Call to Order - Dean Cairns called the meeting to order at 4:30pm.

Welcome and Announcements – Charles B. Cairns, MD, Assistant Vice President, Clinical Research & Clinical Trials and Interim Dean

Dr. Cairns introduced himself and asked new faculty to stand up and be recognized. He gave a brief update on the Faculty Forward reports and reminded everyone that the reports are available online.

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

Tom Dickson started by showing a picture of the new hospital addition, and the new project at the North Campus. They are in the value engineering phase of the project trying to get the plans back into the budget constraints. He announced some of the compromises to get back in budget, including semi-private rooms rather than all private, and making the addition nine floors rather than eleven. They will break ground on the hospital addition project in April, and the projected completion date is April 2019. For the North Campus project, they will break ground in March 2016, and will be ready in January 2018. He emphasized this is a competitive strategy to provide updated facilities, rather than a growth strategy. They are growing outpatients rather than inpatients, and Banner-Tucson is ranked nationally as one of the most efficient facilities. There will be times during peak-seasons where resources will be strained, but Mr. Dickson expressed this is the reality of future facilities. Someone asked what will happen with the outreach clinics—Mr. Dickson said there is currently no change anticipated for those clinics.

Committees and Brief Reports

- Dean’s Council on Faculty Affairs – Alice Min, MD
- BUMC-T Chief of Staff – G. Michael Lemole, Jr., MD
- Tucson Educational Policy Committee – Art Sanders, MD
- Faculty Forward Committees – Reports

Education Committee Final Report – Dr. Charles Cairns

Dr. Cairns then gave updates on the Education Committee which was chaired by Dr. Joe Miller and Dr. Todd Vanderah. This group used surveys that looked at priorities, challenges in teaching, and challenges in Graduate Medical Education. For Undergraduate Medical Education, the idea is to shorten the basic science curriculum from 24 to 18 months and incorporate more simulation, patient care, and basic sciences along with distinction tracks in the third and fourth years took the forefront. Secondly, there was the need to find areas in the curriculum for faculty who want to teach. The committee looked at how department teaching funds are allocated and will perform adjustments depending on workload. There was also the need to get people exposed
and engaged in the area they want to pursue by moving this earlier in the curriculum with more intensity. For better communication and to promote quality teaching, they will establish a committee responsible for communication with departments, will work with the Tucson Educational Policy Committee (T-EPC) to design a longitudinal curriculum, and work with the T-EPC to identify appropriate benchmarks. Discussion regarding GME concerned how to expand GME funding beyond existing program support, and how to expand GME offerings given the changes in health care delivery. Dr. Cairns distilled the committee recommendations into four main points: to work with faculty, COM leaders, T-EPC, Block Directors, and Clerkship directors to ensure everyone has input to develop an advanced curriculum; to create a new Undergraduate Medical Education Curriculum Committee based on faculty input to start new elements of the curriculum by July 2017; to create a formal approach to integrate faculty, COM, and Banner into the GME program, which has begun to be realized in that the Academic Management Council of the Banner partnership has charged the AMC Education Committee with defining a strategy for GME, and approach for evaluation, and how this will be resourced and funded; and to implement a more transparent approach to teaching duties and resource allocation.

**Faculty Affairs Committee Final Report – Charles Cairns, MD**

The final committee Dean Cairns announced was the Faculty Affairs Committee. A subcommittee took on the subject of tracks and titles, and created the Faculty Physician title that was voted on in November. This subcommittee also discussed protected time for faculty to succeed on these tracks. The In Reach/Out Reach Subcommittee discussed how to communicate with the community and among each other. The overall committee looked at recruitment and retention by developing a proposal for compensation for academic excellence. They reviewed retention data and discussed how to optimize approaches to retain faculty. They also developed a methodology of how to approach this at our specific institution, which was presented at the Medical Staff Committee Retreat. Dr. Cairns listed specific points based on the committee’s recommendations: to develop an elected Clinician Council that works directly with leadership to address clinical needs and concerns, and we need input from the faculty who has transitioned to Banner employment; to create a rapid response team to address clinical needs that allows faculty to take talents and experience to address key issues; expand leadership training and professional development opportunities; to integrate UA/Banner mentoring programs and to improve new faculty mentoring right away; to have a Champions program to implement recommendations about how to retain people and identify ways to proactively intervene; and to develop an exit interview process for departing faculty.

**Research Committee Final Report – Charles Cairns, MD**

Dr. Cairns recognized the Faculty Forward Research Committee chaired by Dr. Carol Gregorio and Dr. Monica Kraft. This committee took on equipment and research support services for investigators by improving infrastructure, providing bridge and seed funding, and expanding resources for scientific exchange. The second issue they recognized was issues of space, in particular the quality of research space and how to intersect with Banner. They looked at Responsibility Centered Management (RCM) which will come to the campus in July, as well as career development for junior investigators to give them the resources to be successful. Dr. Cairn’s said the research recommendations are: there is a need for the Dean’s Research Council to address research infrastructure needs, establish a Bridge Funding Program for established investigators, establish a Seed/Pilot Funding program for developing faculty, and integrate Faculty Development/Mentoring Programs across
departments, COM, and UAHS. Dr. Cairns stated the goal is to implement all these committee recommendations by August. He thanked everyone who participated in these committee processes.

Presentations/Discussion

- **UA Vitae Update – Anne Wright, PhD, Senior Associate Dean for Faculty Affairs**
  Dr. Wright explained that UA Vitae is the new annual evaluation tool. There are 55 people who have completed everything and submitted it. There are 270 faculty who have logged on, and she asked chairs to encourage faculty to get started, if they have not, because the peer reviews need to happen soon. The focus this year is only for accomplishments for the calendar 2015. The Arizona Med data has been sent to the vendor and should become available within the next week hopefully. They resolved the issue having to do with publications, and grants prior to 2010 may not all be in the system. There are a number of issues being addressed at the university level. There are resources to help faculty use the system, including workshops to help faculty learn how to enter data.

- **Faculty Diversity Advisory Committee- faculty vote for new standing committee – Francisco Moreno, MD, Deputy Dean, Diversity & I**
  Dr. Moreno introduced the history of the Faculty Diversity Advisory Committee, which was an invited committee in the beginning that identified strategies to enhance the diversity of the faculty, curriculum, and outreach. There is a description of the committee available to faculty at the back of their agenda. They need the vote to formalize the existing committee into a formal standing committee. Standing committees can be voted on at a general faculty meeting. They called for a vote. It is passed.

- **Title IX Compliance – Millay McAndrew, Office of Institutional Equity**
  Ms. McAndrew explained the history of Title IX, which came into being in 1972 as an amendment to the Civil Rights Act to improve women’s access to higher education and improve equity. During the Obama administration, more regulations were implemented to improve shortfalls. The basis of Title IX is to promote sex-based equity for all. It is looked at more to protect students, but faculty are protected as well. She explained the spectrum of acts that are covered by Title IX. She provided faculty with a packet of how faculty can respond if a student comes to them with a Title IX complaint. She explained faculty are required to follow up with these complaints with the three Rs: refer, report, and record. Faculty should reach out in an email to the student and refer them to the Office of Institutional Equity, and CC the office on the email. When faculty feels that a student is about to confess a Title IX violation to them, the faculty member can say that they are required to report this, and can recommend the student to CAPS if they do not want it reported. Sometimes a student will report a past Title IX event that the UA was not involved in, but Title IX still offers the student the same services. She finished by reminding faculty to keep up to date on their trainings and remind students to take their trainings as well.

  - Office of Institutional Equity brochure
  - Office of Institutional Equity Three Rs Summary
  - Title IX Brochure 2015

**Adjournment** - Dean Cairns adjourned the meeting shortly after 5:30.
Research Committee

Committee members from COM Basic Science & Clinical Departments, Centers and elected Faculty Committees

Equipment/Research Support/Services for investigators

- Establish/improve fundamental basic and clinical trial infrastructure
- Provide bridge & seed funding
- Expand resources for scientific exchange

Space - Quality, Quantity, Intersections with Banner

- Need transparent plan to minimize disruptions to research in labs which will be moved due to Banner construction
- Communicate plan for renovation of inadequate lab space and assignment of new research space
Research (cont.)

