

FSC Minutes 2-17-22

CCSC Report – Ashley Inman and Paul Ko

Every January have program review of medical school curriculum. Looking at comparability of campuses. Look at Institutional Learning Objectives to make sure students performing well. Trying to improve student satisfaction with Phase I. Areas not doing well on Step I are improving. Have new Preparing for Professional Practice course – 14 students with clinical and basic science faculty members. Phase II and III – four clerkships not performing as well as we would like, we are seeing improvement. Specialty NBME exams and Step 2 scores going up. Human sexuality and awareness task force is looking at where to include material in curriculum. Work plan going forward for next year includes integrating human sexuality material, working on student performance on standardized exams, improving clerkships. Academic Standards found inconsistencies with grading that we will be watching. Institutional Learning Objectives in Population health and statistics need better integration. Questions: How do we assess student performance in an era when Step I is pass/fail? School still gets a report of student performance. Will Shelf exams become more important? Only Step I is going pass/fail. Performance on clerkship exams correlates with Step 2 scores. Looking at how we are doing at assessing our students and highlight the best. Has been helpful to transition to more in-person learning.

IUH Report -- Michelle Janney, COO of IU Health

Background in nursing. Michelle gets reports from presidents, construction, incident command for pandemic, etc. Will be focusing on recovery and renewal going forward. Leveraged size and scale – have automated 300,000 sq ft supply center in Plainfield. Made it possible to buy in bulk from manufacturers. Bought a container load of masks. Few institutions can order at such scale. We paid a 50% markup, but made decisions based on keeping people safe. We were able to distribute to many non-acute clinic sites whose distributors had shut down. Partnerships with lab made it possible to set up 17 testing sites and do over 1 million COVID tests. It is challenging for small hospitals to care for COVID patients, we worked to make sure there was support in place to make care possible. Surge response enabled us to increase capacity. We repurposed facilities. Turned desperation into inspiration. We were also able to deploy highly skilled team members. Asked for volunteers to fill needs in departments. More than 1,000 physicians volunteered to work outside their department. Redeployed over 400 learners such as medical students for vaccination. Conducted over 170,000 virtual visits. Did research on prone positioning, 3D printing of PPE. Looked at putting two patients on a ventilator. \$11 million required to sustain salaries, and we have already invested \$8 million this year. 2,000 team members were out on quarantine. Paid travelers cost a total \$92 million extra. Lost 300 team members because of our vaccine requirement, which we were among first to adopt. Have over 5,000 endoscopies, even more elective surgeries pending. My well-being portal was widely used for employee health. There was a 42% increase in employee assistance program visits. Engagement has declined, particularly in front-line care staff. Patient safety took a hit, such as CLABSIs. We experienced our share of the Great Resignation. Operating income fell. Surgery revenue is really important to bottom line, labor costs went up. Patients expressed less confidence in our skills. Focus right now is on planning for new academic medical center downtown. IUH and School of Medicine are working together. Great collaboration around the pandemic.

Diversity, Equity, and Inclusion (DEI) – Mary Dankoski

Planning to search for a new Executive Associate Dean for Diversity and Inclusion. This will be an important recruitment. Questions: How should assistant scientists who are not on tenure track expected to respond to need for diversity contributions? Going through professional development with a focus on DEI would be sufficient. Broad range of activities would count. Concerns from 8 non-Indianapolis centers. Many have very few or no Indiana University tenure-track faculty, so they would not be affected by the proposed policy requiring DEI activity as part of promotion and tenure. Many other center faculty are not on tenure track. With the integrated curriculum and course development team recommendations from which faculty are discouraged from deviating, teaching faculty in basis sciences have real responsibility for what they teach. Need to focus on course management teams. Also concern that people may be considered as guilty until proved innocent. IU is a leader in DEI compliance. Bottom line is that all faculty are responsible for moving forward on DEI. A new competency is being developed for the medical school focused on DEI.