College of Medicine – Tucson General Faculty Meeting
November 9, 2016, Kiewit Auditorium 4:30 pm

Meeting Minutes

Call to Order - Meeting called to order by Dean Cairns at 4:30 pm.

Welcome and Announcements – Charles B. Cairns, MD, Dean, College of Medicine
Dean Cairns began the meeting by recognizing the new faculty. There were a record number of faculty promoted this past year. He thanked the faculty for their amazing work. He introduced the forthcoming Banner presentations for the meeting.

Banner Updates

Epic to Cerner update – Pradeep Kadambi, MD, MBA, Chief Clinical Affairs Officer
Dr. Kadambi laid out a timeline for the transition to Cerner. The next phase is the training portion between March and May which is an all-day session of classroom training. Cerner will go live on June 1st. He explained the background going on with the transition, and they are establishing all clinic and departmental locations for the process. He wants strong leadership for the transition to ensure everyone is engaged. Engagement is key to the success of the program. The Cerner demonstration that was planned for after the meeting was cancelled.

Dean Cairns explained once we transition to Cerner, we will be able to take advantage of all processes and practices Banner has to offer. It will be a Banner system expense. An email with contacts and demos will be sent out to faculty. Someone asked about datamining capabilities of Cerner—that has not been a part of the initial discussion since it is more advanced, but there are experts who can help physicians compile data and reports.

Compensation plan update – Scott Hofferber, BUMG COO
Scott Hofferber started by relaying some of his past experiences with systems transitions to reassure the faculty that it can go smoothly as long as they are actively engaged. He moved on to talk about the compensation plan. He thinks department administrators should have been more involved in the construct of the plan, it was unnecessarily complex, and some of the modeling was wrong. The goal was to have a market-based compensation rate based on productivity. They have gone in to tweak the compensation plan to make it more sustainable than the original plan. They want to optimize the money the AMC has allocated to make sure every dollar is able to get to the faculty. The AMC has reviewed the new proposal and has determined it will be sustainable and within the budget while still increasing compensation by over $21 million.

They are in the process of redoing the score cards, hoping they will be available to faculty the first week of December. One of the modifications was determining what the target for market-base was, and compare it to the MGMA Academics average. One thing kept from the old plan was rewarding academic and clinical value metrics. Another proposal was to not have an early opt-in period, but rather have everyone switch over at the same time. Departments in the group model will have one model for the group. The scorecards will very clearly lay out what are the rates of pay for each specialty. The rate will flatten a bit in order to fit within the budget once they hit the 60th percentile total compensation. 10% of every dollar once we reach the 60th percentile of productivity will go back to the departments as a mission support fund. For faculty meeting the productivity threshold, there will no longer be the 10% withheld. A document with the key points for the plan will go out to faculty.
Someone requested an apology from the previous leadership of the plan that led to many mistakes. Scott Hofferber apologized on behalf of the plan and explained how they intend to fix it. Another question was: how can people be properly valued when many of the constraints that limit their productivity (ex: limited waiting area, room turn-around times) are out of their control—the goal is to get back to operations and solve some of these inefficiencies. Dean Cairns said he wants to engage more faculty in operations to find better solutions for these issues limiting productivity.

Committees and Brief Reports
Dean Cairns reminded faculty that these reports are available online, and recognized the leadership of these committees.

- **Graduate Medical Education Committee-South Campus** – Victoria Murrain, DO
- **Committee of Ten** – Art Sanders, MD
- **Continuing Medical Education Committee** – Gail Pritchard, PhD
- **MD/PhD Committee** – Rajesh Khanna, PhD
  Dean’s Research Council – Sairam Parthasarathy, MD and Judith Gordon, PhD

Presentations/Discussion

**AAMC Council on Faculty and Academic Societies (CFAS)** – Kimberly Gerhart, MD, COM CFAS Representative
Dr. Gerhart introduced herself as a CFAS representative. She explained what CFAS is and its history. They work on faculty topics like NIH funding, GME issues, health equity and diversity, etc. One of the GME issues is looking at a more holistic approach to residency applications. Dean Cairns thanked them for their representation.

**Update re new curriculum** – Kevin Moynahan, MD, Deputy Dean, Education and Art Sanders, MD, Chair, Tucson Education Policy Committee
Dr. Sanders explained new curriculum is needed as medicine and medical education change. Surveys conducted showed that overall, the faculty wanted to move forward with new updated curriculum. Last March, a committee was formed to help develop this curriculum. Sub committees were formed as well. In September, a conference was held to help cement ideas for the new curriculum. We are now entering the implementation phase. The first stage begins in July with the new class, which aims to help students finish clinical rotations earlier and is part of a longitudinal curriculum that is more coherent over a student’s four years. The second phase will begin a few years down the line when the new education building is complete. It will involve more changes like use of new technology.

Dr. Moynahan explained the curriculum was not necessarily shortened, but things that were no longer relevant were removed, and things were relocated within the curriculum to times when they would be more relevant to the student. The second stage is much more innovative, and there will be town halls for faculty input. The new building will greatly expand space for simulation activities. There will also be more teaching clinical facilities. These updates will allow COM-T to compete with new campuses opening in Arizona. Marlys Witte said students will get ten weeks of vacation, and asked for more tracks to give students more options. Dr. Moynahan said there are opportunities for students to get credit for things they do over their break. This first stage is not a major curriculum change, but rather rearranges the current curriculum to better benefit students.

