College of Medicine
General Faculty Meeting

August 29, 2017
August 29 Agenda

1. Welcome and introduction of incoming Faculty Council representatives

2. Michael Dobbs, MD
   • Regional Campus Expansion Initiative Update

3. Robert S. DiPaola, MD, Dean
   • COMMITS—Strategic Plan
   • At out BEST Overview
   • DOE update
   • Faculty Evaluation Schedule Change

4. Charles H. (Chipper) Griffith III, MD
   • LCME Update and Discussion

5. Open Discussion
The Faculty Council applauds Michael Kilgore for his service. We also congratulate him on being named Associate Dean for Biomedical Education. As a member of the Dean’s Office currently, he has recused himself from FC duties according to Faculty Rule 3.32.c Membership, which states "Members of the Dean’s Office and the Chair’s Council are not eligible for membership in the Faculty Council".

His replacement will be the Basic Science Department runner up from the recent faculty elections.
Regional Campus Expansion Update

Michael Dobbs, MD
associate dean for statewide and clinical initiatives
Conceptual Rendering: Signage Option 5 - White Logos (View #2)
PROJECT TIMELINE AND MILESTONES

INITIAL DESIGN MEETING
SITE PREPARATION
GROUNDBREAKING
CONCRETE POURS BEGIN – GARAGE
EXTERIOR FRAMING
MASTERY VENEER
ROOFING
BUILDING DRY-IN
FINISH GRADE & LANDSCAPING
MOVE IN

03/2017 05/2017 06/2017 09/2017 12/2017 01/2018 02/2018 03/2018 05/2018 07/2018
# Overview of Key Milestones

## As of August 11, 2017

<table>
<thead>
<tr>
<th>Work Group</th>
<th>Number of Key Milestones</th>
<th>Percent Complete</th>
<th>Status Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facilities</strong></td>
<td>19</td>
<td>36%</td>
<td>●</td>
</tr>
<tr>
<td>Faculty Affairs</td>
<td>9</td>
<td>75%</td>
<td>●</td>
</tr>
<tr>
<td>Curriculum</td>
<td>10</td>
<td>56%</td>
<td>●</td>
</tr>
<tr>
<td>Admissions</td>
<td>11</td>
<td>92%</td>
<td>●</td>
</tr>
<tr>
<td>Student Affairs</td>
<td>13</td>
<td>63%</td>
<td>●</td>
</tr>
<tr>
<td><strong>Compliance</strong></td>
<td>4</td>
<td>Ongoing</td>
<td>●</td>
</tr>
<tr>
<td>External Relations</td>
<td>11</td>
<td>19%</td>
<td>●</td>
</tr>
<tr>
<td>Finance</td>
<td>8</td>
<td>73%</td>
<td>●</td>
</tr>
<tr>
<td>Human Resources</td>
<td>8</td>
<td>80%</td>
<td>●</td>
</tr>
<tr>
<td>Information Technology</td>
<td>12</td>
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<td>Internal Audit</td>
<td>4</td>
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<td>●</td>
</tr>
<tr>
<td>Legal</td>
<td>11</td>
<td>48%</td>
<td>●</td>
</tr>
<tr>
<td>Philanthropy</td>
<td>7</td>
<td>93%</td>
<td>●</td>
</tr>
<tr>
<td>Risk Management</td>
<td>7</td>
<td>Ongoing</td>
<td>●</td>
</tr>
</tbody>
</table>

### Total Campus Expansion Initiative Progress to Date:

- **Foundations:** 63%
- **Strategic Enablers:** 48%
- **Total:** 55%

*(On Target)*

Preliminary working document. Confidential and proprietary.
Adjunct Faculty Appointment Process

Identification and initial screening process

Approval to Recruit
1. Determine need via Regional Associate Dean
2. Adjunct Series job description submitted to Dean (via Faculty Resource Coordinator) with recommended funding parameters
3. Approval letters obtained from Dean and Provost

Candidate Identified name & details for:

Faculty Affairs Regional Campus
1. Note referral source
2. Determine that basic criteria for appointment are met

Approval and application process at regional campus

Regional Associate Dean or Designee
Informs Faculty affairs & Potential AF "No"

Verify Fit with Curriculum Committee

To Regional Associate Dean or Designee for Decision

Regional Associate Dean shares academic credentials with UK COM chair to consider potential for appointment and to confirm process for faculty review.

Confirm that Basic Appointment Criteria Are Met pre Solicitation of Application:
1. Unrestricted Medical License without pending board action (physician faculty)
2. Training completed in specialty and/or appropriate department for appointment determined
3. Applicant passed pre-screening process 4.

Potential Adjunct Faculty

Dossier Initiated
Regional Faculty Affairs Office initiates dossier preparation. Steps to follow:
1) Request official, stamped terminal transcript be sent directly to regional campus, and CV
2) For non-physician candidates, request evidence of teaching competence if not documented in CV.
3) Forward approved job description and Authorization to Recruit to HR for posting and prompt candidate to apply
4) Once candidate applies, pre-drug screening and background check is initiated
5) Interim dossier should contain copies of job description, Authorization to Recruit, CV, transcript (if available), and recommendation letter from regional Associate Dean
6) Gather I-9

Dossier Completed
Regional Faculty Affairs Office completes dossier by adding 1) Recommendation of chair, 2) Departmental statement of evidences 3) Written opinions from required faculty members, 4) Description of procedural steps

Regional Faculty Affairs Office drafts and forwards Chair Memo for action with interim dossier. Departmental review process conducted.

COM and University approval process

Regional Faculty Affairs Office drafts and forwards Chair Memo for action with interim dossier. Departmental review process conducted.

