College of Medicine – Tucson General Faculty Meeting
February 8, 2017, Kiewit Auditorium 4:30 pm

Meeting Minutes

Call to Order - Meeting called to order by Dean Cairns shortly after 4:30.

Welcome and Announcements – Charles B. Cairns, MD, Dean, College of Medicine
Dean Cairns welcomed the new faculty and founding faculty. The faculty senate has approved all COM faculty to have voting rights in the faculty senate. As we go through the transformation of having people assigned to Banner and UA employment and remain full-time faculty, this will lead to new opportunities for committee appointments for our faculty. Dean Cairns thanked Marlys Witte for championing this in front of the faculty senate. Six faculty members were elected to Banner committees (Operations, Communications, and Finance) and Dean Cairns read their names aloud. He stressed the importance and gratitude of Banner allowing this shared governance. He handed it over to Tom Dickson to make Banner update announcements.

Banner Update – Tom Dickson, CEO, Banner University Medical Center – Tucson and South Campuses
Tom Dickson announced they are doing town halls for employees, so he picked a few slides from those to share at this meeting. First, the turnover rate at Banner has decreased significantly from 30% when they first began to now 16% which aligns with the rate for other Banner facilities. There are also declining rates of vacancies. He explained they are investing in newly graduated nurses and their nursing programs. Mortality rates at Banner are better than expected. There has been great progress on the average length of patient stay, showing their improved ability to coordinate care. Banner South has made great progress in these categories as well. Banner expanded their sleep program, got new EEG and epilepsy equipment, and a new CT scanner at South Campus. They will be installing a new MRI on the South Campus as well. He showed what the new North Campus will look like after the construction is done. Mr. Dickson moved on to talk about the transplant program; the volumes of the programs have increased significantly. He finished by expressing the importance of these updates.

Committees and Brief Reports
Dean Cairns reminded everyone that these reports are available online, and thanked the committee leaders for their work and leadership.

- Dean’s Council on Faculty Affairs – Alice Min, MD
- Faculty Diversity Advisory Committee – Patricia Harrison-Monroe, PhD
- BUMC-T Chief of Staff – Terence O’Keeffe, MBChB, MSPH
- Tucson Educational Policy Committee – Art Sanders, MD

Dean Cairns specifically recognized the Tucson Education Policy Committee for their work with the curriculum renewal. He also thanked the other faculty involved with the curriculum renewal process and highlighted the progress of the College of Medicine. We have a record number of applicants, won a national award for diversity, and attracted a record number of graduates to continue their graduate medical education at UA. We received the largest grant in Arizona’s history from NIH for the precision medicine initiative.

COM 50th Anniversary - Charles B. Cairns, MD, Dean, College of Medicine
The 50th Anniversary celebration was kicked off at the meeting. There is a new logo to celebrate 50 years of innovation. Dean Cairns gave the history of the College of Medicine, with the first class entering 50 years ago. He recounted the accomplishments and advances developed at COM over the years, including the Cancer
Center, CUP Clinic, Arizona Center on Aging, partnership with Banner, and much more. There will be a celebration after the meeting. The Founding and Early Faculty Appreciation Dinner will be held on the 13th. Dean Cairns gave background on the Doc Talks, which are seminars open to the community focusing on clinical applications and medical innovation. He emphasized the synergy developing between COM-T and COM-P that will help the people of Arizona. In March, we will work with the Flinn Foundation and Buffmire Lectures to celebrate the 50 year anniversary of the College of Medicine. We will celebrate Match Day, and have Dr. Darrell Kirch, the president of AAMC, as a distinguished visitor. We are working with the College of Public Health to have combined events to show the interdisciplinary of our endeavors and history.

The Arizona Biomedical Discovery Initiative is a new initiative of teams working to further research goals. In May, there will be convocation and another general faculty meeting. In June, there will be the Faculty Committee Member Appreciation Reception and a series of seminars in every department that identifies distinguished alumni and have them come back to celebrate their contributions. The White Coat Ceremony will occur July 21st, and another general faculty meeting and State of the College address will happen in August. There will be a series of Dean’s Distinguished Lectures in September, and there will be a new student research forum to highlight undergraduate and graduate research. In October, we will have the Global Health Conference and reunion, Homecoming, and a New Faculty Welcome Reception. In November, there will be the general faculty meeting and the Founder’s Day Lecture to celebrate the 50 year anniversary.

