

Faculty Steering Committee Minutes
Thursday, February 18, 2021 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 January Minutes 	Approved by 23 votes
2. Dean's Report Discussion	15 min 15 min	Jamie Dimond	<ul style="list-style-type: none"> Update from Jamie Dimond, Executive Associate Dean of Financial and Administrative Services <p>Q: Back to work and academic health center construction, has there been any thought of how covid will impact the Academic Health center final design and when we return to work?</p> <p>A: Yes, that has been a discussion and will probably impact it. When we think about the faculty office section, we have over 1200 who have been identified as likely to move but we aren't sure if we will need the space for all of them or something less than that. IU Health is also thinking about this question.</p> <p>Q: Space and dollars per square foot. I went through the space optimization process for my group. One of the things that the increase in dollars per square foot has caused is chairs reassess their finances and then to squeeze lab space. The problem with that is Covid restrictions is making this very difficult. It is really hurting my lab's ability to do research because the space isn't big enough to fit people in there. People are having to work shifts and weekends for the past year. While I appreciate all the covid adaptations and changes but there hasn't been anything to relieve this dollar per square foot pressure that is forcing people into these smaller spaces. Can we talk about having some of this during these times?</p> <p>A: I can appreciate that it is somewhat of a mixed signal. I think we have to continue on the path of being more efficient and we are looking at 4 or 5 more months of this. When we looked at the true cost of research space it is well over \$140 a square foot and as a school, we are at \$80. So, we are used to having a lot of space. We are going to have to be more efficient because we don't get the</p>	Slides Attached

			<p>capital from the state or university to build buildings. We are not forcing chairs to do this just encouraging them to do so. I appreciate the short-term crunch, but I think if we can have patients through the next several months, we will be able to move on. Obviously more research funding changes that as well. If there is a critical situation where someone is in an unsafe situation, we need to know that.</p> <ul style="list-style-type: none">- Full disclosure, myself and colleagues are going through this right now. It has been very difficult to do this and I have heard from different departments going through this. I don't feel like it is the right thing to do over the next few months. Could we have a bit of a moratorium during the next few months.- To add it is not just about downsizing or constricting of space. More about how efficiently we use space we have, how we assign space, what kind of grants we apply for and how big the funding opportunities are in certain spaces. We as a school still sit on a lot of unassigned space. Your comments are fair and we heard.- Another point is the unintended consequences when you take things away from faculty who are under tremendous pressure right now. The unintended consequences are that faculty will start looking at other places and start to leave. In some instances, it does need to be more efficient, I agree. The psychological effect is has on the faculty under pressure who are getting things taken away. <p>A: We do use a very data driven approach and are actually very low in space productivity compared to our peers. I know our faculty are under great pressure, but they also didn't get the 20% salary cuts that some of our peers did receive. We are trying to keep people financially whole during the pandemic. Giving more time for P&T and keeping care givers in mind. We understand and don't want to make it unnecessarily burdensome. I will tell you that the Dean's office is subsidizing research space to the tune of many millions a year. I know from other institutions that we can be more efficient. I hear you but from a data driven side I don't think we are unrealistic in our expectations.</p>	
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			<p>Q: Our school's space per square foot is low, why is that? Is it because there is unutilized space?</p> <p>A: It is a combination of both how much research funding you have and how much space you have. There is some older space that is less efficiently organized. Let's focus first on efficient space utilization and provide help with that. We have gotten used to a certain amount of space and then you travel elsewhere. We have virtually no in lab transmission, we want to keep people safe. In order to accommodate our growth we will need to work on efficiency.</p> <p>-We have lab space in several buildings and there is a cost with just keeping the lights on. As we are doing the AHC planning and moving people around there is an opportunity to consolidate our research footing.</p> <p>-When the space utilization survey started it was during covid but we see the most in a different time. The survey wasn't done when I have the most people in the lab. Just want to be sure they are considering that.</p>	
<p>3. HPP Undergraduate Programs</p> <p>Discussion</p>	<p>15 min</p>	<p>Marti Reeser</p>	<ul style="list-style-type: none"> • Update from Marti Reeser, Assistant Dean for Health Professions and Pre-Doctoral Programs <ol style="list-style-type: none"> 1. HPPP Org Chart 2. HPP Departments 3. HPP FSC Presentation <p>Q: Financially how are the programs impacted by covid?</p> <p>A: The faculty really report through the department chairs, so Jamie and Jay might hear more about budgets. Covid has had impact like it has everywhere but we have been able to maintain and do some growing. We maintained with enrolments but those students who came in the middle didn't really get an understanding of the program because they were only in covid times.</p> <p>- A lot of need for more POCUS programs.</p> <p>Q: What to you think about the trend to make associates degrees into bachelor's degrees? Do you think this will be the natural progression?</p> <p>A: I think a lot of this is partnerships to take existing associate degrees and make them degree completion tracks. It is not just hospitals it is a lot of these training programs that aren't set up for this. We have several</p>	<p>Report Attached</p>

programs like this already with Ivy Tech and others. Where you have that credential you can jump into a degree program if you get accepted.

