College of Medicine General Faculty Meeting
Wednesday, August 14, 2013
Minutes

The meeting was called to order shortly after 4:30 p.m.

Welcome and Announcements

Dean Goldschmid opened the meeting and welcomed faculty and guests. He thanked the faculty for their attendance and interest, and stated that he and Dr. Wright welcomed their ideas regarding the format of the meeting and ways they might become more interactive.

Dean Goldschmid mentioned that earlier in the day at Medicine Administration’s quarterly staff meeting, the Deputy Deans gave updates on their activities over the past year. The achievements in the college, at UAHN and at the University of Arizona over the past year have been very impressive and will be recounted at a later faculty meeting.

Joe “Skip” Garcia, MD was selected as the new Senior Vice President for Health Sciences and will begin his duties in September. Dean Goldschmid mentioned he had several conversations with Dr. Garcia and believes he has some great ideas for improving the research infrastructure here in the college and our ability to obtain funding. Dr. Garcia has brought 8 people here for his lab as well as one administrator, Mike Jonen, who will be the Senior Associate Vice President for Health Sciences. The administrative offices are in Drachman Hall and the researchers will be in MRB. Kent Kwoh, MD is the new director of the Arthritis Center and Professor in the Department of Medicine. Dr. Kwoh began his duties in July, so things are moving in a positive direction with the Arthritis Center.

The COM and UAHN have done their strategic planning together and are now at the implementation stage. We all share the same values, the I-CARE values. We are also embarking on a professionalism venture because the LCME has noted that one of the areas in which we do not do well is in monitoring and ensuring that professionalism is where it needs to be, not just here within the institutions but across the system wherever our students and residents have clerkships or rotations.

Dean Goldschmid reported that he has completed 3 of 4 EPIC training sessions and urged others to complete their training.

UA Health Network Update – Michael Waldrum, MD, MS, MBA, President & CEO, UAHN

Dr. Waldrum expressed his thanks to all who helped in the extension of Medicare and AHCCCS. He also noted that the City of Tucson was supporting TACO, Tucson Care Organization, to cover the gap period until the Affordable Care Plan becomes effective. There are teams with leaders in place – research, culture, etc. – which are establishing goals and developing means to achieve them. He stated that delivery of care is an ongoing challenge to the organization, and that 25% of patients would not recommend UAMC. This figure needs to change in order to drive the payer group higher; the percent of patients recommending UAHN services needs to be much higher.
Dr. Waldrum reported that the deadline to roll out EPIC has been moved out to November. The new deadline more realistically acknowledges time needed for training and testing. The “go live” support has not yet been solidified, as they are working to ensure there are enough trained people to ensure the system functions well. The details are still in development.

A faculty member stated that the hospital does not seem to have the capacity to take care of patients effectively and efficiently, that it is not “geared up” as a system. Dr. Waldrum replied that we use clinics at 50% capacity and that the workforce has low morale. We need to take ownership of the problems and move forward. There are things people can do to manage the issues. He stated that the highest performing unit in the hospital is also the oldest and most crowded unit. Dean Goldschmid added that we are the problem and we have to be the solution.

Another faculty member asked how healthcare costs are being addressed and what role is played by preventive medicine. Dr. Waldrum responded that healthcare costs are all about the value of our services and noted that we need to very specifically identify areas of waste. He also stated we need to lead the community by modeling how to prevent heart disease.

LCME Update – Nancy Koff, PhD, Raquel Givens, MEd
Ms. Givens reminded the assembly that the date of the LCME site visit is January 12-15, 2014. The members of the LCME Survey Team have been identified and are listed at http://lcme2014.medicine.arizona.edu/lcme-survey-team-membership. Ms. Givens stated that the college has been involved in self-study since September 2012. All of the self-study committees have been bi-campus committees; even though Phoenix is working toward separate accreditation there are still students completing the Phoenix track under our single accreditation. An institutional Self-Study Summary Report which reflects the college’s vision, mission and strengths as well as deficiencies being finalized, and non-compliance areas are being addressed. A mock site visit will occur September 9-11 and the mock site visitors are listed at http://lcme2014.medicine.arizona.edu/mock-site-visitors. The LCME Leadership Team has been preparing for the mock survey visit, creating their itinerary and developing the database, which the mock survey team will use during their visit.

Admissions Update – Lori Alvord, MD, Associate Dean, Student Affairs & Admissions
Dr. Alvord reported that the Class of 2017 is on board and had a 3-day orientation which culminated in a “Serving Your Community Day”. During orientation they engaged in community-building activities such as a scavenger hunt and were also treated to a flash mob. Videos are available on the College of Medicine website: http://medicine.arizona.edu/. Students are currently in their first week of real school.

Dr. Alvord reported that they are moving toward a holistic admissions process which evaluates applicants on their commitment to Arizona, cultural competency, ethics and integrity, etc. They are working to better identify and quantify such characteristics. The number of applicants over the past few years has been increasing. There were 29__ applicants in 2011, 3140 in 2012, and 3959 in 2013. Although there is still room for improvement, there is much greater ethnic diversity than in past years.

