# Faculty Steering Committee AGENDA

**Thursday, May 15, 2014  ●  12:00 Noon  ●  Daly Center, Room MS 186**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Discussion</th>
<th>Action Item/Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Call to Order</strong>&lt;br&gt;- Approval of Minutes from March 2014</td>
<td>Jodi Smith</td>
<td>Minutes from March meeting were approved.</td>
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<td>2. <strong>Dean’s Business</strong>&lt;br&gt; a. General Update</td>
<td>Jay Hess</td>
<td>Dean Hess remarked on the <a href="http://www.usnews.com">US News &amp; World Report</a> ranking. He also spoke of the many executive level searches taking place for department chairs and center directors. In preparation for the Spring Faculty meeting, Dean Hess discussed the talking points he has prepared. In regards to the Faculty Salary Plan, Dean Hess suggested that faculty at-large positions be added to the Faculty Salary Plan Implementation group. Additionally, faculty at-large positions could be added to the School Executive Committee and the Faculty Steering Committee in order to give faculty more representation within decision making bodies.</td>
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<td>3. <strong>Old Business</strong>&lt;br&gt; a. CFAS Update</td>
<td>Jamie Jones</td>
<td>Dr. Jones provided a summary of the March CFAS meeting in Nashville. The presentation is attached. A recording of his presentation can also be found by going to <a href="http://facultysteering.medicine.iu.edu/council-for-faculty-and-academic-societies/">http://facultysteering.medicine.iu.edu/council-for-faculty-and-academic-societies/</a>.</td>
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<td>4. <strong>Committee Report</strong>&lt;br&gt; a. Awards</td>
<td>Jingwu Xie</td>
<td>Dr. Xie presented the annual report for the Awards committee. The report is attached. The committee reviewed annual reports from the Ad-hoc committees prior to attending the meeting. In reviewing the reports, the FSC approved the continuance of each Ad-hoc committees’ work and charge.</td>
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<td>5. <strong>New Business</strong>&lt;br&gt; a. Election Results&lt;br&gt; b. IUSM Honor Code</td>
<td>Abby Klemsz, Emily Walvoord</td>
<td>The election results were shared with the committee. The results will be presented at the Spring Faculty Meeting and then announced in InScope. IUSM Honor Code will be discussed at the May meeting. President-Elect: Alan Ladd Secretary-Elect: Dan Rusyniak Regional Campus Rep: Nancy Mangini IUHP Rep: Tim Masterson IFC Rep: Janice Froehlich</td>
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<tr>
<td>Committee</td>
<td>Members</td>
<td></td>
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<tr>
<td>Academic Standards</td>
<td>Amber Mosley, Elizabeth Whipple, Tim Corson, Robert Siwiec</td>
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<td>Admissions Committee</td>
<td>Joe Turner, Khalid Mohammad</td>
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<td>Awards Committee</td>
<td>Chemen Tate, Young-Jee Kim</td>
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<td>Biomedical Research Committee</td>
<td>Yuichiro Takagi, Sarah Landsberger</td>
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<td>Curriculum Council</td>
<td>Jeni Prosperi, Tim Lahm</td>
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<td>Faculty Community Relations Committee</td>
<td>Kathleen O'Neil, Robert Stahelin</td>
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<td>Faculty Development Coordinating Committee</td>
<td>Ruben Hernandez, Naveen Manchanda</td>
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<td>Lecturer &amp; Clinical Rank Faculty Promotions Committee</td>
<td>John Christenson, Brenda Poindexter, Debbie Thurmond, B Paul Herring</td>
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<td>Promotion &amp; Tenure Committee</td>
<td>Emily Pearce, Alex Dent</td>
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<td>Student Promotions</td>
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6. **Questions and Open Discussion**  
a. **Spring Faculty Meeting**  

Jodi Smith  
April 24th @ 5pm in FS 1110/1112

7. **Adjournment**
This meeting brought together representatives of academic societies and medical schools in an expanded American Association of Medical Colleges (AAMC) organization now called the Council of Faculty and Academic Societies (CFAS). This council is one of three councils (the others represent deans and hospitals) within the AAMC. The IUSM was well-represented with Bob Pascuzzi (representing the American Neurological Association), Cherri Hobgood (representing the Society for Academic Emergency Medicine) and me (the School’s appointed senior faculty CFAS representative) in attendance.

The meeting took place March 6-8 in Nashville. There were over 200 attendees and the major focus of the meeting was the changing role of faculty and academic health centers in response to financial pressures and changing institutional priorities. The meeting consisted of two days of lecture, round table discussions, and workshops on a range of topics currently confronting Academic Health Centers (AHC). These included the changing funding and political climates, and the resulting impact on the culture of the AHC and the faculty. The keynote speech, delivered by the former president of the University of California, Mark Yudof, described changing public commitments to public higher education as the population aged and became more concerned about social security, health care and public safety. He suggested that academic medical centers would face the same pressures, particularly in the area of graduate medical education. He also suggested that all of our institutions would need to be looking at where cuts in personnel and changes in educational structure could be made to preserve the education mission as well as the research mission.

The next day the same theme was applied more directly to healthcare and medical education by and Janis Orlowski, MD, from the AAMC and Jeff Balser MD, Dean at Vanderbilt. Below is a synopsis of their key areas of emphasis:

- Healthcare is changing rapidly. These changes are largely being driven by the move away from a volume-based reimbursement model to one that is more focused on population health and quality. This evolution is driving change and resulting in more AHCs focusing on reduction of costs to effectively compete against “community” health delivery systems. How to do this - by enhancing the patient experience, learning to manage the health of populations, attention to value based payment systems and consolidating markets where necessary.