Q: The directors and co-directors of these programs, I thought a lot of these were on the clinical track. Is there a clear path toward promotion on the tracks they are on?

A: We do live in a different realm since so many of our colleagues are clinicians and we tend to be on the education side and partial administrators, especially the program directors. It is creating a relationship with the department chairs so they understand what we spend our time doing and our role. Documenting it appropriately.

Q: If they are on the clinical track, do they go up for promotion? Do they succeed?

A: The vast majority are clinical assistants; we don't know what our likelihood would be. I think a lot of us aren't prepared to take that move. If we did we would focus on teaching.

Mary: If they are on clinical track the same options apply, the nature of the work varies. The primary committee would need to understand the work in the national context. External letter writers play an enormous role here for us to understand. It is true that we don't have a lot who are going to promotion yet, but there is a pathway for them.

Jay: I want to take a moment to say how incredibly proud I am of this program and acknowledge the work the faculty have done to get us through COVID. I am really grateful for this program.

Q: Is there anything we can do to better match the size of training programs to needs across the state? I have seen a deterioration in the continuing education. Could IU play a role in sustaining continuing education that lack professional development opportunities?

<https://medicine.iu.edu/blogs/faculty-news/Radiology-faculty-organize-first-national-conference-of-its-kind>

A: Yes, there is a real problem with our professional societies within the state declining. We are trying to build that, a lot of the faculty in our programs are the leaders of them. We are sending and trying to instill that within the

			students and build that up. A lot of the leaders are in their 50s and 60s and then there is a huge gap. About half of our programs are running a continuing education for the state.	
4. Committee Report a. Curriculum Council Steering Committee	15 min	Ashley Inman Paul Ko	<ul style="list-style-type: none"> • CCSC Annual Report -Please consider participating in the Phase 1 small group course that will start next fall.	Report Attached
5. New Business/Announcements a. IFC/UFC Updates	5 min	Lindsey Mayo		
6. Questions and Adjournment	5 min	Marc Mendonca	<ul style="list-style-type: none"> • March Presenter: Tom Hurley, Associate Dean for Graduate Education 	

February 2021



Faculty Steering Committee Update

Jamie Dimond, Executive Associate Dean for Finance and Administration

Administrative Priorities - 2021

Task Force: Space Costs, Campus Assessments, Long Term Investments

- Changes implemented in FY21 related to RC model for Tuition and Clerkship (actual) and faculty offices.
- Task Force reconvened in Jan. to address space cost (\$/sf) subsidy and central withholds (research and education). Phase 2 options.
- Lab Space Optimization
- Facilities database (Tableau) and AHC Office Planning

COVID Financial Impacts

- Continued review of expense management opportunities (eliminate redundancy and non-essential where possible).
- Limitations on hiring (exception reviews), travel, capital projects, and discretionary spending.
- Mitigation Testing & Lab Activations
- IU Job Framework Redesign

Education & Research Building

- Schematic Design – Perkins & Will, Browning Day (architects).
- Site planning – completed; detailed space program, unit/dept planning, transition requirements, and funding model – in-process.
- Family Medicine relocation
- Faculty offices and prioritization of units to clinical venues
- Infrastructure – utilities, parking, connectors, streets and amenities



COVID Impacts on the Way We Work

1. Current financial situation
2. Hiring process moving forward
3. Returning to the office
4. Wellness (and what we start/stop/continue)



Other Questions?





Thank you

Indiana University School of Medicine Committee Report Template

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

Committee Name: Curriculum Council Steering Committee (CCSC)

Committee Chair Name: Ashley Inman, MD and Paul Ko, MD

Committee Chair Email: ashinman@iu.edu; kop@iu.edu

Meeting Frequency: Monthly plus ad hoc meetings

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

The CCSC is created by the Faculty Constitution. As outlined in the bylaws of the Faculty Constitution, the charge of the CCSC is as follows:

The Curriculum Council Steering Committee is the faculty body that manages the medical curriculum for the Indiana University School of Medicine through oversight of its design, implementation and management of the School's curriculum at all campuses. The CCSC sets curricular policy for education and has oversight responsibility for ensuring compliance and comparability. The CCSC reviews data at specified intervals to monitor and evaluate the curriculum as a whole and make informed decisions to enhance, coordinate, and ensure coherence of the educational program.

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

The CCSC holds an annual educational program review in January to identify items to focus on for the following year. In 2020 the committee completed work to review and revise IUSM's institutional learning objectives, and the new ones will be going into effect academic year 2021-2022 (see appendix 1). To improve knowledge acquisition across clerkships, the CCSC worked with the appropriate groups to develop clerkship core curriculums and a new clerkship criterion-based grading system that included passing thresholds for the NBME subject exams.

