

Presiding: Howard Part, M.D., Dean

Dr. Part called the meeting to order.

I. Approval of Minutes

The motion was made to approve the minutes of May 19, 2011. Having no additions or corrections to the minutes, Dr. Part stated the minutes stood approved.

II. Special Announcements

III. Introduction of New Members

Catherine Sheffield, Pharm.D., assistant professor, Departments of Pharmacology & Toxicology and Geriatrics

IV. Old and Unfinished Business – None

V. Reports of Committees

A. Executive Committee/Report of the Dean – Howard Part (Attachment A)

B. Nominating Committee – Stephanie Ours (Attachment B)

C. Student Promotions Committee – Gary LeRoy (Attachment C)

D. Admissions Committee – Gary LeRoy (Attachment D)

E. Faculty Curriculum Committee – Paul Koles (Attachment E)

F. Faculty Development Committee – Stephanie Ours (Attachment F)

G. Research Committee – Robert Fyffe (Attachment G)

H. Bylaws Committee – No report

VI. Reports of special or ad hoc committee – none

VII. New business

Margaret Dunn introduced the topic of faculty meeting structure. Her office had queried the AAMC faculty affairs listserve about faculty meetings and plans to poll the BSoM faculty. Questions may include: How would you like to know what is happening in the school? Should we continue to have a face-to-face meeting or move to a virtual meeting? Discussion among those in attendance included:

- I do research and am not involved with teaching. I like a face-to-face meeting to see people and feel part of medical school.

- We can discuss issues/forums talking points. We need a cultural expectation among faculty to attend.
- Some issues, such as major curricular revision, need faculty vote. Attendance is small unless there is uncertainty in the school or major issues are presented.
- We continue to see a strong move to electronics and hand-held devices. I do not recall many attending faculty meetings throughout the years

VIII. Adjournment

The meeting adjourned at 5:45 p.m.

The next faculty meeting is scheduled for Thursday, May 16, 2013, 4:30 p.m., Wright State Physicians, 725 University Boulevard.

Stephanie Ours
Meeting Recorder



Attachment A

Annual Faculty Meeting
May 17, 2012
Executive Committee

The Executive Committee has held ten meetings since the last Faculty Meeting. The following is a synopsis of the items shared by the Dean and Executive Committee members at these meetings:

LOCAL ISSUES

BSoM Dean Search

In September 2011, Dean Part announced that he will be stepping down as Dean and will be returning to the faculty.

Match Day 2012

The BSOM students and residencies had a very good match day. The only disappointment was how many of our students chose not to stay in Dayton. Our office of marketing and communications sent out a survey to the students to help assess why they chose to do their residencies elsewhere. It's clear that there have always been and will continue to be a variety of reasons why students choose to leave and this may just be an aberrant year, but the survey may reveal useful information that we can do something about.

Continuing Medical Education

As of January 1, 2012, WSU/BSoM became the sponsoring entity for PHP hospitals' CME programs. This will increase the footprint for us as well as PHP in the area of CME. Dr. Painter reported that the BSOM was the recipient of the Innovations in CME award from the Association for Continuing Medical Education along with several other medical school CME operations in Ohio.

GME Annual Report

All 22 programs are fully accredited. Our programs' average length of accreditation is above the national average, which is highly commendable. The BSOM is fully accredited by the ACGME at the maximum length of five years. We are in the middle of the accreditation cycle. Internal reviews have been completed according to plan. This last year we did a focused workshop on evaluation that was well attended and feedback revealed that it was beneficial to everyone. A new accreditation system is being instituted by the ACGME.

Approval of revisions to Policy 3A (Guidelines for Appointment & Promotion for Fully Affiliated Faculty)

This policy was revised in the spring of 2011 by the Promotion and Advancement Committee and was approved by the Executive Committee at its November 10, 2011 meeting. Worth noting

is that in the case of conflict between departmental bylaws in those departments matrixed with the College of Science and Math, departmental bylaws will supersede this policy.

Medical Office Building

WSP personnel and practices will be moving into the building by July 2012.

Promotion and Tenure 2012

All BSoM promotion candidates (16 in total) were approved by the University Promotion & Tenure Committee.

