College of Medicine General Faculty Meeting
Wednesday, February 11, 2015
Kiewit Auditorium @ 4:30 p.m.
AGENDA

Call to Order

1. Welcome and Announcements – Joe G. N. “Skip” Garcia, MD, Senior Vice President for Health Sciences and Interim Dean, College of Medicine
   • CTSA update
   • Jennifer Flores- Associate Vice President and Chief Health Sciences Development Officer

2. Committees and Brief Reports
   Committee reports are posted on the COM website at http://medicine.arizona.edu/general-faculty-meeting/:
   • Dean’s Council on Faculty Affairs – Paul A. St. John, PhD
   • Southern Arizona Veterans Administration Healthcare System – Fabia A. Kwicinski, MD
   • UAMC Chief of Staff – G. Michael Lemole, Jr., MD
   • Tucson Educational Policy Committee – Sydney A. Rice, MD

3. Presentations/Discussion
   • Proposed Bylaws changes to Admissions and MD/PhD Committees – Joe G. N. “Skip” Garcia, MD, Senior Vice President for Health Sciences and Interim Dean, College of Medicine
   • Updates: Faculty Forward and UA Vitae – Anne Wright, PhD, Senior Associate Dean for Faculty Affairs
   • Responsibility Centered Management Overview – David T. Elmer, MBA, Deputy Dean, Finance and Business Affairs-COM
   • Banner-University Medical Center Update – Joe G. N. “Skip” Garcia, MD, Senior Vice President for Health Sciences and Interim Dean, College of Medicine

4. Adjournment

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

The dates for the remaining 2015 COM General Faculty Meetings are: May 13th, August 12th and November 18th. All meetings will be held in Kiewit Auditorium at 4:30 p.m.
Announcements and Updates:

Dr. Garcia welcomed the faculty and opened the meeting by introducing and welcoming Jennifer Flores, Associate Vice President and Chief Health Sciences Development Officer. Dr. Garcia emphasized the importance of philanthropy as a revenue stream, especially when federal funding is not robust and state funding is decreasing. Ms. Flores will oversee the hiring of additional development officers and provide training and mentoring for them, and she will also enhance collaborations and work closely with Jim Moore and the UA Foundation.

Dr. Garcia announced that there would be an update on Never Settle called Boundless, which would be available mid-February. He stated that at the recent meeting of the AZ Board of Regents the UA and AHSC did a good job presenting their update to the regents and it was a very positive meeting. The AHSC is very engaged with other UA units and has strong partnerships with them. Dr. Garcia noted that AHSC’s total research resources increased 7% in 2014; this is a modest increase but it halts several years of decline. Many academic medical centers have problems acquiring funding for research. Seventy-five percent of our ABOR peers with medical schools have had flat or only slight growth in research funding.

Dr. Garcia stated there is more good news related to AHSC centers. The AZ Emergency Medicine Research Center increased statewide survival rates from cardiac arrest, and AZ survival rates are among the highest in the nation. The AZEMRC is a national leader in emergency medicine research and training, including rapid delivery of cooling strategies in traumatic brain injury. Dr. Garcia also mentioned that a drug the Valley Fever Center of Excellence has been investigating since 2005, Nikkomycin Z or NikZ, is now on the fast track for approval and could be a cure for Valley Fever. Dr Garcia also mentioned the Partnership for Native American Cancer Prevention, a collaboration between Northern Arizona University and the AZ Cancer Center whose mission is to alleviate the burden of cancer among Native American, recently received $13 million from the National Cancer Institute to continue bringing prevention and biomedical research training to Native American communities in Arizona.

Dr. Garcia then gave an update on the Clinical Translational Science Award application which was recently submitted. Monica Kraft and Charles Cairns successfully led a large group of faculty in gathering the information and data needed for the submission and the results should be known by late April. The award would fund impactful research and training to reduce health disparities and improve community health in Arizona. The University of Arizona is the only Arizona academic medical center able to compete for a CTSA. The focus of the new CTSA is very different from those in the past, with new funding guidelines and new emphasis on special vulnerable populations. Our application takes advantage of this new emphasis on special populations (the elderly and the very young and Native American and Hispanic populations) and of our research priorities of health disparities, precision health, neuroscience and population health and health outcomes. There is a greater emphasis on improving diversity in the biomedical and translational workforce. Over the past several months much effort has been made in building a border state consortium and in recruiting underrepresented minorities to summer programs in research. The application presents the AHSC as a hub, linking strong partnerships with academic, clinical, community and corporate partners as well as targeted communities. One
Dr. Garcia then announced that there has been an impressive increase in the number of applicants to the College of Medicine MD/PhD Program and the number of slots has been increased from 2 to 5. Dr. Garcia stated that the quality of the applicants is unbelievably improved. He announced that changes to the COM Bylaws were being proposed which would permit the Dean to appoint up to 5 additional members to the Admissions Committee and up to 4 additional members to the MD/PhD Committee. The addition of these appointed committee members would allow for the input of the Dean’s vision to both committees and would decrease the overall workload for committee members. Dr. Garcia stated that our ABOR peers and other public medical schools have similar policies. Also being proposed is a reduction of the participation of clinical and basic science members from 1/3 to 1/4. Dr. Marlys Witte noted that faculty have a long history of shared governance at the UA and Dr. Garcia is able to communicate his vision in a number of ways. She also pointed out her frustration with the faculty not having a formal meeting format to discuss and take (approve/disapprove) action. Dr. Francisco Moreno stated he also values the principles of shared governance and that currently faculty vote for a person and not a platform. Another faculty member suggested that perhaps candidates for election to committees should present their views to the faculty. Dr. Margaret Briehl suggested that the Dean might nominate faculty to committees; those nominees would be placed on the ballot and only become members of those committees if they received a certain percentage of votes. Dr. Larry Moher stated he had concerns regarding future leadership and what their vision might be. Dr. Kevin Moynahan stated that initially he was uncertain about the proposed changes but after reviewing other medical schools with similar processes for appointing committee members, has come to view them favorably as the Dean needs faculty by his side. Dr. Paul Gordon stated that if the Dean’s vision is shared, it would be easy for him to ask faculty to self-nominate. He added that it would be safer to accomplish change via meetings and shared governance. Dr. Anne Wright stated that there had been no faculty response from the meeting announcement and suggested there should be an open discussion and comment period to solicit comments prior to the next general faculty meeting.

