College of Medicine-Tucson General Faculty Meeting
August 12, 2015, Kiewit Auditorium 4:30 p.m.

Call to Order – Dr. Cairns called the meeting to order at 4:30 pm.

Welcome and Announcements – Charles “Chuck” B. Cairns, MD, Interim Dean, College of Medicine

• Faculty Promotions
  Dr. Cairns read the names of the promoted faculty aloud. He then made an announcement in memoriam of Maureen Hanley, a former faculty member of COM-T who passed away on August 3rd. Her family was in attendance to represent her for the promotion ceremony.

• Banner Update
  It is the sixth month of the Banner partnership. Dr. Cairns thanked everyone for their engagement and support. He said there have been many advancements in health care deliveries, and Banner has continued to support these advances. There are now over 120 faculty positions that have been approved through the Academic Management Council. In addition, we are developing plans for the next phase of ambulatory care, including clinic space in the North Campus and make our services available to all those who need it. Dean Cairns recognizes there will continue to be difficulties, but he called upon faculty to work with him to best address these issues.

Banner University Medical Center Building Update – Tom Dickson, CEO, Banner University Medical Center – Tucson and South Campuses

Tom Dickson gave a brief overview of the top priorities as Banner continues to develop. They are working to develop a C-Suite that will have responsibility on the Tucson and South Campuses. Banner gave $30M to invest in capital budget that the team plans to use for OR equipment, CT scanners, beds, a sleep lab, etc. A main category of focus is Banner Initiatives, and teams are working to get these initiatives underway. There are a number of operational improvements that they are focusing on, such as turnover in nursing, and housekeeping services. The other major focus is the new building project. They are close to being able to make a new investment on the South Campus to expand the OR and intensive care units. He said all these updates will be noticeable by faculty and patients.

Dr. Cairns asked about the ambulatory care schedule—that is moving along quickly and will be up and functioning sooner than the hospital, hopefully by quarter three of 2017. Someone asked about the move out of the old buildings, and how faculty will be involved—Mr. Dickinson emphasized that everything will be done in partnership in order to meet the needs of faculty. Someone expressed concern that all of these updates are getting in the way of patient care—Dean Cairns assured him that patient care is at the base of everything we do, and that we are striving for quality accessible care for everyone in Arizona who needs it. There was much discussion among faculty about the need for better internal and external communication, a fact which Dean Cairns agreed with. They emphasized that integration and opportunities for faculty are important for offering the best patient care possible.

Committees and Brief Reports – Dr. Charles Cairns

Dean Cairns announced the committees and leadership of these committees, reminding everyone that the reports are available online.

• Dean’s Faculty Advisory Committee – Marlys Witte, MD
• Admissions Committee – Tejal Parikh, MD & Tanisha Price-Johnson, PhD
• Appointments, Promotion and Tenure Committee– Paul Gordon, MD
• Tucson Educational Policy Committee– Art Sanders, MD

Presentations/Discussion

• Faculty Engagement in the Admissions Process– Tejal Parikh, MD & Tanisha Price-Johnson, PhD
Dr. Parikh explained they want faculty involvement in the admissions process for the Class of 2020. She showed a short video on the Class of 2019 White Coat Ceremony. Dr. Price-Johnson said that admissions follows the holistic approach which looks at how applicants line up with the COM-T mission statements. It allows them to look at more than the academic achievements of applicants, but also their experiences, attributes, and other characteristics. The secondary applications help show really why these students are applying to COM-T and allow for a better understanding of these applicants. The COM-T attributes they look for in students align with AAMC’s Core Competencies. The number of applicants keeps increasing each year, so they need more faculty to be involved in the process. There are two ways for faculty to get involved: reviewing secondary applications and evaluating the Multiple Mini Interviews. They explained why they use MMIs rather than traditional one-on-one interviews. Interview days are Friday and Saturday mornings, with sixteen days total. Trainings will be available soon.

• Faculty Forward Committee Update
- Research – Monica Kraft, MD & Carol Gregorio, PhD
They began by showing a list of all the committee members. They plan to meet about once a month until the end of the calendar year to come up with specific recommendations about how to develop more research progress. The agenda for the first meeting looked at alignment of research strategic plans, identifying central vs. local resources, how to attract and retain faculty and investigators, identifying research support, and improving mechanisms for collaboration. After the first meeting, they realized there needed to be a lot of focus on central vs. local resources, including space, equipment, etc. The focus of the next meeting will focus on space analysis and plans for renovation. They emphasized that this committee is inclusive of members from other committees to ensure there is good representation and communication.

- Education – Joe Miller, MD, MPH & Todd Vanderah, PhD
Dr. Vanderah said that some of the lowest marks of faculty satisfaction on the Faculty Forward Survey were about medical school governance. This committee is trying to address this and improve faculty satisfaction for both undergraduate medical education and the residency program. They are also discussing funding for the residency program. Faculty will get a survey asking what their priorities for the residency program are to help direct this discussion. Another project this committee is undertaking is enhancing undergraduate medical education. They are asking faculty about the milestones medical students should reach throughout medical school. Someone requested more faculty engagement in the curriculum process, and Dr. Vanderah said that is in discussion.

- Faculty Affairs – Alex Chiu, MD & Sam Keim, MD
There are three subcommittees focusing on different priorities: an outreach/in-reach committee, an academic incentive committee, and a faculty titles committee. The committees have already met and intend to have recommendations ready by November.

• UA Vitae Update– Anne Wright, PhD, Senior Associate Dean for Faculty Affairs
As of January, COM-T is moving to an online faculty evaluation process. This allows for more readily available reports. The Physiology Department piloted the process in spring for their annual evaluations. There are three advisory committees: the basic science group, clinical service group, and clinical teaching group. They are in the process of correcting ArizonaMed data and formalizing the formats for UA Vitae. The next steps are finishing the committee work. In September and October, the UA Vitae team will present at department faculty meetings, and in October there will also be training sessions for department “super users” who can answer questions about how to fill out the forms. There will be training sessions for faculty, and faculty can
beta test the program and provide feedback. Finally, it will go live in January 2016. Faculty will need to enter some data and carefully review the prepopulated data. She then moved on to the promotion changes.