**Adjournment** - Dean Cairns adjourned the meeting after showing a short video about the College of Medicine.
College of Medicine General Faculty Meeting
Wednesday, February 8, 2017
Kiewit Auditorium @ 4:30 p.m.
AGENDA

Call to Order

1. Welcome and Announcements – Charles B. Cairns, MD, Dean, College of Medicine
2. Banner Update – Tom Dickson, CEO, Banner University Medical Center – Tucson and South Campuses
3. Committees and Brief Reports
   Committee reports are posted on the COM website at:
   http://medicine.arizona.edu/faculty-staff/offices/faculty-affairs
   • Dean's Council on Faculty Affairs – Alice Min, MD
   • Faculty Diversity Advisory Committee – Patricia Harrison-Monroe, PhD
   • BUMC-T Chief of Staff – Terence O’Keeffe, MBChB, MSPH
   • Tucson Educational Policy Committee – Art Sanders, MD
4. COM 50th Anniversary – Charles B. Cairns, MD, Dean, College of Medicine
5. Adjournment

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

The dates for the 2017 COM General Faculty Meetings are: February 8th, May 17th, August 9th and November 8th. All meetings will be held in Kiewit Auditorium at 4:30 p.m.
Planning for the Future

General Faculty
February 2017
~PEOPLE~
Reducing Turnover

Full Time/Part Time Termination

- 2016
- 2015
Reducing RN Turnover

Full Time/Part Time RN Terminations

January | February | March | April | May | June | July | August | September | October | November | December

2016: [Bars for each month representing full-time/part-time RN terminations]
2015: [Red line graph representing full-time/part-time RN terminations]
Vacancies

Vacancy Rates

Vacancy Rate BUMCT  Vacancy Rate BUMCS  Vacancy Rate BUMG-T  Vacancy Rate Goal

Vacant Positions

Vacant Positions BUMCT  Vacant Positions BUMCS  Vacant Positions BUMG-T
New Nursing Graduates
BUMCT Inpatient Mortality

Year | Case Mix Index | Mortality Index | Case Mix
--- | --- | --- | ---
2013 | 1.6985 | 1.14 | 1.00
2014 | 1.6938 | 1.01 | 0.20
2015 | 1.8173 | 0.90 | 0.40
2016 | 1.8933 | 0.92 | 0.60
BUMCT Length of Stay

Length of Stay Index (Vizient/UHC)
BUMCS Inpatient Mortality

<table>
<thead>
<tr>
<th>Year</th>
<th>Mortality Index</th>
<th>CMI</th>
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<tbody>
<tr>
<td>2013</td>
<td>0.88</td>
<td>1.25</td>
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<tr>
<td>2014</td>
<td>0.78</td>
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<tr>
<td>2015</td>
<td>0.79</td>
<td>1.31</td>
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<tr>
<td>2016</td>
<td>0.72</td>
<td>1.37</td>
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</table>
BUMCS Length of Stay

![Graph showing the trend of Length of Stay (Vizient/UHC) from 2014 to 2016, with values decreasing from 0.89 to 0.85.](image-url)
# BUMG-T Clinical Quality Metrics

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<tr>
<th></th>
<th>JAN-16</th>
<th>FEB-16</th>
<th>MAR-16</th>
<th>APR-16</th>
<th>MAY-16</th>
<th>JUN-16</th>
<th>JUL-16</th>
<th>AUG-16</th>
<th>SEP-16</th>
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<th>Target</th>
<th>Stretch</th>
<th>Trend</th>
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<td>#1</td>
<td>Influenza Immunization</td>
<td>↑</td>
<td>56.0%</td>
<td>57.7%</td>
<td>57.7%</td>
<td>57.7%</td>
<td>80.0%</td>
<td>90.0%</td>
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<td>#2</td>
<td>Pneumococcal Immunization</td>
<td>↑</td>
<td>68.5%</td>
<td>69.4%</td>
<td>69.8%</td>
<td>69.1%</td>
<td>69.1%</td>
<td>80.0%</td>
<td>90.0%</td>
<td></td>
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</tr>
<tr>
<td>#3</td>
<td>Tobacco Use</td>
<td>↑</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>93.5%</td>
<td>93.5%</td>
<td>93.2%</td>
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<td>80.0%</td>
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</tr>
<tr>
<td>#4</td>
<td>HTN BP Control</td>
<td>↑</td>
<td>66.8%</td>
<td>66.3%</td>
<td>65.7%</td>
<td>63.9%</td>
<td>63.9%</td>
<td>75.0%</td>
<td>90.0%</td>
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<tr>
<td>#5</td>
<td>IVD ASA or Antithrombotic Use</td>
<td>↑</td>
<td>86.1%</td>
<td>86.1%</td>
<td>85.8%</td>
<td>85.8%</td>
<td>80.0%</td>
<td>90.0%</td>
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</tbody>
</table>

