College of Medicine – Tucson General Faculty Meeting
FEBRUARY 12, 2014, Kiewit Auditorium 4:30 pm

Meeting Minutes

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

1. Welcome and Announcements — Steve Goldschmid, MD, Dean, College of Medicine

The first announcement Dean Goldschmid wanted to make was about the LCME. He shared stories of the site visit experience that he heard from other deans, emphasizing how difficult the process is. He announced that the site reviewers were very impressed during their visit here, and said they had very little citations. Dean Goldschmid thanked everyone for their help, and assured that we would get another eight years of accreditation.

Dean Goldschmid then talked about the number of searches underway. Four of the five candidates in the Cancer Center search have visited at least once, and Dean Goldschmid hopes to have the position filled by July. The search for the Surgery department head was narrowed down to seven people. They recently initiated the search committee for the Medicine chair.

The last announcement was that Dean Goldschmid is transitioning to a new role, and Dr. Garcia will lead the next faculty meeting and can answer any questions people have for him regarding this transition. Dean Goldschmidt was positive about the transition, and he believed the new role would be a better fit. He said Dr. Garcia has already made an impact on the research portfolio, and he sees this as a positive endeavor. Dean Goldschmid will continue to have a presence in Tucson. Several people thanked Dean Goldschmid for his leadership of the College of Medicine.

2. UA Health Network Update — Michael Waldrum, MD, MS, MBA, President & CEO, UAHN

Dr. Waldrum focused on EPIC EHR, which is the most significant change in all of the operating units that COM has been through. He assured faculty that this is not running into many of the issues that they have seen with other universities who undergo a similar change. He shared some of the metrics involved in the transition, such as charges posted and clinic patients registered, to show the process. The big idea in regards to challenges is change management, since the significance of change is often underestimated despite preparations. Many workflows were developed to replicate historical processes, which brought process issues to light that tend to get minimized with a “big bang” rather than doing the rollout over a number of years. Another challenge is the integratedness of workflows, so they must work to optimize these workflows. It is also important to recognize siloed departmental systems versus an integrated model to look at how data is integrated. This is a big stress for IS, so they are reorganizing the department and bringing in new leadership. The next step is to get better governance and input mechanisms into IS, so it can be a service company that can respond the right way and best serve these needs.

Dr. Waldrum reminded everyone about the Triple Aim of care, health and cost. The overall goal of combining COM and UAHN is to be recognized for excellence on select national comparisons. UHC is our main comparison, along with US News and World Report and NIH rankings, and these will become the metrics we compare moving forward in strategic planning.
He briefly went over the Quality and Safety Dashboard, showing patient safety indicators and quality indexes. He emphasized that we have to understand this because this is how UHC is analyzed and ranked, so it must be optimized to stay competitive in that market. Dr. Waldrum noted the benchmarks and goals within these indexes. He moved to talk about the Experience and Value Dashboard. Dr. Waldrum said the overarching goal of how likely people are to recommend is important to the strategic planning process. The values in this category have risen a bit but are not where they would like to be. He emphasized that small gains in this category are important. Dr. Waldrum thanked faculty for their work in driving these improvements.

Dr. Waldrum said that the overall plan is to become a premier academic medical center. Smaller goals within the strategic plan involve innovative research, creative humanistic education, strategic growth and expansion, and community health and wellness. He highlighted that this plan needs to be based in the foundational principles of quality outcomes, financial sustainability, and unifying culture in order to be successful. He gave a brief overview on completed tasks having to do with the “likelihood to recommend” metric. These include key recruitments, philanthropy, the Health Plan Expansion, among others. Dr. Waldrum outlined year one of the strategic plan in relation to the foundational principles. The goal for innovative research is to increase new grants and clinical trials by 25%. Key completed tasks for this goal were key recruitments, launching Epic, and the Clinical Research Collaborative Agreement between UA and UAHN. The next steps for this goal in year one are to find the permanent director for the Cancer Center, improving research infrastructure, and increasing clinical trial enrollment.  

Through 2018, they hope to get a CTSA, get the core Cancer Center grant renewed, and target research recruitments. For the creative, humanistic education goal, they are aiming to reduce faculty and staff turnover. There has been a lot of work done to create progress in this area, and they recently announced the faculty engagement survey. Down the road there will be a survey for the delivery side as well. These surveys will help provide standardized ways to see where the issues are in order to provide solutions. The community health and wellness goal is to reduce ED visits by 5%, and the strategic growth and expansion goal is to increase UAHN margin from 2% to 5%. In order to achieve the growth goal, Dr. Waldrum stressed the importance of having a rational practice that people understand. Some completed items in that goal are the Southwind ambulatory plan and some local partnerships which have already increased referrals. Year one leakage is to address sending revenue to competitors rather than within our network. Through 2018, this area plans to launch additional service lines, develop a primary care strategy, and develop funding models for reinvestment in the academic mission.

In five years, successes will include likelihood to recommend being at 90%, a 25% increase in sponsored research, less turnover for faculty and staff, ED utilization will be down by 5%, and our margin will increase to 5%. The margin is important because the capital is used to invest in the future. Dr. Waldrum is confident that work groups focusing on these areas can lead to improvement. He thanked everyone involved in these workgroups that are vital to the success of the strategic plan. He said there is a lot to do and a lot of necessary improvements, but he sees a positive future.

Someone asked if there will be any changes developed that will make insurance companies recognize South Campus as the University Campus—Dr. Waldrum said they are working with the insurance company to address this.
3. Committees and Brief Reports
   - Dean’s Council on Faculty Affairs — Albert Fiorello, MD
     (Suggestion Box in Faculty Lounge)
   - Tucson Educational Policy Committee — Sydney Rice, MD
   - UAMC Chief of Staff — G. Michael Lemole, Jr., MD
   - VAMC Chief of Staff — Fabia Kwiecinski, MD

4. Presentations/Discussion
   - Tech Transfer — David N. Allen, Vice President, Tech Launch Arizona and Rakhi J. Gibbons, Assistant Director, Biomedical and Life Science Licensing

   Tech Launch Arizona is a roll-up of three previous groups and one new group. The first one is Tech Transfer Arizona, which is where intellectual property is secured. They came up with a strategic plan for many procedural and process changes. From there, they developed Wheelhouse Arizona, which is the idea that experts and many more people are needed to understand emerging technologies.