Dr. Alvord was asked what percentage of student require scholarships. She responded that they are investigating this more closely than in the past, and considering other sources of income, such as parental assistance. We are trying to increase our focus on those with greater need and partnering with the community regarding loans and repayment programs.
Committees and Brief Reports

Committee reports are posted on the COM website at [http://medicine.arizona.edu/faculty-staff/offices/faculty-affairs/organizations/committees-meetings](http://medicine.arizona.edu/faculty-staff/offices/faculty-affairs/organizations/committees-meetings):

- Admissions Committee – Herman Gordon, PhD
- COM Appointments, Promotion & Tenure Committee – Mitch Sokoloff, MD/Paul Gordon, MD
- Dean’s Faculty Advisory Committee – Bobby Kalb, MD
- Southern Arizona VA Health Care System – Fabia Kwiecinski, MD, Chief of Staff
- Tucson Educational Policy Committee – Sydney Rice, MD

Presentations/Discussion

Changes to Bylaws – Committee of Ten – Art Sanders, MD

Dr. Sanders reported that the Committee of Ten is focusing on the academic standing of the College of Medicine and barriers to improving that standing. They are seeking a change to the Bylaws which will remove the requirement for student participation on the committee and increase the number of faculty committee members. The change would increase faculty participation in investigating faculty issues and, since committees are able to add ad hoc members, should the Committee of Ten be asked to investigate an issue involving students, student members would be added as needed. An electronic vote will be held on this issue in the near future.

Threat Reduction – Joel Dvoskin, PhD, ABPP (Forensic), Threat Assessment Group

Dr. Dvoskin, a faculty member in the Department of Psychiatry, is also a member of the Threat Assessment Group. The University of Arizona contracted with this group to train the UA community how to better assess and mitigate threats to the safety of its members and also to provide crisis intervention services if the need arises. He stated that universities are difficult clients for multiple reasons. Campuses are accessible to the public and a culture of acceptance and fairness is cultivated. Risk-taking behavior on the part of students is accepted and there are cultural inhibitions against reporting misbehavior. It is difficult to control the physical plant and problems are generally reported later rather than early in development. People tend to ignore inappropriate behavior, giving tacit approval to a situation. The most dangerous students, faculty and staff often will not appear distressed. Decisions regarding threatening situations can involve multiple administrators and are made slowly as consensus is sought. The people who come to training sessions are relatively few and already are aware of the issues. Those who really need the training resist it or are in denial.

We need to teach students, faculty and staff to practice tolerance without abandoning judgment and to report warning signs, especially those people who make other uncomfortable, and to identify troubling situations as early as possible and refer them for resolution. We also need to provide expert resources and train cross-functional teams to assess, investigate and respond to threats and then do what the team advises. We want to create a workplace where people feels safe, respected and fairly treated, but safety is more important than fairness.

The College of Medicine has a well-trained team that is available to provide consultation and assistance whenever a troubled student, faculty member, or staff member is identified. Any member of the team can assist you in bringing the case to the team’s attention.
Adjournment

The meeting was adjourned at approximately 5:30 p.m. and followed by a wine & appetizer reception in the lower level lobby of the Arizona Cancer Center.

*The remaining 2013 COM General Faculty Meeting will occur on November 13th in Kiewit Auditorium at 4:30 p.m. The 2014 meeting dates will be February 12, May 14, August 13 and November 19, 2014.*
UA College of Medicine
Faculty Meeting

August 14, 2013

Mike Waldrum, M.D., MSc., MBA.
President & CEO
The University of Arizona Health Network
Excellence: Path to Premier Academic Medicine 2013-2018

GOALS

Innovative Research
- Pursue discovery
- Expand translational research
- Align research focus with signature clinical services
- Promote Personalized Precision Medicine

Creative, Humanistic Education
- Attract, recruit, retain top tier medical and graduate students, faculty, fellows, residents and staff
- Promote Life-long learning
- Educate, mentor and develop

Plan Care

Patient Care

STRATEGIES

Strategic Growth and Expansion
- Develop affiliations and partnerships to expand opportunities
- Target growth in new markets
- Health Plan Expansion
- Grow strategic service lines

Community Health and Wellness
- Partner to address Community Needs
- Expand Telemedicine
- Develop Value-based models of care
- Population Health Management

GUIDING PRINCIPLES (FOUNDATIONAL)

Quality Outcomes
- Safety
- Cost Effective Care
- Standards of Excellence
- Coordination of Care
- Evidence Based Practice
- Bioinformatics (Informatics)
- Metrics

Financial Sustainability
- Operational Efficiency
- Access
- Productivity
- Funds Flow
- Endowments/Philanthropy
- Grants/Resources
- State of the Art Facilities

Unifying Culture
- Service/Patient Experience
- Faculty and Staff Experience
- Diversity and Inclusion
- Multi-dimensional communications
- Joint Planning
- Inter professional Practice

Plan Execution
ONE GOAL: LIKELY TO RECOMMEND 90%

Percent of Patients reporting Likely to Recommend UAHN to Friends & Family
HCAHPS Surveys Received by Month thru June 2013

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EPIC – WE NEED YOUR ENGAGEMENT NOW

Go Live - November 1, 2013
Admissions Committee Report to the General COM Faculty
submitted by Herman Gordon, Chair 2012-2014
7 August 2013

By LCME Standard (MS-4) as well as by the UACOM bylaws, the Admissions Committee is a majority faculty committee with 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 AAMC ideals as well as local mission.