For Phases 2 and 3 the committee started work to improve the ratings of underperforming clerkships, improve performance on Step 2 CK and the NBME subject exams, and to enhance alignment of the objective structural clinical examinations (OSCEs) and our longitudinal curriculum. For Phase 1 the CCSC has started efforts to improve small group learning, to ensure that students statewide all have access to high quality lectures, review the content and delivery of poorer performing Step 1 topics, implement health system science content, and incorporate more

management content into the UDOS courses. The CCSC will continue their work on these areas during 2021.

How does the committee disseminate information to the IUSM community?

- Committee members include students, residents, and faculty representing all campuses. Each group is encouraged to disseminate pertinent information to their colleagues throughout the year. The student members develop a written report to send out to their peers.
- At multiple points during the year, pertinent policy and/or curricular changes are included in the MSE student newsletter and to a wider audience through INScope for faculty/student dissemination statewide.

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)

In addition to the work continuing from 2020 described above, the CCSC identified three more areas to focus on in 2021. Work will begin to develop milestones for Phase 1 students. In Phases 2 and 3 efforts will be concentrated on identifying and resolving lower student ratings of faculty teaching as well as how to deliver a core clerkship curriculum taught by the IUSM faculty to address both perceptions of faculty teaching and knowledge attainment.

Our system for:

Institutional Learning Objectives based on ACGME competencies

Medical Knowledge

MK1 — Apply knowledge of normal human structure, function, and development from the molecular through whole body levels, to distinguish health from disease and explain how physiologic mechanisms are integrated and regulated in the body.

MK2 — Explain the causes (behavioral, degenerative, developmental, genetic, immunologic, inflammatory, metabolic, microbiologic, neoplastic, toxic, environmental, and traumatic) of diseases, injuries, and functional deficits affecting organ systems.

MK3 — Describe the altered structure and function resulting from diseases, injuries, and functional deficits affecting organ systems, with an ability to interpret the clinical, histopathologic, laboratory, and radiographic manifestations commonly seen in practice.

MK4 — Provide justifications for interventions to diagnose, prevent, treat, and manage individual patients' diseases, injuries, and functional deficits of organ systems.

MK5 — Explain the role of the scientific method and principles of medical research applied to patient care.

MK6 — Apply the principles of evidence-based medicine, including biostatistics, to evaluate the efficacy of diagnostic and therapeutic options.

MK7 — Describe the epidemiology of common diseases affecting populations, including methods for prevention and early detection of disease and systematic, population-based approaches for reducing the incidence and prevalence of disease.

Patient Care

PC1 — Demonstrate accurate, complete and relevant clinical history-taking and physical examination skills in a variety of settings.

PC2 — Integrate data from a clinical encounter, including patient data, the medical record, and diagnostic testing, to develop and justify a prioritized differential diagnosis.

PC3 — Develop a plan of care based on best-available evidence-based medicine and scientific principles.

PC4 — Perform and document common clinical procedures using appropriate techniques within the limits of the level of training.

PC5 — Demonstrate an appropriate transition of care between providers or settings that minimizes the risk to patient safety.

Systems Based Practice

SBP1 — Demonstrate effective teamwork through collaboration with diverse patients, their supporters, and with the multi-disciplinary healthcare team.

SBP2 — Evaluate the impact of social determinants of health such as race, ethnicity, sexuality, gender, culture, socioeconomic status, environment, religion, spirituality, and health literacy on patient-physician interactions, health care decision-making, and health outcomes; incorporate these factors into patient care plans.

SBP3 — Explain fundamental features of population and public health, including epidemiology, biostatistics, financial, policy and regulatory issues, and the potential impact of policy changes on patients, providers, systems, and populations.

SBP4 — Identify key features of patient safety; advocate for process

improvements commensurate with one's role, abilities, and qualifications.

SBP5 — Promote the delivery of high-quality health care while justifying the use of finite resources and any added costs of proposed plans to the patient, population, and/or health system.

Interpersonal & Communication Skills

ICS1 — Demonstrate active listening and use of verbal and non-verbal skills to communicate understanding; modify communication styles in accordance with the context and purpose of the conversation; demonstrate sensitivity to cultural factors and the needs of others.

ICS2 — Incorporate elements of shared decision making into communication with patients to facilitate their active participation in their health care.

ICS3 — Construct and deliver concise, accurate and well-organized oral presentations in both academic and clinical settings.

ICS4 — Document detailed, relevant and timely information in the medical record.

Professionalism

P1 — Respond to patient needs in a manner that supersedes self-interest, respecting the dignity, privacy and autonomy of the patient, and employing strategies to reduce the effect of one's own beliefs, values, interests, and biases on patient care.

P2 — Demonstrate compassion, honesty, integrity, respect, responsibility, and self-discipline in relationships with all individuals, regardless of gender, age, culture, race, ethnicity, religion, sexual orientation, disability, socioeconomic status, native language, or role.

P3 — Apply ethical and legal principles governing medical practice; identify, analyze and address unethical and unprofessional behaviors; maintain appropriate boundaries in relationships with patients and colleagues.

Practice-Based Learning and Improvement

PBLI1 — Engage in self-directed learning by identifying gaps and limitations in current knowledge and performance; set individual learning and improvement goals and identify appropriate information resources to fill gaps and achieve learning and improvement goals; critically appraise the quality and credibility of information resources used.