BSoM Department updates

- **Family Medicine:** Dr. Cynthia Olsen was appointed acting chair of the department, effective June 1, 2011.
- **Assistant Dean for Quality & Primary Care Research:** Dr. Richard Pretorius, former chair of family medicine, is now serving in this capacity.
- **Neurology Chair Recruitment:** Dr. Ken Gaines was appointed chair of the newly created Department of Neurology, effective May 1, 2012.
- **Ob/Gyn:** With the departure of Dr. Gary Ventolini to Texas, Dr. Jerome Yaklic was appointed acting chair of the department, effective May 1, 2012.
- Dr. Brenda Roman has been named Assistant Dean for Curriculum Development, effective immediately. Dr. Roman will be working on the design and implementation of our new curriculum.

Curriculum Update

Dean Parmelee's office prepared an "Annual Program Review by the Faculty Curriculum Committee." Of note is that the academic performance of the students was good. The annual graduation questionnaire showed that overall students were happy with their education. Dean Parmelee is available to attend departmental meetings to discuss this at length.

The FCC initiated the Wright Curriculum task force designed to recommend changes to the existing curriculum and propose curriculum models for the future based on the science of learning and instruction and best evidence medical education to enable our students to fully reach the institution's Educational Objectives. The task force has completed its' work and additional discussions continue. For us to stay current and meet the new standards of the LCME, we will be continuously transforming the curriculum. To that end, support of the departments is critical in accomplishing the goal of having an up to date and model curriculum for our students.

Update on the Center for Healthy Communities and Center for Global Health Systems Management & Policy

The Center for Healthy Communities operation was moved to Research Park and, together with the former Center for Global Health Systems Management & Policy, has formed a new center to be known as "Center for Global Health," effective July 1, 2011.

Children's Medical Center CEO Appointment

The Board of Trustees of Children's Medical Center officially approved the appointment of Deborah Feldman as CEO, replacing Mr. David Kinsaul who is retiring. Ms. Feldman is a longtime Montgomery County administrator.

ECG Management Consultants

PHP has initiated a project to evaluate its existing academic affiliation with WSU BSoM's clinical, educational and research missions. The consultation will consider how to take maximum advantage of existing resources; promote innovative approaches to patient care, medical education and research; and foster the long-term success of a partnership between the parties. To that end, ECG consultants have met with many PHP and WSU individuals to gather information essential to this endeavor. The Provost is participating in the process and is very supportive of the direction of the talks. Dr. Hall will schedule the consultants to meet with the Executive Committee members for an update.

VA Medical Center

The Dayton VA Medical Center has appointed Mr. Glenn Costie as the new director, effective December 19, 2011. He was the former director of the VA Medical Center in Poplar Bluff, MO. Mr. Montague will serve as a consultant to aid in the transition.

LCME Update

We received our response from the LCME to the questions they posed. The LCME determined that the medical education program is in compliance with the following standards, but that monitoring is required, IS-16 – Diversity, ED-33 - Curriculum management and ED - 37 Monitoring curriculum content. The LCME requested a status report by December 15, 2012. One additional area that will require a progress report is student advising, which is due August 15, 2012.

The LCME has recently changed their classifications:

NONCOMPLIANCE

The medical education program has not met one or more of the requirements of the standard: The required policy, process, resource, or system either is not in place or is in place, but has been found to be ineffective.

COMPLIANCE

In Compliance:

The medical education program has the required policy, process, resource, or system in place and, if required by the standard, there is evidence to indicate that it is effective.

In Compliance, with Monitoring:

I) The medical education program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, monitoring is required to ensure that the desired outcome has been achieved.

OR

2) The medical education program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance (formerly "*area in transition*").

WSU Presidential Awards for Faculty Excellence, 2012-2013

Dean X. Parmelee, M.D., professor, Departments of Psychiatry and Pediatrics, and Associate Dean for Academic Affairs, received the Robert J. Kegerreis Distinguished Professor of Teaching Award.

Cameron Chumlea, Ph.D., Fels Professor, Departments of Community Health and Pediatrics, received the Brage Golding Distinguished Professor of Research Award.

WSU & PHP Clinical Trials Research Alliance

A major press conference was held February 1, 2012, officially announcing this alliance.

