College of Medicine – Tucson General Faculty Meeting  
Thursday, February 15, 2018, Kiewit Auditorium 4:30 pm

Meeting Minutes

Call to Order – meeting called to order at 4:30 pm

Welcome and Announcements – Charles B. Cairns, MD, Dean, College of Medicine
Dean Cairns began by going over the agenda for the meeting, noting the progress in construction. He then turned it over to Dr. Anne Cress.

Scholarship of Engagement/COM P&T Guidelines update – Anne E. Cress, PhD, Deputy Dean, Research
Scholarship of Engagement – description
There was a growing desire to recognize scholarship, so the COM P&T committee decided to take this task on about a year ago under Dr. Anne Wright. They came up with a list of what can be used to acknowledge a candidate’s scholarship that might not be traditionally considered.

Appendix G: Scholarship of Engagement
Appendix G includes the Scholarship of Engagement activities determined by the COM P&T Committee, which they have put forward to have these kinds of elements included in the P&T process as a way to acknowledge faculty. Dr. Cress asked the faculty to review these activities, and there will be a vote on them at the next faculty meeting in May.

COM P&T Guidelines – career track faculty & college name update
Non-tenure is now called career track, and the college name is College of Medicine-Tucson in the guidelines.

Banner Update
Academic Technology Advisory Group (ATAG) – Lisa Chan, MD and Kevin Reilly, MD
Dean Cairns introduced some background on the group: they stem from discussions of the Academic Management Council, and they oversee the partnership between the university and Banner.
Dr. Lisa Chan gave more information about the group, saying there are about twenty faculty members participating. The purpose of the group is for there to be a place for all end-users to bring up concerns and thoughts about how to improve Cerner. The group prioritizes and addresses concerns brought to them, and give the committee members the opportunity to bring this information back to their departments.

Dr. Kevin Reilly said an important part of ATAG is to validate solutions to the problems, to make sure people do not feel like their concerns are closed before things have truly been resolved.
They moved on to discuss the Cerner conversion. The big area for improvement is faster optimization. Part of this issue is due to the fact that Cerner is across 28 campuses, so for a change to be made it must go through all the other hospitals. Also, Cerner is very different from Epic, so changing something from Epic to Cerner is a long process. Since implementation of Cerner, Banner has heard our feedback and has allowed for more variability and localization, so changes can occur only at Tucson.

Dr. Reilly asked faculty to let ATAG know when certain aspects are not working up to expectations by passing index cases and screenshots of issues along to them. He also asked for faculty participation and consensus.

They moved on to talk about outages in Cerner. Banner has experienced more down-time in the past five
months than they have in the previous four years. Banner has tried to improve slowness and downtimes. People from Cerner came to look at the system and make it faster.

Right now, we are self-hosting the Cerner platform, but we are switching to be hosted at Cerner, which gives us the newest equipment and software and has people working on the system all the time. This will happen likely in October, and it will change the speed.

Sarah Frost, the COO for the hospitals, added that there is a weekly meeting that occurs with Banner top executives, and all issues that go to ATAG come to this committee for evaluation.

Dean Cairns recounted some of the department representatives for ATAG.

Someone expressed concern over how the Cerner outages will affect patients—Dean Cairns said there is a committee that meets very regularly to go over safety issues in the hospital, and these concerns over how Cerner problems affect faculty safety are addressed. Someone proposed adding residents to ATAG for more representation.

Presentations/Discussion

Space update – Angie Souza, MA, Sr. Director, Planning & Facilities

They have all the Banner impact relocations. The university purchased a property on Broadway, and in December, the UAHS development, research affairs, public affairs, and IT group moved over to this location. Emergency Medicine moved to the fourth floor of the library where these groups moved out. The Alvernon building is being renovated in two stages so Ophthalmology can move into their permanent space on the second floor. Family and Community Medicine, Gate Lab, PMI, and integrative medicine will move to this location when the second phase of construction finishes in mid-April to early May. OPCs need to be renovated and moved into by May 8th. CUP will use an OPC on weekends and evenings for their work.

The BSRL was substantially completed in December, and groups should begin moving in early March. Classes should begin in the education building in the spring of 2019. The basement still needs to be done by August 31st, it should be mostly completed in October, and it should be opened in January. Angie mentioned she hopes to meet with Banner to discuss better parking options.