**Key**
- Meeting or exceeding target
- Exceeding stretch target YTD
- Not meeting target

**Privileged and Confidential Peer Review/Quality Improvement Information Protected Pursuant to State and Federal Law. Unauthorized disclosure or duplication is prohibited.**
~EXPANSION~
Sleep Program
New Equipment for EEG and Epilepsy
South Campus CT Scanner
Good Bye Mobile MRI
OB Renovation
New Hospital Lobby
New North Campus

- Three-story outpatient Health Center (208,000 square feet)
- Three-story parking structure (+/-960 spaces)
- Parking lot south of Allen Road.
- Health Center Construction Complete: November 2017
- Relocation of Clinics and Open for Patients: 1st Quarter 2018
Topping Off Ceremony
CT Transplant Team

Received CMS Recertification for Lung Transplants
Thank you!
The Dean’s Council on Faculty Affairs is charged with developing policies and programs pertinent to the faculty of the College of Medicine and advising the Dean on matters pertaining to faculty affairs (e.g., career development activities, mentoring, leadership development, faculty awards, recruitment and retention).

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

In 2016-2017, the Council is focusing its efforts once again on the issues of faculty mentoring and faculty retention. The Council has developed a peer-to-peer interdepartmental mentoring program called the Mentoring Societies program that began in August 2015. Selected senior faculty mentors were grouped with two to four junior faculty members. These groups have been encouraged to meet monthly and develop mentoring strategies and goals based on the members’ needs. This is the second year of this program.

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

In an effort to support and promote faculty morale and communication, the Council also hosted a Holiday Cookie Social in December. We are also in the process of organizing our Annual Faculty Social to be held on April 19th, 2017.

**Members 2016-2017**

Ilana Addis, Obstetrics & Gynecology  
Nafees Ahmad, Immunobiology  
Colleen Cagno, FCM  
Erika Eggers, Physiology  
Brenda Gentz, Anesthesiology  
Kimberly Gerhart, Pediatrics  
Marlon Guerrero, Surgery  
Samantha Harris, CMM  
Guadalupe “Lu” Martinez, Medicine  
Alice Min, Emergency Medicine (Chair)  
Patrick Ronaldson, Pharmacology  
Andrew Tang, Surgery  
Anne Wright, Faculty Affairs (ex-officio)
Faculty Diversity Advisory Committee (FDAC) – 2016 Annual Report

Co-Chairs: Patricia Harrison-Monroe, Jessica Moreno

Following nearly three years of ad-hoc status, the Faculty Diversity Advisory Committee (FDAC) was afforded the status of standing committee of the College of Medicine Tucson (COMT) in January 2016. The goals of FDAC are:

1) Identify strategies, tactics and priorities for improving faculty diversity and inclusivity at the COMT;

2) Assist in determining how to integrate diversity, broadly defined into everything we do at the college;

3) Provide a line of communication between faculty and administration; and

4) Support development and implementation of programs related to diversity that enhance faculty life related to career development, mentoring, leadership, community outreach and education.

In late spring the members of FADC had the opportunity to meet with Dean Cairns to review the committee’s work to date and present priorities moving forward. He acknowledged that progress has been made in diversifying medical school students, but understands that more effort is required to promote diversity among residents, fellows and faculty.

Based on the findings from the AMERI Faculty Forward Focus Groups, FDAC identified three areas requiring active support from COMT leadership:

**Institutional Embrace of the Value of Diversity**

The support received in becoming a standing committee is a crucial initial step in a college-wide effort to embrace diversity, inclusion, and equity as core values shared at the College of Medicine. To continue with this momentum, we would like to see diversity as part of the COMT Mission Statement. Having diversity as part of the mission statement will usher in a culture of change where diversity is not championed by a few, but by the entire system. Making diversity a standard to uphold by all leaders will translate to strategies, metrics, and data reporting processes in line with our mission. COMT has the potential of becoming a model practitioner of diversity and inclusiveness at all levels.

**Recruitment, Retention, Promotion and Tenure of Diverse Faculty**

It is important to have faculty equipped to serve our patient population, which in the Banner University Tucson market is 65% Hispanic. Programming that promotes
recruiting and retaining diverse faculty and residents would enable us to better serve the needs of our patients. Institutionalizing training and mentoring programs for URM faculty/residents, like FFMP, would be a step in the right direction. In the P&T evaluation process, value services that benefit the community and are not always recognized or valued in the dossier materials.

