HEALTH SCIENCES FACULTY COUNCIL  
Minutes  
April 4, 2017


Guests: B Rhodes  
Recorder: C Dooley

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<th>Call to Order</th>
<th>• Chair Dr. Wachsman called the meeting to order at 5:10 p.m.</th>
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**Dr. William Wachsman, Chair - Announcements**

- Review of PPM 230-Academic Personnel: Some applies to us some does not. Asked HSFC to send comments to he or Cat but there is no formal requirement to submit a response to Academic Senate
- Teleconference with Clinical Affairs Advisory group a UC Wide entity dealing with campus with a Health Sciences entities- Joel Dimsdale overseas this.

- Regents meeting on March 3, 2017 much of it relates to financial affairs of the system from all the various HS campus then after the meeting he sent out the financial dashboard. Jack Stobo sent out a breakdown by campus that talks about the modified operating income or loss before Health Systems Support then After HS support

- Ex: In 2016 UCSD before HS support $51M modified operating income in 2016 after HS support $9.5 M. modified operating income.

**HSFC Member comments:**

- A Reis: Re-engineering of academic affairs operation to help simplify and streamline things significant changes are: 2 sets of policies system wide=APM and Campus wide = PPM but new administration on campus making PPM consistent with APM. The goal is to have campus policy then have procedure manual which will make easier to make future changes
**Announcements cont’d…**

Teleconference with Clinical Affairs Advisory group cont’d:

- UCSF did a faculty climate survey which focused on faculty who has separated from the institution and those break into 2 primary groups: People who are retiring and other that leave to work elsewhere.
  - Reasons for leaving institution due to inadequate salary commensurate to cost of living expenses in Bay Area.

- UCOP trying to create centralized processes for a decentralized system: Ex: every campus is independent in terms of operations and UCOP hopes to create more efficiency for all campuses and would like to implement things that will save money UC Health system wide

- Should anyone have comments/questions please send them to Dr. Wachsman so he can relay these comments to Dr. Joel Dimsdale

- This is a link of an article by Jack Stobo regarding UC Health. It's a quick read and you may find it of interest.
  
| **Dr. Catheryn Yashar, Chair of Committee on Educational Policy (CEP)** | **Presentation:** “UCSD Health Sciences Educational Mission: Current Challenges and Potential Solutions”  
Goal to figure out action items to present to the Department Chairs and to the Board of Governors (BoG) in terms of Education Mission.  
Outline: Brief review of (+ some updates on) relevant data  
• Medical School Data  
• CCC survey  
• ACGME  
• Compensation plans RA2016  
• Faculty Survey  
• Potential Solutions  
  • Ongoing SOM programs  
  • Prior Task Forces  
  • New ideas  
Undergraduate Medical Education:  
• Innovations already taking place  
• Steady upward trends since revision of curriculum  
• Objective metrics look great!  
• Challenge: How can we maintain this level of excellence?  
• Student exit surveys have very good results in terms of overall satisfaction with Medical Education  
On the Horizon:  
• Expansion of interprofessional education  
• Expansion of Master Clinician pilot (Dept. of Pediatrics)  
• Expansion of Standardized Patient pilot (Dept. Neurology)  
• Improved measurement and remediation of clinical skills  
• MS 4 curriculum  
• (LCME accreditation visit) |
### Conclusions:
- Curriculum continues to evolve since major changes enacted in 2010
- In context of curriculum change, along with other factors, multiple outcomes have shown remarkable improvement
  - Areas for improvement remain (e.g., Pathology, Surgery, Reproductive Medicine)
- Successful curriculum changes are very intensive of faculty participation and will fail if best faculty can’t/don’t participate.

