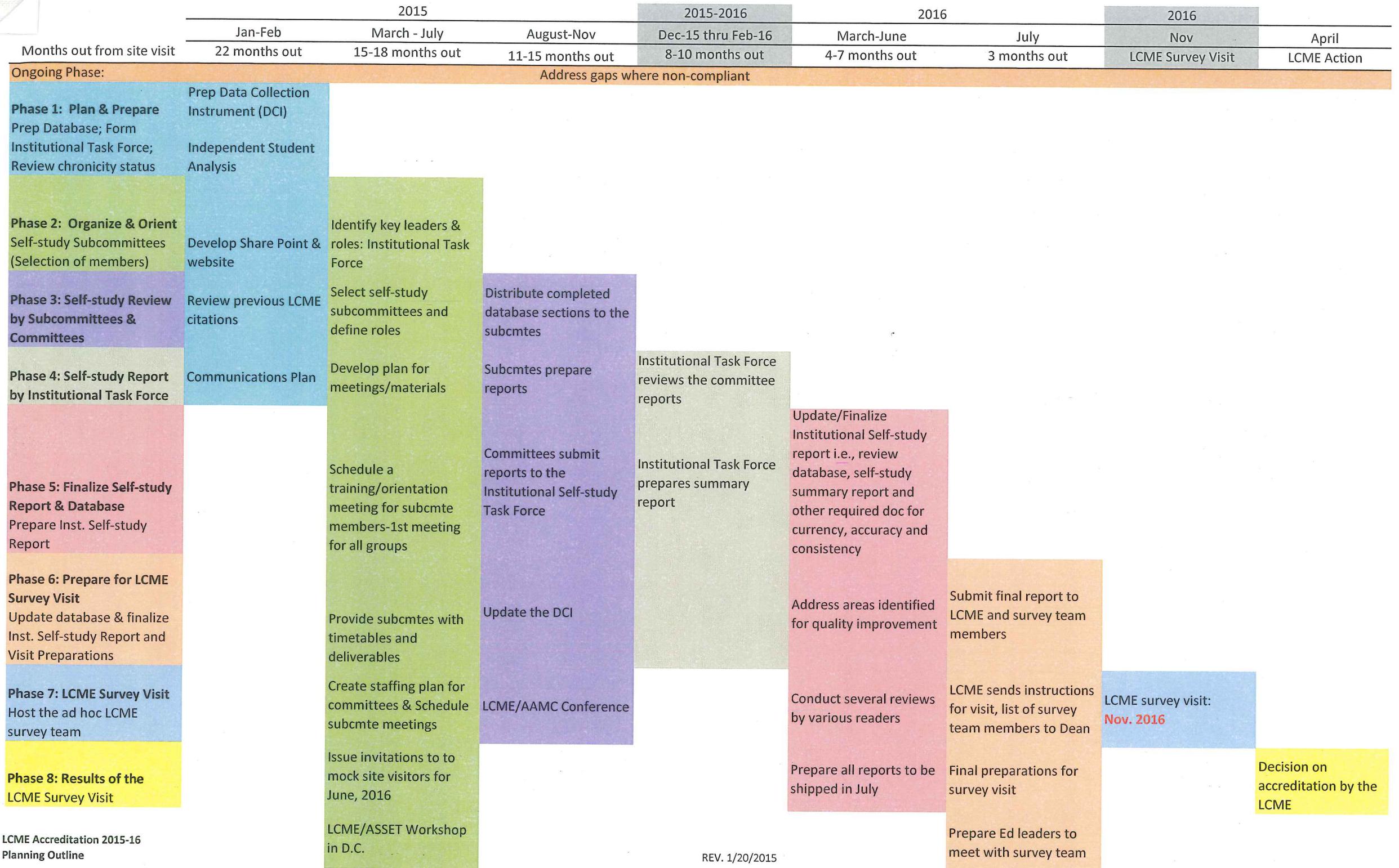


Faculty Steering Committee MINUTES

Thursday, February 19, 2015 • 12:00 Noon • Daly Center, Room MS 186

<i>Topic</i>	<i>Presenter</i>	<i>Discussion</i>	<i>Action Item/Resolution</i>
1. Call to Order -Approval of Minutes from January 2015	Abby Klemsz		January meeting minutes were approved
2. Dean's Report	Jay Hess	<ul style="list-style-type: none"> • The total research funding for the School of Medicine in continuing to increase. Our overall funding is up almost 25% with an additional increase of about 20% in the number of people submitting grants. • We are on a very fast timeline to identify a site for the new Academic Health Center. A special meeting was held with the department chairs to get their input on the location of the site. It is likely in April there will be an announcement about the site. Please refer all questions regarding the new facility to Diane Iseminger, Chief of Staff. • The timeline for LCME Accreditation was distributed to those in attendance and is attached. We do not have an exact survey date yet but we are anticipating it will be in November 2016. We are currently in Phase I. Colleen O'Brien has been brought on as the Director of Continuous Quality Improvement for Educational Services. She will lead the team in preparation of the LCME accreditation. A concerted effort will be made to give an update at each School Executive Committee (SEC) and Faculty Steering Committee (FSC) meeting as to the progress of our preparation, findings to date and action items. • The School of Medicine started a branding exercise last fall and information will be available shortly on the progress. As part of that exercise, we recognized a need for more devoted resources in communications for the School of Medicine (SOM). As a result, the communications department will return back to the School, were previously those services were provided to the School by the University. Holly Vonderheit is the new director for IUSM Communications. Another result of the exercise was identifying categories by which IUSM could be recognized: Infrastructure for Research and Development; Collegial environment to foster collaboration; Wide variety of clinical 	

		<p>setting for patient care; Broad spectrum of learner opportunity. This information is being used to help further refine what our brand should look like and develop a communication plan and the mediums that are necessary to project that brand and plan. These efforts will help us communicate more effectively to our internal, external and donor audiences.</p>	
<p>3. Committee Report Curriculum Council</p>	Doug Carr	<p>Much of the Curriculum Councils' work has been geared toward documentation of our standardized policies and procedures with a concentrated effort on LCME preparation. *See attached report</p>	