   Corporate Relations Arizona is another unit that focuses on building strategic relationships between UA and companies. It promotes initiating new centers and bringing a business perspective into these centers. Finally, Tech Parks Arizona which has two tech parks. They are changing the whole focus of the tech park, and integrating companies in the parks that have a relationship with the University of Arizona. The parks are debt free and ready to go. Dr. Allen discussed how they often have technologies where they do not know where it is going to go, so they have a variety of people on hand who can act as advisors on these technologies. He drove in the point that the faculty inventor will have a positive relationship with the business driver or else it would not work.

   He went through some of the first year statistics related to this process; they are on track to be doing 1.5 start-ups per month by the end of the fiscal year, an average of 4.5 domain experts are engaged in each technology, they have done four commercial feasibility studies, and more.

   - Bylaws Change/Student Appeals and Student Progress Committees — Kevin Moynahan, MD, Deputy Dean for Education
   - Faculty Forward — Anne Wright, PhD, Sr. Associate Dean for Faculty Affairs

5. Adjournment — meeting adjourned at 5:40 pm
College of Medicine General Faculty Meeting

UA Health Network Update

Wednesday, February 12, 2014

Presented by: Michael Waldrum, MD, MSc, MBA
EPIC EHR
<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tbody>
<tr>
<td>Orders Entered</td>
<td>1,733,861</td>
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<tr>
<td>Clinic Patients Registered</td>
<td>39,443</td>
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<tr>
<td>Charges Posted</td>
<td>$731,139,719</td>
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<tr>
<td>Payments Posted*</td>
<td>$60,490,723</td>
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<tr>
<td>Claims Forms Submitted</td>
<td>101,812</td>
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<tr>
<td>Lost Net Revenue (Nov.)</td>
<td>$7,300,000</td>
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<tr>
<td>MyChart Patient Activations</td>
<td>5,654</td>
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<tr>
<td>CPOE Compliance</td>
<td>South: 94%</td>
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<tr>
<td></td>
<td>University: 87%</td>
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<tr>
<td>Barcode Med Compliance</td>
<td>South: 76%</td>
</tr>
<tr>
<td></td>
<td>University: 82%</td>
</tr>
</tbody>
</table>
EHR Integration-Before and After

BEFORE: NOVEMBER 1, 2013

Scheduling & Registration
- IDX
- Patcom

Ambulatory Clinic Record
- AllScripts

UAMC South Record
- Paper

UAMC Univ. Record
- SCM

Billing & Receivables
- IDX
- Patcom

NOVEMBER 1, 2013

EPIC EHR
Challenges and next steps »

• Change management impact still underway
  - Significance of this change often underestimated despite preparation

• Many workflows were developed to replicate historic processes under disjointed system model
  - Common phenomenon; Minimized in big bang versus phased rollout
  - Context for design of workflows under integrated systems model is lacking prior to go-live
  - Common to re-visit and “optimize” workflows post live

• Recognition of differences between siloed departmental systems model vs. integrated models sinking in
  - “My” changes now impact everyone

• IS Re-organization and new leadership

• Next Step: EHR governance structure to manage way forward
Quality and Safety Dashboard
The Triple Aim: Care, Health, And Cost

- Care of our patients (N = 1)
- Healthcare of our community
- Cost Containment

Health Affairs, 27, no.3 (2008):759-769 doi: 10.1377/hlthaff.27.3.759
UAHN High Level Goals »

Recognized Excellence on Select National Comparisons

- UHC
- US News and World Report
- NIH
Experience and Value Dashboard »
• 86.3% recommend score will serve as our initial GEM goal measure for the Practice Plan service goal.
• The FY14 goal requires us to get to 88.1% to meet target.
EXCELLENCE:
Path to Premier Academic Medicine
2013-2018 - Strategic Plan
Vision »
Become a guiding force for health and well-being.

Mission »
Advancing health and wellness through education, research and patient care.

ICARE values »
- Inspire
- Care
- Always Excel
- Respect Others
- Embrace Innovation
Innovative Research »

Arizona Board of Regents 2020 strategic goals:
• Educational excellence and access,
• Research excellence,
• Community engagement, and
• Workforce development, productivity

University of Arizona strategic priorities:
• Engaging
• Innovating
• Partnering
• Synergy

Arizona Health Sciences strategic objectives:
• Targeted recruitment of research-active personnel (growth of 160 by 2023)
• Increase clinical trials revenue
• Focus on large NIH grants (big data, UA Cancer Center core grant, CTSA)

COM/UAHN strategic goals:
• Innovative research
• Creative Humanistic Education
• Strategic Growth and Expansion
• Community Health and Wellness
• Foundation Principles: Quality Outcomes, Financial Sustainability, Unifying Culture

Alignment between the stakeholders
Guiding Principles (Foundational)

**Quality Outcomes:**
- Safety
- Cost-effective care
- Standards of excellence
- Coordination of care
- Evidence-based practice
- Bioinformatics (informatics)
- Metrics

**Financial Sustainability:**
- Operational efficiency
- Access
- Productivity
- Funds flow
- Endowments and philanthropy
- Grants/resources
- State-of-the-art facilities

**Unifying Culture:**
- Service/patient experience
- Faculty and staff experience
- Diversity and inclusion
- Multi-dimensional communications
- Joint planning
- Interprofessional practice
Guiding Principles (Foundational)

YEAR 1:
Quality:
• Identify specific metrics to measure quality
• Develop a quality structure

Finance:
• Performance improvement initiatives
• Improve throughput in the ED

Culture:
• New on-boarding for all new employees/trainees/faculty
• Reinvigorate Studer tools
• Office of Diversity and Inclusion

METRIC: Increase likelihood to recommend from 68.8% to 90%

COMPLETED:
• Key recruitments
• Comp plan
• Philanthropy
• Health Plan Expansion
• Epic ‘go live’
• Magnet re-designation

YEAR 1: Quality:
• Identify specific metrics to measure quality
• Develop a quality structure

