

General Faculty Meeting
Meeting Specifics

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| Purpose: Informational | Frequency: As needed | Executive Sponsor: Acting Dean Chipper Griffith |
| Date: Monday, November 1, 2021 | Time: 12:00-1:00 pm | Location: Zoom |

Faculty Council Chair(s) and Members

| Basic Science Members | Clinical Science Members |
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| <input type="checkbox"/> Campbell, Kenneth | <input type="checkbox"/> Ballard, Hubert |
| <input type="checkbox"/> Clark, Claire | <input type="checkbox"/> Beck, Sandra |
| <input type="checkbox"/> Mellon, Isabel | <input checked="" type="checkbox"/> Bylund, Jason |
| <input checked="" type="checkbox"/> Nikolajczyk, Barbara | <input type="checkbox"/> Kapoor, Siddharth |
| <input checked="" type="checkbox"/> Spear, Brett (Chair) | <input type="checkbox"/> Meadows, Amy |
| | <input type="checkbox"/> Neltner, Janna |
| | <input checked="" type="checkbox"/> Toney, Dale |

Agenda

| Agenda Item | Presenter/Facilitator |
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| Call to Order | B. Spear, PhD, Faculty Council Chair |
| State of the College | C. Griffith, MD, Acting Dean |
| Diversity, Equity and Inclusion Updates | S. White, MD, Associate Dean for Diversity & Inclusion |
| Alliance Research Initiative Update | R. Dutch, PhD, Vice Dean for Research |
| Performance Evaluation Rubric Update | L. Tannock, MD, Senior Associate Dean for Faculty Affairs and Development |
| Question and Answer | C. Griffith, MD, Acting Dean |

Notes

| Topic | Discussion |
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| Call to Order (B. Spear) | <ul style="list-style-type: none"> B. Spear welcomed all guests and speakers and called the meeting to order at 12:00 p.m. B. Spear thanked H. Ballard for his service as the Faculty Council Chair for the last year and gave a brief overview of the agenda. |
| State of the College (C. Griffith) | <p>State of the College presented by C. Griffith, Acting Dean of the College of Medicine. Our founding mission was the College of Medicine Lexington Campus.</p> <ul style="list-style-type: none"> Regional Campus Updates <ul style="list-style-type: none"> Lexington Campus currently has 520 medical students Rural Physician Leadership Program (Morehead) currently has 24 medical students Bowling Green Campus will graduate its first class of students this spring. Bowling Green Campus currently has 120 students. Northern Kentucky Campus currently has 140 students. |

State of the College (cont.)
(C. Griffith)

- College of Medicine is graduating 65 more graduates a year! This is an amazing team effort, training physicians in Kentucky for Kentucky.
- We are ONE College of Medicine across all four sites and across the Commonwealth.

There are new curricular threads that began this year **Curricular Threads:**

- Integration of content throughout the curriculum for topics or disciplines that are not the primary focus of a particular course or clerkship
- Health Equity and Advocacy: Jacqueline (Jackie) Pope-Tarrance, PhD, and Anna Marie South, MD
- Health Systems Science: Andrew Harris, MD
- **Health Systems Science**
 - Principles and practice of improving quality, costs, and outcomes of healthcare delivery for patients and populations within healthcare systems
 - Domains include patient safety, quality improvement, population health, value, systems-thinking, and evidence-based medicine
- **Health Equity and Advocacy (HEAT): Draft Mission**
 - To promote the understanding of the impact of social determinants of health and health disparities and to equip UK College of Medicine students with the clinical and advocacy skills to provide high quality, equitable care to diverse patient populations
- **Current Big Picture Efforts**
 - Health equity competencies with revisions of UK College of Medicine competencies
 - Student needs assessment survey
 - Inclusive course content checklist
 - Presentations, didactics, multiple choice questions
 - UK College of Medicine health equity vocabulary
- **Specific HEAT-related changes**
 - **Introduction to Clinical Medicine**
 - Three modules focusing on cultural humility and social determinants of health
 - **Foundations of Infection, Disease, and Therapeutics**
 - Emphasis on race as a social construct and on social determinants of health across multiple didactics
 - Including access to care, cost of medications, disparities in access to vaccines, HIV
 - Panel discussions on sickle cell disease and cystic fibrosis to include disparities in research and treatment of people with genetic conditions
 - **Contemporary Practice of Medicine**
 - Evidence-based medicine public health project with focus on vulnerable populations and social determinants of health
 - **Respiratory:** Emphasis in aging patients with pulmonary function tests/occupational exposures