Dossier sent to Faculty Resource Coordinator for processing

To Regional Associate Dean or Designee for Decision

1. Course/Clerkship Director, etc. notified by regional Faculty Affairs Office
2. Before student placement, Faculty Development Orientation with AF

Adjunct Faculty begins educational role

Continued process management by Regional Campus Faculty Affairs
Adjunct Faculty Compensation Model

- Adjunct faculty compensation model was developed cross-functionally then refined by Roxie Allison, Jennifer Collins, Tom Kelly, Michael Dobbs, Chipper Griffith

- Adjunct faculty will be paid a stipend based on the AAMC fair market value of the specialist needed for each position

- Calculations were based on an FTE model and converted into a stipend rounded to the $500 value

- The stipend will be paid half at the beginning of the course and half once grades are posted and the course has been completed to LCME standards

- Adjunct Faculty offer letters will need to reflect the timing and the LCME standard expectation

- IU Regional Campus faculty are paid in a similar manner, as are adjunct faculty members in other health colleges on campus

- During the M1 training year, the Anatomist will receive ½ stipend and the Radiologist will receive ¼ stipend

- These amounts are in direct relation to the amount of training estimated for each position

- Other adjunct faculty positions have minimal training requirements that do not exceed the normal scope of the orientation expectation; therefore, a training stipend will not be included for other adjunct faculty members

- M1 instructional needs and stipends have been set, M2 instructional needs will be determined in Fall 2017
### Adjunct Faculty Compensation Model: Example

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Stipend Amount</th>
<th>Course Begins (first payment initiated)</th>
<th>Payment Amount</th>
<th>Course Ends (second payment initiated)</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course 1</td>
<td>$5000</td>
<td>8/1/2018</td>
<td>$2500</td>
<td>10/1/2018</td>
<td>$2500</td>
</tr>
<tr>
<td>Course 2</td>
<td>$3000</td>
<td>10/2/2018</td>
<td>$1500</td>
<td>2/1/2019</td>
<td>$1500</td>
</tr>
<tr>
<td>Course 3</td>
<td>$1000</td>
<td>8/1/2018</td>
<td>$500</td>
<td>4/1/2019</td>
<td>$500</td>
</tr>
</tbody>
</table>
New Faculty

J. Paul Rubin, MD
Radiology

Sonya Dick, DPT
Anatomy

Preliminary working document. Confidential and proprietary.
### Milestone Achievement Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>December 2016</strong></td>
<td>- December 19, 2016: Regional campus expansion exploration meeting (Highland Heights)</td>
</tr>
<tr>
<td><strong>January 2017</strong></td>
<td>- January 17, 2017: Review of facility requirements, M1 and M2 years (Highland Heights)</td>
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<tr>
<td></td>
<td>- January 19, 2017: Public Relations planning session for UK College of Medicine – Northern Kentucky Campus announcement (teleconference)</td>
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<tr>
<td><strong>February 2017</strong></td>
<td>- February 15, 2017: Public Relations planning session for UK College of Medicine – Northern Kentucky Campus announcement (teleconference)</td>
</tr>
<tr>
<td></td>
<td>- February 24, 2017: Review of M1 and M2 facility needs; Memorandum of Understanding executed by and between UK College of Medicine, Northern Kentucky University, and Saint Elizabeth Healthcare (Highland Heights)</td>
</tr>
<tr>
<td></td>
<td>- February 27, 2017: Public announcement of UK College of Medicine – Northern Kentucky Campus (Highland Heights)</td>
</tr>
<tr>
<td><strong>March 2017</strong></td>
<td>- March 24, 2017: Review and in-depth discussion of M1 and M2 facility needs (Lexington)</td>
</tr>
<tr>
<td></td>
<td>- March 29, 2017: Review of M3 and M4 facility needs (Edgewood and Erlanger)</td>
</tr>
<tr>
<td><strong>April 2017</strong></td>
<td>- April 18, 2017: Parties agree to pursue opening UK College of Medicine – Northern Kentucky Campus in Fall 2019</td>
</tr>
<tr>
<td><strong>May 2017</strong></td>
<td>- May 9, 2017: M1-M2 facilities planning meeting (Lexington)</td>
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<tr>
<td></td>
<td>- May 12, 2017: Review Northern Kentucky Campus initiative with NKU Interim President</td>
</tr>
<tr>
<td><strong>June/July 2017</strong></td>
<td>- June 13, 2017: M1-M2 facilities site visit (Highland Heights)</td>
</tr>
<tr>
<td></td>
<td>- July 12, 2017: Executive Campus Kickoff and Planning Session (Highland Heights)</td>
</tr>
<tr>
<td></td>
<td>- July 31, 2017: Joint Executive Oversight and Joint Implementation Committee Formalized</td>
</tr>
</tbody>
</table>
Governance Structure Overview

Executive Oversight Committee
- Provide partnership governance and vision setting
- Provide strategic planning and decision making
- Resource allocation
- *Meets quarterly* – frequency may increase during design, development, and implementation phases
- Meets in Northern Kentucky

Implementation Committee
- Provide implementation oversight and guidance to Operational Work Groups
- Review and assess recommendations of Operational Work Groups
- Manage and prioritize the execution of overall implementation plan
- *Meets monthly* - frequency may increase during design, development, and implementation phases
- Meets in Northern Kentucky

Operational Work Groups
- Admissions
- Communication
- Compliance
- Curriculum
- Facilities
- Faculty Affairs
- Finance
- Government / University Affairs
- Human Resources
- Information Technology
- Internal Audit
- Legal
- Marketing
- Medical Alumni Affairs
- Philanthropy
- Public Relations
- Risk Management
- Student Affairs

*Daily interaction* and weekly updates to Implementation Committee

Preliminary working document. Confidential and proprietary.
COMMITS

College of Medicine Map to Impact through a Transdisciplinary Strategy
Goals for COM Strategic Planning Process

- Develop a clear and concise strategic roadmap for the College of Medicine
- Integration and alignment with existing University and UK HealthCare strategic plans

**UK Strategic Plan 2015-2020**

**TRANSFORMING TOMORROW**

**Vision:** As Kentucky’s indispensable institution, we transform the lives of our students and advance the Commonwealth we serve—and beyond—through our teaching and learning, diversity and inclusion, discovery, research and creativity, promotion of health, and deep community engagement.