- By necessity, the AHC of the future will be need to be systems-based. This requires consolidation of providers into systems that are both horizontally and vertically integrated. In the development of regional systems, AHCs must manage their brand as well as develop strategic partnerships. To be
successful, systems must scale to be sufficient to maintain competitive parity and mission sustainability. This scale will be multi-billion dollars in size. A major challenge/determinant of future AHCs success will be access to capital.

- AHCs require strong and aligned governance, organization, and management systems (within the health system and the medical school). AHCs must align clinical services under leadership that is unified strategically and structurally. This leadership will be charged with enhancing clinical coordination and strategic planning, accelerating decision making, and creating accountability for performance with new emphasis on cross-departmental collaboration. New structures will prove effective because of the trust and commitment to collaboration of their leaders. System organization models will differ and there are alternative approaches to organizing clinical entities to achieve economic alignment.

- Medical School and University relationships will be challenged to change as AHCs grow and develop. In the 1990’s there was a shift towards separation of higher education from health sciences – to protect the parent university from the potential financial risk of large medical centers. There now appears to be a reversal of this trend, in a large part due to the success that AHCs historically have enjoyed. Transparency in the manner in which funds flows between the AHC and the university should be strongly encouraged. Over dependency on clinical income needs to be discouraged. University practices and policies should be modified to recognize the clinical system requirements for growth. Intellectual property policies should be updated to encourage closer ties with industry.

- Physician leadership and physician practices will (and must) change dramatically. The growth and complexity of AHCs require evolution in the roles of Department Chairs and new roles for physician administrative leaders. There is a need for enhanced emphasis on quality of leadership: selection, succession, and training. There must be enhanced emphasis on teamwork among Chairs and with AHC leadership as well as accountability for departmental performance and financial transparency across departments. The role of physician executives, esp. CMO/CMIO/Group Practice management needs to be strengthened. There will be greater definition of faculty practice plans as they determine if they are to be the sole physician organization for the health system or one of many. There will be processes established for the addition of clinical faculty and affiliates physicians. This method will vary among institutions based on market forces.

- The development of transparency in quality, performance, and financial information at all levels of the AHCs will be central to achieving high performance. It is impossible to succeed in taking on risk/bundles without truly understanding of costs across hospital and practices. There is a need
for quality reporting and innovation. The demonstration of outcomes over time will be essential to maintain a strong AHC brand. AHCs must be more explicit about value (quality/cost) and how they position themselves in the market. The ability to define quality outcomes to purchasers is as critical if not more critical than simply lowering the cost structure.

- AHC must have an efficient operating model. Higher costs are the AHCs primary competitive disadvantage for system success. Commitment to lowering costs is a pre-requisite for taking on population health and risk assumption strategies. Re-engineering must extend to all aspects of the tripartite mission. The highest potential for AHC innovation in total cost management will be by delivering the best results on utilization. There needs to be broad investment in new skills such as LEAN across all faculty and staff.

- AHCs must be a leader in managing population health. As the ACO strategy becomes more prevalent, and risk contracting expands, the capacity to effectively manage an assigned group of beneficiaries becomes mandatory. Few academic centers have built this capability, have it at scale, or are expert in this domain. Most organizations will need to assess if they will build this capacity internally or purchase it externally.

- AHC must have a candid assessment of their strengths and weaknesses, which are essential to achieve change (SWOT analysis). The rapidly changing market and policy dynamics are forcing an assessment of the ability and capacity of AHC to succeed as organized systems of care. Current AHC systems’ strategy can be costly and difficult to execute well. AHC leaders must achieve new clarity and discuss candidly the system’s capabilities. Systems with less strength will require the establishment of strong partners and investment in new capabilities.

- Dr. Balser described the reasoning behind the recent personnel cuts and reorganization at Vanderbilt and how the same reasoning will most likely apply to other AHCs. The key problem (not surprisingly) relates to pressure on clinical revenue, which is now the financial engine subsidizing the other missions of education and research at AHCs. However, with the recognition that health care spending is creating huge public debt, and an unwillingness to continue to add to debt, the clinical revenue stream (CMS and others) is decreasing. This reduction is destabilizing all missions at AHCs and a new balance will need to be found. Making these decisions is not easy. This quote from his presentation is foretelling, “You can’t solve problems by nibbling at the edges. Everybody must be in.” He admonished all AHCs not to begin this “re-engineering” too late. He also emphasized that robust investment in informatics, decision support and data analytics (Big Data) will be essential for future success.
The remainder of the conference provided group discussions and presentations on a myriad of topics related to academic faculty and institutions. Many of these were “universal” topics in that almost all attendees felt these were relevant to themselves and their respective institutions and societies. Some of the topics included:

- Tools to Promote Faculty Engagement and Satisfaction
- Faculty Advocacy
- AAMC Advocacy (the climate in Washington is bleak for AHCs…)
- Faculty Identity and Value
- GME

The overall take home point – academic health centers and their faculty face a daunting and uncertain future. Faculty, medical schools and health systems will need to work in unison to face the inevitable challenges that face us in the months and years to come.