New Faculty -- introductions by department chairs

Department chairs introduced their new faculty members. New faculty present gave a brief introduction on themselves as well.

Committee Reports

Dean’s Council on Faculty Affairs – Ilana Addis, MD, chair

Faculty Diversity Advisory Committee – Patricia Harrison-Monroe, PhD & Valentine Nfonsam, MD, co-chairs

BUMC-T Chief of Staff – Chan Lowe, MD

Tucson Educational Policy Committee – Patricia Lebensohn, MD

Dean Cairns gave some closing remarks. He mentioned how far COM-T has come since it first opened. The number of applicants to the medical school keeps increasing, and a growing number of Arizonans have been attracted to our GME programs, however, we have very low GME spots per capita. There was a record amount of funding received from the NIH, and a record number of faculty promoted. The number of faculty will continue to increase. He promised Cerner will be fixed, and he thanked faculty for all their work.

Adjournment - Dean Cairns adjourned the meeting around 5:30 pm.
College of Medicine General Faculty Meeting
Thursday, February 15, 2018
Kiewit Auditorium @ 4:30 p.m.
AGENDA

Call to Order

1. Welcome and Announcements – Charles B. Cairns, MD, Dean, College of Medicine
   • Scholarship of Engagement/COM P&T Guidelines update – Anne E. Cress, PhD, Deputy Dean, Research
     ➢ Scholarship of Engagement – description
     ➢ Appendix G: Scholarship of Engagement
     ➢ COM P&T Guidelines – career track faculty & college name update

2. Banner Update
   • Academic Technology Advisory Group – Lisa Chan, MD and Kevin Reilly, MD

3. Presentations/Discussion
   • Space update – Angie Souza, MA, Sr. Director, Planning & Facilities

4. New Faculty -- introductions by department chairs

5. Adjournment

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

Adjournment

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

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

Note:
Committee reports are posted on the COM website at: http://medicine.arizona.edu/event/2018/com-tucson-general-faculty-meeting

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2. Faculty Diversity Advisory Committee – Patricia Harrison-Monroe, PhD & Valentine Nfonsam, MD, co-chairs
3. BUMC-T Chief of Staff – Chan Lowe, MD
4. Tucson Educational Policy Committee – Patricia Lebensohn, MD
The University of Arizona, College of Medicine Committee on Appointment, Promotion and Tenure offers the following as a guide to the Scholarship of Engagement.

In UHAP Chapter 3.3.02.b it states that the University values an inclusive view of scholarship for promotion and tenure. Similarly UHAP Chapter 4A.3.02.1 makes a similar statement for continuing status. It goes on to define scholarship as “original research contributions in peer-reviewed publications as well as integrative and applied forms of scholarship that involve cross-cutting collaborations with business and community partners, including translational research, commercialization activities, and patents.”

Our committee understands a consistent theme in the scholarship of dissemination of discovery and/or application of knowledge in a broader context.

Our review of evaluation criteria (http://compact.org/resource-posts/trucen-section-b/) in particular the Clearinghouse and National Review Board for the Scholarship of Engagement and Evaluation criteria for the scholarship of engagement led to the document following this page.

The faculty member whose work has focused in the area of engagement is encouraged to complete Section 8 of the Dossier (Service and Outreach Portfolio) (http://facultyaffairs.arizona.edu/continuing-status-and-promotion). The attached table outlines criteria for the evaluation of the impact of engagement and can be used by the faculty member to complete Section 8 as well as the Candidate’s Statement. The outside reviewers can then use these documents to evaluate the faculty member and comment appropriately in their letter. It is the Committee’s expectation that candidates seeking the award of tenure will demonstrate the dissemination of discovery through publishing in peer-reviewed journals and/or other types of peer review such as patents.

Examples of Scholarship of Engagement are presented in Appendix G. The Excellent column refers to those seeking promotion to Associate Professor, while the Outstanding column is for those seeking promotion to Professor. Activities or scholarly contributions that fit within one of these columns must also satisfy criteria for scholarly works as defined below in Evaluation Criteria for the Scholarship of Engagement. Importantly, no list of examples can be exhaustive or complete, and the candidate is encouraged to discuss the scholarly impact of proposed engagement activities with the candidate’s departmental P&T chairperson.