Finance:
• Performance improvement initiatives
• Improve throughput in the ED

Culture:
• New on-boarding for all new employees/trainees/faculty
• Reinvigorate Studer tools
• Office of Diversity and Inclusion
Innovative Research »

METRIC: Increase new grants and clinical trials by 25%
(From 1,132 new grants/trials (2013) to 1,400 new grants/trials 2018)

COMPLETED:
• Key recruitments: Sarver Heart; Bioinformatics
• Launched Epic
• Clinical Research Collaborative Agreement between UA/UAHN

YEAR 1:
• Permanent director for UA Cancer Center
• Research infrastructure
• Increase clinical trial enrollment

THROUGH 2018:
• Clinical Translational Sciences Award (CTSA)
• UA Cancer Center core grant renewal
• Big Data in biomedical sciences
• Targeted research recruitments

METRIC: Increase new grants and clinical trials by 25%
(From 1,132 new grants/trials (2013) to 1,400 new grants/trials 2018)
Creative, Humanistic Education »

**YEAR 1:**
- Successful LCME accreditation
- Faculty and employee engagement survey

**COMPLETED:**
- Standardized recruitment/search process
- Launched professionalism program

**THROUGH 2018:**
- Coaching and mentoring programs
- Educational innovations team
- Expand continuing education programs

**METRIC:** Reduce faculty and staff turnover
(faculty from 11.34% to 10.74 and staff from 15.11% to 10.00%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Faculty Turnover</th>
<th>Staff Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>16.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>2014</td>
<td>16.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>2015</td>
<td>15.0%</td>
<td>14.5%</td>
</tr>
<tr>
<td>2016</td>
<td>14.5%</td>
<td>14.0%</td>
</tr>
<tr>
<td>2017</td>
<td>14.0%</td>
<td>13.5%</td>
</tr>
<tr>
<td>2018</td>
<td>13.5%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

*Note:* A bar graph showing the decline in faculty and staff turnover from 2013 to 2018.
**Community Health and Wellness**

**METRIC: Reduce ED visits by 5%**

- **COMPLETED:**
  - Collaboration to increase marketplace enrollment
  - Community Health Needs Assessment
  - Launched *Healthy Together*

- **YEAR 1:**
  - Develop community health center at South Campus
  - Compete for the RBHA

- **THROUGH 2018:**
  - Sports physicals/immunizations at schools
  - Reduce diabetic-related ED visits
  - Reduce obesity of UAHN patients by 5% by FYE 2015
  - Increase timeliness to prenatal care
  - Develop new value-based models of care
Strategic Growth and Expansion »

METRIC: Increase UAHN margin from 2% to 5%

**COMPLETED:**
- Family medicine and diabetes at South Campus
- Southwind ambulatory planning
- Health plan expansion
- Local partnerships – ACP & AZ Gastro
- Epic

**YEAR 1:**
- Leakage
- IGA
- Neuroscience service line
- Affiliation discussions
- Southwest Thoracic Oncology Program

**THROUGH 2018:**
- Launch additional service lines
- Develop a primary care strategy
- Partner with payors for value models
- Develop funding models for reinvestment in Academic Mission
EXCELLENCE:
Path to Premier Academic Medicine
2013-2018

Success in 5 years:
• Likelihood to recommend at 90%
• Sponsored research projects increased by 25%
• Staff turnover reduced by 5%
• Faculty turnover reduced by 3%
• ED utilization reduced by 5%
• Margin increased to 5%
Dean’s Council on Faculty Affairs

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 2013/2014, the Council is addressing the following tasks:

1) **Continuing to explore the establishment of child care at the COM/UMC/AHSC.**
   UAHN Human Resources has been engaged to explore how the Health Network could be included in further fact finding and planning for a possible child care facility on site or near the Health Sciences campus. The survey of faculty, staff, and graduate students completed in July 2012 demonstrated significant interest in development of a local child care facility. How this project could be expanded to include UAHN staff and align with the combined Strategic Plan is being considered. Council members believe that development of such a facility could improve faculty and staff recruitment, retention, and satisfaction.

2) **Improving a mechanism for faculty to submit suggestions to the Faculty Affairs office and UAHN administration.**
   The suggestion box in the faculty lounge near the cafeteria has been moved and signage has been added to make it more visible. Suggestions placed here are collected regularly and routed to the appropriate administrative offices.

3) **Planning for a faculty reception.**
   Initial planning has occurred for a reception at the Health Sciences Center in the spring spotlighting faculty talents.

4) **Continuing development of a resource for faculty to enhance their professional development.**
   A Career Development Roadmap has been placed on the COM Faculty Affairs website outlining suggested annual career development activities for new faculty, early career faculty, and associate and full professors. The Council continues to explore new career development activities to offer and promote.

5) **Explored and initiated administration discussion regarding a faculty engagement survey.**
   The AAMC Faculty Forward survey will take place at the end of February. Results of this survey will help guide future projects for this Council.

**Members 2013/2014**

- Albert Fiorello, Emergency Medicine (Chair)
- Robyn Meyer, Pediatrics
- Theodore Price, Pharmacology
- Roxana Ursea, Ophthalmology
- Todd Vanderah, Pharmacology
- Chris Cunniff, Pediatrics
- Terence O’Keefe, Surgery
- Paul St. John, Cellular & Molecular Medicine
- Betsy Dokken, Medicine
- Alice Min, Emergency Medicine
- Ilana Addis, Ob/Gyn
- Erika Eggers, Physiology
- Anne Wright, Faculty Affairs (Co-Chair)
Activities of the Education Policy Committee (EPC) and the Tucson EPC (TEPC) during the period July 2013 through January 2014 are described below, arranged in general categories. Decisions made at the end of AY 2012-13 are also reported, because those were made after the release of last year’s annual report. This report includes information about both the whole EPC (both Tucson and Phoenix) and the TEPC, because TEPC members are members of the whole EPC and participate in its meetings and activities.

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

Membership

The members of the EPC for July 2013 through June 2014 are the following.