- **Proposed Changes to Promotion Guidelines - Anne Wright, PhD, Senior Associate Dean for Faculty Affairs**

  There are three proposed changes to the P&T Guidelines. First, the title “Clinical Instructor” will be used for Chief Residents and Fellows rather than faculty. Secondly, they are articulating the activities that quality for promotion under the Scholarship of Engagement. The final proposed change is to create a new track, the Health Care Delivery Track, to give physicians working through Banner faculty titles. These proposed changes will be emailed to faculty, and there will be faculty town halls allowing for the discussion of these proposed changes. These changes will be further discussed at the next general faculty meeting in November with an online faculty vote after that meeting.

**Adjournment** - Dean Cairns adjourned the meeting.
AGENDA

1. Call to Order

2. Welcome and Announcements:
   Charles “Chuck” B. Cairns, MD, Interim Dean, College of Medicine
   ▶ Faculty Promotions
   ▶ Banner Update

3. Banner University Medical Center Building Update:
   Tom Dickson, CEO, Banner University Medical Center – Tucson and South Campuses

4. Committees and Brief Reports
   Committee reports are posted on the COM website at http://medicine.arizona.edu/general-faculty-meeting
   ▶ Dean’s Faculty Advisory Committee – Marlys Witte, MD
   ▶ Admissions Committee – Tejal Parikh, MD & Tanisha Price-Johnson, PhD
   ▶ Appointments, Promotion and Tenure Committee – Paul Gordon, MD
   ▶ Tucson Educational Policy Committee – Art Sanders, MD

5. Presentations/Discussion
   ▶ Faculty Engagement in the Admissions Process – Tejal Parikh, MD & Tanisha Price-Johnson, PhD
   ▶ Faculty Forward Committee Update
     ▪ Research – Monica Kraft, MD & Carol Gregorio, PhD
     ▪ Education – Joe Miller, MD, MPH & Todd Vanderah, PhD
     ▪ Faculty Affairs – Alex Chiu, MD & Sam Keim, MD
   ▶ UA Vitae Update – Anne Wright, PhD, Senior Associate Dean for Faculty Affairs
   ▶ Proposed changes to promotion guidelines – Anne Wright, PhD, Senior Associate Dean for Faculty Affairs

6. Adjournment

Wine & appetizer reception to celebrate faculty promotions on the lower level of the Arizona Cancer Center (AZCC) near the coffee shop

The date for the remaining 2015 COM General Faculty Meeting is:
November 18th (Kiewit Auditorium at 4:30 p.m.)

Minutes of General Faculty Meetings are posted and/or archived on the Faculty Affairs website:
http://medicine.arizona.edu/faculty-staff/offices/faculty-affairs/governance/general-faculty-meeting

8/10/15
Daniela Lax, MD  
Professor  
Pediatrics

Ayako Makino, PhD  
Associate Professor  
Physiology  
TENURE

Hilary McClafferty, MD  
Associate Professor  
Medicine

Kevin F. Moynahan, MD  
Professor  
Medicine

Bijan Najafi, PhD  
Professor  
Surgery

Isabel B. Oliva, MD  
Associate Professor  
Medical Imaging

Sairam Parthasarathy, MD  
Professor  
Medicine

Yuval Raz, MD  
Associate Professor  
Medicine

Monika Schmelz, PhD  
Associate Professor  
Pathology

Teshia G. Arambula Solomon, PhD  
Associate Professor  
Family & Community Medicine  
TENURE

Anthony M. Stazzone, MD  
Clinical Associate Professor  
Medicine

Andrew L. Tang, MD  
Associate Professor  
Surgery

Lisa M. Truchan, MD  
Associate Professor  
Orthopedic Surgery

Anna L. Waterbrook, MD  
Associate Professor  
Emergency Medicine

J. Paul Yurkanin, MD  
Clinical Associate Professor  
Surgery

Tirdad T. Zangeneh, DO  
Associate Professor  
Medicine
Dean’s Faculty Advisory Committee
2014-2015 Annual Report

Members: Marlys Witte, MD (chair); Marc Tischler, PhD; Ilana Addis, MD; Bobby Kalb, MD; Paul Gordon, MD; Helen Amerongen, PhD; Janis Burt, PhD

A new Chair was elected at the organizational meeting in September 2014.

The Dean’s Faculty Advisory Committee met quarterly first with Sr. VP & Acting Dean Garcia and later with Interim Dean Cairns to discuss the following issues:

- Lack of faculty representation on the UAHN board and faculty practice plan
- Ways to improve 2-way communication between the COM Administration/Department Heads and the COM faculty
- Lack of support for interdisciplinary programs
- Regularly-held faculty forums (monthly?)
- Increased involvement of community clinicians in teaching and clinics – satellite clinics and other community physicians
- Lack of necessary and relatively inexpensive equipment
- Pressure for clinicians not to perform certain procedures
- Protected time for junior faculty research
- Events to encourage interaction between clinicians and basic scientists
- Support of core research services, including clinical labs
- Small seed grants
- Transparency regarding selection of faculty awarded grants – merit-based?
- Fair allocation and distribution of research space – transparency
Admissions Committee Report to the General COM Faculty submitted by Tejal Parikh, Chair


Members: Tejal Parikh MD*, Andrew Yeager MD**, Nafees Ahmad PhD, Patricia Hoyer PhD, James Costello MD MPH, Marlon Guerrero MD, Carol Howe MD, Jeffrey Lisse MD, William Rappaport MD, Rajesh Khanna PhD, Mohammad Shahidullah PhD, Sharon Chopra MS2, Jeremy Oulton MS2, Hilary Rees MS2, Azriel Dror MS1, Kirsten Concha-Moore MS 1

*Chair, **Vice-Chair

By LCME Standard (MS-4) as well as by the UACOM bylaws, the Admissions Committee is a majority faculty committee with the responsibility for choosing the members of the medical student body. The Admissions Committee works closely with the Admissions Office to achieve the best possible class that is consistent with the AAMC ideals as well as the mission of the institution.

Admissions Process

During the 2014-2015 Admissions cycle, the Admissions Office received 5,667 applications via AMCAS (vs. 4,861 in the previous year). Of these, 3,761 met the minimum standards of MCAT 24 and GPA 3.0 and completed the secondary application with questions specific to the UACOM (vs. 3,196). The secondary applications were scored by screeners under the direction of the Admissions Office. Of these, 636 were interviewed, and their completed applications were processed by the Admissions Committee.

All applicants interviewed were evaluated by the subcommittees of the Admissions Committee. There were 5 subcommittees consisting of 2 faculty members and 1 student member. Each applicant was evaluated by all 3 members of one subcommittee. Each member of the subcommittee thus conducted a primary review of 127 applicants with one committee doing 128.