Admissions Process

Because of the large number of applicants to the UACOM and the limited resources with which to devote to full reviews of applicant files, the admissions process consists of progressive decision making and funneling of the pool. The Admissions Office handles much of the initial process in order to present the Admissions Committee with the most promising candidates for full review.

During the selection process this past year, the Admissions Office received 4,199 initial applications via AMCAS. Of these, 3200 met the minimum standards of MCAT score of 22 and GPA of 3.0 and were invited to complete the secondary application with questions specific to the UACOM. 2775 completed the secondary application and were scored by screeners under the direction of the Admissions Office. Of these, 600 were offered interviews.

In total, 572 applicants were interviewed with the Multiple Mini Interview (MMI) system. This was the second year in which MMIs were used by the UACOM, and the questions and scenarios continue to evolve.

All applicants interviewed were evaluated by subcommittees of the Admissions Committee. There were 5 subcommittees consisting of 2 faculty members and 1 student each. Each applicant was evaluated by all 3 members of one subcommittee. Each member of the Admissions Committee thus conducted a primary review of 114 applicants.

For this past year, the Admissions Committee developed an attributes scoring system in which each applicant was evaluated on 11 desired attributes and given a score from 1 to 5. 1 represented an unacceptable candidate, 2 a poor candidate, 3 an acceptable candidate, 4 an excellent candidate, and 5 an outstanding candidate. The 11 desired attributes were:

- Academic Preparation
- Life Experiences
- Distance Travelled
- Service
- Cultural Competence
- Clinical Exposure
- Research
- Societal / Institutional Mission
- Character
- Professionalism
- Uniqueness
These attributes are consistent with AAMC guidelines. They make explicit the Committee practice and make possible assessment of Committee process and longitudinal success.

In addition to attributes scores, each applicant was given a gestalt score on the same 1 to 5 scale, and this score alone was used to rank applicants. There was not felt to be sufficient confidence in the new attributes scores to use them in any formula to rank applicants. Nonetheless, significant differences between gestalt scores and the attributes scores became the basis for discussions. After discussion in subcommittee, the scores for each applicant were averaged across the 3 reviews. Applicants with top gestalt scores were then advanced to consideration by the full committee. After full committee discussion, all members voted on each candidate on the same 1 to 5 scale.

245 candidates were considered and ranked by the full committee. 174 candidates were offered acceptance in anticipation of filling 113 places in the class of 2017. 30 more candidates were accepted off the waiting list, and the lowest gestalt score matriculated was a 2.91.

Outcomes

The class of 2017 has an average GPA of 3.6, and an average MCAT of 30. Their average age is 26, and 54% of them are female. 21% of the class is from out of state, and 12.2% are under represented minorities, including 5 African Americans. The Committee is unaware of the URM status of the candidates during its deliberations. The selection philosophy is that the Committee values individuals for who they are and not what they are. In valuing individuals, we have achieved diversity in our matriculating class. While the AAMC values diversity in the profession, diversity in its broadest sense also contributes to the effectiveness of peer to peer education.

The Admissions Office is instrumental in supporting the Admissions Committee throughout its process and in recruiting the applicants chosen by the Committee. The success of the enterprise is the result of close cooperation between the two entities.

Assessment of Committee Process

The transformation to a quantitative system provides accountability for the Committee process. It also makes possible quality control reviews of the Committee as it functions. In the future, this detailed data from Committee decision making will enable longitudinal assessment. In particular, the admissions process will benefit from an evidence based understanding of predictors of successful student performance.
APPOINTMENTS, PROMOTION AND TENURE CASES – ANNUAL STATISTICS
FOR FY 2012-2013
[Activities of the COM AP&T Committee and the Office of Faculty Affairs]

COM P&T COMMITTEE MEMBERS

- Nafees Ahmad, PhD*
- Qin Chen, PhD*
- Kurt Denninghoff, MD**
- Sean P. Elliott, MD
- Paul Gordon, MD
- Mark Haussler, PhD, Basic Medical Sciences
- Steve Klotz, MD*
- Linda S. Snyder, MD
- Mitchell H. Sokoloff, MD

*Members resigned mid-term; **new member appointed mid-term

APPOINTMENTS

- Total: 152
- Tenure Track: 10
- Non-Tenure Track: 142
  - Clinical Scholar Track: 61
  - Clinical Series: 71
  - Research Scholar Track: 5
  - Research Series: 3
  - Educator Scholar Track: 2
  - Educator Series: 0

PROMOTION & TENURE CASES

- Total: 36
- Tenure Track: 15
- Continuing Track: 0
- Non-Tenure Track: 21
- Academic Professionals: 0

REAPPOINTMENTS: 8

REQUESTS FOR EMERITUS STATUS: 3

SABBATICAL LEAVE REQUESTS: 4

MID-CYCLE REVIEWS: 4

CLOCK STOP REQUESTS: 3

TRACK CHANGE REQUESTS: 6 requests for appointment on new track, 2 requests to transfer off of tenure track for 2 years

POST-TENURE REVIEW:

One hundred thirty-seven tenured faculty were reviewed; the COM P&T Committee reviewed 31 post-tenure review packets.
## PROMOTION CASES, FY 2012-2013