**Strategic Objectives:**
1. Undergraduate Student Success
2. Graduate Education
3. Diversity and Inclusivity
4. Research and Scholarship
5. Outreach and Community Engagement
10 months to create

5 Colleges
(Nursing, Medicine, Pharmacy, Dentistry, Health Sciences)

Nearly 50 faculty and staff on Strategy Committee and Work Groups

Surveys to all faculty, staff and students

5 pillars → 21 goals → 90 tactics

1 College of Medicine Strategic Plan
**Mission - Vision - Values**

**Mission**

The College of Medicine promotes a diverse and inclusive environment that provides excellence in education, equitable health care and transformative research to improve the health and wellness of Kentuckians and beyond.

**Vision**

The University of Kentucky College of Medicine is a national leader in solving the challenges in health care through transdisciplinary and transformational education, research, and advanced clinical care.

**Values**

- **Diversity:** We foster a people-centered environment inclusive of all.
- **Innovation:** We embrace continual learning and improvement to drive positive change.
- **Respect:** We value our patients and families, our community, our co-workers, our trainees, ourselves, and the resources entrusted to us.
- **Compassion:** We express empathy for the needs, thoughts, and feelings of those we serve and with whom we work.
- **Teamwork:** We cultivate meaningful relationships to create positive outcomes.
COMMENTS
College of Medicine Map to Impact through a Transdisciplinary Strategy

EDUCATION
OBJECTIVE: Strengthen the quality and distinction of our educational programs to develop our learners into accomplished professionals and scholars who contribute through their clinical and community service, research and discovery, creative endeavors, and teaching.

RESEARCH
OBJECTIVE: Advance transformative research through collaboration and innovation, leading to scientific impact and improved health for the people of Kentucky and beyond.

CLINICAL CARE
OBJECTIVE: Advance expert clinical care through highly engaged physicians, scientists and health care teams using evidence-based practices, while embracing a patient- and family-centered culture.

DIVERSITY & INCLUSIVITY
OBJECTIVE: Enhance all forms of diversity through education, recruitment, hiring, retention, promotion and initiatives to provide experiences that ensure inclusive excellence.

COMMUNITY ENGAGEMENT
OBJECTIVE: Establish bidirectional partnerships and employ leading-edge communication and technology, education, and research in innovative ways to advance the health of the people in Kentucky and beyond.

STRATEGIC ENABLERS: WORKFORCE WELLBEING | FACILITIES INFORMATION TECHNOLOGY | ACCOUNTABILITY AND FISCAL RESPONSIBILITY
College of Medicine Vision

The University of Kentucky College of Medicine is a national leader in solving the challenges in health care through transdisciplinary and transformational education, research, and advanced clinical care.
Create Impact on the Health Care Issues in Kentucky

- Cancer – 1\textsuperscript{st}
- Chronic Lower Respiratory Disease – 1\textsuperscript{st}
- Diabetes – 14\textsuperscript{th}
- Heart Disease – 8\textsuperscript{th}
- Stroke – 11\textsuperscript{th}
- Drug Overdose/Addiction
- Obesity
- Health Care Workforce Shortage
College of Medicine Vision

The University of Kentucky College of Medicine is a national leader in solving the challenges in health care through transdisciplinary and transformational education, research, and advanced clinical care.
Transdisciplinary

Researchers from different disciplines work jointly to develop and use a shared conceptual framework that synthesizes theories, concepts, and methods, to create new approaches to address a common problem.

Multidisciplinary

Researchers from different disciplines work sequentially, each from their own discipline specific perspective, with a goal of eventually combining results to address a common problem.

Interdisciplinary

Researchers from different disciplines work jointly to address a common problem. Some integration of perspectives occurs, but contributions remain anchored in their own disciplines.

Unidisciplinary

Researchers from a single discipline work together to address a common problem.

College of Medicine Vision

The University of Kentucky College of Medicine is a national leader in solving the challenges in health care through transdisciplinary and transformational education, research, and advanced clinical care.
Excellence in Education

Objective:
*Strengthen* the quality and distinction of our educational programs to *develop our learners* into accomplished professionals and scholars who contribute through their clinical and community service, research and discovery, creative endeavors, and teaching.
## Excellence in Education Goals

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1:</strong></td>
<td>Become the indispensable institution for training physicians for Kentucky in Kentucky. (&quot;Impact&quot;)</td>
</tr>
<tr>
<td><strong>2:</strong></td>
<td>Grow innovative and distinctive educational programs that ensure all graduates possess the skills to discover, apply and integrate knowledge for the future. (&quot;Impact&quot;)</td>
</tr>
<tr>
<td><strong>3:</strong></td>
<td>Provide state-of-the-art facilities and technology to support our educational programs. (&quot;Infrastructure&quot;)</td>
</tr>
<tr>
<td><strong>4:</strong></td>
<td>Value faculty educational efforts and activities. (&quot;Talent&quot;)</td>
</tr>
<tr>
<td><strong>5:</strong></td>
<td>Enhance the academic, professional and personal development of our current and future learners. (&quot;Impact&quot;)</td>
</tr>
</tbody>
</table>
Example: Excellence in Education

Goal
• Become the indispensable institution for training physicians for Kentucky in Kentucky. (“Impact”)

Tactic
• Create regional medical school campuses in Bowling Green, Northern KY and Morehead.