Responsibility Centered Management (RCM) & Funds Flow
- Establish transparent policy of allocation between depts. for RCM, IDC and funds associated with Banner
- Establish incentive plan (via RCM model) for research
- Establish formula for credit/IDC distribution in interdepartmental collaborations

Career Development for Junior Investigators
- Construct a junior faculty career development toolkit
- Coordinate development activities between UAHS and COM with a single calendar that focuses on junior faculty development
- Create workshops needed (e.g., grant writing, review panels)
- Create a mechanism to reward mentors
Initial Research Recommendations

1. Dean’s Research Council to address critical research infrastructure needs.

2. Establish a Bridge Funding Program for established investigators.

3. Establish a Seed/Pilot Funding Program for developing faculty.

4. Integrate Faculty Development/Mentoring Programs across Departments, COM and UAHS.
Education Committee

Surveyed faculty several times to identify priorities
Undergrad Medical Education (UME) curriculum revision
  – Shorten the basic science curriculum from 24 to 18 months
  – Incorporate more simulation, patient care, and basic sciences along with distinction tracks in years 3 & 4.

Find areas in the curriculum for faculty who want to teach
  - Rotations/term limits in directorship and lead teaching roles

Department teaching allocations
  - Better communication on how teaching funds are allocated
  - Annual adjustment of department allocations due to changes in faculty teaching efforts
Education (cont.)

Distinction Career tracks
- Survey medical students and faculty to develop distinction career tracks with clear responsibilities and outcomes

Promote quality teaching & communicate better with faculty by establishing a UME committee that:
- Is responsible for communication with depts. re UME
- Works with T-EPC to design a longitudinal curriculum that reinforces basic science knowledge with clinical patient presentations
- Works with T-EPC to identify appropriate benchmarks for the next 5-10 years

Graduate medical education (GME) issues
- Expand GME financing beyond existing program support
- Expand GME offerings based on health care system needs
Education Recommendations

1. Faculty to work with the COM leaders, T-EPC, Block Directors and Clerkship Directors to develop an advanced, technology integrated curriculum.

2. Create a formal approach to integrate faculty input into a new UME curriculum committee.

3. Create a formal approach to integrate faculty, COM and Banner input into graduate medical education.

4. Implement a more transparent approach to teaching duties and resource allocation.
Faculty Affairs Committee

- Tracks and Titles Subcommittee
  - Created and vetted Physician Faculty title
  - Discussed protected time needed to succeed on various tracks

- In Reach/Out Reach Sub委员会tee
  - Discussed communicating success with education and research to market UA COM to the community.
  - Needs assessment survey underway

- Retention
  - Developed proposal for compensation for academic excellence
  - Reviewed retention data for UA COM
  - Conducted literature review, interviews with faculty to identify actions which could improve faculty retention
Faculty Recommendations

1. Develop an elected clinician council that works with leadership to address clinical needs and concerns
2. Create a rapid response team to address clinical needs
3. Expand leadership training and professional development opportunities for faculty
4. Integrate UA/Banner mentoring and coaching programs
5. Improve new faculty on-boarding and mentoring
6. Implement Retention/Change Champions program
7. Develop exit interview process for departing faculty
BUMCT HOSPITAL EXPANSION AND RENOVATION

- 670,000 square feet – 9 story addition
- $400 million project budget
- 202 new patient beds
- New OR’s and pre-op/PACU bays
- New Diagnostic Imaging Department
- New Cath/EP Labs
- New front entrance
- New access from Campbell Avenue
- Improved visitor parking
- Construction starts January 2016
- New facility ready for patient use April 2019
- 75,000 square feet of renovation in existing facility after new facility opens
BUMCT NORTH CAMPUS EXPANSION

- 207,000 square feet – 3 story addition
- $100 million project budget
- Relocates Radiation Oncology
- Relocates several adult OPC’s from main campus
- Ambulatory Surgery Center & Endoscopy

- Improved access from Campbell Avenue
- 3 story parking structure
- Construction starts March 2016
- New facility ready for patient use January 2018
The Dean’s Council on Faculty Affairs is charged with developing policies and programs pertinent to the faculty of the College of Medicine and advising the Dean on matters pertaining to faculty affairs (e.g., career development activities, mentoring, leadership development, faculty awards, recruitment and retention).

In recent years, the Council usually has addressed a few different issues each year, with some extending for more than a year. Some recent issues have included responding to the results of the Faculty Forward survey, specifically those related to mentoring; publicizing the sessions available to support faculty members’ professional development; promoting open and transparent communication with College of Medicine leaders; and hosting a social reception for faculty. The Dean's Office of Faculty Affairs continues to offer sessions about key aspects of professional development, such as Promotion & Tenure workshops.

In 2015-2016, the Council is focusing its efforts on the issues of faculty mentoring and faculty retention. This decision by the Council was informed by the results of last year's AAMC Faculty Forward Survey in the COM. Those results revealed that many faculty members, even in departments that report having working mentoring programs for their junior faculty, are not aware of their department's mentoring program. The survey results showed that faculty who are not mentored are substantially less likely to perceive the workplace culture as cultivating diversity, innovation and excellence; less likely to know what is required for promotion in teaching, research, patient care and service; less likely to be satisfied with opportunities for professional development; and less likely to have a positive relationship with their supervisor. They are 50% more likely to plan to leave the medical school in the next 1-2 years.

The Council has developed a peer-to-peer interdepartmental mentoring program called the Mentoring Societies program that began in August 2015. Selected senior faculty mentors were grouped with two to four junior faculty members. These groups have been encouraged to meet monthly and develop mentoring strategies and goals based on the members’ needs. The pilot year of this program will end this June.

In addressing issues with faculty retention, the Council has also focused on promoting communication between the leadership of the College of Medicine and faculty members. The Lunch with Leadership series was developed to meet this goal. Various leaders have been invited to participate in these lunches with an invitation sent to all faculty. In January, the first lunch was held with David Elmer, Dr. Kevin Moynahan, and Dr. Todd Vanderah to discuss academic and teaching incentive plans. A second lunch was held in February with Dean Cairns to discuss the important issues facing the College of Medicine in the coming year. Several more lunches are planned for the remainder of the year.

Members 2015/2016
Ilana Addis, Obstetrics & Gynecology
Nafees Ahmad, Immunobiology
Betsy Dokken, Medicine
Erika Eggers, Physiology
William Erly, Medical Imaging
Brenda Gentz, Anesthesiology

Samantha Harris, Cellular & Molecular Medicine
Guadalupe Martinez, Medicine
Alice Min, Emergency Medicine (Chair)
Patrick Ronaldson, Pharmacology
Shyam Shridharani, Orthopedic Surgery
Andrew Tang, Surgery
Anne Wright, Faculty Affairs (Ex- Officio)
Chief-of-Staff Report (G. Michael Lemole, Jr., M.D.)
Banner University Medical Center (BUMC-T) - Tucson Main Campus

I have served as Chief-of-Staff since January 2013. The most significant event of 2015 was our acquisition by The Banner Corporation. This has involved anticipated but major operational and cultural changes. Throughout, we have sought to involve service line managers, division chiefs, and chairs in the early stage of all processes. While we must remain open to positive growth in our new system, we must also continue to preserve the unique academic nature of our practice.

The following specific accomplishments are noted:

In late 2014 a formal plan was adopted to fund up to 4 medical staff projects, up to $2500 each. The grants are intended to support novel research that leads to improvements of University of Arizona medical staff function including medical knowledge, skills, and attitudes as they pertain to the medical staff and/or our patients.

