1. **Call to Order**
   Dean Goldschmid called the meeting to order shortly after 4:30 pm.

2. **Dean’s Welcome -- Steve Goldschmid, MD**
   Dean Goldschmid welcomed the attending faculty and introduced Dr. Diego Martin, the new chair of Radiology.
   Dean Goldschmid announced that nominations for committee positions were held earlier in the summer, and there were well over the number of nominations needed for the available slots. The participation was remarkable. He said COM Admissions will be transitioning to Multiple Mini Interviews for medical student admissions. He called for faculty participation in the interview process, and there is a workshop to train faculty who choose to participate. There have been a number of changes made to the curriculum, and we were above the national mean this year for part one of the USMLE scores. In addition to the MMIs, faculty can participate in mock interviews for pre-medical students.
   Dean Goldschmid introduced the new interim CEO of the UA Health Network, Jodi Mansfield. She was the former Executive Vice President/Chief Operating Officer at Shands Healthcare for over ten years. He looks forward to working with her.

3. **Committees and Brief Reports**
   A. **UA Health Network – Jodi Mansfield, Interim CEO**
      Ms. Mansfield said she was happy to be at UA, and she did not have a formal report yet since she was still settling in. She said the organization is going through experiences similar to ones she has seen in her past, and she hopes to be of help by at least offering suggestions of what not to do. There are a few kinks to work out and there will be some challenges, but overall this will be a positive change to make one entity and put it on the map.

   B. **Branding Update – Michelle Barnard, VP for Marketing & Communications, UA Health Network**
      Ms. Barnard asked if any faculty had been to the branding roll-out that had occurred over the previous two days. She said it was a little different than a traditional roll-out, and they had some fun with it. The branding went through research and was presented to the board through focus groups at the end of 2010 and beginning of 2011. The board approved the branding: the University of Arizona Health Network with a specific seal. It combines all of the health entities including UMC, UPH, Diamond Children’s, the health plans, and more, to offer continuous service. The University Medical Center will become the University Campus and UPH will be the South Campus. All of the specialty clinics and centers will have specialty branding to provide clarity for the community and patients. There is similar branding for the health plans. They are changing the landing page for the website, and in the long-term there will be a whole new website that creates an ease of access for patients. Additionally, they are changing the emails for all six thousand staff members. New staff badges will be rolled out the week of September 12th, and there will be a new newsletter that will go out to faculty. There will be a page in the newsletter with the updates about what is happening. Katie Riley is the Director for Internal Communication for UAHN, which will help connect communication across departments for consistency. Additionally, there will be a new PowerPoint template available soon and new phone scripts for calling and interacting with patients. They will do the graphic standards, which are the technical aspect of using the logo. They are changing the signs, uniforms, and
patient materials on the University and South campuses. These changes will be made over the year. The new tagline is: “Academic Medicine is Smart Medicine.” They have shot commercials that explain the change to the public. This is phase one of four service lines. The goal is to draw patients from other areas, including Phoenix and Las Vegas, to the medical center. There is a spokesperson to get the word out, and the new logo is on the floor of McKale. September 12th is the actual launch of the brand.

C. Committee reports (posted on the COM website)

- Dean's Faculty Advisory Committee – Art Sanders, MD
- Promotion and Tenure Committee – Ed French, PhD
- Tucson Educational Policy Committee – Paul St. John, PhD
- UA/UPH GME Consortium – Jeanne Deinert

In regards to the Medical Student Research Committee, there have been two new grants and an increase in students supported under these grants, so they are calling for more mentors to help out with these students.

4. New Business

A. Graduate Program Advisory Committee - Heddwen Brooks, PhD, Physiology

The Graduate Program Advisory Committee is a brand new committee. It is for PhD programs based in the College of Medicine. At any one time, there are over 100 PhD students in COM, so they want to increase communication between these programs. They are including the three departmental programs: Immunobiology, Cellular and Molecular Biology, and Pharmacology. They are also including the Graduate Interdisciplinary Programs that have at least 50% of staff with FTEs in COM. These include cancer biology, physiological sciences, neuroscience, and biomedical engineering. The director of the MD/PhD program will serve on the committee, as well as Dr. Moynahan. The key to this committee is to aid communication within the College of Medicine for new clinical hires to find programs of interest and tap into the graduate program resources.

5. Discussion

A. Navigating Conflict of Interest Policies

Dr. Anne Wright said they chose a panel format to discuss the Conflict of Interest Policies. Drs. Andrew Comrie and Joe Alpert, and Susan Wong Bean were chosen to represent the three policies. Dr. Comrie will be discussing the University of Arizona Conflict of Interest Policy, Ms. Wong Bean will talk about the UPH Policy, and Dr. Alpert will talk about the College of Medicine Policy.

B. Distinguished Panel: Andrew Comrie, PhD, Joe Alpert, MD, Susan Wong Bean

Dr. Comrie said the job at the UA level for all faculty is to support faculty who find themselves in positions with conflicting goals. For instance, when a faculty member starts a business, they have to work with the university goals of creating and disseminating information with their business goals of making a profit. The University monitors this conflict through an annual conflict disclosure form, as well as the requirement to disclose if the situation changes at any point.

Dr. Alpert said the spirit of these documents and policies is transparency to prevent appearances of bias. He said it is important for clinicians and basic scientists to stay in touch with industry. Faculty just has to be very open and clear about these relationships with industry. Faculty works in conjunction with industry, not during their University hours. They want to make sure no one has a sense of dishonesty and unethical behavior coming from the College of Medicine.
Ms. Wong Bean stated that UPH is a private organization, making it a little different from the other two policies. As such, they must comply with certain government regulations. The IRS regulations say that all employees must act in regards to the best interest of the organization, rather than in their own personal interest. The IRS also requires organizations to have a conflict of interest policy, and that they manage potential conflicts. The other reason UPH has a separate COI policy is that the hospital has accreditation from the joint-commission, which requires the hospital have a COI policy. UPH also has its own COI policy and disclosure form is to comply with federal and state fraud and abuse laws. The last reason there is a separate UPH policy is that the Arizona Medical Board requires that any physician who has a direct financial relationship with an outside entity be disclosed to a patient on a specific form.

Dr. Sanders further emphasized the importance of ensuring that conflicts are disclosed and dealt, and legal regulations are complied with. He said he is not sure these policies are functional because he cannot get a good evaluation on how compliant faculty and departments are. He wants an electronic database for more simplicity.