State of the College (cont.)
(C. Griffith)

- **Advanced Clinical Medicine:** How to use an interpreter and Objective Structured Clinical Examination cases with focus on social determinants of health
- **Renal:** Discussion on race-based glomerular filtration rate calculations and disparities in access to kidney transplants
- **Cardiovascular:** Discussions on hypertension in patients who are black, cardiovascular disease discrepancies in women, aging
- **Gastrointestinal:** Three perspective sessions (oral health, alcohol use disorder, eating disorders and obesity) with heavy emphasis on social determinants of health
- **Family Medicine Clerkship**
 - New equity-focused didactic
- **Entrustment in Clinical Medicine**
 - Completed didactic on microaggressions (June)
 - Didactic on patient consent in vulnerable populations (October)
 - Health equity discussion panel (January)
 - Didactic on social determinants of health and consequences for patient safety (May)
- **Transitions to Residency**
 - Workshop on inclusive leadership
- **Next Steps**
 - Build further goals for new and refined content
 - Based on student needs-assessment surveys with knowledge of what is present in each course
 - Build on integration of current and new content to ensure linkage and progression from M1 to graduation
- **Faculty Development Initiative-Tailored to our Curriculum**
 - Director of Classroom Faculty Development
 - Katie Twist, MD
 - Director of Clinical Development
 - John Ragsdale, MD
 - Resident as Teachers Program
 - Jagriti Chadha, MD
- **AAMC Graduation Questionnaire**
 - **Questions:**
 - Overall, I am satisfied with the quality of my medical education.
 - Basic science content had sufficient illustrations of clinical relevance.
 - Required clinical experiences integrated basic science content
- **United States Medical Licensing Examination (USMLE) Step Pass Rates**
 - USMLE Program Changes: Change to Pass/Fail Score reporting for Step 2 effective no earlier than January 1, 2022.
 - Work to relaunch USMLE Step 2 CS discontinued due to effects from the COVID-19 pandemic. Originally it was only suspended and now it

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| <p>State of the College (cont.) (C. Griffith)</p> | <p>has been discontinued. USMLE is now looking at alternate ways to test learner’s knowledge.</p> <ul style="list-style-type: none"> • USMLE Step 1 Pass Rate <ul style="list-style-type: none"> ○ This is over a three-year average and we are around 95 percent. This has been consistent since 2012. • USMLE Step 2CK Three-year Average <ul style="list-style-type: none"> ○ Pass Rate 96 percent is the average. This is the clinical knowledge pass rate. • C. Griffith shared that this was a quick overview on the College of Medicine medical education scope. There will be a broader scope in our next update. |
| <p>Diversity, Equity, and Inclusion Update (S. White)</p> | <p>S. White shared Diversity, Equity, and Inclusion updates.</p> <ul style="list-style-type: none"> • The first issue of the MOSAIC newsletter was distributed earlier this semester and WIMS also released their newsletter. • S. White reviewed the importance of Diversifying the Biomedical Workforce. She explained that any questions should be directed to Dr. Kevin Pearson who is part of the research initiatives program. <ul style="list-style-type: none"> ○ Diversifying the Biomedical Workforce <ul style="list-style-type: none"> ▪ K-12 <ul style="list-style-type: none"> – National Cancer Institute; Markey Cancer Center Appalachian Career Training in Oncology (ACTION) Program – National Cancer Institute Supplement; GMaP = Geographic Management of Cancer Health Disparities and CURE training opportunities – NIH; STEM Through Authentic Research Training (START) Program for Underrepresented Communities – Frederick Douglass High School, Department of Neurology – Summer Enrichment Program/Health Researchers Youth Academy – Markey Cancer Center High School Pipeline Program ▪ Undergraduate <ul style="list-style-type: none"> – National Cancer Institute; Markey Cancer Center Appalachian Career Training in Oncology (ACTION) Program – UK CCTS; Students Participating as Ambassadors for Research in Kentucky (SPARK) Program – NIH; STEM Through Authentic Research Training (START) Program for Underrepresented Communities – American Cancer Society; Markey Science Training in Research, Oncology, Networking and professional Growth (STRONG) Scholars Program – SCoBIRC African American Research Scholars Program (AARTS) – NRPA Enrichment for Underrepresented Opportunity (NEURO) Research Fellows Program |

