Announcements and Updates:

Dr. Anne Wright opened the meeting by introducing Dr. Charles B. Cairns to the assembly. Dr. Cairns has been appointed Assistant Vice President for Clinical Research and Clinical Trials at AHSC and will also serve as Vice Dean of the College of Medicine-Tucson and Professor of Emergency Medicine. Dr. Cairns comes to the UA from the University of North Carolina at Chapel Hill, where he was Professor and Chair of the Department of Emergency Medicine. Dr. Cairns is board-certified in emergency medicine, a fellow of the American College of Emergency Physicians and a fellow of the American Heart Association. He is an accomplished educator who was awarded the 2014 John Marx Leadership Award for exceptional contributions to Emergency Medicine by the Society of Academic Emergency Medicine.

Dr. Cairns stated that it was his pleasure and honor to be here at the UA; the future is being made here. He stated that his key objective is to get to know AHSC faculty and their perspectives so he can best work with Dr. Garcia during this time of change.

Dr. Cairns then introduced the new chair of the Department of Medicine, Monica Kraft, who is an internationally renowned physician-scientist specializing in translational asthma research. Dr. Kraft comes from Duke University where she was the Charles C. Johnson, MD Distinguished Professor of Medicine and the Director of the Duke Asthma, Allergy and Airway Center. She is an award-winning physician and researcher who is dedicated to education.

Dr. Cairns also announced that the integration of UAHN and Banner Health will occur January 31st per President Hart’s memo, with documents to be signed during the week of January 12th.

The CTSA grant application is well underway. This is a key initiative for the UA COM; there are 62 grants awarded and currently there are none in Arizona. Dr. Cairns asked Judy DiMarco to update the assembly on progress with the CTSA application. Dr. DiMarco stated that the grant application was announced in September and is due in January 2015. Funding is reduced and the amount awarded will be based on the institution’s FY13 NIH funding level. There is a new emphasis on vulnerable populations and geography, with new requirements to provide CTSA Network value and impact. This is good for Arizona; the UA COM’s focus is on Arizona children, the elderly, Arizona natives and border populations. The University of Arizona is the only academic medical center able to compete for these grants in Arizona, and we have strong partnerships with communities, with biomedical businesses and with biotech. The merger with Banner Health will be a strength; it allows us to leverage 3M lives across a state health plan serving at risk populations.

Dr. Cairns then welcomed Dr. Charles Katzenberg, who addressed the assembly regarding the Pima County Medical Society. PCMS is an advocacy organization, which advocates for patients and physicians at both the local and national levels. In the past it has partnered with the College of Medicine to support the UAMC Trauma Unit and a National Violent Death Reporting System, as well as supporting GME and CME programs, AHCCCS expansion and tort reform. It is neither expensive ($100) nor a hassle to join and one can keep abreast of its work via the PCMS website and publication, Sombrero. The application form will be posted on the General Faculty Meeting website and distributed to COM faculty.

Lauren Zajac, CRA then gave an update on AHSC Research Administration changes and support. Ms. Zajac and her team are focusing on 4 areas: pre-award, research development, post-award and clinical trials. Her team follows a customer service model and is working hard to implement standard operating procedures and provide proactive support for AHSC faculty. They are partnering across campus with other research administration units and working with the VPR’s office to streamline the procedures and processes for research. Goals include the development and implementation of shared tools such as a database for training grants and core facilities to be available campus-wide.
Dr. Anne Wright then gave an update on UA Vitae, a new online system for annual faculty reviews which provides a single, convenient place for faculty to record their activities and achievements. The system was piloted in 2014 by 5 colleges – Agriculture & Life Sciences, Fine Arts, Medicine-Phoenix, Public Health, and Social & Behavioral Sciences – and goes live to most other UA colleges in 2015. Medicine-Tucson has some unique characteristics and will go live in 2016, following an in-depth review of current annual review forms and identification of data sources, a period of system configuration and data integration, and system training of faculty and staff. UA Vitae will enable the university to track, manage and evaluate faculty activities, facilitate accurate reporting and provide standardized review formats, replace paper-based processes and provide an integrated repository for information on teaching, grants, publications, conference presentations, and service activities. System characteristics include automatic data downloads from existing databases, 24/7 access from any browser/internet connection, a CV builder which provides different formats, storage for multi-media files and the ability to review data for updates and corrections. Data which will be available in UA Vitae includes demographic information, Sponsored Project data from 2011-present, publications from Scival/PubMed and campus course data. ArizonaMed data is in progress. Dr. Wright invited faculty to participate in the implementation of UA Vitae by volunteering to serve on a faculty advisory group or pilot program and provide early feedback once their individual record is created.

Dr. Kevin Moynahan provided a brief update on the admissions process. Currently they have received 5,641 applications, which is a 7-fold increase from the 800 received 4 years ago. They are interviewing more students and have had 5 sessions already. They are also interviewing for the MD/PhD Program and have had 1 session to review 30 applicants. Five students will be accepted into this program. Dr. Moynahan encouraged faculty to participate in the interview process.

The meeting adjourned at about 4:50 p.m. and was followed by reception in the lower lobby.
Arizona Institute for Clinical & Translational Science (AZiCATS)
ENHANCING EXCELLENCE

NIH- Clinical & Translational Science Awards (CTSA)

~$500 million investment launched in 2006 funding 12 academic health centers

- Re-engineer an academic home for clinical and translational research
- Train the scientific workforce needed for the translational sciences
- Increase the efficiency and speed of clinical and translational research

Accelerate discoveries toward better health to shape the future of healthcare
Emphasis on building clinical and translational research infrastructure and training
Currently there are 62 academic centers in the CTSA Consortiums.

