

Faculty Steering Committee Minutes
Thursday, September 17, 2020 12:00pm- 2:00pm

<i>Topic</i>	<i>TIME</i>	<i>Presenter</i>	<i>Discussion</i>	<i>Action Item/Resolution</i>
1. Call to Order	5 min	Marc Mendonca	<ul style="list-style-type: none"> • Approve August Minutes <ul style="list-style-type: none"> • Motion to approve by Ashley Inman, seconded by Chadi Hage. Unanimously approved by committee. 	Approved
2. IU Health and Enterprise Alignment Updates Discussion	15 min 15-30 min	Dennis Murphy Michelle Janney	<ul style="list-style-type: none"> • IU Health and Enterprise Alignment Update from Dennis Murphy, Indiana University Health President and Chief Executive Officer and Michelle Janney, PhD, RN, Indiana University Health Executive Vice President and Chief Operating Officer <p>Dennis and Michelle spoke to several questions that were submitted in advance.</p> <p>Dennis:</p> <ul style="list-style-type: none"> • Several questions submitted focused on the relationship of IUSM and the health system broadly. What does that look like from a financial or support system between the two entities. Dennis appreciates that he and Dean Jay Hess came to IU and IUH within a month from each other. We have the same set of goals around alignment. Including Research, Education, Community Health (Population Health), creation of Destination Programs and health of the collective enterprise both financial and of the people who work here. • Why we don't consider it a partnership because that can be described as something that is dissolvable, but this relationship is indivisible. Both are co-dependent upon each other. Our goals are shared goals between us. • On the financial support side- IUH believes the research strategy is best lead by the Dean of the Medical School. Our responsibility is understanding the importance of that. We try to emphasize that IUH is not a health system with academic hospitals, we are an Academic Health System. Research and Education should and can occur in every corner of our institution. 	

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| | | | <ul style="list-style-type: none"> • On economic support, two broad categories. Recurring support: Come in several ways as discretionary funds to the Dean, in support of specific activities like GME support, for fellows, and one major is clinical missions support. Where practices would lose money without the support of the health system that are very important to us. If something doesn't reimburse well doesn't mean it isn't important to us. The other category of one-time support which comes with major recruitments like Charis or Center Directors. This is where there is overlap with what this role would do. Also, major programs or projects like 16 Tech and recent Lilly endowment grant for health care analytics. IUH contributed 145million towards the building of a new medical school adjacent to the new campus. • We also partner with other IU schools the School of Nursing, the School of Public Health, and with the Kelly School of Business. • Q: What lessons have we learned from the history of our relationship?
Starting out that trust and alignment are critical. This hasn't always been the case in our history. It is a conscious set of work that needs to be built and worked on. Between Jay and I we don't have any standoffs, where people are locked into their set of ideas, that happened in the past. Next, change is hard but necessary and pace matters. Early on there were things that frustrated people because it didn't move fast enough but the system was ready/built for that much change. For example, what happened in Louisville. Clarity around leadership roles, making the chairs the leaders has been critical to us. • With alignment it is important not just with the school but within the health system. Now we have been able to grow faster, recruit better talent, have better impact, and be seen as a high functioning institute. • Q: What are the advantages and disadvantages of IUH's size? What have we not gotten right? | |
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Size is not enough if you aren't integrated, it wasn't helpful to be large but not integrated. Covid brought out a whole bunch of positives related to size, access to materials. We were able to move to the front of the lines because of the size. Being able to move people, equipment where it was needed. We received many calls from free standing hospitals needing help. Being able to say that we won't lay people off, we will not furlough people and hold salaries stable through this wouldn't have been possible without our scale and size. Last is impact on state and federal level, we fight beyond our weight in Washington because of the number of people in Indiana. It gives us a disproportionate say in health policy.

Q: Will IUH support research at IUH Arnett through CTSI and Purdue collaboration?

Dean Hess: The NIH funded CTSI supports research across all of the campuses.