Dr. Comrie said they are in the process of building the electronic database. He said they can work on coordinating all three policies to make things easier and clearer. There are new NIH standards coming out soon, so they will also have to make policy updates in conjuncture with that. Someone expressed the need for better clarification regarding terminology. Dr. Comrie agreed, and said it is something that should be integrated into mentoring and training in the long run. Someone said that many are getting discouraged from participating in many activities because they feel the regulation and review process is intrusive. Dr. Alpert agreed that participating in data-safety monitoring boards and clinical trials are vital, and there are some issues regarding the discouragement of faculty from taking on similar activities. Someone pointed out that these policies also discourage industry from participating in health activities for fear of conflict, and asked what the University is doing to prevent these policies from getting too controlling. The panelists said that the University does need to comply with state and federal standards, but they try and not do too much more than that, just trying to ensure transparency without overstepping. There is a lot of discussion about the policies and system as a whole trying to find a balance that is beneficial, ethical, and transparency.

Dean Goldschmidt said a task force is forming, and he has spoken with lobbyists to try and get a better voice in the legislature regarding these and other issues. He thanked Dr. Wright and the panelists for doing a great job. He thanked faculty for attending the meeting.

6. **Adjournment** - Dean Goldschmid adjourned the meeting shortly after 5:30pm.

COM General Faculty Meetings will occur on November 16, 2011, February 29, 2012 and May 9, 2012 in Kiewit Auditorium.
The UA/UPHK GME Consortium
Graduate Medical Education Committee Report
To the General Faculty, Major Participating Institutions and
Arizona Board of Regents
June 2011

GME Committee

1. Overview: Dr. Murrain continues to serve as chair of the Consortium GMEC which meets on a monthly basis. The GMEC continues its charge to monitor and advise on all aspects of graduate medical education, establishing policies and procedures regarding the quality of education and the work environment for the residents in all its programs.

2. Programs: There are currently 7 ACGME accredited residency programs at The UA/UPHK GME Consortium – six of which currently have enrolled residents. These programs include: Internal Medicine, Psychiatry, Ophthalmology, Emergency Medicine, Family Medicine and Neurology for a total of 68 residents and 1 chief resident. Three of these programs successfully applied to the ACGME for complement increases (Internal Medicine, Family Medicine and Psychiatry). All 6 programs participated in the NRMP (and Ophthalmology) MATCH and were successful in filling all PGY1 positions. Additional PGY2 (4 positions) were filled outside the MATCH. Our most recently accredited program is a Medical Toxicology fellowship – which is a two year fellowship, accredited for a total of two residents.

3. Hospital Committees: The GMEC has worked with each program and UPHK to secure resident membership on multiple hospital committees. Annually a list of hospital committees is distributed to each residency program administration with a request that residents be appointed to hospital committees. Currently, we have residents on the following committees: Quality, Pharmacy and Therapeutics, Ethics, HCAPS Process Improvement and ICU Code.

4. Faculty Development: Annually, each program is supported to attend a national ACGME or specialty specific meeting to increase GME knowledgebase and networking with the GME community at large. Several of our program directors participated in the annual UA sponsored GME Faculty Development conference. The topic this year was "Supervision". Additionally, four program coordinators attended the New Innovations conference, in an effort to improve our understanding and maximize usage of this residency management system.

5. Financial Support: Each program director and program coordinator receives financial support from the UA/UPHK GME Consortium, consistent with ACGME requirements. Of note, the ACGME has rendered new and more specific requirement regarding the support to be offered to residency programs.

6. Resident Forums: Resident representatives from each program join the DIO and GME Administrator for quarterly dinners. This meeting is scheduled to promote cohesion among the residents and encourage dialogue regarding resident work environment and education. Resident Program Meetings were instituted this year which residents in each specific program meet with the DIO and GME Administrator to address more specific issues related to their program.
7. **Education regarding Fatigue and Well Being**: Each program is required to present the SAFER or LIFE program to their residents and faculty and document their participation. Dr. Gail Schwartz, Housestaff Counselor, presents annually at a GMEC meeting to remind programs of her availability and provide general data regarding resident usage of her services.

8. **Annual Retreat**: The GMEC annual retreat was held in May 2011 at the Westward Look Resort. Following an introduction by the Sponsors (Dean Goldschmid, Dr. Bruce Coull, Ms. Sarah Frost (representing Ms. Diane Rafferty), we reviewed pending ACGME changes which will be effective 7/1/11. The core theme of the retreat was Supervision. Guest presenters (Dr. Paul Gordon, Dr. Tejal Parikh and Dr. Heather Reed) led us through an improved understanding of the new regulations, changes that would be required and discussion regarding implementation of the new regulations. We also included a “Best Practice” from each residency program.

9. **Annual Scholarly Day**: The Consortium GMEC hosted its second annual Scholarly Day in May. We had 22 scholarly posters submitted and approximately 100 attendees. Both of these exceeded the prior year. There were also clinical updates from the majority of our residency programs.

### New Program Directors and Programs

1. Medical Toxicology fellowship received Initial Accreditation
2. Dr. Todd Altenbernd was named new program director for Ophthalmology
3. Dr. Helen Macey was named new program director for Psychiatry
4. Dr. Mazda Shirazi was named program director for Medical Toxicology
5. New Psychiatry BHP and ED construction almost complete and scheduled for occupancy this fall.
6. Requested complement increases:
   a. Family Medicine approved for a permanent increase from 24 to 30 positions
   b. Internal Medicine approved for a permanent increase from 24 to 30 positions
   c. Psychiatry approved for a permanent increase from 16 to 24 positions

### Internal Reviews

1. The internal review is a comprehensive process, which involves faculty and residents and includes a review of the following:
   a. Addressing any deficiencies from prior site visits
   b. Program administration
   c. Participating institutions and affiliation agreements
   d. Facilities and support services
   e. Teaching faculty; including numbers, scholarly activity
   f. Clinical teaching; including patient numbers, resident supervision, number of procedures
   g. Educational program including reviewing goals and objectives, didactics, the written curriculum that incorporates the competencies, evaluation tools for the competencies, development of dependable measures of the competencies, QA/QI activities, resident scholarly activity
   h. Resident evaluation, including criteria for advancement/promotion, summative letters, and evaluation forms
   i. Faculty and program evaluation including confidentiality of the process, annual review of the program
   j. Working conditions including duty hours, fatigue, moonlighting
   k. Quality of applicants and graduates
   l. Review of all program policies (duty hours, effects of leaves of absence, moonlighting, QA/QI, resident selection, supervision

2. Over the course of the past year, the GMEC conducted one Internal Review: Emergency Medicine. Participants on the IR panel included a program director from a different program as well as a resident from a different program along with the DIO and
GME Administrator. Representative faculty, peer selected residents, program director and coordinators were interviewed. A report was presented to the GMEC in accordance with ACGME requirements.