Respectfully submitted,

James H. Jones MD
Professor of Clinical Emergency Medicine
Indiana University School of Medicine
AAMC - CFAS Spring 2014 Meeting

James H. Jones MD
AAMC Councils and Organizations

- 141 US and 17 Canadian medical schools
- Nearly 400 teaching hospitals
- 85 academic and professional societies
AAMC Councils and Organizations

• Council of Deans
• Council of Teaching Hospitals
• Council of Faculty and Academic Societies (CFAS)
• Organization of Resident Representatives
• Organization of Student Representatives
• Multiple “Groups”
CFAS

• IUSM
  – Appointments via the OFAPD
  – 1 “junior” and one “senior” faculty
    • Jennifer Choi – Department of Surgery
    • Jamie Jones – Department of Emergency Medicine
CFAS

- Academic rank
  - 163 professors
  - 70 associate professors
  - 75 assistant professors
- Degrees
  - 222 MD, 75 PhD, 16 MD-PhD
- Roles
  - 92 chairs, 13 vice-chairs, 44 directors
CFAS – 2014 Spring Meeting

• Nashville, March 6-8
• Nearly 250 attendees
• Bob Pascuzzi – American Neurological Association
• Cherri Hobgood – Society for Academic Emergency Medicine
• JJ
CFAS – 2014 Spring Meeting

• Central theme – challenges facing academic health centers (AHCs) and their faculty/physicians in this uncertain healthcare environment

• Keynote speakers, roundtables, etc.

• Mark Yudoff – former president of the University of California
  – Changing public commitments to higher education
CFAS – 2014 Spring Meeting

• Janis Orlowski – AAMC, Director of Clinical Transformation

• AAMC initiative – “Advancing the Health System of the Future”
  – 8 common themes
System-Based

- Consolidation of providers
- Regional, strategic partnerships
- Economy of scales
- Preparation to assume risk
- Access to capital (billions of $$)
Alignment

• Clinical services
• Governance
• Management
• No two systems will look exactly the same (org charts)
Changing Relationships

• Will it be a University with a Health System, or a Health System with a University?
• Transparency in how funds flow back and forth
• University policies should be modified to recognize clinical systems requirements for growth
Physician Practice Will Change

• New roles for physicians, department chairs
• Quality leadership
• Teamwork
• Accountability of departmental performance
• Where does a faculty practice plan fit in?
Quality Performance/Finances

• Impossible to succeed without understanding quality outcomes and true costs of doing business

• AHCs must be more explicit about value (quality/cost) and how to position themselves in the market
Must Bend the Cost Curve

• AHCs = higher costs, which lead to a competitive disadvantage
• Re-engineering must extend to all 3 missions
• Opportunity to delivery best results (tapping in on research and education)
• LEAN
Population Health

• Must be able to manage not only patients, but populations (total health)
• Few AHCs can currently do this well
• Develop it or buy it?
SWOT Analysis

• The brutal truth must be sought
• Must do in order to change
The Vanderbilt Experience

• Jeff Balser – Vice Chancellor for Health Affairs and Dean, Vanderbilt School of Medicine

• Detailed Vanderbilt’s recent “belt-tightening” experiences

• Clinical margins shrinking (and thus the ability to cost shift)

• Loosing $$ on research and education
The Vanderbilt Experience

- Goal – downsize by 15% (800 positions)
- Can’t nibble around the edges
- Don’t start too late
- Big data
- No faculty lay-offs – the economic “engine”
“If you dislike change, you’re going to dislike irrelevance even more.”
Summary

• Uncertain, precarious future for AHCs and its faculty
• The clinical enterprise must be successful
• Must be able to compete
• Less silos, more integration and teamwork
• Everyone on the same page
• Outcomes and populations (total health)
Indiana University School of Medicine
Committee Report Template

Committee Name: Diversity Council

Committee Chair Name: Patricia Treadwell

Committee Chair Email: ptreadwe@iupui.edu

Meeting Frequency: Approximately every 2 months

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

The Mission of the Division of Diversity Affairs and the Diversity Council through an emphasis on inclusion, diversity and respect, seeks to enhance the cultural competence of the medical school community and foster the accomplishment of its tripartite mission through programming in the areas of recruitment, retention and community service.

In keeping with IUSM's pursuit of excellence in the fulfillment of our mission, the Division and Council seeks to encourage, enable, and empower all members of the IUSM community to positively contribute to and benefit from a diverse learning environment.

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

We assisted the OFAPD in planning the 2014 Diversity week. The council helped with identifying the students to participate in introducing the speakers. The Diversity council engaged in discussions with Dr. Bogdewic regarding the plan for Revitalizing diversity at IUSM.

The members have participated in reviewing the CV’s and applications for the Associate Dean of Diversity position and met with candidates. The diversity council is available to students when diversity issues may arise.

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)

We have had discussions with Dr. Bogdewic to rewrite the mission statement and goals in order to have measurable targets. Continued involvement with 2015 Diversity Week. Serve as liaison for revitalization of Diversity at IUSM.

Some discussions have occurred recommending members of the Diversity Council be available for providing diversity education for the school.
Committee Name: LARC advisory committee
Committee Chair Name: Karen E. Pollok
Committee Chair Email: kpollok@iu.edu
Meeting Frequency: 3-4 times per year.

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

The mission of the LARC advisory committee is to facilitate information exchange between the LARC staff and the IUSM faculty. While the committee does not make final decisions on policy or budgetary issues, it does provide advice on budgeting, infrastructure, regulation, and safety. Members of the committee represent the majority of major departments at the IUSM that use animals in their research.