PBLI2 — Synthesize and integrate relevant information to advance medical knowledge and apply it to advance clinical decision-making.

PBLI3 — Seek and accept feedback from colleagues, faculty, supervisors, advisors and other health care professionals.

Appropriately modify behavior based on feedback and incorporate this information into daily practice. Provide appropriate performance feedback to peers, instructors, and other members of the health care team through use of thoughtful reflection and critical awareness.

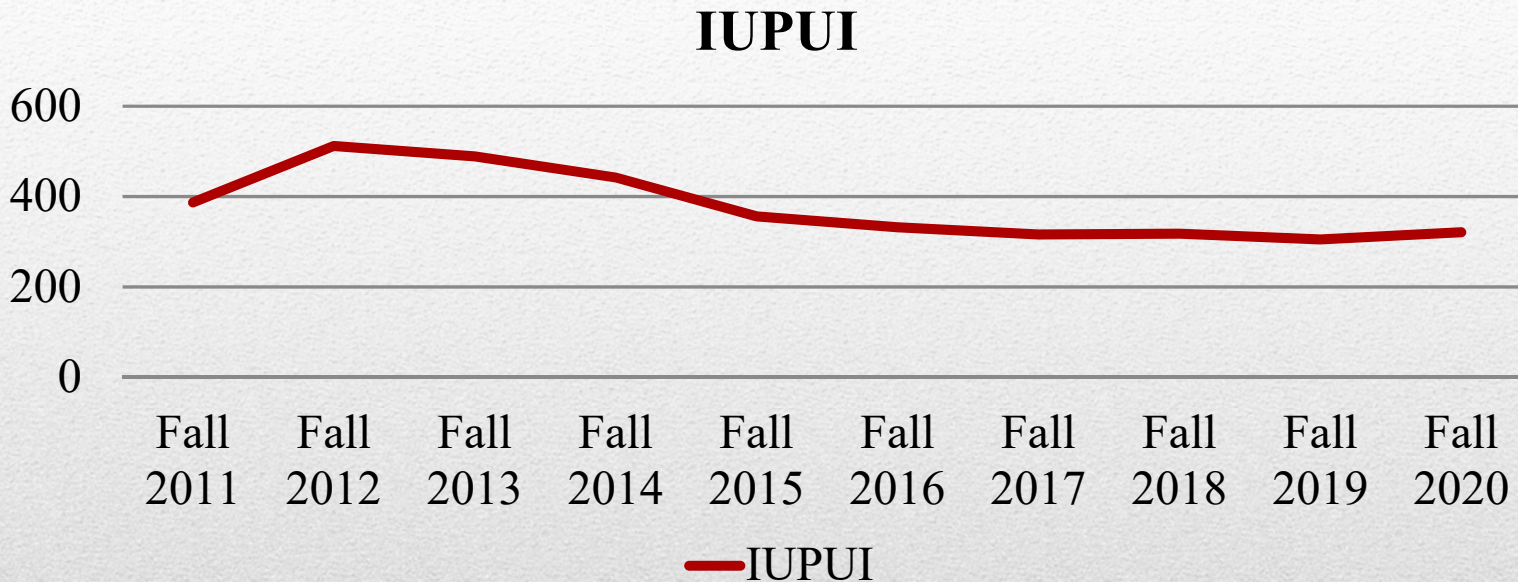
PBLI4 — Demonstrate self-awareness and self-care by developing healthy coping mechanisms in the management of stress, emotions, attitudes and behaviors in oneself or others. Understand how self-awareness and self-care influences patient care.