Metric
• Bowling Green Campus will open FY18-19. Northern Kentucky and Morehead Campuses are planned to open FY19-20
Statewide Educational Efforts

- Student (includes AHEC and elective rotations)
- Residency
- Regional Campus Expansion Site
Groundbreaking Research

Objective:

*Advance transformative research* through collaboration and innovation, leading to scientific impact and improved health for the people of Kentucky and beyond.
Groundbreaking Research Goals

1: Develop and invest in defined signature and emerging research areas leading to scientific impact and improved health of the people of Kentucky and beyond. ("Impact")

2: Create an optimal research community to increase the overall research ranking of the College of Medicine. ("Talent")

3: Improve the quality and access to infrastructure supporting research efforts. ("Infrastructure")

4: Create more collaborative research opportunities to advance groundbreaking discoveries. ("Transdisciplinary Integration")
Example: Groundbreaking Research

**Goal**
- Create more collaborative research opportunities to advance groundbreaking discoveries. (“Transdisciplinary Integration”)

**Tactic**
- Launch and evolve new collaborative research opportunities that promote synergy among multiple areas (e.g. Value Implementation Project (VIP) Initiative, Multidisciplinary Value Program (MVP) Initiative)

**Metric**
- Track number of interdisciplinary collaboration in grants and publications across the college and Track clinical trial accrual
Experts in Science/Discovery

Experts in Clinical Care

Education

Multidisciplinary Value Program (MVP)
Experts in Science/Discovery
Translation
Evidence
Implementation
Experts in Clinical Care
Education

Multidisciplinary Value Program (MVP)
Multidisciplinary Value Program (MVP)
## MVP Awarded Teams

<table>
<thead>
<tr>
<th>Round</th>
<th>Project Title</th>
<th># of Departments</th>
<th># of Colleges</th>
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<tbody>
<tr>
<td>Round 1</td>
<td>Altered Lipid Metabolism as a Novel Target for Colon Cancer Treatment</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Improving Addiction Treatment for Hospitalized Opioid Dependent Patients with Infective Endocarditis</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Treatment of FUS-Related ALS with Betamethasone</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Assessing Effects of Electronic Cigarettes on Airway Resistance in Asthma</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Early Anti-Inflammatory Treatment in Patients with Acute ACL Tear and Painful Effusions</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>The INFUSE Trial - Intervening with Platelet Transfusions in Septic Patients</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Round 2</td>
<td>Mechanisms and Treatment of Skeletal Muscle Weakness in Acute Lung Injury</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Magnesium And Verapamil after Recanalization in Ischemia of the Cerebrum (MAVARIC) in the Kentucky Regional Population: a Clinical and Translational Study</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Application of Theory and Evidence to Promote Full Recovery from Pediatric Injury</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>
Multidisciplinary Value Program (MVP)

Magnesium And Verapamil After Recanalization in Ischemia of the Cerebrum (MAVARIC) in the Kentucky regional population

- Ischemic stroke is a leading cause of death and morbidity.
- Randomized trials show clinical benefit from endovascular thrombectomy, but outcomes were not uniform.

PIs: Justin F. Fraser, MD and Gregory J. Bix, MD, PhD
Objective:

*Advance expert clinical care* through highly engaged physicians, scientists and health care teams using evidence-based practices, while embracing a patient- and family-centered culture.
## Advanced Clinical Care Goals

1: Lead, teach and embrace the patient- and family-centered model of care consistent with the delivery of high-value services. (“Infrastructure”)

2: Foster an engaged community of academically expert physician educators that embrace a culture of excellence and innovation in patient care. (“Talent”)

3: Continue advancement of excellence through enhanced integration and collaboration of our health care teams. (“Transdisciplinary Integration”)

4: Leverage clinical innovation and discovery to create transformational change to improve health and wellness. (“Impact”)

Example: Advanced Clinical Care

Goal
• Lead, teach and embrace the patient- and family-centered model of care consistent with the delivery of high-value services. (“Infrastructure”)

Tactic
• Prioritize system infrastructure and resources to optimize the patient- and family-centered model of care (e.g. access, scheduling, navigation, results, environment, etc.)

Metric
• Improve US News & World Report rankings.
• Review and track quality improvement projects.
@OurBEST Initiative: Clinical Growth

• Supports College of Medicine and UK HealthCare strategic plans.
• Includes College of Medicine and UK HealthCare representation on all implementation teams.
• Focuses on Academic Growth, Clinical Growth and Supply Chain Optimization in an effort to improve value-based, patient-centered care.
Value for Innovation and Implementation (VI²P)
Value for Innovation and Implementation (VI²P)
## VI²P Selected Letters of Intent