**Adjournment** - Dean Cairns adjourned the meeting shortly after 5:30 pm.
College of Medicine General Faculty Meeting
Wednesday, November 9, 2016
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:
   - Epic to Cerner update – Pradeep Kadambi, MD, MBA, Chief Clinical Affairs Officer
   - Compensation plan update – Scott Hofferber, BUMG COO

3. Committees and Brief Reports
   Committee reports are posted on the COM website at http://medicine.arizona.edu/event/college-medicine-tucson-general-faculty-meeting-2.
   - Committee of Ten- Art Sanders, MD
   - CME Committee – Gail Pritchard, PhD
   - GMEC-South Campus – Victoria Murrain, DO
   - MD/PhD Committee – Rajesh Khanna, PhD
   - Dean’s Research Council – Sairam Parthasarathy, MD and Judith Gordon, PhD

4. Presentations/Discussion
   - AAMC Council on Faculty and Academic Societies (CFAS) – Kimberly Gerhart, MD, COM CFAS Representative
   - Update re new curriculum – Kevin Moynahan, MD, Deputy Dean, Education and Art Sanders, MD, Chair, Tucson Education Policy Committee

Adjournment

Cerner Demonstration following meeting

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

The dates for the 2017 COM General Faculty Meetings are: 2/8/17, 5/17/17, 8/9/17 and 11/8/17. All meetings will be held in Kiewit Auditorium at 4:30 p.m.
Training Timeline

- Start: 5/9/16
- Finish: 10/31/17

**Cerner Experience Demo**

**EMR/Rev Cycle Build Starts**

**IT Testing Starts**

**End to End Testing Starts**

**Go-Live June 1st All Locations**

**Training**

**Increased Go-Live Support Resources**

**Training Highlights**
- Training is March – May
- 8 hrs. of classroom training
Update

• Technical teams doing walkthroughs and visits to understand clinical workflows
• Team established to facilitate EHR access and EHR privileges for go live and beyond
• Finalizing all clinic and department locations for the build process
How are the faculty members engaged?
Engagement

- List of Tucson Physician leaders by specialty has been compiled
- Utilizing existing Tucson physician leadership and Banner Clinical Consensus Groups for clinical content review and prioritization
- **The more engagement we have from you, the more successful we are going to be in our implementation**
Committee of Ten
Report to General Faculty, November, 2016

Committee Members
Ken Knox, MD (Chair)
Heddwen Brooks, PhD
Paola Devis, MD
Dorothy Gilbertson-Dahdal, MD
Felicia Goodrum, PhD
Michael Kuhns, PhD
Ranjit Kylathu, MD
Jarrod Mosier, MD
Chuck Otto, MD
Art Sanders, MD

The committee voted to re-elect Dr. Ken Knox, MD Chair of the Committee of Ten (C10). Over the past year, the committee continued work related to faculty advocacy, guided by the findings of the Faculty Forward and Banner trust surveys. C10 members met with leaders of UAHS and Banner Health (Dr. Jason Yuan, Associate VP, Translational Health Sciences; Dr. Charles Cairns, Dean, College of Medicine-Tucson; Mr. Scott Hofferber, COO of Banner University Medical Group and Ms. Kathy Bollinger, President, Banner University Medicine Division). Topics included bridge funding, the concept of a research incentive plan, role of physician faculty in the practice plan and clinical faculty representation in the clinical enterprise.

In the last report, specific recommendations for a high level, faculty elected council which reported to the Banner-UA Academic Medical Council (AMC) was proposed. After several meetings with leadership, the Banner Leadership agreed to have elected representatives to 3 committees in the Group Practice Plan. Specific actions include:

1) Two (2) Faculty will be elected to each of the three current standing committees (Finance, Communications and Operations) of the Banner-University Medical Group (B-UMG) faculty practice plan.

2) The elections will be held by the UA Faculty Affairs office and all faculty who hold an academic appointment and are actively participating in clinical care will be eligible.

3) The practice plan will hold regularly scheduled gatherings and meetings to establish bi-directional communication between the B-UMG leadership and the clinical faculty.

In the upcoming year:

- C10 will monitor progress and implementation of above
- C10 will meet with UAHS and Banner leaders to understand policy that affect faculty
- C10 will review data provided by College of Medicine, Faculty Affairs, UAHS and B-UMG related to tripartite mission
- C10 will continue with faculty advocacy agenda items
The Continuing Medical Education Committee (CMEC) is one of the permanent committees of the University of Arizona, College of Medicine (COM). The CMEC approves continuing medical education (CME) policy, provides oversight of CME activities, and assures the approved policies and activities meet accreditation standards for continuing medical education. The College of Medicine Office of CME (OCME) is the operating arm for CME activities. The current CME Committee members and COM support staff are below.

