The standards are based on recommendations made by the Institute of Medicine (IOM) in 2008. The new standards retain the current duty hour limit of 80 hours per week, averaged over four weeks, but specify more detailed directives for levels of supervision necessary for first-year residents. The standards also reduce duty periods of PGY-1s to no more than 16 hours a day and set stricter requirements for duty hour exceptions. Other changes include setting higher requirements for teamwork, clinical responsibilities, communication, professionalism, personal responsibility, transitions of care and more specific requirements for alertness management and fatigue mitigation.

Resident Supervision. The ACGME Common Program Requirements that went into effect July 1, 2011 also address oversight of resident supervision and graded authority. Residents and faculty members should inform patients of their respective roles in each patient’s care. Programs must clearly identify and document that the appropriate level of supervision is in place for all residents. To ensure oversight of resident supervision, programs must use the following classification of supervision: 1) direct supervision, 2) indirect supervision, and 3) oversight.

ACGME Outcome Project. Dr. Heather Reed has continue to work with the GME Office to provide educational consulting to programs in the areas of assessing, developing, and updating competency-based curricula, teaching tools and methods, and systems for regular evaluation and feedback. Dr. Reed's responsibilities also include participation in the GMEC’s Internal Review process providing feedback to programs regarding learning activities and assessment procedures as they relate to ACGME competencies.

Resident Survey. All residents are surveyed yearly by the ACGME using a web-based questionnaire. National norms indicate that our results are consistent with programs nationally. All resident surveys are presented at the GMEC and action plans are developed for any surveys found to not be in compliance.

GME Graduation Survey: Our 2011 graduates of all training programs were asked to complete a Graduation Questionnaire. A response rate of 28% revealed that 97.5% rated their Program Director as good to excellent (on issues of effectiveness, availability); 83% rated their Department Heads as good to excellent (on issues of effectiveness, support for education, availability); 87.5% rated departmental resident support as good to excellent; 84.5% rated institutional GME staff support as good to excellent; 89.5% rated their stipend support and benefits as good to excellent; 92% rated the faculty as good to excellent (on issues of teaching skills, approachability, care of patients, clinical skills); 97% rated their quality of life as good to excellent; 90% felt satisfied with their training. 84% were satisfied with food services and 61% with call rooms.

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 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 University policies and procedures, including the provisions of the most current edition of the GME Policy and Procedure manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Respectfully submitted,

Conrad Clemens, M.D., MPH
Associate Dean of Graduate Medical Education
ACGME Designated Institutional Official (DIO)
MEMORANDUM

May 9, 2012

TO: College of Medicine Faculty

FROM: Harris Bernstein, PhD, Chairman, Medical Student Research Committee
       Marlys H. Witte, MD, Professor of Surgery and Director, Medical Student Research Program

SUBJECT: Medical Student Research Program and related High School/Undergraduate Student Research Programs

MSRP webpage: http://www.msrp.medicine.arizona.edu/
SEPA webpage: http://www.ignorance.medicine.arizona.edu/

Medical Student Research Program

Founded in 1981, the Medical Student Research Program (MSRP), funded by the National Institutes of Health (2004-2014) with administrative support from the Dean's Fund, continued and further developed a wide variety of activities during 2011-2012.

• For FY 2011-2012, 36 medical student short-term full-time research fellowships were awarded in conjunction with the Summer Institute on Medical Ignorance Seminar Series (SIMI) (June 6 - August 5). An additional 4 students conducted short-term research during vacation/leave periods throughout the year. Final presentations were video-streamed and can be viewed at: http://video.biocom.arizona.edu/video/videolibrary/CoMed/Witte/default.htm
• Recruitment of 2012 summer research fellows began in January 2012. 43 medical students have already successfully competed for the available NIH research fellowships. Several students couldn’t be accommodated because of the fund limit.
• Since the inception of the program in 1982, more than 800 medical student researchers have completed one or more fellowships through MSRP.
• Medical student research prizes/awards, publications, and research presentations at regional and national meetings.
  • As of May 2012, >463 papers, 41 chapters, and 949 abstracts have been published since 1982.
  • 4 medical students submitted abstracts and were accepted to make oral presentations at the annual Western Federation for Medical Research (WFMR) meeting January 25-28, 2012, in Carmel, CA. These included: Erik Bakken (Neuroscience I), Lauren Imbornoni (Genetics), Allys Kehring (Neonatology), Sarah Lau (Pulmonary & Critical Care).
• The Research Distinction Track (RDT) (Surgery 800A) (approved for 6 academic credits by the Curriculum Committee in 2000): 12 seniors completed the track and graduated with Distinction Honors in Research: Greg Cheeney, Anne Floyd, Chris Gefre, Uma Goyal, Jack Hannallah, David Horner, Julie Lockwood, Mike Montague, Brandon Root, Josh Tieman, Amanda Valles Bisla, and Jason Wright. 28 students are currently enrolled in the RDT. Additional information and application forms are available in Room 7338 (temporary), AHSC, as well as on our website.
• Basic and clinical faculty who know of interested students, or who have opportunities available for medical students, undergraduate, and/or high school students, are encouraged to contact MSRP Program Coordinator Grace Wagner in the Department of Surgery (Rm. 7338 temporary) at (520) 626-6360 or e-mail grace@surgery.arizona.edu for further information.