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

The committee engaged in detailed discussions with Dr. Deb Hickman and Nancy Daniels (Financial Manager of the LARC) on what was considered to be large increases in per diem rates for the 2013-2014 fiscal year. The proposed rate increases were due to depletion of funds in an IUSM LARC subsidy account during the 2012-2013 fiscal year. The committee discussed possible options and elected to compose a letter regarding rate increases. This letter was forwarded to Dr. David Wilkes (see attachment). Dr. Wilkes was very appreciative to receive the updates. Based on the information we provided him, he was able to garner a new subsidy to offset the large per diem increases proposed. This was a very successful and collegial engagement between the LARC, the advisory committee, and Dr. Wilkes. In addition, we have continued to discuss bioprotection strategies to prevent and contain the spread of pinworms and fur mites in the LARC facilities. There have been major improvements in containment this past year. This month, we will be meeting to discuss the budget for the next fiscal year, and receive updates on space allocations.

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)

We will continue to serve as a resource to the LARC in identifying ways to improve communication between investigators and the LARC staff that helps oversee their animal experiments. One item we will discuss at our April meeting is the development of an annual survey to assess PI needs and concerns. We have established a solid and interactive working relationship with Dr. Hickman and staff and believe we do not require additional assistance at this point in time. Thank you.
Committee Name: Graduate Medical Education Committee (GMEC)  
Committee Chair Name: Michelle S. Howenstine, M.D.  
Committee Chair Email: mhowenst@iu.edu  
Meeting Frequency: Monthly

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

The mission of the GMEC is to establish and implement policies and procedures regarding the quality of education and the work environment for the residents/fellows in the training programs sponsored by IUSM. The existence of this committee is an Institutional Requirement of the Accreditation Council for Graduate Medical Education (ACGME).

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

The GMEC has overseen the accreditation of 82 ACGME accredited programs at IUSM and ensured that all regulatory documentation was completed and submitted. This included the review and approval of all ACGME Program correspondence and completion of required Internal Reviews.

The committee has also approved the review of over 50 new Policies and Procedures for the GME office. Several sub-committees were implemented to initiate some of the processes needed for future ACGME policies including one that will focus on Transition of Care.

In addition to the standard agenda items, the GMEC has reviewed many of the IUSM programs, current and new, that involves the residents or educational programs and served as the venue for distribution of information to the Programs.

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 the next academic year, the GMEC will be responsible for implementing the new ACGME requirements for the Next Accreditation System (NAS) as well as preparing the Programs and Affiliates for the upcoming review by the ACGME of the Clinical Learning Environment (CLER). This will include a reorganization of the GMEC and the implementation of several important sub-committees that will oversee Program Improvement initiatives (new requirement) and the special review process. This latter subcommittee will work with Programs that are at risk of failure or those that are experiencing performance issues.

There is no specific agenda item for the Faculty Steering Committee. This reorganization will however require increased faculty time and involvement and therefore create additional time needs for already busy faculty. More than likely, this increased need for non-clinical faculty time is a topic that concerns other academic committees.
Indiana University School of Medicine
Committee Report Template

Committee Name: Medical Scientist Training Program (MSTP) Steering Committee
(aka: MD/PhD Admissions Committee)
Committee Chair Name: Maureen Harrington
Committee Chair Email: mharrin@iu.edu
Meeting Frequency: every ~3 weeks during the MSTP recruiting season (September — March) to discuss candidates

What is the mission of your committee? (100 words) MSTP Steering Committee members interview (five interview days) and identify candidates for admission to the Indiana University School of Medicine MD/PhD program (MSTP). They assist in recruitment of students by attending recruiting dinners and meeting one on one with students as needed. When necessary they will advise on program policy and direction. The committee meets every ~3 weeks during the recruiting season (September – March) to discuss candidates.

What has your committee accomplished this year? (250 words)
We successfully recruited 6 candidates for the 2013 class. This year (Sept, 2013 – currently) 202 applications were reviewed and 59 candidates were interviewed. We identified our top candidates and met with those candidates during two recruiting visits to our campus. We are currently in the process of identifying and extending offers to the 7 applicants that will make up the 2014 entering class.

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)
Goals: To continue to recruit top MSTP candidates and increase program racial, ethnic and gender diversity. The Faculty Steering Committee can help in the following ways:

(1) MS1 and MS2 faculty can mention the program to those medical students who mention an interest in research oriented medical careers.
(2) Serving or recommending Faculty who can serve as clinical mentors for current MSTP students.
(3) Continuing to stress the important role that biomedical research plays in the practice of medicine.
Committee Name: Scholarship Committee

Committee Chair Name: James Brokaw and Karen West, Co-Chairs

Committee Chair Email: jbrokaw@iupui.edu, kwest@iupui.edu

Meeting Frequency: 4-5 times per year

What is the mission of your committee? (100 words)
The Scholarship Committee’s primary mission is to choose the best candidates for recruitment scholarships to promote their matriculation into the school of medicine and assure a highly-qualified and diverse entering class. The committee is also responsible for identifying worthy students for merit-based scholarships, needs-based scholarships, or students who have unique identifiers that satisfy the donor agreements. This is best done by a small committee that can sift through the data accurately, efficiently, and expediently. The committee also works cooperatively with the Office of Gift Development and other organizations to promote scholarships to be used by Indiana University School of Medicine students.

What has your committee accomplished this year? (250 words)
During the 2013-2014 academic year, the Scholarship Committee awarded a total of $5,172,392 to 505 students. The tables below show how this total was distributed by demographic group and by type of award.