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

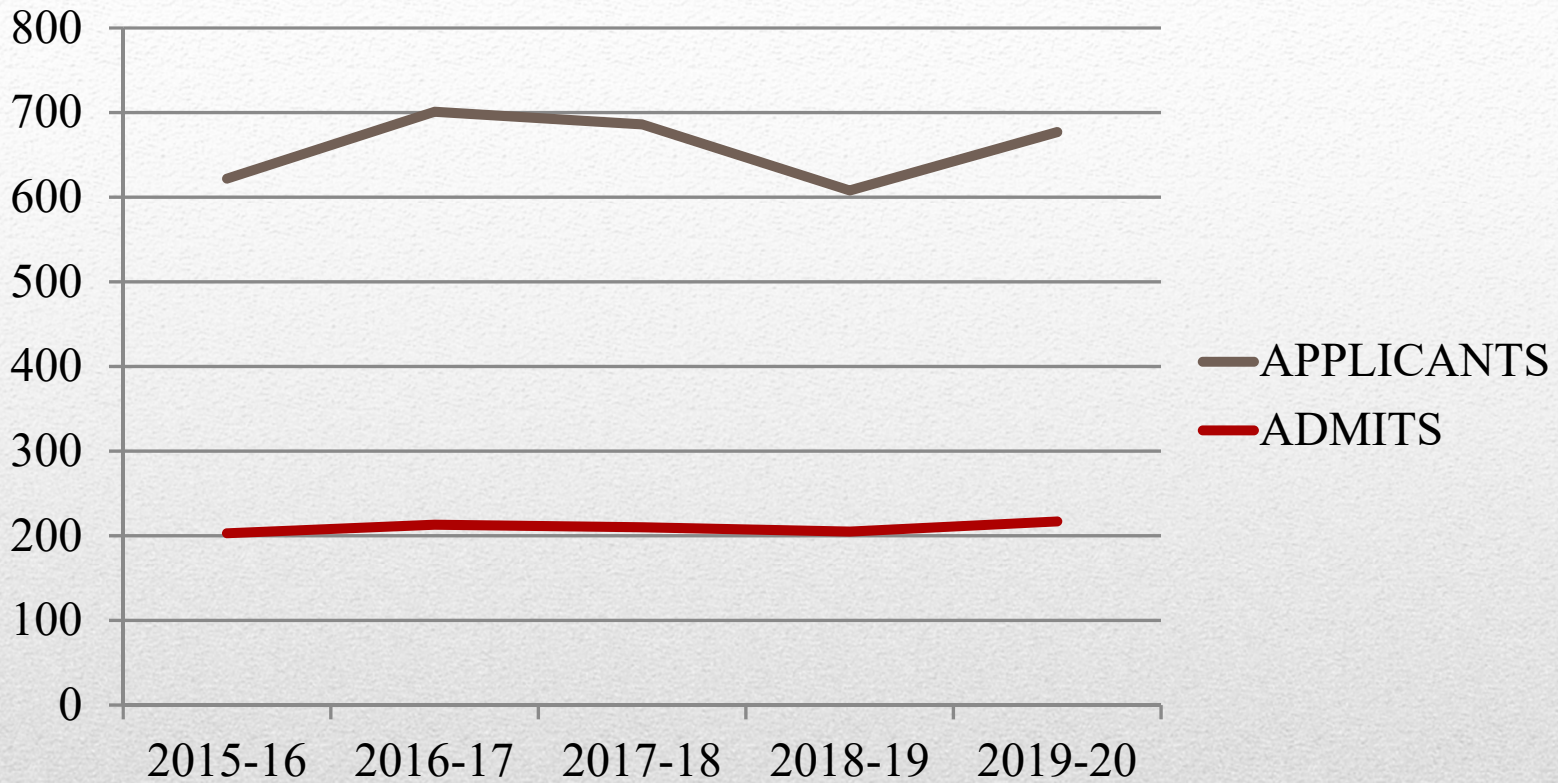
Health Professions Programs

Enrolled @ IUPUI



HPP Pre-Professional Students

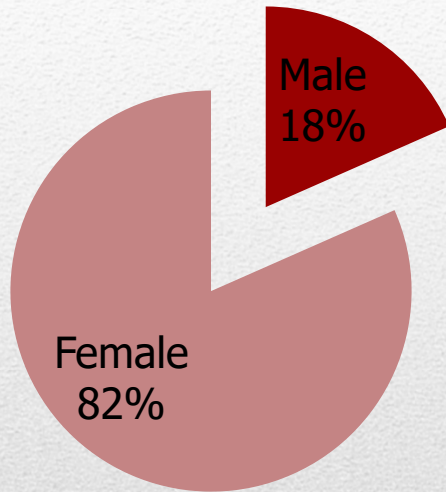
Headcount - Last Ten Years (2011-2020)