Dr. Wright then gave a report on progress stemming from the Faculty Forward Survey. Three faculty committees were charged with reviewing the results of the survey and making recommendations. The Diversity Advisory Committee is conducting focus groups to drill down on particular topics to identify actions and strategies. The Committee of Ten recommends creation of an elected Appeals Committee as a resource for faculty who feel they have been treated unfairly. The Committee of Ten also recommends the reassessment of faculty tracks and faculty workloads to link them to protected time for research, education and service, although the Banner merger may effect what can be done in these areas. The Dean’s Council on Faculty Affairs is focusing on strengthening of mentoring programs and streamlining and clarifying the promotion process. Department heads were also charged with responding to their survey results and have worked with their faculty to identify priorities for action.

Dr. Wright briefly reminded the faculty that for the College of Medicine, UA Vitae will roll out on time for 2016. The Department of Physiology volunteered to serve as the beta testers and this is underway in that department.

David Elmer provided an introduction to RCM – Responsibility Centered Management – objectives. This system encourages and rewards revenue generation and cost effectiveness, alignment of authority and
accountability, and greater transparency and flexibility and will provide an enhanced ability to plan future resource flows. Its guiding principles were developed from the work of nine subcommittees which met and deliberated over the course of a year. Simplicity is stressed; people must be able to understand the system. RCM doesn’t add cost or funds to the budget; it is a tool for understanding the full cost of academic programs. Mr. Elmer briefly explained the transition of budgets to RCM and the use of subvention funds – institutional funds used to subsidize operations. The RCM Model will allow us to better predict decreases and increases to the budget. The University will establish a committee to review RCM and make recommendations for changes after 3 years.

Dr. Garcia announced that the Banner update will be tabled for another town hall to be scheduled in a week or two. He then stated that it was a year since he stepped into the interim dean role and that he appreciated the collegiality and leadership from faculty and staff and applauded their many successes throughout the year. He especially appreciated the leadership provided by Chuck Cairns and Monica Kraft in the CTSA application process. Dr. Garcia then stated that he was appointing Dr. Cairns as interim dean effective February 16th and that he was confident Dr. Cairns possessed the right skills and academic rigor required for the role. Dr. Garcia also announced that the search for a permanent dean will begin next fall.

Dr. Cairns then thanked Dr. Garcia for his support and stated that it was a time of extraordinary opportunity at the College of Medicine and that Dr. Garcia possessed transformative vision. He stated that the CTSA application process provided him with a greater appreciation of the College of Medicine’s strengths and understanding of its problems. He stated that the Banner merger presented an extraordinary opportunity and base for innovation and the merger proved they want to partner with us. Dr. Cairns stated that he looked forward to working with the departments and centers and to optimizing the many opportunities. He stated that faculty participation and input will be critical and will be increasing, not decreasing.

The meeting adjourned at 5:45 p.m. and was followed by reception in the lower lobby of the AZ Cancer Center.
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 administering and responding to the results of a faculty engagement survey; publicizing the sessions available to support faculty members’ professional development; establishing a child care facility at COM/UAHN/AHSC; 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. A social reception hosted by the Council and the Office of Faculty Affairs had good participation and was considered very successful. Some issues may be influenced by the merger with Banner Health and will await further discussion in the future.

In 2014-2015, the Council is focusing its efforts on the issue of faculty mentoring. 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 been developing a dual-strategy approach to strengthening faculty mentoring in the COM. The first strategy is to work with the Dean's Office to support and strengthen department-based mentoring programs. Most, if not all, COM department report having mentoring programs for their junior faculty. Some programs are relatively new, while others have been in place for some time. Working with the Dean's Office, the Council is developing a set of recommendations for departments concerning mentoring and mentoring programs, and is drafting procedures designed to make mentoring a more regular part of the experience of all junior faculty at the COM. The Council is devising ways to increase recognition for faculty mentors.

The Council is also planning a pilot trial of "Mentoring Societies," a novel, voluntary mentoring program to complement those in the departments. Details are still under discussion. The Council aims to initiate a small trial of this new idea at the start of 2015-2016.

**Members 2014/2015**
Ilana Addis, Obstetrics & Gynecology
Nafees Ahmad, Immunobiology
Betsy Dokken, Medicine
Erika Eggers, Physiology
William Erly, Medical Imaging
Samantha Harris, Cellular & Molecular Medicine
Meredith Hay, Physiology
Alice Min, Emergency Medicine
Michele Munkwitz, Pediatrics
Terence O'Keefe, Surgery
Paul St. John, Cell. & Molecular Medicine (Chair)
Andrew Tang, Surgery
Anne Wright, Faculty Affairs (Co-Chair)
VA endorses the ICARE core values of Integrity, Commitment, Advocacy, Respect and Excellence.

SAVAHCS successfully completed Joint Commission on Accreditation oversight visit.

SAVAHCS successfully completed the Combined Assessment Program and Community Based Outpatient Clinic and Primary Care oversight visit.

Mammography program was inspected without any deficiencies and Blood Bank was inspected by FDA without any deficiencies or recommendations.