<p>4. New Business a. Diversity Affairs Update</p> <p>b. Faculty Election Ballot</p>	Mary Austrom	<p>Mary Austrom, Associate Dean for Diversity Affairs and Antoine Leflore, Assistant Dean for Diversity Affairs presented the working document for the IUSM Diversity Plan 2015-2020. The Diversity Affairs team would like the members of the FSC to Distribute the document for review and provide feedback to the Office of Diversity Affairs (ODA). Diversity Affairs would like to present this plan to the SEC within the next month or two. Diversity Affairs is working hard to improve the effort of including diversity in the curriculum and education of our learners (i.e. gender identity, cultural diversity). Additionally, an effort is being made to make ODA more identifiable to the School as a whole and stand out from the faculty umbrella it has been housed under. *See attached</p> <p>The faculty election ballot was vetted by the FSC as it stands. If additional changes are needed based on faculty response, the Nominations Committee will be responsible for filling any openings that arise.</p>	
<p>5. Announcements</p>	Abby Klemsz		
<p>6. Questions and Adjournment</p>	Abby Klemsz		



Indiana University School of Medicine Committee Report Template

Please submit this report to Melody Darnall at mldarnal@iupui.edu.

Committee Name: Curriculum Council

Committee Chair Name: Alan P. Ladd, MD

Committee Chair Email: aladd@iupui.edu

Meeting Frequency: 2nd Tuesday of month

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

Curriculum Council Mission Statement

The Curriculum Council is concerned with the design of the School's curriculum for medical students. The Council sets curricular policy for the Indiana University School of Medicine and as policies are endorsed by the Dean, the Council will have oversight responsibility for ensuring implementation. This committee identifies strategic curricular directions, ensures that the IUSM curriculum reflects the broader school education mission and is attentive to national trends in medicine and medical education. This committee actively manages the curriculum at all nine campuses to ensure implementation of priority curricular initiatives, a robust statewide curriculum with appropriate attention to curricular gaps and unwanted redundancy, equivalency of the curriculum, and attention to LCME policies and concerns. This committee intentionally seeks to create a professional culture and learning environment that enhances our educational endeavor and fosters excellence through our competency curriculum, and so intentionally works with transparency and in collaboration with faculty, staff and student colleagues.

What has your committee accomplished this year?

Policies approved:

- Time Away/Religious Observance Policy 3/2014
- Grade Policy and Remediation 4/2014

Grade distribution: After discussion in committee and with the center directors through letter, we have maintained the standard scale for equivalence. Honors 10-20%, High Pass 30-50%, Pass 40-60%, and Fail 0-5%. The Committee believes equivalence and parity amongst all students regardless of location is adequate with this scale. We are working with center directors and the course directors to achieve this.