Focus on Communication and Promotion of a Climate of Inclusion

To clearly convey the value of diversity, it is important to cement an institutional culture of inclusion and clear communication of our commitment to diversity. We should strive for equity in salary and in leadership opportunities. Based on a review of data, we have diverse faculty/students/staff at entry-level positions, but the diversity tapers off as the hierarchy grows. We should empower employees to use preferred language and promote Spanish-speaking skills as a value in new hires. When we have new hires from underrepresented backgrounds, communicate their credentials and the value they bring, celebrating diversity by sharing announcements and stories about what faculty is doing. This would mitigate the marginal welcome some new hires have received, based on the erroneous assumptions that the hire was based on underrepresented status rather than merit. Activities that promote understanding the value of diversity, like Diversity Matters, should become organic to the community and not only reflect efforts of one office. Similarly, serving the underserved, such as those serving at BUMC South, should be seen as a value that would hopefully reconcile with the philosophical market values of the larger enterprise.

Working closely with the Office of Diversity and Inclusion, Dr. Francisco Moreno and Dr. Anne Wright, the committee made progress toward the stated priorities by reviewing the system in place to track characteristics of faculty in the recruitment pipeline; working closely with Banner University leadership to stress to recruiters the importance of a diverse applicant pool; continuing to emphasize to Departmental leadership the importance of faculty mentoring and the development of a formal and goal-oriented approach with a focus on faculty members’ interests; and reiterating the benefits of diversity to Residency Directors. FDAC members will continue to be actively engaged as champions for diversity in the classroom, on search committees, at COMT formal and informal meetings, and in the community.

Among the upcoming FDAC goals identified are the development of a database that faculty can add to for potential hires, the dissemination of a faculty survey of the definitions of Underrepresented Minority (URM) and Diversity, and providing diversity data on COMT students, residents, and faculty available to departments. Faculty may use this information to think about how they incorporate diversity and utilize this important information for recruitment purposes.

FDAC has planned a spring retreat to solidify priorities for 2017.
Committee Members

Elected Term

Samuel Campos, PhD – Immunobiology 6/16-6/18

*Patricia Harrison-Monroe, PhD – Psychiatry 6/16-6/18

Lucinda Rankin, PhD - Physiology 6/16-6/18

Brad Dreifuss, MD – Emergency Medicine 6/16-6/19

Victoria Murrain, DO – FCM 6/16-6/19

Valentine Nfonsam, MD – Surgery 6/16-6/19

Randa Kutob, MD – FCM 6/16-6/20

Patricia Lebensohn, MD – FCM 6/16-6/20

*Jessica Moreno, MD – OB/Gyn 6/16-6/20

Amy Waer, MD – Surgery 6/16-6/20

++Anne Wright, PhD – Sr. Assoc Dean, Faculty Affairs 6/16-6/20

++Francisco Moreno, MD – Assist VP, Deputy Dean, ODI 6/16-6/20

***Michelle Ortiz 6/16-6/20

* Co-Chairs

++ Ex-Officio

***Staff/Advisor
Chief-of-Staff Report (Terence O’Keeffe MB ChB)

Banner University Medical Center (BUMC-T) - Tucson Main Campus

I took over as the Hospital Chief-of-Staff for Banner University Medical Center Tucson Campus in January of 2016 and the pace of change has not only kept up, but has accelerated as we move into the third year of our integration with Banner Health. This has led to many opportunities for our facility as well as a number of challenges. We continue to move along with the process of aligning to many of the Banner Medical staff processes and policies in addition to improving the responsiveness of the medical staff office to both the academic and community physicians who work at BUMC-Tucson.

Notable events in 2016 included the breaking of ground for both a new tower at Tucson Campus as well as the new outpatient area adjacent to the Cancer Center, at the north Campbell location. I think many of us have been amazed at how quickly these buildings are progressing, with 2016 seeing both the breaking ground AND topping off ceremonies for the new tower at the Tucson Campus. Although this has been somewhat disruptive for the ED as well as staff parking, we are excited to see the progress the new facility has already made, with an expected date of completion in 2019.