<table>
<thead>
<tr>
<th>Member name</th>
<th>Department</th>
<th>Track</th>
<th>End of Term</th>
</tr>
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<tr>
<td>Claudia Adler</td>
<td>Student – Class of 2014</td>
<td>Phoenix</td>
<td>2014</td>
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<tr>
<td>Shruti Bala</td>
<td>Medical Student, Class of 2015</td>
<td>Phoenix</td>
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<td>Paul Boehmer, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
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<td>Doug Campos-Outcalt, MD</td>
<td>Family &amp; Community Medicine</td>
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<td>Diana Darnell, PhD</td>
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<td>Elizabeth Dupuy</td>
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<td>Mark Fischione, MD</td>
<td>Basic Medical Sciences</td>
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<tr>
<td>Herman Gordon, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
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<td>Kristi Grall, MD</td>
<td>Emergency Medicine</td>
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<td>Kurt Gustin, PhD</td>
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<td>Taben Hale, PhD</td>
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<tr>
<td>Sarah Harris</td>
<td>Medical Student, Class of 2016</td>
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<td>Andrew Hennigan</td>
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<tr>
<td>Cheryl Hill, MD</td>
<td>Basic Medical Science</td>
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<td>2018</td>
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<td>Wendi Kulin, MD</td>
<td>Neurology</td>
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<td>Patricia Lebensohn, MD</td>
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<td>Michele Lundy, MD</td>
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<td>Maria Manriquez, MD</td>
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<td>Bill Marshall, MD</td>
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<tr>
<td>Brandon Minzer</td>
<td>Class of 2014</td>
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<td>Marci Moffitt, MD</td>
<td>Academic Affairs</td>
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<td>Aditya Paliwal</td>
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<td>Cindy Rankin, PhD</td>
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<td>Tucson</td>
<td>2014</td>
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<tr>
<td>Sydney Rice, MD (EPC Vice-Chair, 2013-14; TEPC Chair, 2013-14)</td>
<td>Pediatrics</td>
<td>Tucson</td>
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<tr>
<td>John Sarko, MD (EPC Chair, 2013-14)</td>
<td>Emergency Medicine</td>
<td>Phoenix</td>
<td>2015</td>
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</table>
PEPC Chair, 2013-14
Paul St. John, PhD (EPC Chair, 2012-13; TEPC Chair, 2012-13) | Cellular & Molecular Medicine | Tucson | 2016
Juhyung Sun | Medical Student, Class of 2017 | Tucson | 2017
Roxana Ursea, MD | Ophthalmology | Tucson | 2015
Chad Viscusi, MD | Emergency Medicine | Tucson | 2018

Resources, Support, & Guests
Steve Goldschmid, MD (Dean, Tucson Campus)
Stuart Flynn, MD (Dean, Phoenix Campus)
Kevin Moynahan, MD (Deputy Dean for Education, Tucson)
Jacque Chadwick, MD (Vice Dean for Academic Affairs, Phoenix)
Paul Standler, 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)
Lori Alvord, MD (Associate Dean for Student Affairs and Admissions, Tucson)
Cheryl Pagel, MD (Assistant Dean for Student Affairs, Phoenix)
Christine Savi, PhD (Senior Director for Evaluation and Assessment, Phoenix)
Celia O’Brien, PhD (Director, Medical Student Research & Evaluation, Tucson)
Jack Dexter, PhD (Office of Medical Student Education, Tucson)
Raquel Givens, MEd (Director, LCME Accreditation, Tucson)
Sonya Seaman (Office of Medical Student Education, Tucson)
Tim Neel (Office of Medical Student Education, Tucson)

Curriculum Governance – Program-Wide

Review & Reaffirmation of Institutional Objectives – August 21, 2013
As an annual requirement established in the Policies and Procedures of the EPC, the Program Objectives and Educational Competencies for the ArizonaMed curriculum were reviewed and reaffirmed. The Program Objectives are posted on the EPC website and, as required, are appended to this report.

Level 3 Report on the Educational Program – September 18, 2013
The EPC approved a report synthesizing prior program evaluation efforts for Years 1 – 4. The report included several recommendations meant to improve the undergraduate medical education program, including the development of a longitudinal curriculum on medical problem solving that spans all four years, and improving systems for coding and tracking content in the clinical years.

Instruction and Performance Assessment

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

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

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

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

**Curriculum Oversight and Program Evaluation – Program-Wide**

**Policy for Faculty Instructional Development and Remediation for all Faculty** — June 19, 2013
The UA COM takes an active approach to developing and improving teaching and assessment skills of its faculty. This Policy for Faculty Instructional Development sets expectations and requirements for training faculty who teach medical students in the instructional methods they will use.

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

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

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

**Level 2 Report on Years 3 and 4**— August 21, 2013
The EPC reviewed and approved a comprehensive report on the clinical curriculum. The goal of the report is to provide a broad appraisal of how all aspects of Years 3 and 4 are working together as a coherent curriculum. A number of recommendations were contained in the report. The recommendations attended to such concerns as the variability found between clerkships in their objectives, required patient encounters and experiences.

**Clerkship Content Review Policy** – August 21, 2013
The EPC approved a policy requiring regular review of clerkship content at least once every 3 years. The review will be conducted by the Clinical Curriculum Subcommittee, with assistance from the Office of Medical Student Education.
**Clerkship Change Policy** – September 18, 2013
The Clerkship Change Policy outlines the parameters by which clerkships may be changed with and without prior approval of the EPC. Generally, any change that impacts clerkship objectives, changes in instructional sites, or grading practices must be pre-approved. This policy was passed to adhere to LCME standards.

**Revised Year 4 Required Rotations and Electives Policy** – October 16, 2013
Changes were made to enrollment guidelines in Year 4 in order to ensure students are enrolling in a diversity of electives. The policy was revised to limit the number of weeks in any one subspecialty field to 12, and to cap the maximum number of weeks allowed at “away” rotations to 16. In addition, the maximum number of independent study units in Year 4 is limited to 8.

**Revised Clerkship Attendance Policy** – October 16, 2013
The clerkship attendance policy was revised to give the Associate Dean for Student Affairs the authority to approve excused absence requests.