Committee Members:

1. Teri Gail Pritchard, PhD, CMEC Chair, Assistant Professor, Department of Pediatrics, Director, Resident/Fellow Development (6/2014 – 6/2017) 
   tpritch@email.arizona.edu

2. Sam Afshin, MD, Assistant Professor, Department of Medicine (6/2015 – 6/2018) 
   asam@email.arizona.edu

   ramini@aenrc.arizona.edu

   dcombs@peds.arizona.edu

5. Sarah Desoky, MD, Assistant Professor, Medical Imaging (6/2016 – 6/2019) 
   sdesoky@radiology.arizona.edu

   vebert@email.arizona.edu

7. Richa Jain, MD, Assistant Professor, Pathology (6/2016 – 6/2017) 
   richajain@email.arizona.edu

8. Ryan Matika, MD, Assistant Professor, Department of Anesthesiology (6/2016 – 6/2018) 
   rmatika@email.arizona.edu

9. Jasna Seserinac, MD, Clinical Assistant Professor, Department of Pediatrics (6/2016 – 6/2017) 
   jasnas@email.arizona.edu

    ojt@email.arizona.edu
Support Staff:

- Randa Kutob, MD, MPH, Director, Office of Continuing Medical Education
  rkutob@medadmin.arizona.edu
- Robert Amend, MEd, Operations Manager, Office of Continuing Medical Education
  amend@medadmin.arizona.edu
- Denise Garrett, Administrative Associate (Live and Enduring Material Activities), Office of Continuing Medical Education
dgarrett@medadmin.arizona.edu
- Cheryl Novalis-Marine, MBA, MIS, Senior Applications Architect, Office of Continuing Medical Education
  cheryl@medadmin.arizona.edu
- Michelle Zak, Program Coordinator, Senior, (Regularly Scheduled Series/Grand Rounds), Office of Continuing Medical Education
  mzak@medadmin.arizona.edu

Educational Activities:

The College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) through March 2019 to sponsor educational activities for AMA PRA Category 1 CME Credit™. Every CME activity has to comply with criteria for development, funding, presentation and evaluation. Since the OCME serves our academic community, activities originate from faculty members of the College of Medicine (direct activities) and from outside organizations (joint providers). Activities include enduring materials (e.g., online educational programs); live events (e.g., conferences); and regularly scheduled series (e.g., grand rounds). Table 1 below lists the CME activities by type over the last three calendar years.

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<th>Table 1. CME Activities by Calendar Year 2013-2016</th>
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<tr>
<td>Activity Type</td>
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<tr>
<td>Enduring Direct</td>
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<td>Enduring Joint</td>
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In 2012, as part of its expansion into online CME, the College of Medicine purchased The Virtual Lecture Hall® (VLH), an interactive, evidence-based, online medical education website that offers CME courses on a wide variety of topics, many of which are required for licensure or renewal of licensure in several states. The list of VLH offerings includes courses on medical errors prevention, medical ethics, risk management, patient safety, professional responsibility, cultural competency, and pain management, among others. The VLH does not accept advertisements and is supported by fees from individual users and organizations in order to print CME certificates. The VLH does not offer CME courses supported by educational grants from pharmaceutical or device companies. Several of the courses offered by the VLH were developed with grant support from the National Institute of Health (NIH), resulting in numerous research publications and several clinical/educational tools for physicians, such as “The Physicians’ Competence in Substance Abuse Test” (P-CSAT) which is now in the public domain (Harris & Sun, 2012). The VLH currently offers 24 courses with a total of over 85 CME credit hours. Since 1998, physicians have earned over 170,000 CME credits on the VLH website (www.vlh.com).

**Continuing Medical Education Committee Activities and Accomplishments Highlights, 2015-16:**

1. Collaborated with UA COM Office of Continuing Medical Education to accredit 42 conferences, 48 grand rounds, and 45 enduring materials.

2. Developed additional content (interactive, online courses) for the UA COM-owned Virtual Lecture Hall (VLH).
   - Dr. Ole Thienhaus (Continuing Medical Education Committee member) authored the online, case-based course, *Suicide Risk Assessment for Primary Care and Emergent Settings.*
• Dr. Karen Spear Ellinwood authored the course, *Feedback Strategies to Promote Reflective Practice* for clinical teaching.

• *Motivational Interviewing for Patients with Obesity* developed by Dr. Randa Kutob for the Western Region Public Health Training Center of the Mel and Enid Zuckerman College of Public Health. Will be adapted for VLH platform.

3. Endorsed collaboration with Banner and other AHS Colleges, including working with the Colleges of Nursing and Pharmacy on joint accreditation for two lives courses and a Josiah Macy Foundation Proposal.
GME Committee (GMEC)

1. **Overview:** The UACOM-SC GMEC is currently into its 10th year of operations. The committee, composed of program directors, program coordinators, peer-selected residents from each program, quality officer from the primary teaching hospital and administrators, meets monthly. The committee’s charge is to monitor and advise the sponsoring institution on all aspects of graduate medical education; establish policies and procedures regarding the quality of education; provide oversight of ACGME-accredited programs’ annual evaluation and improvement activities and monitor the work environment for the residents in all its programs. The monthly meeting addresses the business of the GMEC as per ACGME requirements. There are several subcommittees which all report to the GMEC monthly.

   a. **Subcommittees:**
      i. **Task Force Monthly meetings** focus on addressing specific issues requiring more detailed attention in order to enhance our educational experience. Examples of our endeavors during 2015-16 included LCME documentation of faculty and resident teaching skills training, Holistic Reviews to improve the diversity of our residencies, Banner Transition.
      ii. **CLER Subcommittee** – Monthly meetings focus on addressing specific citations from our Clinical Learning Environment Review report. This committee implemented Transitions of Care Orientation and Clinical Error reporting for residents.
      iii. **Distinction Track Subcommittee** – developed a Medical Spanish Language/Health Care Disparities Distinction Track.