University of Arizona is the only Arizona academic medical center able to compete for a CTSA. Prior UA CTSA attempts have been unsuccessful.
CTSA 2.0 applications- September 2014

- September 2014 - new NIH CTSA request for applications launched with a due date of January 15, 2015
- CTSA 2.0 guidelines and emphasis very different from CTSA 1.0
- Funding reduced and amount awarded will be based on the institution’s FY13 NIH funding level
- Mission of mentoring/training of next generation researchers is continued
- New emphasis on special vulnerable populations and geography to include integrating translational science across the lifespan
- New requirement to provide CTSA Network value and impact
- Intention: to evolve into a CTSA national network
Arizona Institute for Clinical & Translational Science (AZiCATS)

Arizona Children
Arizona Latinos
Arizona Elderly
Arizona Native Americans

Target Populations in the 2015 AZiCATS CTSA Application
Key Elements to a Successful AZiCATS CTSA Application

- State-wide reach with strong community partner engagement
- Novel approaches to engage ‘At risk’ populations
- Strong “Big Data” management & health care analytics
- Train a diverse biomedical workforce
- Strong partnerships with communities, with biomedical businesses and with biotech
- Banner Health System merger is a strength as it allows us to leverage 3M lives across a state health plan serving at risk populations
Questions?
PIMA COUNTY MEDICAL SOCIETY

PCMS was founded in 1904. Our 900 active and associate members include employed, private practice, retired, and hospital-based physicians. Med students and residents are welcome and serve on our board. PCMS is an advocacy organization. We advocate for our patients and for physicians.
We advocate locally and nationally

UAMC Trauma Unit
Tort Reform
Gun Violence
National Violent Death Reporting System (NVDRS).
AHCCCS Expansion
GME
CME Programs
Physician Referral Service
REASONS NOT TO JOIN

1. Too expensive
2. The joining process is a hassle
3. No time for meetings

$100
PCMS Website
Website, Sombrero
Dr. Gordon named chief of rheumatology

**PCMS News**

UAMC docs in AZ epilepsy first

Physicians at the University of Arizona Medical Center — University Campus in May became the first in the Western U.S. to offer minimally invasive laser surgery to operate on an adult epilepsy patient with minimally invasive neuromodulation, a safer, less invasive alternative to MRI-guided laser surgery, a safer, less invasive alternative to opening the skull and cutting out the brain tissue where the disorder originates, the organization reports.

“About 3 million

Chicanos Por Dr. López

Ana Maria López, M.D., F.A.C.P., medical director of Arizona Telemedicine Project, professor of medicine and pathology at the University of Arizona College of Medicine, Tucson, and member of the University of Arizona Cancer Center, was one of three women recently honored for being a “cornerstone of our community” by Chicanos Por La Causa (CPLC) at its 34th Annual Meeting.

**Med students, new docs undeterred by doctors’ ‘malaise’**

By Ole J. Thilenius, M.D., M.B.A.

We hear a lot about morale problems of American physicians. Quite a few doctors retire early. Others declare that they would not choose medicine as a profession again if they had the option.

Perspective

Med students get scholarships in aging research

The Arizona Center on Aging at the University of Arizona won scholarship awards for the prestigious Medical Student Training in Aging Research (MSTAR) program, administered by the National Institute on Aging (NIA).

Common issues include the intrusion of bureaucratic requirements into our practices; hassles of dealing with insurance companies; malpractice concerns; competitive threats from non-physician providers; and the difficulty of living in the office or hospital. Most recently the UA/Barra Foundation celebrated graduation of five Fellows from the Cardiovascular Medicine Fellowship Program, and two from the Interventional Cardiology Fellowship Program.

SOMBRERO — August/September 2014

Interventional Cardiology Fellowship Program. Dr. Doraiswamy is joining the UA College of Medicine, Division of Cardiology.
REASON TO JOIN

There is no other organization in Pima County that advocates for physicians and our patients.

Good things have and will happen when University and Community physicians work together.
Thank you for considering membership in the Pima County Medical Society.
Membership Application – Pima County Medical Society
Fax to: 323-9559 or mail to: 5199 E. Farness Drive, Tucson AZ 85712

I am applying for:

❑ Active (Full Time Practice)  ❑ Working Associate (Part time/Semi-Retired)  ❑ Associate (Fully Retired)

❑ Senior (Full Time Practice/62+)  ❑ Service  ❑ Resident/Fellow  ❑ Student  ❑ Affiliate

Last Name: _________________________________  First Name: _______________________  MI _________

Date of Birth (required) _______________________  Gender:  ❑ Male  ❑ Female

Degree:  ❑ MD  ❑ DO  ❑ PA  ❑ DDS  AZ License Number: _______________________________

Practice Name__________________________________________________________

Practice Address: _____________________________________________  City ___________  Zip __________

Office Phone _______________________  Office E-mail (required) _____________________________

Office Fax ___________________  List my specialty as: _______________________________________

Specialty Interest #2 ______________________________  Specialty Interest #3  _________________________

Do you wish to have PCMS referrals?  ❑ Yes  ❑ No

Language Capability (other than English) __________________________________________

Home Address: _____________________________________________  City ___________  Zip __________

Home Phone _______________________  Home E-mail _______________________________________

Check YES or NO to the following questions:

Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked?  ❑ Yes  ❑ No
Has your narcotic license ever been denied, suspended or revoked?  ❑ Yes  ❑ No
Have you ever been denied membership or been subject to disciplinary action by any medical society or hospital?  ❑ Yes  ❑ No
Do you have health problems that might interfere with your practice of medicine?  ❑ Yes  ❑ No
Have you ever been judged guilty in criminal proceedings?  ❑ Yes  ❑ No
Have you ever had any judgments or settlements made against you in a professional liability cases?  ❑ Yes  ❑ No

If you answered YES to any of the above questions, please list details on a separate sheet of paper and provide with application.

Important Articles of Incorporation & Bylaws

ARTICLE III of ARTICLES OF INCORPORATION: Membership in this corporation shall be personal and non-transferable and shall terminate upon the death of the member. Membership shall be open to every legally licensed practitioner of medicine and surgery in the County of Pima, State of Arizona, who is of good moral and ethical standing, and possesses the qualifications set forth in the Bylaws of this corporation.

ARTICLE IV of ARTICLES OF INCORPORATION: The corporation may indemnify any and all of its present or former directors, officers, employees, or agents to the maximum extent permitted by applicable law.

CHAPTER 1, Sec. 3, of the BY-LAWS: The Society shall be sole and exclusive judge of the qualifications for membership in any category of its applicants or members, whether applicants are members by transfer or otherwise, and the result of the vote of the Society upon application for membership shall be conclusive upon the question of the right to membership. The Society shall have the power to prescribe qualifications for membership in any category subject only to the Articles and Bylaws of this Society.

