College of Medicine – Tucson General Faculty Meeting
Thursday, November 16, 2017, Kiewit Auditorium 4:30 pm

Meeting Minutes

Call to Order, Welcome and Announcements – Charles B. Cairns, MD, Dean, College of Medicine

Bylaws Update – Anne Cress, PhD, Deputy Dean for Research
Phoenix references have been removed; majority of committees have reported in; E-voting will take place

New faculty welcome
New faculty were introduced by department

Celebration of Faculty Promotions
Newly promoted faculty were introduced by department

Presentations
Committee of Ten – Heddwen L. Brooks, PhD, Chair
Continuing Medical Education Committee – Valerie Ebert, DO, Chair
Graduate Medical Education Committee, South Campus – Victoria Murrain, DO, Assistant Dean, Graduate Medical Education
MD/PhD Committee – Rajesh Khanna, PhD, Chair
Dean’s Research Council - Sairam Parthasarathy, MD, Chair (no report available)

Adjournment
AGENDA

Call to Order

1. Welcome and Announcements –
   Charles B. Cairns, MD, Dean, College of Medicine

2. Bylaws Update – Anne Cress, PhD, Deputy Dean for Research
   (Phoenix references have been removed and the term of the Educational Policy Committee
   has been reduced from 5 to 3 years to be consistent with other committees; majority of
   committees have reported in; E-voting will take place)

3. New faculty welcome
   Introductions by Department
   Photos and department information attached

4. Celebration of Faculty Promotions
   Introductions by Department
   Photos and department information attached

5. Adjournment

Wine & appetizer reception – on the lower level of the AZCC near the coffee shop

The dates for the 2018 COM General Faculty Meetings are: Thursday, February 15;
Thursday, May 3; Wednesday, August 8 and Wednesday, November 7.
All meetings will be held in Kiewit Auditorium at 4:30 p.m.

Note:
Committee reports are posted on the COM website at:
http://medicine.arizona.edu/event/2017/com-t-general-faculty-meeting-111617
- Committee of Ten – Heddwen L. Brooks, PhD, Chair
- Continuing Medical Education Committee – Valerie Ebert, DO, Chair
- Graduate Medical Education Committee, South Campus – Victoria Murrain, DO,
  Assistant Dean, Graduate Medical Education
- MD/PhD Committee – Rajesh Khanna, PhD, Chair
- Dean’s Research Council – Sairam Parthasarathy, MD, Chair
THE BYLAWS OF THE FACULTY OF THE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE-TUCSON CAMPUS

I. PURPOSE AND INTENT OF BYLAWS

The purpose of these Bylaws is to provide the basic organizational structure by which the Faculty of The University of Arizona College of Medicine-Tucson (COM -- TUCSON) will function within the scope of its authority and responsibility. These Bylaws provide procedures by which the Faculty of the COM -- TUCSON will function as a professional organization, exercising its authority and responsibilities subject to the constitution and statutes of the State of Arizona, and the policies and regulations of the Arizona Board of Regents and the University. Within the COM -- TUCSON, the purpose of these Bylaws is to ensure close and harmonious working relationships among the Faculty, the student body, and the Administration toward the accomplishment of common goals. These bylaws will become effective when approved by a vote of a majority of the Voting Faculty, as defined below in paragraph IV.A.

II. OBJECTIVES

A. To provide a forum in which matters of concern to the Faculty may be discussed and opinions or positions will be formulated, and consensus may be reached and formally expressed.

B. To provide mechanisms by which the opinions and desires of the students of the COM -- TUCSON are solicited and considered in the formulation of policies or procedures that affect them.

C. To provide mechanisms by which the Faculty may function in an advisory capacity to the Administration of the College in matters of mutual concern or interest, including such areas as: determining the overall mission and needs of the College; allocation of resources; Faculty appointments, promotions, and tenure; creation of new departments, programs and centers; student admission and educational policies; and formulating and implementing the general policies and procedures of the College, including those related to education, student progress, and research.

III. ADMINISTRATION

The Senior Vice President for Health Affairs is the Chief Academic and Administrative Officer of the College and is responsible for the implementation of its policies, and compliance with accreditation requirements, along with the Dean, Vice Deans, and Deputy Deans. The Chief Academic and Administrative Officer may delegate responsibilities to the Dean, who may appoint Vice, Deputy, Associate and Assistant Deans to assist in discharging these duties within the College.
IV. FACULTY

A. Membership

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

B. Responsibilities

The Faculty will be responsible for the governance of the College, subject to the constitution and statutes of the State of Arizona and the regulations and policies of the Arizona Board of Regents and the University. The Faculty will, at its discretion or upon the request of the College Administration, the University Administration, or the Arizona Board of Regents, consider questions regarding any of the objectives in Article II of these Bylaws, and any other matters concerning the welfare of the College. The Faculty, through its designated Committees, will:

1. Formulate recommendations regarding curricula and awarding of degrees.

2. Formulate policies concerning academic and non-academic conduct of students, including criteria for promotion, procedures for grading, awarding student honors, handling student progress, appeals of decisions related to student progress, and violations of College and University policies.

3. Act upon other matters of routine or emergency Faculty business, in accordance with College policy.

C. Meetings

1. Notice of Meetings. The presiding officers of the College of Medicine-Tucson will be the Dean or his/her designee, who will provide notice of all meetings to Voting Faculty at his/her campus at least two weeks in advance of a regular meeting, and no less than 48 hours prior to a special meeting, except in extraordinary circumstances. The presiding officers will conduct all such meetings. Notice may be given by regular mail sent to the address of record for such Voting Faculty, by e-mail to the official University of Arizona e-mail address of each Voting Faculty member, or by a combination of such means. Notice either by regular mail or by e-mail will be deemed delivered when sent. The notice will include the agenda.

2. Voting. When voting is required on a matter brought to the Voting Faculty, it will take place following a regular or special Faculty meeting addressing the issue on which voting is required. The Faculty meeting will serve as the principal forum for discussion of any issues on which voting is required. Voting will be conducted by secure electronic means, such as e-mail or web-based voting. When a presiding officer gives notice of a meeting, s/he will include notice of the date(s) and manner in which such voting will occur, as provided in paragraph IV.C.3. Voting will remain open for at least two weeks, except under extraordinary circumstances. A simple majority of all votes cast will constitute an affirmative vote when the total number of votes cast represents a quorum as required by paragraph IV.C.3.

3. Quorum. Five percent (5%) of the Voting Faculty of the COM -- TUCSON will constitute a quorum for the purpose of voting. A quorum is not required to conduct business at a Faculty meeting.

