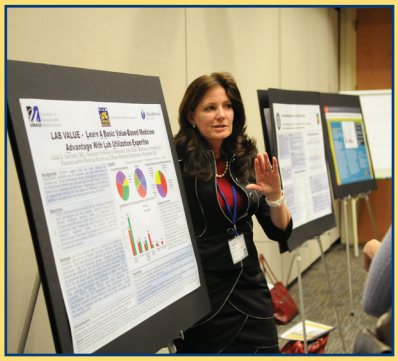
DREXEL UNIVERSITY COLLEGE OF MEDICINE'S

Hedwig van Ameringen
EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE®
Program for Women

presents its

2012 Leaders Forum



April 26-27, 2012
ACE Conference Center
Lafayette Hill, Pennsylvania

Sponsored by

Texas Tech University Health Sciences Center
Cincinnati Children's Hospital Medical Center
University of Cincinnati College of Medicine

Hedwig van Ameringen

EXECUTIVE LEADERSHIP
IN ACADEMIC MEDICINE®
Program for Women

2012 LEADERS FORUM

Sponsored By
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE

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CONTINUING MEDICAL EDUCATION

PROGRAM AUDIENCE

ELAM is intended for senior women faculty at U.S. and Canadian academic health centers who: have attained at least the rank of associate professor; have achieved significant administrative experience in personnel and budget matters, preferably both (e.g. chair, division chief); express a clear desire for attaining a leadership position; embrace strategic risk-taking in their career path; realistically assess their leadership opportunities, both internal and external; possess growth opportunities, either formal or informal, within their institution, and; have an expressed commitment from their institution to support their formal or informal advancement and opportunities for increased responsibility in the immediate to five-year range.

PROGRAM OBJECTIVES

1. Develop a strategic career approach that utilizes personal awareness and leadership strengths to enhance professional effectiveness.
2. Collaborate with diverse team members to build a community of leadership practice that enhances its members' effectiveness and career development.
3. Compare economic indicators and benchmarks/ financial trends for diverse academic health science organizations.
4. Compare the roles and responsibilities of various institutional leaders with respect to academic organizational structure, function and responsiveness to change.

ACCREDITATION STATEMENT

Drexel University College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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AOA: This program is eligible for 130 credits in Category 2A of the American Osteopathic Association.

The University of Kentucky College of Dentistry, accredited by the American Dental Association, designates this educational activity for a maximum of 130 continuing education business credit hours in Category C/Provider No. 1216 from the **Kentucky Board of Dentistry**.

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It is the policy of Drexel University College of Medicine to insure balance, independence, objectivity, and scientific rigor in all its sponsored educational programs. Speakers at continuing medical education activities are required to disclose to the audience their financial relationships with the manufacturer(s) of any commercial products, goods or services related to the subject matter of the program topic. Any conflicts of interest must be resolved prior to the presentation and announced to the audience. The intent of this disclosure is to allow participants to form their own judgments about the educational content of this activity and determine whether the speaker's commercial interests influenced the presentation. In addition, speakers are required to openly disclose any off-label, experimental, or investigational use of drugs or devices discussed in their presentation.

The following individuals have no commercial relationships to disclose:

Edward Abraham	*Maryellen Gusic*	*Allen Spiegel*
Evaline Alessandrini	*Diane Magrane*	*Arnold Strauss*
Bettina Beech	*Daniel Schidlow*	*Ann Thor*
Jane Clifford	*Ellie Schoenbaum*	*Luanne Thorndyke*

The following Planning Committee Members have no commercial relationships to disclose: Mary Anne Delaney, Katharine Gleason, Diane Magrane, Page Morahan, and Rosalyn Richman.

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gratefully acknowledges the

Texas Tech University Health Sciences Center
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for their partnership in sponsoring the

2012 LEADERS FORUM

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2011-12 FELLOWS & FACULTY DIRECTORY

We would like to extend our sincere thanks to

Steven L. Berk, MD, Provost, Executive Vice President and Dean, School of Medicine, Texas Tech University Health Sciences Center

Thomas Boat, MD, Dean, College of Medicine and Vice President for Health Affairs, University of Cincinnati

Arnold W. Strauss, MD, Chief Medical Officer and Chair, Department of Pediatrics, Cincinnati Children's Hospital Medical Center

for their efforts in bringing our institutions together.