- 7 medical staff grant applications received in 2015, 4 approved

The Ongoing alignment of bylaws between the South and University campus hospitals was a major effort over our last year before the Banner acquisition. These changes not only included routine edits and regulatory compliance, but also issues of organization philosophy and direction. With the Banner acquisition our focus turned toward modification of the Banner network bylaws to incorporate the most important elements of our own culture, and specifically preserve the academic aspects of our medical staff.

- New Banner bylaws, effective January 2015

Banner maintains system-wide strategic initiatives to improve the quality and cost of care for our patients.

- This year we implemented new guidelines for blood usage (on-target for reduced variation), Re-Admissions (reduced), Length of Stay/Observation time (on-target).
• We also approved a revision of Massive Transfusion Product Protocol, adding the obstetric units and all areas that need rapid response to mass transfusion.

• We also adapted and approved the Banner Health Rehabilitation Triage Protocol into the BUMC-T/S workflow. This involved review of the current state to determine best practice standards within Banner and across healthcare industry.

Banner also establishes specialty-specific care guidelines through its Clinical Consensus Groups formed with representation from its many hospital staffs.

• We added department representation from our Tucson campuses in 2015

As with previous years, we have had to address significant concerns of physician quality and behavioral issues. Understanding that none of these occur in a vacuum, we have begun to analyze and incorporate the role of the entire organization in adverse occurrences.

• Initiation of the New Peer Review Process – Just Culture

A number of operational improvements regarding the medical staff:

• Restructure of fees and dues (standardized between the Main and South campuses)

• Establishment of stipends for elected officers (funding shared between hospitals and medical staff)

• Medical Staff Retreat Subcommittee (First retreat held January 15-16, 2016)

• Combined medical staff committees with South Campus: Professional Wellness Committee and AHP Committee (for operational efficiency)

• Nominations and elections for 2016-2017 Medical Staff Officers

A number of rules and regulations were refined for physician and provider workflow and EMR interface

• HIMS Documentation and suspension process

• Rules and Regulations revision – Counter Signature requirements.

• Scanned consents into patient records – resolved with strategic placement of scanner units
Future Directions

- It will be important for the Banner University Medical Center – Tucson to participate in Network Alignment with the other hospital staffs of the Banner Health Network. This will be especially true of our relationship with Banner University Medical Center – Phoenix (formerly Banner Good Samaritan), our academic sister institution. Aligned medical staffs will allow the network to operate more effectively across its clinical, educational, and research missions, while also preserving and standardizing the practice expectations of the medical staff. In the coming year, we are considering a medical staff retreat for the medical staff of the academic hospitals in the Banner system.

- Uncertainty and unknown. We must remain flexible to adapt to ever-changing healthcare environment in Tucson, Arizona, the Greater Southwest, and throughout the Nation.

G. Michael Lemole, Jr., M.D.
Former Chief of Staff, Banner University Medical Center – Tucson
Chief, Division of Neurosurgery, University of Arizona
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Room 4303 C, PO Box 245070
Tucson, Arizona, 85724-5070
tel: (520)626-2164
fax: (520)626-8313
email: mlemole@surgery.arizona.edu
Activities of the Tucson EPC (TEPC) during the period July 2015 through January 2016 are described below, arranged in general categories. The TEPC received excellent staff support from the Office of Medical Student Education in Tucson and from other staff members in Tucson.

1. Membership

The members of the TEPC for July 2015 through January 2016 are the following.

<table>
<thead>
<tr>
<th>Member name</th>
<th>Department</th>
<th>Track</th>
<th>End of Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Czuzak, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Tucson</td>
<td>2020</td>
</tr>
<tr>
<td>Herman Gordon, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Tucson</td>
<td>2017</td>
</tr>
<tr>
<td>Sarah Harris</td>
<td>Medical Student, Class of 2016</td>
<td>Tucson</td>
<td>2016</td>
</tr>
<tr>
<td>Wendi Kulin, MD</td>
<td>Neurology</td>
<td>Tucson</td>
<td>2017</td>
</tr>
<tr>
<td>Patricia Lebensohn, MD</td>
<td>Family &amp; Community Medicine Medicine</td>
<td>Tucson</td>
<td>2016</td>
</tr>
<tr>
<td>Bill Marshall, MD</td>
<td>Pediatrics</td>
<td>Tucson</td>
<td>2017</td>
</tr>
<tr>
<td>Kathy Smith, MD</td>
<td>Psychiatry</td>
<td>Tucson</td>
<td>2020</td>
</tr>
<tr>
<td>Sydney Rice, MD (EPC Chair 14-15, EPC Vice-Chair, 2013-14; TEPC Chair, 2013-14)</td>
<td>Pediatrics</td>
<td>Tucson</td>
<td>2018</td>
</tr>
<tr>
<td>Paul St. John, PhD (EPC Chair, 2012-13; TEPC Chair, 2012-13)</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Tucson</td>
<td>2016</td>
</tr>
<tr>
<td>Juhyung Sun</td>
<td>Medical Student, Class of 2017</td>
<td>Tucson</td>
<td>2017</td>
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<tr>
<td>Chad Viscusi, MD</td>
<td>Emergency Medicine</td>
<td>Tucson</td>
<td>2018</td>
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<td>Stephen Wright, PhD</td>
<td>Physiology</td>
<td>Tucson</td>
<td>2019</td>
</tr>
<tr>
<td>Art Sanders, MD (Current Chair)</td>
<td>Emergency Medicine</td>
<td>Tucson</td>
<td>2019</td>
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<tr>
<td>Jim Warneke, MD</td>
<td>Surgery</td>
<td>Tucson</td>
<td>2019</td>
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<tr>
<td>Kristopher Abbate</td>
<td>Medical Student, Class of 2018</td>
<td>Tucson</td>
<td>2018</td>
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<tr>
<td>Elle Campbell</td>
<td>Medical Student, Class of 2019</td>
<td>Tucson</td>
<td>2019</td>
</tr>
</tbody>
</table>

Resources & Support

Kevin Moynahan, MD (Deputy Dean for Education, Tucson)
Amy Waer, MD (Associate Dean for Medical Student Education, Tucson)
Raquel Givens, MEd (Director, LCME Accreditation, Tucson)
Susan Ellis, EdS (Manager for Curriculum and Assessment, Office of Medical Student Education, Tucson)
Bryna Koch, MPH (Director for Program Evaluation and Assessment, Office of Medical Student Education, Tucson)
Violet Siwik, MD (Associate Dean for Student Affairs and Admissions, Tucson)
Kristie Bowen, PhD (Director, Student Affairs, Tucson)
Diane Poskus, MA (Manager Clinical Curriculum)
Cat Dutcher, MA (Manager Pre-Clinical Curriculum)
Karen Spear Ellinwood PhD (Director, Faculty Instructional Development)
2. Curriculum Governance Activities

**Academic Calendar** – various dates
The AY15-16 calendar was modified. An additional week was provided to the Musculoskeletal System (MSS) block. The academic calendar for AY16-17 was approved with a two-week winter break for first year students (class of 2020).

**Health Disparities Curriculum Proposal** – August 5, 2015; December 2, 2015
TEPC reviewed, provided feedback on, and approved a proposal to further develop the health disparities content and experiences in the curriculum into a robust program. The proposed curriculum integrates educational sessions/experiences to support students in understanding and finding solutions for the impact of health disparities on morbidity, mortality, and disability for populations in Southern Arizona. Education also focuses on provider issues such as unconscious bias and communication skills. The program incorporates topics into the Clinical Reasoning course and block structure and include case-base presentations and reflective writing. The two-week graduation requirement related to this curriculum will remain in place with improved tracking and monitoring.

**New Distinction Tracks: Bilingual Medical Spanish** – June 3, 2015
TEPC approved the creation of a new distinction track that will support medical students who are interested in becoming bilingual medical providers.

**Subcommittee work** – various dates
The five subcommittees of the TEPC, the Tucson Evaluation Subcommittee (TEVS); Tucson Curriculum Management Subcommittee (TCSM); Tucson Clerkship Curriculum Subcommittee (TCCS); Electives Subcommittee, and the Exam Review Subcommittee met on a recurring basis to conduct curriculum evaluation activities, review policy and provide recommendations to TEPC.