**Policy on Student Feedback Surveys in Years 3 and 4** – October 16, 2013
Student feedback surveys for clerkships and electives struggle with low response rates. Recognizing the importance of student feedback on the curriculum, the EPC passed a policy requiring students to complete feedback surveys for all clerkship sites and electives. Grades will be withheld until surveys are completed.

**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 December 2012, the following clerkships have been reviewed: Ob-Gyn, Neurology, FCM, Pediatrics, Medicine.
Policy Regarding Changes to Individual Blocks or Courses in Years 1 and 2 – January 16, 2013
Policy was adopted by TEPC to provide clear oversight responsibilities of the committee over changes to block structure, instruction and content. Some types of changes can be made by block directors without review by the TEPC (e.g., sequence of sessions, minor adjustments to content that would not change the block objectives). Other changes must be proposed to TEPC (e.g., block objectives, instructional format, altering unscheduled time, changes to grading criteria and/or assessment methods). A “Block Change Form” will be used by block directors to present proposed changes to the committee.

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

TEPC approved the creation of a new distinction track that provides a structured, faculty-mentored experience to explore many facets of healthcare education, administration, finance, delivery and policy.

Instruction and Performance Assessment – Tucson Track

Required Participation in Academic Support Programs – April 3, 2013
To help identify students at-risk for academic difficulty, TEPC passed a policy mandating that students who score below 75% on any block exam or quiz participate in study group. Students who have a cumulative score of 75% or less in the Medical Knowledge competency at the end of the Advanced Topics block will be required to participate in the program entitled “Preview: USMLE Step 1 Preparation.”

Amendment to Policy for Implementation of Exams in Years 1 and 2—September 4, 2013
This amendment established the Exam Review Subcommittee as a standing subcommittee of the TEPC. It also established greater centralized oversight of exams in Years 1 and 2, charging the subcommittee with previewing new exam questions and making decisions on dropped exam items.

Curriculum Maintenance and Evaluation – Tucson Track

Level 2 Report on Years 1 and 2 – March 20, 2013
This is a very comprehensive report that attempts to provide a global evaluation of the first two years as a single segment. Recommendations included conducting in-depth studies of developmental curriculum, interactive instruction and instructional load in the first two years.

Task Group on Developmental Curriculum – May 15, 2013
In response to findings from the Level 2 Report on Years 1 and 2, TEPC voted to create a task group to propose guidelines and benchmarks regarding the design of a coordinated, developmental curriculum.
Task Group on Interactive Instruction and Learning – May 15, 2013
In response to findings from the Level 2 Report on Years 1 and 2, TEPC voted to create a task group to review the pedagogical principle of “interactive instruction” and how it can be better applied in the ArizonaMed curriculum.

TEPC voted to create a task group to study the objectives and content covered in the “Introductory Curriculum,” which consists of the Summer Bridge Program, Orientation and Prologue Block. The goal of the task group will be to develop coherent learning strategies and content that link across these components of the curriculum.

Case-Based Instructional Method Revision – Continuing
The process of reformatting the Case-Based Instructional Method (CBI) continues. The use of interactive technologies designed to teach reflective problem-solving skills (i.e., “ThinkSpace”), have been incorporated into CBI cases in most blocks.

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: Prologue; Immunity and Infection; and Digestion, Metabolism and Hormones. TEPC also reviewed the Medical Student Summer Bridge Program.

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:

The elective provides students with an understanding of the role radiology brings to the diagnosis of diseases of the musculoskeletal system.

Global Health Capstone Course – March 20, 2013
In order to demonstrate content mastery prior to graduation with Distinction in Global Health, the course requires completion of an evidence-based synthesis paper. The paper is the culmination of a student's participation in the Global Health Distinction Track.

Wilderness Medicine Elective – May 15, 2013
This elective allows students to acquire knowledge of medical care delivery in wilderness situations and become certified in Advanced Wilderness Life Support.

Careers in Academic Medicine – June 5, 2013
This elective is designed to inform students of potential careers in academic medicine. The goals are to promote self-reflection and career planning using academic articles, journaling and discussion of career aspirations.
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.
Chief-of-Staff Report (G. Michael Lemole, Jr., M.D.)

University of Arizona Medical Center (UAMC)

University Campus

I assumed the role of Chief-of-Staff in January 2014, following outgoing Chief-of-Staff Paul Gordon, M.D. The recurring theme over the last year has been one of systematizing efficiency and fairness for the medical staff. For example, we have worked to involve service line managers, Division Chiefs, and Chairs in the early stage of all processes including Peer Review Committee (PRC), medical records notifications, and the credentialing process. The last year the following specific issues were also addressed:

- Revision of the Code-of-Conduct with more systematic escalation of involvement (including service line chiefs, chairs, and Medical Executive Committee (MEC)). At the root level, conflict resolution has been emphasized as well as involvement of service line leaders including Division chiefs and nurse managers to reduce disruptive behaviors, ensure fairness to medical staff members, and construct a work environment conducive to patient-centered collaboration.
- Continued reconciliation of the delineation of privileges (DOP) between the South and University campus hospitals. Whenever possible, we have attempted to identify and resolve those privileges that cross specialty lines.
- Ongoing alignment of bylaws between the South and University campus hospitals. Changes have not only included routine edits and regulatory compliance, but also issues of organization philosophy and direction.
- Reorganization of the UAMC (Main & South Campuses) and UPH Hospital Boards. The Chief-of-Staff now serves as an ex officio member of each of those bodies.
- Regular review of physician quality and behavioral issues. This past year has been busy and we have had to convene several emergency Medical Executive Committee meetings to address the more pressing matters.
• **Overlapping service privileges** have always been a contentious point for medical staff operations. We continue to work toward resolutions between service lines and departments. Working with the Credentials Committee, the office of the Chief-of-Staff has been able to apply a more systematic approach to this concern.

**Future Directions**

• **Closing hospital membership** at both campuses to include only UA physicians has been raised by some MEC members. The UAHN organization may wish to consider such an option or more limited actions such as exclusive service line contracts within the UA College of Medicine. As these decisions will impact the Medical Staff at UAMC-Main Campus, MEC should deliberate and inform the network leadership of the impact such actions might have on the Medical Staff.