2. **Programs:** There are 5 ACGME accredited residency program at UACOM-SC, all of which have enrolled residents. These programs include: Internal Medicine, Psychiatry, Ophthalmology, Emergency Medicine and Family Medicine. In academic year 2015-16, there were 114 enrolled residents. All 5 programs participated in the NRMP (and Ophthalmology) MATCH and filled all offered positions successfully. None of our programs required participation in the NRMP SOAP System (formerly post MATCH Scramble). Our Medical Toxicology program is a 2 year fellowship, accredited by the ACGME for a total of two fellows in the program and continues to fill in the NRMP Fellowship MATCH. They currently have 2 fellows enrolled.

3. **Hospital Committees:** The GMEC continues to work with both the hospital and residency programs in ensuring resident participation on hospital committees. Annually,
a list of hospital committees is distributed to each residency program administration with a request that residents be appointed to the committees. Attached, please find a list of resident assignment to hospital committees.

During AY 16, the BUMC Resident Quality Council (RQC) continued to meet under the leadership of Dr. David Sheinbein and Dr. Karyn Kolman. They focused on educating and addressing Quality of Care issues pertinent to residents and patient care. The Council targeted streamlining the transition from UAMC to BUMC. Towards the end of the year, the decision was made to reinstate the BUMCS RQC to encourage attention to quality of care issues more pertinent to BUMCS, our primary teaching institution.

4. Faculty Development: Through FY 16, the GME Office continues to encourage each program to attend a national ACGME or specialty specific meeting. Attendance at these meetings not only increases GME knowledge base, but also enhances networking with the GME community at large. Upon return from national meetings, each PD and/or PC presents a brief report to members of the GMEC. Other opportunities for faculty development include: the annual University of Arizona COM at SC GMEC sponsored retreat, in which all of our programs as well as members of the UACOM T GMEC participate. Each program is also encouraged to develop a program specific faculty development program to train faculty educators in learner assessment and teaching modalities. The Office of Medical Student Education has also offered a number of faculty development instruction opportunities to each program – including videos of seminars, workshop guides, learning theory, and teaching strategies and tools, including direct observation of medical student/resident teaching. We also support program coordinators to attend the New Innovations workshop, in an effort to maximize their understanding and usage of our residency management system. This investment allows us to develop a few super users who are available to offer guidance to their program coordinator colleagues.

5. Financial Support: In accordance with ACGME requirements, the sponsoring institution continues to provide financial support for each residency program. This includes educational, administrative and technological support. PD funding continues in accordance with ACGME requirements. In 2013-14, a Residency Program Coordinator job series matrix was also developed consistent with ACGME requirements and distributed to departments.

6. Housestaff Meeting: the hospital CMO hosts a quarterly lunch meeting to allow residents a forum to address issues related to hospital functioning.

7. Resident Program Meetings are scheduled biannually. During these meetings, the DIO and GME Administrator meet with each program’s cohort of residents to address institution and program specific issues/concerns. The issues raised are shared anonymously with the PD/PC and we work together to identify potential solutions as appropriate. The second meeting is to allow for follow-up and feedback regarding resolution of issues previously raised.
8. Resident Well Being:

a. Education regarding **Fatigue and Well Being**: Each program is required to present the SAFER or LIFE program to their residents and faculty annually and document their participation. This is confirmed via the Annual Program Evaluation.

b. **Housetaff Counselor**: Dr. Larry Onate continues as the housestaff counselor for the University of Arizona College of Medicine. He not only provides services to residents and their families, but also offers didactic presentations for programs in multiple areas including Substance Abuse, Stress management, Physician Well-Being. He is introduced to the new interns/residents at orientation raising awareness of his availability. Annually, he presents to the GMEC statistics of types of problems he has addressed in the previous year. He has noted a decrease in residents’ sense of Wellness across disciplines as well as time management challenges.

9. **Annual GME Retreat**: The annual retreat was held on May 13, 2016 at Hacienda del Sol. In addition to the opportunity to dialogue with our Sponsors (or designee), the retreat focused on Resident Resilience/Physician Well Being – both locally and nationally. The guest speakers included: Drs. Larry Onate, Kathy Smith, Hilary McClafferty, Mari Ricker and Dr. Ornelas from CODAC. Afternoon presentations included a panel on current Resident Resilience programs in GME and an introduction into an Integrative Medicine program on the same topic.

10. **Annual Scholarly Day**: UACOM-SC hosted its 6th GME Scholarly Day in May 2016. There were 43 posters submitted for consideration and over 100 attendees. The poster submissions were from UACOM medical students and residents in both UACOM-SC and UA GME programs. Posters were submitted in the following categories: Clinical, Research and Quality Improvement. Each participating residency program offered a brief clinical update. The recipients of the Scholarly Day awards were Dr. Lisa Goldberg, Dr. Brandon Yates, Dr. Sadia Ghani, Dr. Norman Beatty, Dr. Sridhar Reddy, Dr. Faraz Jaffer, Dr. Madeline Sanchez, and medical student, Joseph Frankl.

**Major changes**

1. The departments of Neurology and Psychiatry merged their UACOM at SC residency programs into their UAGME residency programs.