<table>
<thead>
<tr>
<th>Project Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of a Transvaginal Ultrasound Surveillance Program in Women with a History of Previous Preterm Birth: Disseminating Evidence Based Practices for Reducing Preterm Birth in Appalachian Kentucky</td>
</tr>
<tr>
<td>Implementation &amp; Dissemination Studies for Best-Practices in Perinatal Medicine: Delaying Umbilical Cord Clamp (DCC) for Improved Infant Outcomes in Kentucky</td>
</tr>
<tr>
<td>Supporting Caregivers In Feeding Preterm Infants: Evidence-Based Strategies For Improved Outcomes</td>
</tr>
<tr>
<td>Implementing Emergency Department Hepatitis C Screening with Linkage to Care</td>
</tr>
<tr>
<td>UK-CECT: Multidisciplinary Study of Contrast Enhanced Computed Tomography Evidence-Based Practice</td>
</tr>
<tr>
<td>Implementation of Diagnostic Management Teams to Direct Optimal Evidence-Based Test Ordering and Interpretation</td>
</tr>
<tr>
<td>Implementation &amp; Dissemination Studies for Best-Practices In Perinatal Medicine: Evidence Based Treatment For Improving Neonatal Abstinence Syndrome Outcomes</td>
</tr>
<tr>
<td>Inferior Vena Cava Filter Retrieval E- Notification System (IVC-FRENS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awarded</th>
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<tbody>
<tr>
<td>Partnership for Identification and Primary- care based Enrollment to a Prevention Intervention for Diabetes (PIPE to Prevent Diabetes)</td>
</tr>
<tr>
<td>Implementing Oncology Precision Medicine in Kentucky</td>
</tr>
<tr>
<td>Adaptation and Pilot Implementation of the Family Check-Up for Deaf and Hard of Hearing Children</td>
</tr>
<tr>
<td>Tobacco use in Pregnancy Intervention for Cessation (ToPIC)</td>
</tr>
</tbody>
</table>
Using Genomic Sequencing to Answer Diagnostic Questions Beyond Standard Care

• A Patient that presented with a lung mass and pancreas mass simultaneously by scans

• Question: Was this one tumor that spread or two cancers that started in different organs?

<table>
<thead>
<tr>
<th>GENOMIC ALTERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
</tr>
<tr>
<td>FGFR1 amplification</td>
</tr>
<tr>
<td>MYST3 amplification</td>
</tr>
<tr>
<td>TP53 H193R</td>
</tr>
<tr>
<td>KRAS G12V</td>
</tr>
<tr>
<td>CDKN2A A21D</td>
</tr>
</tbody>
</table>

Rodriguez et al. J Clin Oncol 32:5s, 2014 (suppl; abstr 11076)
Hirshfield et al. The Oncologist, August 26, 2016
Diversity and Inclusivity

Objective:
*Enhance* all forms of diversity through education, recruitment, hiring, retention, promotion and initiatives to provide experiences that ensure inclusive excellence.
Diversity and Inclusivity Goals

1: Ensure social accountability by promoting inclusivity, cultural humility and health equity. (“Impact”)

2: Increase and promote racial/ethnic and gender diversity that reflects the population of Kentucky. (“Talent”)

3: Promote a culture where diversity and inclusion are respected and valued. (“Infrastructure”)

4: Expand and enhance opportunities for diverse and inclusive worldviews and perspectives. (“Transdisciplinary Integration”)

University of Kentucky
College of Medicine

COMMTS
College of Medicine: Impact through Transdisciplinary Strategy
Example: Diversity and Inclusivity

**Goal**
- Increase and promote racial, ethnic and gender diversity that reflects the population of Kentucky. (“Develop Talent”)

**Tactic**
- Develop a process to review and share knowledge from the College of Medicine recruitment, hiring and retention cycle.

**Metric**
- Track number of underrepresented faculty and students interviewed, offered positions, hired, retained, and lost.
Associate Dean for Diversity and Inclusion

• Renay Scales, PhD, was appointed associate dean for diversity and inclusion and will start mid-August.

• She is joining the UK College of Medicine team from the University of Pikeville – Kentucky College of Osteopathic Medicine.

• Former board member with the National Coalition Building Institute.

• Member of advisory board for the National Conference of Race and Ethnicity.
Community Engagement

Objective:

*Establish bidirectional partnerships* and employ leading-edge communication and technology, education, and research in innovative ways to advance the health of people in Kentucky and beyond.
Community Engagement Goals

1: Develop an effective and comprehensive communication plan to better understand community health priorities and preferred methods to address them. (“Infrastructure”)

2: Develop an effective and comprehensive communication plan to educate communities and better promote the providers and health expertise of the College of Medicine. (“Infrastructure”)

3: Engage communities to better align and coordinate ongoing and developing synergies at UK addressing health priorities in the Commonwealth. (“Talent”)

4: Support Kentucky’s communities and health care providers through collaborations and partnerships that broaden access to advanced subspecialty care, innovative care models, research and educational opportunities. (“Impact”, “Transdisciplinary Integration”)
Example: Community Engagement

Goal
• Develop an effective and comprehensive communication plan to better understand community health priorities and preferred methods to address them. (“Infrastructure”)

Tactic
• Gain feedback from communities and providers to understand health needs and align high quality services.

Metric
• Ex. Colorectal Screening Rates
Evidence Implementation: Decreasing Colorectal Cancer Incidence in the Commonwealth

• **The Problem:** In 2001, Kentucky ranked 49th out of 50 in colorectal cancer screening, with only 34.7% of individuals over 50 years old being screened

• **The Plan:** Led by Dr. Thomas Tucker (CP), evidence-based cancer control programs aimed at increasing colorectal cancer screening were implemented

• **The Result:** In the 7 years following implementation, the screening rate rose to 63.7%—a remarkable improvement not matched by any other state


Funding source: U55 DP003027
BEST
Building Efficiencies through Strategic Transformation
BUILDING EFFICIENCIES THROUGH STRATEGIC TRANSFORMATION

- Spans UK HealthCare and the College of Medicine
- Eliminate “work-arounds”; smooth out our processes
- Break down silos
- Bring decision-making down to a “local” level to implement change
LINKAGE TO STRATEGIES