4. Regular Meetings. The Voting Faculty of the COM -- Tucson campus will be requested to meet not less than twice each year, including a regular spring meeting, at a time and venue announced by the presiding officer. The College will maintain a record of the discussions at such meetings for Faculty to review.

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5. **Special Meetings.** A special meeting may be called either by a Dean, or upon request in writing by at least ten (10) members of the Voting Faculty at the COM -- Tucson campus. The meeting notice must include the reason for calling a special meeting. No business will be transacted except as stated in the notice calling the meeting. The College will maintain a record of the discussions at such meetings for Faculty to review.

V. **ESTABLISHMENT OF COLLEGE OF MEDICINE COMMITTEES**

A. **Policies.**

Unless otherwise stated in these Bylaws, all COM -- TUCSON Committees will adhere to a single set of policies to ensure that all Faculty and students of the College will be bound by the same obligations and enjoy the same rights.

B. **Membership.**

All members of the Voting Faculty are eligible for election to a Committee. At least one-quarter of the members of each Permanent Committee will be from basic science departments and at least one-quarter will be from clinical departments unless otherwise noted.

C. **Student Representation on Committees.**

There will be student membership on the Educational Policy, Student Progress and Admissions Committees. Student members will be chosen according to procedures established by the student governments of each campus.

D. **Nomination and Election of Members.**

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

E. **Election of Members to Permanent Committees.**

Members of Permanent Committees of the Faculty will be elected following the regular spring meeting of the College of Medicine-Tucson Voting Faculty.

Committees will be governed by established procedures of the College of Medicine-Tucson, to ensure consistent application of its policies to students and Faculty. Both the Student Affairs Committee and the Educational Policy Committee will meet at least twice annually to review and revise their policies and procedures, if necessary, and to review the actions of the campus-specific committees they advise to ensure that each campus-specific committee is acting in a manner that is consistent with overall College of Medicine, University, and Arizona Board of Regents policies.

F. **Vacancies.**

When needed, the Nominating Committee will appoint a member of the Faculty to fill a vacancy on a Permanent Committee on an interim basis until the Spring meeting of the COM -- TUCSON Faculty. The vacancy will then be filled by nomination at this meeting of the Faculty, followed by an election. Committee members elected in this manner will serve for the duration of the unexpired term. The Nominating Committee will fill temporary vacancies on Permanent Committees due to a leave of absence or sabbatical leave, for the duration of such leave.

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G. Terms of Office and Removal

Terms of office will begin on July 1 following the election. The terms of office of Permanent Committee members will be three years, except where otherwise noted. Committees may include additional members, who will serve in an advisory, rather than a voting, capacity, as described in the Committee’s operational rules, if the Committee determines that it requires additional input from a specific group or segment of the Faculty. A Committee may create one or more subcommittees; such subcommittees should be described in the Committee’s operational rules. Committee members may serve a maximum of two (2) consecutive terms, as specified in the terms of office for that committee. Members may run for election to the same committee on which their maximum term has expired, but only after a break in service for a period of time equal to one term for such committee, unless the Dean determines that good cause exists to waive the term limit. In order to ensure that committees maintain sufficient numbers to conduct committee business, members who consistently fail to attend committee meetings or participate in committee business may be removed by a majority vote of the committee.

VI. PERMANENT COMMITTEES.

Members of COM -- TUCSON Permanent Committees will elect their own officers at their first meeting after July 1, which one of the continuing Committee members will call. Permanent Committees will meet as often as required to conduct Committee business. Committees will keep minutes of their meetings.

Permanent Committees of the Faculty will consist of the following:

A. Admissions Committee. The Faculty will elect its own members to the Admissions Committee. The Admissions Committee will consist of eleven (11) Faculty members and five (5) students. The Admissions Committees will be responsible to consider applicants and select students to the M.D. program for the college. The Admissions Committee’s decisions regarding such selections will be final and not subject to administrative or other review.

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

C. Committee of Ten. The COM -- TUCSON Faculty may, but is not required to, elect a Committee of Ten, which will consist of ten (10) members of 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, or refer such matter to an appropriate University committee or office that is charged with addressing such issues directly. It may make recommendations to the person or group that consulted it and may also at its discretion make recommendations to the Dean, other Committees and to the Faculty.

D. Continuing Medical Education Committee. The COM -- TUCSON Faculty may, but is not required to, elect a Continuing Medical Education Committee, which will consist of ten (10) clinical Faculty members. The Continuing Medical Education Committee will set policy for continuing medical education, provide oversight of continuing medical education activities and assure that the approved policies and activities meet accreditation standards for continuing medical education.
E. **Dean's Faculty Advisory Committee.** The COM -- TUCSON Faculty may, but is not required to, elect a Dean's Faculty Advisory Committee, which will consist of six (6) members of its Faculty. A Dean's Faculty Advisory Committee will advise the Dean on matters related to the mission of the college or that are of interest to the Faculty. It will meet with the Dean at least quarterly. The Chairperson may attend monthly meetings of the Department Heads’ Council, and represent the COM Faculty at these meetings.

F. **Educational Policy Committee and Subcommittees.**

The Educational Policy Committee for the College of Medicine Tucson will consist of 12 faculty and 4 medical students. The faculty will be elected from the College of Medicine and serve for 3 years with one renewable term. The students will elect four students representing their class year for 4-year terms. The Educational Policy Committee will work with the Dean, Deputy Dean and COM Administration to provide governance and oversight of the undergraduate medical curriculum, to advance educational goals and to make sure the College meets its accreditation standards. The committee will develop policies for student performance and advancement, and criteria to receive an M.D. degree. The Educational Policy Committee will generally meet at least once per month to evaluate the present curriculum and educational experience and develop changes in the educational and curricular policy as needed.

A change in educational policy should be effected through mutual agreement between the Educational Policy Committee and the Dean or his/her designee. It is expected that the Educational Policy Committee and the Dean will work in a spirit of mutual respect, by taking each other’s positions into serious consideration. If consensus cannot be reached, the Dean will make the final decision regarding policy, curriculum and implementation, provided that he or she believes that every reasonable effort has been made to reach consensus and that the decision is necessary and in the best interest of the College of Medicine and University.

G. **Honor Code Committee.** The medical students of the COM -- TUCSON campus will elect three (3) medical student representatives from each class to serve on its Honor Code Committee. The COM - TUCSON Faculty of will elect two (2) members of its Faculty, one from a basic science department and one from a clinical science department, to serve on this Committee. The Associate Dean for Student Affairs for that campus may attend an Honor Code Committee’s formal meetings, and act as an advisor to the Committee, but will not vote. The Honor Code Committee at each campus will investigate and make recommendations regarding alleged violations of the Code of Scholastic Conduct (Code) to its campus Student Progress Committee. The Honor Code Committee also will conduct a periodic review of the Code, and make recommendations to change the Code to the Student Affairs Committee for consideration and implementation, if required.