**Comprehensive Program Reviews (CPR)**

1. GME administered comprehensive program reviews involve faculty and residents in the overview of a residency program. An appointed GMEC panel interviews residents, teaching faculty and the program leadership of the designated residency program. The panel also reviews pertinent documents related to resident education and environment for learning. Areas receiving special attention include:
   a. Addressing any deficiencies from prior site visits
   b. Program administration
   c. Participating institutions and affiliation agreements current
   d. Facilities and support services
e. Education and implementation of QA/QI projects
f. Core teaching faculty – sufficient volume; scholarly activity
g. Clinical teaching; including patient volumes, resident supervision, number of procedures
h. Educational program including reviewing goals and objectives, didactics, the written curriculum that incorporates the competencies, evaluation tools for the Milestones, QA/QI activities, resident scholarly activity
i. Resident evaluation, including criteria for advancement/promotion, summative letters, and evaluation forms
j. Faculty and program evaluation including confidentiality of the process, annual review of the program
k. Working conditions including duty hours, fatigue, moonlighting
l. Quality of applicants and graduates
m. 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 academic year, the GMEC conducted one CPR with the Medical Toxicology Program. A report from the CPR will be presented to the GMEC for approval and forwarded to the department chair.

3. The GMEC has approved each program completing a CPR every 3 years unless there is an area of concern requiring an expedited CPR. A CPR scheduled has been developed.

**ACGME Site Visits**

1. All of our programs have been awarded Continued ACGME Accreditation and are in the NAS 10 year cycle. The ACGME has now implemented Self-Study evaluations that require each program to perform an in-depth, longitudinal critical self-evaluation and improvement plan.

**Ongoing Accreditation Mandates**

1. ACGME Resident Duty Hours—In compliance with ACGME Duty Hours requirements, each program annually reviews and updates their Duty Hours, Moonlighting and Supervision policies to address any changes. The requirements include:
   a. Clearer specification regarding 80 hour work week
   b. Specification of continuous work based on PGY year – liberalizing the requirements as a resident moves into the senior years of training. Senior residents may extend duty period if their presence is critical to patient care or continuity of care.
   c. A resident may not be responsible for the care of new patients after 24 hrs of continuous duty
   d. Limitations on breaks between duty periods by PGY year which must be monitored by program
   e. PGY1’s may not work more than 16 hour shifts. No call.
   f. Specifications regarding days off duty
2. Limitations on night float – frequency and must include an educational component.
3. All moonlighting (both internal and external) must count towards 80 hour work week
4. Home call – when called in, hours count towards duty hours
5. Institution must provide lodging or transportation for residents who are too tired to travel safely after a duty period.
6. Programs must track episodes of noncompliance with DH requirements.
   a. 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.

7. Resident Supervision—ACGME supervision 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.
      i. GMEC has developed and implemented a standardized educational
         module on Transitions of Care. In June 2016, every resident received the
         training. Each program is required to utilize a standardized handoff tool.
         Based on the results of a survey performed by the CLER Subcommittee,
         the majority of residents trained in the new system utilized it consistently
         and found that it improved quality of care. GMEC continues with its
         monitoring system of random observation of a program’s handoff by a PD
         from a different program. Reports are submitted to GMEC.
   f. Each program was required to update their Supervision policy in compliance with
      the ACGME requirement. Annually, the GMEC continues to review resident
      and faculty 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 in accordance with regulatory and educational needs.

ACGME Next GME Accreditation System (NAS)

1. All of our programs are now in the ACGME’s NAS (New Accreditation System). This
   new accreditation system is an outcome based evaluation system, replacing the
   competency based evaluation system. “The aims of the NAS are threefold: enhance the
   ability of the peer-review system to prepare physicians for practice in the 21st century,
   accelerate the ACGME’s movement toward accreditation based on educational outcomes
   and reduce the burden associated with the current structure and process-based approach.”
   Increased emphasis will be placed on the Sponsoring Institution for the quality and safety
   of the environment for learning and patient care. The process will include:

2. Annual data collection for submission to ACGME (including institutional data,
   milestones and EPAs, faculty and resident surveys and resident procedure logs)
   a. All programs have developed Clinical Competence Committees to evaluate
      resident progress and have submitted Milestone evaluations on their residents
      biannually.

3. Clinical Learning Environment Review (CLER) every 18 months (Short notice visits to
   the sponsoring institution to assess the learning environment and resident involvement in
   patient care, safety and quality issues). SC second visit occurred 4/19-20/2016. The
   GMEC CLER Subcommittee was actively involved in meeting with the groups of
   faculty, residents and administrators who participated in the CLER site visit.
   a. The program received the site visit report and distributed to the Sponsors. The
      GMEC CLER subcommittee continues to meet monthly to address the citations
and provides the GMEC with recommendations for improvement. Attached are a
list of subcommittee accomplishments for 2015-16.

4. Institutional Site Visits every 6 years
5. Program Site Visits every 10 years (Programs demonstrating high-quality outcomes will
be freed to innovate and extend the periods between site visits).