Disadvantaged High School Student/Teacher Research Program

Founded in 1987 and 1991, respectively, the NIH High School Student/K-12 Science Teacher Research Program, which is integrated into the Medical Student Research Program and funded by NIH (1998-2002 and Science Education Partnership Award (SEPA) (2000-2013) for a “medical ignorance collaboratory,” K-12 Virtual Clinical Research Center and Medical Ignorance Exploratorium (website: www.medicalignorance.org) to improve scientific and health literacy), offered a variety of student- and teacher-centered activities.
• For Summer 2012, 27 basic and clinical research fellowships were awarded to financially, socially, or educationally disadvantaged high school students from around the state. We are recruiting mentors in targeted areas of neuroscience and cardiovascular disease for these outstanding high school students. Student research fellows participate in an expanded intensive program (partially on-line) including the seminar series of the Summer Institute of Medical Ignorance, the Introduction to Pathobiology mini-course (coordinated by Drs. Ronald Weinstein and Anna Graham), and are introduced to the Medical Ignorance Exploratorium, Questionator game, and most recently the new Virtual Clinical Research Center/Questionarium. The 2012 SEPA Summer Institute on Medical Ignorance program will run from June 11 - July 27. Please contact Program Coordinator Sr Grace Wagner in the Department of Surgery at 626-6360 or grace@surgery.arizona.edu if you are interested in mentoring a high school student this summer.

• Continued short-term and long-term followup evaluation of the achievements and career paths taken by the >495 high school students and 135 K-12 teachers who have participated in the program since its inception.

Undergraduate Student Research Program

In addition, ~16 diverse undergraduate student researchers will join the summer program – particularly those who have previously graduated from SIMI. We expect to place most of these returning SIMI alumni in their prior or related research laboratory or clinic under the former or a collaborating mentor. Research emphasis will be on cardiovascular-blood-lung research interpreted broadly but this is not a requirement. These undergraduate student researchers will work for 2-3 months over the summer recess. They will be joined this year by a select group of Biomedical Engineering undergraduate students in BME Professor/Department Head Jennifer Barton's NIH-funded program along with medical students in the NIH-funded MSRP, whose research assignments have already been made.

Medical and Pre-Medical Ignoramics Curriculum

Marlys H. Witte, MD, Professor of Surgery and Director of these Student Research Programs, colleagues, and staff also organized and participated in conferences presenting a variety of local, regional, national, and international workshops, curricula, and posters, and co-authored publications highlighting the program and providing training and in-service support to K-12 teachers and education at all levels and in many disciplines.

AHSC Faculty Research Mentor Network

The Faculty Sponsor Directory, currently undergoing extensive update, contains profiles on more than 220 clinical and basic science faculty members interested in having medical and high school students and K-12 science teachers do research in their labs and/or clinics. New faculty and those who have not yet submitted their research projects/programs for inclusion in the Directory are encouraged to do so—please call (520) 626-6118 or e-mail MSRP@email.arizona.edu for further information. The Directory is available online at: http://www.msrp.medicine.arizona.edu/facultysponsors.htm.

Endowed/Titled Professors among many distinguished faculty and practitioner alumni/ae (MSRP SIMI Graduates):

• Julia Indik, MD (Class of 1996) is the UA Flinn Foundation/American Heart Association Endowed Chair in Electrophysiology.

• Michael J. Joyner, MD (Class of 1987) is the Frank R. and Shari Caywood Professor of Anesthesiology at Mayo Clinic, Rochester, MN in May 2009.

• Francisco Garcia, MD (Class of 1992) is the UA Distinguished Outreach Professor of Obstetrics & Gynecology, Public Health, Clinical Pharmacy and Mexican American Studies.

Medical Student Research Committee: Chair: Harris Bernstein, PhD (Cell Biology & Anatomy), Qin, Chen (Pharmacology), Roxana Ursea, MD (Ophthalmology), Karen Welhs, MD (Psychiatry), Francisco A.R. Garcia, MD (ex officio Co-Director, MSRP) (OB/GYN), John A. Szivek, PhD (Orthopaedic Surgery), Marlys Witte, MD (ex officio Director, MSRP) (Surgery), and Grace Wagner (MSRP Program Coordinator); and medical students Julie Lockwood (’12) and Chris Geffre (’12). The committee welcomes your comments and suggestions and extends their appreciation to those faculty members who participate in the Medical Student Research Program and related NIH-funded programs. We are committed to promoting opportunities for student research and look forward to another successful year in 2012-2013.
Professionalism and Diversity Projects

General Faculty Meeting

May 16, 2012
LCME Requirements

Nancy Koff, Ph.D.
Senior Associate Dean for Evaluation
An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.
The institution should:

- Articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities.
- Regularly assess how well such expectations are being achieved.
- Consider in its planning elements of diversity including, but not limited to, gender, racial, cultural, and economic factors.
- Establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.
A medical education program must ensure that its learning environment promotes the development of explicit and appropriate professional attributes in its medical students (i.e., attitudes, behaviors, and identity).
The college, including its faculty, staff, medical students, residents, and affiliated instructional sites, shares responsibility for creating an appropriate learning environment.