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| <p>Diversity, Equity, and Inclusion Update (cont.) (S. White)</p> | <ul style="list-style-type: none"> ▪ Graduate/Medical <ul style="list-style-type: none"> – Disparities Researchers Equalizing Access for Minorities (DREAM) Scholars Program – UK Graduate School; Lyman T. Johnson Diversity Fellowship – Behavioral Science Department White Coats for Black Lives Fellowship ▪ Postdoctoral/Clinical Fellowships <ul style="list-style-type: none"> – NIH; T32 Addressing Rural Cancer Inequities through Scientific Excellence (ARISE) – UK VPR Postdoctoral Fellowships to Enhance Academic Diversity and Inclusive Excellence – Lyman T. Johnson Postdoctoral Fellowship – Disparities Researchers Equalizing Access for Minorities (DREAM) Scholars Program ▪ Faculty <ul style="list-style-type: none"> – Research Scholars Program – Disparities Researchers Equalizing Access for Minorities (DREAM) Scholars Program ○ Research Stairway Enhancement Funds <ul style="list-style-type: none"> ▪ Funds to support programs/projects that align with the Stairway to Diversity in the Research Workforce ▪ Support <ul style="list-style-type: none"> – Up to \$5,000 per request for one year – Can be multi-year if supported by external funding as well ● Pre-Faculty Development and Networking <ul style="list-style-type: none"> ○ Funds to support on-campus presentations for promising diverse basic science and clinical trainees <ul style="list-style-type: none"> ▪ To enhance their career development ▪ Allow the trainee to experience the academic medicine environment within the college ○ Support <ul style="list-style-type: none"> ▪ Up to \$2,000 for food, travel, accommodations, honorarium, awards, etc. ○ We want to bring the learners/trainees to present their work, explore potential collaborations. ● Please reach out to S. White directly with questions or for more information. |
| <p>Alliance Research Initiative Update (R. Dutch)</p> | <p>R. Dutch discussed the Alliance Research Initiative program and goals. The Alliance Research Initiative started with three Alliances and has currently expanded to include 18 additional Alliances.</p> <ul style="list-style-type: none"> ● Alliance Program Goals: <ul style="list-style-type: none"> ○ To support the development of transdisciplinary areas of strength. ○ To incubate grant applications that address three key factors in programmatic success – our faculty, our infrastructure, and our systems. ○ To promote the development of a leadership culture dedicated to mentoring and supporting. ○ To increase collaborative interaction and programmatic funding. |

Alliance Research Initiative Update
(cont.)
(R. Dutch)

- To achieve greater impact on discovery.
- To engage leadership in a multitude of colleges, departments, and centers across campus.
- Currently have 20 teams with more than 350 scientists from nine different colleges who are directly impacting research within the University.