ACGME Site Visits and/or Decisions

1. In the past year, we have had three ACGME Site Visits. Below are the individual programs and their respective ACGME accreditation status:
   a. Internal Medicine – Continued Accreditation with a 5 year cycle
   b. Psychiatry – Continued Accreditation with a 5 year cycle
   c. Institution – to be presented at ACGME meeting 10/2011

2. Proposed General Surgery program received a decision to Withhold the program because of insufficient major surgical volume at the primary institution (UPHH) as well as ACGME’s concern that a new program would deplete the current UA program’s surgical volumes/experiences.

Ongoing Accreditation Mandates

ACGME Resident Duty Hours – New duty hour requirements have been adopted by the ACGME with an effective date of 7/1/11. Each program has been required to update their Duty Hours, Moonlighting and Supervision policies to address these changes. The new requirements include:
   a) Clearer specification regarding 80 hour work week
   b) Specification of continuous work based on PGY year
   c) No continuity clinic after 24 hrs of continuous duty
   d) Limitations on breaks between duty periods by PGY year and must be monitored by program
   e) No call for PGY1’s
   f) Specifications regarding days off duty
   g) Limitations on night float
   h) All moonlighting must now count towards 80 hour work week
   i) Home call – when called in, hours count towards duty hours
   j) Institution must provide lodging or transportation for residents who are too tired to get home safely after a duty period.

Quarterly, the GMEC reviews each program’s Duty Hours documentation and annually we review the individual program’s ACGME resident survey report. If there are areas of noncompliance, the program is requested to investigate and report back to the GMEC within 1 month.

Resident Supervision— New supervision requirements have been adopted by the ACGME with an effective date of 7/1/11. The new requirements include:
   a) Three levels of supervision defined – Direct, Indirect and Oversight
   b) Program must assure proper level of supervision available to residents
   c) Programs must develop standards to identify limits of each resident’s scope of authority and the circumstances in which they are permitted to act with conditional independence.
   d) Program must develop list of must call situations.
   e) Program must limit number of resident transitions and train residents to utilize handoff tools.

The GMEC will continue reviewing resident annual ACGME survey reports to identify any concerns regarding supervision. It is incumbent on each residency program and department to assure they have an adequate number of faculty to support the supervision needs of their particular residency.
ACGME Outcome Project

The GMEC continues to provide annual education to program directors regarding the ACGME Outcome Project. Each program has been educated on the six ACGME Competencies. GMEC assures that each program has competency based Goals and Objectives for the program as well as individual rotations subdivided by PGY year. These are reviewed with each program’s Internal Review and PIE review prior to the next ACGME site visit. Programs are also expected to have PGY year specific criteria for advancement. Final resident summative evaluation or transferring resident documentation must also be competency based.

Quality Assurance and Patient Safety

1. Quarterly, the QA officer from the primary teaching institution (UPHH) attends the GMEC meeting, identifies and presents a quality related issue(s) that may be impacted by educating residents and faculty. Subsequent quarterly reports provide updates on the improvements noted by QA. Areas that have been addressed this past year include:
   a) H&P on chart at time of admission
   b) Decreased usage of unapproved abbreviations
2. During the first six months of the academic year, the pharmacy director piloted a program in which he (or a staff member) met with individual residency programs and presented pharmacy specific information. This program has been well received and requested to continue throughout the year.
3. During annual orientation, all inpatient services are required to participate in an inpatient hospital orientation at UPPH. Following a general review of the six ACGME Competencies by program directors, interdisciplinary resident teams are formed, headed by senior residents and/or faculty members. The teams are rotated through major hospital departments including: Pharmacy, Radiology, ED, Nursing and Mock Codes.
4. In compliance with the GMEC requirement, every program’s faculty and residents complete either the SAFER or LIFE modules.

Resident Survey

For the academic year 2009-2010, four of our residency programs participated in the web-based, annual ACGME resident survey. A minimum of 70% participation from the residents in each individual program is required to receive a program specific report. We consistently had 100% participation. Once results returned, the DIO meets with the PD to identify those areas not in substantial compliance. Subsequently, the PD meets with residents and faculty of their program to discuss potential causes and interventions. This report is presented at the next GMEC meeting. Based on the 2009-2010 Institutional responses the following areas of noncompliance identified by our residents exceeded the national noncompliance rate:

1. Do your faculty members regularly participate in clinical discussions? 5.9% (NO), National noncompliance rate = 4.2%
2. Do your faculty members regularly participate in rounds? 2.9% (NO), National noncompliance rate = 2.8%
3. Duty hours must be limited to 80* hours/week, averaged over a four-week period, inclusive of all in-house call activities. 2.9%, National noncompliance rate = 2.3%
4. Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. 2.9%, National noncompliance rate = 1.4%
**GME Graduation Survey**

To date we have had seven (7) graduates from the Consortium residency programs. A graduate survey has been developed and distributed to the graduates and results are pending.

**Resident Responsibilities**

Residents agree to abide by the terms of their employment contract and to fulfill the educational requirements of their training program; to use their best effort to provide safe, effective and compassionate patient care under supervision from the teaching staff; and to perform assigned duties to the best of their ability. Residents agree to abide by all Consortium policies and procedures, including the provisions of the most current edition of the GME Policy and Procedure manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Respectfully submitted,

Victoria E. Murrain, DO
Assistant Dean for Graduate Medical Education
ACGME Designated Institutional Official (DIO)
SUBJECT: CONFLICTS OF INTEREST

PURPOSE:
To protect the interest of University Physicians Healthcare ("UPH") when it contemplates entering into a transaction or arrangement that might benefit the private interest of a Covered Person or might result in a possible excess benefit transaction. UPH preserves integrity and independence in decision-making and exercising judgment in conducting its affairs. To maintain integrity and independence through identification, assessment and either eliminated or appropriate management of conflicts of interest ("COI"). This Policy is intended to supplement but not supersede applicable state and federal laws governing conflicts of interest.