3. Instruction and Performance Assessment

**Updates to Grading and Progression Policy** - Various
The TEPC previously approved a new pre-clinical longitudinal course titled “Clinical Reasoning.” This course uses the case-based instruction method to teach clinical reasoning skills. Due to the approval of the new course TEPC revised the grading and progression policy to state that students will be assessed on all required competencies across a semester rather than within each individual block/course as had been the case prior to establishing the Clinical Reasoning course. In addition, the longitudinal course, Intersession, will now be treated as two separate courses (Intersession 1 and 2) to alleviate administrative burden in scheduling and tracking of completion. The exam policies were reviewed on multiple occasions.

**Assessment in the Clerkships** – Multiple Dates
As part of the clerkship review process TEPC continues to discuss methods to improve assessment of student performance in the clerkships, with emphasis on assessing and evaluating student’s clinical performance.
4. Curriculum Maintenance and Evaluation

Review of Resident Questionnaire (RQ) and Residency Director Questionnaire (RDQ) Results – December 3, 2014
The results of the RQ and RDQ were presented for review and discussion to the Tucson Clinical Clerkship Subcommittee. The subcommittee discussed strengths and weaknesses included in the report and implications for the curriculum.

Results from the TEPC Retreat – Various Meetings
Each group (pre-clinical and clinical curriculum) of TEPC voting members and resources presented their work from the TEPC Retreat (Summer 2015). This retreat offered an opportunity for the committee to review the recommendations from the Level Two Evaluation Report and discuss next steps. The committee created three position papers on distinction tracks, curriculum renewal, and challenges to clinical education.

Block and Clerkship Reviews – Various Meetings
TEPC continues its oversight responsibility with ongoing reviews of instructional blocks and clerkships. Blocks/clerkships are reviewed once every other year, and assessments are made of the content covered, the expectations for student performance, instructional quality and examination quality and outcomes. In the past six months, the following blocks were reviewed: MSS, Medicine, and Pediatrics.

Imaging Task Force – Various Meetings
A group reviewed the integration of radiology and imaging in the pre-clinical curriculum. The task force provided incremental recommendations to improve the inclusion of imaging in the pre-clinical curriculum including updating the anatomy images and integrating hands-on sessions.

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

Peer Tutoring Elective- November 4, 2015
This elective will train medical students in best practices and evidence-based coaching methods in support of “near-peer” learning processes through tutoring of current and potential College of Medicine students.

Rural Health Distinction Track Capstone – December 2, 2015
This course provides a four week period for students in the Rural Health Distinction track to complete their Capstone paper.

Enrichment Electives –
Two new enrichment electives were passed by TEPC. Enrichment electives are brief, non-credit-bearing courses designed to “enrich” the educational experience of Year 1 & 2 students.

Medical Imaging – June 17, 2015
This elective provides an opportunity for students to encounter and review medical images integrated into the block structure during the first year.
This elective is intended to build on knowledge established in the Nervous System block and provide a more in-depth view into the field of neurological surgery for interested first- and second-year medical students.

**Scrub Training – December 2, 2015**
This elective formalizes the scrub training process and allows students to select from a variety of dates for scrub training prior to beginning clerkships.

### 5. Other

**Residency Match Report – June 17, 2015**

The TEPC reviewed the residency match results from the class of 2015.
EDUCATIONAL PROGRAM OBJECTIVES
for the Program Leading to the MD Degree

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

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

COMPETENCY: PATIENT CARE

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

Measureable Objectives for the Patient Care competency

Graduates will be able to:

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

COMPETENCY: MEDICAL KNOWLEDGE

Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches.
Measureable Objectives for the Medical Knowledge competency
Graduates will demonstrate their knowledge in these specific domains:

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

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

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

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

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

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

Measureable objectives for the Interpersonal and Communication Skills competency:

Graduates will demonstrate:

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

COMPETENCY: PROFESSIONALISM

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

Measureable objectives for the Professionalism competency:

Graduates will exemplify a professional character that exhibits:

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

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

Measureable objectives for the Systems-Based Practice and Population Health competency:

Graduates will evince:

• An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
• Knowledge about how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
• The ability to practice cost-effective health care and resource allocation that does not compromise quality of care
• An advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities
• The capacity to partner with health care managers and health care providers assess, coordinate and improve health care and know how these activities can affect system performance
• An understanding of the physician’s role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery
• The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
• How to appropriately mobilize community-based resources and services while planning and providing patient care

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

In 2013, as part of an internal self-study, an extensive survey of faculty positions and attitudes was conducted. Known as the “Faculty Forward” survey, key areas for improvement were identified, including “satisfactory participation in Medical School Mission” and “Governance” (44% and 21%, respectively, appendix #1). Dean Cairns organized a Faculty Forward Education Committee chaired by Drs. Miller and Vanderah with representation from twelve departments of the College. The committee met 4 different times over the past five months and has sent out three surveys to the faculty. The following eight issues were identified as priorities for undergraduate and graduate education:

1) A desire of faculty to participate in teaching and/or governance at the undergraduate (medical student) and graduate (residency) level, yet a lack of understanding of how this would be funded.

2) A lack of knowledge that within departments there are dedicated teaching funds. No clear, directly coupled, individual faculty financial support is in place in return for teaching. Many faculty are unaware that their department receives any contributions of state funding for teaching of undergraduate medical students.

3) Graduate medical education (GME) programs lack systemic base budgeting beyond direct salary support in order to fund recruitment, fellowship programs, training using simulation (ASTEC), support staff, research support and social engagement.

4) The faculty is largely unaware of the upcoming move (nationally) for the undergraduate medical school curricula to shorten the basic sciences from the first 24 months to 18 months. The aim of this is to allow students to begin their clinical rotations earlier. Such a change would allow students to pursue sub-specialties and investigate residencies earlier, and would allow for additional basic science material to be reintroduced in year four after “seeing” patients. Lack of knowledge of this change will hamper our efforts to plan and to include the faculty.

5) There is a need for an Undergraduate Education Committee that is composed of faculty from all departments within the College of Medicine that helps establish and promote quality teaching/education while also communicates and updates the entire COM faculty and staff.

6) There is a perceived lack of goal(s) for our undergraduate medical school and its curriculum along with proper benchmarks over the next five to ten years.

7) The need to establish distinction tracks in the undergraduate medical school that include benchmarks and outcome reports.

8) A rational mechanism must be created for the expansion of graduate medical education programs and fellowships, with the growth conducted in a way that recognizes manpower needs, and recognizes the role that student debt plays in the residency and fellowship selection process.

Proposed ideas in order to address the above concerns.

1) Lack of faculty opportunities to participate:
A recent survey identified that faculty participation in all four years of undergraduate medical student education is equally distributed between MD/DO and PhD faculty (see attached appendix #2).

Suggestion-Myth busting is needed, this can be achieved by improved communication of who
participates and a new committee established (item #5) that will help identify opportunities in the curriculum for those who would like to teach.

2 & 3) Financial support/removal to the faculty/department upon changes of teaching duties. Need to honor credit hours for preparation of new material:

a) A recent survey identified an average amount of time required to prepare a new 50 min lecture slides and notes, as well as the time required to “re-do” a canned lecture from the previous year. **Suggestion** - that each year departments are granted the changes in hourly teaching due to faculty documented hours in AZMED resulting in financial changes that occur for the preceding financial budget (teaching in the academic year will result in a financial change in the next year academic budgeting process). The change in dollar amounts should be reported to the department heads and faculty so that there is clear (RCM) budgeting.

b) Develop a rational support plan for graduate medical education programmatic expenses beyond direct salary support for residents, program coordinators, and residency directors (appendix #3). **Suggestion** - develop an iterative budget across University and South Campus residencies under the direction of the DIOs for planning purposes in partnership with the GME Sponsor, Banner University Medical Group.