Research Service Line underwent successful Annual Workplace Evaluation, USDA APHIS inspection and AAALAC site visit.

Successful accreditation of Psychology Internship and Post-Doctoral Training Programs until 2020.

Established quarterly Southern Arizona VA Healthcare System Town Hall meetings in FY 14. Director and Chief of Staff field questions from Veterans regarding their care and ensured follow up on their issues.

Sought feedback from Veteran patients including Family Advisory Council, Truthpoint patient surveys, Veteran Listening Sessions and Veteran panels.

Approximately three-quarters of VA physician staff have faculty appointments with the University of Arizona Medical School.

Participated on a national simulation workgroup that developed a proposal to regionalize simulation under 5 regional simulation centers across the VHA. This proposal calls for SAVAHCS to host one of the regional centers which would act as a force multiplier for simulation activities that are generated from the national office and it would also provide oversight to simulation centers from 4 VISNs.

An inspired workforce allowed for the expansion of Patient Aligned Care Teams (PACT) to expand to the second phase that includes surgical and medicine subspecialties.

SAVAHCS sponsored the 2014 VISN 18 Research Forum

Planning is underway for the first Fisher House in Arizona. This will be located on campus and provides a home-like environment for families of Veterans being treated at SAVAHCS.

New construction at the facility includes a Dental Suite and MRI building which will also house a new Women’s Clinic.

The Oncology Treatment Unit received funding for a Cultural Transformation to support the healing environment for Veterans undergoing chemotherapy.

Pain Management Program demonstrated progress toward certification. Chronic Pain Management includes a behavioral health program; interventional options; pharmacy review and is focused on self-care including weight loss, exercise, and utilization of alternative therapies.

Implemented Mental Health Integration Programs for Primary Care.
• Virtual Care Modality increased to 49.5% with more veterans utilizing some form of telehealth. TeleDerm was successfully implemented and now comprises 35% of all dermatology visits. Telehealth is in the process of launching TeleSpirometry and Telewound.

• The Health Informatics Program developed a database that identifies women with uncontrolled diabetes or unmonitored diabetes. This information is then sent electronically to the respective PACT teamlet for action.

• The Health Informatics Program developed an automated process to identify diabetic patients who did not have a glycosylated hemoglobin checked in over one year, contacts them by mail and orders the test needed. There has been a 50% decrease in diabetic outliers (glyco’s >9), 18% reduction in LDL outliers, and a 30% reduction in blood pressure outliers as a result of the Informatics Program implementation.

• Added MOHS dermatology services.

• GI rooms for special procedures increased to 4 rooms.

• The Clinical Decision Unit policy now supports observation up to 48 hours from 24.

• Operating Room cancellations decreased to 6%.

• OR nurse managers changed the staff schedules which provided greater OR coverage and decreased sick calls, post-call and paid overtime.

• Training was provided to surgeons for a newly purchased Da Vinci surgical robot to increase less invasive surgeries.

• The laboratory continues to produce state of the art diagnostic testing with the goal this year of enhancing the hematopathology portfolio, including leukemia/lymphoma panels by flow cytometry, CLL mutation analysis by florescent in-situ hybridization. The lab continues to expand testing including rapid molecular testing for stool pathogens by PCR.

• A program initiated in FY 08 to obtain blood from DoD facilities is expected to save over $350,000.

• A new computer technology by PICIS, the Anesthesia Record Keeper (ARK) project was expanded in FY 14.

• The facility sponsored the Second Annual Mental Health Summit in August 2014 and supported the Third Annual Homeless Summit in July 2014.

• Student Health Clinic at the University of Arizona on the main campus expanded mental health services to OEF/OIF student Veterans.

• An additional surgical pathology resident was added to Diagnostics Care Line and they were recognized by the College of Medicine for training expertise in cytology.

• Under the Western States Network Consortium program the first Histotechnologist graduated from the training program. It is the sole training location for cytopathology for the University of Arizona.

• Continue to provide services with Veterans Justice Outreach Program. Mental Health staff assisted Pima County Municipality Regional Veterans Court in obtaining a $250,000 3 year grant for the expansion of Tucson City Veterans Treatment Court.

• SAVAHCS works on the Federal Re-Entry Program Court, the second one in the Nation. Mental Health staff collaborates with University of Arizona Rogers College of Law to include law students in Veteran’s Treatment Court.
• Expanded Housing and Urban Development – Veteran Affairs Supported Housing vouchers.
• The Diagnostics Service has expanded testing to include rapid molecular tests for Mycobacterium tuberculosis and influenza A detection by polymerase chain reaction (PCR).
• The Diagnostics Service developed using an automated system for identifying patients at risk for HCV infection.
• Established huddle boards at the work-unit level to encourage front-line staff innovation.
• Sponsored Diabetes Fair
I have served as Chief-of-Staff since January 2013. The recurring theme over the last year has been one of resilience and adaptation. We have addressed several complex administrative issues, including the herculean tasks of revising our bylaws, code-of-conduct, delineation of privileges, and Board reorganization. Additionally, we have had to address major concerns of medical staff behavior and professionalism. Throughout, we have sought to involve service line managers, Division Chiefs, and Chairs in the early stage of all processes. With our impending merger into the Banner Network we have had to prepare for major operational and cultural changes. While we must remain open to positive growth in our new system, we must also work to preserve the unique academic nature of our practice.

The following specific issues were also addressed:

- The most significant effort of the last year has been the impending Banner acquisition and its impact on own medical staff. We have worked to represent medical staff concerns at all levels and have sought to preserve medical staff rights and privileges. Special attention has been given to reaching common ground in the new Banner medical staff bylaws. Though some administrative processes will be altered after the transition, the core values of our academic culture remain intact. In Banner we find an enthusiastic and accommodative partner that seeks to preserve what is best in UAMC while greatly improving our clinical and operational practices.