Medical staff specific accomplishments are as noted:

i) Credentialing/privileging for BUMC-Tucson occurs concurrently with credentialing for enrollment with payers using one application. The same application is shared with BUMC-South Campus if candidates are applying at both locations. 214 new members of the medical staff were credentialed/privileged in 2016. 40 new members were physicians providing telemedicine eICU services. Approximately 75% of all new applications are completed within 90 days. We continue to exceed benchmarks across the organization for timely credentialing for which we owe a debt of thanks to the hard work of the staff in the medical staff office and the
credentialing committee. The credentialing process was completed prior to start dates for employed physicians.

ii) We have also continued to award grants to fund medical staff projects, up to $2500 each, as per the plan that was enacted in late 2014. The grants are intended to support novel research that leads to improvements of University of Arizona medical staff function including medical knowledge, skills, and attitudes as they pertain to the medical staff and/or our patients.

- There were eight applications submitted and four grants were awarded:
  
  * Evaluation of Rapid Brain MRI (rMIR) in Pediatric Patients Following Intracranial Trauma (ICT). Working Toward Starting a Randomized Control Trial.
  * Improving Health Care Outcomes by the Use of Personalized Video Records
  * Improving Pediatric Intensive Care Nutrition/Dietician Guideline Adherence through Resident Education (PIC Nudge)
  * Optimizing Physician-Medical Assistant Working Relationships in a Large Teaching Adult Medicine Clinic

iii) We continued to make efforts to align our policies and bylaws between the South and Tucson campus hospitals. These changes not only included routine edits and regulatory compliance, but also issues of organization philosophy and direction, and served to help us harmonize across the Banner University Medical Group hospitals.

The following new policies were implemented:

- **Medical Staff Professional Liability Insurance Requirements**
- **Emergency Department Standing Orders**
- **Sharing of Non-Privileged Information between BUMG Clinics and Hospitals**
- **Peer Review, Medical Staff**
- **For Cause Drug Testing**
- **Revision to Rules-Regulation to support diabetes education. Allows year one and two medical students to participate in patient education and document in the medical record.**
iv) Related to the integration with Banner and the renaming of the facility to Banner University Medical Center, changes were made to the bylaws to reflect all members of the medical staff having an approved faculty title.

- We were able to obtain Faculty titles for all new members of the medical staff, including community, Telemedicine and Locum Tenens physicians.

v) A new peer review process was instituted in 2016, known as Just Culture, which is designed to be less subjective and more objective when dealing with physician quality and behavioral issues. This has been successfully implemented, and we are proud of the peer review committee’s efficiency under the new system. The number of open cases and the length of time taken to close cases is one of the lowest across all Banner Hospitals. We have also partnered very closely with both Banner and University of Arizona Human resources in dealing with any personnel issues, as per the terms of the academic affiliation agreement.

- Over 520 cases were reviewed and most were closed within 70 days. Our average open case age was 35 days; average monthly open case volume was 50.

vi) We held the first Medical Staff Retreat (with BUMC-South) on January 15-16th, 2016. This included multiple panel discussions and break-out sessions. These included:

- A “Shark Tank” competition – with 19 proposals and 6 finalists:
  
  *Enhanced Patient Patient Throughput*
  
  *Native American Medicine Service*
  
  *Home Care Medicine Program*
  
  *Osteoporotic Fracture Liaison Service*
  
  *Healthy Together iCare Partnership*
  
  *Tucson Burn and Complex Wound Center*

- Breakout sessions on work-life balance, fiscal health, crucial conversations

- Presentations by Peter Fine, Kathy Bollinger, Charles Cairns and others

- Dinner speaker – Wyatt Earp

vii) We are in the final planning stages of a joint Medical Staff Retreat with the medical staffs of the Banner University Medical Centers – Tucson, Phoenix and South campuses to be held in
Phoenix. This will be the very first time that the medical staffs from all the University Medical campuses have an opportunity to interact and brainstorm together.

- **Joint Medical Staff joint retreat scheduled in April 2017 – Tucson, Phoenix, South**

viii) Although it seems only very recently that we made a dramatic overhaul to our Electronic Health Record with the introduction of EPIC, continuing challenges with this system, and a lack of integration into the Banner Health system as a whole, has led to the decision to transition to the Cerner EHR. The medical staff office will remain closely involved in this process, and help make sure our physicians get the necessary training and support to make this transition smoothly.

- **Ongoing preparations for Epic to Cerner Migration, scheduled for June 1st**

**Future Directions**

- We will persist in our in integrating the clinical mission of Banner Health Network with the academic mission of the University of Arizona, particularly as it pertains to teaching of residents and medical students as well as undertaking cutting edge research.
- The repeal of the Affordable Care Act without a viable replacement remains a real likelihood and one that would stretch the finances of the Tucson campus significantly, due to the proportion of uninsured and underinsured once again being likely to increase dramatically. We will need to remain vigilant to this possibility and be able to rapidly adapt if this occurs.