The newly formed Clinical Trials Research Alliance (CTRA)—a partnership between Wright State University Boonshoft School of Medicine, Premier Health Partners, and the Wright State Research Institute—has been established to enhance and facilitate the acquisition and initiation of industry-sponsored and investigator-initiated clinical research at the medical school and participating Premier hospitals and clinics.

The CTRA is seeking to expand the scope and number of outpatient clinical trials conducted by medical school faculty and the professional staff of Premier. Dr. Pickoff, who is leading the initiative, is now seeking to identify physicians who are interested in serving as Principal Investigators for outpatient trials that include such clinical areas as diabetes, hypertension, osteoporosis, and migraine headaches, among others.

Mission Drive Allocation Budget Model

The University is moving toward a different funding model that will make all units accountable for their bottom line. This new model is in alignment with Wright State's mission, vision and values, and is designed to empower innovation and collaboration. It is responsive to the University's Strategic Plan and is designed to deliver effectiveness, transparency and efficiency. This new budget model be tested in parallel with the current model for FY 2013 in order to address unintended consequences of the change and will be fully implemented during FY 2014.

WSU Administrative Changes/Leadership Searches

Dr. Yi Li was appointed dean of the College of Science and Mathematics, effective July 1, 2011. He was the current chair of the department of Mathematics at the University of Iowa.

Mark Polatajko, PhD., was appointed WSU Vice President for Business & Fiscal Affairs, following the retirement of Dr. Matt Filipic.

Dr. Chuck Taylor, Dean, College of Liberal Arts, announced that he would be stepping down at the end of the current academic year. It was announced in April 2012 that the search has been closed and will begin again in the fall of 2012.

Dr. Joanne Li has been named as Dean for the Raj Soin College of Business, effective July 9, 2012. She comes from Department of Finance at Towson University and will begin here in July. Dr. Berkwood Farmer, current dean of the College of Business, will continue as a faculty member.

Dr. Robert Fyffe was appointed WSU Vice President for Research and Graduate Studies, effective February 6, 2012, following the retirement of Dr. Jack Bantle

Dr. Rosalie Mainous was appointed dean of the College of Nursing and Public Health, following the retirement of Dr. Pat Martin.

VP for Multicultural Affairs: Dr. Gary LeRoy has been asked to chair this search committee. A search consultant has been identified.

STATE ISSUES

Medical School Economic Impact Analysis

The Ohio Council of Medical Deans have once again retained the services of Pittsburgh, Pennsylvania based Tripp Umbach to measure the impact of the state's seven medical colleges and teaching hospitals on the state. Tripp Umbach is a national firm that has done economic impact analyses for the majority of U.S. medical schools. The COD, working with the legislature on the new biennial budget will use the updated report to demonstrate the very substantial return on investment Ohio's medical schools provide the state.

Primary Care Scholarships

Former Representative and now Senator Peggy Lehner conceived HB 198, otherwise known as the patient-centered medical home initiative. Dean Part recently received an email that there may be up to 50 scholarships available as part of the bill.

Ohio Council of Deans (COD)

The Council discussed the issue of how long it takes to get a medical license in Ohio and will work constructively with the State Medical Board to address this issue. The COD will also work with the Board to develop a fast track for those individuals who have gone to medical school in Ohio and trained in Ohio.

The COD will also be working with the Board on reciprocity, which is currently not offered. Dr. Lockwood, Dean at OSU, is going to lead the effort.

The medical schools have learned that they will not be allowed to merge the state share of instruction with the clinical teaching subsidy. The Board of Regents had approved consolidation of the CTS and SSI; however, it was prohibited by the Office of Management and Budget. Although revenue is increasing in the state, it is unlikely that the current administration will restore the medical school budgets. The Deans are trying to make the case that the support of medical education in Ohio is disproportionately low compared to support of other states.

NATIONAL ISSUES

Joining Forces Initiative

We are one of 130 medical schools that have agreed to participate in the "Joining Forces Initiative," the AAMC's attempt to partner with a variety of organizations and First Lady Michelle Obama and Dr. Biden to support our veterans, focusing mainly on brain injuries and post-traumatic stress disorder. The goal is to distribute best practices and improve the care of veterans who are suffering from these illnesses. This initiative is in the very early stage. Dr. Doug Lehrer, a faculty member in our dept. of psychiatry, based at the VA, has agreed to be our school's contact. We have a unique position in psychiatry since our department has a robust relationship with two federal institutions; the Dayton VA Medical Center and Wright Patterson Air Force Base Medical Center.