UK HealthCare Strategy 2020

College of Medicine 2018-2024
RECAP OF ASSESSMENT PHASE

March – May 2017

- ORGANIZE ASSESSMENT
- CONDUCT INTERVIEWS, OBSERVATIONS, AND COMPLETE ANALYTICS
- INTEGRATE OPPORTUNITIES

- REQUEST DATA
- GATHER INFORMATION
- CONDUCT DEBRIEF MEETINGS
- DEVELOP FINDINGS
GOVERNANCE & ACCOUNTABILITY

Executive Leadership Team

Executive Drive Team

Strategic Transformation Team

Academic Growth Drive Team  Clinical Growth Drive Team  Supply Chain Drive Team

All Faculty & Staff
## EXECUTIVE DRIVE TEAM

### Executive Sponsors:
- Michael Karpf, MD / Mark Newman, MD
- Mark Birdwhistell
- Bo Cofield, DrPH
- Eric Monday, PhD
- Craig Collins
- Robert DiPaola, MD

### Lead Driver:
- Jim Zembrodt

### DRIVE TEAM MEMBERS
- Roxie Allison
- Phil Chang, MD
- Chris DeSimone, MD
- Cecilia Page, DNP
- Jim Geddes, PhD
- Chipper Griffith, MD
- Wendy Hansen, MD
- Darrell Jennings, MD
- Rick McClure, MD
- Lorra Miracle
- John Phillips
- Colleen Swartz, DNP
- Kim Wilson

### IMPLEMENTATION PRIORITIES
- Portfolio Management / Enterprise Project Management
- Implementation Science
SUPPLY CHAIN OPTIMIZATION DRIVE TEAM

- Negotiate **improved pricing** and manage utilization of supplies and services
- Improve existing **procedures and technology** in supply chain operations and **value analysis**
- Renegotiate current **GPO relationship** for improvement
- Align purchasing/contracting and logistics to operate within work volume benchmarks
- Develop a more stringent approach with staff and physicians to reach the optimal level for **utilization and standardization**
- Review and enhance current structure of Value Analysis Teams (VAT) and consider revising objectives, goals and membership
- Financial opportunity estimation: $9M - $18M
# SUPPLY CHAIN OPTIMIZATION DRIVE TEAM

<table>
<thead>
<tr>
<th>Executive Sponsors:</th>
<th>Craig Collins &amp; Phil Chang, MD</th>
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<tbody>
<tr>
<td>Lead Drivers:</td>
<td>Lorra Miracle &amp; Chris DeSimone, MD</td>
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</table>

## DRIVE TEAM MEMBERS

- Sandra Beck, MD
- Eric Endean, MD
- Darrell Jennings, MD
- JJ Housley, PharmD
- Jeremy Flynn, PharmD
- Amy Gewirtz, MD
- Gary Johnson, PharmD
- Mark Williams, MD
- Brandy Mathews
- Chris Petter
- Denise Quandt
- Sherry Rankin
- Paul Reister
- Scott Stevens, MD
- Lee Vermeulen
- Khaled Ziada, MD

## IMPLEMENTATION PRIORITIES

- Clinical Supplies (OR, IR, Endo, etc.)
- Support Services
- Pharmacy
- Laboratory
- Supply Chain Operations & Value Analysis
- Product Standardization and Utilization
- Price Negotiation
- Assess GPO Relationship
- Purchased Services Agreements
- UK Collaborative
- Blood Management
CLINICAL GROWTH DRIVE TEAM

- Establish **appropriate patient access** across enterprise
- Optimize **patient experience** to support clinical growth
- Improve **Position Management** process
- **Standardize** tools and work standards for **optimal workforce management**
- **Enhance** financial and operational performance of **physician practices**
- **Assess faculty compensation** across clinical, research and teaching activities
- **Streamline governance structure** for physician enterprise; enhance physician engagement at the “local” level
- **Financial opportunity estimation:** $23M - $40M
**CLINICAL GROWTH DRIVE TEAM**

<table>
<thead>
<tr>
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</table>

**DRIVE TEAM MEMBERS**

- Andrew Bernard, MD
- Lacey Buckler, DNP
- Roberto Cardarelli, MD
- Scottie Day, MD
- Chris DeSimone, MD
- Michael Dobbs, MD
- Byron Gabbard
- Jay Grider, OD, PhD
- Larry Goldstein, MD
- Gwen Moreland, DNP
- Peter Morris, MD
- Jitesh Patel, MD
- John Phillips
- Chuck Sargent, MD
- Kim Warner
- Kim Wilson

**IMPLEMENTATION PRIORITIES**

<table>
<thead>
<tr>
<th>Workforce Optimization</th>
<th>Care Access &amp; Practice Efficiency</th>
<th>Practice Governance &amp; Reporting</th>
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<tbody>
<tr>
<td>• Contingent Labor (Agency) &amp; Premium Pay</td>
<td>• Improve inpatient and ambulatory access and related patient experience</td>
<td>• Develop alignment among faculty and staff to reduce care variation</td>
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<tr>
<td>• Position Approval &amp; Management</td>
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<td>• Optimize Staff Productivity</td>
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**Provider Compensation**

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<th>Shared/Administrative Services</th>
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ACADEMIC GROWTH DRIVE TEAM

- Create transparency in funds flow among all stakeholders
- Improve research funding operations and clearly align with organizational priorities
- Improve clinical trial administration, enrollment, and services
- Make it easier to commercialize our research
- Advance educational mission
- Improve the operational efficiency and effectiveness of administrative services
- Enhance and leverage cross-campus research opportunities
# ACADEMIC GROWTH DRIVE TEAM