4) Shorten the basic science curriculum from 24 months to 18 months: A recent survey of the faculty of the COM demonstrated an overwhelming desire by the faculty to help with curricular changes and an overall majority in support of an 18 month basic science curriculum and a return to basic science in year four after students have seen patients based on the comments (appendix #4).

**Suggestion** - To accomplish this we would recommend that the students take the STEP 1 board exams in March of their second year. This can be achieved by reducing the amount of time to all the current blocks (e.g., Foundations, Nervous System, and Musculo-skeletal - in first semester-Yr 1) (Cardiac-Pulmonary-Renal, Digestive-Metabolism-Hormones - in second semester-Yr 1)(Immune-Infection, Life Cycle, Advanced Topics - in second semester-Yr 2). Material of each of the blocks can be streamlined based on needs of clinical understanding from clerkship directors, physician faculty and residents, as well as following a guideline for STEP1 of the USMLE boards. Block directors should meet over an extended period of time in order to coordinate and consolidate learning material, establish a longitudinal curriculum with multiple avenues for teaching and intertwining material. Continual testing (quizzes, team learning, review sessions, etc.) should be emphasized. Based on the results and comments of the faculty survey, we should utilize our own faculty and staff to accomplish a new curriculum that shortens the basic science in years 1 and 2 while incorporating more simulation, patient experiences, and basic sciences along with distinction tracks in years 3 and 4.

This will allow for the medical school students to be completed with their basic science curriculum by December of their second year. The time of January and February would be time for the students to prepare for the USMLE step 1 of the boards.

5) Goal(s) and benchmarks for our undergraduate medical school: **Suggestion**- determine from both administration and the student body our rank goals and how we can achieve these goals along with a proper time line. Establishing an internal “grading system” of whether we are meeting our goals.

6) Undergraduate Education Committee & setting goals with benchmarks: **Suggestion**- the Dean establish a committee in which each department must have a representative that participates on the committee and be responsible for reporting undergraduate education updates to the department, while bringing information from the department to the committee. The committee should help in the design and maintenance of a longitudinal educational curriculum that reinforces basic science knowledge with clinical patient presentation. This committee should be responsible for evaluating and reporting outcomes based on curricular changes.
7) Distinction tracks in the undergraduate medical school: **Suggestion** - determine the needs and desires of the medical school students and faculty by performing a survey and present distinction tracks that must have clear responsibilities and outcomes.

8) Expansion of graduate medical education and fellowships: **Suggestion** - Expansion should be driven by health care system needs, as fellowship programs are typically funded by CMS, which funds most residency positions. Graduates (residency and fellowship) frequently are recruited into positions relatively near their location of training; as such the manpower needs of the State should be taken into consideration when establishing new training positions.

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Pharmacology
Immunology
Pathology
Physiology
Integrative Medicine
Pediatrics
COM
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Medicine
Neurology
Medicine
Medicine/COM
FCM
Surgery
FCM
Surgery
OB/GYN
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Surgery
Surgery
Faculty Forward Faculty Affairs Committee
First White Paper

November 24, 2015
Faculty Affairs Subcommittee on Tracks and Titles

In order for the University of Arizona College of Medicine and Banner University Medical Center Tucson to remain a strong academic medical center, faculty in clinical departments must have time allocated for academic and educational activities. The University and College have guidelines for the expected academic accomplishments for faculty at each rank and track. It is crucial that faculty be assigned appropriate protected time and distribution of effort to accomplish these academic goals. This document 1) outlines the subcommittee’s recommendation for protected time for faculty in each clinical track and 2) also recommends that the Dean and Department Heads create COM and department-specific strategies regarding faculty distribution on the various tracks. Finally, 3) a new title is recommended called “Faculty Physician.”

1. Clinical Track faculty are expected to have a near full time clinical practice with minimal academic responsibilities. Clinical Scholar and Educator Scholar Tracks should have 0.1 to 0.2 protected time. This time allows for extensive teaching assignments such as core faculty expectations for residency programs, publications of book chapters, review articles, case reports, regional or national activities, creative new protocols for treatment or education, etc. Tenure Track faculty duties include all the above but are also required to develop original research that advances healthcare, publish original research in peer reviewed journals, compete for research funding, serve as a national peer reviewers for publications, grants, abstracts, mentor junior faculty, develop new programs, etc. These duties typically require an additional 0.2 time for a total of 0.4 protected time. Faculty may further decrease their expected CFTE by obtaining funds from other sources such as grants, educational/teaching funding, administrative activities, etc.

The Maximum CTFE noted for the Scholar and Tenure Tracks recognizes that some Departments may not be able to provide the recommended protected time each year. When this occurs, transparency is important. The Department Head, COM and the faculty should come to an understanding that expected academic and/or teaching activities and progress outcomes will not be expected until protected time is provided to accomplish the academic expectation.

2. An explicit target distribution of the COM faculty should be hired on each of the career tracks to best achieve the COM strategic mission. Each department should create a target proportion of faculty from each career track that is best aligned with the COM and departmental strategic plan and be approved by the Dean.

3. The Physician Faculty title has been developed to recognize the physicians and medical staff who are engaged in the delivery of patient care services through Banner University Medicine Division, i.e. Banner University Medical Center-Phoenix (BUMC-P), Banner University Medical Center-Tucson (BUMC-T) and Banner University Medical Center-South (BUMC-S), and who provide primarily clinical service without a specific commitment to the but do not participate directly in the educational or research programs of either college. Individuals on
this track add value to the tripartite mission of the University of Arizona Colleges of Medicine by delivering direct patient care or otherwise providing patients for COM educational programs, recruiting patients into clinical studies, or creating innovative programs which improve the quality of patient care. Clinicians on this track are expected to provide outstanding clinical care. Additional details on this title can be found on the attached detailed description, currently being vetted by COM faculty and medical staff executive committees.

Respectfully submitted by the Subcommittee on Tracks and Titles Members: Drs. Keim (Chair), Addis, Dougherty, Fain, Gordon, Lemole, Muramoto, Sanders, Thienhaus, Walter, Wright
Faculty Affairs Retention and Remuneration Subcommittee

The Faculty retention and remuneration subcommittee met multiple times August – November. The subcommittee reviewed the Faculty Forward survey results from March 2014. The primary areas of focus were:

- Academic Incentive Plan
- Faculty Retention

Each committee member reached out to colleagues at medical schools across the country, in total 49 institutions were contacted and plans reviewed. After extensive online discussion and incorporation of input from faculty outside the subcommittee a tiered plan for remuneration of non-RVU generating activities was created. The subcommittee forwarded the draft to the practice plan and Sullivan-Cotter Compensation committee.

The subcommittee also performed a literature review and informal faculty interviews to draft recommendations for a faculty retention program. The subcommittee also reviewed the recent VOICE survey results.

We understand some of these recommendations are already being implemented and hope to participate in further defining, extending and maximizing the implementation of these initiatives. It is especially important to point out work already being done in conjunction with Banner leaders involved with leadership development, employee awards and recognition.

Recommendations include:

1. Implement new Compensation Plan that is aligned with our three missions
2. Implement an Academic Incentive Program as part of the new BUMG Compensation Plan
3. Implement new and broad Leadership Training for our faculty
4. Ensure faculty mentoring is being implemented across the College
5. Implement a new Faculty Recognition Program
6. Improve new faculty on-boarding (more efficient) and mentoring
7. Implement exit interviews with departing faculty and collect data
8. Implement communication plan regarding acute clinical operations issues
9. Implement Clinical Council or Operations Committee
10. Implement Retention/Change Champions program
11. Increase opportunities for faculty engagement

Respectfully submitted by the Retention and Remuneration Subcommittee of the Faculty Forward Faculty Affairs Committee: Drs. Factor (chair), Chambers, Kadambi, Klewer, Muramoto, Neumayer, Stea, Ms. Stiner, Sukerji, Wright
Faculty Affairs Inreach/Outreach Subcommittee

The Subcommittee reached out to community providers and the Hispanic Chamber of Commerce to schedule discussions and a needs assessment with each group. Dr. Chiu met with Katie Riley and Rebecca Schultze regarding media support in an effort to rebuild relationships with our community partners and to provide value to those groups from the College of Medicine. There was discussion about what other Colleges are doing that we might emulate, such as the College of Science Lecture Series. Dr. Chiu also suggested that we need a marketing approach as we focus on education and research and meeting the needs of the community. The Needs Assessments with each group is crucial to understanding the issues involved. Those surveys are still underway and final recommendations are pending. The Subcommittee wishes to continue this effort and believes this to be a vital project.