APPLICABLE TO:
Covered Persons who might have a Financial Interest that has the potential to compromise or bias the judgment or objectivity of the Covered Person, create the appearance of such potential or create an excess benefit for such person.

DEFINITIONS:

1. Conflict of Interest (or “COI”). A COI might exist if a Covered Person has a direct or indirect Financial Interest that has the potential to compromise or bias the judgment or objectivity of the Covered Person or create the appearance of such potential.

2. Covered Persons Include: (1) Directors and Officers of the Board; (2) Members of Board Committees; (3) Department Directors and Heads; (4) Service Chiefs; (5) Clinical Practice Administrators and Managers; (6) Officers of UPH; (7) UPH licensed independent practitioners ("LIPs") and/or staff that affect or have the potential to affect the safety or quality of care, treatment and services.

3. Family Member. Includes spouse, parents, step-parents, grandparents, siblings (whole or half blood) children (natural or adopted) grandchildren, great-grandchildren, spouses of siblings and individuals residing in the same home.

2. Financial Interest. A Financial Interest exists if a Covered Person or Covered Person’s Family Member has a direct or indirect, through business, investment or family:

2.1 Ownership or investment interest in UPH; or,

2.2 A compensation arrangement with UPH (e.g. employee, independent contractor, consultant, substantial gifts or favors); or,

2.3 A potential ownership or investment interest in, or compensation arrangement with UPH.
2.4 Any interest or relationship that would place the Covered Person or Family Member to be in a position to exercise substantial influence over the affairs of UPH.

3. **Interested Person.** A Covered Person who has a Financial Interest.

4. **UPH.** University Physicians Healthcare, including University Physicians Healthcare Hospital ("UPHH") and UPH Health Plan Division ("UPHP").

**POLICY:**
Covered Persons are prohibited from making or attempting to influence decisions on behalf of UPH when the Covered Person has a Financial Interest in the decision, unless the COI is properly disclosed and the COI is appropriately managed or eliminated. Although a Financial Interest does not necessarily create a COI, it is important that any such Financial Interest is identified and evaluated prior to a decision being made that could be biased by the Covered Person or UPH.

**PROCEDURES:**

1.0 **Duty to Disclose.** Each Covered Person has an affirmative and continuing obligation to disclose Financial Interests and all material facts to the Board or committee of the Board so that it may consider the proposed transaction or arrangement. Covered Persons shall complete a Disclosure Statement (Exhibit A) each year as part of an annual COI disclosure process. Full and accurate completion of the Disclosure Statement is a condition of employment for UPH employees and failure to do so may constitute grounds for employee discipline. Covered Persons are responsible for revising and/or supplementing the Disclosure Statement circumstances change.

2.0 **Procedures for Addressing the COI.**

2.1 The Compliance Department in consultation with the Legal Department will perform an initial review of all submitted Disclosure Statements to identify potential COIs. If a determination is made that a potential COI exists, the UPH Compliance Department will forward the COI Disclosure Form to the Board or COI Committee, as designated by the Board. Reports of potential COIs received by others will be processed pursuant to this process.

2.2 Upon receipt of the potential COI information, the Board ("Board" hereinafter shall refer to the applicable UPH or UPHH Board) or COI Committee shall review the information and may request additional information from the Covered Person or may request the Covered Person to appear before the COI Committee to discuss the potential COI. A Covered Person may also request to participate in the COI Committee discussion. However, the Covered Person shall neither participate in deliberations nor vote on any decision pertaining to the potential COI and shall be excused from the room prior to deliberation and vote.

2.3 The COI Committee Chairperson may appoint a disinterested person to investigate alternatives to the proposed transaction or arrangement.

2.4 The COI Committee shall determine whether UPH can obtain with reasonable efforts, a more advantageous transaction or arrangement from another person or entity that would not raise a potential COI.

2.5 If a more advantageous transaction or arrangement is not reasonably possible under circumstances that do not result in a COI, the COI Committee shall determine by a majority vote whether the transaction or arrangement is in the best interest of UPH, whether it is fair and reasonable and whether the COI can be appropriately managed or eliminated. If so, then the COI Committee may vote to waive the COI and enter into the transaction or arrangement. The COI Committee shall impose conditions to appropriately manage the COI.

2.6 If the above referenced process is conducted by a COI Committee of the Board, the whole Board must ratify the decision.
2.7 The Board determination of the existence of a COI is not subject to appeal by the Covered Person.

3.0 Violations of COI Policy. If a Covered Person fails to disclose an actual or potential COI, the COI Committee shall afford the Covered Person an opportunity to explain the alleged failure to disclose. The COI Committee may take or direct appropriate disciplinary or corrective action.

4.0 Records. COI Committee and Board minutes shall include the names of Covered Persons who were found to have a Financial Interest and the decision as to whether a COI existed, whether disclosure was self reported or reported by another person, the names of persons present for discussions and votes relating to the transaction, including alternatives discussed and a record of votes in connection with the proceedings.

5.0 Disclosure Statement. On an annual basis or at such time that a potential COI is identified by a Covered Person, Covered Persons shall execute a Disclosure Statement. Covered Persons shall also affirm that s/he:

5.1 Has received a copy of the COI Policy and has read and understands the Policy and agrees to comply with the Policy.

5.2 Understands that UPH is charitable and in order to maintain its tax exempt status it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

6.0 Periodic Reviews. To ensure that UPH operates in compliance with charitable purposes and does not engage in activities that could jeopardize a tax-exempt status, the Board or its delegate may conduct periodic reviews, which shall address:

6.1 Whether compensation arrangements and benefits are reasonable, at a fair market value and the result of arms length bargaining.

6.2 Whether arrangements and transactions conform to applicable policies, are properly recorded and further charitable purposes and do not result in private inurement, impermissible benefit or an excess benefit transaction.

7.0 Additional LIP Requirement. If a LIP has a direct financial interest in a separate diagnostic or treatment agency or in non-routine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis, the LIP shall disclose the financial interest to the LIP’s patients. Disclosure shall be made on a Notice to Patients Form that this prescribed by the Arizona Medical Board (the currently effective Notice to Patients Form is attached) (Exhibit B). The Notice to Patients Form original shall be filed in the medical record and a copy provided to the patient.