1. The committee has also reviewed extensive student surveys regarding changing the grading system. The Pass/fail system has been discussed throughout the year. The issue was tabled indefinitely, with reconsideration a possibility with any curricular reform that

will not happen until after the next LCME site visit in July of 2016. Consensus for grade scale change simply was not strong enough to mandate a change at this time.

2. Electives Approved:

The committee continues oversight for both new electives to the student catalog and any special electives. Please see minutes for the CCSC for a summary of the standard and special elective that have been approved and vetted through sub-committees for all disciplines

3. 2013-2014 Action Plan

- a. Retreat on Global oversight of curriculum was performed August 2014.
IT coordination for consistent student documentation of clinical encounters is now in place. This is called the Evaluate PxDx system
Work continued on standardization of Basic science courses throughout the state. The discussion here centered on maintaining equivalence in instruction with equal objectives, assessments, contact hours, credit hours, and grade distribution.
Plans for expanding clinical rotations at the centers were discussed.
- b. Action Plans developed for coming year:
 - i. Faculty Development for student evaluation and formative comments
 - ii. Organization of IUSM policies and incorporation into website
 - iii. Grade Distribution policing: Standardization for grade determination and of course syllabi remains a focus to work toward a common curriculum and assessment. We are working toward equivalence of courses by taking a multi-faceted approach.
 - iv. Address variations in instruction of competency curriculum in Foundational Sciences. Credit hours alignment among regional centers will be standardized.
We have moved from nine to six competencies. We are moving toward equivalence in course credit hours to solve inequities.
UME continues to map the competency objectives for individual courses for a standard curriculum.
 - v. Address student mistreatment and improve recognition/reporting.
 - vi. Improve student notification as to posting of grades. Current policies are being reviewed to improve any time lag for grade reporting to less than six weeks.

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)

The CCSC will continue to provide direct oversight for the global curriculum. We continue to work on mapping all medical school course objectives towards IUSM ILO's (Institutional Learning Objectives). As part of this process the committee seeks standardization of all course

syllabi and objectives for instruction for each course and each center. The process will increase course equivalence amongst centers. As a result, student honors and GPA results will be more consistent. Also, the courses will have closer alignment with LCME standards. The CCSC recently approved a new course, Quality Healthcare Delivery. The course concepts will start as part of ICM 2 curriculum. The course will also be included in the MS3 curriculum.

Indiana University School of Medicine Diversity Plan 2015 – 2020 DRAFT

Rationale for Diversity

Our nation is changing and our higher education institutions need to reflect these changes. From 2005 to 2030, Indiana is projected to have a 26% increase in the number of African Americans, a 54% increase in the number of Asian Americans, and a 100% increase in the number of Latinos. Communities of color will comprise many of tomorrow's patients, physicians, scientists, and leaders. However, diversity is about much more. In its broadest meaning, diversity goes beyond race, ethnicity, and gender to consider other areas of difference such as religion, socio-economic status, age and generational differences, geographic differences, sexual orientation, people with disabilities, work styles, and character traits. Each person has his or her own unique combination of such characteristics. The Indiana University School of Medicine (IUSM¹) thus embraces the Association of American Medical College (AAMC) Group on Diversity and Inclusion's (GDI) definition of diversity, which states:

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age.

IUSM has modified the AAMC definition to reflect better our state:

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as race, ethnicity, language, nationality, age, sex, gender identity, sexual orientation, religion, individuals born and raised in rural areas, all levels of family wealth and educational advantage, all disabilities, first generation learners, work styles, character traits, and those from groups traditionally underrepresented in medicine.

Comment [AM1]: This is our IUSM modified definition of diversity.

In Indiana, our traditionally underrepresented in medicine (URM) groups include African Americans, Hispanics/Latinos, American Indians, first generation learners and learners from rural areas. Therefore, our plan will have its primary focus on URM individuals.

Comment [AM2]: Does rural really describe what we are getting at here? Some Faculty Steering Committee members suggested using a different term like, educationally underserved??