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<tr>
<th>Demographic Group</th>
<th>Dollar Amount</th>
<th>Number of Recipients</th>
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<tbody>
<tr>
<td>Males</td>
<td>$2,716,389</td>
<td>269</td>
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<tr>
<td>Females</td>
<td>$2,456,003</td>
<td>236</td>
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<tr>
<td>Majority</td>
<td>$3,868,930</td>
<td>420</td>
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<tr>
<td>Under-Represented Minority</td>
<td>$1,303,462</td>
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<tr>
<th>Type of Award</th>
<th>Dollar Amount</th>
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<tbody>
<tr>
<td>Recruitment</td>
<td>$3,062,687</td>
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<tr>
<td>Merit-Based</td>
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<td>Need-Based</td>
<td>$343,912</td>
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<tr>
<td>Combined (Merit and Need)</td>
<td>$378,705</td>
<td>80</td>
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<tr>
<td>Restricted*</td>
<td>$1,044,584</td>
<td>193</td>
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*Terms of gift agreement limit the awards to certain geographic regions or certain kinds of recipients (e.g., former high school athlete, etc.).
In addition, we worked with the Development Office to build donations towards our new Faculty-Staff Scholarship Fund. As of March 19, 2014, we had raised $75,000. Once we have raised $100,000, the Dean’s Office will match that amount, which will give us $200,000 in unrestricted funds to be used to support medical students.

**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)**

Our primary goals for 2014-2015 academic year will be to solicit additional donations to fully fund the Faculty-Staff Scholarship to the $100,000 matching level, and to continue our work of recruiting a diverse and highly-qualified class. Of particular concern is having sufficient scholarship dollars to recruit out-of-state students to IUSM, who must bear the burden of paying non-resident tuition rates.
Committee Name: Teacher-Learner Advocacy Committee (TLAC)

Committee Chair Name: Marly Bradley MD, JD

Committee Chair Email: mpbradle@iupui.edu

Meeting Frequency: Once monthly (every third Thursday of the month)

What is the mission of your committee? (100 words)
TLAC exists to address issues which learners (sometimes teachers) encounter that negatively impact the learning environment. Our intentionally diverse committee investigates such issues and assists in resolution.

What has your committee accomplished this year? (250 words)
We have addressed and investigated issues as stated above. We have actively sought ways to increase awareness of our existence and we continue to work for ways to ‘de-stigmatize’ our process. We have found that the biggest barrier to resolution continues to be the fear (on the learners’ parts) to come forward formally with their complaint and allow our process to work.

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)
Continue to increase awareness and de-stigmatize the process. Faculty Steering Committee has been helpful since last year—they provided assistance in getting an article in InScope regarding TLAC, who we are and how we work. We are appreciative of FSC’s assistance.

We hope to increase our collaborative efforts with others in Medical Education to ensure that our outreach is as effective as possible.

Marly P. Bradley MD, JD, FAAP
Assistant Professor of Clinical Pediatrics
Eskanazi Health - Outpatient Care Center
Medical Director - Pediatric Urgent Visit Center
mpbradle@iupui.edu
Committee Name:  Women’s Advisory Council

Committee Chair Name:  Co-Chairs: Julie Welch, Susan Cordes

Committee Chair Email:  jlwelch@iu.edu, sslakes@iupui.edu

Meeting Frequency:  Monthly

What is the mission of your committee? (100 words)
The IUSM Women's Advisory Council provides a critical advisory role for the School's efforts to create a culture that promotes faculty vitality and diversity with a particular emphasis on the advancement of women in medicine and science. The Women's Advisory Council works toward an environment where all members of the IUSM community, both men and women, can thrive.

What has your committee accomplished this year? (250 words)
The Council is composed of an Executive Committee and four Subcommittees.

1. Career Coaching: In collaboration with the FDCC, developed framework for the Career Development Consultation Program.

2. Dependent Care: Collaborated with the OFAPD to assess the dependent caregiving needs of IUSM faculty. After investigating resources, the subcommittee proposed a partnership with Care.com and presented this to IUSM and IUPUI. In March 2014, IU Human Resources announced that Care.com would be a new benefit system-wide. The subcommittee is investigating how this applies to IUSM faculty, staff and students.

3. Networking: Co-hosted two networking/mentoring mixers with the AMWA SIG.
   - Co-sponsored Negotiation event with COE in Women's Health.
   - Partnered with IUPUI Office for Women and others for Women’s History Month screening of “Girl Rising,” with a panel discussion from women faculty in global health.

4. Nominations:
   - Two faculty members (Annette Douglas and Karen Pollok) were sponsored to attend AAMC Early Career Women Professional Development Seminar.
Two faculty members (Bronsyne Tucker-Edmonds and Maria Finnell) were sponsored to attend AAMC Mid-Career Women Professional Development Seminar.

Dr. Mary Dankoski was awarded “IUPUI Women Leadership Veteran Faculty Award.”

Dr. Theresa Guise was nominated for Margaret L. Kripke Legend Award for Promotion of Women in Cancer Medicine and Cancer Science.

Dr. Tatiana Foroud was nominated for Marion Spencer Fay Award.

Dr. Deanna Willis was nominated for Executive Leadership in Academic Medicine (ELAM) Fellowship

Additional accomplishments:

- Served on the 2013 Taskforce to Review the Status of Women at IUPUI Report.
- Formed a “Women in Medicine” team for IUPUI Regatta Co-hosted Annual Women in Medicine and Science Leadership Development Workshop
- Co-hosted the “Stepping Stones of Women in Leadership” luncheon series featuring Dr. Sheryl Allen (Jan 2014), Dr. Sharon Andreoli (Jan 2014), Dr. Tatiana Foroud (Feb 2014), Dr. Nicole Keith (Mar 2014), and Dr. Jodi Smith (scheduled April 2014).
- As a part of the new IUSM Diversity Revitalization plan, submitted diversity plan to OFAPD.