Ultimately, the COM Committee will evaluate the Scholarship of Engagement by review of these documents and the understanding that scholarship demands the dissemination of knowledge. In particular, the evaluation of the Scholarship of Engagement rests on demonstrated impact.
Evaluation Criteria for the Scholarship of Engagement

The Scholarship of Engagement is a term that captures scholarship in the areas of teaching, research, and/or service. It engages faculty in academically relevant work that simultaneously meets campus mission and goals as well as community needs. Engagement is a scholarly agenda that incorporates communities' issues and which can be within or integrative across teaching research and service. In this definition, community is broadly defined to include audiences external to the campus that are part of a collaborative process to contribute to the public good.

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**Context of theory, literature, "best practices"**

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Scholarship of Engagement COM APT 2-2-18posted
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College of Medicine – Tucson P&T Guidelines

[Career track faculty edits in progress]
New Building and Renovation Project Updates

- **Banner Impact Relocations**
  - 1700 Broadway Renovation
  - 655 Alvernon Renovation
  - BSRL Shell
  - OPC Renovations

- **New Buildings**
  - Bioscience Research Laboratories (BSRL)
  - Health Science Innovation Building (HSIB)
Banner Impact Relocations

1700 Broadway
• Relocated UAHS Development, Research Affairs, Public Affairs and IT to Broadway 12/17

655 Alvernon
• Phase I Renovation Complete
  • Floor 1 – Gait Lab
  • Floor 2 – FCM / Ophthalmology
    • Ophthalmology moved into their permanent location January 2018
    • Holding off on relocation of other units until phase II construction complete in April
• Phase II Renovation Underway
  • Floor 1 – PMI “All of Us” / Integrative Medicine
    • Anticipate relocating Gait Lab / PMI / Integrative Medicine / FCM end of April / beginning of May

OPC Renovations (floors 4-8)
• UA began construction January 2018
• Must be complete and moved into all space by May 8, 2018
• Most moves will happen mid-to-late April
  • 8OPC – Orthopedic Surgery
  • 7OPC – Medicine and Center on Aging
  • 6OPC – Medicine
  • 5OPC – ENT and Pathology
  • 4OPC – Anesthesiology

2OPC – Growth for A2DRC, CUP Clinic and UAHS HR
• Minor FM patch and paint plus UITS
• Moves anticipated for late April 2018
Bioscience Research Laboratories (BSRL)

Overview

• 150,200 GSF / 92,500 NASF
• (4) Stories + basement
  • Basement – Imaging Core Facilities
  • Level 1 – Biomedical Engineering Research / Café
  • Level 2 – Dry Research / BioInformatics
  • Levels 3 & 4 – Wet Research

Update

• Substantial completion December 2017
• Relocation of 3T and 7T Jan/Feb 2018
• Move-in March 2018
  • Basement Shell – MI Center for Gamma Ray Imaging (CGRI)
  • Level 2 – Center for Biomedical Informatics and Biostatistics (CB2) / CGRI offices / Medicine Division of Genetics, Genomics & Precision Medicine
  • Levels 4 – Medicine/ A2DRC / Center for Innovation in Brain Science (CIBS)
Health Science Innovation Building (HSIB)

Overview
- 226,000 GSF / 122,600 NASF
- (9) Stories + basement
  - Basement – MI Faculty Office & Admin / Secure Corridor
  - Level 1 – Forum / Café / Bookstore
  - Level 2 – Mezzanine / InfoCommons / IT Help Desk and Support
  - Levels 3-6 – Classrooms / InfoCommons / ODI Student Service Center / BioComm
  - Level 7 – Simulation Center
  - Level 8 – Clinical Skills
  - Level 9 – UAHS Research Centers / Administration

Update
- Basement Shell Completion and Occupancy August 31, 2018
  - Temporary location for Medical Imaging Faculty Office and Admin Space
- Anticipated substantial completion for rest of building October 31, 2018
- Move-In December 2018
- Classes begin Spring 2019 Semester (January 2019)
New Faculty Members

November 2017 – January 2018

General Faculty Meeting February 15, 2018
Hallie R. Huls, MD
Clinical Assistant Professor
Keith Primeau, MD, MPH
Clinical Assistant Professor
Eileen Cloonan, MD
Clinical Assistant Professor

Christine Pham, MD
Clinical Assistant Professor

Naomi J. Young, MD
Clinical Assistant Professor
Scott Goodwin, MD, MBA
Clinical Professor

Khalil Salman, MBBS
Assistant Professor
Norberto Rodriguez, MD
Clinical Assistant Professor
The Dean's Council on Faculty Affairs is charged with developing policies and programs pertinent to the faculty of the College of Medicine and advising the Dean on matters pertaining to faculty affairs (e.g., career development activities, mentoring, leadership development, faculty awards, recruitment and retention).