H. **MD/PhD Committee.** The Faculty of the College of Medicine --Tucson will elect eight (8) faculty and will select one (1) MD/PhD student to serve on the MD/PhD Committee. All applications to the dual MD/PhD program will be reviewed concurrently by the MD/PhD Committee and by the regular Admissions Committee or a subset of that Committee. The MD/PhD Committee will select applicants for the MD/PhD program from those accepted by the College of Medicine Admissions Committee for admission to the MD program. Decisions regarding admission to the dual MD/PhD program will be final and not subject to administrative or other review.

I. **Nominating Committee.** The Faculty of the College of Medicine -Tucson will elect a Nominating Committee, which will consist of six (6) of its Voting Faculty members. The Nominating Committee will nominate candidates for membership on all Permanent Committees except the Nominating Committee, which will be done as described in Section V.D. above.

J. **Student Affairs Committee.** The Student Affairs Committee will consist of the Chair of the Student Progress Committee, the Chair of the Honor Code Committee, the Chair of the Educational Policy Committee, the Associate Dean for Student Affairs, one clinical science faculty member, one basic science faculty member, one student government representative from each year, for a total of

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eleven (11). This Committee will meet at least twice annually to discuss any changes in policies related to student progress and appeals and student affairs issues and, in consultation with the individual committees, draft and promulgate any needed policy changes.

K. **Student Appeals Committee.** The COM -- TUCSON Faculty will elect the Student Appeals Committee, which will consist of at least five (5) Faculty members. Such members should, but are not required to, have served on a Student Progress Committee prior to serving on a Student Appeals Committee. A Student Appeals Committee will consider appeals of final decisions of the Student Progress Committee for which an appeal is permitted by the Procedures for Student Progress, Academic Integrity and Managing Grade Appeals (COM -- TUCSON), as amended, which will govern its activities. Decisions of this Committee are binding within the College of Medicine-Tucson and cannot be appealed further within the College. No member of the Student Progress Committee will serve simultaneously as a member of the Student Appeals Committee. Current society mentors, block directors, clerkship directors, and any faculty member whose participation on this Committee would constitute a conflict of interest, are not eligible to serve on this Committee.

L. **Student Progress Committee.** The COM -- TUCSON Faculty will elect its own members to the Student Progress Committee, which will consist of at least eight (8) Faculty members, and one (1) student from each of its classes. The Student Progress Committee will have jurisdiction to consider all cases of unsatisfactory academic or non-academic performance, including discipline; recommendations by the Honor Code Committee that the Committee take disciplinary action against a student following a finding that a student has violated the Honor Code; and other matters affecting a student’s progress in the College, as described more fully in the Procedures for Student Progress, Academic Integrity and Managing Grade Appeals (COM -- TUCSON), as amended, which will govern the Committee’s activities. Such committees will have broad discretion to address issues related to students’ academic progress and disciplinary matters, and to formulate plans for progression and discipline in a manner consistent with COM -- TUCSON policy. It will also serve as the appeals committee when a student seeks review of a decision by the Associate Dean for Student Affairs that s/he qualifies for automatic dismissal, a finding by the Honor Code Committee that s/he has violated the College’s Code of Scholastic Conduct (prior to the Student Progress Committee considering discipline based upon such finding), and for grade appeals. The Student Progress Committee will also certify that students have met the criteria for graduation and receipt of the M.D. degree. Current society mentors, block directors, clerkship directors, and any faculty member whose participation on this Committee would constitute a conflict of interest, are not eligible to serve on this Committee.

VII. **STANDING COMMITTEES.**

The COM -- TUCSON Faculty may create Standing Committees by a majority of the Voting Faculty at any regular or special meeting of the campus. The rules governing such committees will be determined by the Voting Faculty at the time it creates a standing committee. Standing Committees may be abolished by a majority vote of the Voting Faculty.

VIII. **AD HOC COMMITTEES.**

Either the Voting Faculty or the Dean may create an Ad Hoc Committee. Such Committees will exist only to perform such functions as specified in the charge to the Committee. The Committee will automatically dissolve after acceptance of the final Committee report by the Voting Faculty or Dean that created the Committee for a particular purpose.

IX. **AMENDMENTS**

Proposed amendments to the bylaws will be circulated to members of the Voting Faculty at least two weeks prior to any meeting at which such amendment will be considered. Amendments must be approved
by a majority of the Voting Faculty, which voting will be conducted in the same manner as other matters on which a vote is required.

Bylaws approved initially by the Voting Faculty of the College of Medicine on November 11, 1971.

(As Amended 5/92, 3/95, 1/96, 12/00, 2/02, 5/03, 4/07, 7/08, 10/10, 6/11, 10/12, 11/13, 5/14, 5/15, 12/15)
College of Medicine – Tucson New Faculty Hired to Date in CY2017

- Sam Afshar, DO
  Assistant Professor
  Anesthesiology

- Jasjit Katariya, MD
  Clinical Assistant Professor
  Anesthesiology

- Jeffrey P. Martel, MD
  Assistant Professor
  Anesthesiology

- Stephanie Schock, MD
  Assistant Professor
  Anesthesiology

- Curtis A. Thorne, PHD
  Assistant Professor
  Cellular and Molecular Medicine

- Meng S. Choy, PhD
  Research Assistant Professor
  Chemistry and Biochemistry

- Senthil K Ganesan, PhD
  Research Assistant Professor
  Chemistry and Biochemistry

- Rebecca Page, PhD
  Professor
  Chemistry and Biochemistry

- Wolfgang Peti, PhD
  Professor
  Chemistry and Biochemistry

- Josie G. Acuna, MD
  Clinical Assistant Professor
  Emergency Medicine

- Maili A. Drachman, MD
  Clinical Assistant Professor
  Emergency Medicine

- Kubwimana M. Mhayamaguru, MD
  Clinical Assistant Professor
  Emergency Medicine

- Jennifer L. Plitt, MD
  Clinical Assistant Professor
  Emergency Medicine

- Amber D. Rice, MD, MS
  Clinical Assistant Professor
  Emergency Medicine

- Elaine H. Situ-LaCasse, MD
  Clinical Assistant Professor
  Emergency Medicine

- Howard Roemer, MD
  Clinical Professor
  Emergency Medicine
Kate Preston, MD  
Clinical Assistant Professor  
Surgery