Michelle:

- Lessons learned through Covid: Clarity around goals and what we are striving to accomplish. Mitigate and contain the virus, enable the work force and keep safe, be good stewards of scarce resources and a trusted source of information. Wear because you care. Flu vaccines out to everyone. Thinking ahead to Covid vaccines.
- Values based people focused decisions.
- Stand up Virtual Visits quickly: Moved from doing 100 virtual visits per month to over 4,000 a week in less than a week.
- Agile decision making. HICs model helped clearly define roles. This helped expedite decisions and made us very effective.
- The Covid-19 pulse survey. We moved from the 20th percentile to the 99th percentile with the question "Does my supervisor or someone at work care about me as a person". We moved from 7th percentile to 95th percentile among providers that asked, "My

			<p>mission or purpose of the organization makes me feel my job is important.”</p> <ul style="list-style-type: none"> • Bottom line is we are making progress to create the culture we aspire to but we still have some work to do. 	
<p>3. Committee Report</p> <p>a. Faculty Development Coordinating Committee</p>	10 min	Elizabeth Zauber	<ul style="list-style-type: none"> • Faculty Development Coordinating Committee Annual Report Q: Do you include any faculty who do research and teach at the regional campuses? A: We do have two representatives from regional campuses who have stated that they would love to do more research, but the teaching aspect is very high. Not to exclude anyone but acknowledge the barriers and challenges that they face at regional campuses are very different those at Indianapolis. 	Report attached
<p>4. New Business/Announcements</p> <p>a. Reminder to submit Highlighted Discoveries</p> <p>b. IFC/UFC Updates</p> <p>c. CCSC Update</p> <p>d. Diversity & Inclusion Updates</p>	5 min 5 min	Marc Mendonca Ashley Inman	<ul style="list-style-type: none"> • No updates from IFC/UFC • Ongoing questions about the Flu Vaccine requirements and distribution for IUSM community. How will this be handled this year? This will be investigated and hopefully answered soon. • ICARE: Implementing conversations to advance racial equity. • Follow up on CCSC resident members and how they were chosen. This is the first year, Dr. Wallach reached out for recommendations from the GME office. 	Ongoing to be investigated before next meeting.
<p>5. Questions and Adjournment</p> <p>- Submit questions for next month’s presenter</p>	5 min	Marc Mendonca	<ul style="list-style-type: none"> • Mary Dankoski, PhD, Executive Associate Dean of Faculty Affairs, Professional Development and Diversity 	

Indiana University School of Medicine Committee Report Template

Please submit this report to Jessica Swanson at jlleisin@iu.edu

Committee Name: Faculty Development Coordinating Committee

Committee Chair Name: Elizabeth Zauber and Matt Allen

Committee Chair Email: szauber@iupui.edu and matalen@iu.edu

Meeting Frequency: This committee meets the 1st Thursday of each month from 12pm-1pm.

What is the mission of your committee? (100 words)

To inform the strategic plan for faculty development by actively engaging with FAPDD. This includes the evaluation of policies, assistance in reaching a broader group of faculty, and the development of novel programs and/or policies crucial for the maintenance of high levels of faculty vitality at the IUSM.

What has your committee accomplished this year? (250 words)

We outlined some of the challenges facing mid-career faculty and brainstormed potential solutions.

We outlined the differing faculty development needs for researchers, clinical faculty, and regional center faculty.

We explored how library resources could be used to reduce the administrative burden of DMAI and Promotion and tenure.

How does the committee disseminate information to the IUSM community?

The committee disseminates information in several ways. First, the committee is populated with people that serve as liaisons between FAPDD and their department and consequently, they are charged with the task of communicating important information back to their home departments. Second, ideas are shared with FAPDD during Monday Dean's meetings to inform the school of medicine leaders and third, we utilize the FAPDD website.

What goals does your committee have for the next academic year? How can the Faculty Steering Committee help you to accomplish those goals? (150 words)

1. We will work more intensely on mid-career faculty support and advancement.
2. Creating task forces within our large committee to focus on the differing needs of faculty at the centers, clinical faculty, and research faculty.