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

In 2017-18, the Council is focusing its efforts once again on the issues of faculty mentoring and faculty retention. After its initial 2 years the Council taken this you to evaluate and improve its peer-to-peer interdepartmental Mentoring Societies program that began in August 2015. The third round of mentoring societies will begin in Fall, 2018. A more structured curriculum of mentorship is being developed for use by senior faculty mentors.

In addressing issues with faculty retention, the Council has also focused on promoting communication between the leadership of the College of Medicine and faculty members. The Lunch with Leadership series continues this year. Various leaders have been invited to participate in these lunches with an invitation sent to all faculty.

This year the Council has actively utilized Workplace for communication within the Council as well as for communication with the general faculty. We hope to continue to lead the adoption of this platform for more effective communication among COM faculty.

Also this year we have been working on the development of departmental feedback groups to assist with communication between faculty and upper level leadership of both the College of Medicine and Banner Health. This comes after much feedback regarding the needs of the faculty and a sense of disenfranchisement.

In an effort to support and promote faculty morale and communication, the Council hosted a Holiday Cookie Social in December and we are in the process of organizing our Annual Faculty Social to be held on April 19th, 2018.

Members 2017-2018

Committee Members
Nafees Ahmad, PhD – Immunobiology
Samantha Harris, PhD – Cellular & Molecular Medicine
Andrew Tang, MD – Surgery
Marlon Guerrero, MD – Surgery
Brenda Gentz, MD – Anesthesiology
Elaine Situ-LaCasse, MD – Emergency Medicine
Kimberly Gerhart, MD – Pediatrics
Amber Rice, MD - Emergency Medicine
Patrick Ronaldson, PhD – Pharmacology (2nd term)
Ilana Addis, MD (chair) - OB/Gyn (2nd term)
Maria A. Proytcheva, MD – Pathology
Karen C. Spear-Ellinwood, PhD – OB/Gyn
Faculty Diversity Advisory Committee (FDAC) – 2017 Annual Report

Co-Chairs: Patricia Harrison-Monroe, Valantine Nfonsam

The first full year being afforded the status of standing committee of the College of Medicine Tucson (COMT) in January 2016 was filled with significant progress. Priorities for 2017 were identified during a spring retreat, which focused on developing strategies and related tactics to address FDAC’s 4 primary goals:

1. Assist in determining how to integrate diversity, broadly defined, into everything we do at the college
   1.1. Linking value of diversity to decreased health disparities among patients we serve
   1.2. Linking mission of institution to diversity
   1.3. Create linkages and facilitate connections to the community

2. Identify strategies, tactics and priorities for improving faculty diversity and inclusivity at the COMT
   2.1. Enhance visibility of positive contributions by URM faculty
   2.2. Support Department-based diversity efforts
   2.3. Reward efforts related to reducing health disparities in the community at the department level
   2.4. Review hiring practices that promote diversity
   2.5. Recruit diverse faculty, including residents

3. Support development and implementation of programs related to diversity that enhance faculty life related to career development, mentoring, leadership, community outreach and education
   3.1. Make diversity training part of the new employee orientation for COMT and Banner employees
   3.2. Train current faculty on the value of diversity
   3.3. Establish communication between coordinators of faculty mentoring programs, mentors and FDAC

4. Provide a line of communication between faculty and administration
   4.1. Standing quarterly meeting between the Co-chairs of FDAC and the Dean
   4.2. Lobby leadership to appoint a Dean of Diversity
   4.3. Support the Dean in appointing this person
   4.4. Place a value on diversity in all positions, including Sr. Leadership search positions

During a very constructive meeting with Dean Cairns in September, FDAC members were able to present the above strategies in greater detail and a productive discussion ensued. Improved and deliberate community outreach and engagement in partnership with Banner was a significant topic of discussion. Additionally, FDAC members were encouraged to consider strategies to support the
pipeline of UME into GME, to retain our students and actively address the physician shortage in Arizona. Dean Cairns updated FDAC members on the development of the Diversity and Inclusion Task Force and announced Dr. Murrain as the Dean’s liaison in FDAC.