Arun J. Rao, MD  
Clinical Assistant Professor  
Surgery

Robert C. Robbins, MD  
Professor  
Surgery

Craig C. Weinkauf, MD  
Assistant Professor  
Surgery

Youngwook Won, PhD  
Assistant Professor  
Surgery

Andrew J. Wright, MD  
Clinical Assistant Professor  
Surgery

Nazhone P. Yazzie, MD  
Clinical Assistant Professor  
Surgery

El Rasheid Zakaria, MD, PhD  
Research Assistant Professor  
Surgery

Wei Zhou, MD  
Professor  
Surgery
College of Medicine – Tucson
Faculty Promotions 2016-2017

- Patrick K. Boyle, MD
  Clinical Associate Professor
  Anesthesiology

- Ryan W. Matika, MD
  Associate Professor
  Anesthesiology

- Maria H. Czuzak, PhD
  Associate Professor
  Cellular and Molecular Medicine

- Keith A. Maggert, PhD
  Associate Professor
  Cellular and Molecular Medicine

- Michael S. Kuhns, PhD
  Associate Professor
  Immunobiology

- Maria I. Altbach, PhD
  Professor
  Medical Imaging

- Ryan J. Avery, MD
  Associate Professor
  Medical Imaging

- Marisa H. Borders, MD
  Associate Professor
  Medical Imaging

- Kimberly A. Fitzpatrick, MD
  Associate Professor
  Medical Imaging

- Stefano Guerra, PhD
  Professor
  Medicine

- Christina M. Laukaitis, MD, PhD
  Associate Professor
  Medicine

- Franz P. Rischard, DO
  Associate Professor
  Medicine

- Sasha Taleban, MD
  Associate Professor
  Medicine

- Torsten Falk, PhD
  Associate Professor
  Neurology

- Wendi I. Kulin, MD, MS
  Associate Professor
  Neurology

- Hong Lei, MD
  Associate Professor
  Neurology
Bellal Joseph, MD
Professor
Surgery

Terence O’Keeffe, MD, MSPH
Professor
Surgery

Gary Vercruysse, MD
Professor
Surgery
Committee of Ten  
Report to General Faculty, November, 2017

Committee Members  
Heddwen Brooks, PhD (Chair)  
Hina Arif-Tiwari, MD  
Melissa Cox, MD  
Dorothy Gilbertson-Dahdal, MD  
Felicia Goodrum, PhD  
Michael Kuhns, PhD  
Ranjit Kylathu, MD  
Kwan Lee, MD  
Chuck Otto, MD  
Art Sanders, MD

The committee voted to re-elect Dr. Heddwen Brooks, Chair of the Committee of Ten (C10).

Over the past year the committee has worked on identifying issues that could advance or that currently impede the research mission at the College of Medicine. The goal is related to incentivizing research, reducing the cost of research and increasing understanding and transparency of the new RCM model for University tuition activity dollars and IDC return. Other topics addressed were the need for a replacement for Dr Anne Wright as an Associate Dean of Faculty Affairs and updates on faculty positions elected to each of the three current standing committees (Finance, Communications and Operations) of the Banner-University Medical Group (B-UMG) faculty practice plan.

Progress in past year  
Related to the funds flow of student activity dollars (tuition dollars) the C10 has met with leaders at UAHS and the UA (Dr Chuck Cairns, Dean College of Medicine, Dr Leigh Neumayer, Interim Senior Vice President for Health Sciences, David Elmer, MBA, Deputy Dean, Finance and Business Affairs, COM-T, Tony DeFrancesco, UAHS Assistant VP of Operations and Joel Hauff, Associate Vice President, Student Affairs and Enrollment Management).

1) Tuition activity dollars  
We have obtained clarification of the RCM amounts funds flow from UA to COM for following student tuition activities:

$12 million: medical students  
$7.4 million: undergraduate students (ie UA undergraduate programs such as Physiology)  
$2 million: graduate students (tuition paid/teaching credit for PhD and MS programs taught by faculty in COM)

C10 will continue to work with leadership to
a) utilize tuition waiver (activity) dollars to maximum effect for PhD students in COM departments and programs with graduate programs  
b) solve UA high tuition costs of PhD students, charged to NIH grants

2) IDC return  
Related to IDC return, the committee is working on recommendations to the COM leadership that research costs be examined with respect to incentivizing research and supporting the research enterprise, IDC returns to the faculty and ensuring consistency across departments, and lowering costs of research facilities (core facilities). In addition, the committee has recommended that programs such as UAHS bridge funding be maintained.

In the upcoming year:  
C10 will monitor progress and implementation of above  
C10 will meet with UAHS and Banner leaders to understand policy that affect faculty  
C10 will review data provided by College of Medicine, Faculty Affairs, UAHS and B-UMG related to tripartite mission  
C10 will continue with faculty advocacy agenda items, brought by faculty to our committee
The Continuing Medical Education Committee (CMEC) is one of the permanent committees of the University of Arizona, College of Medicine (COM). The CMEC approves continuing medical education (CME) policy, provides oversight of CME activities, and assures the approved policies and activities meet accreditation standards for continuing medical education. The College of Medicine Office of CME (OCME) is the operating arm for CME activities. The current CME Committee members and COM support staff are below.

Committee Members as of November 2017:

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

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

Educational Activities:

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

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>2013</th>
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<th>2015</th>
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<tr>
<td>Live Direct</td>
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<td>11</td>
</tr>
<tr>
<td>Live Joint</td>
<td>23</td>
<td>23</td>
<td>29</td>
<td>30</td>
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</tbody>
</table>

Table 1. CME Activities by Calendar Year 2013-2016
In 2012, as part of its expansion into online CME, the College of Medicine purchased The Virtual Lecture Hall® (VLH), an interactive, evidence-based, online medical education website that offers CME courses on a wide variety of topics, many of which are required for licensure or renewal of licensure in several states. The list of VLH offerings includes courses on medical errors prevention, medical ethics, risk management, patient safety, professional responsibility, cultural competency, and pain management, among others. The VLH does not accept advertisements and is supported by fees from individual users and organizations in order to print CME certificates. The VLH does not offer CME courses supported by educational grants from pharmaceutical or device companies. Several of the courses offered by the VLH were developed with grant support from the National Institute of Health (NIH), resulting in numerous research publications and several clinical/educational tools for physicians, such as “The Physicians’ Competence in Substance Abuse Test” (P-CSAT) which is now in the public domain (Harris & Sun, 2012). The VLH currently offers 28 courses with a total of over 85 CME credit hours. Since 1998, physicians have earned over 180,000 CME credits on the VLH website (www.vlh.com).

Continuing Medical Education Committee Activities and Accomplishments Highlights, 2016-17:

1. Collaborated with the UA COM-T Office of Continuing Medical Education to accredit conferences, grand rounds, and enduring materials.