• **Unification of the credentialing process** across the entire UAHN organization including Hospitals and Clinics will be undertaken in the ensuing year. This standardization will still have to comply with regulations that require separate governing bodies and processes in each hospital. Nonetheless, a common credentialing package and pathway would greatly facilitate our medical staff at all campuses.

• **Medical staff fund usage** has been debated at prior MEC meetings. Various options discussed included investing our surplus, funding medical student and resident research, and resourcing advanced education of medical staff members. Some of these have been undertaken; others have yet to be actualized. This year, we hope to define acceptable uses more clearly.

**G. Michael Lemole, Jr., M.D.**  
*Chief of Staff, University of Arizona Medical Center – Main Campus*  
*Chief, Division of Neurosurgery, University of Arizona*  
*1501 N Campbell Avenue  
Room 4303 C, PO Box 245070  
Tucson, Arizona, 85724-5070*  
tel: (520)626-2164  
fax: (520)626-8313  
email: mlemole@surgery.arizona.edu
In 2013 the Southern Arizona VA Health Care System (SAVAHCS) celebrated its 85th Anniversary of providing world-class health care to America’s Heroes.

Successes to Share

- VA Learners’ Perception Survey demonstrates that SAVAHCS’ trainees rated their training experience higher than Network 18 and National averages.
- Annual Residency report found that the average compliance on monitors was good. One program, general surgery, was on probationary status due to resident work limit violations. This has subsequently been lifted as there have been no further work-limit violations.
- There are 173 VA physician staff with faculty appointments from among the 242 total number of VA physician staff including paid, contract, or Without Compensation (WOC).
- A major focus was placed on eliminating homelessness. The facility issued 91.2% of its allocated housing vouchers and increased the Rapid Emergent Housing beds from 20 to 40. SAVAHCS expanded the Veteran Justice Outreach Program to include the Pima County Court, Tucson City Court, Green Valley Court, Marana City Court and Oro Valley City Court and served over 304 Veterans. The Grant Per Diem Program successfully discharged 73.1% of their Veteran patients to their own apartments.
- Leadership triads in the medical and surgical clinics have been established to organize and manage clinic flow and structure and implement Patient Aligned Care Team principles. They will focus on improving access, implementing eConsults, and phone visits. Triads collaborate with Primary Care and Community Based Outpatient Clinic leadership to improve communication and care coordination for patients. The triads are composed clinical management staff including a physician, a clinical nurse manager and a business manager.
- SAVAHCS supported the Gathering of Healers diversity conference and trained 400 employees in Native American culture. SAVAHCS held the first annual Women Veterans Information Fair as well as Diversity Day Fairs, Disability Awareness Fairs, and Special Emphasis Observations.
- A Hiring Fair targeted at RN’s was held in late August, 2013. There were 126 attendees.
- SAVAHCS, with support from the VA Public Health Pathogens Program initiated a novel method for identifying patients with occult HCV infection. An automated system was developed that used an algorithm to create a patient registry that included patients at high risk using ICD-9 codes for drug use and who have never been tested for HCV infection. Upon intervention by GI service, 16% of patients identified were positive for occult HCV infection. Most patients who were contacted expressed appreciation and were grateful for the commitment and extra effort taken
on their behalf and for their healthcare. The occult HCV registry represents an innovative model for delivery of personalized healthcare. Use of this registry has optimized population health, provided a positive patient experience and was a highly efficient process for delivery of care.

- Pharmacy outpatient Lobby Wait Time decreased from an average of 28 minutes to 14 minutes (50%); Outpatient Mail Processing Time decreased from an average of 4 business days to 1 business day; Telephone response time decreased from a high of 18 minutes to less than 5 minutes for the entire year and the number of abandoned calls decreased by 50%.

- SAVAHCS took part in the Hispanic-Serving Health Professions Schools Graduate Fellowship Training Program in an effort to introduce newly trained Hispanic health professionals to the VA as a model employer. SAVAHCS is working collaboratively with local colleges and universities with high minority populations (U of A, Pima Community College, and Tohono O’ohodam Community College) to bring information about VA benefits and job opportunities to their student population, many of whom are Veterans.

- Established Cardiovascular Regional Referral Center and standardized the referral processes with other VA facilities in Arizona and New Mexico. This resulted in an 18.62% increase in referrals compared with the previous year.

- Established inpatient and outpatient feedback program proactively allows the voice of the Veteran to be heard and address their expectations. This personalized, patient-driven program was implemented in January 2013 has accomplished over 400 interviews and, in real-time, addressed over 170 issues as identified by the Veterans. Seventy-two interdisciplinary staff and several committees work collaboratively. Daily feedback data is immediately sent to key individuals or departments. Weekly and cumulative reports are presented at Morning Report. Trending data show significant improvements in call-button response time, quality of food, and nose reduction. Using the inpatient feedback program as a model of success, efforts now focus on outpatient collection of Veteran feedback to improve services.

- In collaboration with the University of Arizona and the Student Veterans of America University of Arizona chapter, the SAVAHCS has expanded on campus services at the University of Arizona to include New Patient health care exams at the Student Health Center. March 6, 2013, a VA Nurse Practitioner and VA work-study began providing University of Arizona New Patient Clinics. Clinics are held every second Wednesday. To date the clinic has had a 100% show rate.

- The SAVAHCS continues to provide Supportive Education for Returning Veterans, Mental Health appointments, Eligibility and Enrollment and Transition Patient Advocate Office hours at the University of Arizona. The expansion of services was due to the direct request from the Student Veterans as on campus service reduces barriers to them receiving care, such as conflicting class schedules. The SAVAHCS will continue to partner with the Uof A and other local Academic Institutions as a commitment to the academic success of our student Veterans. Patient Centered Goals for SAVAHCS were developed and submitted in January 2013.