2012 ELAM Leaders Forum

A G E N D A

Thursday, April 26

2:30 – 3:00 pm	Welcome
3:00 – 4:15 pm	Conversations about Organizational Projects and Leadership
4:30 – 6:00 pm	Poster Reception
4:30 – 5:10 pm	Wave I Posters Attended
5:10 – 5:20 pm	Break
5:20 – 6:00 pm	Wave II Posters Attended
6:15 – 8:00 pm	Dinner

Friday, April 27

8:00 – 9:00 am	Deans' Breakfast (Deans/ Deans' Designees only)
9:15 – 10:30 am	Poster Symposium, Wave I *(4 simultaneous sessions of 6-7 posters)*
10:30–10:45 am	Break
10:45 am – 12:15 pm	Poster Symposium, Wave II *(4 simultaneous sessions of 6-7 posters)*
12:15 – 2:30 pm	Lunch and Leader to Leader Dialogues for Fellows and Deans/Deans' Designees
2:45 – 4:00 pm	Graduation Ceremony
4:15 – 6:00 pm	Reception/Celebration

ELAM Drexel MEDICINE

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2012 LEADERS FORUM

Conversations About Organizational Projects and Leadership
Panel Members

Edward Abraham, M.D.
Dean
Wake Forest University School of Medicine

Evaline A. Alessandrini, M.D., M.S.C.E.
Assistant Vice President, Outcomes Systems, James M. Anderson Center for Health Systems Excellence
Professor of Clinical Pediatrics
University of Cincinnati College of Medicine

Bettina M. Beech, Dr.P.H., M.P.H.
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Professor of Social Sciences and Health Policy
Professor of Pediatrics
Professor of Internal Medicine
Wake Forest University School of Medicine

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Interim Dean
Senior Associate Dean, Pediatric Clinical Campus
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Albert Einstein College of Medicine of Yeshiva University

Allen M. Spiegel, M.D.
The Marilyn and Stanley M. Katz Dean
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Arnold W. Strauss, M.D.
Chief Medical Officer, Cincinnati Children's Hospital Medical Center
Chair, Department of Pediatrics
B.K. Rachford Professor
University of Cincinnati College of Medicine

Poster Symposium Facilitators

Jane Clifford, Ph.D.
Associate Dean for Medical Student Research
Chair, Department of Biochemistry and Molecular Biology
Professor of Biochemistry
Drexel University College of Medicine

Maryellen E. Gusic, M.D.
Executive Associate Dean for Educational Affairs
Dolores and John Read Professor of Medical Education
Professor of Pediatrics
Indiana University School of Medicine

Luanne E. Thorndyke, M.D.
Vice Provost for Faculty Affairs
Professor of Medicine
University of Massachusetts Medical School

Ann Denise Thor, M.D.
Chair, Department of Pathology
Edith B. And James C. Todd Professor of Pathology
University of Colorado Denver School of Medicine

Administration/ Faculty Development Group

Washington A Room
Moderator: Luanne Thorndyke

Wave I

Poster #	Fellow	Institution	Project Title
1	Sylvia Daunert, Ph.D.	University of Miami Leonard M. Miller School of Medicine	The Biomedical Sciences Institute at the Miller School of Medicine of the University of Miami - BSI Miami
2	Cheryl E. Gore-Felton, Ph.D.	Stanford University School of Medicine	Enhancing Faculty Development through Information Management
3	Wendy F. Hansen, M.D.	University of Kentucky College of Medicine	Centralization of departmental business practices within the College of Medicine
4	Jean A. King, Ph.D.	University of Massachusetts Medical School	Faculty Diversity in Academic Biomedicine at UMass: The Road Less Traveled
5	Deborah Levine, M.D.	Harvard Medical School	Pilot study on best practices for promotion at Harvard Medical School
6	Anne C. Mosenthal, M.D.	University of Medicine and Dentistry of New Jersey, New Jersey Medical School	"New Beginnings" The Strategic Plan for New Jersey Medical School
7	Verna W. Yiu, M.D.	University of Alberta Faculty of Medicine and Dentistry	Short-term Strategic Planning for a Faculty of Medicine/Dentistry in Transition