2. Identified content authors to develop additional content (interactive, online courses) for the UA COM-T owned Virtual Lecture Hall (VLH) on the topic of safe opioid prescribing. This work was funded through a $25,000 subcontract with the College of Public Health (Dr. Dan Derksen, PI) as part of an Arizona Department of Health Services-sponsored initiative to disseminate new Arizona opioid prescribing guidelines. Four hours of enduring material were developed dealing with safe opioid prescribing in general adult, adolescent, pregnant, and neonatal populations.

4. Spearheaded ongoing collaborations with the Banner Continuing Interprofessional Education (CIPE) Committee to streamline CME processes between our two offices.

5. Reviewed and approved the now fully launched online CME Application System.

6. Committee members identified several areas of institutional CME need/knowledge gaps and selected the area of professionalism as a focus for further efforts. The CMEC in collaboration with Banner’s CIPE Committee submitted a proposal on this topic, *Professionalism and Patient Care: Training the Health Care Team*, in response to the BUMC-Tucson Medical Staff Grant Application request for proposals. The CMEC’s proposal was selected for funding ($2500). The CMEC will create a scenario-driven, online course addressing prevention and remediation of lapses in professionalism based on recurring, actual events at our local facilities. The program will consist of interactive scenarios, incorporating prevention strategies and recommendations for remediation when professionalism lapses occur.
GME Committee (GMEC)

1. Overview: The UACOM-SC GMEC is currently into its 11th year of operations. The committee, composed of program directors, program coordinators, peer-selected residents from each program, quality officer from the primary teaching hospital and administrators, meets monthly. The committee’s charge is to monitor and advise the sponsoring institution on all aspects of graduate medical education; establish policies and procedures regarding the quality of education; provide oversight of ACGME-accredited programs’ annual evaluation and improvement activities and monitor the work environment for the residents in all its programs. The monthly meeting addresses the business of the GMEC as per ACGME requirements. There are several subcommittees which all report to the GMEC monthly.

   a. Subcommittees:
      i. Task Force monthly meetings focus on addressing specific issues requiring more detailed attention in order to enhance our educational experience. Examples of our endeavors during 2016-17 included Holistic Reviews to improve the diversity of our residencies; Banner Transition; Wellness/Resilience programs; Enhancing rural rotation opportunities within the Banner system; Implementation of new ACGME Requirements; MICA presentation.
      ii. CLER Subcommittee – Monthly meetings focus on addressing specific citations from our Clinical Learning Environment Review report. 2016-17, the committee focused on developing a verification method for resident procedure privileging confirmation; Development and Implementation of Multidisciplinary Mock RCA on SC.
      iii. Distinction Track Subcommittee – developed a Medical Spanish Language/Health Care Disparities Distinction Track. 2016-17 the second year of operation, in addition to the Spanish Language class and Health Care Disparities we have instituted a Spanish luncheon for the novice Spanish speaking provider.

2. Programs: There are 4 ACGME accredited residency program at UACOM-SC, all of which have enrolled residents. These programs include: Internal Medicine, Ophthalmology, Emergency Medicine and Family Medicine. In academic year 2016-17, there were 82 enrolled residents. All 5 programs participated in the NRMP (and Ophthalmology) MATCH and filled all offered positions successfully. None of our programs required participation in the NRMP SOAP System (formerly post MATCH
Scramble). Our Medical Toxicology program is a 2 year fellowship, accredited by the ACGME for a total of two fellows in the program and continues to fill in the NRMP Fellowship MATCH. They currently have 2 fellows enrolled.

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

During AY 17, the BUMCS **Resident Quality Council (RQC)** continued to meet under the leadership of Dr. David Sheinbein and Dr. Karyn Kolman. They focused on educating and addressing Quality of Care issues pertinent to residents and patient care. The Council targeted Social Rounding and a Delirium Project (early assessment of delirium in ICU patients).

4. **Faculty Development**: Through FY 17, the GME Office continued to encourage and support each program’s attendance at a national ACGME or specialty specific meeting. Attendance at these meetings not only increases GME knowledge base, but also enhances networking with the GME community at large. Upon return from national meetings, each PD and/or PC presents a brief report to members of the GMEC. Other opportunities for faculty development include: the annual University of Arizona COM at SC GMEC sponsored retreat, in which all of our programs as well as members of the UACOM T GMEC participate. Each program is also encouraged to develop a program specific faculty development program to train faculty educators in learner assessment and teaching modalities. Based on ACGME Survey results, programs were encouraged to develop faculty development programs on providing resident feedback and brief educational modules. The Office of Medical Student Education has also offered a number of faculty development instruction opportunities to each program – including videos of seminars, workshop guides, learning theory, and teaching strategies and tools, including direct observation of medical student/resident teaching. We also support program coordinators to attend the New Innovations workshop, in an effort to maximize their understanding and usage of our residency management system. This investment allows us to develop a few super users who are available to offer guidance to their program coordinator colleagues.

5. **Financial Support**: In accordance with ACGME requirements, the sponsoring institution continues to provide financial support for each residency program. This includes educational, administrative and technological support. PD and PC funding continues in accordance with ACGME requirements.

6. **Housestaff Meeting**: the CMO of the primary teaching hospital (Dr. David Sheinbein) hosts a quarterly lunch meeting to allow residents a forum to address issues related to hospital operations. Dr. Andy Theodorou, Chief Clinical Education Officer, BUMD, also participated.

7. **Resident Program Meetings** are scheduled biannually. During these meetings, the DIO and/or GME Administrator meet with each program’s cohort of residents to address institution and program specific issues/concerns. This is also an opportunity to discuss the program’s annual ACGME Survey results. The issues raised are shared anonymously with the PD/PC and we work together to identify potential solutions as appropriate. The
second meeting is to allow for follow-up and feedback regarding resolution of issues previously raised.

8. Resident Well Being:

a. Education regarding **Fatigue and Well Being**: Each program is required to present the SAFER or LIFE program to their residents and faculty annually and document their participation. This is confirmed via the Annual Program Evaluation.

b. **Housetaff Counselor**: Dr. Larry Onate continued as the housestaff counselor for the University Of Arizona College Of Medicine. He not only provided services to residents and their families, but also offered didactic presentations for programs in multiple areas including Substance Abuse, Stress management, Physician Well-Being. He is introduced to the new interns/residents at orientation raising awareness of his availability. His annual GMEC presentation included statistics of types of problems addressed in the previous year. He has noted a decrease in residents’ sense of Wellness across disciplines as well as time management challenges. This presentation was included in the annual GME Retreat 5/2016.