Applicant’s Signature _____________________________________________  Date ______________

Fax to: 323-9559 or mail to: 5199 E. Farness Drive, Tucson AZ 85712
Over the past year, the committee expanded to include 10 faculty members rather than 6 faculty and 4 students. The committee has solicited input from faculty and met regularly with Dr. Goldschmid and now, Dr. Garcia. The committee has also met with Dr. Waldrum last spring and gave specific suggestion regarding increasing faculty input to the Clinical Enterprise. In October the committee met with Dr. Yuan discussing barriers to research productivity in the COM.

Since the spring, the committee has been primarily focused on analyzing the AAMC Faculty Forward Survey results and developing recommendations with specific items and timelines for the leadership. These recommendations are listed below and were presented to Dr. Garcia in October.

------------------------------------------------------------------------------------------------------------------

Committee of Ten Recommendations
September 16, 2014

Introduction:

The Committee of Ten has done an analysis of the data from the recent AAMC Faculty Forward Survey and has gathered input from a wide variety of faculty over the past 2 years. The survey and analysis points to serious problems in the College of Medicine that need to be addressed by the leadership. The overriding issues are:

1. Faculty do not feel they are meaningfully participating in the COM.
2. Faculty feel that their participation in the Clinical and Research enterprise is undervalued.

Faculty engagement is critical to building a strong academic medical center. The lack of faculty engagement is compounded by fears of retribution if faculty speak out or criticize the College or its Clinical Enterprise. While there is a statement of values and mission, faculty feel that the true values and mission are transmitted by the decisions made and actions within the COM. There is a perception of a dissociation of actions and decisions with the stated academic values and mission. This disconnect and non-engagement of faculty may be why more faculty are considering leaving the COM than our peers in the AAMC survey. Even more important for the future is the survey data indicating that we have greater difficulty in retaining high quality faculty compared to peer institutions.

The Committee also recognizes that there has been a change in leadership in the
College of Medicine and the Health Sciences Center and there are many changes that the Clinical Enterprise is undergoing. We applaud and support the efforts and goals of our Vice-President and new Interim Dean. However, we feel strongly that the change in leadership is not the full answer to the problems documented in the AAMC survey. Therefore, we present specific recommendations to the Dean and the College, which will help engage faculty, and give them protections and avenues for input, participation, and shared governance.

**Recommendations:**

1. **College of Medicine - Elected Peer Review/Appeals Committee** for faculty to bring issues if they feel they are being treated unfairly. This committee would be independent, give its recommendations to the COM leadership for final action. The Committee would also attempt to reconcile issues and work out solutions acceptable to the parties involved.

   *This would require a Bylaws Resolution and vote of faculty.
   Time course - 9 months, voted by faculty in the spring of 2015
   Indicator of success - Institution of committee*

2. **Clinical Enterprise - Clinical faculty elect at least 3 members of the Governing Board of the Faculty Practice Plan.**
   
   **2a.** Elected faculty would be responsible for holding at least quarterly forums to discuss issues.
   
   **2b. Subcommittees of the Faculty Practice Plan** be formed to assess key aspects of the Practice Plan, including Faculty Salary Plan and Faculty Benefits Plan.
   
   These standing committees will take into account suggestions for improvement, such as separating salary raises from AAMC rank or incentives based on a continuous rather than discrete levels
   
   **2c. Clinical Enterprise Peer Review/Appeals Committee** - Elected by faculty, this committee will be independent and listen to issues if a faculty member feels she/he is not being treated fairly.

   *Time Course for implementation - 6 months for Governing Board, 9 months for subcommittees to be formed.
   Indicator of Success - Formation of these committees and elected positions*

3. **Research Enterprise**

   **3a.** The College of Medicine strengthens the research enterprise by supporting existing faculty in sustaining and growing research programs and increasing competitiveness. *The College of Medicine leadership, with strong faculty input, re-assesses existing expectations in each faculty track, allowing linking of expectations to protected time for research, education and service.* Expectations are commensurate with resources that are made available to the faculty. Mentoring plans are implemented to help faculty to succeed.
Once the College of Medicine analysis is completed, **Departments will reassess individual faculty expectations with regard to effort in research, education and service as well as available resources and mentoring.** Faculty who are concerned that they do have the support to accomplish these expectations can appeal to the Review Committee (Recommendation 1 above) and the Dean.

**Time Course: 6 months for COM reassessment; additional 3 months for Departmental assessments.**

**Indicator of success: 3a. Document with faculty input describing clear expectations for faculty and linking expectations commitments for protected time, resources and mentoring.**

**3b.** The College of Medicine will undertake an **analysis of barriers to research productivity within the COM and implement solutions.** This analysis will include faculty forums and input and include, but are not limited to, discussion of:

- Bridge Funding – lack of bridge funding for productive faculty
- Distribution of portions of grant indirect costs to investigators
- Incentives for multiple grants
- Salary support and NIH funding limits
- Sabbaticals
- Research infrastructure and support network

**Timeline: 9 months**

**Indicator of success: 3b. Document evaluating barriers to research success with implementation of solutions.**

**Background Data (Key Points)**

**AAMC Survey:**

- Only 28% of faculty reported that they feel they can express their opinions without fear of retribution. This is far less than 46% of faculty who reported no fear of retribution in peer and cohort medical schools. This fear of retribution was worse for clinical faculty whose salary is dependent upon the clinical enterprise with very few, if any protections.

- 18% of faculty reported that they were planning on leaving this medical school in the next 1-2 years and an additional 4% were retiring. This compares with 12% in the peer group and 13% in the cohort group. An additional 24% reported that they were uncertain about leaving. Faculty intending to leave were more likely to be clinical, junior, female and minority faculty.

- Only 16% of faculty in our COM reported that we are successful in retaining
high quality faculty compared to 40% in peer institutions.

- Clinical faculty reported that the communication between clinical administrators and practitioners was extremely poor. 50% of faculty rated communication about the practice’s financial status as unsatisfactory compared to 35% for peers and 31% for the cohort. 48% were dissatisfied with communication between senior administrators and physicians, compared to 33% for peers and 30% for the cohort. Perhaps, the most important finding, 43% felt they did not have an opportunity for input in management or administrative decisions that affect their practice of medicine. This compares to 34% among the peer group and 30% among the cohort group.