### Core Curriculum Committee (CCC):
- CCC hears complaints that it is difficult to get volunteers to teach medical students
- These complaints are becoming more common
- Did a survey of all course directors
- Responses 20/39

### Course Director Survey Results:

#### Areas where faculty “Disagree”:
- Adequate time from clinical responsibilities to teach
- Faculty members are adequately compensated for teaching

#### Areas where faculty “Agree”:
- Difficulty to recruit faculty for small groups
- Difficulty to recruit faculty for lectures
- Time from research to teach
- Adequate time to direct
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<tr>
<th><strong>Graduate Medical Education:</strong></th>
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<tr>
<td><strong>ACGME Resident/Fellow Survey:</strong></td>
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<td>• 6 domains</td>
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<td>• Duty hours</td>
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<td>• Faculty (supervision; create environment of inquiry)</td>
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<td>• Evaluation (feedback)</td>
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<td>• Educational content</td>
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<td>• Resources</td>
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<td>• Patient safety</td>
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<td>• No statistics but can identify trends</td>
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<td>*16 UCSD programs were below National means</td>
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<td><strong>GMEC – outcome of reviews:</strong></td>
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<td>• Outcome is that the clinicians are stretched very thin, especially if geographically challenged</td>
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<td><strong>Physician Survey 2016 (Thomas Savides MD)</strong></td>
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<td><strong>Review of Comments – Not Working Well:</strong></td>
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<tr>
<td>• Lack of confidence in “leadership”</td>
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<tr>
<td>• Not listening</td>
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<td>• Not MD oriented</td>
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<td>• Too many “leaders”</td>
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<td>• Too focused on money</td>
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<td>• Unhappy with RA2016 shifting attention to salary/productivity from quality/scholarly activity</td>
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<td>• Burnout – poor work life balance / hostile work environment</td>
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<td>• Infrastructure problems – esp bed shortages, ED crowding, communication</td>
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<td>• Patient experience problems – access for their families and their patients</td>
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<td><strong>Summary of the data…</strong></td>
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<td>• UGME metrics looking strong but depend on high faculty engagement in curriculum</td>
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**HEALTH SCIENCES FACULTY COUNCIL**  
*Minutes*  
*April 4, 2017*

**Dr. Catheryn Yashar,**  
*Cabinet of Committee on Educational Policy (CEP) Cont’d…*

- CCC survey suggests difficulties getting faculty and feeling of overload
- GME resident surveys are looking much worse in recent years, particularly in realm of faculty engagement
- GMEC survey shows that faculty feel stretched thin and challenged to balance clinical and educational work
- Physician survey raises similar issues
- RA2016 departmental compensation plans are not helpful in promoting educational mission and guiding faculty on how to divide their time

**Potential solutions:**

- Efforts to date
  - Three task forces
  - Proposed changes to RA2017-2018
  - Innovative SOM programs

**Overall Potential Solutions:**

- Different methods used around the country
  - Education RVUs
  - Mission-based budgeting (MBB)
  - Splitting educational mission dollars and this is reduced if not fulfilling the educational mission
- CARE payment meaningful tax
  - Withheld until departments submit as part of RA2017 a specific plan how it will be used for education
| **Dr. Catheryn Yashar, Chair of Committee on Educational Policy (CEP) Cont’d...** | • Withheld and administered directly to faculty with accomplishment of teaching mission goals  
  • Education specialists  
  • Paid to be master educators – obviously chair and faculty must buy in that salaries are partially covered for teaching | **HSFC Comments/Suggestions for Solutions for Educational Funding sources:**  
  • Academy of Medical Educators at UCSF-Look into their plan for paying educators  
  • Get Development Office involved to raise money for Education through Donors |
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<tr>
<td><strong>Dr. William Wachsman, Chair - Approval of Minutes</strong></td>
<td>• Minutes for the March 6, 2017 HSFC meeting were submitted for approval.</td>
<td>• Minutes were approved.</td>
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<td><strong>Adjournment</strong></td>
<td>• The meeting was adjourned at 6:32 p.m.</td>
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<td><strong>Next Meeting</strong></td>
<td>• Tuesday, June 6, 2017 – 5:00 p.m.</td>
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