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

The Biomedical Sciences Institute at Miami, BSI Miami
Sylvia Daunert, PhD
Lucille P. Markey Chair
Department of Biochemistry and Molecular Biology
Miller School of Medicine
University of Miami

The goal of this ELAM IAP Project is to establish The Biomedical Sciences Institute at the Miller School of Medicine of the University of Miami (BSI Miami), and provide it with the momentum to become one of the nation's leading academic programs in discovery research. The new paradigms of translational and interdisciplinary biomedical research are a transformational force in modernizing scientific research and propelling medicine with far reaching implications transcending the traditional system of departmental organizations of academic medicine. We propose the formation of The Biomedical Sciences Institute of the Miller School of Medicine (MSOM) to provide an administrative locus for all basic science departments, as well as research infrastructure for scientists and physician scientists engaged in fundamental, translational, and clinical studies. The mission of the BSI Miami will be to advance discovery research and create state-of-the–art biomedical technologies by fostering unique innovative collaborations and interdisciplinary interactions of scientists of diverse backgrounds, as well as by educating the next generation of leading scientists and physician scientists. This institute will integrate administrative and training structures, but leave the departmental academic focus, tenure granting ability, and the opportunity to develop novel research unaffected. The Miller School of Medicine has made a significant investment in discovery sciences and interdisciplinary research; however, a fully integrated research matrix does not exist. With the emergence of interdisciplinary team-science as a driving force in pushing new discoveries to translation into new therapies for humans, isolated silo-based research has become antiquated. This innovative approach to team science, while maintaining traditional scientific focus, will create synergies that otherwise would be difficult to attain. To that end the goals of the BSI Miami are: (1) Promote innovative discovery science; (2) Develop state-of-the-art technologies; (3) Build opportunities for synergy within MSOM and UM; (4) Strengthen collaborative relationships among Scientists from Basic Sciences and Clinical Departments; (5) Exploit new funding opportunities; (6) Increase philanthropy funding; (7) Facilitate research via shared resources; (8) Increase generation of inventions, creation of start-up companies and transfer of technology to the public sector; (9) Train scientists and physician scientists in interdisciplinary research; (10) Enhance the national and global visibility of the MSOM and UM. The creation of a research locus for discovery sciences is critical to catalyze collaboration and increase the potential for funding opportunities and philanthropic gifts. Similar to medicine, the University of Miami and the Miller School of Medicine are undergoing a period of dynamic growth and productivity. This undertaking will leverage existing strengths in current research vectors and the efficient use of administrative support to launch the BSI Miami with minimal new investment. The formation of the BSI Miami will allow a cadre of Miller School investigators to have a home and will enable future recruitment of leading researchers that would be incorporated into our interdisciplinary team of scientists and physician scientists.

ABSTRACT
2012 ELAM Institutional Action Project Poster Symposium

Enhancing Faculty Development through Information Management

Name and Institution: Cheryl Gore-Felton, Ph.D., Professor & Associate Chair of Academic Affairs and Faculty Development, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine

Challenge: As the U.S. healthcare system changes and reimbursement is affected, academic medical centers will continue to face enormous fiscal challenges that impact its mission which will require innovative solutions. An environment that has structural supports that facilitate the promotion of faculty through the ranks is likely to develop a diverse pool of individuals who can assume leadership roles and positions. The 2009-2010 report by the Association of American Medical Colleges (AAMC) indicates that there continue to be more male (65%) compared to female (35%) faculty in U.S. medical centers. Moreover, there is a large gender gap among full professors such that men and women represent 20% and 4%, respectively (AAMC, 2011). At Stanford University, women represent approximately 26% of the total faculty and underrepresented ethnic minorities approximately 8% (Stanford Facts, 2011). While there are ongoing efforts to understand the gender and ethnic diversity gap (Stanford Quality of Life Report, 2010), little attention has been given to the use of technology to develop smart tools that can be used at the individual, departmental, and organizational level to facilitate the retention and promotion of diverse faculty.