9. **Annual GME Retreat**: The annual retreat was held on May 12, 2017 at Hacienda del Sol. In addition to the opportunity to dialogue with our Sponsors (or designee), the retreat focused on Enhancing the Recruitment and Holistic Admission Process in GME, improving alignment with UME. Presentations included UACOMT UME Success Story in Holistic Admissions; Review of current GME trends and a charge from the UACOMT. Each program participated in a Rank Night exercise in identifying desirable applicant traits and defining program mission. A task force was commissioned to improve the alignment between UME and GME admissions. The remainder of the Retreat focused on Educating residents in the era of Corporate Medicine. Two physicians from BUMCP, Dr. Jeff Wolfrey and Dr. Jason Leubner facilitated this afternoon discussion.

10. **Annual Scholarly Day**: UACOM-SC hosted its 7th GME Scholarly Day in May 2017. There were 41 posters submitted for consideration and over 100 attendees. The poster submissions were from UACOM medical students and residents in both UACOM-SC and UA GME programs. Posters were submitted in the following categories: Clinical, Research and Quality Improvement. Each participating residency program offered a brief clinical update. The recipients of the Scholarly Day awards were Dr. Patrick Goetz, Dr. Anthony Saenz, Dr. Grace Price, Dr. Shana Semmens, Dr. Nirmal Singh, Dr. Supreet Khare, Dr. Balaji Natarajan, and Dr. Lisa Goldberg.

**Major changes**

1. All residents became Banner employees effective 8/1/2017.

**Comprehensive Program Reviews (CPR)**

1. GME administered comprehensive program reviews involve faculty and residents in the overview of a residency program. An appointed GMEC panel interviews residents, teaching faculty and the program leadership of the designated residency program. The
panel also reviews pertinent documents related to resident education and environment for learning. Areas receiving special attention include:

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

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

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

Ongoing Accreditation Mandates
1. ACGME Resident Duty Hours– In compliance with ACGME Duty Hours requirements, each program annually reviews and updates their Duty Hours, Moonlighting and Supervision policies to address any changes. The requirements include:
   a. Clearer specification regarding 80 hour work week
   b. Specification of continuous work based on PGY year – liberalizing the requirements as a resident advances into the senior years of training. Senior residents may extend duty period (by choice) if their presence is critical to patient care or continuity of care.
   c. All residents have a maximum work shift of 24 hours plus 4 hours to manage transitions of care.
   d. A resident may not be responsible for the care of new patients after 24 hours of continuous duty
   e. Limitations on breaks between duty periods by PGY year which must be monitored by program
   f. PGY1’s 16 hour work shift/no call was eliminated.
   g. Each resident must have one day in seven free from duty (averaged over 4 weeks)
2. Limitations on night float – frequency and must include an educational component.
3. All moonlighting (both internal and external) must count towards 80 hour work week
4. Home call – when called in, hours count towards duty hours
5. Institution must provide lodging or transportation for residents who are too tired to travel safely after a duty period.
6. Programs must track episodes of noncompliance with DH requirements.
   a. Quarterly, the GMEC reviews each program’s Duty Hours documentation and annually we review the individual program’s ACGME resident survey report. If there are areas of noncompliance, the program is requested to investigate and report back to the GMEC within 1 month.
7. Resident Supervision–ACGME supervision requirements include:
   a. Three levels of supervision defined – Direct, Indirect and Oversight
   b. Program must assure proper level of supervision available to residents
   c. Programs must develop standards to identify limits of each resident’s scope of authority and the circumstances in which they are permitted to act with conditional independence.
   d. Program must develop list of must call situations.
   e. Program must limit number of resident transitions and train residents to utilize handoff tools.
      i. GMEC has developed and implemented a standardized educational module on Transitions of Care. Annually in June, every current resident receives the training. In July of each year, all new interns participate in a similar Transitions of Care workshop. Each program is required to utilize a standardized handoff tool. Based on the results of a survey performed by the CLER Subcommittee, the majority of residents trained in the new system utilized it consistently and found that it improved quality of care. GMEC continues with its monitoring system of random observation of a program’s handoff by a PD from a different program. Reports are submitted to GMEC.
   f. Each program is required to update their Supervision policy in compliance with the ACGME requirement. Annually, the GMEC reviews resident and faculty ACGME survey reports to identify any concerns regarding supervision. It is incumbent on each residency program and department to assure they have an adequate number of faculty to support the supervision needs of their particular residency in accordance with regulatory and educational needs.

ACGME New Accreditation System (NAS)

1. All of our programs are now in the ACGME’s NAS (New Accreditation System). This accreditation system is an outcome based evaluation system, replacing the competency based evaluation system. “The aims of the NAS are threefold: enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, accelerate the ACGME’s movement toward accreditation based on educational outcomes and reduce the burden associated with the current structure and process-based approach.” Increased emphasis will be placed on the Sponsoring Institution for the quality and safety of the environment for learning and patient care. The process will include:
2. Annual data collection for submission to ACGME (including institutional data, milestones and EPAs, faculty and resident surveys and resident procedure logs)
   a. All programs have developed Clinical Competence Committees to evaluate resident progress and have submitted Milestone evaluations on their residents biannually.
3. Clinical Learning Environment Review (CLER) every 18 months (Short notice visits to the sponsoring institution to assess the learning environment and resident involvement in patient care, safety and quality issues). The GMEC CLER Subcommittee continues to meet monthly to address citations and make recommendations to the GMEC. The CLER Subcommittee list of accomplishments is attached.

4. Institutional Site Visits every 6 years

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

**Quality Assurance and Patient Safety**

1. The 6th New Resident Orientation, June 2017, was the result of a joint effort between UA, BUMG, BUMCS and BUMCT. Replacing the historic institution specific, multiple orientations, all new residents and fellows from both clinical facilities (over 200) convened at the Marriott Hotel for a single orientation. After a welcome and introduction to the institution, multiple exercises were introduced which exposed the new residents/fellows to the importance of quality of care, patient safety, patient satisfaction and communication skills. All new residents/fellows were distributed at small group tables with cohorts from varying specialties with interprofessional facilitators.

2. Resident as Educators Orientation occurred on the afternoon of the New Resident Orientation. New residents/fellows were acquainted with multiple methods of assessing and educating learners.

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

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

5. In compliance with the GMEC requirement, every program’s faculty and residents complete either the SAFER or LIFE modules. IPM (Introduction to the Practice of Medicine) modules, developed by AAMC, are also now available and utilized by several programs.

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

7. Physician Well Being – Each program is tasked with implementing a Residency Resiliency program aimed at early intervention and prevention of resident burn-out.