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 2014-2015, the Council will continue the work of the subcommittees.

In addition, we will continue to monitor benchmarks for the advancement of women in the Annual IUSM State of the Faculty Report and the biennial benchmarking report from the AAMC Group on Women in Medicine and Science.

Further, the Council will continue to engage with the AMWA SIG in their mentoring mixers, and will continue assess ways to engage with IUSM graduate students and women undergraduate students through the IUPUI Women in Science House.

Lastly, the Council is interested in collaborating with the future Associate Dean of Diversity Affairs to discuss shared priorities and possible collaborative opportunities.
Committee Name: Student Research Committee

Committee Chair Name: Nadia Carlesso

Committee Chair Email: ncarless@iupui.edu

Meeting Frequency: Three times/year

What is the mission of your committee? (100 words)
In the past 4 years the responsibilities of this committee have been focused on restructuring and implementing the IUSM Student Research Program in Academic Medicine to provide: a) the best opportunities for medical students to experience biomedical research, and b) to shape a program competitive for federal funding. These responsibilities included program oversight, such as identifying optimal criteria for the selection of mentors and students, methods for mentor certification and tracking student outcomes. Other activities include defining the research areas and topics for the summer seminar series, organizing the Scholarship award competition, discussing how the program can be further integrated with the Medical School and how it can be a functional component of the “pipeline” of physician-scientists.

What has your committee accomplished this year? (250 words)
- The Student Research Committee members have been present at the 2-day Medical Student Research Symposium (August 1&2, 2013), where they evaluated the presentations and selected the Students for the scholarship awards. They also actively participated in the oversight and evaluation of the SRPAM Poster session, yield on September 5, 2013.
- The Student Research Committee members participated to the medical student application selection for the SRPAM program. Collectively, they reviewed and scored 116 applications from IUSM students for 30 funded internship positions.
- In addition to these activities, the committee has been discussing ways to implement the recruitment of clinical mentors to the Student Research Program and how to track and follow-up the students that participated in out-of-state research programs, such as some at Harvard, John Hopkins and Vanderbilt.

**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)**

- One of the goals that we were not able to accomplish in this past year and we will set for this year is to have communication and opportunity to interface with members of the curriculum reform to determine how our program can help in fulfilling the “biomedical research” aspect. The SRPAM program, NIH and CTSI funded, represents a strong and successful effort to introduce, encourage and support medical students in conducting biomedical research activities and take the path of academic medicine. However, the Committee feels that this program is not yet integrated in the efforts ongoing into the medical curriculum reform. **The Steering Committee could help in generating awareness on this issue and facilitate this integration.**

- In addition, we would like to start a student summer exchange program, with the assistance and infrastructure of the CTSI, which will help not only to broaden our student’ horizons, but also to advertise the high quality of research conducted at IUSM to other Institutions in the country.
Mark Brothers Award Recipients
First Awarded in 1999

2014  Dean Li, Associate Vice President for Research and Chief Scientific Officer, Health Sciences, Vice Dean for Research, School of Medicine, Director, University of Utah Molecular Medicine (U2M2) Program, HA and Edna Benning Endowed Professor of Medicine and Cardiology University of Utah University of Utah. His lecture on “Vascular Stability, Inflammation, and Cancer” will be held on April 29, 2014 in Joseph E. Walther Hall (R3 building Room 203) from 1:30 to 2:30pm.

2013  Jayakrishna Ambati, M.D., Professor of Ophthalmology & Visual Sciences and Physiology at the University of Kentucky. “Diced Alu: Canning the Blinding Inflammasome”

2012  Victor Ling, O.C., O.B.C., Ph.D., President and Scientific, Terry Fox Research Institute. Senior Scientist, BC Cancer Agency, Professor, Department of Pathology & Laboratory, and Department of Biochemistry and Molecular Biology, University of British Columbia Vancouver, British Columbia, Canada

2011  Dr. Karen Ashe, Professor, Department of Neurology, University of Minnesota, Minneapolis, MN

2010  Dr. Freddie Fu, Professor and Chairman, Department of Orthopedic Surgery, University of Pittsburgh School of Medicine, Pittsburgh, PA

2009  Dr. Sankar Mitra, Professor and Vice Chair, Department of Biochemistry, and Molecular Biology; Professor, Department of Radiation Oncology; Senior Scientist, Sealy Center for Molecular Medicine; The University of Texas Medical Branch, Galveston, TX

2008  Dr. Tom Lue, Professor and Vice Chair; Emil Tanagho Endowed Chair in Clinical Research Department of Urology, and Medical Director, Knuppe Molecular Urology Laboratory, Mt. Zion Medical Center; University of California, San Francisco

2007  Dr. Lawrence Chan, Betty Rutherford Chair for Diabetes Research; and Chief of Diabetes, Endocrinology and Metabolism; and Professor of Medicine and of Molecular and Cellular Biology; Baylor School of Medicine; Houston, TX.

2005 – 06  Dr. Ting Kai Li, Director, National Institute on Alcohol Abuse and Alcoholism. (Selected in 2005 but lecture given in 2006 to accommodate Dr. Li.)

2004  Dr. Kenneth Randall Chien, Professor of Medicine; American Heart Association Endowed Chair in Cardiovascular Research (California Affiliate); Co-Director, Cardiovascular Center; Director, Institute of Molecular Medicine; University of California, San Diego; Professor, Salk Institute (Adjunct).