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<tr>
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<th>Tenure Track</th>
<th>Non-Tenure Track</th>
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<tbody>
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<td>Applied for Promotion and/or Tenure</td>
<td>15</td>
<td>21</td>
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<tr>
<td>Department Approval</td>
<td>15</td>
<td>21</td>
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<tr>
<td>COM P&amp;T Committee Approval</td>
<td>15</td>
<td>20 (1 disapproved)</td>
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<tr>
<td>Dean’s Approval</td>
<td>15</td>
<td>19 (1 disapproved &amp; withdrawn by candidate, 1 case under consideration)</td>
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<tr>
<td>UA P&amp;T Committee Approval</td>
<td>14 (1 disapproved)</td>
<td>N/A</td>
</tr>
<tr>
<td>Provost’s Approval</td>
<td>14 (1 P&amp;T case was disapproved and is still under appeal)</td>
<td>18 (1 case under consideration)</td>
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## New Appointment Statistics by Department

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<thead>
<tr>
<th>Department</th>
<th>Appointments</th>
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<tbody>
<tr>
<td>Anesthesiology</td>
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<tr>
<td>Basic Medical Sciences (PHX)</td>
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<tr>
<td>Biochemistry &amp; Molecular Biophysics</td>
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<tr>
<td>Cellular &amp; Molecular Medicine</td>
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<tr>
<td>Emergency Medicine</td>
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<tr>
<td>Family &amp; Community Medicine</td>
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<tr>
<td>Immunobiology</td>
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<tr>
<td>Medicine</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>Obstetrics &amp; Gynecology</td>
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<tr>
<td>Ophthalmology</td>
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<tr>
<td>Orthopaedic Surgery</td>
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<td>Pathology</td>
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<td>Pediatrics</td>
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<td>Psychiatry</td>
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<td>Radiation Oncology</td>
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<td>Radiology</td>
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<tr>
<td>Surgery</td>
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<td><strong>Total</strong></td>
<td><strong>152</strong></td>
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# New Appointment Statistics By Title & Track

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<th>Tenure Track:</th>
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<th>Tenure Track = 7% of new appointments</th>
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<tr>
<td>Associate Professor</td>
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<td>Assistant Professor</td>
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<tr>
<td>Instructor</td>
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<th>Clinical Scholar Track:</th>
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<th>Clinical Scholar Track = 40% of new appointments</th>
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<td>Professor, Clinical</td>
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<tr>
<td>Associate Professor, Clinical</td>
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<tr>
<td>Assistant Professor, Clinical</td>
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<tr>
<td>Instructor, Clinical</td>
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<th>Research Scholar Track = .3% of new appointments</th>
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<td>Assistant Professor</td>
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<td>Instructor</td>
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<table>
<thead>
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<th>Educator Scholar Track:</th>
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<th>Educator Scholar Track = 1% of new appointments</th>
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<td>Assistant Professor</td>
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<tr>
<td>Instructor</td>
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<th>Clinical Series:</th>
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<th>Clinical Prefix Track = 47% of new appointments</th>
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<td>Clinical Instructor</td>
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<th>Research Track = 2% of new appointments</th>
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<td>Research Associate Professor</td>
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<td>Research Assistant Professor</td>
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<td>Research Instructor</td>
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<th>Lecturers = .0% of new appointments</th>
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<td>Lecturer</td>
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<td>Senior Lecturer</td>
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**Total**                   **152**  

The COM-Tucson AP&T Committee continues to review tenure track 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.
Dean’s Faculty Advisory Committee  
2012-2013 Annual Report

Members: Ed French, PhD; Patricia Lebensohn, MD (chair); Paul St. John, PhD; James Warneke, MD; Marlys Witte, MD; and Marc Tischler, PhD

The Dean’s Faculty Advisory Committee met several times in FY 2012-2013 to discuss and work on the following projects:

1. A new Chair and Vice Chair were elected.

2. The Committee continued discussions with the Dean regarding direct allocation of state funds for COM teaching faculty with significant teaching commitments, such as Block Directors and Societies Mentors.

3. Raised the issue of support for junior faculty engaged in research or teaching.

4. Discussed ways to get input from the faculty at large.

5. Discussed formation of department-level faculty advisory committees to discuss faculty issues and concerns and bring those issues to the chair,

6. Suggested faculty representative to advise the UAHN Board in implementation of the new compensation plan.
I was appointed Chief of Staff at the Southern Arizona VA Health Care System in April, 2013. I served as the Deputy Chief of Staff at the facility since 2009.

Programs and Issues of Interest

- The development and implementation of the SAVAHCS Institutional Review Board (IRB) was completed in the early fall of 2012. It was first critical to map out a strategy to transfer research from the affiliate, the University of Arizona, to SAVAHCS oversight. Standard Operating Procedures (SOP) and forms were developed. Two full-time IRB administrative staff members with prior IRB experience at the UA were hired by SAVAHCS to coordinate the transition. Their familiarity with the UA IRB structure, processes and SAVAHCS research allowed for the critical day-to-day activities of an IRB to continue seamlessly. A moratorium was placed on new research submissions to the SAVAHCS IRB. The moratorium allowed focus on the initial intake of active studies. IRB membership was formulated consisting of a mixture of previous SAVAHCS staff who served on the UA IRB and new SAVAHCS staff. A Chair and Vice Chair with experience in research and IRB work were appointed, ensuring that VHA regulations were being strictly followed. Following approval of the IRB Standard Operating Procedures and roster from appropriate oversight committees, the SAVAHCS IRB held its first meeting on September 5, 2012. Weekly meetings were conducted until all active studies were under SAVAHCS IRB oversight. Due to strong support from SAVAHCS administration, individual service/care lines, and dedication from IRB members, the intake process went smoothly. The final initial review meeting was held on October 23, 2012. The moratorium on new research was lifted and three new research studies were reviewed during the SAVAHCS IRB’s first regular monthly meeting held on November 13, 2012.

