

Faculty Steering Committee MINUTES

Thursday, May 19, 2016 • 12:00pm- 1:30pm • Daly Board 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 April 2016 meeting	Alan Ladd	Meeting called to order at 12:03	<ul style="list-style-type: none"> • Minutes were unanimously approved
2. Committee Report a. Student Promotions Committee	Amanda Benaderet	*Committee Report <ul style="list-style-type: none"> • Changes to policy to address isolated deficiencies, committee will review, and decide if student can continue or need to be put on academic probation, and then be able to continue after remediation – effective July 1 • What is considered isolated deficiency? <ul style="list-style-type: none"> - Unprofessionalism; medical knowledge – passes clerkship, fails shelf exam; other various concerns that arise during a rotation – it means a student did not fail course but had a deficiency to complete course, need to remediate that aspect to finish the course • Analysis underway for 16 dismissals, compared to 3 or 5 over previous years? <ul style="list-style-type: none"> - Students followed more closely, Dr. Reeser looking into why, percentage shows more students now – could be repeats from previous year that were overturned and now getting dismissed • Can this be predicted? <ul style="list-style-type: none"> - Many questions regarding where is IUSM due diligence (student, patient, etc) – Admissions representative: our medical school is bigger, adding in number of people on “margins” • Are there fiscal constraints pertaining to these students that keep them from getting out of medical school when they know they cannot complete the work needed? <ul style="list-style-type: none"> - Yes, brought up by many students being dismissed. Many are given chance after chance and end up being dismissed in the end. • Should these students be offered some type of degree depending on when they are dismissed, contingent on how many courses they have passed? • Could remediation be paid for by the school, rather than the student, for example if a student does not match they can stay at IU an addition year of clerkships? <ul style="list-style-type: none"> - Marti Reeser has this information, not FSC, possible to ask Dr. Reeser to present. • Any idea how IU compares to other schools? <ul style="list-style-type: none"> - No, CCSC has looked at this – reasonably average (shelf exam in regard to students) – step 1 (due to IN statute that you get 3 tries) and step 2 at average – clinical, above average. 	<ul style="list-style-type: none"> • Ask Marti Reeser to attend to discuss: Tuition issues, remediation, alternative degrees (August/September 2016)

<p>3. Old Business a. Follow-up of the Non-Tenure Track Faculty Representation at IFC</p>	<p>Alan Ladd</p>	<p>Tabled discussion to next year. Biggest issue around by-laws. No defined action plan for this. IUSM representatives need to push vote on this.</p>	
<p>4. New Business a. Proposal to establish IUSM Ombuds Office</p>	<p>Mary Dankoski</p>	<p>*Presentation Proposal to establish dedicated IUSM Ombuds Office</p> <ul style="list-style-type: none"> • Who would deal directly with professional issues that would not relate to OEO, etc? <ul style="list-style-type: none"> - Ombuds would provide this, with structure and formal elevation to EVD or Dean; certain issues that go to other areas and this will help divide those issues – such as those things that would need to go to Student Promotions Committee or Professional Standards Committee. • What are the negative things associated with this at other Universities or Institutions? <ul style="list-style-type: none"> - Pros and cons to who is hired (current faculty member with protected time, professional ombuds official – training but may not understand context, emeritus faculty understands context/culture and could receive training). Choosing right people to hire is highly important considering the complexity of IUSM. Pilot going forward using emeritus faculty approach. • Pay line – make sure no conflict arises with the ombudsman being paid through dean’s office. Difficult to create pay line outside of school of medicine since IU does not have ombuds office. • How big is TLAC and how much need is there for an ombuds office? <ul style="list-style-type: none"> - TLAC has been very busy, with LCME work, more awareness of TLAC. No structured approach to keep data on number of cases to know how many students use TLAC. • TLAC is for Conflict resolution – TLAC student members did raise concern to have student members work as ambassadors for students and working with ombuds office. • Hybrid approach between TLAC and Ombuds office? <ul style="list-style-type: none"> - Yes, have protected time for ombuds office to do interviews and divide complaints. TLAC would serve as consulting team for certain cases; and be able to • Person in ombuds position has appropriate protections (part time vs full time person) – should anything go to court, etc. → 2 members initially, and grow as needed. • Why not have emeritus faculty be chair of TLAC and have that person structure the committee and hold data? <ul style="list-style-type: none"> - Could present conflict of interest. Having Ombuds office gives a sense of Neutrality. • Intent of ombuds would be to be a starting point for any conflicts? <ul style="list-style-type: none"> - Yes. Then issues would be distributed to appropriate committees, or handled through the ombuds office. 	