- Ongoing alignment of bylaws between the South and University campus hospitals was a major effort over the last year. Changes have not only included routine edits and regulatory compliance, but also issues of organization philosophy and direction. With the Banner acquisition toward the end of the year, 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.

- Medical staff fund usage had been debated at prior MEC meetings. Various options discussed included investing our surplus, funding medical student, resident, and/or faculty research, and resourcing advanced education of medical staff leadership. Through significant efforts of individuals and MEC subcommittees, 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. The MEC has also continued to support administrative and organizational education for its leadership.

- Joint Commission Survey (November, 2014). Successful results for medical staff with only one indirect finding. We will continue to remedy our few deficiencies and work with the hospital to facilitate their response to other concerns raised by The Joint Commission survey.

- Regular review of physician quality and behavioral issues. As with the last, this year has been busy and we have had to address significant concerns. Moving forward, it appears as though the worst has passed and we may begin rebuilding with our eyes on growth and excellence.

Future Directions

- Reinvention of the Medical Staff at Banner University Medical Center – Tucson. In our new organizational culture it will be critical that we begin to redefine ourselves. We must balance the expectations of high administrative efficiency and efficacy with the demands of academic medicine including education and research. We must describe our culture in relation to our local affiliates (e.g. South Campus, VA) and to our regional competitors. To this end, we are planning a medical staff retreat in the Summer/Fall so that leadership can begin to address these issues.

- 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 (currently 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, and the Greater Southwest.

**G. Michael Lemole, Jr., M.D.**

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*Chief, Division of Neurosurgery, University of Arizona*

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Activities of the Education Policy Committee (EPC) and the Tucson EPC (TEPC) during the period July 2014 through January 2015 are described below, arranged in general categories. This report includes information about both the whole EPC (both Tucson and Phoenix) and the TEPC, because TEPC members are members of the whole EPC and participate in its meetings and activities.

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

1. Membership

The members of the EPC for July 2014 through January 2015 are the following.

<table>
<thead>
<tr>
<th>Member name</th>
<th>Department</th>
<th>Track</th>
<th>End of Term</th>
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<tbody>
<tr>
<td>Shruti Bala</td>
<td>Medical Student, Class of 2015</td>
<td>Phoenix</td>
<td>2015</td>
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<tr>
<td>Doug Campos-Outcalt, MD</td>
<td>Family &amp; Community Medicine</td>
<td>Phoenix</td>
<td>2016</td>
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<td>Diana Darnell, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Tucson</td>
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<td>Taben Hale, PhD</td>
<td>Basic Medical Sciences</td>
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<td>Sarah Harris</td>
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<td>Andrew Hennigan</td>
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<td>Cheryl Hill, MD</td>
<td>Basic Medical Sciences</td>
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<td>Wendi Kulin, MD</td>
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<td>Bill Marshall, MD</td>
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<td>Marci Moffitt, MD</td>
<td>Academic Affairs</td>
<td>Phoenix</td>
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<td>Aditya Paliwal</td>
<td>Medical Student, Class of 2015</td>
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<td>Sydney Rice, MD (EPC Chair 14-15, EPC Vice-Chair, 2013-14; TEPC Chair, 2013-14)</td>
<td>Pediatrics</td>
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<td>John Sarko, MD (EPC Chair 14-15, EPC Chair, 2013-14; PEPC Chair, 2013-14)</td>
<td>Emergency Medicine</td>
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<td>Paul St. John, PhD (EPC Chair, 2012-13; TEPC Chair, 2012-13)</td>
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<tr>
<td>Stephen Wright, PhD</td>
<td>Physiology</td>
<td>Tucson</td>
<td>2019</td>
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Resources, Support, & Guests
Kevin Moynahan, MD (Deputy Dean for Education, Tucson)
Jacque Chadwick, MD (Vice Dean for Academic Affairs, Phoenix)
Paul Standley, PhD (Assistant Dean for Curricular Affairs, Phoenix)
Karen Restifo, MD, JD (Associate Dean for Student Affairs, Phoenix)
Amy Waer, MD (Associate Dean for Medical Student Education, Tucson)
Cheryl Pagel, MD (Assistant Dean for Student Affairs, Phoenix)
Christine Savi, PhD (Senior Director for Evaluation and Assessment, Phoenix)
Raquel Givens, MEd (Director, LCME Accreditation, Tucson)
Susan Ellis, EdS (Office of Medical Student Education, Tucson)
Marc Tischler, PhD (Professor, Chemistry and Biochemistry)
Tim Neel (Office of Medical Student Education, Tucson)
Bryna Koch, MPH (Office of Medical Student Education, Tucson)
Violet Siwik, MD (Associate Dean for Student Affairs and Admissions, Tucson)
Ron Grant, MD (Director Medical Humanities Program)
Carlos Gonzales, MD (Assistant Dean, Medical Student Education, Director Rural Health Professions Program)
Helen Amerongen, PhD (Associate Department Head and Professor Cell Biology and Anatomy, Histology Discipline Director)
Paul Krieg, PhD (Professor of Cell Biology and Anatomy, Genetics Discipline Director)
Todd Vanderah, PhD (Department Head and Professor of Pharmacology and Anesthesiology, Pharmacology Discipline Director)
Nafees Ahmad, PhD (Professor Department of Immunobiology, Microbiology and Immunology Discipline Director)
Maria Czuzak, PhD (Assistant Professor Cellular & Molecular Medicine, Anatomy Discipline Director)

2. Curriculum Governance – Program-Wide

No curriculum governance changes were implemented in the six month period from July 2014 to January 2015. The class of 2016 represents the final cohort of medical students under the single accreditation for both campuses.