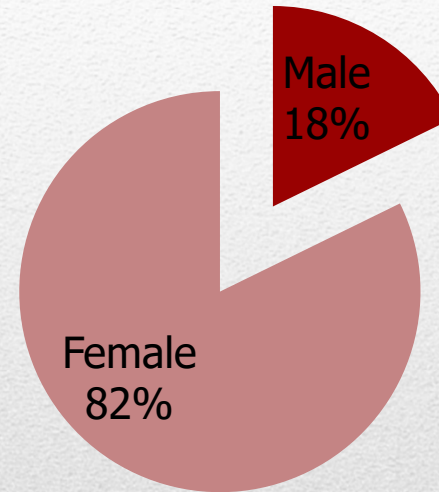
HPP Applicants/Admits

2015-16 to 2019-2020

Applicants – Last 5 Yrs



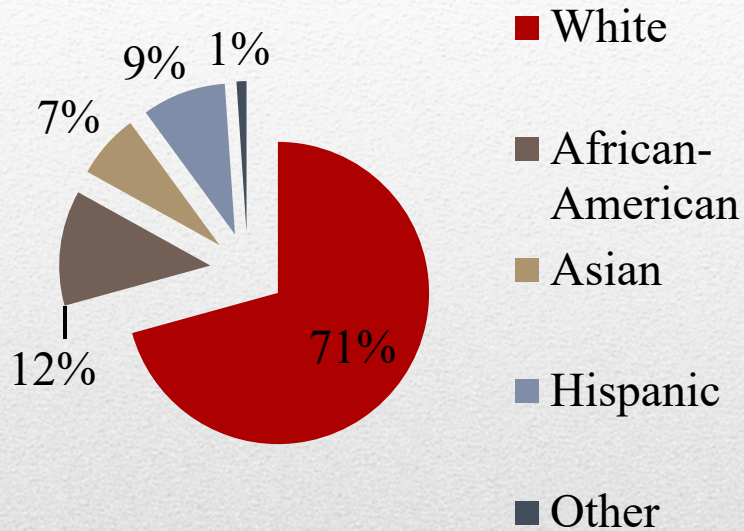
Admits – Last 5 Yrs



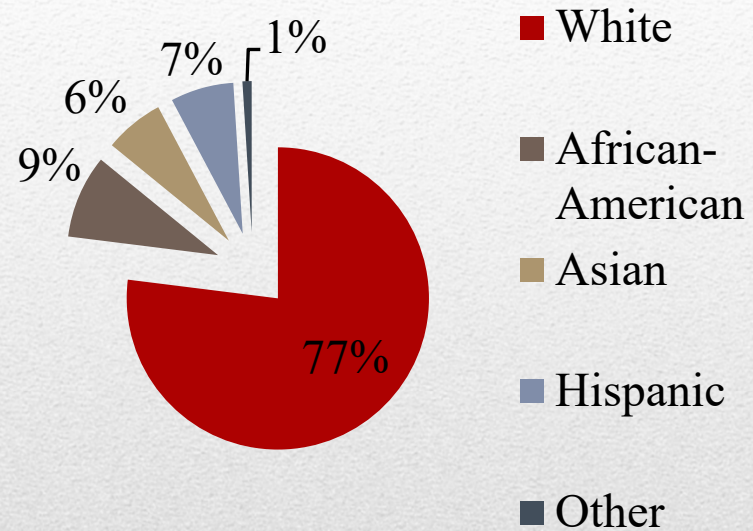
HPP Admissions

Applicants vs. Admits – Gender [2016-2020]