8.0 Additional UPH Hospital (“UPHH”) Requirements.

8.1 UPHH shall review its relationships with other care providers, educational institutions, manufacturers and payors to determine whether COIs exist and whether they are legal. Identified COIs shall be discussed with the Legal Department and forwarded to the Board for consideration.

8.2 Policies, procedures and information about the relationship between care, treatment and services and financial incentives are available upon request to patients and individuals who work in UPHH, including staff and LIPs.
Dean’s Faculty Advisory Committee
2010-11 Report

Members – Art Sanders, Chair, Tom Dragovich, Ed French, Deborah Fuchs, Wayne Jacobsen, Jack Nolte.

The Dean’s Faculty Advisory Committee was activated by Dr. Goldschmid this year after being dormant for several years. The committee worked on several projects.

1. *Electronic Communication Forum* – A Faculty Forum has been developed to solicit faculty discussion and comments on specific issues of interest.

2. *Arizona Medical Association* – At the Dean’s request, the committee evaluated the COM involvement with the Arizona Medical Association and negotiated group membership for COM faculty. We recommended that the COM be involved in the new ArMA Division of Academic Medicine.

3. *Global Health Initiative* – the Committee evaluated the role of the COM in educating students in global health issues and gave recommendations to the Dean.

4. *Department Head Annual Evaluation* – The committee developed a short questionnaire for faculty to annually grade their Department Head. This data will be incorporated into the Dean’s Annual Department Head review.

5. *Merit Raise Allocation* – The Dean asked the committee to recommend a method for allocation of anticipated merit based pay raises from the University. The committee based its recommendation on the faculty annual peer review assessments. Unfortunately the anticipated funds from the University later were cut so the plan could not be implemented.

6. *Conflict of Interest Policy* – The committee was asked to review and update the COM Conflict of Interest Policy developed in 2008. The committee added responsibilities for education and enforcement to the Policy. The policy was presented to the COM leadership and the faculty and voted on in May 2011.

The committee seeks input from faculty regarding COM issues. Please contact any member for further information.

Respectfully submitted,
Arthur Sanders, Chair
Activities of the Education Policy Committee (EPC) and the Tucson EPC (TEPC) during the period July 1, 2010 – June 30, 2011 are described below, arranged in general categories. This report includes information about the whole EPC (both Tucson and Phoenix) as well as 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, 2010, through June, 2011, were the following.

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<tr>
<th>Member name and category</th>
<th>Dept.</th>
<th>Track</th>
<th>End of Term</th>
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<td><strong>Terms Ended June, 2011</strong></td>
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<tr>
<td>Doug Campos-Outcalt, MD</td>
<td>Family &amp; Community Medicine</td>
<td>Phoenix</td>
<td>2011</td>
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<td>Sean Elliott, MD</td>
<td>Pediatrics</td>
<td>Tucson</td>
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<td>Mindy Fain, MD</td>
<td>Medicine</td>
<td>Tucson</td>
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<td>Anna Landau</td>
<td>Student - Class of 2011</td>
<td>Tucson</td>
<td>2011</td>
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<td>Paul Standley, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2011</td>
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<td>Paul St. John, PhD (Chair, 2010-2011)</td>
<td>Cell Biology &amp; Anatomy</td>
<td>Tucson</td>
<td>2011</td>
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<td>Sarah Whitley</td>
<td>Student – Class of 2011</td>
<td>Phoenix</td>
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<td>Denise Campagnolo</td>
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<td>Ron Heimark, PhD</td>
<td>Surgery</td>
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<td>2012</td>
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<td><strong>Continuing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Paul Boehmer, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2014</td>
</tr>
<tr>
<td>Denise Campagnolo, MD</td>
<td>Neurology</td>
<td>Phoenix</td>
<td>2012</td>
</tr>
<tr>
<td>Diana Darnell, PhD (TEPC Vice-Chair, 2010-2011)</td>
<td>Cell Biology &amp; Anatomy</td>
<td>Tucson</td>
<td>2015</td>
</tr>
<tr>
<td>Kristi Grall, MD</td>
<td>Emergency Medicine</td>
<td>Tucson</td>
<td>2014</td>
</tr>
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<td>Kurt Gustin, PhD</td>
<td>Basic Medical Sciences</td>
<td>Phoenix</td>
<td>2014</td>
</tr>
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<td>Ron Heimark, PhD</td>
<td>Surgery</td>
<td>Tucson</td>
<td>2012</td>
</tr>
<tr>
<td>Randy Horwitz, MD, PhD</td>
<td>Integrative Medicine</td>
<td>Tucson</td>
<td>2012</td>
</tr>
<tr>
<td>Carol Howe, MD</td>
<td>Medicine</td>
<td>Tucson</td>
<td>2012</td>
</tr>
<tr>
<td>Adam Luber</td>
<td>Student – Class of 2013</td>
<td>Tucson</td>
<td>2013</td>
</tr>
<tr>
<td>Michele Lundy, MD</td>
<td>Family &amp; Community Medicine</td>
<td>Phoenix</td>
<td>2013</td>
</tr>
<tr>
<td>Vinodh Narayanan, MD</td>
<td>Neurology, BNI</td>
<td>Phoenix</td>
<td>2012</td>
</tr>
<tr>
<td>Ted Price, PhD</td>
<td>Pharmacology</td>
<td>Tucson</td>
<td>2013</td>
</tr>
<tr>
<td>Cindy Rankin, PhD</td>
<td>Physiology</td>
<td>Tucson</td>
<td>2014</td>
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Sydney Rice, MD  
Pediatrics  
Tucson  
2013

Amanda Rosen  
Student – Class of 2012  
Phoenix  
2012

Cindy Standley, PhD (EPC Vice-Chair, 2010-11; PEPC Chair, 2010-11)  
Basic Medical Sciences  
Phoenix  
2013