3. Curriculum Oversight and Program Evaluation – Program-Wide

Clerkship Reviews – Various meetings
The EPC continues its oversight responsibility with ongoing reviews of required clerkships. 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. Since July 2014, the following clerkships have been reviewed: Ob-Gyn and Neurology. In the next six months FCM and Medicine will also be reviewed.
4. Curriculum Governance Activities for the Tucson Program:

**LCME Updates** - Various Meetings
After the successful LCME accreditation visit ongoing updates were provided to the committee on accreditation status.

**Discipline Director Reports** – Various Meetings
The Discipline Directors for the Anatomy, Pharmacology, Microbiology and Immunology, Histology, and Medical & Molecular Genetics/Molecular Biology disciplines presented their reports to TEPC for review and approval. The directors reported on their meetings with block directors, plans to address gaps or deficiencies, plans for new teaching methods, and identification of areas where discipline content was removed from the curriculum.

**Medical Humanities Curriculum Report** – December 3 2014
TEPC asked the Director of the Medical Humanities program to present the program curriculum for review. A follow-up report was requested from the Director.

**New Distinction Tracks: Medical Educator Distinction Track** – December 3, 2014
TEPC approved the creation of a new distinction track that will support medical students who are interested in pursuing careers in medical education to develop knowledge and experience in the theory and practice of education.

**New Distinction Tracks: Rural Health Distinction Track** – January 7 2015
TEPC approved the creation of a new distinction track that provides students who are already participating in the Rural Health Profession Programs the opportunity to expand their experience in rural health care by completing the distinction track requirements.

**Review proposal for Emergency Medicine/Critical Care as a Required Rotation** - January 7 2015
TEPC reviewed a proposal to approve a proposal to require that students take an Emergency Medicine/Critical Care rotation. The committee asked for additional information to inform their decision and delayed a vote since no changes to the 3rd/4th year can be made at the Tucson until the Class of 2016 has graduated and the Phoenix and Tucson campus are no longer under the same accreditation.

5. Instruction and Performance Assessment – Tucson Track

**Assessment Policy – Electronic Exam System** – December 3 2014 (Year 3) August 6 2014 (Year 1 and 2)
The College of Medicine Tucson implemented a new electronic exam system in AY14-15. All pre-clinical block exams will be completed using ExamSoft. Assessment policies were updated to reflect the new guidelines around using an electronic system. In addition, the clerkships all use the NBME for their shelf exam. Using the NBME system also required updates to the Year 3 Assessment Policy.

**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.
6. Curriculum Maintenance and Evaluation – Tucson Track

**Review of AAMC Graduate Questionnaire Results** – December 3 2014
The results of the AAMC GQ were presented for review and discussion to the committee. The committee 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 (June 18 2014). This retreat offered an opportunity for the committee to review the recommendations from the Level Two Evaluation Report and discuss next steps.

**Pre-Clinical:**
1. Develop and implement a tracking systems for the ongoing oversight and management of the curriculum
2. Set goals and establish standards for integration. Clarify the relationship between the developmental aspect of the curriculum and integration of content.
3. Assess block time distribution.
4. Determine the best use of lecture and assess/set standards for effective implementation of didactic methods.
5. Strengthen and make consistent block instructor participation in faculty instructional development.

**Clinical:**
1. Clinical Procedures, Skills, and Experiences: formulate a set of common clinical procedures, skills and experiences (PSEs) that are common among many clerkships
2. Clinical Procedures, Skills ,and Experiences (PSEs): Assign key word identifiers with definitions to each that can be used to code and document the presence of this content in any clerkship element recorded in the ArizonaMed online database
3. Instructional Methods: Consider a formal inventory of the various instructional methods used in the required clerkships. This includes identifying the tools clerkships are using to teach content, procedures, etc.
4. Student Performance Assessment: 1) Development consistent Composite Grading practices; 2)Communicate these clearly to the students; and 3) Grading policies should be consistent with best practices in medical student education
5. Instructional development for faculty and residents: A)explore whether we should require instructional development for faculty (beyond the current requirement of training in specific instructional methods), and continue to generate and/or improve FID resources for faculty and residents; B) a) Investigate the value of including mandatory small group, problem-solving sessions in all required clerkships; and b) where small group problem-solving sessions are required, formally assess student performance and C) consider a formal inventory of the various instructional methods used in required clerkships.

**Block Reviews** – Various Meetings
TEPC continues its oversight responsibility with ongoing reviews of instructional blocks. Blocks are reviewed once every other year, and assessments are made of the content covered, the expectations for
student performance, instructional quality and examination quality and outcomes. In the past year, the following blocks were reviewed: Advanced Topics and Cardiovascular, Pulmonary, and Renal.

**Task Group on the Introductory Curriculum** – December 18, 2013
The TEPC created task group on interactive instruction presented the second phase of their work. The group’s findings stated that the rationale for an introductory curriculum is clear, however there is redundancy in the current introductory efforts. Given time constraints in the curriculum the group recommended that content in the three components of the introductory program (Bridge, Orientation, and Prologue) be consolidated.

The TEPC created task group on interactive instruction presented the second phase of their work. This summary included recommendations, action items/next steps, and resources. The task group recommended continued faculty development, enhanced training, and the use of peer evaluation to support the integration of interactive instruction into the curriculum.

**Consolidation of the Introductory Curriculum** – January 21, 2015
TEPC voted to dissolve the Prologue block and integrate the content and material into both a longer Orientation and the first block (Foundations).

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

**Pediatric Neurology Elective- November 5, 2014**
This elective will allow Year 3 and 4 students to gain experience in the care of infants and children with neurological problems.