In late Fall, FDAC welcomed Dr. Allie Min to the committee. The ability to address FDAC priorities directly with COM-T leadership in addition to UAHS leadership through Dr. Moreno is invaluable. Additionally, renewed collaboration with the Student Diversity Advisory Committee (SDAC) over the past year resulted in agreement of regular SDAC updates as a standing FDAC agenda item and an increased focus on shared goals.

For the coming year, FDAC supports implementation of targeted diversity training of COM-T leadership, faculty, and staff. A recent meeting with Ross Dubois, Manager of Special Projects and Olivia Wann, Communications Assistant resulted in a very productive discussion on utilizing media to increase social awareness of diversity and inclusion issues. As a result, there is agreement to make COM-T"s social media presence in 2018 more inclusive and reflective of our academic community's diversity.

FDAC members look forward to the continued implementation of various strategies in pursuit of a commitment to diversity and inclusion at COM-T.

Committee Members

| Samuel Campos, PhD – Immunobiology | Lucinda Rankin, PhD – Physiology |
| Brad Dreifuss, MD – Emergency Medicine | Amy Waer, MD – Surgery |
| *Patricia Harrison-Monroe, PhD – Psychiatry | ++Francisco Moreno, MD – Assoc. VP, ODI |
| Randa Kutob, MD – FCM | ++Allie Min, MD – Asst. Dean, Faculty Dev. |
| Patricia Lebensohn, MD – FCM | ***Lydia Kennedy, MEd |
| Jessica Moreno, MD – OB/Gyn | ***Kadian McIntosh, PhD |
| Victoria Murrain, DO – FCM | ***Michelle Ortiz, PhD |
| *Valentine Nfonsam, MD – Surgery | * Co-Chairs ++ Ex-Officio ***Staff/Advisor |
Chief-of-Staff Report (Chan Lowe, MD)

Banner University Medical Center – Tucson Campus

As the incoming hospital chief-of-staff for Banner University Medical Center Tucson, I am honored to have the opportunity to serve our faculty and staff. As a bit of an introduction, I am a lifelong Wildcat, having graduated with my undergraduate and medical degree from The University of Arizona. I subsequently completed my residency here in pediatrics and joined the faculty as a pediatric hospitalist in 2006. I was appointed division chief of pediatric hospital medicine in 2013. Together we’ve seen countless changes in medicine and to our organization since I began as a faculty member, some good and some rocky. While we will undoubtedly continue to see change, I am confident that we are on a path to becoming a premier hospital sought out by patients across the country.

2017 has brought us continued successes and new challenges. We continue to see progress in the new tower for BUMCT with an expected opening in the spring of 2019. It promises to be a stunning facility for our patients and staff. We also saw the opening of our new UMC-North clinic building, a 3-story, 13-acre clinic space that ultimately will house over 25 specialties.

Here are some additional accomplishments of the medical staff in 2017:

1) We added 252 new medical staff members.
2) We saw an 18% increase in volume compared to 2016.
3) 8 applications for medical staff grants were submitted and 4 were funded:
   a. Improving provider knowledge and quality of care for obesity management through online CME.
   b. Professionalism and Patient Care: Training the Health Care Team.
   c. Giving Breath to Life: Improving the Morbidity and Mortality of Patients Following Tracheostomy and Laryngectomy.
   d. Improvement of Hand Hygiene and PPE Technique with the use of Glo-Gel Interventions
4) An Academic Region medical staff retreat was held at the Sheraton Grand at Wild Horse Pass on April 22-23. Agenda topics included:
   a. Town Hall with Deans of UA College of Medicine Tucson and Phoenix
b. Benefits of 360 Degree Feedback for Physicians

c. Debates: “Patients should have unrestricted and timely access to their own medical record,” and “Surgeons should not be allowed to perform concurrent surgery.”

d. Breakout sessions:
   i. Building effective collaboration between campuses and same specialty physicians
   ii. Leadership Matters: how to advance and leverage current physician leaders
   iii. Managing change
   iv. Work/life balance and physician wellness
   v. Personal finances for physicians

e. Guest speaker Carlos P. Buhler, Mountain climber and photographer

f. Michael Foley, MD presented “Ancient Wisdom for Modern Medicine: Igniting our Passion as a Healthcare Provider”

5) Our peer review process continues to utilize the “Just Culture” methodology and the committee is tirelessly working to review all cases submitted. In 2017, 466 cases were reviewed. This represents a 24% increase from 2016. 73% of all cases were reviewed within 70 days. BUMCT continues to have one of the fastest review times in the Banner system.