<p>b. Ad-Hoc Committee Reports</p> <p>c. Position Statement for Trans Inclusive Health Care Coverage</p> <p>d. Proposal of an Internal Grievance Policy</p>	<p>Alan Ladd</p> <p>Alan Ladd</p> <p>Alan Ladd</p>	<p>*Student Research Committee *Diversity Council *TLAC Committee</p> <p>*IUSM Statement for Trans Inclusive Health Care Coverage</p> <p>Grievance Policy: http://faculty.medicine.iu.edu/wp-content/uploads/2013/10/Grievance_Process.pdf</p> <p><u>IUSM Grievance Plan Presentation</u> Issues are: no proper representation on IUPUI Council, reporting structure, and who of the faculty peers would serve on the board of review?</p> <p><u>IUPUI Decision Tree</u></p> <ul style="list-style-type: none"> ▪ Emily Walvoord: this originated from Legal Counsel of University since Dean Hess has same level of Chancellor of IUPUI; President McRobbie asked for FSC to provide input on how the grievance policy would be changed for IUSM ▪ Argument for still having a system wide review – if not IUPUI, then go to IU? IUSM is considered a separate “campus”, equal to campus level – so not necessary to include last point level of going to chancellor of school (IUPUI or IU); IUSM has enough people to form ▪ Create more robust grievance committee, with elected members, like IUPUI’s committee. ▪ Anticipated next steps: Joe Scodro has offered to look at documents and give suggestions on changes; multiple entities would need to come together to construct; feedback needed – goal of the discussion: is IUSM faculty in favor of this? (default to FA and FSC) 	<ul style="list-style-type: none"> • Ad-hoc committee reports endorsed and seconded. • IUSM Trans Inclusive Health Care Coverage - Emily Walvoord moved, Emily Webber seconded, endorsed by FSC. • Alan Ladd to ask Joe Scodro to review documents regarding IUSM grievance policy
<p>5. Announcements</p>	<p>Alan Ladd</p>	<p>No June FSC Meeting</p>	
<p>6. Questions and Adjournment</p>	<p>Alan Ladd</p>	<p>Meeting adjourned at 1:32 pm</p>	

Indiana University School of Medicine Committee Report Template

Committee Name: Student Promotions Committee

Committee Chair Name: Patricia Treadwell, MD

Committee Chair Email: ptreadwe@iu.edu

Meeting Frequency: Once a month on Monday afternoons for 2-3 hours. Two meetings are held in January and June (following grade submissions)

What is the mission of your committee?

This committee reviews the academic progress and professional standards of our students and determines academic standing. For students that have academic or professional difficulties, the committee determines whether the student requires remediation. A student may be placed on academic probation and required to remediate their difficulty or may be requested to appear before the committee to discuss their academic or professional challenges. The committee will determine if student has successfully completed their remediation plan and may be removed from academic probation. The committee also determines whether a student is fit to continue their medical education or should be recommend for dismissal to the dean.

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

The committee meets on the 3rd Monday of every month and twice in January and June. An additional meeting was added in February to address overflow from the end of the fall term. The committee met a total of fifteen times between May 2015 and April 2016.

During the past year, the former Office of Medical Student Affairs was reorganized to create a combined student/curricular affairs unit called Medical Student Education. Within Medical Student Education, Dr. Marti Reeser, Assistant Dean of Academic Records and Promotion, was given administrative oversight to work with the committee and identify students who are having academic or professional difficulty. The committee reviews all students with a failing course, clerkship, or elective grade, failing score on any of the required Step exams or any isolated deficiency (ID). Students who have failed more than one course, fail more than one required clerkship or who have more than one ID are asked to appear before the committee for a progress hearing. The students that appear explain why they believe they are having academic difficulties and discuss their plan for improvement. The goal of the progress hearing is to determine if the student should be allowed to remediate deficiencies or be dismissed from school. In general, most students are placed on academic probation with a specific plan for remediation. Multiple academic difficulties or significant professionalism concerns can lead to the recommendation to repeat an entire year or for dismissal. This past year, the committee also voted to approve the waiver of the OSCE graduation requirement for one student.

The following chart provides a view of committee’s activity in the past three years and certain academic difficulties that the committee tracks:

Timeframe	Students Appearing	Recommended Dismissal	Required to Repeat (all years)	Failed Step 1	Failed Step 2 CK	Failed Step 2 CS
May – April 15-16	73	16	16	5	13	11
May – April 14-15	44	3	15*	6	26	15
May – April 13-14	53	5	22*	6	15	7

*Information from prior years only showed those repeating first year of medical school

This past year saw a significant number in the increase of students recommended for dismissal. Of those recommended for dismissal, two were reinstated by the committee, one was reinstated by the Dean, nine withdrew, and four are still pending as of May 1, 2016. A partial explanation for the increase in dismissals was that quite a few had significant academic deficiencies over the past two to three years that came to final disposition during the past academic year.