**PASS Step 2- November 5, 2014**
This course is analogous to the PASS Step 1 elective for Year 2 students. PASS Step 2 is designed to provide Year 3 students with learning tools, methods, and strategies to promote success on passing USMLE Step 2.

**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.

**Perspectives on Women as Physicians: Work/Life balance- November 5, 2014**
This elective explores the influence of social factors on women physicians’ practice.

**Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Health and Health Care Disparities- passed by electronic vote**
The course provides a framework for the starting healthcare professional from which to build their medical foundation on culturally competent care of LGBTQ patients, families and communities.
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 skilful, 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.*
THE BYLAWS OF THE FACULTY OF THE TUCSON AND PHOENIX CAMPUSES
OF THE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

I. PURPOSE AND INTENT OF BYLAWS

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

II. OBJECTIVES

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

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

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

III. ADMINISTRATION

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

IV. FACULTY

A. Membership

All individuals holding Faculty titles at either campus of the COM will have voting rights. The President of the University, the Vice President for Health Affairs, the Deans and Deputy Deans of the Tucson and Phoenix campuses of the College, and the Deans for Academic Affairs, Associate and Assistant Deans will be ex-officio members of the Voting Faculty.

B. Responsibilities

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

1. Formulate recommendations regarding curricula and awarding of degrees.

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

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

C. Meetings

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

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

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

4. Regular Meetings. The Voting Faculty of each campus will be requested to meet not less than twice each year, including a regular spring meeting, at a time and place announced by the presiding officer at each campus. If the Faculty from both campuses are requested to attend any regular meeting, then such meetings will be conducted via teleconference. The College will maintain a record of the discussions at such meetings for Faculty to review.

5. Special Meetings. A special meeting may be called either by a Dean, or upon request in writing by at least ten (10) members of the Voting Faculty at a particular campus. The meeting notice must include the reason for calling a special meeting. No business will be transacted except as stated in the notice calling the meeting. If the Faculty from both campuses are requested to attend any special meeting, then such meetings will be conducted via teleconference. The College will maintain a record of the discussions at such meetings for Faculty to review.

V. ESTABLISHMENT OF COLLEGE OF MEDICINE COMMITTEES

A. Policies.

Unless otherwise stated in these Bylaws, all COM Committees, whether located in Tucson or Phoenix, will adhere to a single set of policies governing both campuses to ensure that all Faculty and students of the College will be bound by the same obligations and enjoy the same rights.

B. Membership.

All members of the Voting Faculty are eligible for election to a Committee. At least one-third one quarter of the members of each Permanent Committee will be from basic science departments and at least one-third one-quarter will be from clinical departments. Committee members may be either elected by the faculty, or, in certain committees, appointed by the dean, as specified below. Unless specifically denoted as “appointed,” reference to committee members in these bylaws means that they are elected.

C. Student Representation on Committees.

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

D. Nomination and Election of Members.

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

E. Election of Members to Permanent Committees.
Elected members of Permanent Committees of the Faculty will be elected following the regular spring meeting of each campus of the College of Medicine Voting Faculty. For those committees for which members from both the Tucson and Phoenix Campus are required, meetings will be conducted via teleconference, and voting may occur electronically.

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

F. Vacancies.

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

G. Terms of Office and Removal

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

Appointments by the Dean may be made at any time of the year. Appointed members may serve until they resign or are removed by the Dean.

VI. PERMANENT COMMITTEES.

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

Permanent Committees of the Faculty will consist of the following:

A. Admissions Committee. The Faculty of each campus will elect its own members to the Admissions Committee. The Admissions Committee for the Tucson campus will consist of eleven elected (11) Faculty members and five (5) students. The Dean may also appoint up to five (5) additional faculty members to serve on the committee, for a total of 16 faculty members and 21 committee members total. The Admissions Committee for the Phoenix Campus will consist of nine (9) Faculty members and four (4) students. The Admissions Committees will be responsible to consider applicants to its campus and select students to the M.D. program for that campus. The
Admissions Committees’ decisions regarding such selections will be final and not subject to administrative or other review.

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

C. **Committee of Ten.** The Faculty of each campus may, but are not required to, elect a Committee of Ten, which will consist of ten (10) members of its Faculty. This Committee may initiate and study any issue or matter of interest to the College, and may consider any academic or administrative matter brought to its attention by a Dean, any other Committee of the Faculty, or any member of the Faculty, or refer such matter to an appropriate University committee or office that is charged with addressing such issues directly. It may make recommendations to the person or group that consulted it and may also at its discretion make recommendations to a Dean, other Committees and to the Faculty.

D. **Continuing Medical Education Committee.** The Faculty of each campus may, but are not required to, elect a Continuing Medical Education Committee, which will consist of ten (10) Faculty members. The Continuing Medical Education Committee will set policy for continuing medical education, provide oversight of continuing medical education activities and assure that the approved policies and activities meet accreditation standards for continuing medical education.

E. **Dean's Faculty Advisory Committee.** The Faculty of each campus may, but are not required to, elect a Dean's Faculty Advisory Committee, which will consist of six (6) members of its Faculty. A Dean's Faculty Advisory Committee will advise the Dean on matters related to the mission of the college or that are of interest to the Faculty. It will meet with the Dean at least quarterly. The Chairperson may attend monthly meetings of the Department Heads’ Council, and represent the COM Faculty at these meetings.

F. **Educational Policy Committee and Subcommittees.** The Faculty of each campus will elect its own members to an Educational Policy subcommittee, which will consist of twelve (12) Faculty members and four (4) students from each campus. Each subcommittee will implement policies under the direction of the Educational Policy Committee in accordance with accreditation requirements. The combined membership of these two separate committees will comprise the Educational Policy Committee. The term of office of each Educational Policy faculty subcommittee member is five (5) years. The term of office of each Educational Policy student subcommittee member shall not exceed four (4) years.