The learning environment includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the medical student.

These mutual obligations should be reflected in agreements (e.g., affiliation agreements) at the institutional and/or departmental levels.
It is expected that:

- The college will define the professional attributes it wishes its medical students to develop in the context of the college’s mission and the community in which it operates.

- Promulgate these attributes to the college’s faculty and staff.

- As part of their curriculum include training on the importance of demonstrating the attributes of a professional and understanding the balance of privileges and obligations that the public and the profession expect of a physician.
The College’s faculty, staff, medical students, and residents will regularly evaluate the learning environment to identify positive and negative influences on the maintenance of professional standards.

Mechanisms will be available to identify and promptly correct recurring violations of professional standards.
Professionalism Attributes

Amy Waer, M.D.
Interim Assistant Dean for Medical Student Education
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<th>Phoenix</th>
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<td>Jacque Chadwick</td>
<td>Amy Waer</td>
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<td>Sudershan Singh</td>
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Ten Professionalism Attributes

- Communicate in a manner that is effective and promotes understanding.
- Adhere to ethical principles as accepted to be the standards for scholarship, research, and patient care, including advances in medicine.
- Demonstrate sensitivity and respect to diversity in age, culture, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.
Ten Professionalism Attributes

- Strive for excellence and quality of care in all activities while recognizing your own limitations and continuously seeking to improve your knowledge and skills through life-long learning.

- Uphold and be respectful of the privacy of others.
Ten Professionalism Attributes

- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission in a manner that demonstrates initiative, responsibility, dependability, and accountability.
Ten Professionalism Attributes

- Maintain a professional appearance, bearing, demeanor, and appropriate boundaries in all settings that reflect on the College of Medicine.

- Promote wellbeing and self-care for patients, colleagues, and self.

- Be responsive to the needs of the patients and society that supersedes self-interest.
The blocks at the base of the model represent knowledge and skills that serve as foundations for developing professionalism.

The pillars represent the behavioral application and practice of professionalism, which rely on the foundations underneath the pillars.
Diversity Characteristics

Ana Maria Lopez, MD, MPH
Associate Dean for Outreach and Multicultural Affairs
Diversity Working Group

**Tucson**
- Ana Maria Lopez
- Anne Wright
- Pam Jones
- Jim Kerwin
- Tanisha Johnson
- Linda Don
- Amy Waer
- Kevin Moynahan

**Phoenix**
- Jacque Chadwick
- Jessica Coronado
- Jeanet Renaldi
- Cheryl Pagel
- Michael Trujillo
- Tara Cunningham
- Karen Restifo

Vicki Gotkin  Jeff Milem
Nancy Koff    Susan Ellis
In order to enhance the diversity of our academic community, to ensure inclusiveness in hiring and retaining qualified faculty and staff, and to admit qualified and culturally competent students, the University of Arizona College of Medicine (UA COM) has collaboratively developed and adopted a Diversity Statement, which demonstrates its commitment to a broad definition of diversity. To implement that commitment, the college is engaging in meaningful outreach efforts to optimize the pool of diverse faculty and staff applicants, and to attract a diverse student body. The UA COM is making efforts to develop specific approaches to measure its success in recruiting, retaining and attracting diverse individuals to the college’s faculty, staff and student body by identifying certain measurable characteristics within these groups.
For admitted students, the specific criteria on which the UA COM is measuring its success in increasing diversity are socioeconomically disadvantaged status, first generation college attendees, rural origin, and membership in federally recognized American Indian tribes. For faculty and staff, the specific criteria on which the UA COM is measuring its success in increasing diversity are gender, race and ethnicity. These criteria can be identified by examining post-hire documents to determine whether the COM's diversity goals are being met. Additionally, the UA COM will develop surveys so that individuals can self-identify other criteria that fall within the COM's diversity statement. The college also aspires to develop programs that will increase the number of faculty and staff who demonstrate cultural competency and bilingual abilities.
Criteria to Measure Success in Increasing Diversity

Admitted students
* Socioeconomically disadvantaged status
* First generation college attendees
* Rural origin
* Membership in federally recognized American Indian tribes

Faculty and staff
* Gender
* Race and ethnicity