Attachment B

Annual Faculty Meeting
May 17, 2012

Nominating Committee

Standing Committee Election Results

A total of 428 ballots were submitted – 211 fully affiliated (49.30%) and 215 partially affiliated (50.23%), and 2 no answer (0.47%).

Admissions

Sheela Barhan, MD
Gary Nieder, PhD

Bylaws

Sherman Alter, MD
Hari Polenakovik, MD

Executive

Jonathan Saxe, MD
Brian Springer, MD

Faculty Curriculum

Melissa Roelle, MD

Faculty Development

James Brown, MD
Larry Lawhorne, MD
Cynthia Olsen, PhD
Brenda Roman, MD
Jonathan Saxe, MD

Nominating

Norma Adragna-Lauf, PhD
Courtney Sulentic, PhD
Christina Weston, MD
Teresa Zryd, MD

Research

Julie Gentile, MD
Mark Rich, MD, PhD
Adrienne Stolfi, MSPH
Kathryn Tchorz, MD

Student Promotions

Sheela Barhan, MD
Paul Koles, MD

JUNE 2011 through MAY 4, 2012

During the period of June 2011 through May 4, 2012 the Student Promotions Committee took the following actions:

1. Approved Class of 2011 for graduation
2. Approved (7) students for a third extramural
3. Approved (1) student for a fourth month of in the same discipline
4. Denied (1) student's appeal for a fourth month in the same discipline
5. Denied (3) students for a third rotation in the same discipline
6. Denied (1) student a third remediation exam
7. Denied (1) student to take a Year IV rotation before completing Year III Clerkship
8. Approved (1) student to take two online courses at Drexel
9. Approved (2) student to repeat Year I in its entirety
10. Approved (1) student to repeat Year I in its entirety, with the stipulation evidence is provided of continued professional counseling
11. Approved (1) student to repeat Year II in its entirety with the stipulation evidence is provided of continued professional counseling
12. Approved (2) student to repeat Year III
13. Approved (4) students for Leave of Absence
14. Denied (1) student to allow Swaziland elective to be counted as Primary Care elective
15. Recommended (4) students for dismissal

Applicants, Meetings & Convocation

- A workshop was held in October 2011 at Country Club of the North
- 3666 applications were received from applicants, a 22% increase over last year
- 434 applicants were interviewed
- 14 meetings were held from September to April to discuss and rate applicants
- One applicant applied to the Early Decision Program and was accepted on October 1, 2011, for matriculation in 2012
- Five Early Assurance Program applicants, who were conditionally accepted in 2010 at the end of the sophomore year, will matriculate in August 2012
- A total of 91 applicants, with 12 offers out, were committed to attend as of May 15; of these, 11 are nonresidents, 44 are male and 47 female
- Convocation will be held on Sunday, July 29, 2011, 2:00 PM at the Schuster Center

Early Assurance Program Applicants Applying at the End of the Sophomore Year for Entry in 2013

- Six applications were received from sophomore students (compared to seventeen in 2011), five are from Wright State University students and one from University of Dayton students. Four students were offered acceptances.
- Six applicants were interviewed on May 15

Transfer Applicants

- Two students from San Juan Batista Medical School were interviewed and accepted into the third year class