Wyatt Unger  
Student - Class of 2012  
Tucson  
2012

New Members of EPC

Claudia Adler  
Student – Class of 2014  
Phoenix  
2014

Travis Austin  
Student – Class of 2013  
Phoenix  
2013

Elizabeth Dupuy  
Student – Class of 2014  
Tucson  
2014

William Grana, MD  
Orthopedic Surgery  
Tucson  
2015

John Sarko, MD  
Emergency Medicine  
Phoenix  
2015

Resources, Support, & Guests

Steve Goldschmid, MD (Dean, Tucson)
Stuart Flynn, MD (Dean, Phoenix)
Kevin Moynahan, MD (Deputy Dean for Education, Tucson)
Jacque Chadwick, MD (Associate Dean for Clinical Affairs, Phoenix)
Lee Jones, MD (Senior Associate Dean for Student Affairs)
Cheryl Pagel, MD (Associate Dean for Student Affairs, Phoenix)
Nancy Alexander Koft, PhD (Senior Associate Dean, Medical Student Education)
Gail Koshland, PhD (Physiology; Office of Medical Student Education)
Raquel Hernandez-Givens, MEd (Office of Medical Student Education)
Jack Dexter, PhD (Office of Medical Student Education)
Nicole Capdarest (Office of Medical Student Education)
Jack Nolte, PhD (Chair, Academy of Educators, COM)

Curriculum Governance – Program-Wide (Both Tracks/Campuses)

Review & Reaffirmation of Institutional Objectives – October 20, 2010

Annually, the EPC reviews and reaffirms the Core Competencies and Measureable Objectives for the medical curriculum. These documents were reaffirmed with a change to wording concerning diversity issues. The wording adopted references that recently adopted by the General Faculty. The Core Competencies and Measureable Objectives are posted at the EPC website and the website of the Office of Medical Student Education.

Dissolution of the Clinical Curriculum Subcommittee (CCS) – December 15, 2010

As the EPC adopted separate Years III and IV curricula for the Phoenix and Tucson tracks (see below), there was no longer a need for a program-wide oversight committee responsible for the Years III-IV curriculum. The committee voted to dissolve the CCS and to require the PEPC and TEPC committees to establish structures and/or processes for comprehensive oversight of the Years III and IV curricula for their respective tracks.

Structure of the Medical Curriculum – Program-Wide

Campus-Specific Tracks Established for Years III-IV – December 15, 2010

The EPC voted to establish separate Years III and IV curricula for the Phoenix and Tucson tracks. While the College of Medicine-Phoenix and the College of Medicine-Tucson remain under one LCME accreditation,
and while separate accreditation is being sought for the College of Medicine-Phoenix, clerkship directors from both campuses will continue to meet and align their goals and objectives. Oversight will remain with the EPC for policies affecting both campuses. The current EPC structure will need to be maintained until the LCME officially recognizes the Phoenix program as an independent curriculum and all students who entered the College of Medicine prior to separate accreditation complete their studies.

Curriculum Governance – Tucson Track

Tucson Educational Policy Committee
The TEPC has met regularly during 2010-11 (usually twice monthly), and has been actively pursuing its oversight responsibilities. Paul St. John, Ph.D., served as Chair in 2010-2011, and Diana Darnell, Ph.D. was elected Vice Chair of the committee in July, 2010. On November 3, 2010, the committee coordinated with the Deputy Dean for Education and other key administrators to hold the first of a planned series of “Town Hall” meetings with the general faculty to discuss broad issues of curricular interest. The Dean's Office held a subsequent meeting for medical students. The committee continues to refine a system for regular reviews of Years I and II blocks, guided by the outcomes of pilot review efforts.

Formation of the Tucson Clinical Curriculum Subcommittee (TCCS) — January 5, 2011
In response to its charge from the EPC, that the TEPC establish structures and/or processes for comprehensive oversight of the Years III and IV curricula for the Tucson Track, the committee voted to create the TCCS. Membership of this committee includes all clerkship directors, the directors of the Transitions and Intersessions courses, and other faculty and administration personnel. The TCCS is also charged with maintaining regular correspondence with their counterparts at the Phoenix campus to ensure LCME requirements affecting both programs are met.

Tucson Electives Subcommittee
The Tucson Electives Subcommittee, chaired by James Warneke, M.D., has been active reviewing electives for recommendation to TEPC for approval. The subcommittee provided a progress report to TEPC on January 17, 2011. New grading forms for electives have been developed to directly address the core competencies for the program, and will be implemented this year. Enrollment patterns for electives were analyzed, with areas of interest noted, such as how many times a student may enroll in independent-study electives, and what experiences are typical for those electives.

Tucson Curriculum Management Subcommittee (TCMS)
The Tucson Curriculum Management Subcommittee manages the delivery of the Tucson-Track curriculum for Years I & II according to curricular standards and procedures established by the EPC and the TEPC. It has been active in the annual review of blocks and attending to issues of block design and delivery.

Tucson Evaluation Subcommittee (TEVS)
The Tucson Evaluation Subcommittee implements program evaluation/review policies established by the TEPC. It was chaired in 2010-2011 by Diana Darnell, Ph.D., and participates in the annual review of blocks and reviews the effectiveness of the Evaluation Plan for the Tucson Track. In addition, this subcommittee conducts the evaluation for the Tucson Track as a whole. TEVS continues to assess the effectiveness of the evaluation plan, and some adjustments were made in the review schedule. The Office of Medical Student Education provides strong support for these curricular oversight functions.
Curriculum Maintenance and Evaluation – Tucson Track

Reviewing Block Objectives and Matching to Educational Competencies – January 17, 2011
TEPC established policy that requires all blocks and courses to 1) establish course-wide objectives 2) link those objectives to the ArizonaMed Core Competencies, and 3) establish procedures by which these objectives are regularly reviewed and updated. By linking broad course objectives to the core competencies, block directors will illustrate how those competencies are being translated into measurable objectives for expression in sessions and other activities.

Disposition of Old Policies – August 4, 2010
The review and disposition of old policies instituted by the EPC culminated with the referral of certain policies deemed to be Tucson Track-specific to TEPC for review and action. The committee decided to hold an existing policy on Teaching Awards in abeyance until those awards are reworked to ensure relevance to the integrated character of the new curriculum. A revised policy on Petitions for Student Exemption to Curricular Policy was passed on September 15, 2010. Previous USMLE Preparation Policies were dropped in light of the establishment of the PASS Step I program (see below).