**Quality Assurance and Patient Safety**

1. The 5th New Resident Orientation, June 2016, was the result of a joint effort between UA,
BUMG, BUMCS and BUMCT. Replacing the historic institution specific, multiple
orientations, all new residents and fellows from both clinical facilities (over 200)
convened at the Marriott Hotel for a single orientation. After a welcome and introduction
to the institution, multiple exercises were introduced which exposed the new
residents/fellows to the importance of quality of care, patient safety, patient satisfaction
and communication skills. All new residents/fellows were distributed at small group
tables with cohorts from varying specialties with interprofessional facilitators.
2. Resident as Educators Orientation occurred on the afternoon of the New Resident
Orientation. New residents/fellows were acquainted with multiple methods of assessing
and educating learners.
3. During July orientation, the GMEC sponsors a hospital orientation at BUMCS. The
orientation consisted of a general review of the six ACGME Competencies and
Milestones by program directors, teambuilding exercise and a chief resident directed
session on standardization of Transitions of Care. Subsequently, residents met with peers
from their programs and completed a workshop on proper Transitions of Care.
4. During the first six months of the academic year, the pharmacy director (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.
5. In compliance with the GMEC requirement, every program’s faculty and residents
complete either the SAFER or LIFE modules. IPM (Introduction to the Practice of Medicine)
modules, developed by AAMC, are also now available and utilized by several programs.
6. GMEC applied and was awarded a MEC Patient Safety Grant to encourage proper reporting of
patient safety and quality improvement related hospital events in 2014. Due to changes in the
hospital reporting system, the grant implementation has been delayed.
7. GMEC implemented an educational plan to educate all residents in Quality Assurance
terminology and application to patient care. Annually, this program is updated with the
assistance of the hospital CPAI leadership to ensure accuracy and pertinence of the information.
8. Physician Well Being – Each program is tasked with implementing a Residency Resiliency
program aimed at early intervention and prevention of resident burn-out.

**Resident Survey**

The annual ACGME Resident survey continues to focus on six major categories: Duty
Hours, Faculty, Evaluation, Educational Content, Resources, Patient Safety / Teamwork. In
the NAS, ACGME focuses on program trends of improvement vs. declining performance.
All five of our residency/fellowship programs participated in the survey. For programs with
more than 4 residents/fellows, a minimum of 70% participation from the residents in each
individual program is required to receive a program specific report. Our response rate was
95%. Once results are 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 2015-2016 Institutional Aggregate Program data the following table compares our institutional vs. national mean.

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<th>Institution Mean</th>
<th>National Mean</th>
<th>Significant areas of noncompliance noted and planned interventions</th>
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</thead>
<tbody>
<tr>
<td>Duty Hours</td>
<td>4.9</td>
<td>4.8</td>
<td>None</td>
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<tr>
<td>Faculty</td>
<td>4.4</td>
<td>4.3</td>
<td>None</td>
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<tr>
<td>Evaluation</td>
<td>4.6</td>
<td>4.5</td>
<td>All previous areas of concern demonstrated improvement/increased compliance. We continue to struggle with Satisfied with feedback after assignments (75%) *Programs continue to educate faculty regarding providing residents with feedback after rotations.</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.5</td>
<td>4.3</td>
<td>All previous areas of concern demonstrated improvement/increased compliance. We continue to struggle with Education (not) compromised by service obligations *Programs continue to educate residents re: the definition of “service” as well as assess resident workload.</td>
</tr>
<tr>
<td>Resources</td>
<td>4.5</td>
<td>4.3</td>
<td>None</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>4.4</td>
<td>4.4</td>
<td>None</td>
</tr>
</tbody>
</table>

**Faculty Survey**

2015-16, all programs participated in the faculty survey. The categories surveyed included: Faculty Supervision and teaching; Educational Content; Resources; Patient Safety; Teamwork. Survey results are reviewed with the program faculty as well as DIO and included in the GMEC meeting presentation. Based on the 2015-16 Institutional Aggregate Program data, the following
clarify the survey intent is to assess academic performance feedback.

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Content</td>
<td>4.7</td>
<td>4.7</td>
<td>Worked on scholarly project with a resident (72%) Programs are tasked with ensuring residents have faculty mentors for scholarly projects. In some programs not all faculty are tasked with scholarly project mentoring.</td>
</tr>
<tr>
<td>Resources</td>
<td>4.3</td>
<td>4.4</td>
<td>None</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>4.5</td>
<td>4.5</td>
<td>None</td>
</tr>
<tr>
<td>Teamwork</td>
<td>4.6</td>
<td>4.6</td>
<td>None</td>
</tr>
</tbody>
</table>
**Graduate Exit Interview**

June 2016, the DIO and GME Administrator met with the volunteer graduating senior residents for an exit interview. General feedback is shared with GMEC and individualized feedback provided to each program to implement appropriate changes.

1. Overall residents felt prepared for future career goals – practice, fellowship.
2. Residents appreciated the collegiality, cohesiveness of the smaller community hospital setting
3. Residents had very positive feedback about their program director’s support.
4. Residents would still choose their program if they had the opportunity to do it again.
5. Residents continue to identify insufficient subspecialty presence at SC as a challenge.
6. Residents recommend not merging programs, do not want to lose the uniqueness of south campus programs.

**GME Graduation Survey**

To date we have had 168 graduates from the UACOM - SC residency programs. A graduate survey was distributed to the graduates. The overall results are shared with GMEC and individual program results are shared with the programs to help them implement appropriate changes or improvements. Based on survey for graduates through 6/2015, 84% responded “Excellent or Very Good” that the program met their educational objectives.
<table>
<thead>
<tr>
<th>Year</th>
<th>EM</th>
<th>FM</th>
<th>IM</th>
<th>Neuro</th>
<th>Ophthy</th>
<th>Psych</th>
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<tr>
<td>08-09</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
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<tr>
<td>09-10</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>1</td>
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<tr>
<td>10-11</td>
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<td>5</td>
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<td>3</td>
<td>9</td>
</tr>
<tr>
<td>11-12</td>
<td>0</td>
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<td>8</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>19</td>
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<tr>
<td>12-13</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>35</td>
</tr>
<tr>
<td>13-14</td>
<td>6</td>
<td>7</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>33</td>
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<tr>
<td>14-15</td>
<td>6</td>
<td>8</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>31</td>
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<tr>
<td>15-16</td>
<td>6</td>
<td>7</td>
<td>11</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>34</td>
<td>58</td>
<td>10</td>
<td>12</td>
<td>26</td>
<td>168</td>
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</table>
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 professional 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 UACOM-SC 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)
Residents on Committees 2015-16