Respectfully submitted by the Inreach/Outreach Subcommittee Members: Chiu (Chair), Dougherty, Factor, Kadambi, Fain, Neumayer, Ruth.
Faculty Forward Research White Paper

Issue #1. Equipment/Research Support/Services for Investigators
A major source of faculty dissatisfaction relates to the “lack of basic infrastructure” for sustainable, productive research programs. Committee members representing a variety of Departments and Centers at the U of A have identified common deficits in A) Fundamental research infrastructure, and B) Additional funding/support that are critical to maintain the success of the research environment.

Note: we did not list suggestions that we felt are the responsibility of Department Heads and/or funded investigators.

A) Fundamental research infrastructure:
   1. Establishment or Improvement of central cores critical to research
      a. Histology core – would provide section/stain/interpretation of specimens from animal and human tissue. Need to coordinate with Dr. A. Bhattacharyya.
      b. Advanced flow cytometry technology
      c. Mass spectrometry: global analysis of proteins, metabolism and lipids. This is currently a major initiative by SVP R Kimberly Espy.
      d. Central microscopy core. This has been established on the UA main campus, needs to extend to the AHSC. Need to coordinate with Dr. Diego Martin.
      e. Access to working autoclaves and ice machines
      f. Upgrade to a centralized electronic system reimbursement (i.e., CONCUR) to improve efficiency
   2. Clinical research trial infrastructure
      a. Establishing clinical data coordinating center
      b. Certified Servers / Data repository service
      c. Space for clinical trial recruitment in the new ambulatory clinic building

B) Other Support Needed:
   1. Bridge Funding for “near miss” applications and seed funding for obtaining preliminary data
      “Requests for Applications” for both of these initiatives are being drafted and sponsored by the Offices of the Senior Vice President for Health Sciences (SVPHS) and Deans of the Colleges (Medicine-Tucson, Medicine-Phoenix, Pharmacy, Nursing and Public Health). The UAHS Bridge Funding Program is intended to provide bridge funds to minimize disruption of existing research projects that have temporarily lost external funding but show high promise of success in the next round of competitive review. Additionally, a UAHC Grant-Development Funding Program has been developed; this is intended to provide seed-money to support junior faculty (assistant professors and associate professors) to develop innovative research that promises to be successful for external funding.
   2. Assistance with Development/Philanthropy
      The SVPHS has established a University of Arizona Health Sciences-wide Development team, led by Jennifer Flores (Associate VPR and Chief Development Officer).
3. **Pre-award Proposal Management**
   The SVPHS has established a centralized office for pre-award assistance. This is led by Lauren Zajac (Executive Director for Research Administration).

   Research Support includes:
   a. Review of grant application announcements for requirements and applicability.
   b. Budget development and drafting budget justifications.
   c. Communication with prime or sub award institutions.
   d. Preparing administrative sections of grants including letters of support, biosketches, facilities, and the application.
   e. Routing and securing institutional approval and endorsements.
   f. Submission of the grant to external sponsor and communication with sponsors.

4. **Graduate Student Support**
   The National Research Council report clearly indicates that graduate programs in biomedical sciences that outrank UA have more favorable graduate student:faculty ratios (at least 2:1) than UA. One of the best returns on investments (ROI) is graduate student funding since they often perform the laboratory work that transforms into preliminary data for major grant applications. More support is needed to recruit and support the best students.

   Recommendations/Questions:
   1) It is imperative that fundamental infrastructure (identified above) for research be provided.
   2) Have Full Professors be eligible for Bridge Funding and Grant-Development Funding.
   3) $60,000/year for joint graduate program for support of first-year graduate students.

5. **Resources for Scientific Exchange**
   1) This issue could potentially be improved by: setting up additional websites/blogs for exchanging information. For example, one could be focused on “Strategic Hiring Plans” — to facilitate partnering of resources and expertise.
   2) Short research presentations at the start of each department head meeting, to describe research strengths and resources in their departments.
Issue #2. Space - Quality, Quantity, how AHSC Intersects with Banner Construction
The situation is that many units are affected by relocations required by Banner construction. In addition, there is significant space (e.g., Building 201 that was built in 1967) that is terribly outdated. A Space Committee Retreat was conducted on November 4, 2015 to create a draft “AHSC space guideline, process procedures and benchmarks”. Input to the Draft will be sought from all UAHS Deans, to be subsequently approved by the SVP Garcia. Each college has representation on the UAHS Space Committee.

Question 1. Evaluation of space amount and quality for each department and college - will the faculty have access to this information?
Within the College of Medicine, each department will work directly with CoM facilities office to update space inventory and the maps are on-line. It is anticipated that this process will be implemented across AHSC and annual reviews will be conducted.

Question 2. Identification of poor quality space with plans for renovation - is there a process?
SVP Garcia asked specifically for the identification of poor quality space and while this was done locally in the inventory, the UA has now taken this on. A UA architectural consultant is currently engaged in developing recommendations for 1) those units affected by the relocations (e.g., building 201, built in 1967) required by Banner construction, and 2) the spaces that will be vacated by units moving into the new SIPHER building (pending ABOR approval). These relocations will require renovations of some existing “poor quality” space (within building 201) that the affected units will move into. The overall building renovation of “poor quality space” is not being addressed by the current contract.

Question 3. Identification of investigators who will need to move due to Banner construction and how AHSC is working with these investigators to find new space.
Tony DeFrancesco reported to the CoM Department chairs to inform them that the UA architectural consultant is directly communicating with the Departments/Programs that are affected. Communication between CoM leaders and Banner has been assigned to Dean Cairns.

Question 4. How does the space committee differentiate office from lab space?
The AHSC Space Committee has standard definitions in the DRAFT document that are used to interface with UA process, national metrics and help with inventory of space. They acknowledge that the U of A RCM2 model does not distinguish different types of space.

Question 5. What are plans for keeping units together that engage in both clinical and nonclinical activities - will employees who transition to Banner be allowed to be in UA space in order to keep units together and for efficiency?
According to the AHSC Space Committee every attempt will be made not to disrupt units. Since contiguous space is at a premium, one of the tasks of the consultant is to help maximize efficiency.

Recommendation/Questions:
1) Plans to provide minimal interruptions to research in those labs who will be moved due to Banner construction.
2) When will we learn about the Consultant’s recommendations on optimized planning?
3) What is the plan for Identification and renovation of lab research space that is currently inadequate for use?
4) Allocation and distribution of new research space in the SIPHER building in a manner that is transparent and consistent amongst departments.
5) Integrated data port connections to support high speed data transfer
6) Upgrade to VOIP phone system
7) What can be done for labs that have poor air quality?
8) What can be done to improve electrical systems in some buildings?
9) Scheduled coldroom maintenance
**Issue #3 Responsibility Centered Management (RCM) and Funds Flow**

The new model for handling indirect costs has been in effect since 7/15. There is lack of understanding of funds flow and what that means for the department and the individual investigator. The intended goal of RCM2 is to build and smoothly implement an incentives-based transparent budget model for the University of Arizona.