- The primary mission of the Mental Health Care Line (MHCL) is to provide quality mental health services to individuals who are experiencing identifiable mental health problems. These services are designed to help the individual attain and maintain maximum levels of biological, psychological, social, and spiritual functioning. Eric Shinseki, U.S. Secretary of the Veterans Administration set a goal to end homelessness in the Veteran population. At the direction of the Office of Mental Health in Washington D.C., each VA has a major responsibility to eradicate homelessness. The Homeless Program provides outreach and rehabilitation to homeless Veterans and temporary or permanent housing for homeless Veterans. The Homeless Program provides case management services that are used to aid homeless Veterans in acquiring emergency, temporary or permanent housing. The Homeless Program also offers services to incarcerated Veterans through the Veterans Justice Outreach (VJO) Program. The VJO Program provides mental health assessments to Veterans charged with non-violent crimes. The mission is to deter unnecessary criminalization of mental illness and extended incarcerations.
SAVAHCS partnered with the University of Arizona in developing the Supportive Education for Returning Veterans (SERV) program. This program was designed to retain Veterans in educational institutions and improve their graduation rates. To date, 90% of Veterans who participated in the SERV program have graduated from college.

- SAVAHCS was recognized as a high performing organization with the receipt of three major awards in the past two years. These awards included the VA Secretary's 2012 Robert W. Carey Performance Excellence Award Trophy, the 2012 Arizona Quality Alliance Pioneer Award, and the VA Secretary's 2011 Robert W. Carey Performance Excellence Award. The Robert W. Carey Performance Excellence Program was established to support and facilitate the adoption of exemplary approaches to systems management that achieve outstanding results for America's Veterans and their beneficiaries and to recognize high performing VA organizations.

- SAVAHCS received the 2012 Arizona Quality Alliance Pioneer Award. The award criteria are based on the national Baldrige Performance Excellence Program criteria. These criteria are nationally recognized as a framework and standard for organizational excellence. The assessment process is considered to be one of the best methodologies available to develop a higher level of organizational performance.

- Expansion of the Academic Hospitalist Program. Total number of hospitalists increase to 11 providers. Hospitalists serve as attending for the new Clinical Decision Unit that provides for 24 hours Observation admissions as well as the acute medicine wards. This program assumes the major responsibility for the inpatient educational experience for our internal medicine residents and students.

- The past year has seen the promotion and expansion of Telehealth including Medicine, Mental Health, Preventive Health, Nutritional and disease targeted services. This includes Home Telehealth, Clinical Video Telehealth, and Store-it-Forward modalities.

- Implementation of Patient Aligned Health Care Teams (PACT) model. The PACT model is built on the well-known and internationally accepted concept of patient centered medical home. Patients are assigned to a primary care provider and team of support staff to manage each panel of patients (~1200). This core group of staff managing a singular panel of patients is known as a “teamlet.” The recommended teamlet staffing model is 1 primary care provider (physician, nurse practitioner, physician assistant), 1 registered nurse care manager, 1 licensed practical nurse or health technician and 1 clerk. In addition, Clinical Pharmacy Specialists, social workers, dietitians, and mental health professionals are part of the expanded team who assist multiple teamlets manage patient care needs.

- We are in the process of expanding the of PACT model to medical subspecialties and surgery.

- Implementation of the Transgender Management program. SAVACHS received special recognition as 2013 Health Equity Index Equality Leader, a designation awarded to hospitals and clinics that meet foundational criteria for equitable Lesbian, Gay, Bisexual, Transgender care.
• Established electronic consults (e-consults) to expedite communication between health care providers and specialists to provide more efficient, timely care to patients.

• Established SCAN Echo program which provides education and information from specialists to primary care providers regarding various disease assessment and treatment. This information can assist the primary care provider to avoid a consult with a specialist and address the specialty concern themselves.

• Established MyHealthy Vet which allows Veterans to access their own records, contact their own providers, and order medications. Ensured most providers including primary care, mental health, medicine and surgical subspecialties have secure messaging and use it to communicate with patients.

• Established SIMULATION lab which is used to train health care providers, including residents and fellows on many complex procedures. The SIM Lab houses 1 million dollars worth of training and audio visual equipment and mannequins. It has expanded to non-clinical areas with skills such a phone etiquette, customer service and personal growth and development courses. Our program has received national recognition as being one of the premier Sim Labs within the VA.

• We are actively working with our Deans for Medical Education at the University to ensure we are right sizing our resident/fellow allocations and providing appropriate and exceptional educational experiences for our trainees.
Activities of the Education Policy Committee (EPC) and the Tucson EPC (TEPC) during the period July 15, 2012 – June 30, 2013 are described below, arranged in general categories. Decisions made at the end of AY 2011-12 are also reported, because those were made after the release of last year’s annual report. This report includes information about both the whole EPC (both Tucson and Phoenix) and the TEPC, because TEPC members are members of the whole EPC and participate in its meetings and activities.