6) Related to the peer review process, we saw 97% of all OPPE (ongoing professional practice evaluation) reviews completed within 60 days. In case you are unfamiliar with this process, Joint Commission requires an ongoing evaluation of all faculty members practice. This evaluation is accomplished by compiling any Verge peer review data and CCG indicator compliance for each provider. This information is sent to the division/service chief for review with a brief questionnaire addressing ACGME competencies. Using the OPPE system allows department chairs and division chiefs to have a transparent review of events triggered by established criteria.

Our discussion of 2017 would not be complete without a conversation about the Cerner implementation. As you all know, we transitioned EHR’s from Epic to Cerner in October of 2017. Our electronic health records is central to essentially every aspect of daily operation and no area went unaffected. I applaud our faculty and staff for their resilience during this stressful transition. The implementation of Cerner is an ongoing process and, while we continue to have struggles, improvements are underway. Dean Cairns commissioned the Academic Technology Advisory Group (ATAG) to assess and prioritize needed fixes, optimizations, and new implementations to improve our EHR. Since commissioning, these faculty members have been working hard to identify the most critical needs and get them addressed rapidly. The effort to improve our EHR is complex and involves teams from Banner informatics, Banner Information
Technology, ATAG, and Cerner. It is clear that there is still a long road ahead of us during Cerner optimization and enhancement; however, I am confident that the wheels are beginning to move and we will see ongoing improvements to our System. This process is vitally important to our patients and our faculty. I ask that you continue to be patient with the process but also continue to let ATAG or IT know about issues so they can be prioritized and addressed.

On a more positive note, we have seen a tremendous turnaround in our quality and safety at BUMCT. Under the leadership of Dr. Gordon Carr, MD, CMO of BUMCT, the process of quality and safety was redesigned and the new performance improvement council was launched. This council is composed of physician and nursing medical directors and leaders for the various areas of our hospital. In 2016, six out of six of the publicly reported CMS Hospital Acquired Condition measures for BUMCT (CLABSI, CAUTI, Hysterectomy surgical site infection, Colon surgical site infection, C. diff rates, and MRSA rates) were below the national mean. These statistics carry a large effect on our “grading” by various public systems, such as Leapfrog and CMS. It is no secret that our marks have been poor on these reports. With the efforts of the performance improvement council and everyone at BUMCT we have seen a near complete reversal in our quality metrics. At the close of 2017, 4 out of six measures were now above the national average (with a 5th being ever so close). I am confident that 2018 will end with all six measures being above average. It is clear that our hospital is a safer place to work and a safer place to be treated. It is important to know that the public reporting services look back at data for two to three years so we will not see immediate impact in our scores from these improvements but they are clearly coming. For all your efforts in these causes, thank you.

Chan Lowe, MD

Chief of Staff, Banner University Medical Center – Tucson
Division Chief, Pediatric Hospital Medicine
Associate Professor of Pediatrics
The University of Arizona
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Tucson, AZ 85724
Tel: (520) 626-6614
Fax: (520) 626-2883
Email: lowe@peds.arizona.edu
Activities of the Tucson EPC (TEPC) during the period July – December 2017 are described below, arranged in general categories.

1. Membership

The members of the TEPC (July – December 2016) are listed below.