- In questions about the mission and values of the COM, only 35% think the mission is being accomplished in comparison with 57% at peer institutions. Only 31% think the stated values match the actual values of the institution, compared with 54% at peer institutions.

- Only 25% of faculty in our COM agreed or strongly agreed that there are sufficient opportunities for participation in the governance of this medical school compared to 35% of peers.

- Only 36% of faculty in our COM report that our actual values match our stated values in our institution.

- 67% of faculty in clinical departments and 43% of faculty in basic science departments report that faculty spend too little or far too little time on research/scholarship.

- 53% of faculty reported that the Medical School places too little or far too little value on Research/Scholarship compared to 23% of peers and 26% of cohorts.

In addition, data the committee reviewed showed that University of Arizona COM faculty members hold an R01 for an average of only 8 years, which ranks well below peer institutions. This data suggests that faculty at the University become less competitive with time and that investments being made in research are not being matured. Key contributing factors for this include a dilution of time and, going hand-in-hand, a lack of critical mass. Commitments made for protected time for research cannot be honored if the workload for service is seen as a necessary detractor that cannot be more widely distributed. Furthermore, critical mass is essential for a healthy, productive scientific environment. This proposal represents a strategic imperative to protect investments made in new and existing faculty, research programs, and community.
Continuing Medical Education Committee Report to the General Faculty

November 2014

The Continuing Medical Education (CME) Committee is one of the permanent committees of the University of Arizona, College of Medicine (COM). The Continuing Medical Education Committee approves CME policy, provides oversight of CME activities, and assures that 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. (Please see the attached organizational chart.) The current CME Committee members and COM support staff are:

- Aiden Abidov, MD (Chair) - Medicine
- (Teri) Gail Pritchard, PhD (Vice Chair) – Pediatrics
- Dale Woolridge, MD, PhD - Emergency Medicine
- Betsy Dokken, PhD - Medicine
- Raymond Runyan, PhD - Cellular & Molecular Med
- Ole Thienhaus, MD - Psychiatry
- Richard Amini, MD – Emergency Medicine
- Andy Fuglevand, PhD – Physiology
- David Elliott, PhD - Cellular & Molecular Med
- Ex-officio: Randa Kutob, MD, MPH – Interim Director, Office of Continuing Education
Support Staff: Robert Amend, MEd, OCME Operations Director; Denise Garret, Administrative Associate; Janice Menuey, Office Specialist, Senior; Cheryl Novalis-Marine, Senior Operations Architect

Educational Activities:

The College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) through March 2015 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 two calendar years.

<table>
<thead>
<tr>
<th>SUMMARY OF CALENDAR YEARS 2013 VS 2014</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enduring Direct</strong></td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td><strong>Enduring Joint</strong></td>
<td>39</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total Enduring</strong></td>
<td>49</td>
<td>50</td>
</tr>
<tr>
<td><strong>Live Direct</strong></td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td><strong>Live Joint</strong></td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total Live</strong></td>
<td>44</td>
<td>37</td>
</tr>
<tr>
<td>Regularly Scheduled Series (RSS) Direct</td>
<td>42</td>
<td>43</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>RSS Joint</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Total RSS</td>
<td>55</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total Activities</strong></td>
<td>148</td>
<td>141</td>
</tr>
</tbody>
</table>

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 21 courses with a total of 85.5 CME credit hours available. Since 1998, physicians have earned over 150,000 CME credits on the VLH website (www.vlh.com).
All Virtual Lecture Hall online courses include the following evaluation questions at the end of the online course:

- “How would you rate this program overall?”
- “How well were the learning objectives of this program met?”
- “How relevant was the information in this program to your clinical practice?”
- “Likelihood you will make a change in practice behavior based on your participation in this activity?”

Responses range from 1 (lowest) to 5 (highest). In addition, course participants are encouraged to make open-ended comments regarding the course. These responses are regularly reviewed and used to continually improve course materials. Pooled data from VLH.com users are displayed in Table 2 below.

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Average Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Rating</td>
<td>4.63</td>
</tr>
<tr>
<td>Objectives Met</td>
<td>4.69</td>
</tr>
<tr>
<td>Relevance to Clinical Practice</td>
<td>4.19</td>
</tr>
<tr>
<td>Likely Change Practice</td>
<td>4.22</td>
</tr>
</tbody>
</table>
Future Goals

- Re-accreditation: In July 2014, the College of Medicine, OCME submitted its materials to the ACCME for re-accreditation. An interview was held in October 2014 with ACCME reviewers. The ACCME will announce its decision regarding re-accreditation in March 2015.

- Expansion of the Virtual Lecture Hall: Working with COM faculty and external consultants, two new courses are underway. One course on safe opioid prescribing is funded by contract with the College of Public Health (Derksen, PI) via the Arizona Department of Health Services. The other course on hospital and community acquired pneumonia is authored by Dr. Al Mohajer and funded by a grant from the Academy of Medical Education Scholars.

- The CME Committee and OCME are working together to identify COM faculty with national expertise in particular areas. The goal is to produce focused presentations on areas of national interest and post these to the Virtual Lecture Hall.
Arizona Board of Regents

President, The University of Arizona
Anne Weaver Hart

Interim Dean, College of Medicine
Joe G. N. “Skip” Garcia, MD

Deputy Dean, Clinical Affairs
Bruce Coull, MD

Interim Director, CME Office
Randa Kutob, MD

Operations Manager, CME Office
Robert Amend, M.Ed.

Office Specialist, Sr.
Janice Menuey

Administrative Associate
Denise Garrett

CME Committee: 2014-15
Aiden Abidov, MD (Chair)
(Teri) Gail Pritchard, PhD (Vice Chair)
Richard Amini, MD
Betsy Dokken, PhD
David Elliott, PhD
Andy Fuglevand, PhD
Raymond Runyon, PhD
Ole Thienhaus, MD
Dale Woolridge, MD, PhD
Randa Kutob, MD (Interim Director, OCME)

College of Medicine IT
App. Architect, Sr.
Cheryl Novalis-Marine
The University of Arizona College of Medicine at South Campus (UACOM-SC)  
Graduate Medical Education Committee Report  
To the General Faculty, Major Participating Institutions and  
Arizona Board of Regents  
October 2014 (AY 14)

GME Committee (GMEC)

1. **Overview**: The UACOM-SC GMEC is currently into its 8th 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.