## Executive Sponsors:
Robert DiPaola, MD

## Lead Drivers:
Roxie Allison & Jim Geddes, PhD

## DRIVE TEAM MEMBERS
- Doug Andres, PhD
- Lacy Buckler, DNP
- Lisa Cassis, PhD
- Alan Daugherty, PhD, DSc
- Becky Dutch, PhD
- Mark Evers, MD
- Chris Feddock, MD
- Chipper Griffith, MD
- Scott Roth, MD
- Xianglin Shi, PhD
- Susan Smyth, MD
- Linda Van Eldik, PhD
- Sharon Walsh, PhD
- Mark Williams, MD
- Eleftherios Xenos, MD

## IMPLEMENTATION PRIORITIES

### Research Investment
- Research Centers and Programs
- Research Space Management and Research-related Overhead
- Research Core Facilities and Shared Equipment Labs
- Clinical Trial Revenue

### Technology Transfer
- Improve Research Commercialization

### Funds Flow

### Administrative Services

### Faculty Effort
- Clinical, Research, Academic, Administrative
STRATEGIC TRANSFORMATION TEAM

- Physician involvement to enable robust academic and clinical growth
- Change management methodology, framework and tools
- Leader skillsets in leading sustainable change
- Structured, cascading, customized communication strategy
- Centralized project management
- Clarifying decision-making authority and process to hardwire accountability
- Providing reliable, actionable data to make decisions in a timely manner
### STRATEGIC TRANSFORMATION TEAM

**Executive Sponsor:** Mark D. Birdwhistell  
**Lead Driver:** Wendy Hansen, MD & Jim Zembrodt

<table>
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<td>Maher Baz, MD</td>
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<td>Robert Gaiser, MD</td>
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<td>Jon Gent</td>
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<td>Rob Edwards</td>
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<td>Raleigh Jones, MD</td>
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<td>Marc Randall, MD</td>
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<td>Steve Strup, MD</td>
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<td>Benefit Measurement</td>
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<td>Technology Support</td>
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KEY TAKEAWAYS

- Investments will continue to be made into the organization
- UK HealthCare is successful and this work is to ensure we remain so
- We must be proactive in addressing external financial pressures
- The organization is committed to creating an environment with focused accountability and decision-making
- It will take everyone in the organization to make this a success
- Transparency and communications will be a key focus of the process
- We will continue to leverage our distinction as an AMC
Effort and Career Development Update

• Development of Clinical Title Series
• Research
• Education
• Clinical
Faculty Performance Evaluations

2016 - July 1, 2016 – June 30, 2017
Performance Evaluation Time Period

2017 - October 2017 – February 2018
Evaluation Process

2018
LCME Site Visit

The UK College of Medicine LCME Team Survey Visit is

October 14-18, 2018.
LCME Site Visit

Submission of the College of Medicine DCI is:

July 23, 2018

Gathering of data for the LCME Data Collection Instrument (DCI) began in March, 2017.

Self Study Committees will begin meeting in September, 2017.
LCME Site Visit Preparation Timeline

**2017**
- **January 2017**: Confirm LCME site visit dates.
- **April 20, 2017**: LCME Survey Prep Workshop
- **April 2017**: Designate ISA Task Force.
- **August 2017**: ISA Task Force needs to begin compiling survey questions.
- **September**: ISA Task Force meets to begin compiling survey questions.

**2018**
- **January – April 2018**: ISA Task Force prepares the self-study summary report and corrective changes are implemented.
- **May/June 2018**: ISA Task Force sends student survey data to FAL and begins analysis of data from ISA.
- **September – December 2017**: Review and analyze relevant sections of completed DCI and prepare report.
- **November 2017**: ISA Task Force distributes completed DCI sections to the self-study task force and appropriate subcommittees.
- **December 2017**: ISA Task Force sends student survey data to FAL and begins analysis of data from ISA.

**2019**
- **February 2019**: LCME issues accreditation decision.
- **March 2019**: LCME sends accreditation letter to school officials.

**2020**: LCME issues accreditation decision.

**2021**: LCME sends accreditation letter to school officials.
Changes to LCME since 2010 survey visit:

- Reformatted standards (from 132 standards to 12 standards with 93 supporting elements)

- Continuous Quality Improvement
Major Areas of Accreditation Concern
2016-17 Review

• Facilities (Element 5.4)
  • Cited by LCME for space issues in 1995, 2003, 2010
  • Renovations to HG611 (large classroom) and MS 233 (study space) since 2010 visit
  • Renovation of library and simulation center
  • COM Dean’s Office and OME moved to Medical Education Building (September, 2015)

• Scholarships (Element 12.1)
  • Kim Harris hired as Senior Director of Philanthropy for COM (May, 2017)
  • Median student debt $210K vs. national average $180K
  • Out-of-state tuition top 5% AAMC (recently 25-30% of class)

• Programs focused on recruitment and retention of diverse faculty and senior administrative staff (Element 3.3)
  • Dr. Renay Scales hired as Associate Dean for Diversity and Inclusion (August, 2017)
Major Areas of Accreditation Concern
2016-17 Review

• Integration of regional campus faculty (Element 2.6)
  • Dr. Rebecca Todd appointed as Director of RPLP Curriculum

• Ensure COM Policies and Rules of the Faculty have precise LCME language
  • Curriculum Committee primary responsibility (Element 8.1)
  • Admissions Committee authority, definition of quorum and wait list (Element 10.2)
Major Areas of Accreditation Concern 2014-15 Review

• COM-specific Strategic Plan
  • COM Strategic Plan 2018-2024 launched (August, 2017)