R. Dutch shared there was a one-day symposium in September 2021 to highlight the latest in the Alliances, which included presentations and poster sessions given among junior through senior faculty.

- **Alliances are also focused on building the careers of junior clinical faculty**
 - The successful mentoring of junior faculty, with an emphasis on clinical faculty, is a key metric for Alliances
 - Mentees should be on the trajectory to achieve significant external funding, either as independent investigators or as members of a research team
 - To highlight our junior faculty, oral presentations during the symposium were primarily given by mentees
- **Clinical faculty are deeply engaged in the Alliance Research Initiative**
 - The following chart shows the department and number of faculty involved from each

| Departments and Number Involved | |
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| Anesthesiology: 1 | Otolaryngology-Head and Neck Surgery: 1 |
| Emergency Medicine: 2 | Pathology and Laboratory Medicine: 15 |
| Family and Community Medicine: 10 | Pediatrics: 33 |
| Internal Medicine: 95 | Physical Medicine and Rehabilitation: 1 |
| Neurology: 25 | Psychiatry: 10 |
| Neurosurgery: 12 | Radiation Medicine: 10 |
| Obstetrics and Gynecology: 2 | Radiology: 22 |
| Ophthalmology and Visual Sciences: 3 | Surgery: 36 |
| Orthopaedic Surgery and Sports Medicine: 7 | Urology: 2 |

- Faculty involved in the Alliance Research Initiative have had strong growth in External Funding
 - FY 20 Grant awards=\$165,322,248
 - FY 21 Grant Awards =\$191,894,825
 - This shows a change of \$26,562, 577

The Alliance Research Initiative allows us to rapidly respond to new health crises

- VITAL and CORE were created in 2020 and 2021. CORE started as a result of the COVID-19 pandemic. This brought forward the RECOVER program at NIH. This was funded a few months ago and is ongoing
- The Alliance Research Initiative builds critical connections between different areas of research

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| <p>Alliance Research Initiative Update (cont.) (R. Dutch)</p> | <ul style="list-style-type: none"> • The Alliance Research Initiative is building the careers of junior clinical faculty • There are six faculty that are being used as examples of the bringing up and training of our future leaders through the Alliance program <ul style="list-style-type: none"> ○ Mary Sheppard, MD ○ Amy Meadows, MD ○ Evangelia Kalaitzoglou, MD ○ Zach Porterfield, MD/PhD ○ Tritia Yamasaki, MD/PhD ○ Arun Aneja, MD • Research funding has increased. In 2019, we were about \$200,000,000 and are currently close to \$230,000,000 <p>What is next for the Alliance Program: Three alliances are completing their first funding protocol. 18 more have one year remaining in their funding</p> <p>We are currently developing programs to:</p> <ul style="list-style-type: none"> • Help Alliances who are on the way to establishing long-term external funding to get there • Make sure junior faculty mentees continue to get mentored towards establishing externally funded research programs • Provide opportunities for new Alliances <p>There will be a call for new Alliances soon. If any questions, please reach out to R. Dutch via email.</p> |
| <p>Performance Evaluation Rubric Update (L. Tannock)</p> | <p>L. Tannock discussed the Performance Evaluation Rubric Update.</p> <ul style="list-style-type: none"> • Why Implement a New Performance Evaluation (PE) Process? • Make the PE tool useful, objective and constructive <ul style="list-style-type: none"> ○ Useful to the <u>faculty</u> – alignment of performance with career expectations and departmental needs ○ PE ties to Academic Compensation Equity (ACE) compensation plan for basic faculty <ul style="list-style-type: none"> ▪ Relates to academic component of compensation for clinical faculty ○ Relates to progress towards promotion ○ Clarifies accountability for all DOE components <ul style="list-style-type: none"> ▪ Separate score for clinical instruction in setting of patient care vs just patient care, or classroom teaching vs research teaching (grad student advising) for example ○ Meaningful, not just “pat on the back” <ul style="list-style-type: none"> ▪ Should help drive behavior ○ Is useful to justify various DOE allocations |