For the third year, the Admissions Committee used an attributes scoring system in which each applicant was evaluated on attributes. Based on previous years of experience on attribute scoring, some changes were made. In the previous year, applicants were scored on a scale from 1 to 5. This year a checkoff system was used if the candidate showed presence of the specific attribute. The desired attributes were: resiliency, distance traveled, service and volunteer experiences, aligned commitment to institutional mission, enrolled members in federally recognized American Indian tribes, clinical exposure to understand the profession, research, language spoken in underserved communities in Arizona, humanistic orientation, motivation to pursue MD, ability to succeed academically, cultural competency, understands the importance of diversity, and professionalism.

The attributes are consistent with the AAMC guidelines. They make explicit the Committee practice and make possible assessment of Committee process and longitudinal success.

In addition to attribute checkoff list, each applicant was given an overall score from 1 to 5 scale, and this score alone was used to rank applicants. 1 represented an unacceptable candidate, 2 a poor candidate, 3 an acceptable candidate, 4 an excellent candidate, and 5 an outstanding candidate. After discussion in subcommittee, the scores for each applicant were averaged across the 3 reviews. Applicants with top scores were than advanced to consideration by the full committee. After full committee discussion, all members voted on each candidate on the same 1 to 5 scale.

197 candidates were offered acceptance in order to fill the available places for a total class of 115.
Outcomes

The class of 2019 has an average GPA of 3.6, science GPA of 3.5 and with an average MCAT composite score of 28.8. The average age was 25 with 51% male students and 49% female students. In state residents comprise 73.5% of students, while out of state residents make up 26.5% of the class. Students who are Underrepresented in Medicine (URiM) comprise 35% of the class, with 26 Hispanic, 11 Native American and 7 African American students. The Committee is unaware of the URiM status of the candidates during its deliberations.

Research done by the AMERI team The Admissions Office is instrumental in supporting the Admissions Committee throughout its process and in recruiting the applicants chosen by the Committee. This year there was increase in overall recruitment with presentations during Applicant Visit Day on the UA COM’s unique curriculum (Societies, Blocks, Distinction Tracks, Research and Clinical Thinking Course), an earlier Second Look program, and, most importantly the ability to provide scholarship dollars.

Scholarships

This year there was a significant increase in scholarship dollars that helped with the recruitment process. This is the first year that the UA COM has offered substantial scholarships (renewable and non-renewable) to attract competitive and disadvantaged applicants. Scholarships ranged from $40,000 to $10,000 and were offered shortly after the time of acceptance. We had $820,000 for recruitment this year ($125K from donor scholarships and $695K in grant funding.) We offered 14 renewable awards and 35 non-renewable awards. This scholarship model allowed us to be more competitive than we have in past recruitment cycles.

MD/PhD Admissions

The MD/PhD program 3.0 is designed to train students planning careers in academic medicine or biomedical research. Through the collaborative efforts of the College of Medicine and the Graduate College, research intensive training is pursued through one of a number of biomedical science departments and interdisciplinary programs. This year the admissions committee selected five applicants for the MD/PhD program. Their average GPA was 3.82, Science GPA 3.73 and combined MCAT score average of 31.4. There are 4 males and 1 female. These students are part of the 115 of the class of 2019. There will not be an increase in the size of the class.

Pre-Medical Admissions Pathway (P-MAP)

The first P-MAP cohort of ten students successfully completed the program and matriculated into the class of 2019. These students are part of the 115 of the class of 2019. The first P-MAP cohort is comprised of ten students, four male and six female with four Hispanic students, five Native American students, and two African American students.

This year the admissions committee selected the second cohort for the PMAP program. This program developed by the Office of Diversity & Inclusion is “designed to help students who have experienced unique or greater than average challenges in preparing to become competitive medical school applicants and succeed in medical school.” The program is targeted to students who are Arizona residents, have faced socioeconomic disadvantages, are first generation college attendees, who grew up in either a rural or US/Mexico border region, or are enrolled members in federally recognized American
Indian tribes. Students should demonstrate principles of cultural competence in healthcare, demonstrate attributes such as altruism and social accountability, and are fluent in English and conversant in languages commonly spoken in Arizona (i.e., Spanish and Navajo).

The second P-MAP cohort is comprised of twelve students, 50% men and 50% woman. There are eight Hispanic students, two Native American students, one White student, and one student elected not to report their race. Over the summer the students enrolled in the histology course and all students passed with a B or better. They also enrolled in the MCAT boot camp. Students have weekly meetings with Carlos Gonzales MD and this fall will be matched with mentors.

Upon successful completion of the P-MAP program with an MCAT score of 22 or higher and a GPA of 3.0 and higher in P-MAP coursework, students will be offered admission to the UACOM Tucson. These students will be part of the 115 members of the class of 2020. There will not be an increase in the size of the class.
APPOINTMENTS, PROMOTION AND TENURE CASES – ANNUAL STATISTICS
FOR FY 2014-2015
[Activities of the COM AP&T Committee and the Office of Faculty Affairs]

COM P&T COMMITTEE MEMBERS

- Margaret Briehl, PhD
- Kurt Denninghoff, MD
- Sean P. Elliott, MD
- Ralph Fregoli, PhD
- Paul Gordon, MD*
- Mark Haussler, PhD, Phoenix representative
- Doug Larson, PhD
- Linda S. Snyder, MD
*chair

APPOINTMENTS

- Total: 153
  Traditional Tracks:
  - Tenure Track: 17
  - Non-Tenure Track: 136
    - Clinical Scholar Track: 43
    - Research Scholar Track: 3
    - Educator Scholar Track: 5
  Additional Non-Tenure Tracks:
  - Clinical Series: 69
  - Research Series: 14
  - Educator Series: 2

PROMOTION & TENURE CASES

- Total: 36
- Tenure Track: 16
- Non-Tenure Track: 20
- In 2 NT cases, the AP&T Committee recommended transfer to a different track followed by promotion, and their recommendations were accepted.