The IUSM diversity plan is based upon six over-arching goals:

- To enhance/advance our culture where all individuals within the IUSM community feel included, valued, and respected;
- To expand and enhance opportunities within IUSM at all levels for individuals from all backgrounds;

Comment [AM3]: Should we identify individuals here?? Students/learners? Others?

¹ IUSM includes all 9 campuses.

- To increase the diversity among IUSM learners (students, graduate students, residents, fellows) faculty, and staff so that the population of IUSM reflects the general population of Indiana;
- To increase diversity in leadership positions throughout IUSM²;
- To promote cultural understanding and cultural competency as a cornerstone of providing the highest quality, patient-centered care and research³; and
- To increase engagement with the community in order to advance the health and health equity of Indiana citizens.

Long-Term Objectives:

1. IUSM will be at the forefront of developing policies, programs, and resources to improve the recruitment, education, retention, professional development, mentoring, rewarding and recognition of minority learners, post-docs, staff, and faculty.
2. Increase the diversity of IUSM leadership. This will be done through continued expansion of the executive leadership recruitment initiative, which was launched to institutionalize best practices in leadership recruitment across IUSM including at the departmental level.
3. Increase the number URM⁴ students that apply, matriculate, and graduate from IUSM.
4. Increase the number of URM graduate students that apply, matriculate, and graduate from IUSM.
5. Increase the number of URM residents and fellows that apply to, match, and graduate from IUSM graduate medical education programs.
6. Increase the recruitment, advancement, retention and vitality of URM and all faculty members.
7. Increase the participation from diverse groups in IUSM alumni activities and donations, thereby increasing scholarships for URM students.

² Each Office and Department within IUSM will define diversity (in education, recruitment and leadership, for example) as needed for their specific area.

³ Diversity in research, particularly participants in clinical trials is a priority area for NIH and therefore a priority area for IUSM.

⁴ URM at IUSM is defined as African Americans, Hispanics/Latinos, American Indians, first generation learners and learners from rural areas or educationally underserved areas??

**FACULTY STEERING COMMITTEE
SIGN-IN SHEET
February 19, 2015**

Name	Role	Present
Randy Brutkiewicz, PhD	Graduate Studies	<input checked="" type="checkbox"/>
Douglas Carr, MD	Curriculum Council	via video <input checked="" type="checkbox"/>
John Christenson, MD	Lecturer & Clinical Rank Faculty Promotions	<input type="checkbox"/>
Linda DiMeglio, MD	Biomedical Research	<input checked="" type="checkbox"/>
Richard Gunderman, MD	Community Relations	<input type="checkbox"/>
Jay Hess, MD, PhD	Dean	<input checked="" type="checkbox"/>
Mark Kaplan, PhD	IUSM Space Planning	<input checked="" type="checkbox"/>
Michael King, PhD	Regional Rep	<input type="checkbox"/>
Abigail Klemsz, MD, PhD	President	<input checked="" type="checkbox"/>
Mimi Kokoska, MD	Promotion & Tenure	<input type="checkbox"/>
Alan P Ladd, MD	President-Elect	<input type="checkbox"/>
Sarah Landsberger, PhD	Awards	<input type="checkbox"/>
Kenneth Lazarus, MD	Student Promotions	<input checked="" type="checkbox"/>
Michael McKenna, MD	Academic Standards	via phone <input checked="" type="checkbox"/>
Tim Masterson, MD	IUHP Rep	<input checked="" type="checkbox"/>
Dan Rusyniak, MD	Secretary-Elect	<input checked="" type="checkbox"/>
Jodi Smith, MD, PhD	Past President	<input type="checkbox"/>
Tim Taber, MD	IUHP Rep	<input type="checkbox"/>
Yuichiro Takagi, PhD	Admissions	<input type="checkbox"/>
Emily Walvoord, MD	Secretary	<input checked="" type="checkbox"/>
Gabi Waite, PhD	Regional Rep	via video <input checked="" type="checkbox"/>
Ron Wek, PhD	Compensation Plan Implementation	<input checked="" type="checkbox"/>
Elizabeth Whipple, MLS, AHIP	IUPUI Faculty Council	<input checked="" type="checkbox"/>
Curtis Wright, MD	Faculty Development Coordinating Committee	via phone <input checked="" type="checkbox"/>
ANTOINE LEFLORE, MD	Diversity Affairs	<input checked="" type="checkbox"/>

Mary Austrom, PhD - Diversity Affairs
Paul Herring - PAT

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