Applicants – Last 5 Yrs

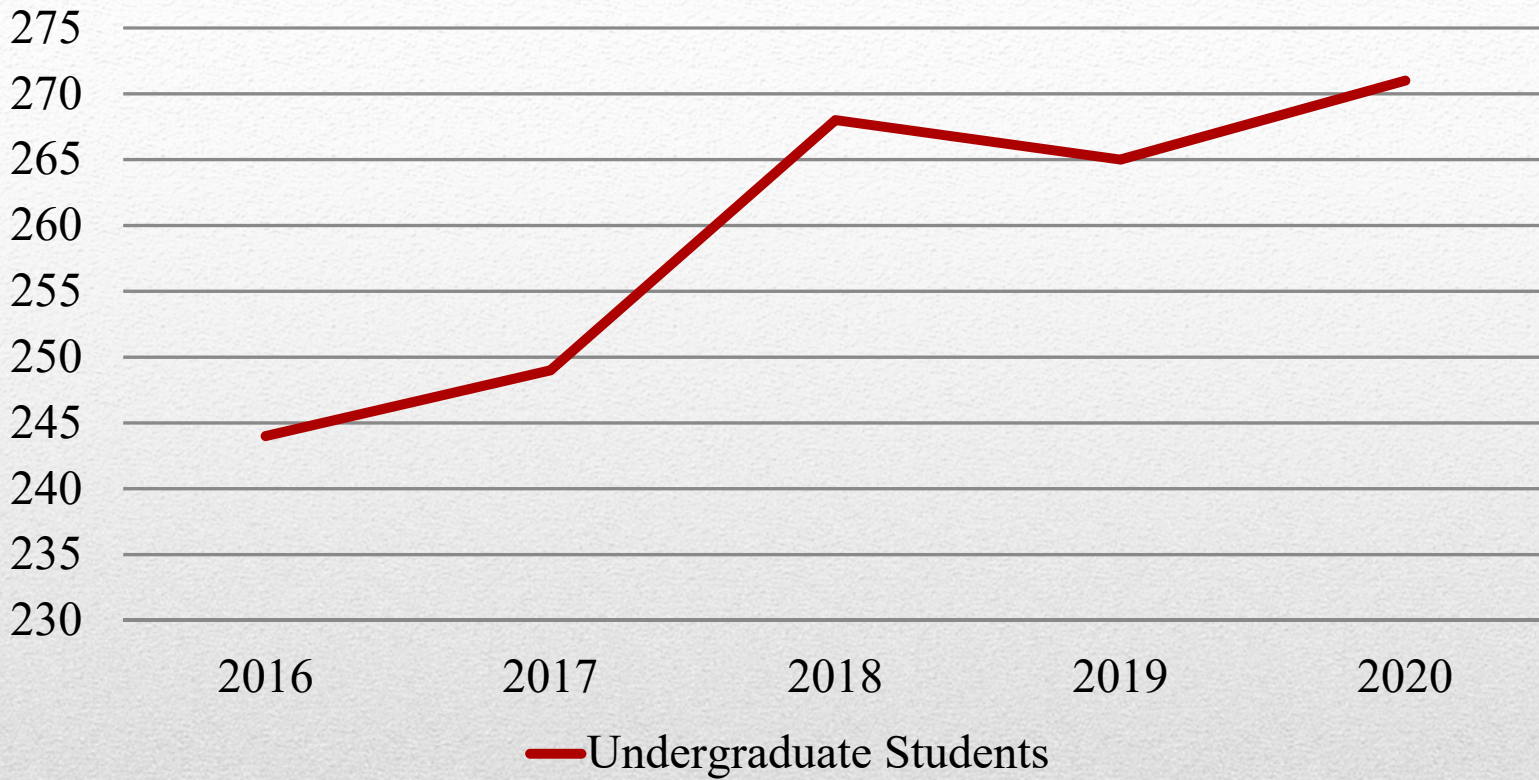


Admits – Last 5 Yrs



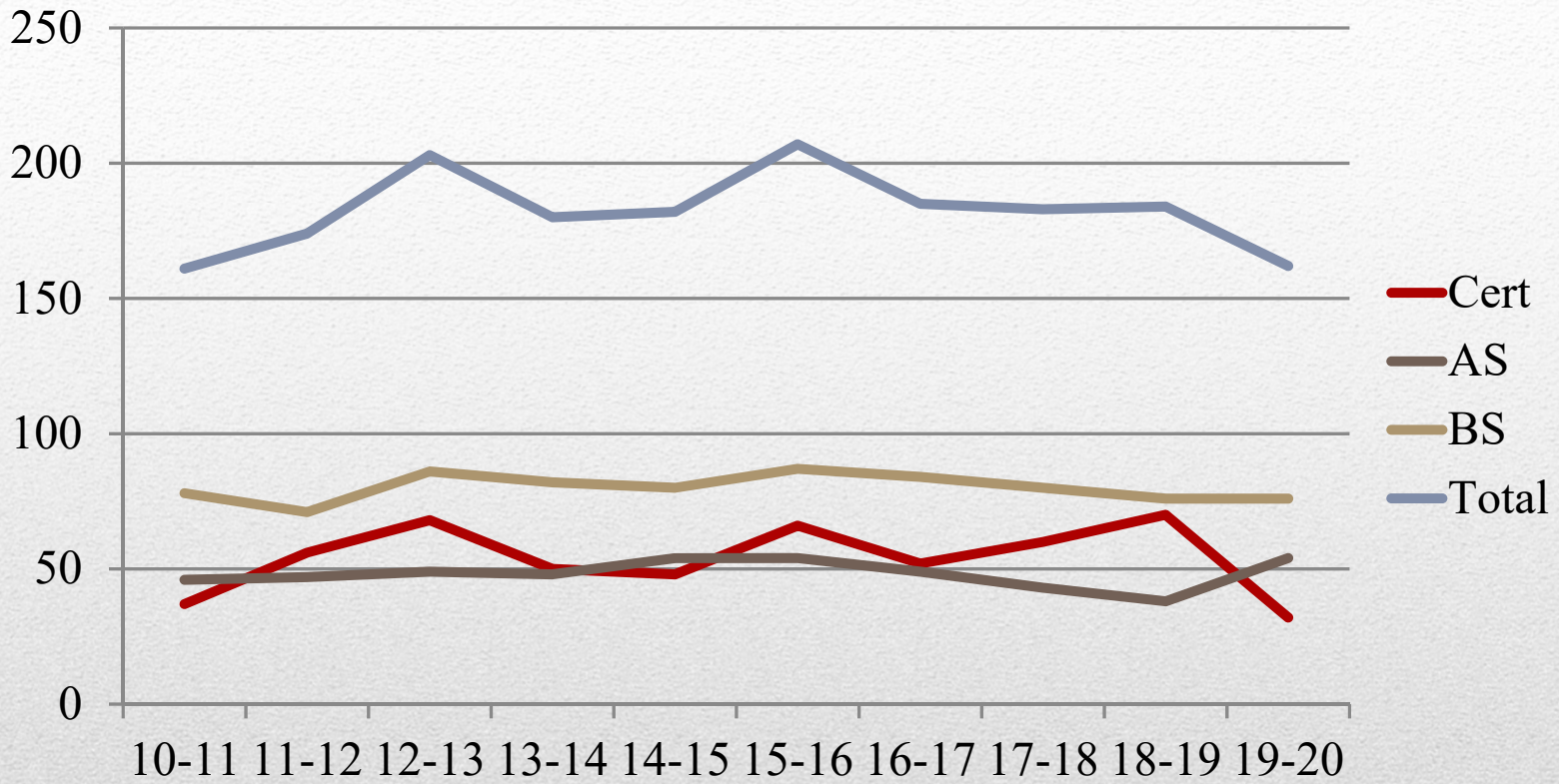
HPP Admissions

Applicants vs. Admits – Ethnicity (2016-2020)