REAPPOINTMENTS: 6          JOINT APPOINTMENTS: 24
SABBATICAL LEAVE REQUESTS: 0  EMERITUS STATUS REQUESTS: 7
CLOCK STOP REQUESTS: 3       MID-CYCLE REVIEWS: 10 (1 COM-Phoenix case)

TRACK CHANGE REQUESTS: 2 requests for appointment on new track following AP&T Committee recommendation, 1 request to transfer to the tenure track, 3 requests to transfer off of the tenure track, and 8 requests to transfer to a more appropriate track (7 transfers from the clinical scholar track to the clinical series; 1 transfer from the clinical scholar track to the educator scholar track)

POST-TENURE REVIEW:

One hundred nineteen tenured faculty were reviewed; the COM AP&T Committee reviewed 29 post-tenure review packets.
### PROMOTION CASES, FY 2014-2015

<table>
<thead>
<tr>
<th></th>
<th>Tenure Track</th>
<th>Non-Tenure Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied for Promotion and/or Tenure</td>
<td>16*</td>
<td>20</td>
</tr>
<tr>
<td>Department Approval</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>COM P&amp;T Committee Approval</td>
<td>14 (2 disapproved)</td>
<td>18 (2 disapproved)</td>
</tr>
<tr>
<td>Dean’s Approval</td>
<td>15 (1 withdrawn)</td>
<td>18 (2 disapproved)</td>
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<tr>
<td>UA P&amp;T Committee Approval</td>
<td>15 (1 withdrawn)</td>
<td>N/A</td>
</tr>
<tr>
<td>Provost’s Approval</td>
<td>15 (1 withdrawn)</td>
<td>18 (2 withdrawn)</td>
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*2 tenure track cases were COM-Phoenix faculty

### New Appointment Statistics by Department

<table>
<thead>
<tr>
<th>Department</th>
<th>Appointments</th>
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</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>4</td>
</tr>
<tr>
<td><strong>Basic Medical Sciences (PHX)</strong></td>
<td>0</td>
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<tr>
<td>Biochemistry &amp; Molecular Biophysics</td>
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</tr>
<tr>
<td>Cellular &amp; Molecular Medicine</td>
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</tr>
<tr>
<td>Emergency Medicine</td>
<td>12</td>
</tr>
<tr>
<td>Family &amp; Community Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Immunobiology</td>
<td>0</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>11</td>
</tr>
<tr>
<td>Medicine</td>
<td>44</td>
</tr>
<tr>
<td>Neurology</td>
<td>1</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>4</td>
</tr>
<tr>
<td>Ophthalmology &amp; Vision Science</td>
<td>5</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
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<tr>
<td>Pathology</td>
<td>0</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>12</td>
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<tr>
<td>Pharmacology</td>
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<tr>
<td>Physiology</td>
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<tr>
<td>Psychiatry</td>
<td>10</td>
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<tr>
<td>Radiation Oncology</td>
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<tr>
<td>Surgery</td>
<td>18</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>153</strong></td>
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### New Appointment Statistics By Title & Track

<table>
<thead>
<tr>
<th>Track</th>
<th>Number</th>
<th>Percent of New Appointments</th>
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<tbody>
<tr>
<td><strong>Tenure Track:</strong></td>
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<tr>
<td>Professor</td>
<td>8</td>
<td>11%</td>
</tr>
<tr>
<td>Associate Professor</td>
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<tr>
<td>Assistant Professor</td>
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<td></td>
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<tr>
<td>Instructor</td>
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**Clinical Scholar Track:** 43 Clinical Scholar Track = 28% of new appointments

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<th>Track</th>
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<th>Percent of New Appointments</th>
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<tbody>
<tr>
<td>Professor</td>
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</tr>
<tr>
<td>Associate Professor</td>
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<tr>
<td>Assistant Professor</td>
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<tr>
<td>Instructor</td>
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**Research Scholar Track:** 3 Research Scholar Track = .2% of new appointments

<table>
<thead>
<tr>
<th>Track</th>
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<th>Percent of New Appointments</th>
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<td>Professor</td>
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<tr>
<td>Associate Professor</td>
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<tr>
<td>Assistant Professor</td>
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<tr>
<td>Instructor</td>
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**Educator Scholar Track:** 5 Educator Scholar Track = 3% of new appointments

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<tr>
<th>Track</th>
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<th>Percent of New Appointments</th>
</tr>
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<tbody>
<tr>
<td>Professor</td>
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<tr>
<td>Associate Professor</td>
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<tr>
<td>Assistant Professor</td>
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<tr>
<td>Instructor</td>
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**Clinical Series:** 69 Clinical Prefix Track = 46% of new appointments

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<thead>
<tr>
<th>Track</th>
<th>Number</th>
<th>Percent of New Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Professor</td>
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<td></td>
</tr>
<tr>
<td>Clinical Associate Professor</td>
<td>6</td>
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</tr>
<tr>
<td>Clinical Assistant Professor</td>
<td>35</td>
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</tr>
<tr>
<td>Clinical Instructor</td>
<td>27</td>
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</tr>
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</table>

**Research Series:** 14 Research Track = 9% of new appointments

<table>
<thead>
<tr>
<th>Track</th>
<th>Number</th>
<th>Percent of New Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Professor</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Research Associate Professor</td>
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</tr>
<tr>
<td>Research Assistant Professor</td>
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<tr>
<td>Research Instructor</td>
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**Educator Series** 2 Lecturers =1% of new appointments

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<th>Track</th>
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<th>Percent of New Appointments</th>
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<tbody>
<tr>
<td>Lecturer</td>
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<tr>
<td>Senior Lecturer</td>
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**Total** 153

The COM-Tucson AP&T Committee continues to review all promotions, tenure track appointments and mid-cycle reviews and non-tenure track appointments (associate & full professor only) of Tucson faculty. The committee also reviews appointments, mid-cycle reviews and promotions on the tenure track for Phoenix campus faculty, although non-tenure track appointments and promotions in Phoenix are now reviewed solely by the Phoenix P&T Committee.
Other important activities of the Committee include drafting a template with significant detail defining scholarship for all unmodified tracks and drafting a document detailing the Scholarship of Engagement.

The templates were provided to all Department Heads to allow them modify the numbers for their individual departments.

The material on Scholarship of Engagement was provided to the Deputy Dean for Faculty Affairs.
The practice of medicine and the delivery healthcare is a rapidly changing. The way medicine is practiced today is vastly different than it was one or two decades ago and will change significantly further in the future decade. The curriculum for training medical students must be responsive to these important changes in healthcare and prepare our students for practice in the future. The Tucson Educational Policy Committee (TEPC) feels strongly that it is time for a major revision of the curriculum to meet the needs of our students.

We also note that prospective medical students have increasing choices for training in Arizona. The College of Medicine – Phoenix campus will enroll more students than the Tucson campus. Arizona State University and Mayo Clinic will open a new Medical School in 2017. The ASU – Mayo School is focused on innovative medical education for the changing times in healthcare. It has partnered with the Kern Center for the Science of Healthcare Delivery and won a grant from the American Medical Association for innovations in creating the medical school in the future.