<table>
<thead>
<tr>
<th>Member name</th>
<th>Department</th>
<th>End of Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Lebensohn, MD</td>
<td>Family &amp; Community Medicine</td>
<td>2021</td>
</tr>
<tr>
<td>Maria Czuzak, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>2020</td>
</tr>
<tr>
<td>Art Sanders, MD</td>
<td>Emergency Medicine</td>
<td>2019</td>
</tr>
<tr>
<td>Sydney Rice, MD</td>
<td>Pediatrics</td>
<td>2018</td>
</tr>
<tr>
<td>Jordana Smith, MD</td>
<td>Ophthalmology</td>
<td>2021</td>
</tr>
<tr>
<td>Kathy Smith, MD</td>
<td>Psychiatry</td>
<td>2020</td>
</tr>
<tr>
<td>Jim Warneke, MD</td>
<td>Surgery</td>
<td>2019</td>
</tr>
<tr>
<td>Stephen Wright, PhD</td>
<td>Physiology</td>
<td>2019</td>
</tr>
<tr>
<td>Chad Viscusi, MD</td>
<td>Emergency Medicine</td>
<td>2018</td>
</tr>
<tr>
<td>Zoe Cohen, PhD</td>
<td>Physiology</td>
<td>2022</td>
</tr>
<tr>
<td>Dawn K. Coletta, PhD</td>
<td>Medicine</td>
<td>2022</td>
</tr>
<tr>
<td>Lawrence M. Moher, MD</td>
<td>Family &amp; Community Medicine</td>
<td>2022</td>
</tr>
<tr>
<td>Kristopher Abbate</td>
<td>Medical Student, Class of 2018</td>
<td>2018</td>
</tr>
<tr>
<td>Elle Campbell</td>
<td>Medical Student, Class of 2019</td>
<td>2019</td>
</tr>
<tr>
<td>Lindsey Lepoidevin</td>
<td>Medical Student, Class of 2020</td>
<td>2020</td>
</tr>
<tr>
<td>Josh Yell</td>
<td>Medical Student, Class of 2021</td>
<td>2021</td>
</tr>
</tbody>
</table>

Resources & Support

Kevin Moynahan, MD (Deputy Dean for Education)
Sean Elliott, MD (Interim Associate Dean for Medical Student Education)
George Fantry, MD (Associate Dean for Student Affairs and Admissions)
Violet Siwik, MD (Senior Assistant Dean for Student Affairs and Admissions)
Raquel Givens, MEd (Director, LCME Accreditation)
Kristie Bowen, PhD (Director, Student Affairs)
Diane Poskus, MA (Manager Clinical Curriculum)
Sonia De Leon, BS (Manager Pre-Clinical Curriculum)
Karen Spear Ellinwood PhD (Director, Faculty Instructional Development)
Paul Weissburg, PhD (Director, Program Evaluation and Assessment)
Jerie Schulz (Administrative Associate, Curricular Affairs)
2. Curriculum Governance Activities

**Electives Subcommittee proposal** – October 4, 2017
This proposal expanded the membership and the responsibilities of the Electives Subcommittee. This proposal was unanimously passed.

**Program Evaluation proposal** – November 1, 2017
Two existing subcommittees, CRS and TEVS, have been streamlined into a single subcommittee, the Evaluation Subcommittee. The reason for having two different subcommittees was historical and it was decided that the division between the two no longer served a purpose. The membership of the Evaluation Subcommittee is also intended to bring in existing expertise (e.g., by including the Manager, Preclinical Education and the Manager, Clerkship Education) and to help ensure greater participation by members. The proposal also proposed a pilot evaluation process for the clerkships and the blocks to replace the biennial evaluations that had been done previously. One reason for the change is that the development of the “Quick Feedback” reports, which are intended to be annual once resources are sufficient to do so, make biennial reviews somewhat redundant. Another reason is to develop a process that provides a more integral role for the TEPC members and to increase accountability for course directors. The pilot evaluation process is scheduled to begin in Spring 2018 and the new Evaluation Subcommittee will report back to TEPC in Summer 2018 to update them on the new systems and to make further recommendations regarding the pilot evaluation process and regarding further changes, if necessary, to the Evaluation Subcommittee and overall evaluation of the curriculum.

3. Instruction and Performance Assessment

**The Use of Post-Graduation Data in the Level 3 Report** – July 19, 2017
Going forward, additional post-graduation data will be incorporated into the Level 3 report. This data will be derived, in part, from the Missions Management Tool (AAMC) and the Arizona Medical Board report. This proposal was unanimously passed.

**Retake Exam Policy** – Various meetings; final approval October 4, 2017
The purpose of the proposed revisions is to help ensure that students are not passing from block to block without having learned the content. The structure of the retake exams is problematic because it is often almost identical to the final exam and students take it three days after they have taken the final exam. Previously, a student could fail every exam in the block, then do the retake exam (which consists mostly of questions they have already seen, three days earlier), and then pass the block based on that one exam. The revisions limit the number of retake exams a student can take and requires students to perform at a certain level in order to be eligible for the retake exam. The final vote was 8 in favor and 2 opposed.