• Better formal preparation of residents to teach students
  • Dr. Andy Ayoob appointed as Assistant Dean of Education Faculty Development (March, 2017)

• Insufficient percentage of effort for teaching in Clinical Faculty DOE
  • Clinical Faculty DOE reviewed and approved by Vice Dean for Education (Winter, 2015)
  • Instructional DOE has risen from 8% to 14%
Major Areas of Accreditation Concern 2014-15 Review

• Need for improved communication about educational matters (Learning objectives, etc.)
  • COM Faculty Portal
  • Lauren Greathouse appointed as Senior Director of Communications (April, 2017) working closely with Mary Porter, Director of Communications for OME

• Faculty Affairs leadership / Professional Development Offerings
  • Dr. Michael Rowland appointed as Associate Dean for Faculty Development (June, 2015)
Accreditation Related Strengths of the COM

• Excellent integration of the clinical and foundational sciences
• Effective Curriculum Committee oversight and management of the curriculum
• Accessible Student Affairs administration responsive to student needs
• Approachable curriculum leadership aware of student concerns and actively remedying them
• High student involvement in research with faculty (81% on the 2017 GQ vs. 77% nationwide)
• 4-year overall Step 1 and Step 2 CK pass rates over the national averages
• Strong residency match data-higher than the national average for initial match
• Instruction provided by highly committed basic science and clinical faculty has remained consistent in an environment of significant demands on productivity and growth
Overall, I am satisfied with the quality of my medical education
**LCME Standards and Elements**

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<tbody>
<tr>
<td>1.1</td>
<td>Strategic Planning &amp; Continuous Quality Improvement*</td>
<td>2.1 Access Officer &amp; Faculty Appointments</td>
<td>3.1 Resident Participation in Med Student Life</td>
<td>4.5 Sustained Faculty</td>
<td>5.1 Adequacy of Financial Resources***</td>
<td>6.1 Program and Learning Objectives</td>
<td>7.2 Innovation, Behavioral Social Sciences</td>
<td>8.1.6 Faculty Prep &amp; Skills</td>
<td>9.1.6 Student Access to Ed</td>
<td>10.1 Medical Student Services</td>
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<tr>
<td>1.2</td>
<td>Curr Policies</td>
<td>2.2 Dean's Qualifications</td>
<td>3.2 Community of Scholars/Research Apps</td>
<td>4.15 Scholarly Productivity</td>
<td>5.2 Dean's Authority/Resources</td>
<td>6.2 Required Clinical Experience**</td>
<td>7.2.3 Organ Systems/Pathways/Primary Care/Doc</td>
<td>8.3 Faculty Appointments</td>
<td>9.1.2.3 Faculty Access</td>
<td>10.2 Career Advising***</td>
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<td>1.3</td>
<td>Mesh for Faculty Participation</td>
<td>2.3 Access &amp; Authority of the Dean</td>
<td>3.4 Diversity/Equity Programs &amp; Partnerships***</td>
<td>4.2.5 Access to Faculty</td>
<td>5.3.5 Access to Institutional Resources</td>
<td>6.3 Instructional Methods/Trans Research</td>
<td>7.3.6 Curriculum Development</td>
<td>8.4.5 Access to Student</td>
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<td>Affiliation Agreements</td>
<td>2.4. Sustained Faculty</td>
<td>3.6 Access to Institutional Resources</td>
<td>4.4. Feedback to Faculty</td>
<td>5.5. Resources for Faculty Development</td>
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<td>7.9.10 Curriculum Management</td>
<td>8.9.11 Access to Student</td>
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*Element recommended for monitoring

**Most commonly cited element for "Noncompliance"

***Most commonly cited element for "Compliance with Monitoring"
LCME Institutional Self-Study Subcommittees

- LCME Standard 1: Mission, Planning, Organization and Integrity and Standard 2: Leadership and Administration
  - Chair/Co-Chair: Thomas Kelly, PhD / Terry Stratton, PhD

- LCME Standard 3: Academic and Learning Environments
  - Chair/Co-Chair: Kristy Deep, MD / Renay Scales, PhD

- LCME Standard 4: Faculty Preparation, Productivity, Participation and Policies
  - Chair/Co-Chair: Gregory Jicha, MD, PhD / James Geddes, PhD

- LCME Standard 5: Educational Resources and Infrastructure
  - Chair/Co-Chair: Darrell Jennings, MD / Roxie Allison

  - Chair/Co-Chair: John Wilson, PhD / Michael Piascik, PhD, Deborah Erickson, MD and Berry Seelbach, MD

- LCME Standard 9: Teaching, Supervision, Assessment and Student and Patient Safety
  - Chair/Co-Chair: Alan Hall, MD / John Ragsdale, MD

- LCME Standard 10: Medical Student Selection, Assignment and Progress, Standard 11: Medical Student Academic Support, Career Advising, and Educational Records and 12: Medical Student Health Services, Personal Counseling and Financial Aid Services
  - Chair/Co-Chair: Rachel Saunders, MD / Andrew Hoellein, MD and Wendy Jackson, MD
LCME Institutional Self-Study Task Force and Committee Composition

• The LCME advises that members of the self-study task force should be broadly representative of constituencies of the medical school and its medical program.

• The self-study task force oversees the self-study subcommittees. Chairs and co-chairs of each self-study subcommittee will serve on the self-study task force.

• The LCME suggests assigning subcommittee membership based on the content of the specific standards and elements under review.

• COM self-study subcommittees will be chaired by one faculty member and one senior leader with expertise in the specific standard area.

• Participation in the self-study is an important formative function in preparation for being interviewed by the site team.
Questions?
Open Discussion