Changes to the Curriculum for Years III and IV
Modifications to the structure of Year III
TEPC reviewed the organization of the Year III curriculum and the experiences drawn from the first year of implementation. They voted to restore one week to all required clerkships (except Neurology, which was reduced by one week). The Intersession Course was reduced to 2 weeks; one at mid-year and one concluding Year III. The restructured clinical curriculum for Tucson and that adopted by Phoenix correspond closely.

TEPC approved the addition of a new graduation requirement: the Emergency Medicine/Critical Care (EM/CC) course. This will be a four-week experience in Year IV. The course provides a two-week overview of the principles and concepts of Emergency Medicine, with emphasis on the common presenting complaints and procedures in the undifferentiated patient. Additionally, students will spend two weeks with the Emergency Department to allow them to experience longitudinal care where they will be able to follow patients from the ED through admissions and into Critical Care. This requirement will take effect with the 2011-2012 academic year.

Tucson Track Electives
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 in 2010-2011 included the following:

- The Healer’s Art – A journey into the heart of medicine – December 1, 2010
  The course encourages inquiry by students and faculty into the experiences that shape and provide meaning to their practice of medicine and to their identities as physicians.

- FCM - Inter-Disciplinary Disability Seminar Series – December 1, 2010
  This course explores a broad variety of disciplinary perspectives on disability, and is aimed at medical and graduate students who will be working professionally with individuals with disabilities.

- General Gynecology Subinternship – January 19, 2011
Students will provide care for assigned patients in an outpatient setting, performing the history and physical examination and instituting an assessment and plan. Students will also participate in outpatient surgical procedures.

**Tucson Curricular Programs**

**Global Health Distinction Track – July 7, 2010**

TEPC approved the Global Health Distinction (GHD) track, available for students enrolled in Tucson. The College had previously offered two other distinction tracks (Research Distinction, and Community Service Distinction). A distinction track acknowledges the extra effort, commitment and leadership students devote to particular areas of professional development. Foundation for the GHD extends to some twenty years of College of Medicine coursework on international health subjects. Opportunities for students to serve out of the country are offered during summer breaks, and there are grants available to fund students for these experiences.

**PASS Step I – August 4, 2010**

TEPC endorsed an initiative from the Deputy Dean for Education to establish an ongoing program to improve student performance on the USMLE Step I examination. *Preparing ArizonaMed Students for Success on Step 1 (PASS Step 1)* is a two-year longitudinal course, of which all students must complete at least some aspects. The first year is directed toward helping students to develop effective learning strategies, organize concepts, and apply learning within different contexts.

**Case-Based Instructional Method Review – September 1, 2010**

The Case-based learning method has been a feature of the curriculum since its inception in 2005. TEPC has intended that the curriculum be designed to support the ongoing development of students. To approach this intent, and to resolve issues of variability in student experience of the method, TEPC established and charged a workgroup to review current CBI practices against the most current understandings for case-based instruction. That workgroup, chaired by Dr. Vincent Fulginiti, was charged to develop uniform pedagogical principles, purposes, and practices for the CBI method. Members were drawn from faculty, Office of Medical Student Education, and the Office of Student Development, and included two Year III students. The Workgroup's final report was received March 2, 2011, and is guiding discussion and planning for a renewed approach to this interactive, student-centered instructional method. As a first step in this process, Deputy Dean Kevin Moynahan, M.D., appointed John Bloom, M.D., and Paul St. John, Ph.D., as Co-Directors of CBI, to plan, direct, and oversee CBI across Years I & II.

**Review of Years I and II Medical Knowledge Content – October 6, 2010**

TEPC reviewed the results of a project from the Office of Medical Student Education in which the USMLE Step I subjects outline was used as a reference to assess curricular content for Years I and II. The project mapped content terms used in each block against a modified list of USMLE subject terms. The results provided assurance that the curriculum covers Step I subjects thoroughly. A summary of the project and this conclusion were reported to students and to block directors and discipline directors. The content map also provides information on how content is integrated across blocks. The project is being refined for further use in content evaluation and curriculum planning efforts.

**PASS Step I Program Dean’s Policy – October 4, 2010**

TEPC endorsed the PASS Step I program, which is an initiative of Deputy Dean for Education Kevin Moynahan, M.D. PASS Step I is a two year longitudinal skill-building curriculum designed to introduce students to the structure and content of Step 1, and to help them acquire the study strategies and learning skills that allow flexible application of knowledge and facilitate success on Step 1 of the USMLE.
Its sessions are integrated into blocks in Years I and II. They adapt concurrent block content to the learning goals of PASS Step 1.
APPOINTMENTS, PROMOTION AND TENURE CASES – ANNUAL STATISTICS FOR FY 2010-2011

[Activities of the COM AP&T Committee and the Office of Faculty Affairs]

COM P&T COMMITTEE MEMBERS

- Christopher M. Cunniff, MD, Pediatrics – Co-Chair
- Edward D. French, PhD, Pharmacology
- Mark R. Haussler, PhD, Basic Medical Sciences
- Samuel M. Keim, MD, Emergency Medicine
- John R. Nolte, PhD, Cellular & Molecular Medicine
- Catherine Spier, MD, Pathology

APPOINTMENTS

- Total: 178
- Tenure Track: 11
- Non-Tenure Track: 167
  - Clinical Scholar Track: 78
  - Clinical Series: 73
  - Research Scholar Track: 2
  - Research Series: 13
  - Educator Scholar Track: 0
  - Educator Series: 1

PROMOTION & TENURE CASES

- Total: 25
- Tenure Track: 7
- Continuing Track: 1
- Non-Tenure Track: 17

REQUESTS FOR EMERITUS STATUS: 8

SABBATICAL LEAVE REQUESTS: 2

MID-CYCLE REVIEWS: 10

CLOCK STOP REQUESTS: 1

TRACK CHANGE REQUESTS: 5 requests for appointment on new track, no requests to transfer off of tenure track for 2 years

POST-TENURE REVIEW:

One hundred forty-eight tenured faculty were reviewed; the COM P&T Committee reviewed 25 post-tenure review packets.
PROMOTION CASES, FY 2009-2010

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<th>Tenure Track</th>
<th>Non-Tenure Track</th>
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<td>Applied for Promotion and/or Tenure</td>
<td>7</td>
<td>17</td>
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<tr>
<td>Department Approval</td>
<td>6 (1 disapproved)</td>
<td>17</td>
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<tr>
<td>COM P&amp;T Committee Approval</td>
<td>4 (3 disapproved)</td>
<td>14 (3 disapproved)</td>
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<tr>
<td>Dean’s Approval</td>
<td>4 (3 disapproved, 2 withdrawn)</td>
<td>14 (3 disapproved, 2 withdrawn, 1 considering options)</td>
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<tr>
<td>UA P&amp;T Committee Approval</td>
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<td>N/A</td>
</tr>
<tr>
<td>Provost’s Approval</td>
<td>4 (1 disapproved)</td>
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Also, one librarian went up for continuing status and was approved at all levels.