Activities

- Continued work on dealing with LCME requirements, particularly developing and maintaining a systematic monitoring of content. This has expanded course review (which we have done for years) to include review of broad portions of the curriculum (e.g. clerkship year), with a goal to identify gaps and redundancies, and ability of the curriculum to adequately prepare students for the next phase (e.g. Are students prepared to enter 3rd year? What are the deficiencies that need to be addressed to make them better prepared?)
- Ongoing course and clerkship evaluations have focused on the objectives and methods, and we are currently in the midst of our annual intensive internal review of courses and clerkships.
- Reviewed the annual report of the Associate Dean of Academic Affairs and the 2011 Graduation Questionnaire (from AAMC)
- Approved a plan that will move the start of third year from August 1 to July 1, thus creating more and earlier elective time for students. Third year for 2012/2013 will operate on a condensed schedule with less breaks (replaced by more 3 and 4 day weekends). Third year for 2013/2014 will resume the previous traditional schedule but will begin the Monday nearest July 1.
- Approved a plan effective August 2012 to change scheduling of 4th year rotations from “month-long” to 4 weeks.
- Approved a recommendation from the Wright Curriculum Task Force that made nine largely conceptual recommendations (see attached letter that was sent to all faculty in February 2012). Formed the steering committee (12 members, chaired by Dr. Brenda Roman) that will guide the next phase of exploration and development of curriculum change. Have discussed at length the national movement toward competency based education, and alteration of the traditional 2+2 curriculum to provide for an earlier start in the clinical rotations.
- Continued work on accessing EMR for third and fourth year students. As it currently stands, discussions are still underway, but Premier is moving with creation of a “parallel universe” where students will write their notes and orders, which are accessible by residents and faculty, but which are not part of the actual patient record. Children’s currently provides reasonable access to the actual patient record. The Kettering Network is still weighing options.
- Finalized policy regarding absenteeism, specifically regarding missed TBL sessions, 3rd year clerkships, and 4th year rotations.
- Approved new 4th year catalog electives
- Continued efforts to standardize evaluation in the clerkships
- Continued to explore assessment of professionalism across the curriculum.

Letter to Faculty, February 2012

In January 2011, the BSOM Faculty Curriculum Committee developed a task force charged with the following: "to recommend changes to the existing curriculum and propose models for a curriculum of the future based on the science of learning and instruction and best evidence medical education to enable our students to fully reach the institution's educational objectives". Reasons for beginning this exploration were many, but included the desire to prepare students for impending changes in US healthcare; dealing with evolving resource issues (budget, personnel, training sites, etc.) and possible increased enrollment; changing technology and resources; major national moves (i.e. USMLE) including the emphasis on competency based curricula, the demise of the traditional 2+2 curricular model, and the need to integrate basic and clinical sciences throughout the curriculum; being able to continue to recruit outstanding medical students; and the need to explore inter-professional education (e.g. with nursing, pharmacy, etc.).

Following a year of exploration and discussion, including surveys of faculty and students; looking at curricula from other medical schools and reports of innovations (as well as discussions with some of the innovators); and identification of our core curricular values and description of what we want our graduates to be able to do and value, the task force reported its work to the FCC.

The Task Force envisioned three phases of medical student education. The recommendations that follow are made in the context of those phases. Each phase must be completed (with identified competencies achieved) before the next phase can begin. Specific times have not been assigned to each phase at this point.

Phase 1-- Foundations of Clinical Science - In this phase, students would master the concepts and terminology that under-gird medicine, followed by a clinical transition courses that have as much clinical and basic science integration as possible.

Phase 2-- Doctoring in the Clinical Clerkships - In this phase, the core clinical clerkships would remain the focus, but with much greater integration clinically, as well as in revisiting the basic science concepts that are so important to an in-depth clinical understanding of illnesses and management.

Phase 3-- Advanced Doctoring - Advanced clinical core rotations and electives would occur here, plus a transition to residency capstone experience.

The task force made the following nine largely conceptual recommendations to the FCC, recognizing that there are many issues to be decided before a specific model can be proposed:

1. Begin medical school year earlier with orientation week separate from course work. (Course work would actually begin the first week of August, as currently, but what would change is having the students arrive a week earlier for a separate orientation week.) When course work begins, integrate Human Development and Introduction to Clinical Medicine for the first two weeks. This will allow students to acquire the basic knowledge and skills necessary in order to begin seeing patients.
2. Have early clinical experiences, through developing "patient panels" (a geriatric patient, a pregnant patient, a patient with asthma as examples) that students (in groups) will follow during Phase 1 of medical school. Specific learning objectives will be developed that include incorporation of population medicine and ethics, among others.