**UA Objectives of RCM:**
- Encouragement and reward for revenue generation and cost effectiveness
- Alignment of authority and accountability at the local (unit) level
- Greater transparency regarding sources and uses of resources
- Greater flexibility — improved responsiveness to change
- Enhanced ability to plan with a better sense of future resource flows

**Question 1.** How does funds flow work within the RCM model in AHSC?
The model delineates that 30% of indirect costs will be allocated to the main campus, leaving 70% for AHSC. Of this amount, 45% will stay at AHSC and 25% allocated to the COM. COM will split this percentage between individual departments, thus 12.5% each. The Departments have discretion about how to manage these funds, and whether a percentage goes back to the investigator.

**Question 2.** How will funds staying at AHSC be used?
For the current academic year, AHSC will pay for space costs for all colleges at approximately $25/sq ft. It is estimated that space costs will exceed indirect cost recovery so this deficit will be covered by a subvention. The source of this subvention is not clear and will continue beyond this academic year.

**Question 3.** How are indirect costs (IDCs) allocated when intradepartmental grants are submitted?
At present there is no firm policy. Generally the IDCs are split according to the effort provided by each department but there have been exceptions. Certain investigators have negotiated different arrangements for their IDCs.

**Recommendations/Questions:**
1. Will there be any opportunity for indirect costs via the RCM model to incentivize research?
2. What is the source of the subvention?
3. How will departments get compensation for teaching graduate and undergraduate courses/students, outreach, online courses, and/or differential tuition?
4. Can there be a transparent policy of IDC allocation between departments?
5. Can there be a transparent policy of allocation of funds associated with the Banner merger?
6. Can a formula be provided to guide credit and IDC distribution in cases of interdepartmental /inter-unit collaborations?
**Issue #4. Career Development for Junior Investigators**

A major source of concern among junior faculty relates to the type and availability of career development resources. We have categorized concerns identified to: 1) resources available at the College of Medicine, Arizona Health Sciences Center and the main University of Arizona Campus; 2) coordination and accessibility of available resources; and 3) gaps in resources that could be implemented by College of Medicine, departments or other units. These data were collected from our Committee members who reached out to College of Medicine, Arizona Health Sciences Center and main campus representatives.

A. Key Career Development Resources Desired
   1. Information on promotion and tenure
   2. Mentorship opportunities, including mentorship training
   3. Grant funding opportunities
   4. Leadership training
   5. Specific coursework relevant to research; this could include but is not limited to clinical health services research methods, biostatistical/bioinformatics training, clinical trials infrastructure (contracts, IRB, building a clinical research team), and basic science coursework
   6. Grants management – pre and post award
   7. Project management

B. Resources available and from what source (COM, AHSC, Main campus)
   1. College of Medicine
      a. promotion and tenure information
      b. leadership training opportunities
      c. mentorship information, but information scant
      d. career development timeline on website but not easily accessible
      e. “Women in Medicine” leadership group

   2. AHSC
      a. grant support – pre-award, T32 assistance
      b. grant funding opportunities
      c. biosketch assistance
      d. clinical trial contract assistance
      e. clinical coordinator assistance

   3. Main Campus (Campus Connections Program and Provost’s office)
      a. information on how to publish
      b. workshop on increasing research productivity
      c. write-on-site workshop to improve writing skills
      d. workshop to identify research funding opportunities
      e. workshop on crafting successful grant proposals
      f. information on how to publish books
      g. workshop on how to broach controversial issues
      h. workshop on designing effective teaching skills for diverse learners
      i. teaching strategies to reduce unconscious biases
      j. workshop on optimizing mentoring relationships
      k. workshop on strategies for success for women in academia
C. Coordination of resources and accessibility by junior investigators
   1. How are these resources best accessed? The websites are easily navigated but do not provide a 
      one-stop shop of career development resources. Is there coordination between AHSC and COM? 
      With the main campus? 
      AHSC and COM do not appear to be coordinated and are quite separate. 
      AHSC in general focuses upon grant support and COM on scholarship but they are separate silos.

D. Missing resources
   1. The major missing resource appears to be around communication of resources available, 
      coordination with COM and AHSC and frequency of offered resources.

Recommendations/Questions:
   1. Construct a junior faculty career development toolkit
   2. Have one calendar that focuses on junior faculty development that will highlight dates of 
      workshops, lectures and deadlines highlighted on websites of COM and AHSC with links to 
      Departments or other units
   3. Be sure new faculty attend a mandated P&T session
   4. The new faculty orientation is once yearly and lasts five hours; this is not feasible for clinicians 
      so should be spread over first six months via a linked calendar with several time choices
   5. Recommend that new faculty meet with Dr. Anne Wright and Lauren Zajac
   6. Coordinate activities between AHSC and COM with links between; consider a discreet web page 
      that lists faculty development and other resources from each area for junior faculty interested in 
      investigation
   7. Schedule frequent grant writing workshops timed with grant deadlines for junior faculty
   8. Set up internal (and potentially external) grant review committees to provide feedback prior to 
      submission.
   9. Create a mechanism to reward mentors
Faculty Diversity Advisory Committee (FDAC) (January, 2016)

The Faculty Diversity Advisory Committee (FDAC) is a standing committee of the College of Medicine Tucson which: 1) identifies strategies, tactics and priorities for improving faculty diversity and inclusivity at the COM; 2) assists in determining how to integrate diversity, broadly defined into everything we do at the college; 3) provides a line of communication between faculty and administration; and 4) supports development and implementation of programs related to diversity that enhance faculty life (related to career development, mentoring, leadership, community outreach, etc.) The committee interacts closely with similar committees for students, staff and other groups.

Rules Governing the FDAC

1. The FDAC is co-chaired by two of the members of the FDAC. The College of Medicine Deans for Faculty Affairs and Diversity and Inclusion serve as ex-officio members.

2. The FDAC is comprised of 8 faculty members who will serve four year terms. Terms will be staggered to provide for continuity of experience on the committee.

3. Each year, the FDAC provides a list of nominees to the College of Medicine Nominating Committee. Self-nominations to the Nominating Committee will also be accepted. Members of the FDAC will be elected by the voting faculty at the spring general faculty meeting.

4. The FDAC will meet monthly.

5. The work of the FDAC will be supported by the College of Medicine Offices of Faculty Affairs, and Diversity and Inclusion.

Composition of the FDAC

1. Members must be on the faculty at the UA College of Medicine at the rank of Assistant, Associate or Full Professor. Additional individuals from staff/student diversity committees or the community may be invited to serve as liaisons on the FDAC.

2. Membership should include representation from multiple departments and centers, all ranks and all tracks. It is expected that the committee will be diverse as defined by the COM Diversity Statement, and will include both UA employed and affiliate faculty.

3. The FDAC must include at least two faculty members from basic science departments, two from clinical science departments.
The Office of Institutional Equity (OIE) supports the University of Arizona’s commitment to providing equal opportunity and creating and maintaining an environment free of discrimination, harassment, and retaliation.

OIE applies and upholds the University’s Nondiscrimination and Anti-harassment Policy, which prohibits discrimination on the basis of race, color, religion, sex (and pregnancy), national origin (and language), age, disability, veteran status, sexual orientation, gender identity, or genetic information.
At the **Office of Institutional Equity**, we believe that every member of the University community has the **power to contribute** to the maintenance of a campus that is **free of discrimination**.

**THE OFFICE OF INSTITUTIONAL EQUITY PROVIDES**

- Individual consultation with University staff, faculty, students, administrators and visitors
- Mechanisms for responding to complaints of harassment and discrimination
- Information, training and resources to the University community with regard to discrimination and harassment prevention, affirmative action, and equal opportunity

**ENGAGE PREVENTION**

**Online Trainings**

**“Preventing Discrimination and Harassment”**

For nonsupervisory employees: equity.arizona.edu/education/harassment/training/employees

For supervisors and faculty: equity.arizona.edu/education/harassment/training/managers

**“Preventing Sexual Misconduct”**

For students and employees who work with students: equity.arizona.edu/education/harassment/training/titleix

**RECEIVE ASSISTANCE**

(520) 621-9449 equity@email.arizona.edu

Refer students and employees to OIE if they raise concerns about potentially discriminatory conduct.