The committee holds an additional monthly “Task Force” meeting, which focuses on addressing specific issues requiring more detailed attention in order to enhance quality of care provided to our patients. Examples of our endeavors this past year included addressing lab and EPIC issues; working with EPIC to develop a data tracking system by specialty and individual resident that will provide information that will impact their patient care.

2. **Programs**: There are 6 ACGME accredited residency programs at UACOM-SC, all of which have enrolled residents. These programs include: Internal Medicine, Psychiatry, Ophthalmology, Emergency Medicine, Family Medicine and Neurology. In academic year 2013-14, there were 110 enrolled residents. All 6 programs participated in the NRMP (and Ophthalmology) MATCH and filled all offered positions successfully. None of our programs required participation in the new NRMP SOAP System (formerly post MATCH Scramble). Our Medical Toxicology program is a 2 year fellowship, accredited for a total of two fellows in the program. In 2013-14 Fellowship MATCH, the program filled one PGY4 position with a fellow who began his tenure at SC 7/1/14.

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 14, the SC GME **Resident Quality Council (RQC)** continued to meet under the leadership of Dr. Vic Weaver. They focused on educating and addressing Quality of Care issues pertinent to residents and patient care. The Council was continually challenged with inconsistent meeting attendance. Subsequently, the SC RQC has merged
with the UC RQC for AY 15 to address issues found in common within the UAMC hospitals. Additionally, each new resident is required to complete IHI modules related to QI and Patient Safety, prior to matriculation into our residency programs. In July 2014, one of the RQC resident members was identified and sponsored by the MEC to attend a national IHI Student Quality Leadership Academy.

4. **Faculty Development**: Through FY 14, the GME Office continues to support each program to attend 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. Other national opportunities for faculty development include: the annual University of Arizona COM at SC GMEC sponsored retreat, AAMC or ACGME Webinars. These opportunities are made available to our GMEC members and several of our program directors and coordinators participate. 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. Additionally, each program is encouraged to develop a program specific faculty development program to train faculty educators in learner assessment and teaching modalities. 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.

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. In 2012-13 a PD funding metric was developed to ensure each PD was funded according to ACGME requirements. In 2013-14, a Residency Program Coordinator job series matrix was also developed and distributed to departments.

6. **Resident Forum**: Quarterly, the DIO and GME Administrator continue to host a dinner meeting for resident representatives from each program. The meeting aim is to promote communication and cohesion among the residency programs and discuss issues pertinent to the resident work environment and education across disciplines. On occasion, hospital or sponsor leadership is invited to entertain a Q&A forum with the residents. **Resident Program Meetings** are scheduled biannually. During these meetings, the DIO and GME Administrator meet with each program’s cohort of residents to address institution and program specific issues/concerns. 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.

7. **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.
Housetaff Counselor: Dr. Larry Onate continues as the housestaff counselor for the University of Arizona College of Medicine. He not only provides services to residents and their families, but also offers didactic presentations for programs in multiple areas including Substance Abuse, Stress management, Physician Well-Being. Annually, he is introduced to the new interns/residents at orientation raising awareness of his availability. Annually, he presents to the GMEC statistics of types of problems he has addressed in the previous year. He has noted a decrease in residents’ sense of Wellness across disciplines, which he will be presenting to the program directors at a GMEC Task Force meeting.

8. Annual GME Retreat: The annual retreat was held in May 16, 2014 at Hacienda del Sol. In addition to the opportunity to dialogue with our Sponsors (or designee), the retreat focused on GME Education in Health Care Disparities, Developing a Holistic Approach to GME Recruitment and ACGME CLER Pathway to Excellence. Facilitators included: Dr. Francisco Moreno (UACOM ODI), Professor Thomas Miller (Assoc Provost for Faculty Affairs, UA), Dr. Raji Rhys Wietecha (Assistant VP, Chief Diversity Officer, UA), Professor Jeff Milem (Educational Policy studies and practice). Programs were challenged to develop methods of training residents in Health Care Disparities, improving the education re: patient safety and Quality of Care and developing methods for improving the diversity of our GME applicant pool.

9. Annual Scholarly Day: UACOM-SC hosted its 5th GME Scholarly Day in May 2014. 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 fifth annual Norma J. Peal, Ph.D. Excellence in GME Award was presented to Dr. Palitha Kalpage (FM). The recipients of the Scholarly Day awards were Dr. Anju Nair, Dr. Akshay Shah, Dr. Jennifer Huang, Dr. Michael DePalma, Dr. Aaron Ritter, Dr. Sommer Aldulaimi and medical student, Jamie Fleming.

New Program Directors and Programs

1. Dr. Lisa Stoneking assumed the role of PD and Dr. Ana Waterbrook assumed the role of APD for SC Emergency Medicine Residency Program

Comprehensive Program Reviews (CPR)

1. The Comprehensive Program Review (CPR) replaces the Internal Review evaluation process. It is a GME administered comprehensive program review, involving 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. Over the course of the past academic year, the GMEC conducted one CPR on the Internal Medicine program. A report from the CPR was presented to the GMEC, approved and forwarded to the department chair.
3. The GMEC has approved each program completing a CPR every 3 years unless there is an area of concern requiring an expedited CPR.

**ACGME Site Visits**

1. All of our programs have been awarded Continued ACGME Accreditation and are in the NAS 10 year cycle. Our next anticipated site visit is an Institutional Site Visit tentatively scheduled for 10/1/2018.

**Ongoing Accreditation Mandates**

1. ACGME Resident Duty Hours– Effective 7/1/11, ACGME implemented new Duty Hour requirements which were further specified by each specialty. Each program has been required to update their Duty Hours, Moonlighting and Supervision policies to address these changes. The new 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 moves into the senior years of training. Senior residents may extend duty period if their presence is critical to patient care or continuity of care.
   c. A resident may not be responsible for the care of new patients after 24 hrs of continuous duty
   d. Limitations on breaks between duty periods by PGY year which must be monitored by program
e. PGY1’s may not work more than 16 hour shifts. No call.
f. Specifications regarding days off duty

2. Limitations on night float – frequency and must include an educational component.
3. All moonlighting (both internal and external) must now 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 get home 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 – Effective 7/1/11, ACGME adopted new supervision requirements. The requirements included:
   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. Each program is required to utilize a standardized handoff tool. They are required to train their residents in proper hand off procedures and use of the tool. GMEC has developed a 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 was required to update their Supervision policy in compliance with the new ACGME requirement. The GMEC continues reviewing resident annual 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.