- SAVAHCS continues to promote the use of secure messaging so Veterans can access their providers and Patient Aligned Care Teams using the internet.
• SAVAHCS continues to expand the use of Telehealth using Clinical Video Telehealth, Store and Forward Telehealth, Secure Messaging and consults across all programs.
• SAVAHCS was approved for Medical Foster Home Program.
• SAVHACS installed Electronic Communication Stations throughout the facility and at the Community Based Outpatient Clinics. The stations display transparency data including The Joint Commission Strategic Surveillance System risk score for Patient Safety and Quality. Current information from The Joint Commission extranet site compares SAVAHC’s risk score with other hospital groups, such as Arizona Hospitals, National Hospitals, the Top 10% of Hospitals, Magnet Hospitals, Truven 100 Top Hospitals, and US New America’s best Hospitals. The lower the score the better. SAVAHCS consistently scores below (good) most hospital groups. This information is on display 24/7 and is updated with new data routinely. Focus group results are posted on the electronic communication stations.
• The Research Service finalized a Memorandum of Understanding with the University of Arizona affiliate to cover off-sight VA research safety, bio-safety and animal use and care safety activities.
Tech Launch Arizona
Tech Transfer Arizona

David Allen, PhD, VP Tech Launch Arizona
Rakhi Gibbons, Asst. Director for Biomedical and Life Sciences Licensing
- Securing, protecting and licensing University employee created intellectual property
- Embed licensing managers
- Many procedural and process changes

- Business domain experts advise on emerging technologies
- Proof of Concept (POC) and Commercial Feasibility (CFS) Programs

- Build strategic large consequence relationships between the UA and companies
- Promote an infrastructure for such relationships

- Leverage space to help UA research and development thrive
- Specific programs of interaction and company engagement w/ UA
Leveraging External Domain Experts

- Invention Disclosed and Initial Assessment
- Evaluation, Strategy & Enterprise Creation
- Patent Filing
- Market Assessment, POC & Start-up Projects

Participants:
- Inventor
- Wheelhouse Managers
- Local Domain Experts
## Wheelhouse Arizona, Year 1 Stats (1/1 2013 – 12/31, 2013)

<table>
<thead>
<tr>
<th>Key</th>
<th>Statistic</th>
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<tbody>
<tr>
<td><strong>75+</strong></td>
<td>Technologies in pipeline</td>
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<tr>
<td><strong>32</strong></td>
<td>Proof of Concept projects to date, totaling over $1.2M awards</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Commercial Feasibility Studies</td>
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<tr>
<td><strong>3</strong></td>
<td>Entities collaborating on the Commercialization Network Alliance (City of Tucson, AZTERA and Wheelhouse Arizona)</td>
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<tr>
<td><strong>500+</strong></td>
<td>Members in comprehensive network</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Start-ups</td>
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<tr>
<td><strong>4.5</strong></td>
<td>Average domain experts engaged in each technology</td>
</tr>
<tr>
<td><strong>27</strong></td>
<td>Arizona Regent approval requests for start up licenses with employee ownership over six months</td>
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</table>
## Overall Tech Transfer Metrics

<table>
<thead>
<tr>
<th></th>
<th>Invention Disclosures</th>
<th>U.S. Patents Issued</th>
<th>IP Income</th>
<th>Startup Companies</th>
<th>Total Licenses</th>
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<tbody>
<tr>
<td>FY13</td>
<td>144</td>
<td>21</td>
<td>$1,345,000</td>
<td>3</td>
<td>22</td>
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<tr>
<td>Target</td>
<td>180</td>
<td>16</td>
<td>$2,390,000</td>
<td>10</td>
<td>35</td>
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<tr>
<td>FY 14 (year to date)</td>
<td>97</td>
<td>13</td>
<td>$998,627</td>
<td>5</td>
<td>22</td>
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## College of Medicine Metrics FY09-YTD

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Invention Disclosures</th>
<th>Provisionals filed</th>
<th>Utility/PCT</th>
<th>U.S. Patents Issued</th>
<th>IP Income</th>
<th>Startup Companies</th>
<th>Licenses/Options</th>
<th>Total Licenses</th>
</tr>
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<tbody>
<tr>
<td>Avg. FY09-FY13</td>
<td>30</td>
<td>19.8</td>
<td>19.2</td>
<td>6.4</td>
<td>400,075</td>
<td>1</td>
<td>7.6</td>
<td>19.2</td>
</tr>
<tr>
<td>FY 14 (year to date)</td>
<td>22</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>$191,622</td>
<td>(3 Projected)</td>
<td>3</td>
<td>5</td>
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</tbody>
</table>

**Avg. FY09-FY13**
- 30 Invention Disclosures
- 19.8 Provisionals filed
- 19.2 Utility/PCT
- 6.4 U.S. Patents Issued
- 400,075 IP Income
- 1 Startup Companies
- 7.6 Licenses/Options
- 19.2 Total Licenses

**FY 14 (year to date)**
- 22 Invention Disclosures
- 11 Provisionals filed
- 8 Utility/PCT
- 3 U.S. Patents Issued
- $191,622 IP Income
- (3 Projected) Startup Companies
- 3 Licenses/Options
- 5 Total Licenses
College of Medicine Startup Pipeline

- Avery Therapeutics
- Coronado Technologies
- Proneurogen
- PolyNova
- ThinkSpace
Outreach Efforts

• Idea to Asset Seminars – March 3rd
• IP Workshops – started Feb. 13th
• Review of funded grants
• Departmental Meetings
• Dean’s Research Council
• Strategic Plan Metrics and Goals
• Participation in council committees for 4 Research Areas
• Targeted one-on-one faculty meetings
Expertise & Collaborative TLA Team

- Betsey Wagener, PhD – College of Medicine Embed
- Amy Phillips, PhD – College of Optical Science
- Paul Eynott, PhD MBA – College of Science
- Tod McCauley, PhD – College of Agriculture & Life Sciences
- Lewis Humphreys – Eller College of Business
Questions?