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

### Membership

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

<table>
<thead>
<tr>
<th>Member name</th>
<th>Department</th>
<th>Track</th>
<th>End of Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudia Adler</td>
<td>Student – Class of 2014</td>
<td>Phoenix</td>
<td>2014</td>
</tr>
<tr>
<td>Travis Austin**</td>
<td>Student – Class of 2013</td>
<td>Phoenix</td>
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<tr>
<td>Shruti Bala</td>
<td>Medical Student, Class of 2015</td>
<td>Phoenix</td>
<td>2015</td>
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<tr>
<td>Paul Boehmer, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2014</td>
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<tr>
<td>Doug Campos-Outcalt, MD</td>
<td>Family &amp; Community Medicine</td>
<td>Phoenix</td>
<td>2016</td>
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<tr>
<td>Diana Darnell, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Tucson</td>
<td>2015</td>
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<tr>
<td>Elizabeth Dupuy</td>
<td>Student – Class of 2014</td>
<td>Tucson</td>
<td>2014</td>
</tr>
<tr>
<td>Mark Fischione, MD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2016</td>
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<tr>
<td>Rebecca Fisher, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2016</td>
</tr>
<tr>
<td>Herman Gordon, PhD**</td>
<td>Cellular &amp; Molecular Medicine</td>
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<tr>
<td>Kristi Grall, MD</td>
<td>Emergency Medicine</td>
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<tr>
<td>William Grana, MD</td>
<td>Orthopedic Surgery</td>
<td>Tucson</td>
<td>2015</td>
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<tr>
<td>Kurt Gustin, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
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<tr>
<td>Andrew Hennigan</td>
<td>Class of 2015</td>
<td>Phoenix</td>
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<tr>
<td>Aaron Ho**</td>
<td>Class of 2013</td>
<td>Phoenix</td>
<td>2013</td>
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<tr>
<td>Wendi Kulin, MD*</td>
<td>Neurology</td>
<td>Tucson</td>
<td>2017</td>
</tr>
<tr>
<td>Patricia Lebensohn, MD</td>
<td>Integrative Medicine</td>
<td>Tucson</td>
<td>2016</td>
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<tr>
<td>Adam Luber**</td>
<td>Student – Class of 2013</td>
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<tr>
<td>Michele Lundy, MD**</td>
<td>Family &amp; Community Medicine</td>
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<tr>
<td>Maria Manriquez, MD</td>
<td>Obstetrics &amp; Gynecology</td>
<td>Phoenix</td>
<td>2016</td>
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<tr>
<td>Bill Marshal, MD*</td>
<td>Pediatrics</td>
<td>Tucson</td>
<td>2017</td>
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<tr>
<td>Brandon Minzer</td>
<td>Class of 2014</td>
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<tr>
<td>Marci Moffitt, MD</td>
<td>Academic Affairs</td>
<td>Phoenix</td>
<td>2016</td>
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<tr>
<td>Aditya Paliwal</td>
<td>Medical Student, Class of 2015</td>
<td>Tucson</td>
<td>2015</td>
</tr>
<tr>
<td>Ted Price, PhD**</td>
<td>Pharmacology</td>
<td>Tucson</td>
<td>2013</td>
</tr>
<tr>
<td>Cindy Rankin, PhD</td>
<td>Physiology</td>
<td>Tucson</td>
<td>2014</td>
</tr>
<tr>
<td>Sydney Rice, MD**</td>
<td>Pediatrics</td>
<td>Tucson</td>
<td>2013</td>
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Curriculum Governance – Program-Wide

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

Review & Reaffirmation of Institutional Objectives – June 20, 2012
As an annual requirement established in the Policies and Procedures of the EPC, the Program Objectives and Educational Competencies for the ArizonaMed curriculum were reviewed and reaffirmed. The Program Objectives are posted on the EPC website and, as required, are appended to this report.

Review of Complimentary Policies: Phoenix and Tucson Programs – June 20, 2012
The EPC established a task group of its members to review all program policies that have been established specifically for the Phoenix and Tucson programs by their respective EPCs. The intention of this review was to determine if any such policies were closely aligned and would be more advantageously adopted as program-wide policies. For the purposes of the LCME accreditation review, greater correspondence between program policies and processes should reduce the possibility of unnecessary, and potentially undesirable differences between the programs. The results of the review were applied to policy changes as those were brought before the committee throughout the year.
Instruction and Performance Assessment

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

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

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

Revision of Grading and Progression Policy: USMLE Step 1 Failures—October 17, 2012
Changes to the USMLE Step 1 Attempts Policy allow students who fail the USMLE for the first time to petition the Student Progress Committee to be allowed to continue their clerkship progress while awaiting the score of their second attempt. Where students fail a second time, they would immediately stop all progress until their third attempt is successful.

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

Policy on “Core” Sub-Internship Rotations—April 17, 2013
Students are required to take at least one 4-week sub-internship during their fourth year in a core discipline to meet graduation requirements. A sub-I serves as an experience which helps prepare students for residency by allowing them to function like a traditional intern or PGY-1 with increased responsibility compared to third year clerkship rotations. The Sub-Internship policy defines the type of experience that qualifies to meet this required experience.