ACGME Next GME Accreditation System (NAS)

1. NAS implementation began July 2013. This new 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.” Seven core specialties were included in the Phase I group (EM, IM, Neuro Surgery, Orthopedic Surgery, Pediatrics, Diagnostic Radiology and Urology). The remaining specialties (Phase II) were phased in July 2014.
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. To date EM and IM have submitted Milestone reports. All programs have developed Clinical Competence Committees to evaluate resident progress. All programs will be submitting Milestone reports in 2014-15.
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).
   a. SC first visit occurred 9/3-4/2014. Report pending
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 3rd New Resident Orientation, June 2014, was the result of a joint effort between UA, UAHN, UAMC-SC and UAMC-UMC. Replacing the historic institution specific, multiple orientations, all new residents and fellows from both clinical facilities (total of 225) convened at the UA Student Union 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.
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, all inpatient services are required to participate in an inpatient hospital orientation at UAMC South Campus. Following a general review of the six ACGME Competencies and Milestones by program directors, interdisciplinary resident teams are formed, headed by senior residents and/or faculty members. The teams are rotated through major hospital departments including: Pharmacy, Radiology, ED, Nursing and Mock Codes.
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.

Resident Survey

The annual ACGME Resident survey continues to focus on seven major categories: Duty Hours, Faculty, Evaluation, Educational Content, Resources, Patient Safety and Teamwork. In the NAS, ACGME intends to focus on program trends of improvement vs. declining performance. All six of our residency programs participated in the survey. A minimum of 70% participation from the residents in each individual program is required to receive a
program specific report. We consistently had 80-100% participation. 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. This report is presented at the next GMEC meeting. Based on the 2013-2014 Institutional Aggregate Program data the following table represents how we rate compared to the national mean.

| Significant areas of noncompliance noted and planned interventions                          | Institution Mean | National Mean | |
|------------------------------------------------------------------------------------------|-----------------|---------------|
| Duty Hours                                                                               | 4.8             | 4.8           | None                                                                 |
| Faculty                                                                                  | 4.2             | 4.3           | None                                                                 |
| Evaluation                                                                               | 4.5             | 4.5           | Program use evaluations to improve (75%) Satisfied with feedback after assignments (74%) *Will work with programs individually |
| Educational Content                                                                     | 4.2             | 4.3           | Satisfied with Opportunities for scholarly activities (73%) Multiple programs have now implemented a scholarly requirements and increased faculty mentoring Education not compromised by service (73%) *We will need to look closely at resident workload Given data to show personal clinical effectiveness (58%) *Working with EPIC to develop data sets to provide to residents. Report completed and ready for implementation |
| Resources                                                                                | 4.3             | 4.3           | Way to transition care when fatigued (72%) *Programs have backup systems in place. Need to educate residents about the systems available |
| Patient Safety                                                                           | 4.3             | 4.4           |                                                                      |

**Faculty Survey**

ACGME initiated annual faculty surveys 2012-13, beginning with those programs in Phase I of NAS (submitted Milestone reports). 2013-14, 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 2013-14 Institutional Aggregate Program data, the following table represents how we rate compared to the national mean.
Graduate Exit Interview
June 2014, the DIO and GME Administrator met with the majority of graduating senior residents for an exit interview. General feedback was shared with GMEC and individualized feedback was provided to each program to implement appropriate changes.

GME Graduation Survey
To date we have had 104 graduates from the UACOM - SC residency programs. A graduate survey has been developed and 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.

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<tr>
<th>Year</th>
<th>EM</th>
<th>FM</th>
<th>IM</th>
<th>Neuro</th>
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<td>Total</td>
<td>16</td>
<td>19</td>
<td>38</td>
<td>6</td>
<td>8</td>
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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 Policy and Procedure manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Respectfully submitted,