The recommendations from the TEPC retreat on June 24th are attached. Key points are as follows:

1. High Quality Medical Education is the fundamental mission of the College of Medicine and more resources must be devoted to the education on students.
2. A major curriculum revision needs to be implemented as soon as possible to prepare our students for the changing healthcare environment.
3. The new curriculum should allow students to obtain additional training and expertise in areas that will be valuable in the changing healthcare system.
4. The clinical education should start earlier in the curriculum and must be supported by the College.
1. Main Idea

The goal is to design an educational program that addresses patient and societal needs to significantly improve healthcare in Arizona and the nation by training future physicians in preparation for the next phase of clinical education. As part of the educational program, the renewed curriculum will improve the integration of basic, clinical, and socio-behavioral sciences within and across the curriculum to provide earlier clinical experience and appropriate milestone based skill development. The educational program leading to the MD degree will be flexible, learner-centered, and support student well-being, engagement, and active learning.

2. Concerns

The current curriculum at the University of Arizona-Tucson College of Medicine does not adequately address the following:

a. The earlier timing of residency program selection/career choice
b. Emerging content areas like population health, inter-professional practice, genomics, health disparities, evidence-based practice and research, and professional identity formation
c. A true longitudinal integration of basic and clinical sciences
d. An approach to basic science knowledge that focuses on basic science knowledge with the most relevance to clinical practice
e. Educational trends away from lecture/classroom based content delivery (e.g., 50-minute PowerPoint lecture)
f. Improved student support and advising for new generations of students as well as increasingly diverse classes
g. The longitudinal development of students into professionals (Professional Identity Formation)

3. Challenges

a. Aligning recruitment and admissions processes/criteria with educational program expectations to ensure student success
b. Preparing to increase support services to serve a diverse student population with varied academic, personal, and professional experience
c. Providing the technology resources and support for asynchronous and online content delivery
d. Increased administrative support for a track-based and/or milestone approach to the curriculum
e. Accommodating new medical knowledge content as it rapidly increases
f. Infrastructure (space, capacity, flexibility)
4. **Solution or Recommendations**
   a. Ensure a dedicated, robust, and structured career advising and support for students
   b. Consider track-based enrollment (e.g., 3-yr, 4-yr, 5-yr program completion based on student preference and academic profile and/or specialty guided tracks)
   c. Support individual student learning by moving from a time-based to a milestone based framework to guide the curriculum organization
   d. Integrate a student portfolio tool
   e. Adjust the schedule and timing of the curriculum phases
   f. Strengthen existing learning communities
   g. Use of board-style questions (exams, required practice exams)
   h. PhD-MD course director partnerships to pairings to prepare basic science content
   i. Ensure integration with other AHSC colleges (develop core curriculum)

5. **Conclusion**
   A renewed curriculum at the College of Medicine must prepare students to provide high quality patient care in the context of healthcare delivery in the future. Despite a change within the last ten years from a discipline to a systems-based pre-clinical curriculum, the content and delivery method has remained fairly static throughout most colleges of medicine. This unchanged delivery fails to account for the greater diversity of new medical student classes as well as how new cohorts of medical students learn and their exposure to and familiarity with technology. It also fails to adequately address key areas essential to the future of healthcare (population health, evidence-based care, genomics, interprofessional care). A renewed curriculum goes beyond simply changing the instruction method. It is a visionary approach to training doctors in the practice of medicine for the future of healthcare.
6. **Main Idea**
   The goal is to provide an outstanding clinical educational experience that reflects the defined goals of a progressive, developmental curriculum. Students graduating the University of Arizona-Tucson College of Medicine must be prepared for residency training as well as delivering quality care in a rapidly evolving healthcare environment.

7. **Concerns**
   The committee is concerned about the current clinical educational curriculum at the University of Arizona-Tucson College of Medicine in the following areas:
   a. Lack of resources to support clinical teaching and administrative support in the clinical years.
   b. Lack of a clearly defined and assessed developmental clinical curriculum. (Core EPAs, milestones, etc.)
   c. Lack of outcome and developmental metrics or assessment across the clinical years.
   d. Lack of integration and coordination across the required and elective clinical experiences.

8. **Challenges**
   a. Conflicting roles and goals of the Banner Clinical enterprise and medical education.
   b. Variation in quality of teaching across the clinical years.
   c. Balance of clinical exposure and direct experience with patient care needs.
   d. Silo effect of clinical curriculum knowledge, skills and experience in clerkships.
   e. Lack of exposure and experience with medical care as it is evolving – interdisciplinary, professionalism, ethics, communication skills, etc.

9. **Solution or Recommendations**
   a. Develop a longitudinal experience across the clinical years to reinforce developmental aspects of the curriculum. (Ex: extend Societies program to meet regularly in clinical years)
   b. Develop metrics and assessment criteria that tracks developmental goals across the clinical curriculum.
   c. Major revision of the method for paying faculty for clinical teaching. - consider time-based salary directly to faculty.
   d. Consider teaching faculty model for clinical rotations.
   e. Increase support for administrative needs for teaching programs – Departmental vs. Central.
10. Conclusion

This is a crucial time for the University of Arizona College of Medicine – Tucson Clinical Education. With a rapidly changing clinical environment and recommendation for a renewed curriculum, an opportunity exists to redefine and optimize the clinical experience for our medical students. This will require resources and commitment from the College and University. The clinical experience needs to fit into the defined developmental curriculum with appropriate assessments and experiences across the major clerkships. Students will learn to manage patient issues in a rapidly evolving healthcare environment.
A. What is the purpose of having distinction tracks? What are the goals of the Distinction Track Program?
   1. Recognize and honor students who devote sustained, voluntary effort to explore diverse opportunities in medicine
   2. Set UA-COM – Tucson students apart, making them distinct from other residency applicants and offering a discussion topic during residency interviews
   3. Help to attract a diverse and engaged student body
   4. Demonstrate alignment between a student’s goals and institutional support for those goals
   5. Strengthen ties between ancillary faculty (e.g., volunteer rural faculty, research faculty, faculty in other colleges) and the College of Medicine
   6. Support the mission of the UA-COM
   7. Develop opportunities for student leadership
   8. Provide direct service to the people of the state of Arizona
   9. Help students to explore medical topics that are supplemental and complementary to the formal medical curriculum

B. Why are distinction tracks important? What is their value? What is their value?
   1. Distinction tracks promote “excellence” – student engagement that goes beyond standard expectations
   2. Distinction tracks help to develop students’ professional identity
   3. Distinction tracks foster lifelong learning
   4. Distinction tracks attract a diverse student body – students whose diverse backgrounds create strong interests in the experiences found in the tracks
   5. Distinction tracks help to produce multi-dimensional, well-rounded physicians
   6. Distinction tracks fulfill part of the UA’s land-grant mission by training Arizona physicians and providing direct clinical service to the people of Arizona
   7. Distinction tracks provide rich opportunities for students to develop their cultural sensitivity
   8. Distinction tracks generally enrich the learning environment at the College of Medicine – Tucson

C. Position Statement
1. TEPC strongly supports distinction tracks, because they provide invaluable opportunities for our students and benefits to the College and the State of Arizona.