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 Committee will continue to review students who are having academic difficulty and ask students with more than one isolated deficiency or failure to appear before the committee. The committee will continue to work with Medical Student Education to ensure the process is consistent.

The School’s student promotions committee policy is being updated with anticipated plan for implementation by July 1, 2016. The most significant change would be that students with isolated deficiencies would no longer automatically be placed on academic probation. Instead, the committee will take into consideration the student’s entire prior academic record before voting whether to place the student on probation. The committee and School’s administration have found that other medical schools do not consider isolated deficiencies significant enough to warrant academic probation. Since this status must be included on the student’s MSPE letter, a closer review of the circumstances will ensure that students with one or two isolated issues are not hindered during the residency search process. The new policy will also allow students to be administratively removed from academic probation between meetings once remediation of the isolated deficiency is successfully completed. This will assist in external factors related to reporting good standing (e.g., away rotations, scholarships).

Proposal to Create IUSM Ombuds Office

Presented to FSC May 2016

Mary E. Dankoski, PhD



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Teacher-Learner Advocacy Committee

Charge: To foster and ensure a professional learning environment by assisting in conflict resolution and sponsoring programs to enhance communication and professionalism in all learning environments

“anyone with issues concerning professionalism or any behavior, policy, or action that is harmful to the learning environment at IUSM should contact TLAC”



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Concerns

- Committee members volunteer as part of service without protected time or training
- Model unchanged since 1999 despite evolving legal environment, increased size and complexity of IUSM
- IUSM learners report more mistreatment on GQ compared to national benchmark
- ISA: Many students unaware of mistreatment policy, commented that policy is inadequate, fear retaliation, have concerns about response time and effectiveness of response
- Faculty issues handled in ad hoc approach



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Recommendation: Establish IUSM Ombuds Office

- Organizational ombuds: *“a designated neutral who is appointed or employed by an organization to facilitate the informal resolution of concerns of employees, managers, students and, sometimes, external clients of the organization.”*
- Structured, centralized, confidential, responsive



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Principles

- Ethical principles of IOA:
 - Independence
 - Neutrality and impartiality
 - Confidentiality
 - Informality
- Emeritus faculty reporting to Dean or EVD



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Evolution of TLAC

- Current charge: TLAC's mission is to foster and ensure a professional learning environment by assisting in conflict resolution and sponsoring programs to enhance communication and professionalism in all learning environments
- DRAFT revised charge: TLAC provides a critical advisory role for the School's efforts to foster and ensure a professional learning environment through providing support and strategic feedback to the School leadership and Ombuds Office, sponsoring initiatives, outreach, and educational programming, and working to assess the effectiveness of policies and efforts aimed at enhancing communication and professionalism in all learning environments



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Questions and Feedback

Thank you!



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Indiana University School of Medicine Committee Report Template

Please submit this report to Rebekah Bredenbeck at rdbreden@iupui.edu.

Committee Name: Diversity Council

Committee Chair Name: Patricia Treadwell, Chemen Tate

Committee Chair Email: chmtate@iupui.edu

Meeting Frequency: Monthly

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

The **mission** of the **Diversity Council** is to advance cultural awareness within the medical school community and to foster sustained inclusion by providing support and strategic advisement to the Executive Leadership of Indiana University School of Medicine on how to promote a diverse climate for learning and working and evaluate the effectiveness of policies and initiatives aimed at that goal.

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

The committee has evaluated the mission statement and focused several meetings on determining a more active role for the council within the IUSM community. The committee seeks to accomplish the following: 1. Become a highly utilized advisory board on all issues pertaining to diversity within the school. 2. Create policy or best practice statements on diversity issues. 3. Serve as the awarding committee for diversity awards. With these goals in mind we have scheduled presentations from all affinity groups on campus and within IUH so that we can truly serve as a centralized advisory resource. Department chairs or their representative will present their diversity plan to the council where we can provide feedback and make these leaders aware of our services. We have given the first diversity awards at the Senior banquet this year.

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 build our knowledge base through the affinity group presentations and our reputation through the "Chair program". This will likely continue through the fall semester. The awards program will expand from two student awards to three student awards and a faculty award. We will continue to collaborate on policy and best practice statements throughout the year. Our hope is to build our presence and reputation enough that departments and individuals begin to utilize the council for help on issues related to diversity such as faculty recruitment, retention, education. The faculty steering committee can help by directing these types of issues our way!