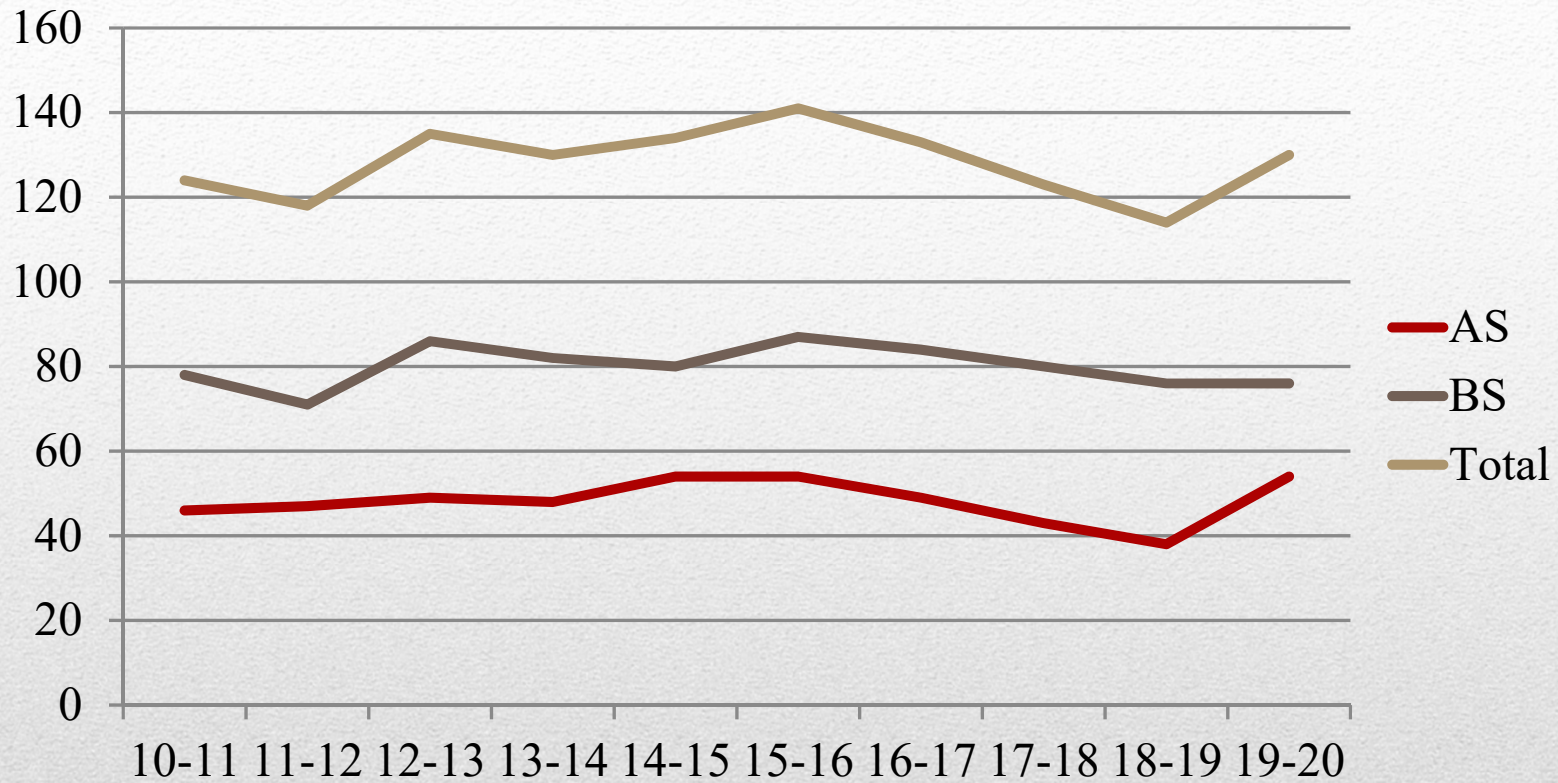
HPP Enrollment

Professional Student Headcount ('16-'20)



HPP Graduates –Degrees/Cert.

Last Ten Years (2010-2020)



HPP Graduates – Degrees Only

Last Ten Years (2010-2020)



QUESTIONS?

Health Professions Programs

Department of
Emergency Medicine

AS in Paramedic Science
EMT-Basic Training

Indianapolis EMS

Department of Medicine
Division of Pulmonary Medicine

BS in Respiratory Therapy

*Indiana Respiratory
Therapy Consortium
IU Health*

Department of
Pathology and Laboratory Medicine

BS in Clinical Laboratory Science
BS in Cytotechnology
AS in Histotechnology
Certificate in Histotechnology

Department of
Radiation Oncology

BS in Radiation Therapy

Department of
Radiology and Imaging Science

AS in Radiography
BS in Medical Imaging Technology
BS in Nuclear Medicine Technology
BS in Medical Imaging (IUSM-FW)



**Health Professions and
Pre-Doctoral Programs**

Updated: 3/2/2020
By: B. Ruby (EAF)