2. Additional resources are needed in order for the COM Administration to properly oversee the distinction tracks and for the distinction tracks to systematically measure outcomes and reach their full potential.

3. Student participation in distinction tracks should remain optional and should not be required.
   a. Students are internally motivated to participate; participation should not be impressed on them.
   b. If tracks were required of all students, it would dilute their “distinctiveness.”

4. Additional tracks may be created, but not without additional resources.

D. Recommendations

1. To support those interested in proposing new tracks, TEPC and OMSE should work together to establish and make available guidelines for “what counts” as a track – what will be expected of students and what outcomes could be achieved.
   a. Provide a standard template for proposals.
   b. Provide support (e.g., director and coordinator, IT/web support).
   c. Clarify student requirements (e.g., courses, service hours, etc.).

2. TEPC and OMSE should seek additional resources for administration/oversight of the distinction tracks.

3. Central oversight is needed to ensure accountability by monitoring:
   a. Track completion rates.
   b. Post-graduation outcomes for participants.
   c. External funding obtained and other measures.

4. COM-IT should provide support for a website for the Distinction Track Program and webpages for those tracks that haven’t already developed them.

5. The COM Administration should support mechanisms (e.g., special events) and resources to recognize those students who complete distinction tracks.

E. Conclusion

Distinction tracks provide unique opportunities for our students, help to serve the State of Arizona, promote excellence and deep engagement, and bring deserved recognition to our students and the UA COM-T.
Faculty Engagement

Admissions Office

Tejal M. Parikh, MD
Assistant Dean, Admissions

Tanisha Price-Johnson, Ph.D.
Executive Director, Admissions and Financial Aid
Meet the Class of 2018

- 2018 MedCats
- 2018 White Coat Ceremony
- 2019 White Coat Ceremony
UACOM Tucson Mission

The mission of the University Of Arizona College Of Medicine, Office of Admissions is to select a diverse cohort of students who will become the future leaders in advancing health care to the distinct communities that comprise Arizona and the United States.
Experiences – Attributes – Metrics (EAM) Model

• **Experiences**: evidence of applicant’s motivation to become a physician

• **Attributes**: characteristics that meet the UA College of Medicine mission i.e. resilience, motivation, research, professionalism, clinical exposure, humanism, cultural competency

• **Metrics**: academic performance, ability to manage rigor of medical school

• **Secondary Applications/MMI** – assist with identifying EAMs within applicant data
AAMC Core Competencies for Entering Medical Students

- Interpersonal Competencies – service orientation, social skills, cultural competence, teamwork, oral communication
- Intrapersonal Competencies – ethics, reliability and adaptability, capacity for improvement
- Thinking and Reasoning Competencies – critical thinking, quantitative reasoning, scientific inquiry, written communication
- Science Competencies – living systems, human behavior
- UA COM – Attributes align with AAMC’s Core Competencies
Application Cycle 5 Year Trend

Primary Applications 5 Year Trend

Primary Applications


- 2555
- 3140
- 4199
- 4861
- 5667

Primary Applications
How to Get Involved

• There are two ways:

Secondary Application Screener

AMCAS Application  Secondary Application  Interview  Committee Review

Interview Evaluator
Admissions Program: Secondary Application Screener

- Secondary Screener training
  - Podcast option
- Receive 24/7 online access to secondary applications.
- Assess and score secondary applications received.
- Flexible with schedule
- Weekly application assignment ranges 8-12
  - Depends on number of screeners and applications

Secondary Application Timeframe

July 2015- January 2016
Admissions Programs: Interview Evaluator

• Multiple Mini Interview (MMI)
  • 9 stations or interviews with 1 rest station
    • Student is presented scenarios to measure abilities such as communication skills, professionalism and ethical decision making skills
    • MMI scores provide additional information not found in application
  • Evaluate and score applicants according to prompt.
    • Examples of scenarios
Admissions Programs: Interview Evaluator

• WHY Multiple Mini Interview (MMI)?
  • MMI Research
    • Format minimizes potential compatibility issues and unconscious bias
    • Scores are not associated with socio-economic demographic characteristics
    • Students who are “coached” or know the questions ahead of time don’t perform better on the MMI
    • Applicants give high approval ratings for the format and consider it to be a fair method of assessing candidates
The ability of the multiple mini-interview to predict preclerkship performance in medical school.

Eva KW, Reiter HL, Rosenfeld J, Norman GR.

Abstract

PROBLEM STATEMENT AND BACKGROUND: One of the greatest challenges continuing to face medical educators is the development of an admissions protocol that provides valid information pertaining to the noncognitive qualities candidates possess. An innovative protocol, the Multiple Mini-Interview, has recently been shown to be feasible, acceptable, and reliable. This article presents a first assessment of the technique’s validity.

METHOD: Forty-five candidates to the Undergraduate MD program at McMaster University participated in an MMI in Spring 2002 and enrolled in the program the following autumn. Performance on this tool and on the traditional protocol was compared to performances on preclerkship evaluation exercises.

RESULTS: The MMI was the best predictor of objective structured clinical examination performance and grade point average was the most consistent predictor of performance on multiple-choice question examinations of medical knowledge.

CONCLUSIONS: While further validity testing is required, the MMI appears better able to predict preclerkship performance relative to traditional tools designed to assess the noncognitive qualities of applicants.
Assessment of non-cognitive traits through the admissions multiple mini-interview.

Lamay JF, Lockyer JM, Collin VT, Brownell AK.

Abstract

CONTEXT: Contemporary studies have shown that traditional medical school admissions interviews have strong face validity but provide evidence for only low reliability and validity. As a result, they do not provide a standardised, defensible and fair process for all applicants.