Amendment to the Grading Policy—June 19, 2013
An amendment to the grading policy for clerkships, that students who successfully retake final examinations will be eligible only for a grade of “pass” for that clerkship.

Medical Student Duty Hours Policy—June 19, 2013
Duty hour policy was created for medical students that follows ACGME stipulations for a PGY 2 residents and reflects its most recent duty hour time limits.
Curriculum Oversight and Program Evaluation – Program-Wide

Curriculum oversight of the program, in concert with the ongoing LCME accreditation review self-study, has led to a very active year for the EPC. A number of oversight policies and procedures were approved to fully satisfy accreditation requirements.

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

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

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

Tucson Rural / Underserved Required Experience—June 19, 2013
The University Of Arizona College Of Medicine supports the development of physicians who will care for the rural and underserved communities throughout Arizona. This Rural/Underserved Requirement ensures medical students participate in an educational experience that serves a disadvantaged and/or resource-poor population.

Policy for Faculty Instructional Development and Remediation for all Faculty—June 17, 2013
The UA COM takes an active approach to developing and improving teaching and assessment skills of its faculty. This Policy for Faculty Instructional Development sets expectations and requirements for training faculty who teach medical students in the instructional methods they will use.

EPC Plan for the Assessment of Medical Student Performance—April 17, 2013
Assessment of student performance is structured as an integrated system coordinated between campuses, across courses and across years. The performance assessment plan ensures the educational program objectives serve as the basis for performance assessment, and that assessment methods are coherent with respect to them.

Evaluation of the Transition to Clerkships and Intersessions Courses—June 19, 2013
As part of establishing a regular evaluation process for all instructional courses, a plan for evaluating the Transition to Clerkship and Intersession courses was approved. While the objectives are the same in both courses in Tucson and Phoenix, the curriculum is designed and delivered independently by campus because of curricular differences between the two tracks in Years 1 and 2. Thus the evaluation of these courses requires a different approach and criteria than for other courses and clerkships.

Educational Policy Committee Policy on Program Evaluation—June 19, 2013
Because the educational program is delivered at two campuses, and because the Years 1 and 2 programs are individually the responsibility of each campus, the means, methods and responsibilities for program evaluation required clarification. The policy on program evaluation establishes how each segment of the curriculum is to be evaluated and identifies the entities responsible for that evaluation.
Other Activities of the EPC

Years 3 and 4 Curriculum Retreat
On September 7, 2012 the EPC met with all clerkship directors and other administrators of the Years 3 an 4 curriculum in Casa Grande. The meeting was held to ensure all clerkship directors were informed of the oversight requirements and policies that need to be in place at both campuses. A great deal was accomplished at the meeting, with information being generated for the LCME accreditation review as well as reviewing the progress all clerkships were making toward meeting the program requirements.
Plan for Evaluation and Review of Years 1 and 2 – September 19, 2012
A revision to the evaluation plan for Years 1 and 2 (Tucson) was made that clarified the components to be reviewed, the procedures for conducting them and for reporting their outcomes. These revisions were made to simplify the plan and to ensure all aspects of program evaluation required by the LCME were being met.

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

Updates on TEPC subcommittee descriptions and membership – September 19, 2012
The TEPC continues to review and update committee roles, membership and processes to ensure they reflect the policies recently passed or amended. In advance of the accreditation review, a review of committee roles and responsibilities was conducted and changes made as required.
- Tucson Educational Policy Committee
- Electives Subcommittee
- Tucson Evaluation Subcommittee
- Tucson Curriculum Management Subcommittee

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

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

Principles for the Design and Delivery of the Years 1 and 2 Medical Education Program—June 5, 2013
As the Tucson Years 1 and 2 curriculum is unique to the Tucson program, principles for the design of that educational component were established. The principles serve as guidelines for the development of academic calendars, course design, performance assessment and program evaluation.
Curriculum Maintenance and Evaluation – Tucson Track

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

Block Reviews – Various Meetings
TEPC continues its oversight responsibility with ongoing reviews of instructional blocks. Blocks are
reviewed once every other year, and assessments are made of the content covered, the expectations for
student performance, instructional quality and examination quality and outcomes. Block reviews are
completed for the preceding year’s iteration. This year the 2011-12 Foundations, Musculoskeletal, and
the Digestion, Metabolism and Hormones blocks were reviewed.

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

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

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

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

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

A new elective on Emergency Ultrasound was approved. The elective provides students with an
understanding of the role radiology brings to the diagnosis of diseases of the musculoskeletal system.
EDUCATIONAL PROGRAM OBJECTIVES
for the Program Leading to the MD Degree

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

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

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

Measureable Objectives for the Patient Care competency
Graduates will be able to:

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

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

Measureable Objectives for the Medical Knowledge competency
Graduates will demonstrate their knowledge in these specific domains:

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

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

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

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

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

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

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

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

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

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

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

Measureable objectives for the Systems-Based Practice and Population Health competency:
Graduates will evince:
• An understanding of how patient care and professional practices affect health care professionals,
the health care organization, and the larger society and how these elements of the system affect their own practice

• Knowledge about how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

• The ability to practice cost-effective health care and resource allocation that does not compromise quality of care

• An advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities

• The capacity to partner with health care managers and health care providers assess, coordinate and improve health care and know how these activities can affect system performance

• An understanding of the physician’s role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery

• The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services

• How to appropriately mobilize community-based resources and services while planning and providing patient care

* “Diversity” is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin and life experiences.
Changes to Bylaws – Membership of the Committee of Ten

Presented below are suggested changes to the membership of the Committee of Ten.