Report discriminatory conduct you have observed.

File a complaint of discrimination at OIE, if jurisdictional.

Receive advising from OIE if a conflict arises around a request for accommodation.

Collaborate with OIE for community, classroom, and department issue-resolution, or for education.

**ACCESS POLICIES**

**Nondiscrimination and Anti-harassment Policy**

policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy

**Equal Employment Opportunity Policy**

equity.webhost.uits.arizona.edu/policies/equal-employment-policy

**Religious Accommodation Policy**

policy.arizona.edu/human-resources/religious-accommodation-policy

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Learn more about OIE's policies and procedures, or read OIE's FAQ's on our website:

equity.arizona.edu
How to Respond to Complaints of Discriminatory Treatment: Title IX Training Summary

The University’s Title IX-based regulations protect against unwelcome sex-based conduct, and seek to create sex-based equity. Complaints brought forth about sex-based disparate treatment, harassment, stalking, domestic violence, or about rape or sexual assault, whether brought by a male or female, should be referred and reported to OIE. Please make a record of your actions.

The University’s Nondiscrimination and Anti-harassment Policy protects against unwelcome conduct that is occurring due to membership in one or more protected categories: race ∙ color ∙ sex (& pregnancy) ∙ national origin (& language) ∙ religion ∙ disability ∙ age (40 and over) ∙ veteran status ∙ sexual orientation ∙ gender identity ∙ genetic information. The policy also prohibits unlawful retaliation, i.e. derogatory action taken against another based on his/her report about or opposition to discrimination. Complaints brought forth about protected category-based disparate treatment or harassment should be referred and reported to OIE. Please make a record of your actions.

NOTE: Complaints brought by a third party (“bystander”) who witnessed an issue, should be handled in the same manner. Complaints may come from students or subordinates. The obligation lies with the administrator/supervisor to make the referral; recipients may choose not to utilize the referral.

Take Action with “the 3 Rs”—Refer, Report, Record.

Refer
• In person, refer the concerned party to OIE¹, and provide a Title IX brochure.
• Follow up by email, reminding the concerned party why s/he would want to contact OIE (because OIE is the campus resource for handling discriminatory treatment).
• Provide contact advice: www.equity.arizona.edu and 621-9449.
• Attach brochures to the email (click at www.titleix.arizona.edu or www.equity.arizona.edu to locate Title IX and discrimination prevention brochures).

Report
• “cc” OIE in the same outgoing email at www.equity.arizona.edu.
• (You may decide to call OIE, yourself, if the alleged conduct is egregious, or presents a continuing danger, and you are concerned the student will not reach out for assistance).

Record
• The email has made a record of your actions, maintained in your files, as well as OIE’s.

I encourage you, and ask that you please encourage your colleagues and G.A.s/T.A.s, to take online training and to get really comfortable with all the presented concepts, above.

¹ Conflict will be handled by Dean of Students if it occurs between two students, i.e., if the perpetrator/actor is a student. DOS contact information: 520-621-7057; dos-deanofstudents@email.arizona.edu. DOS and OIE work closely; when in doubt, refer to either resource. We will sort it out.
ON-CAMPUS RESOURCES

Health and Well-being
Oasis Clinical Counselor
Counseling and Psych Services
www.health.arizona.edu/hpps_oasis_program.htm
(520) 626-2051

Counseling and Psych Services at Campus Health
www.health.arizona.edu/caps.htm
(520) 621-3334

Campus Health Services
www.health.arizona.edu
(520) 621-9202

ADDITIONAL RESOURCES

Victim Services
Emerge! Center Against Domestic Violence
www.emergecenter.org
(520) 795-8001

Pima County Attorney’s Office
www.pcao.pima.gov
(520) 740-5525

RAINN
Rape, Abuse & Incest National Network
www.rainn.org
(800) 656-4673

SACASA
Southern Arizona Center Against Sexual Assault
www.sacasa.org
(520) 327-7273

Orders of Protection
Pima County Justice Court
www.jp.pima.gov
(520) 740-3384

Tucson City Court
www.tucsonaz.gov/courts/how-file-order-protection-against-domestic-violence
(520) 791-4971

More Information
VAWA, the Violence Against Women Act, seeks to end domestic violence, dating violence, sexual assault, and stalking. Please see www.titleix.arizona.edu/vawa for more information and resources.
The University of Arizona is committed to providing a safe and positive living, learning, and working environment. The University has a responsibility to ensure that all students, staff, faculty, and visitors can enjoy the benefits and opportunities the University has to offer in an environment free from discrimination on the basis of sex, including sexual assault and sexual harassment, stalking, rape, acquaintance rape, domestic violence, and/or dating violence.

The University utilizes a variety of approaches to prevent and redress sex discrimination. We realize that individual community members who are affected in some way by sex discrimination may benefit from many sources of support and assistance. It is important that all members of our community know where to turn if they have a concern, need assistance or support, or would like to file a complaint. We have compiled a collection of resources and information to assist members of the University community.

Mary Beth Tucker  
Assistant Vice President for Equity Compliance  
Title IX Coordinator

Kendal Washington White  
Assistant Vice President for Student Affairs and Dean of Students  
Deputy Title IX Coordinator

POLICIES AND PROCEDURES

In addition to Title IX, the University of Arizona’s Student Code of Conduct along with its Nondiscrimination and Anti-harassment Policy prohibit sex discrimination, sexual harassment, and sexual violence of any kind. Retaliation against anyone who makes a complaint, or who participates in any complaint-related process, is not tolerated.

Student Code of Conduct
• Prohibited Behavior: azregents.asu.edu/rrc/Policy Manual/5-308 Student Code of Conduct.pdf  
• Disciplinary Procedures: www.deanofstudents.arizona.edu/policies-and-codes/student-disciplinary-procedures

Nondiscrimination and Anti-harassment Policy  
www.policy.arizona.edu/humanresources/nondiscrimination-and-anti-harassment-policy

The Process
The University of Arizona has equitable procedures in place to promptly, thoroughly and fairly address concerns and complaints of harassment or discrimination while being mindful of the rights and unique needs of all parties and of due process. Both parties have an opportunity to meet (separately) with a conduct administrator to present their perspectives, provide witnesses or information, to bring an advisor to the meeting, to ask questions and seek clarification.

After a review of the information and facts of a complaint, the conduct administrator will decide whether it is more likely than not that a violation of code or policy took place and, if appropriate, will issue sanctions. All parties will receive appropriate options for review or appeal.

Interim actions can be taken before any decisions on the alleged conduct are made. These are short-term, remedial measures to ensure the safety of all individuals involved and the fairness of the complaint process. These are not decisions about responsibility. They can include no-contact orders, changes to on-campus housing, or changes to class or activity schedules and, in some cases, interim suspension.

REPORTING OPTIONS

Anyone who has witnessed, knows about, or has experienced sexual harassment or other sex discrimination is encouraged to seek help and report the concerns — the sooner, the better. There are a number of ways to report concerns and to get needed information, assistance, and resources.

Retaliation of any kind against individuals who report concerns or who participate in an investigative process is prohibited.

Criminal Complaints and Reports
University of Arizona Police Department  
www.uapd.arizona.edu  
9-1-1 (emergency, on-campus)  
(520) 621-8273 (non-emergency)

Pima County Sheriff’s Department  
www.pimasheriff.org  
(520) 351-4800 (non-emergency)

Tucson Police Department  
www.tucsonaz.gov/police  
9-1-1 (emergency, off-campus)  
(520) 791-5700 (non-emergency)

University Complaints and Reports
Dean of Students Office  
www.deanofstudents.arizona.edu  
(520) 621-7057

Office of Institutional Equity  
www.equity.arizona.edu  
(520) 621-9449

Confidential Reports
Oasis Clinical Counselor  
Counseling and Psych Services  
on-campus confidential reporting and counseling options  
www.health.arizona.edu/hpps_oasis_program.htm  
(520) 626-2051