Victoria E. Murrain, DO
Assistant Dean for Graduate Medical Education
ACGME Designated Institutional Official (DIO)
<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>RESIDENT PARTICIPATION</th>
<th>Meetings</th>
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</thead>
</table>
| The University of Arizona College of Medicine at South Campus GMEC | Naomi Young, MD, Family Medicine, PGY2  
Katie Houmes, MD, Family Medicine, PGY1  
Matt Atienza, MD, Psychiatry, PGY3  
Juan Gonzalez, MD, Psychiatry, PGY2  
Natasha Sharda, MD, Internal Medicine, PGY3  
Sridhar Reddy, MD, Internal Medicine, PGY2  
Yuvi Grewal, MD, Neurology, PGY4  
Ari Magill, MD, Neurology, PGY4  
Claudia Prospero Ponce, MD, Ophthalmology, PGY2  
Cameron Newell, MD, Emergency Medicine, PGY3  
Michael Ori, MD, Emergency Medicine, PGY3  
Anju Nair, MD, Internal Medicine, Chief, PGY4 | 4th Friday, noon                                                                  |
| South Campus Hospital Pharmacy & Therapeutics      | Krunal Patel, MD, Internal Medicine, PGY3  
Jessica Bates, MD, Emergency Medicine, PGY1  
Anthony Cappa, MD, Emergency Medicine, PGY2 | 2nd Wednesday, noon                |
| Pima County Medical Society                        | Ari Magill, MD, Neurology, PGY4  
Ari Magill, MD, Family Medicine, PGY3 | Last Tuesday, 5pm                  |
| Psychiatry Resident Education                      | Psychiatry residents                                                                  |                                   |
| South Campus HCAHPS Process Improvement            |                                                                                        | 3rd Wednesday, 1-2pm              |
| South Campus ICU Critical Care                     |                                                                                        | Not an active committee           |
|                                                     |                                                                                        | (Gordon Carr 8/13)                |
| South Campus ICU Code                              | Seth Assar, MD, Internal Medicine, PGY3                                               | Wednesdays                        |
|                                                     |                                                                                        | Bi-monthly 3-4p                   |
| GME Resident Quarterly Dinner Forum                | Anju Nair, MD, Internal medicine, PGY4  
Jennifer Huang, DO, Internal Medicine, PGY3  
Rishi Bhargava, MD, Internal Medicine, PGY2  
Joie Evans, DO, Family Medicine, PGY3  
Megan Rayman, MD, Family Medicine, PGY3  
Bea Pina, MD, Family Medicine, PGY3  
Fatimah Gilani, MD, Ophthalmology, PGY4 (Jan-Jun)  
Billy McSwain, MD, Ophthalmology, PGY4 (Jul-Dec)  
John Rosell, MD, Emergency Medicine, PGY3  
Jessica Garst Orozco, MD, Emergency Medicine, PGY3  
Yuvi Grewal, MD, Neurology, PGY4  
Ari Magill, MD, Neurology, PGY4  
Julia DiPierdomenico, DO, Psychiatry, PGY4  
Krystal Chavez, MD, Psychiatry, PGY4 | Quarterly                         |
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<tr>
<th>Committee</th>
<th>Members</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Medicine Housestaff Committee</td>
<td>Prince Buzombo, MD, Internal Medicine, PGY2</td>
<td>1st Monday, noon</td>
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<td></td>
<td>Elizabeth Ulliman, MD, Internal Medicine, PGY3</td>
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<td>Faraz Jaffer, MD, Internal Medicine, PGY1</td>
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<td></td>
<td>Anju Nair, MD, Internal Medicine, Chief</td>
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<tr>
<td>Medicine Competency Committee</td>
<td>Anju Nair, MD, Internal Medicine, Chief</td>
<td>Quarterly</td>
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<tr>
<td>ACP Representatives</td>
<td>Archana Nair, MD, Internal Medicine, PGY2</td>
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<td></td>
<td>Jennifer Huang, MD, Internal Medicine, PGY3</td>
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<tr>
<td>Neurology Resident Education</td>
<td>Yuvi Grewal, MD, Neurology, PGY4</td>
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<tr>
<td>Emergency Medicine GME Committee</td>
<td>Jessica Garst, MD Emergency Medicine, PGY 3</td>
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<td></td>
<td>John Rosell, MD Emergency Medicine, PGY3</td>
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<td>Ophthalmology PEC</td>
<td>Billy McSwain, MD, Ophthalmology, PGY4</td>
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<tr>
<td>South Campus GME Environmental Committee</td>
<td>John Rosell, MD, Emergency Medicine, PGY3</td>
<td>Annually</td>
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<td></td>
<td>Jordan Singleton, MD, Emergency Medicine, PGY3</td>
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<td>Roksolyana Tourkevich, MD, Neurology, PGY3</td>
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<td>Gowri Radhakrishnan, MD, Internal Medicine, PGY3</td>
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<tr>
<td>South Campus Quality &amp; Safety Oversight Board</td>
<td>Victoria McCurry, MD Family Medicine, PGY2</td>
<td>3rd Wednesday, 1pm</td>
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<td>South Campus Resident Quality Council</td>
<td>Anju Nair, MD, Internal Medicine, Chief</td>
<td>1st Monday, 12pm</td>
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<td>Aaron Fernandes, MD, Internal Medicine, PGY3</td>
<td>Conf room 3030</td>
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<tr>
<td></td>
<td>Sarah Patel, MD, Internal Medicine, PGY2</td>
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<td>Norman Beatty, MD, Internal Medicine, PGY1</td>
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<td>Jordan Singleton, MD, Emergency Medicine, PGY3</td>
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<td>Robert McAtee, MD, Emergency Medicine, PGY3</td>
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<td>Grace Price, MD, Family Medicine, PGY1</td>
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<td>Victoria McCurry,MD, Family Medicine, PGY3</td>
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<td>Shadi Koleilat, MD, Neurology, PGY4</td>
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<td>David Nguyen, DO, Neurology, PGY3</td>
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<td>Seenaiah Byreddy, MD, Neurology, PGY3</td>
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<td>Emergency Preparedness Committee Linda Eckhoff-Mead</td>
<td>Duncan Johnston, MD, Emergency Medicine, PGY2</td>
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<td>Sean Murphy, MD, Emergency Medicine, PGY2</td>
<td>SC Room 1233 BHP</td>
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<tr>
<td>Family Medicine Policy &amp; Procedure</td>
<td>Lori Hill, MD, Family Medicine, PGY2</td>
<td>UC Room 2216</td>
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<td></td>
<td>Naomi Young, MD, Family Medicine, PGY2</td>
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<td></td>
<td>Ben Gonzalez, MD, Family Medicine, PGY3</td>
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<td>Cynthia Carrillo, MD, Family Medicine, PGY2</td>
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<td>Family Medicine Curriculum Committee</td>
<td>Daphne Rosales, MD, Family Medicine, PGY2</td>
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<td>Paul Swenson, MD, Family Medicine, PGY3</td>
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<td>Joie Evans, DO, Family Medicine, PGY3</td>
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Chair: Anne E. Cress, PhD

Co-Chair:

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<thead>
<tr>
<th>Elected Members</th>
<th>Ad hoc</th>
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<tr>
<td>David Armstrong, DPM, MD, PhD</td>
<td>William Dantzler, MD, PhD</td>
<td>Angela Souza, MAdmin</td>
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<tr>
<td>Kurt Denninghoff, MD</td>
<td>Lynn Gerald, PhD, MA, MSPH</td>
<td>Judith DiMarco, PhD</td>
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<td>Gregory Dussor, PhD</td>
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<td>Judith Gordon, PhD</td>
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<td>Emmanuel Katsanis, MD</td>
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<td>Terence O’Keeffe, MB, ChB, MSPH</td>
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<td>Sai Parthasarathy, MD</td>
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<td>Charles Raison, MD</td>
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<td>Lisa Rimsza, MD</td>
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<td>Gregory Rogers, PhD</td>
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<td>Patrick Ronaldson, PhD</td>
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<td>Magdalene So, PhD</td>
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<tr>
<td>Steven Stratton, PhD</td>
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<td>Marlys Witte, MD</td>
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The Dean’s Research Council is a standing committee which advises the Dean of the College of Medicine on matters pertaining to the research programs of the College of Medicine (e.g., space, faculty career development awards, core facility funding, faculty start-up funds, conflict of interest, legislation, animal welfare/animal rights, indirect cost recovery policy, technology transfer, interdisciplinary programs, and future strategies). The council develops research policy for the College of Medicine that is disseminated to the research community via the research office.