**Terence O’Keeffe, MB ChB.**

*Chief of Staff, Banner University Medical Center – Tucson*

*Interim Division Chief, Division of Trauma, Burns, and Critical Care, University of Arizona*

*1501 N Campbell Avenue, Room 4511*

*Tucson, Arizona, 85724-5070*

*Tel: (520) 626 0064*

*Fax: (520) 626 5016*

*email: tokeeffe@surgery.arizona.edu*
Activities of the Tucson EPC (TEPC) during the period July – December 2016 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>
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<tbody>
<tr>
<td>Art Sanders, MD (Current Chair)</td>
<td>Emergency Medicine</td>
<td>2019</td>
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<td>Maria Czuzak, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>2020</td>
</tr>
<tr>
<td>Herman Gordon, PhD</td>
<td>Cellular &amp; Molecular Medicine</td>
<td>2017</td>
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<tr>
<td>Wendi Kulin, MD</td>
<td>Neurology</td>
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<tr>
<td>Patricia Lebensohn, MD (Vice-Chair)</td>
<td>Family &amp; Community Medicine</td>
<td>2016</td>
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<td>Bill Marshall, MD</td>
<td>Pediatrics</td>
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<td>Sydney Rice, MD</td>
<td>Pediatrics</td>
<td>2018</td>
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<td>Jordana Smith, MD</td>
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<td>Kathy Smith, MD</td>
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<td>Jim Warneke, MD</td>
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<td>Stephen Wright, PhD</td>
<td>Physiology</td>
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<td>Chad Viscusi, MD</td>
<td>Emergency Medicine</td>
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<td>Sarah Harris</td>
<td>Medical Student, Class of 2016</td>
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<td>Kristopher Abbate</td>
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<tr>
<td>Elle Campbell</td>
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</tr>
<tr>
<td>Lindsey Lepoidevin</td>
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Resources & Support

Kevin Moynahan, MD (Deputy Dean for Education)
Amy Waer, MD (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)
Susan Ellis, EdS (Manager for Curriculum and Assessment, Office of Medical Student Education)
Semi-Annual Report of the Tucson Educational Policy Committee (TEPC)

2. Curriculum Governance Activities

Review and Revision of the Educational Competencies and Program Objectives (EPOs) – Various meetings; final approval July 6, 2016
The competencies and EPOs set the expectations for student learning in the program leading to the MD degree. As part of its charge, the TEPC must reauthorize the competencies and EPOs each year. In light of proposed curriculum change, the TEPC reviewed and revised the competencies and EPOs. This revision is Appendix A in this document.

At part of the curricular renewal plan, five subcommittees were tasked with addressing challenges relevant to separate curricular components. These components included the preclinical curriculum (Years 1 & 2); the clerkship curriculum; a “longitudinal” curricular component; the elements of a “transition to residency” program and a scholarly project requirement. The summary reports provided the broad structure of the revised curriculum, which was approved by the TEPC.

3. Instruction and Performance Assessment

Updates to Grading and Progression Policy – Various meetings
Several revisions to the Grading and Progression policy were made during this time period, in reference to completion of the USMLE Step 1 exam and student enrollment/progress subsequent to failure of the exam.

Academic Probation Policy – November 16, 2016
The impetus to establish an academic probationary status came from a TEPC task force on assessment in the preclinical years (Spring 2016). The policy defines conditions under which academic probation may occur, and specifies restrictions.

4. Curriculum Maintenance and Evaluation

Reports from the Directors of the Neurology and Obstetrics and Gynecology Clerkships – July 6, 2016
Dr. Wendi Kulin, Neurology Clerkship Director, and Dr. Heather Reed, Director of the Obstetrics and Gynecology clerkship, updated the TEPC on changes to the clerkship made in response to recommendations from the most recent review (AY 14-15).

Report from the Director of the Family and Community Medicine Clerkship – August 3, 2016
The Family and Community Medicine clerkship director, Dr. Krista Sunderman, updated the TEPC on changes to the clerkship made in response to recommendations from the most recent review (AY 14-15).

TEPC reviewed and approved recommendations from the Level 2 Report on the Preclinical Blocks. This report is a triennial product of the Tucson Evaluation Subcommittee (TEVS) by which course and faculty evaluation data is assembled and evaluated across years. The purpose of the Level 2 report is to affirm...
the quality and progress of the preclinical (Years 1 and 2) curriculum as a whole and to offer the TEPC recommendations for its improvement.