Tech Launch Arizona Website: http://techlaunch.arizona.edu/

Tech Transfer Arizona Website: http://techtransfer.arizona.edu/

Do you get our monthly newsletter? http://uanow.org.3ic
Appendix
# AHSC Startups FY09-FY13

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Company Name</th>
<th>Location</th>
<th>Department(s)</th>
<th>College</th>
<th>Inventor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Inquest, Inc.</td>
<td>Menlo Park, CA</td>
<td>Emergency Medicine</td>
<td>Medicine</td>
<td>Kurt Denninghoff, MD</td>
</tr>
<tr>
<td>2012</td>
<td>Diomics Corp.</td>
<td>La Jolla, CA</td>
<td>Applied NanoBioscience; Medicine</td>
<td>COM-PHX</td>
<td>Frederic Zenhausern. PhD</td>
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<tr>
<td>2011</td>
<td>GAAS Corp.</td>
<td>Tucson, AZ</td>
<td>Cellular &amp; Molecular Medicine; Pharmacology &amp; Toxicology</td>
<td>Medicine; Pharmacy</td>
<td>Robert C. Lantz, PhD; Shivanand D. Jolad, PhD</td>
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<td>2010</td>
<td>Valley Fever Solutions, Inc.</td>
<td>Tucson, AZ</td>
<td>Medicine</td>
<td>Medicine</td>
<td>John N. Galgiani, MD</td>
</tr>
<tr>
<td>2009</td>
<td>Snyder Biochemical Corp.</td>
<td>Tucson, AZ</td>
<td>Ophthalmology &amp; Vision Science</td>
<td>Medicine</td>
<td>Brian S. McKay, PhD</td>
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<tr>
<td>2009</td>
<td>Cancer Prevention Pharmaceuticals, Inc.</td>
<td>Tucson, AZ</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>Medicine</td>
<td>Eugene W. Gerner, PhD</td>
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# College of Medicine Metrics FY09-YTD

<table>
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<tr>
<th>Fiscal Year</th>
<th>Invention Disclosures</th>
<th>U.S. Patents Issued</th>
<th>IP Income</th>
<th>Startup Companies</th>
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<td>YTD (Q1, Q2)</td>
<td>20</td>
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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 of the
members of each Permanent Committee will be from basic science departments and at least one-third will
be from clinical departments.

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 below.

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

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 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.

G. Terms of Office and Removal

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

VI. PERMANENT COMMITTEES.

Members of COM 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 (11) Faculty members and five (5) students. 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 *Honor Code Policy and Procedures for the Honor Code Committee of the University of Arizona College of Medicine (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. 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. 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 will 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. Current society mentors, block directors, clerkship directors, and any faculty member whose participation on this Committee would constitute a conflict of interest, are not eligible to serve on this Committee.

L.  **Student Progress Committee.** The 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 Procedures for Student Progress, Academic Integrity and Managing Grade Appeals (COM), 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. Current society mentors, block directors, clerkship directors, and any faculty member whose participation on this Committee would constitute a conflict of interest, are not eligible to serve on this Committee.

VII. STANDING COMMITTEES.

The 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, 12/13)
The AAMC Faculty Forward Engagement Survey
Why study engagement?

- Engagement: A heightened emotional and intellectual connection that a faculty member has for his/her role, organization, manager, or coworkers that influences him/her to apply additional discretionary effort at work (Gibbons, 2007)
- Engaged individuals:
  - Give more than is expected of them in their workplace
  - Have a sense of mission, passion that motivates them to excel
- Faculty engagement shown to improve faculty retention, performance outcomes, patient satisfaction
• Largest national workplace engagement survey that focuses on issues unique to academic medicine
• Includes all missions, all salaried faculty
• Survey dimensions, questions validated by research
• Relatively brief (20 min)
• Administered by full-service survey support team at AAMC
  o High response rate (62%)
  o Completely confidential
• Responses benchmarked against 4 peers, plus all other participating schools (n=~30)
Dimensions Considered

- Nature of Work
- Focus on Medical School Mission
- Medical School Governance
- Focus on Department Mission
- Department Governance
- Collegiality and Collaboration
- Relationship with Supervisor
- Mentoring and Feedback
- Opportunities for Career and Professional Growth
- Compensation and Benefits
- Faculty Recruitment and Retention
- Clinical Practice
- Global Satisfaction
- Part-time Faculty Views
- Demographic Information
- Appointment Information
How will it work?

- **AAMC administers the survey**
  - Uses UA COM database for faculty
  - AAMC invites salaried faculty to complete the survey, sends reminders
  - AAMC reports response rate weekly by department
  - All responses are confidential
- **AAMC analyzes the results**
  - Will not report data for groups smaller than 5
- **Launch:** Tuesday, Feb. 25, 2014
Results Provided

- **Executive Summary**
  - Available to all faculty
  - Town halls will provide opportunities to discuss
- **Comprehensive statistical summary of strengths and areas for development at the college level**
  - Data broken down by department type, major demographic variables
  - Benchmarking comparison data provided
- **Redacted free response qualitative report**
- **Excel tool to sort department data**
  - Department data provided to each department head
Analysis/Action Planning
Led by 3 Faculty Committees

- Diversity Advisory Committee (Dr. Jessica Moreno)
- Committee of Ten (Dr. Art Sanders)
- Dean’s Council on Faculty Affairs (Dr. Al Fiorello)

Responsible for:
- Interpreting results in their domain (diversity, protected time, programmatic improvements)
- Developing an action plan based on the results
- Making recommendations to the dean about planned actions
Survey Benefits

- Identify institution-wide and department-specific strengths and areas for development
- Prompt discussion for data-informed strategic planning
- Raise awareness among the faculty that the UA COM is committed to addressing workplace issues
- Compare faculty engagement across departments, clinical sites, and with peer institutions
- Track improvements over time by repeating the survey in ~2-3 years
What’s next?

- Survey launch: Tuesday, Feb. 25th
- Look for an invitation from AAMC
  - facultyforwardsurvey@aamc.org
- Take ~20 minutes to complete the confidential survey
- Participate in discussions about the results and ways to enhance our workplace
“The Case for Strategic Talent Management in Academic Medicine” – AAMC white paper at aamc.org

“Predictors of Workplace Satisfaction for U.S. Medical School Faculty in an Era of Change and Challenge” – Academic Medicine 87(5):574-581, Mary 2012.

“Clinical Faculty Satisfaction with the Academic Medicine Workplace” - AAMC report at aamc.org

AIBs: “Perceptions of the Promotion Process”
“US Medical School Faculty Job Satisfaction”
“Retention of Full-time Clinical MD Faculty”