2003  Dr. Chi Van Dang, Professor of Medicine, Cell Biology and Anatomy, Oncology and Pathology, and Vice Dean for Research, School of Medicine, Johns Hopkins University, Baltimore, Maryland.

2002  Dr. David D. Ho, Scientific Director, Chief Executive Officer and Professor, Aaron Diamond AIDS Research Center, The Rockefeller University.

2000 – 01  Victor J. Dzau, Chair, Department of Medicine, Brigham and Women’s Hospital; Director of Research, Brigham and Women’s Hospital; and Hersey Professor of Theory and Practice of Physic, Harvard Medical School. (Selected in 2000 but lecture given in 2001 to accommodate Dr. Dzau.)

1999  Dr. Ming T. Tsuang, Stanley Cobb Professor of Psychiatry; Director, Harvard Institute of Psychiatric Epidemiology and Genetics; and Superintendent and Head, Harvard Department of Psychiatry at Massachusetts Mental Health Center.
Steven C. Beering Award for Advancement of Biomedical Science Recipients

2014  William G. Kaelin, Jr., M.D., Professor, Dana-Farber Cancer Institute, Harvard Medical School (details to cme)

2013  Roger J. Davis, Ph.D., Professor of Molecular Medicine and Biochemistry & Molecular Biology at University of Massachusetts Medical School. “Metabolic Stress Responses”

2012  Eric Olson, Ph.D., Professor and Chair for the Department of Molecular Biology University of Texas Southwestern Medical Center at Dallas. “The Molecules and Mechanisms of Heart Development, Disease and Regeneration”

2011  Dr. Craig Thompson. President & Chief Executive Officer, Memorial Sloan-Kettering Cancer Center; Professor of Immunology & Microbial Pathogenesis, and Professor of Cell & Developmental Biology, Weill Cornell Graduate School of Medical Sciences, Professor of Medicine, University of Pennsylvania. “Cell growth and survival: It’s all about metabolism”

2010  Dr. Arnold J Levine, Harry C. Wiess Professor in the Life Sciences at the Institute for Advanced Study, School of Natural Sciences, in Princeton, New Jersey. “The Evolution of the P53 Family of Genes: One Billion Years of Fidelity”

2009  Dr. Bert O’Malley, Tom Thompson Professor & Chairman, Dept. of Molecular and Cellular Biology and Director of the Baylor Center for Reproductive Biology, Baylor College of Medicine, Houston, TX. ”Nuclear Receptor Coactivators: Mechanisms and Medical Relevance”

2008  Dr. Charles A. Dinarello, Professor of Medicine, Division of Infectious Diseases University of Colorado Health Sciences Center, Denver, Colorado; Member, United States National Academy of Sciences, Foreign Member, European Molecular Biology Organization

2007  Dr. Robert A. Weinberg, Founding Member, Whitehead Institute for Biomedical Research Daniel K. Ludwig Professor for Cancer Research, American Cancer Society Research Professor and Professor of biology at the Massachusetts Institute of Technology, Cambridge, Massachusetts

2006  Dr. Elaine Fuchs, Rebecca C. Lancefield Professor of Mammalian Cell Biology and Development, The Rockefeller University Howard Hughes Medical Institute “Skin Stem Cells: Biology and Potential for Regenerative Medicine”

2005  Dr. James E. Rothman, Clyde and Helen Wu Professor of Chemical Biology, Director of the Judith P. Sulzberger, M.D. Columbia Genome Center Columbia University. “Principles of Cellular Membrane Fusion.”

2004  Dr. Stanley J. Korsmeyer, Sidney Farber Professor of Pathology and Professor of Medicine Dana-Farber Cancer Institute, Harvard Medical School, Boston.

2003  Dr. Elizabeth H. Blackburn, Professor of Biochemistry and Biophysics, University of California, San Francisco. “Telomeres and telomerase in human health and disease.”

2002  Dr. C. Ronald Kahn, Mary K. Iaccoca Professor of Medicine, Harvard Medical School, and President and Director of the Joslin Diabetes Center, Boston, Massachusetts. “Defining the Multi-Dimensional Insulin Signaling Network.”

2001  Dr. Bernard C. Rossier, Professor of Pharmacology and Toxicology, Institut de Pharmacologie et de Toxicologie de l’Université de Lausane, Switzerland. “Salt-sensitive hypertension: from monogenic to polygenic disease.”

2000  Dr. Richard W. Tsien, George D. Smith Professor, Department of Molecular and Cellular Physiology, Stanford University School of Medicine. “Signaling Across the Synapse and Onto the Nucleus.”

1999  Dr. Jeffrey M. Friedman, Professor at the Rockefeller University, New York, and Investigator, Howard Hughes Medical Institute. “Leptin and the Regulation of Body Weight”
1998  Dr. Judah Folkman, Andrus Professor of Pediatric Surgery and Professor of Cell Biology, Harvard Medical School; Senior Associate in Surgery and Director, Surgical Research Laboratory, Boston Children’s Hospital. “New Directions in Angiogenesis Research.”


1996  Dr. Robert A. Good, Distinguished Graduate Research Professor, College of Medicine, University of South Florida. “Bone Marrow and Stem Cell Transplantation: Past, Present, and Future.”

1995  Dr. Anthony S. Fauci, Director of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health. “Host Factors in the Pathogenesis of HIV Disease.”

1994  Dr. Francis S. Collins, Director of the National Center for Human Genome Research, National Institutes of Health. “The Human Genome Project and the Future of Medicine.”