3. Evaluating the pre-clinical curriculum to examine what can be better integrated across the first phase, examining closely any gaps, as well as redundancies. When redundancies occur, they should build upon earlier information and include ways for deeper thinking. Additionally, further clinical integration needs to take place; use of simulation would be an excellent way to accomplish this.
4. Evaluate the clinical curriculum for integration with basic sciences, largely through the development of pull-back sessions (likely monthly) on the major topics that cut across all areas of medicine, such as obesity, in which the sessions will integrate basic science/clinical medicine, integrate a public health perspective in order to improve the health of individuals and communities, understand of patient perspectives, identify ethical issues, examine patient safety and quality improvement. Also, the clinical curriculum needs to be examined for integration across the disciplines. Core rotation lengths may change as these issues are examined—but at this time it is pre-mature to decide exact lengths, without first determining specific content. The clinical curriculum needs to begin earlier for medical students—exactly how much earlier (April vs. June) depends on how Phase 1 is aligned.
5. The concept of an advanced doctoring phase, for more meaningful clinical experiences with the electives. Assuming an earlier start time for Phase 2 with an earlier end time to follow, then earlier exploration of various areas of medicine through electives and more advanced courses is possible. Additionally, an academic “capstone” project may be required, and capstone courses developed, based upon the discipline that the student is entering. (For example, students entering surgery disciplines and emergency medicine would have a capstone course that focuses on procedures).
6. Possibility of various “tracks” for students, i.e. underserved populations (including global health), bioethics, research, academics and teaching, as possibilities.
7. While the task force liked the concept of a continuity clinic of some sort during the clinical years, the feasibility of such a clinic may be very difficult to develop.
8. The need to develop additional clinical sites, outside of traditional hospital care and physician offices. Possibilities include: medical clinics in prisons, rural hospital affiliations, medical home, etc.
9. Explore inter-professional education, i.e., with the nursing school. Additionally may be able to do some work with other disciplines, such as engineering when examining patient safety issues. “

The FCC approved these recommendations as a direction to guide further exploration in the coming year.

Through the initial Wright Curriculum Task Force, over 30 faculty have already actively participated in this process. We would greatly appreciate any input you have regarding these recommendations. We would also ask you to indicate any interest you have in working with us as we continue our exploration over the next few years. Feel free to contact me (sbruce.binder@wright.edu) - chair of the FCC; Dean Parmelee (dean.parmelee@wright.edu) - Associate Dean of Academic Affairs; or Brenda Roman (brenda.roman@wright.edu) - Assistant Dean for Curriculum Development.

The Faculty Promotion and Advancement Committee reviewed and approved nominations for the Faculty Mentor Award, faculty promotions, and university faculty awards.

Faculty Mentor Award

The committee selected Patricia Hudes, Michael Leffak, PhD, and Arthur Pickoff, MD, as recipients of the 2011 Mentor Award.

Promotion

The committee reviewed the following faculty who were approved at the university level. Promotions become effective July 1, 2012.

Promotion to Professor

Tom Brown, PhD	NCBP
David Cool, PhD	Pharmacology & Toxicology
Stefan Czerwinski, PhD	Community Health
Michael Johnson, MD	Orthopaedic Surgery, Surgery

Promotion to Associate Professor

Patricia Abboud, MD	Pediatrics
Ajay Agarwal, MBBS	Internal Medicine
Amanda Bell, MD	Family Medicine
Ashley Fernandes, MD, PhD	Community Health, Pediatrics
Michael Galloway, DO	Obstetrics & Gynecology
Michael Herbenick, MD	Orthopaedic Surgery
Geetika Kumar, MD	Internal Medicine
Miryoung Lee, PhD	Community Health, Pediatrics
James Ouellette, DO	Surgery
Courtney Sulentic, PhD	Pharmacology & Toxicology
Mbaga Walusimbi, MD	Surgery
Christopher Wyatt, PhD	NCBP

University Faculty Awards

The committee recommended three faculty for presidential awards – Distinguished Professor of Research, Distinguished Professor of Teaching, and Early Career Achievement. Cameron Chumlea, PhD, received the Brage Golding Distinguished Professor of Research award and Dean Parmelee, MD, received the Robert J. Kegerreis Distinguished Professor of Teaching award.



Attachment G

Annual Faculty Meeting
May 17, 2012
Research Committee

Boonshoft School of Medicine Seed Grants

On April 23, the Research Committee reviewed 15 applications for the 2012 competition:

- Emerging Science – 11
- Genomics – 1
- Proteomics – 2
- Medical Education – 1

The determination was for 11 proposals to receive funding. Announcement of awards will be made in June.