The Educational Policy Committee will work with the Chief Academic Officer to provide governance and oversight of the undergraduate medical curriculum, to advance educational goals, and to assure that the College meets its accreditation standards. It will recommend to each campus subcommittee what policies may be required to meet these requirements, which each subcommittee will promulgate, consistent with accreditation standards and educational and curricular requirements applicable to the college and that campus. Such policies will include the assessment of student performance and the criteria to receive an M.D. degree. The Educational Policy Committee will meet at least twice annually to discuss recommended changes in educational and curricular policy, and, in consultation with the individual subcommittees on each campus, will promulgate any recommended changes to overall educational policy. Each subcommittee may promulgate policies and procedures that implement the Educational Policy Committee’s educational and curricular policies, to the extent that the curriculum at a campus differs from that of another campus, in accordance with accreditation standards.
A change in educational policy should be effected through agreement between the Educational Policy Committee or any subcommittee and the Chief Academic Officer or his/her designee at a particular campus. It is expected that the Educational Policy Committee or subcommittee and Chief Academic Officer or designee will work in a spirit of mutual respect, by taking each other’s positions into serious consideration. If consensus cannot be reached between a Committee and the Chief Academic Officer or designee, then the Chief Academic Officer or designee will make the final decisions regarding policy change or implementation, provided he or she believes that every reasonable effort has been made to reach consensus and that the decision is necessary and in the best interests of both the College of Medicine and the University.

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

H. **MD/PhD Committee.** The Faculty of the College of Medicine (Tucson Campus) will elect eight (8) faculty and will select one (1) MD/PhD student to serve on the MD/PhD Committee. The Dean may also appoint up to four (4) additional faculty members to serve on the committee, for a total of twelve (12) faculty members and thirteen (13) committee members total. All applications to the dual MD/PhD program will be reviewed concurrently by the MD/PhD Committee and by the regular Admissions Committee or a subset of that Committee. If sufficient qualified applicants apply, the MD/PhD Committee will select two (2) dual MD/PhD students to the College of Medicine whose final admission to the MD program must be approved by the College of Medicine's full Admissions Committee. The MD/PhD Committee will present up to five (5) MD/PhD students to the College of Medicine Admissions Committee for approval. Decisions regarding admission to the dual MD/PhD program will be final and not subject to administrative or other review.

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

J. **Student Affairs Committee.** The Student Affairs Committee will consist of the Chairs of the Student Progress Committees for each campus, the Chairs of the Honor Code Committees for each campus, the Chairs of the Educational Policy Subcommittees, the Associate Dean for Student Affairs for each campus, one clinical science faculty member from each campus, one basic science faculty from each campus, one student government representative from each year from each campus, for a total of twenty (20) members. This Committee will meet at least twice annually to discuss any changes in policies related to student progress and appeals and student affairs issues and, in consultation with the individual committees on each campus, draft and promulgate any needed policy changes.

K. **Student Appeals Committee.** The Faculty of each campus will elect its own Student Appeals Committee, which will consist of at least five (5) Faculty members. Such members should, but are not required to, have served on a Student Progress Committee prior to serving on a Student Appeals Committee. A Student Appeals Committee will consider appeals of final decisions of that campus’ Student Progress Committee for which an appeal is permitted by the Policies and Procedures for Student Progress and Appeals of Academic and Disciplinary Decisions, as amended, which govern its activities. Decisions of this Committee are binding within the College.
of Medicine and cannot be appealed further within the College. No member of a Student Progress Committee will serve simultaneously as a member of a Student Appeals Committee.

L. **Student Progress Committee.** The Faculty of each campus will elect its own members to its Student Progress Committee, which will consist of at least eight (8) Faculty members, and one (1) student from each of its classes. The Student Progress Committee on each campus will have jurisdiction to consider all cases of unsatisfactory academic or non-academic performance, including discipline; recommendations by the Honor Code Committee that the Committee take disciplinary action against a student following a finding that a student has violated the Honor Code; and other matters affecting a student’s progress in the College, as described more fully in *The Policies and Procedures for Student Progress and Appeals of Academic and Disciplinary Decisions*, as amended, which will govern the Committee’s activities. Such committees will have broad discretion to address issues related to students’ academic progress and disciplinary matters, and to formulate plans for progression and discipline in a manner consistent with COM policy. It will also serve as the appeals committee when a student seeks review of a decision by an Associate Dean for Student Affairs that s/he qualifies for automatic dismissal, a finding by an Honor Code Committee that s/he has violated the College’s Code of Scholastic Conduct (prior to the Student Progress Committee considering discipline based upon such finding), and for grade appeals. Each Student Progress Committee also will certify that students have met the criteria for graduation and receipt of the M.D. degree.

VII. **STANDING COMMITTEES.**

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

VIII. **AD HOC COMMITTEES.**

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

IX. **AMENDMENTS**

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

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

(As Amended 5/92; 3/95; 1/96, 12/00, 2/02, 5/03, 4/07, 10/10, 7/11, 6/12, 10/12)
Faculty Forward: Progress

- AAMC Engagement Survey, administered Feb-Mar, 2014
- Objective: To obtain actionable data to inform change at both college and department levels
- Completed by 391 COM faculty, 55.5% response rate
- Multiple opportunities for growth
- Three faculty committees charged with reviewing results, developing action plans, making recommendations
- Departments also charged with responding to their results
Minority faculty more likely to see their role as consistent with theCOM mission, to think that they do too little patient care

But less likely to:
- Perceive opportunities as being equal
- Understand expectations for promotion
- Be satisfied with the quality of mentoring and with efforts to recruit and retain minority faculty

Actions: conduct focus groups to drill down on particular topics, to identify actions & strategies
Committee of Ten Recommendations