**Elective for Students Underrepresented in Medicine** - July 6, 2016
This Year 4 elective course was approved by the TEPC. The course offers selected medical students a challenging experience, working with academic physicians providing care to a predominantly underserved, urban patient population. They will recognize and learn to address issues of health disparities while continuing to improve their patient care skills.

5. Other

**Step 1 Performance Review** – November 2, 2016
The TEPC reviewed the Step 1 results from the Class of 2018.

**Medical Student Dress Code Policy** – November 2, 2016
The TEPC adopted a revised dress code policy for medical students.
Appendix A: Revised Educational Competencies and Program Objectives

University of Arizona
College of Medicine – Tucson
Competencies and Educational Program Objectives

The College of Medicine – Tucson curriculum is designed to develop six educational competencies central to the practice of medicine.

In the following competencies and objectives diversity is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics.

Patient Care

Graduates obtain appropriate histories; perform skillful, comprehensive and accurate patient examinations; and develop appropriate differential diagnoses and management plans. Graduates will recognize and understand the principles for managing life-threatening situations. They will select, perform and accurately interpret the results of laboratory tests and clinical procedures in order to provide patient-centered care that results in high-quality outcomes. 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
- Identify appropriate diagnostic procedures, perform those commonly used, and correctly interpret the results
- Reason deductively and efficiently to reach a diagnosis for patients with common medical conditions
- Outline an optimal plan of management for patients with common medical conditions, and describe prevention plans for common conditions
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial treatment
- Demonstrate knowledge of the principles of rehabilitation, long-term care, and palliative and end-of-life care
- Provide appropriate care to all patients, regardless of any individual characteristics, background, or values
• Provide health care services as well as health education that empower patients to participate in their own care and that support patients, families, and communities in preventing health problems and maintaining health

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. 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 of homeostasis
  • Cognitive, affective and social growth and development
  • 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
  • The many and varied social determinants of health and disease
  • The legal, ethical issues and controversies associated with medical practice
  • Critical thinking about medical science and about the diagnosis and treatment of disease
  • The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
  • The effective use of information technology to acquire new information and resources for learning

Practice Based Learning and Improvement
Graduates are prepared to practice medicine today and in the future 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 scientific and patient care information. They are dedicated to continuous learning within the science of healthcare delivery. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities. 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:

• Identifying strengths, deficiencies and limits in one’s knowledge and expertise
• Identifying and performing learning activities that address gaps in one’s knowledge, skills, or attitudes
• Incorporate feedback into clinical practices
• Remaining informed about new, most current practices on national and international levels
• Locating, appraising, and assimilating evidence from scientific studies related to clinical care
• Participating in the education of patients, families, students, trainees, peers, and other health professionals
• Obtaining information about the populations and communities from which individual patients are drawn and applying it to the diagnosis and treatment of those patients
• Understanding the population, background, socio-economic, and community factors that can affect health and health care delivery for individual patients
• Identifying and critically analyzing the role and cost-benefits of guidelines, standards, technologies, and new treatment modalities for individual patients
• Describing the causes and systemic approaches to prevent medical errors and provide a safe environment for patient care

Interpersonal and Communication Skills
Graduates demonstrate interpersonal and communication skills that result in the effective information exchange and collaboration with patients, their families, and health professionals. They use effective communication skills with patients, families, and the community to educate and promote health and wellness. Graduates will demonstrate the ability to:
• Develop a meaningful therapeutic and ethically sound relationship with patients and their families across diverse backgrounds
• Effectively communicate with patients and families by understanding and appropriately responding to emotions, using listening skills, nonverbal, explanatory, questioning and writing skills to elicit information and manage interactions
• Document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
• Encourage patients’ health and wellness through appropriate health education
• Engage in collaborative communication when working within a team of one’s profession or as part of an interprofessional team

Professionalism
Graduates are committed to carrying out professional responsibilities, demonstrating compassion, adhering to ethical principles, and are sensitive to diverse patient populations. Graduates respect patients, families, and professional colleagues and are advocates for improving access to care for everyone. Graduates will exemplify a professional character that exhibits:
• Compassion, integrity, and respect for others
• Respect for patients’ autonomy, privacy, and dignity
• Respect for patients’ race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics
• Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
• A responsiveness to patient’s needs and society that supersedes self-interest
• The skills to advocate for improvements in the access of care for everyone, especially vulnerable and underserved populations
• A commitment to excellence and on-going learning, recognizing the limitations of their personal knowledge and abilities, and the capacity to effectively address their own emotional 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