**Resident Survey**

The annual ACGME Resident survey continues to focus on six major categories: Duty Hours, Faculty, Evaluation, Educational Content, Resources, Patient Safety / Teamwork. The ACGME focuses on program trends of improvement vs. declining performance. All five of our residency/fellowship programs participated in the survey. For programs with more than 4 residents/fellows, a minimum of 70% participation from the residents in each individual program is required to receive a program specific report. Our response rate was 95%. Once results are returned, the DIO meets with the PD to identify those areas not in substantial compliance. Subsequently, the PD meets with residents and faculty of their
program to discuss potential causes and interventions. Based on the 2016-17 Institutional Aggregate Program data the following table compares our institutional vs. national mean.

<table>
<thead>
<tr>
<th></th>
<th>Institution Mean</th>
<th>National Mean</th>
<th>Significant areas of noncompliance noted and planned interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Hours</td>
<td>4.8</td>
<td>4.8</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Paperwork and Patient needs were the primary reasons for residents exceeding duty hours requirements</td>
</tr>
<tr>
<td>Faculty</td>
<td>4.4</td>
<td>4.3</td>
<td>None</td>
</tr>
<tr>
<td>Evaluation</td>
<td>4.6</td>
<td>4.5</td>
<td>All previous areas of concern demonstrated improvement/increased compliance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Programmatic efforts to improve faculty providing resident feedback demonstrated improvement in this category</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.5</td>
<td>4.3</td>
<td>All previous areas of concern demonstrated improvement/increased compliance. We continue to struggle with Education (not) compromised by service obligations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Programs continue to educate residents re: the definition of “service” as well as assess resident workload.</td>
</tr>
<tr>
<td>Resources</td>
<td>4.5</td>
<td>4.4</td>
<td>None</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>4.4</td>
<td>4.4</td>
<td>None</td>
</tr>
</tbody>
</table>

**Faculty Survey**

2016-17, all programs participated in the faculty survey. The categories surveyed included: Faculty Supervision and teaching; Educational Content; Resources; Patient Safety; Teamwork. Survey results are reviewed with the program faculty as well as DIO and included in the GMEC meeting presentation. Based on the 2016-17 Institutional Aggregate Program data, the following compares our institutional data vs. national mean.

<table>
<thead>
<tr>
<th></th>
<th>Institution Mean</th>
<th>National Mean</th>
<th>Significant areas of noncompliance noted and planned interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Supervision and Teaching</td>
<td>4.4</td>
<td>4.6</td>
<td>This area of concern remains unchanged. Faculty satisfied with personal performance feedback (72%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Faculty identified concerns regarding Banner merger as influential in affecting their personal performance feedback. Programs continue to clarify the survey intent is to assess academic performance feedback.</td>
</tr>
</tbody>
</table>
Graduate Exit Interview

June 2017, the DIO and GME Administrator met with the volunteer graduating senior residents for an exit interview. General feedback is shared with GMEC and individualized feedback provided to each program to implement appropriate changes.

1. Overall residents felt prepared for future career goals – practice, fellowship.
2. Residents appreciated the collegiality, cohesiveness of the smaller community hospital setting
3. Residents had very positive feedback about their program director’s support.
4. Residents would still choose their program if they had the opportunity to do it again.
5. Resident continue to identify insufficient subspecialty presence at SC as a challenge
6. Residents recommend not merging programs, do not want to lose the uniqueness of south campus programs.

GME Graduation Survey

To date we have had 196 graduates from the UACOM - SC residency programs. A graduate survey was distributed to the graduates. The overall results are shared with GMEC and individual program results are shared with the programs to help them implement appropriate changes or improvements. Based on survey for graduates through 6/2015, 84% responded “Excellent or Very Good” that the program met their educational objectives.
## GRADUATES

<table>
<thead>
<tr>
<th>Year</th>
<th>EM</th>
<th>FM</th>
<th>IM</th>
<th>Neuro</th>
<th>Ophtho</th>
<th>Psych</th>
<th>Med Tox</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>09-10</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>1</td>
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<td>10-11</td>
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<td>11-12</td>
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<td>8</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>5</td>
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<td>13-14</td>
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<td>7</td>
<td>10</td>
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<td>2</td>
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<td></td>
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<td>14-15</td>
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<td>4</td>
<td></td>
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<td>16-17</td>
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<td>Total</td>
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<td>67</td>
<td>10</td>
<td>14</td>
<td>26</td>
<td>2</td>
<td>196</td>
</tr>
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</table>
What do our graduates choose upon graduation (2017)?

![Bar chart showing graduate destinations]

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

Respectfully submitted,

Victoria E. Murrain, DO
Assistant Dean for Graduate Medical Education
ACGME Designated Institutional Official (DIO)
### Residents on Committees 2016-17