The Dean’s Research Council will resume activities in the coming months at the direction of the Dean.

2014 Accomplishments:

- New faculty members were elected to serve on the Dean’s Research Council. The newly elected members are:
  - Sai Parthasarathy, MD
  - Gregory Rogers, PhD
  - Patrick Ronaldson, PhD
  - Marlys Witte, MD
AHSC Research Administration Support

Lauren Zajac, CRA
Executive Director, Research Administration
August 7, 2014
AHSC Research Administration Services
Leadership

Pre-Award
- Budget development
- Prepare administrative sections of grant
- Secure Institutional Endorsement and Approval
- Submission of grant to external sponsor

Research Development
- Finding grant opportunities
- Drafting Institutional support letters
- Coordination of internal grant competitions
- Maintain description of core facilities services
- Develop and Maintain Trainee Tracking database (T32s)

Post-Award
- Consulting agreements and subawards
- Grant closeouts and no-cost extensions
- Updating awarded budgets
- Partnering with the business managers to assist in grant monitoring

Clinical Trials
- Budget development and negotiation
- Secure Institutional Endorsement all CTAs, CDAs, MTAs and Amendments
- Visit earning reconciliation & invoicing
- Cash collection & deposits
- Regulatory Support

Lauren Zajac
AHSC Executive
Director
Research Administration
Goals of the Centralized Research Administration Service Office

• Customer Service Model
• Implementation of Standard Operating Procedures
• Proactive Support for Faculty
• Increased compliance monitoring—especially for clinical trials
• Partner with other research administration units campus-wide
Goals (con’t)

• Working with VPRs office, streamline the procedures and processes for research (ex: risk assessment, escalation policy, enhancements to PRS system, CT Finance)

• Develop and implement shared tools to assist all faculty (T32 database, core facilities, standard text for grant applications)
Goals (con’t)

- Clinical Trials
  - Working on training and process improvement to ensure billing compliance
  - Revamp of routing and submission of clinical trials to ensure concurrent routing
- Establish a Research Administration Service operation to assist faculty with their pre-award, post-award regulatory support and clinical trials administration
Why Central Support?

- Increased Complexity
- Grant Submission Systems
- Rapidly changing rules and regulations
  - Cost Sharing, IDC
  - OMB, FCOI
- Clinical Trial budgeting/Medicare coverage analysis requires experience and training
Why Central Support?

- Large submissions require a team to coordinate all of the administrative sections
- Vacation, sick time coverage
- Development and implementation of standard best practices
Any Questions?

Lauren Zajac

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UA Vitae
Agenda

• What is UA Vitae?
• Purpose and benefits of UA Vitae
• System characteristics & data available
• College of Medicine – Tucson Implementation
  • Project team
  • Department head, faculty responsibilities
  • Timeline
What is UA Vitae?

• A new online system for annual faculty reviews that provides a single, convenient place for faculty to record their activities and achievements.

• Faculty180 ([www.faculty180.com](http://www.faculty180.com)) adopted by UA after a University wide review by representatives/stakeholders from colleges across campus.

• Mandated by Provost, piloted in FY14 by faculty and staff in 5 colleges:
  • Agriculture & Life Sciences
  • Fine Arts
  • Medicine-Phoenix
  • Public Health
  • Social & Behavioral Sciences

• Go Live other UA Colleges: January 2015
Purpose of UA Vitae

• Helps universities track, manage, evaluate faculty activities
• Facilitates accurate reporting (accreditation, program reviews; legislative reports; planning and budgeting, etc.)
• Replaces paper-based processes for all levels of annual review
• Provides an integrated repository for information on teaching, grants, publications, conference presentations, and service activities
• Provides consistency by standardizing review formats
• Enables faculty to provide a more complete picture of their scholarly, outreach & service activities
System Characteristics

- Data populated automatically from existing databases (demographics, Sponsored Projects, publications, teaching, etc.)
- 24/7 access from any browser/internet connection on or off campus
- CV Builder: Enables faculty to create digital CVs with permanent links to presentations, instructional materials, other scholarly works
  - Can print CVs in Word or PDF format
- Storage for multimedia files, including video, audio, photos, pdfs, etc. to create a comprehensive electronic portfolio
- Ability to review data for updates and/or corrections
Data Available in UA Vitae

- Demographic info (office/email addresses; titles, rank, position start date, etc.)
- Sponsored Project data from 2011-present
- Publications from Scival/PubMed
- Campus: Course data from 2011 [ArizonaMed data in progress]

Note: Downloaded data must be reviewed for accuracy!
Implementation Team COM-Tucson

UA Vitae Committee (faculty, staff, administrators, IT) -- initial planning, discussions of scope of project

Team Structure:

- Dr. Anne Wright – Project Sponsor
- Winifred Blumenkron – Project Manager
- April Douet – Faculty Affairs Coordinator
- Department Coordinators – Super Users
Implementation: Faculty Roles

• Volunteer to:
  • Serve on Faculty Advisory Group (Jan – May 2015)
  • Pilot UA Vitae (~June 2015)

• Provide early feedback once your record is created (Sept-Dec 2015)

• Validate your data from data imports (Sept-Dec 15)
  • Publications
  • Courses
  • Grants
Implementation Timeline

- Identify data sources
- Plan report formats
- Design Faculty Review form
- System setup, configuration, test
- System Training: Faculty, staff.
- Product/process approved

Implementation Timeline:

- 9/14
- 11/14
- 2/15
- 6/15
- 7/15
- 9/15
- 12/15
- 1/16

- 1st communication with Faculty
- Identify Super Users in Depts.
- Review current annual review forms
- Pilot form with selected faculty; incorporate feedback
- Finalize system configuration and data integration
- Data entry, Data validation
- Go Live!
Questions?