New Appointment Statistics by Department

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<thead>
<tr>
<th>Department</th>
<th>Tucson</th>
<th>Phoenix</th>
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<tbody>
<tr>
<td>Anesthesiology</td>
<td>8</td>
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<tr>
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<td>Biochemistry &amp; Molecular Biophysics</td>
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<td>10</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Family &amp; Community Medicine</td>
<td>10</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Immunobiology</td>
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<tr>
<td>Medicine</td>
<td>34</td>
<td>4</td>
<td>38</td>
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<tr>
<td>Neurology</td>
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<td>Obstetrics &amp; Gynecology</td>
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<td>Ophthalmology</td>
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<tr>
<td>Radiology</td>
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<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Surgery</td>
<td>12</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

Total                                | 150    | 28      | 178   |
## New Appointment Statistics By Title & Track

### Tenure Track:
- **Professor**: 3
- **Associate Professor**: 1
- **Assistant Professor**: 7
- **Instructor**: 11

**Tenure Track** = 6% of new appointments

### Clinical Scholar Track:
- **Professor, Clinical**: 2
- **Associate Professor, Clinical**: 7
- **Assistant Professor, Clinical**: 67
- **Instructor, Clinical**: 2

**Clinical Scholar Track** = 44% of new appointments

### Research Scholar Track:
- **Professor**: 0
- **Associate Professor**: 1
- **Assistant Professor**: 1
- **Instructor**: 0

**Research Scholar Track** = 1% of new appointments

### Educator Scholar Track:
- **Professor**: 0
- **Associate Professor**: 0
- **Assistant Professor**: 0
- **Instructor**: 0

**Educator Scholar Track** = 0% of new appointments

### Clinical Series:
- **Clinical Professor**: 10
- **Clinical Associate Professor**: 13
- **Clinical Assistant Professor**: 32
- **Clinical Instructor**: 18

**Clinical Prefix Track** = 41% of new appointments

### Research Series:
- **Research Professor**: 1
- **Research Associate Professor**: 3
- **Research Assistant Professor**: 9
- **Research Instructor**: 0

**Research Track** = 7% of new appointments

### Educator Series:
- **Lecturer**: 1
- **Senior Lecturer**: 0

**Lecturers** = 1% of new appointments

### Total:
- **Total**: 178
Conversion of faculty titles under the new title series:

Following approval of the new P&T guidelines and faculty title series, the Office of Faculty Affairs developed business rules for the electronic conversion of the old faculty titles to the new titles. Department heads were asked to review their faculty and agree or reassign titles, and all faculty were notified of their titles under the new system. A plan to automate the changes in both the Faculty Affairs database and UAccess was developed and presented to key personnel in Human Resources and Systems Control. With their approval the titles were changed electronically, saving department administrative staff much time and effort in processing these changes manually. The titles of 1098 faculty, salaried and non-salaried, were checked against the new title series. Per the business rules and department input, 546 faculty had their titles changed under the new system, and 46 of these faculty were reassigned to a more appropriate title series.

Policy Development:

Two new policies were developed by the COM AP&T Committee & approved by Associate Provost Tom Miller. The first policy describes the process by which non-tenure eligible faculty should transfer to the tenure track and the second policy describes how faculty appointments will be granted to former chief residents and fellows who trained at the UACOM and held faculty titles during their training period in order to take call. Both policies are attached.
TRANSFER OF NON-TENURE ELIGIBLE FACULTY TO THE TENURE TRACK

Non-tenure eligible faculty who request transfer to the tenure track at the same rank after a period of time in a non-tenure eligible position must be reviewed at both the department and college levels. Such a transfer without an additional request for promotion or the award of tenure may be handled as an initial appointment within the department and college. When the faculty member becomes tenure eligible, their tenure “clock” will be governed by the same rules as other tenure track faculty as described by the University Handbook for Appointed Personnel (UHAP 3.11).

Non-tenure eligible faculty who desire to be transferred to the tenure track and also be considered for promotion and/or the award of tenure must first transfer to the tenure track at their current rank and thus go “on the clock” prior to submitting a complete dossier following the guidelines distributed from the Provost’s Office. Submission of the dossier must follow the usual timeline as described in the annual guidelines for P&T.
Departments occasionally give fellows and chief residents faculty appointments as clinical instructors so that they may provide clinical care during their training in an area different from that in which they are training. There is no expectation for scholarly work and teaching is limited to interaction with students and residents on the wards and in the clinics. This appointment ends when the fellow/chief resident completes his or her training.

Following completion of their training, fellows and chief residents are often hired by the department as permanent faculty at the assistant professor rank. The new faculty member will be expected to fulfill all criteria of the title to which they are appointed, including requirements for scholarly activity. In this circumstance the change in title and rank will be treated as an initial appointment, with the usual review at the department and college level. It therefore is not necessary for the former fellow/chief resident/instructor to prepare a dossier for promotion from clinical instructor to the assistant professor rank.
UA College of Medicine
Graduate Program Advisory Committee Guidelines

Mission Statement:

To increase the communication between graduate programs represented in the College of Medicine with the aim of maintaining and improving excellence in graduate teaching and research.

To increase communication within the College of Medicine to allow graduate students to work with a wider variety of faculty, including preclinical and clinical research.

Allow for communication amongst the graduate programs that will aid in placing M.D./Ph.D. programs.

Increase interaction between programs to improve cross-disciplinary training and coordination of future NIH training grants applications

Aid communication within the COM for new clinical hires to identify programs of interest, thus aid in recruitment of clinical investigators

Criteria for representation and membership on committee:

Graduate programs will be invited to be represented on the committee if their program has a significant membership of COM based faculty.

Each invited program can nominate a faculty member to become a member of the committee, with the stipulation that the faculty member have a primary appointment (FTE) in a Department in the College of Medicine.