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>RESIDENT PARTICIPATION</th>
<th>Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The University of Arizona College of Medicine at South Campus GMEC</strong></td>
<td>Zoe Cappe, MD, Family Medicine, PGY2</td>
<td>4th Friday, noon</td>
</tr>
<tr>
<td></td>
<td>Katie Houmes, MD, Family Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>John Sandoval, MD, Internal Medicine, PGY4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Senthil Anand, MD, Internal Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Roberto Swazo, MD, Internal Medicine, PGY2</td>
<td></td>
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<td></td>
<td>Claudia Prospero Ponce, MD, Ophthalmology, PGY4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Andrew Keyser MD, Emergency Medicine, PGY3</td>
<td></td>
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<tr>
<td></td>
<td>Christian Smith MD, Emergency Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Michael Ori, MD, Medical Toxicology, PGY5</td>
<td></td>
</tr>
<tr>
<td><strong>GMEC CLER Subcommittee</strong></td>
<td>Claudia Prospero Ponce, MD, Ophthalmology, PGY4</td>
<td>2nd Wednesday, noon</td>
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<tr>
<td></td>
<td>Shabnam Yekta, MD, Internal Medicine, PGY3</td>
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<tr>
<td></td>
<td>Jayasree Jonnadula, MD, Internal Medicine, PGY2</td>
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<tr>
<td></td>
<td>Katie Houmes, MD, Family Medicine, PGY3</td>
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<tr>
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<td>Shana Semmens, MD, Family Medicine, PGY3</td>
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<tr>
<td></td>
<td>Zoe Cappe, MD, Family Medicine, PGY3</td>
<td></td>
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<tr>
<td><strong>South Campus Hospital Pharmacy &amp; Therapeutics</strong></td>
<td>Lance Bechtold, MD, Internal Medicine, PGY3</td>
<td></td>
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<tr>
<td></td>
<td>Jessica Bates, MD, Emergency Medicine, PGY3</td>
<td></td>
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<tr>
<td></td>
<td>Lisa Goldberg, MD Emergency Medicine, PGY2</td>
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<tr>
<td><strong>Pima County Medical Society</strong></td>
<td>Norman Beatty, MD, Internal Medicine, PGY3</td>
<td>Last Tuesday, 5pm</td>
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<tr>
<td><strong>Psychiatry Resident Education</strong></td>
<td>Psychiatry residents</td>
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</tr>
<tr>
<td><strong>South Campus HCAHPS Process Improvement</strong></td>
<td>Kai Rou Tey, MD, Internal Medicine, PGY3</td>
<td>3rd Wednesday, 1-2pm</td>
</tr>
<tr>
<td><strong>South Campus ICU Code</strong></td>
<td>Kai Rou Tey, MD, Internal Medicine, PGY3</td>
<td>Wednesdays Bi-monthly 3-4p</td>
</tr>
<tr>
<td><strong>GME Resident Quarterly Dinner Forum</strong></td>
<td>John Sandoval, MD, Internal Medicine, PGY4</td>
<td>Quarterly</td>
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<td>Rhonda Alkatib, MD, Internal Medicine, PGY3</td>
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<td>Rui Wen Pang, MD, Internal Medicine, PGY2</td>
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<td>Muhammad Husnain, MD, Internal Medicine, PGY3</td>
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<td>Anthony Saenz, MD, Family Medicine, PGY3</td>
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<td>Shana Semmens, MD, Family Medicine, PGY3</td>
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<td></td>
<td>Claudia Prospero Ponce, MD, Ophthro, PGY4 (Jan-Jun)</td>
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<td>William Stevenson, MD, Ophthalmology, PGY4 (Jul-Dec)</td>
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<td>Christian Smith, MD, Emergency Medicine, PGY3</td>
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<td>Marv Griffin, MD, Emergency Medicine, PGY3</td>
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<td>Drew Keyser, MD, Emergency Medicine, PGY3</td>
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<td>Stacy Akazawa, MD, Family Medicine UA, PGY3</td>
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<td>Becca Raub, MD, Family Medicine UA, PGY3</td>
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<td>Katherine Martinez, MD, Family Medicine UA, PGY3</td>
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<td><strong>Sepsis Committee</strong></td>
<td>Faraz Jaffer, MD, Internal Medicine, PGY3</td>
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<td>Jessica August, MD, Internal Medicine, PGY3</td>
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<td>Nirmal Singh, MD, Internal Medicine, PGY2</td>
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<td>Marcos Teran, MD, Family Medicine, PGY2</td>
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<td>Medicine Housestaff Committee</td>
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<td>Nirmal Singh, MD, Internal Medicine, PGY2</td>
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<td>Daniel Orta, MD, Internal Medicine, PGY1</td>
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<td>Medicine Competency Committee</td>
<td>John Sandoval MD, Internal Medicine, Chief</td>
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<td>ACP Representatives</td>
<td>Radhamani Kannaiyan, Internal Medicine, PGY2</td>
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<td>Jessica August, MD, Internal Medicine, PGY3</td>
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<td>Emergency Medicine GME Committee</td>
<td>Christian Smith, MD Emergency Medicine, PGY 3</td>
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<td>Andrew Keyser, MD, Emergency Medicine, PGY3</td>
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<td>Marvin Griffin, MD, Emergency Medicine, PGY3</td>
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<td>Ophthalmology PEC</td>
<td>William Stevenson, MD, Ophthalmology, PGY4</td>
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<td>South Campus GME Environmental Committee</td>
<td>Robert Conley, MD, Emergency Medicine, PGY2</td>
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<td>AkinBola Ajayi-Obe, Internal Medicine, PGY3</td>
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<td>South Campus Quality &amp; Safety Oversight Board</td>
<td>John Sandoval, MD, Internal Medicine, PGY4</td>
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<td>Balaji Natarajan, MD, Internal Medicine, PGY2</td>
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<td>Norman Beatty, MD, Internal Medicine, PGY3</td>
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<td>Sidra Raoof, MD, Internal Medicine, PGY1</td>
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<td>Jenny Saint Aubyn, MD, Family Medicine, PGY2</td>
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<td>Shadi Koleilat, MD, Neurology, PGY4</td>
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<td>Seenaiah Byreddy, MD, Neurology, PGY4</td>
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<td>William Stevenson, MD, Ophthalmology, PGY4</td>
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<td>Justin Otis, MD, Psychiatry, PGY3</td>
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<td>Wei Xiang Wong, MD, Internal Medicine, PGY2</td>
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<td>Family Medicine Curriculum Committee</td>
<td>Shana Semmens, MD, Family Medicine, PGY3</td>
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<td>Katie Houmes, MD, Family Medicine, PGY3</td>
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<td>Ana Mendez, MD Family Medicine, PGY2</td>
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<td>Zoe Cappe, MD Family Medicine, PGY2</td>
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<td>Michele Alba, MD, Family Medicine, PGY2</td>
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<td>Internal Medicine Clinic Committee</td>
<td>Rhonda Alkatib, MD, Internal Medicine, PGY3</td>
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<td>Kady Goldlist, MD, Internal Medicine, PGY2</td>
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<td>Babitha Bijin, MD, Internal Medicine, PGY1</td>
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Members: Jan Burt, PhD; Charles Hsu, MD, PhD; Rajesh Khanna, PhD; Christina Laukaitis, MD, PhD, FACP; Prabir Roy-Chaudhury, MD, PhD; Linda Restifo MD, PhD; Jil Tardiff, MD, PhD, Gregory Woodhead MD, PhD; Shannon Collins MD/PhD student

The Committee met on August 25, 2017 to discuss the vision and mission of the program based on feedback from the Program Director. Plans were made for roll out of the recruitment season for the 2018 class.

Procedural changes implemented this year:

- MD/PhD Committee members will utilize the Application Management Program (AMP) for reviewing and scoring applicants.
- Committee members will be assigned to a subcommittee to review and score their designated candidates.
- Fifteen candidates from each round will receive interview invitations.

The Committee reviewed 81 candidate applications and extended interview invitations to 30 applicants. Interview sessions have been scheduled for October 26, and November 16, 2017.

As in years past, an Augmented Admissions Committee was appointed by the Office of the Program Director to include standing members of the College of Medicine Admissions Committee and faculty with previous experience working with the physician scientist admissions process to work closely with members of the MD-PhD Committee to support their efforts.

Augmented committee members include: Heddwen Brooks, PhD; Jorge Gomez, MD, PhD; Tejal Parikh, MD; Andrew Yeager, MD

The 2016-2017 Recruitment Process

- The 2017 Class includes 116 medical students and 4 MD/PhD students selected from 7218 applications.