METHODS: In 2006, applicants to the University of Calgary Medical School were interviewed using the multiple mini-interview (MMI). This interview process consisted of 9, 8-minute stations where applicants were presented with scenarios they were then asked to discuss. This was followed by a single 8-minute station that allowed the applicant to discuss why he or she should be admitted to our medical school. Sociodemographic and station assessment data provided for each applicant were analysed to determine whether the MMI was a valid and reliable assessment of the non-cognitive attributes, distinguished between the non-cognitive attributes, and discriminated between those accepted and those placed on the waitlist (waiting list). We also assessed whether applicant sociodemographic characteristics were associated with acceptance or waitlist status.

RESULTS: Cronbach’s alpha for each station ranged from 0.97-0.98. Low correlations between stations and the factor analysis suggest each station assessed different attributes. There were significant differences in scores between those accepted and those on the waitlist. Sociodemographic differences were not associated with status on acceptance or waitlist status.

DISCUSSION: The MMI is able to assess different non-cognitive attributes and our study provides additional evidence for its reliability and validity. The MMI offers a fairer and more defensible assessment of applicants to medical school than the traditional interview.
Multiple mini-interviews predict clerkship and licensing examination performance.

Reiter HI, Eva KW, Rosenfeld J, Norman GR.

Abstract

OBJECTIVE: The Multiple Mini-Interview (MMI) has previously been shown to have a positive correlation with early medical school performance. Data have matured to allow comparison with clerkship evaluations and national licensing examinations.

METHODS: Of 117 applicants to the Michael G DeGroote School of Medicine at McMaster University who had scores on the MMI, traditional non-cognitive measures, and undergraduate grade point average (uGPA), 45 were admitted and followed through clerkship evaluations and Part I of the Medical Council of Canada Qualifying Examination (MCCQE). Clerkship evaluations consisted of clerkship summary ratings, a clerkship objective structured clinical examination (OSCE), and progress test score (a 180-item, multiple-choice test). The MCCQE includes subsections relevant to medical specialties and relevant to broader legal and ethical issues (Population Health and the Considerations of the Legal, Ethical and Organisational Aspects of Medicine[CLEO/PhELO]).

RESULTS: In-programme, MMI was the best predictor of OSCE performance, clerkship encounter cards, and clerkship performance ratings. On the MCCQE Part I, MMI significantly predicted CLEO/PhELO scores and clinical decision-making (CDM) scores. None of these assessments were predicted by other non-cognitive admissions measures or uGPA. Only uGPA predicted progress test scores and the MCQ-based specialty-specific subsections of the MCCQE Part I.

DISCUSSION: The MMI complements pre-admission cognitive measures to predict performance outcomes during clerkship and on the Canadian national licensing examination.
Experiences of the multiple mini-interview: a qualitative analysis.
Kumar K², Roberts C, Rothnie I, du Fresne C, Watson M.

Abstract

CONTEXT: Multiple mini-interviews (MMIs) are increasingly used in high-stakes medical school selection. Yet there is little published research about participants’ experiences and understandings of the process. We report the findings from an international qualitative study on candidate and interviewer experiences of the MMI for entry into a graduate-entry medical school.

METHODS: Qualitative data from six interviewer focus groups and 442 candidate and 75 interviewer surveys were analysed using framework analysis. Multiple researchers (n = 3) analysed a proportion of the data and developed a thematic framework capturing content-related (i.e. what was said) themes that emerged from the data. This thematic framework was then used to code the complete dataset.

RESULTS: Seven key themes were identified, including participants’ perspectives on having: (i) a one-to-one interview; (ii) multiple assessment opportunities; (iii) a standardised, scenario-based interview; (iv) a mini-interview, and on (v) the attributes currently measured by the MMI, and (vi) other attributes that should be assessed.

CONCLUSIONS: We gained a deeper understanding of participants’ experiences of a high-stakes, decision-making process for selection into a graduate-entry medical school. We discuss our findings in the light of the existing literature and make recommendations to address the issue of differing participant expectations and understandings of the MMI, and to improve the credibility and acceptability of the process.
The Multiple Mini-Interview (MMI) for student selection in health professions training - a systematic review.

Pau A¹, Jeewarathnam K, Chen YS, Fall AA, Knup C, Naderaiah VD.

Abstract
BACKGROUND: The Multiple Mini-Interview (MMI) has been used increasingly for selection of students to health professions programmes.

OBJECTIVES: This paper reports on the evidence base for the feasibility, acceptability, reliability and validity of the MMI.

DATA SOURCES: CINAHL and MEDLINE STUDY ELIGIBILITY CRITERIA: All studies testing the MMI on applicants to health professions training.

STUDY APPRAISAL AND SYNTHESIS METHODS: Each paper was appraised by two reviewers. Narrative summary findings on feasibility, acceptability, reliability and validity are presented.

RESULTS: Of the 84 citations identified, 30 were selected for review. The modal MMI consisted of 10 stations, each lasting eight minutes and assessed by one interviewer. The MMI was feasible, i.e. did not require more examiners, did not cost more, and interviews were completed over a short period of time. It was acceptable, i.e. fair, transparent, free from gender, cultural and socio-economic bias, and did not favour applicants with previous coaching. Its reliability was reported to be moderate to high, with Cronbach's alpha = 0.69-0.98 and G = 0.55-0.72. MMI scores did not correlate to traditional admission tools scores, were not associated with pre-entry academic qualifications, were the best predictor for OSCE performance and statistically predictive of subsequent performance at medical council examinations.

CONCLUSIONS: The MMI is reliable, acceptable and feasible. The evidence base for its validity against future medical council exams is growing with reports from longitudinal investigations. However, further research is needed for its acceptability in different cultural context and validity against future clinical behaviours.

PMID: 24556070 [PubMed - Indexed for MEDLINE]
A cost efficiency comparison between the multiple mini-interview and traditional admissions interviews.

Rosenfeld JM, Reiter HI, Trinh K, Eva KW.