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>RESIDENT PARTICIPATION</th>
<th>Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Arizona College of Medicine</td>
<td>Naomi Young, MD, Family Medicine, PGY3 Katie Houmes, MD, Family Medicine, PGY2 Matt Atienza,</td>
<td>4th Friday, noon</td>
</tr>
<tr>
<td>at South Campus GMEC</td>
<td>Psychiatry, PGY4 Juan Gonzalez, MD, Psychiatry, PGY3 Jennifer Huang, MD, Internal Medicine,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PGY4 Senthil Anand, MD, Internal Medicine, PGY2 Sridhar Reddy, MD, Internal Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David Nguyen, DO, Neurology, PGY4 Roksolyana Tourkevich, MD, Neurology, PGY4 Claudia Prospero</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ponce, MD, Ophthalmology, PGY3 Lauren Barnett, MD, Emergency Medicine, PGY3 Michael Ori,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MD, Emergency Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td>GMEC CLER Subcommittee</td>
<td>Claudia Prospero Ponce, MD, Ophthalmology, PGY2 Shabnam Yekta, MD, Internal Medicine, PGY1</td>
<td>2nd Wednesday,</td>
</tr>
<tr>
<td></td>
<td>Maria Tumanik, MD, Internal Medicine, PGY2 Madeline Sanchez, MD, Family Medicine, PGY2</td>
<td>noon</td>
</tr>
<tr>
<td></td>
<td>Chantelle Chen, MD, Family Medicine, PGY2</td>
<td></td>
</tr>
<tr>
<td>South Campus Hospital Pharmacy &amp;</td>
<td>Krunal Patel, MD, Internal Medicine, PGY3 Jessica Bates, MD, Emergency Medicine, PGY1</td>
<td></td>
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<tr>
<td>Therapeutics</td>
<td>Anthony Cappa, MD, Emergency Medicine, PGY2</td>
<td></td>
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<tr>
<td>Pima County Medical Society</td>
<td>John Sandoval, MD, Internal Medicine, PGY3 Randa Gorges, MD, Internal Medicine, PGY3</td>
<td>Last Tuesday, 5pm</td>
</tr>
<tr>
<td>Psychiatry Resident Education</td>
<td>Psychiatry residents</td>
<td></td>
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<tr>
<td>South Campus HCAHPS Process Improvement</td>
<td></td>
<td>3rd Wednesday, 1-2pm</td>
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<tr>
<td>South Campus ICU Critical Care</td>
<td>Not an active committee (Gordon Carr 8/13)</td>
<td></td>
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<tr>
<td>South Campus ICU Code</td>
<td>Kevin Sun, MD, Internal Medicine, PGY3</td>
<td>Wednesdays</td>
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<tr>
<td></td>
<td></td>
<td>Bi-monthly 3-4p</td>
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<tr>
<td>GME Resident Quarterly Dinner Forum</td>
<td>Jennifer Huang, DO, Internal Medicine, PGY4 Paranita Dherange, MD, Internal Medicine,</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>PGY3 Muhammad Husnain, MD, Internal Medicine, PGY2 Morgan Lyttele, Family Medicine, PGY3</td>
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<tr>
<td></td>
<td>Chantelle Chen, MD, Family Medicine, PGY3 Clara Choo, MD, Ophthalmology, PGY4 (Jan-Jun)</td>
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<td></td>
<td>Whitney Smith, MD, Ophthalmology, PGY4 (Jul-Dec) Anthony Cappa, MD, Emergency Medicine,</td>
<td></td>
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<tr>
<td></td>
<td>PGY3 Robert McAtee, MD, Emergency Medicine, PGY3 David Nguyen, MD, Neurology, PGY4 Matt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Atienza, DO, Psychiatry, PGY4 Eric Bossi, MD, Psychiatry, PGY4</td>
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<tr>
<td>Committee</td>
<td>Chairs and Members</td>
<td>Frequency</td>
</tr>
<tr>
<td>------------------------------------------------</td>
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<tr>
<td><strong>Sepsis Committee</strong></td>
<td>Faraz Jaffer, MD, Internal Medicine, PGY2&lt;br&gt;Jessica August, MD, Internal Medicine, PGY2&lt;br&gt;Marcos Teran, MD, Family Medicine, PGY1</td>
<td></td>
</tr>
<tr>
<td><strong>Medicine Housestaff Committee</strong></td>
<td>Jennifer Huang, MD, Internal Medicine, PGY4&lt;br&gt;Faraz Jaffer, MD, Internal Medicine, PGY2&lt;br&gt;Rishi Bhargava, MD, Internal Medicine, PGY3&lt;br&gt;Nirmal Singh, MD, Internal Medicine, PGY1</td>
<td>1st Monday, noon</td>
</tr>
<tr>
<td><strong>Medicine Competency Committee</strong></td>
<td>Anju Nair, MD, Internal Medicine, Chief</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>ACP Representatives</strong></td>
<td>Archana Nair, MD, Internal Medicine, PGY3&lt;br&gt;Jessica August, MD, Internal Medicine, PGY2</td>
<td></td>
</tr>
<tr>
<td><strong>Neurology Resident Education</strong></td>
<td>Yuvi Grewal, MD, Neurology, PGY4</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Medicine GME Committee</strong></td>
<td>Jessica Garst, MD Emergency Medicine, PGY 3&lt;br&gt;John Rosell, MD, Emergency Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmology PEC</strong></td>
<td>Billy McSwain, MD, Ophthalmology, PGY4</td>
<td></td>
</tr>
<tr>
<td><strong>South Campus GME Environmental Committee</strong></td>
<td>S. Christian Smith, MD, Emergency Medicine, PGY2&lt;br&gt;Michael Minkler, MD, Emergency Medicine, PGY3&lt;br&gt;Roksolyana Tourkevich, MD, Neurology, PGY3</td>
<td>Annually</td>
</tr>
<tr>
<td><strong>South Campus Resident Quality Council</strong></td>
<td>Jennifer Huang, MD, Internal Medicine, PGY4&lt;br&gt;Balaji Natarajan, MD, Internal Medicine, PGY1&lt;br&gt;Sarah Patel, MD, Internal Medicine, PGY3&lt;br&gt;Norman Beatty, MD, Internal Medicine, PGY2&lt;br&gt;Robert McAtee, MD, Emergency Medicine, PGY3&lt;br&gt;Grace Price, MD, Family Medicine, PGY2&lt;br&gt;Shadi Koleilat, MD, Neurology, PGY3&lt;br&gt;David Nguyen, DO, Neurology, PGY4&lt;br&gt;Seenaiah Byreddy, MD, Neurology, PGY3&lt;br&gt;William Stevenson, MD, Ophthalmology, PGY3&lt;br&gt;Justin Otis, MD, Psychiatry, PGY2</td>
<td>1st Wednesday, 5:30pm&lt;br&gt;Tucson Campus</td>
</tr>
<tr>
<td><strong>Emergency Preparedness Committee</strong></td>
<td>Duncan Johnston, MD, Emergency Medicine, PGY2&lt;br&gt;Sean Murphy, MD, Emergency Medicine, PGY2</td>
<td>1st Thursday 1:00pm&lt;br&gt;SC Room 1233 BHP&lt;br&gt;UC Room 2216</td>
</tr>
<tr>
<td><strong>Family Medicine Policy &amp; Procedure</strong></td>
<td>Lori Landes, MD, Family Medicine, PGY3&lt;br&gt;Naomi Young, MD, Family Medicine, PGY3&lt;br&gt;Cynthia Carrillo, MD, Family Medicine, PGY3</td>
<td></td>
</tr>
<tr>
<td><strong>Family Medicine Curriculum Committee</strong></td>
<td>Daphne Rosales, MD, Family Medicine, PGY3&lt;br&gt;Paul Swenson, MD, Family Medicine, PGY3</td>
<td></td>
</tr>
</tbody>
</table>
MD-PhD Committee
2016 Annual Report