**Systems-based Practice and Population Health**

Graduates demonstrate awareness of and responsiveness to the context and system of health and healthcare. They recognize health disparities and 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, assessing symptoms, diagnosing illnesses, making treatment plans and considering the patient care and systems-level implications of their work. Graduates will demonstrate:

• 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
• An understanding of factors involved in healthcare disparities and how to optimize care for vulnerable or underserved populations
• Knowledge of how types of medical practice and delivery systems differ from one another.
• An understanding of how to practice cost-effective health care and resource allocation that does not compromise quality of care
• Advocacy for quality patient care and access for all people, including the underserved, and a commitment to assist patients in dealing with system complexities
• The capacity to partner with health care managers and health care providers to assess, coordinate and improve health care and knowledge of 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
• The ability to appropriately mobilize community-based resources and services while planning and providing patient care
Celebrating 50 years of innovation

College of Medicine
Tucson

Celebrating 50 Years
1967-2017
Arizona Legislature votes to establish the state's first medical school in Tucson.

Merlin K. “Monte” Duval, MD, arrives in Tucson with a bold vision and the energy and determination to build Arizona’s first medical school from the ground up.

Arizona Respiratory Sciences Center is established as the College’s first Center of Excellence.

Robert Volz, MD, develops the first artificial wrist, which was later recognized as one of the nation’s 10 most important medical advances by the American Hospital Association.

The first class of medical students starts at the University of Arizona College of Medicine.

Arizona Cancer Center is established.

Students and faculty start the Commitment to Underserved People – CUP – program, which is recognized by LCME as one of our “institutional strengths” in 2013.

Jack Copeland, MD, performs Arizona’s first heart transplant at University Hospital.
Arizona Center on Aging established.

The world’s first successful use of a total artificial heart as a temporary bridge to transplant.

University Heart Center established (renamed the UA Sarver Heart Center in 1998).

Arizona Arthritis Center established.

Children’s Research Center approved by ABOR (renamed the Steele Memorial Children’s Research Center in 1990).

Our first dual-degree program – the MD-PhD program – established.

Arizona Emergency Medicine Research Center established.

Nation’s first Program in Integrative Medicine established.

Valley Fever Center for Excellence established.

Arizona Telemedicine Program established.

Arizona Children’s Research Center approved by ABOR (renamed the Steele Memorial Children’s Research Center in 1990).
UA Sarver Heart Center Resuscitation Research Group begins to advocate for chest-compression-only CPR.

Arizona’s first medical simulation laboratory – ASTEC – established.

Receive full eight-year accreditation from LCME.

Banner Health®

Begin a 30-year academic affiliation agreement with new clinical partner, Banner Health.

2003

UA Sarver Heart Center Resuscitation Research Group begins to advocate for chest-compression-only CPR.

2005

2006

2013

2015

2016

UA VIPER Instituted established.

Chosen as one of four centers for the NIH All of UsSM Research Program.
February

• 13 – Founding & Early Faculty Appreciation Dinner
• 14 – Doc Talk: Precision Medicine: Turning sick care into health care
• 17 – Solidarity Day
• 21 – Doc Talk: Gut Microbes: The good, the bad, and the ugly
• 23 – Grand Opening of Biomedical Sciences Partnership Building & UAHS Anniversary Celebration in Phoenix
• 28 – Take a Deep Breath: Is a cure for asthma on the horizon
March

- 3 – Buffmire Lecture with Nobel-Prize recipient Randy Scheckman
- 17 – Match Day

April

- 18 – James E. Dalen Distinguished Lecture for Health Policy with President & CEO of AAMC Dr. Darrell Kirch
- 19 – Arizona Biomedical Discovery Initiative Poster Session & Annual Faculty Social
- 28 – Innovations in Education: Medical Education Research Day
May

- 11 – Class of 2017 Convocation
- 17 – General Faculty Meeting

June

- TBD – Faculty Committee Member Appreciation Reception

July

- 21 – Class of 2022 White Coat Ceremony
August

- 9 – General Faculty Meeting
- 30 – State of the College Address

September

- 8 – Scholarship Recognition Event
- TBD – Dean’s Distinguished Lecture Series
- TBD – Innovations & Inventions showcase
- TBD – Student Research Forum
October

- 13-14 – Global Health Conference & Reunion
- 28 – UA Homecoming
- TBD – Buffmire Lecture
- TBD – New Faculty Welcome Reception

November

- 8 – General Faculty Meeting
- 17 – Founders Day Lecture & Special Event