Performance Evaluation Rubric
Update (cont.)
(L. Tannock)

- Make the PE tool useful, objective and constructive
 - Useful to the chair – alignment of faculty performance with departmental needs
 - Relevant to assignment of compensation – especially the ACE plan
 - Plan for faculty progress towards promotion, identify areas of opportunity, or where DOE may need to change
 - Should relate to departmental funds flow
 - Low scores appropriate for underperforming faculty – in support of terminal appointments or Faculty Improvement Plans
 - Useful to justify various DOE allocations
 - Useful to the Dean's office for faculty development and retention
 - Awareness of faculty not meeting expectations to develop an improvement plan
 - In conjunction with chair
 - Awareness of faculty exceling for targeted interventions and leadership development
 - Insight into recruitment success, retention issues
 - Accountability and transparency: equity between faculty in different department
 - PE Rubric for FY 22 (July 1, 2021-June 30, 2022)
 - It is necessary to implement for basic science faculty as an objective PE is a key component of the approved ACE compensation plan
 - Regular and Special Title Series who are not in the Clinical compensation plan
 - We are developing a rubric for clinical faculty to take effect in FY23
 - Current DOE Rubric
 - Each rubric applies only if faculty has DOE in that category; points weighted by DOE effort
 - Instruction
 - Research/Creativity
 - Service
 - Administration
 - Professional Development
- Culture Change
- “3” is a good PE score
 - We expect faculty to meet all aspects of their job description. We only hire good people. Therefore, most will be at “3”. That is GOOD!
 - L. Tannock stated that we do need to indicate when performance does not meet standards, “2” or “1”
 - It should be relatively unusual to get “5” in a category, and it is not expected to be sustained year after year

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| <p>Performance Evaluation Rubric Update (cont.) (L. Tannock)</p> | <ul style="list-style-type: none"> ○ This would not indicate a drop in performance, but rather a “5” indicates exceptional achievements in a particular year ○ Appointment, Promotion, and Tenure committees will be trained in rubric(s) and understand that a change in FY22 compared with prior years “<i>does not necessarily represent a change in performance</i>” ● Ongoing Work <ul style="list-style-type: none"> ○ There is a new PE taskforce formed to work on a PE rubric for faculty with clinical activity ○ A survey has been distributed for faculty in the Basic Sciences https://uky.az1.qualtrics.com/jfe/form/SV_7aOP0ECnEgEaMvA ○ Yes, problems will be found, so the rubric will evolve ○ The PE Rubric is on The Loop! ● Please feel free to reach out to L. Tannock or M. Rowland for discussion of the Performance Evaluation. |
| <p>Questions and Answers (C. Griffith)</p> | <p>C. Griffith stated that two questions were submitted prior to the meeting.</p> <ul style="list-style-type: none"> ● First question: Regarding the PE rubric, should there be an adjustment of expectations based on how much effort someone has assigned to research? <ul style="list-style-type: none"> ○ L. Tannock said it was a great suggestion and that was overlooked in previous reviews. She stated that the expectations do need to be proportional to the DOE. She stated this is the kind of feedback and comments we need. We will continue to modify the PE based on these suggestions. ● Second question: How will the funds flow model affect the academic mission of the College of Medicine? <ul style="list-style-type: none"> ○ C. Griffith shared that the funds flow model is created to enhance the academic mission of the departments. He stated this is an exciting new development with the notion that more funds are routed back to the departments to use as they deem necessary. Department leadership need to create a plan on how to use these funds. This will help the departments control their funds locally. This does not reduce central support from the College of Medicine Dean’s office. |
| <p>Meeting Adjourned</p> | <p>The meeting was adjourned by C. Griffith at 12:43 p.m.</p> |
| <p>Next Meeting</p> | <ul style="list-style-type: none"> ● To be determined |