The present Bylaws read as follows:

Committee of Ten. The Faculty of each campus may, but are not required to, elect a Committee of Ten, which will consist of six (6) members of its Faculty and four (4) students. This Committee may initiate and study any issue or matter of interest to the College, and may consider any academic or administrative matter brought to its attention by a Dean, any other Committee of the Faculty, or any member of the Faculty. It will make recommendations to the person or group that consulted it and may also at its discretion make recommendations to a Dean, other Committees and to the Faculty.

If changed, the Bylaws would read:

Committee of Ten. The Faculty of each campus may, but are not required to, elect a Committee of Ten, which will consist of ten (10) members elected by its Faculty. This Committee may initiate and study any issue or matter of interest to the College, and may consider any academic or administrative matter brought to its attention by a Dean, any other Committee of the Faculty, or any member of the Faculty. It will make recommendations to the person or group that consulted it and may also at its discretion make recommendations to a Dean, other Committees and to the Faculty.

Justification for changes: The Committee of Ten, as noted above considers matters brought to the committee by the Dean, faculty of other faculty committees. The vast majority of issues discussed were basic faculty issues such as tenure and research productivity. The Committee of Ten will function best by having a broad representation of clinical and basic science Departments in the College of Medicine. The present Bylaws has 40% of the Committee as students. Our experience the past year is that students, due to their erratic schedule, attended meetings very sporadically and did not have significant input in the deliberations. In the discussion of these proposed changes, 2 student members wrote that they support the changes (the other 2 did not respond for comments). Steven Henglefelt wrote “Know that I am in full support of what the faculty members believe is best for the committee as I agree the issues brought to this council are often beyond the scope of students' insight into the College of Medicine.” Therefore we request the change in membership for the Committee of Ten to reflect the work needed to be done by the Bylaws.
ASSESSING AND REDUCING THE RISK OF INTERPERSONAL VIOLENCE AND SUICIDE ON CAMPUS
Who are we? The Threat Assessment Group

- Your partners in creating a safe campus
- Founded by Dr. Park Dietz, who created the field of workplace violence prevention
- 30 years of experience in solving problems in American workplaces
- Training, consultation, and crisis intervention services to many Fortune 100 corporations and government agencies
Why Universities Are Difficult

Clients

- We invite people onto our campus with no knowledge of histories of violence
- People always report too late
- Inadequate interest in training
- Entrust life-or-death decisions to untrained faculty and supervisors
- Mandatory mental health evaluations, with clues as to identity of complainant
Why Universities Are Difficult Clients

- Tacit approval of misbehavior by failure to act
- Fairness always trumps safety
- Failure to create, identify, and rely on real experts in threat assessment
- “Trust me,” said the art history professor, “I’m a Doctor!”
- Complacency and denial
  - Even after U of A Nursing School
  - Even after Virginia Tech
Characteristics of the University and Its Students

- Youthful – prime ages for violent crime are 18-25
- Likely victims of harassment and stalking are younger women
- Residential facilities on campus
- Vulnerable - Anyone can access campus at any time
- Decisions are made slowly, if at all
Characteristics of University and Its Students

- Nobody has a boss
- Consensus decisions take more time
- Faculty autonomy prevents efficient response
- Amateur hour
- Democracy Gone Wild!!
- Widespread acceptance of heavy (often binge) drinking and recreational drug use
Characteristics of University and Its Students

- Risk-taking behaviors
- Cultural inhibitions against reporting misbehavior
- Acceptance of diversity, at its extremes, can preclude judging others as abnormal or deviant...
  - ...Thus forcing over-reliance on self-report, which requires subjective distress
- Too much privacy can be a dangerous thing
Characteristics of University and Its Students

- Your most dangerous students, faculty, and staff may not experience distress (e.g., psychopathy, extreme pathological narcissism)
- Violence and suicide risk assessment are very specialized skills
- No offense, but being a doctor doesn’t make you good at everything—don’t be afraid to ask for help
- *Primum non nocere*
What’s a University to Do?

- Teach students, faculty, and staff to report all warning signs, especially people who make others uncomfortable
- Train cross-functional teams to assess, investigate, and respond to threats
- Do what the team advises!
- Provide expert resources
- Teach tolerance without abandoning interpersonal judgment
Basic Elements of the TAG/U of A Campus Violence Prevention Program

- Train a cross-functional team
- Support from administration
- Identify troubled people as early as possible and refer them for help
- Identify troubling situations as early as possible and refer them for resolution
- Teach faculty and supervisors to know their limits
- Create a campus where people feel safe, respected, and fairly treated
Commandments of Violence Prevention

- Early is good, and late is bad
- Create a workplace where people feel safe, respected, and fairly treated, but...
- ...Safety is more important than fairness
- In order to get people to report troubled people and troubling situations, the presumptive response must be beneficent