Members: Jan Burt, PhD; Charles Hsu, MD, PhD; Rajesh Khanna, PhD; Christina Laukaitis, MD, PhD; Lonnie Lybarger, PhD; Linda Restifo MD, PhD; Jill Tardiff, MD, PhD; Gregory Woodhead MD, PhD; Shannon Collins MD/PhD student

The Committee met on July 21, 2016 to introduce new members and to discuss the vision and mission of the program based on feedback from the Program Director. Plans were made for roll out of the recruitment season for 2017 class. Procedural changes implemented this year included use of the UA Box Application for electronic scoring of candidates as well as creation of an attribute list that the Committee could rely upon for ranking MD-PhD applications.

Two interview cycles were established to be held October 27 and November 17, 2016. A total of 104 applications were reviewed and invitations extended to 32 applicants.

An Augmented Admissions Committee was established by the Office of the Program Director to include standing members of the MD-PhD Committee, standing members of the College of Medicine Admissions Committee and faculty with previous experience working with physician scientist admissions.

Augmented committee members include: Heddwen Brooks, PhD; James Costello, MD, PhD; Jeff Frelinger, PhD; Tejal Parikh, MD; Tanisha Price Johnson, PhD; Andrew Yeager, MD

A summary of major activities is presented below.

2015-2016 Recruitment Process

- The 2016 Class includes 133 medical students and 5 MD-PhD students; selected from 6500 applications.
The Dean’s Research Council is a standing committee which advises the Dean of the College of Medicine on matters pertaining to the research programs of the College of Medicine (e.g. space, faculty career development awards, core facility funding, faculty start-up funds, conflict of interest, legislation, animal welfare/animal rights, indirect cost recovery policy, technology transfer, interdisciplinary programs, and future strategies). The council develops research policy for the College of Medicine that is disseminated to the research community via the research office.

2016 Accomplishments:

In February 2016, the DRC was given its charge by Dean Cairns. A chair and co-chair were elected as the first order of business, and ex-officio members with specific expertise and history regarding processes, procedures, and issues related to research were added to the committee. The chairs of Faculty Forward for Research committee presented their findings, the DRC discussed their final report, and has played a role in disseminating this information back to faculty members of various departments within COM-T. The DRC discussed the UAHS Space Management Procedure Manual and SOP, and members of the DRC will serve as liaisons to the COM-T Space Committee. The DRC has recommended inviting prominent researchers and national research institute leaders as invited speakers to be hosted by the Dean at the University of Arizona. Presentations and discussions at the DRC meetings for 2016 included secure data transfer/hosting, the PMI initiative, UA/Banner covered research, indirect cost recovery policy, and space planning.