**Survey Completion** – October 4, 2017
This proposal was to clarify a previous policy, that students will lose 10% of their professionalism grade for each required survey that is not completed. Further, the proposal states that that loss of 10% occurs in the block in which the survey was required, not in the following block, which had been the previous policy. It was unanimously passed.
**Electives “High Pass” Option** – December 6, 2017
A motion was brought to add a “high pass” option to the electives. It was noted that the clerkships have options for “pass,” “high pass,” and for “honors” and that many other schools also include the “high pass” option for electives, in addition to the “pass” and “honors” options that are already available. It was also noted that there have been occasions when preceptors have written that a student received a “high pass” in the elective, even though that’s not one of the options. Adding a “high pass” option would avoid the situation where someone has to decide whether to interpret that “high pass” as a “pass” or as an “honors” when determining the final grade. The motion was passed unanimously.

4. **Curriculum Maintenance and Evaluation**

**Retake and Remediation Schedule** – July 19, 2017
Retake and Remediation Schedule updated.

**CPR “Quick Feedback” Block Evaluation** – July 19, 2017
The goal of the “Quick Feedback” evaluations is to provide quick feedback on the blocks instead of waiting for the two year block review. The CPR block is the second block to have undergone the “Quick Feedback” review. For this particular review, the Director of Program Evaluation held one student focus group, attended all three Block Advisory group meetings and incorporated feedback from the block survey results, in addition to looking at the exam scores for all three components of the CPR block and Step 1 scores from 2016. A post block meeting was held on June 26\textsuperscript{th} that included Dr. Bloom, Jennifer Yelich and Dr. Tejal Parikh in addition to the Director of Program Evaluation. They reviewed all of the data collected and the report summarizes the conclusions and the follow-up planned by Dr. Bloom to address student concerns.

**Pediatric Clerkship Review** – August 16, 2017
Dr. Warneke presented this report, in which the Clerkship Review Subcommittee overall gave the Pediatrics clerkship a satisfactory rating. Of note, the clerkship has lost TMC as a site for sending students and this review of the clerkship shows a direct result of this loss. TMC was a high volume learning environment for the students and residents. A major concern will of course be the overlap of the classes of 2020 and 2021 expected in 2019 (February 25 – July 5, 2019). With regard to student performance assessment and feedback, recommendations were that the clerkship director should continue to monitor student performance across sites of similar size/category to address issues in grading discrepancies.

For a complete summary, please refer to the Clerkship Review Subcommittee (CRS) Report dated June 2017.

**Foundations “Quick Feedback” Block Evaluation** – November 1, 2017
Foundations was the first block in the new, shortened preclinical curriculum and the block was reduced from 10 weeks to 8 weeks. Dr. Weissburg noted that the challenges inherent in the structure of the block, which has been described as “patchwork,” appear to have been exacerbated by the reduced time. For incoming students trying to adapt to the pace of medical school, it was extremely challenging to be taught a variety of different subjects in a short period of time. Further, aspects of the block that previously seemed to work well, such as the extensive use of ILMs, became problematic in the condensed schedule as students had less unscheduled time to absorb that material.
The data show a slight increase in the number of students who scored below 70 for the MK competency in the block and an increase in the number of students scoring below 75 (which has historically been treated as the cut-off for students being “at-risk” to fail Step 1) and in the number of students scoring below 83 (currently being cited by Curricular Affairs as the more realistic “at-risk” cut-off).

There was much discussion of the challenges facing the block and an agreement that there needs to be serious discussion of how the block can be modified in the future to address some of these concerns.

**MSS “Quick Feedback” Block Evaluation** – December 6, 2017

The MSS block is the second block in the new curriculum and the data and the student feedback suggest that, overall, the block went well. Students raised a few concerns, including the amount of time spent removing skin and fat from cadavers, but the block director (Dr. Paul St. John) and the incoming block director (Dr. Claudia Stanescu) are aware of these issues and there are plans to address them in the upcoming year.

Students were effusive in their praise of Dr. William Rappaport, in particular, and it was noted that the entire MSS team deserves credit for maintaining their ratings on “overall teaching” and “overall structure of the block” despite the drop of almost a full point (on a five-point scale) for “amount of unscheduled time.”

In the “broader issues” section of the report, concerns about flipped sessions—and sessions which are being labelled as flipped sessions but which are not actually flipped sessions—were raised. This has been an ongoing issue for the preclinical curriculum over the past several months.

### 5. Other