1993  Dr. Bruce A. Chabner, Director of the Division of Cancer Treatment, National Cancer Institute, National Institutes of Health. “From Soup to Nuts: The Search for Cancer’s Holy Grail.”

1992  Dr. Janet D. Rowley, Blum-Riese Distinguished Service Professor of Medicine and of Molecular Genetics and Cell Biology at the Franklin McLean Memorial Research Institute, The Pritzker School of Medicine, University of Chicago. “Chromosome Translocations: Dangerous Liaisons.”

1991  Drs. Edwin G. Krebs,* Professor Emeritus of Pharmacology, and Edmond H. Fischer,* Professor Emeritus of Biochemistry, both of the School of Medicine at the University of Washington, Seattle. “Protein Phosphorylation Cascades and Signal Transduction” and “Protein Tyrosine Phosphatases in Signal Transduction and Cell Behavior.”

1990  Dr. Alfred G. Gilman,* Chairman of the Department of Pharmacology and the Raymond and Ellen Willie Professor of Molecular Neuropharmacology, University of Texas Southwestern Medical Center. “G Proteins and Regulation of Adenylyl Cyclase.”

1989  Dr. Leroy E. Hood, Chairman of the Division of Biology and Director of the Cancer Center at the California Institute of Technology. “Biotechnology and Medicine in the Twenty-First Century.”

1988  Dr. Jesse Roth, Director, Division of Intramural Research, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. “Evolutionary Origins of Intercellular Communication: Applications to Human Disease.”

1987  Dr. David E. Kuhl, Chief, Division of Nuclear Medicine, Department of Internal Medicine, University of Michigan. “The Search for an Image of Living Brain Function.”

1986  Dr. Robert Lefkowitz, James B. Duke Professor of Medicine, Duke University, and Investigator, Howard Hughes Medical Institute. “Receptors and Rhodopsin: Shedding New Light on an Old Subject.”

1985  Dr. Floyd E. Bloom, Director, Division of Preclinical Neuroscience and Endocrinology, Scripps Clinic and Research Foundation. “Neuroscience in Medicine: Converging Clinical Implications.”

1984  Dr. Philip Leder, Chairman of the Department of Genetics at Harvard Medical School. “Misplaced Oncogenes: A Molecular Basis for Malignancy.”

* These recipients of the Beering Award are also winners of the Nobel Prize for Medicine.
**Committee Name:** Scholarship Committee

**Committee Chair Name:** James Brokaw and Karen West, Co-Chairs

**Committee Chair Email:** jbrokaw@iupui.edu, kwest@iupui.edu

**Meeting Frequency:** 4-5 times per year

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**What is the mission of your committee? (100 words)**
The Scholarship Committee’s primary mission is to choose the best candidates for recruitment scholarships to promote their matriculation into the school of medicine and assure a highly-qualified and diverse entering class. The committee is also responsible for identifying worthy students for merit-based scholarships, needs-based scholarships, or students who have unique identifiers that satisfy the donor agreements. This is best done by a small committee that can sift through the data accurately, efficiently, and expeditiously. The committee also works cooperatively with the Office of Gift Development and other organizations to promote scholarships to be used by Indiana University School of Medicine students.

**What has your committee accomplished this year? (250 words)**
During the 2013-2014 academic year, the Scholarship Committee awarded a total of **$5,172,392** to **505** students. The tables below show how this total was distributed by demographic group and by type of award.

<table>
<thead>
<tr>
<th>Demographic Group</th>
<th>Dollar Amount</th>
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<tbody>
<tr>
<td>Males</td>
<td>$2,716,389</td>
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<tr>
<td>Females</td>
<td>$2,456,003</td>
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<td>Majority</td>
<td>$3,868,930</td>
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<td>Under-Represented Minority</td>
<td>$1,303,462</td>
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<th>Type of Award</th>
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<tr>
<td>Recruitment</td>
<td>$3,062,687</td>
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<tr>
<td>Merit-Based</td>
<td>$342,504</td>
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<td>Need-Based</td>
<td>$343,912</td>
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<td>Combined (Merit and Need)</td>
<td>$378,705</td>
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<tr>
<td>Restricted*</td>
<td>$1,044,584</td>
<td>193</td>
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*Terms of gift agreement limit the awards to certain geographic regions or certain kinds of recipients (e.g., former high school athlete, etc.).
In addition, we worked with the Development Office to build donations towards our new Faculty-Staff Scholarship Fund. As of March 19, 2014, we had raised $75,000. Once we have raised $100,000, the Dean’s Office will match that amount, which will give us $200,000 in unrestricted funds to be used to support medical students.

**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)**

Our primary goals for 2014-2015 academic year will be to solicit additional donations to fully fund the Faculty-Staff Scholarship to the $100,000 matching level, and to continue our work of recruiting a diverse and highly-qualified class. Of particular concern is having sufficient scholarship dollars to recruit out-of-state students to IUSM, who must bear the burden of paying non-resident tuition rates.
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Rafat Abonour, MD</td>
<td>IUPUI Faculty Council</td>
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<tr>
<td>Randy Brutkiewicz, PhD</td>
<td>Graduate Studies</td>
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<td>Douglas Carr, MD</td>
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<td>David L Daleke, PhD</td>
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<td>Mark Di Corcia, MD</td>
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<td>Biomedical Research</td>
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<td>Richard Gunderman, MD</td>
<td>Community Relations</td>
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<td>Jk</td>
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<td>Jingwu Xie, PhD</td>
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<td>Jerry V Young, MD</td>
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