Abstract

A major expense for most professional training programs, both financially and in terms of human resources, is the interview process used to make admissions decisions. Still, most programs view this as a necessary cost given that the personal interview provides an opportunity to recruit potential candidates, showing them what the program has to offer, and to try and gather more information about the candidates to ensure that those selected live up to the espoused values of the institution. We now have five years worth of experience with a Multiple Mini-Interview (MMI) process that, unlike traditional panel interviews, uses the OSCE model to have candidates interact with a larger number of interviewers. We have found that the MMI is more reliable and has better predictive power than our traditional panel interviews. Still, the extent to which any measurement is valuable depends also on the feasibility of use. In this paper we report on an exploration of the cost effectiveness of the MMI as compared to standard panel-based interviews by considering the generation of interview material, human resource (i.e., interviewer and support staff) use, infrastructure requirements, and other miscellaneous expenses. Our conclusion is that the MMI requires greater preparatory efforts and a larger number of rooms to carry out the interviews relative to panel-based interviews, but that these cost disadvantages are offset by the MMI requiring fewer person-hours of effort. The absolute costs will vary dependent on institution, but the framework presented in this paper will hopefully provide greater guidance regarding logistical requirements and anticipated budget.
Admissions Programs: Interview Evaluator

Friday schedule

**Friday from 9:35 am-11:50 am** in Third floor COM

9:35 am- 9:55 am Training refresher

10:10 am- 11:50 am Group 1 MMI (lunch provided afterwards)

**AND/OR Friday from 12:30 pm- 2:50 pm**

12:30 pm – 12:50 pm Training refresher (lunch provided)

1:10 pm – 2:50 pm Group 2 MMI
Admissions Programs: Interview Evaluator

Saturday schedule

Saturday from 7:20 am - 9:30 am in Third floor COM

- 7:20 am - 7:40 am Training refresher
- 7:50 am - 9:30 am Group 1 MMI (snacks provided)

AND/OR Saturday from 10:10 am - 11:50 am

- 10:10 am – 11:50 am Group 2 MMI (lunch provided afterwards)

16 Interview Dates from August 2015 – February 2016
Overview of Upcoming Trainings

Application Screener Training:

Podcast option

Interview Evaluator Trainings:

August 22 (Mock MMI)

&

August 26 at 5pm

Podcast Option
Next Steps: Make a Difference

• Support the College of Medicine-Tucson and future Class of 2020

1. **Select the program** of your interest. Gain more insight regarding responsibilities and incentives.

2. **Sign up for a training(s).** Admissions will be sending you an email with RSVP information.
Contact Us

Admissions Office

AHSC Room 2108

(520) 626-6214

Email: admissions@medadmin.arizona.edu

Website: medicine.arizona.edu/admissions
Faculty Forward – Research Committee

Dr. Monica Kraft, Co-chair
Dr. Carol Gregorio, Co-chair

Dr. Jil Tardiff (MED)
Dr. Todd Vanderah (PHCL)
Dr. Charles Hsu (RADONC)
Dr. Nick Delamere (PSIO)
Dr. Fayez Ghishan (PEDS)
Dr. Diego Martin (RAD)
Dr. Wayne Jacobsen (ANES)
Dr. Kurt Denninghoff (AEMRC)
Dr. Abraham Jacob (ORL)
Dr. Eugene Chang (ORL)

Dr. Jane Mohler (ACOA)
Dr. Karen Weihs (PSYCE)
Dr. Myra Muramoto (FCM)
Dr. Judith Gordon (FCM)
Dr. Betsy Dokken (MED)
Dr. Henk Granzier (CMM)
Dr. Felicia Goodrum (IMB)
Dr. Lalitha Madhavan (NEURO)
Dr. Sai Parthasarathy (MED)

Dr. Anne Cress (resource) (RES)
Dr. Francisco Moreno (resource) (MED)
Timeline

July 20\textsuperscript{th}  Report at Faculty Forward Head’s meeting (2x/month)
July 23\textsuperscript{rd}  First meeting with committee
August 3\textsuperscript{rd}  Report at Faculty Forward Head’s meeting
August 26\textsuperscript{th}  Second meeting with committee
Initial Agenda for First Committee Meeting

1. **Alignment of research strategic plans.** Identify gaps, strengths and weaknesses. Important for coordinated recruitment of faculty.
2. **Identify central vs. local resources. This includes the** identification of unique equipment that can be shared (in and out of Cores).
3. **Attract and retain faculty/training of investigators. This includes the** identification of mentors (e.g., to address issues such as how to transition from K to R awards).
4. **Identify research support. For example,** bridge funding.
5. **Improve mechanism of collaborations. For example,** identify investigators for large grant opportunities.
1. Alignment of research strategic plans. Identify gaps, strengths and weaknesses. Important for coordinated recruitment of faculty.

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4. **Identify research support. For example,** bridge funding.

5. **Improve mechanism of collaborations. For example,** identify investigators for large grant opportunities.

6. Create incentive program

7. Improve and better support graduate programs in COM
Fundamental Reinvestment in Infrastructure (e.g., space, resources, autoclaves!)
What is UA Vitae?

- Online system for annual faculty reviews that provides a single, convenient place for faculty to record their activities and achievements.
- Mandated by Provost, piloted in FY14 by faculty and staff in 5 colleges
- Rolled out in all other UA Colleges: Jan. 2015
- Go live College of Medicine: January 2016
Benefits of UA Vitae

• Replaces paper-based processes to help the university, departments track, evaluate faculty activities

• Facilitates accurate reporting for accreditation, program reviews; legislative reports; planning and budgeting, etc.

• Provides consistency by standardizing review formats

• Creates an integrated repository for information on all faculty activities

• Enables faculty to provide a more comprehensive picture of their scholarly, outreach & service activities
COM Implementation Progress

- Department of Physiology piloted this spring
- Faculty Advisory Committees:
  - Basic science group
  - Clinical service group
  - Clinical teaching group
- ArizonaMed data being corrected, updated
- COM UA Vitae Team (April Douet-Gordon and Winie Blumenkron) creating help text, finalizing COM format
Next Steps

• Sept: Advisory committees to review each other’s work
• Sept-Oct: UA Vitae team to present at department faculty meetings
• October: Training sessions for department “super users”
• Nov-Dec:
  • Training sessions for faculty
  • Faculty beta testing and feedback
• January, 2016: Go Live!
  • Faculty to enter data in appropriate fields
  • Review prepopulated sections (Sponsored Projects, AZMed, pubmed)
Questions?
Proposed Changes to COM Promotion and Tenure Guidelines
Proposed changes

1. Redefine “Clinical Instructor” title to pertain to Chief Residents or Fellows.

2. Articulate activities that may qualify for promotion under the “Scholarship of Engagement”

3. Create a new “Health Care Delivery Track” to provide faculty titles for physicians entering Banner University Medicine Division
Next steps

- Email proposed changes to faculty in early September
- Faculty town halls to discuss proposed changes, late Sept-October
- Discuss changes at COM General Faculty Meeting, November 18
- Online faculty vote, Nov-Dec.
- Changes to take effect January 1, 2016
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