**Indiana University School of Medicine
Committee Report Template**

Please submit this report to Rebekah Bredenbeck at rdbreden@iupui.edu.

Committee Name: Teacher Learner Advocacy Committee

Committee Chair Name: Marly Bradley

Committee Chair Email: mpbradle@iupui.edu

Meeting Frequency: 90 minutes monthly, plus any additional meetings arranged for special issues

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

TLAC exists to address any situation a learner (or possibly teacher) that negatively impacts the learning environment. We are often presented with instances of unprofessionalism. We often serve as mediators and we frequently help to bridge communication breakdown.

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

We have been successful in increasing awareness about TLAC. We have handled more cases than usual. We have spent much time discussing how to further increase awareness and how to de-stigmatize the process. These two key factors could make the difference when a learner is debating whether to report his or her situation or remain silent. We have spent much time discussing how to increase visibilities among the campuses and how we might change TLAC's structure in order to do so.

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)

There has been discussion as of late regarding the establishment of an ombuds office. Many schools have it and have been quite pleased with it. We are in the early stages of such a concept here. We want for this office to be accessible to all, but also that the office has enough manpower to properly handle the complex issues that come with the cases that are presented to us. If FSC has suggestions for us in the early formative stage and beyond, we would welcome it.

In the meantime, we really do need for there to be some way to protect the time of a few key members of the committee. The work has become far too burdensome for some to do in a timely and professional matter without the provision of even a small amount of time.

As always, increasing awareness continues to be our goal.

**Indiana University School of Medicine
Office of Diversity Affairs
Diversity Council
Committee on LGBTQ Health**

A position statement on transgender health insurance coverage at Indiana University School of Medicine

This statement recommends that all health insurance plans for employees associated with the Indiana University School of Medicine include full coverage for services related to transgender care for its employees, anyone covered by the employee's plan of choice and students/trainees who are covered by a University provided health plan.

- I. Coverage should include all services related to gender transition (e.g., medically necessary services related to: gender affirmation; mental health services; pharmaceutical coverage; coverage for medical visits and laboratory services; and coverage for all reconstructive surgical procedures and procedures specifically related to one's gender transition). Coverage should span the age spectrum to include children and adults.
- II. Equal health coverage should be extended to transgender individuals, as deemed appropriate by the patient's physician and access or payment for care should not be restricted based upon one's legal gender marker. For example, preventive services such as mammography and cervical cancer screening for transgender men, or prostatic cancer screening for transgender women must be covered.
- III. As a corollary to these points, exclusions in health insurance plans provided by the University to employees and students/trainees based on appropriate transgender care should be eliminated.

Any exclusions of medically necessary services for transgender employees, students, and trainees is unethical practice, is discriminatory, and contradicts the values and mission of the IU School of Medicine and Indiana University. This statement confirms commitment of the IU School of Medicine to the citizens of Indiana to assure equitable health care for all.

Support points and sources

1. Discrimination in access to health care is a common experience of transgender people, and contributes to important health inequities, compared to cisgender people. (Nadal KL, et al., Micro aggressions Toward Lesbian, Gay, Bisexual, Transgender, Queer, and Genderqueer People: A Review of the Literature, *The Journal of Sex Research*, 2016. DOI: 10.1080/00224499.2016.1142495)
2. Fifteen states ban transgender exclusions or denial by health insurers. (<http://abcnews.go.com/US/wireStory/delaware-prohibits-limits-transgender-health-coverage-37925365>)
3. Provision of full access to health care benefits is cost-effective (Padula et al., *Journal of General Internal Medicine* DOI: 10.1007/s11606-015-3529-6, 2015).
4. One-third of Fortune 500 companies provide transgender-inclusive health care coverage to employees (Human Rights Campaign Foundation Corporate Equality Index Rating American Workplaces on Lesbian, Gay, Bisexual and Transgender Equality <http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/documents/CEI-2015-rev.pdf>)

5. A number of studies confirm improved health and wellbeing post-transition (for example, Colton Maier, et al., The Effects of Hormonal Gender Affirmation Treatment on Mental Health in Female-to-Male Transsexuals. *Journal of Gay & Lesbian Mental Health*, 15: 281-2992011 and Olson KR et al., Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics* 2016;137(3):e20153223).

6. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, The World Professional Association for Transgender Health, Version

7 http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926

Internal IUSM Grievance Plan



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Tenants of an IUSM Grievance Plan

- Elected Peer-Faculty Pool
- Invocation of Board of Review in Policy
- Final Decision by Dean
- Appeal to IU President/Board of Trustees



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