- Create elected Appeals Committee for faculty to bring issues if they feel they have been treated unfairly.
- COM leadership, with faculty input, should reassess existing expectations of each faculty track to link them to protected time for research, education and service.
  - Departments should assess individual faculty workloads & tracks in relation to available resources and mentoring.
- The COM should undertake an analysis of barriers to research productivity in the COM & implement solutions.
Deans Council on Faculty Affairs

- Strengthen department mentoring
  - Charged to create/enhance mentoring programs, with responsible individual, written expectations, etc.
  - Develop process of evaluating mentoring relationships

- Expand support for mentoring at College level
  - Mentor recognition and awards
  - Provide training, consider mentoring in annual evaluation, increase department accountability

- Create “Mentoring Societies”

- Streamline, clarify promotion process
Selected department level actions

- **Family and Community Medicine.** Committees created to address three priorities: Governance, Professional Development/Mentoring and Research. Committees will report their progress at subsequent faculty meetings.

- **Emergency Medicine.** Committees formed to focus on 1) the research environment, 2) governance & strategic planning, 3) the clinical environment, 4) compensation & benefits. Committees include faculty, a staff member and a member of the leadership council.

- **Pathology.** Priorities: Communication (revise format of dept. faculty meetings); Strategic planning (faculty to develop plans for research growth, curricular changes); Mentoring (to be formalized, expanded, evaluated).

- **Psychiatry.** Improve mentoring, assure faculty are on the appropriate track. Expand opportunities for collaborative research, consider research interests in selection of residents, emphasize research and grant writing skills in mentoring of faculty interested in research.
What is all the talk about RCM?

February 11, 2015
David Elmer, Deputy Dean
Pam Ray, Assistant Dean
Finance and Business Affairs, COM
A few definitions

• RCM – Responsibility Centered Management – a budgeting tool used to promote entrepreneurial behaviors within the RCUs and to assist with understanding the full cost of academic programs.

• RCU - Responsibility Centered Unit. This is the level to where the RCM revenue and expenses will be distributed. The RCU is at the College level.

• Subvention Funds-Institutional funds used to subsidize operations- to make colleges whole.
Responsibility Centered Management Objectives

- Encourage reward for revenue generation and cost effectiveness
- Alignment of authority and accountability
- Greater transparency
- Greater flexibility
- Enhanced ability to plan future resource flows
Guiding Principles

- Strategic Plan
- Incentives
- Minimize Negative Outcomes
- Balance RCUs & UA
- Transparency
- Matching Revenues to Costs
- Simplicity

- Predictability
- Adaptability
- Central Fund Investment
- Data
- Risk
- Communication
- Leadership
- Governance
The Fundamentals

• Simply a tool to be used by institutional and academic leaders

• Does not add dollars into the system or create new costs

• Flows funds to the Colleges. **Funds allocated to the departments are at the discretion of the dean and should not follow this model directly.**
## Transition of Budgets to RCM

<table>
<thead>
<tr>
<th></th>
<th>“Old” Budget System</th>
<th>RCM</th>
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<tbody>
<tr>
<td>Direct revenues</td>
<td>$ 1,000,000</td>
<td>$ 1,000,000</td>
</tr>
<tr>
<td>UA budget allocation</td>
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<tr>
<td>RCM allocated revenue</td>
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<tr>
<td>Subvention</td>
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<td>$13,000,000</td>
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<tr>
<td>Total revenues</td>
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<td>Allocated expenditures</td>
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<tr>
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<tr>
<td>Net</td>
<td>$ 0</td>
<td>$ 0</td>
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Revenues Included in Model

Undergraduate Tuition
• 75% SCH
• 25% Majors
• First year allocation of SCH will be calculated using a 4-year weighted average to account for past activity

Graduate Tuition
• 75% Majors
• 25% SCH
• GIDP’s allocated 100% SCH
Revenue continued

Differential Tuition & Program Fees

• Less Regents Set-Aside
• Less Waivers

IDC

• 100% of IDC returned less costs related to sponsored activities and % for Research Investment pool
• These related costs are allocated on an RCU’s proportionate share of sponsored activity

Subvention Funds
Expenses in the RCM Model

Support Center Cost Recovery

• Costs related to institutional administration, student support, business services will be recovered based on a percentage assessed on all revenue and subventions.

• Institutional costs associated with running the institution not related to a single entity will be included in the Support Center Cost Recovery
Expenses continued

Facilities and Space

• A single rate based on net assignable square feet assigned to an RCU – recovers all institutional facilities-related costs

Auxiliaries and Service Centers

• Will continue to assess administrative service charge (on external contracts and external revenue) to offset support center and institutional costs
Expenses continued

Strategic Investment Fund

- An additional percentage will be assessed against revenues and subvention funds to provide a pool of funds for Institutional Strategic Investments
UA Governance

• Appropriate and effective governance needs to be established and integrated into University committees to ensure the principles of RCM are included in the decision making process

• A committee will be established to review RCM and make recommendations for changes after 3 years
What are considerations for COM?

- RCM provides a tool to understand the impact of strategic and operational decisions.
- Funding is based on marginal and proportionate change and will need to be understood over time.
- Efficient use of resources will be an important component of COM fiscal management.
Resources available for more information about RCM

- rcm.arizona.edu is the university website dedicated to all things RCM. It includes in-depth information about the UA’s approach to RCM, RCM learning resources, a FAQ page and a link to Provost Comrie’s presentation to Deans and Department Heads.
Questions?

“If a cluttered desk is a sign of a cluttered mind, of what, then, is an empty desk a sign?”

— Albert Einstein
Welcome!

Jennifer Flores, Associate Vice President & Chief Health Sciences Development Officer