Purpose: Using extant software (Qualtrics™) licensed to the Stanford community, this project is designed to develop a web-based system that will enable individuals to track their academic progress across key domains that are used to evaluate reappointment and readiness for promotion. Moreover, it will enable department leaders to capture "real time data" and evaluate outcome measures that are directly related to five key mission areas (i.e., advancing science, clinical innovation, education excellence, community engagement, and leadership development), thereby, informing decision making and strategic planning.

Approach: The project was carried out in phases. The first phase was a needs assessment, in which faculty members and department leaders were interviewed and asked about the promotion and retention process at Stanford. The second phase was a secondary data analysis of faculty actions that had been conducted in the past five years. The third phase was part of a campaign approach, which was based on data obtained in the second phase, to define the department goals and to engage the faculty through educational "boot camps" designed to increase awareness and understanding of the promotion process. The fourth phase, which is currently ongoing, is the development of data-capturing documents to be used in the web-based program. The final phase is evaluation, which is also ongoing.

Outcomes and Evaluation: To date, "on-time" faculty actions have increased to 100% which has implications for retention and increased quality of life for the faculty member. This is a substantial improvement from an on-time rate of less than 50%. Future directions include incorporating a "smart" component that is paired with the data capturing surveys using artificial intelligence programming so the system can highlight areas of growth or challenges, offering suggestions for action.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Centralization and Standardization of Select Business Practices within Clinical Departments at the University of Kentucky College of Medicine
Name and Institution: Wendy F. Hansen, M.D., University of Kentucky College of Medicine
Collaborators: Dean Frederick C. de Beer MD, Anne Pittman MD, MBA, John Allen MBA

Background, Challenge or Opportunity: In 2004 UKHC developed an operational model called the clinical enterprise – UK HealthCare. At its inception, UK was at the 25th percentile in terms of academic medical center size. Over the course of the next five years, UKHC approached the 75th percentile where it remains today. UKHC strategic plan emphasizes advanced subspecialty care, while pursuing productive, mutually supportive relationships with regional and rural providers. Improvement in efficiency, quality, safety and service have been critical internal success factors. With this enormous change in growth of the Enterprise has come growth in individual Clinical Departments. With that growth has come increasing responsibility for each Department. There are 16 clinical Departments of varying size, with varying resources yet similar responsibilities. Oversight is essentially the Chair, the Dean and UKHC senior leadership depending on the particular responsibility. Faculty promotion, medical student teaching and research are overseen by the Dean. Budget preparation, clinical productivity is overseen by UKHC senior leadership. Standardization offers the **opportunity** for departments to have similar data availability, defined metrics for budget processes, with accountability. Standardization can offer a clear and transparent administrative process. **Challenges** to standardization include the perception of challenging the autonomy of Chairs and a change in culture in the business office of each Department Centralization offers the **opportunity** for departments to be more efficient allowing them to download some of the more common bureaucratic responsibilities. Efficiency offers cost savings. The **challenge** to centralization is the more impersonal nature, loss of jobs for employees and sometimes a more bureaucratic process for faculty. In addition many employees have multiple responsibilities so that the splitting of multiple responsibilities within a single employee make it difficult to quantify a reduction that is needed.

Purpose/Objectives: Improved Effectiveness of business practices within the Clinical Departments of the College of Medicine through standardization and in some instances centralization

1. Identify certain practices that can be standardized for all Departments
2. Identify certain practices that can be centralized and the potential resultant cost savings

Methods/Approach:

- Review of the literature
- Study of external academic clinical departments (other like Institutions)
- Pilot/Interview the Surgical Chairs (Build a coalition), Buy in/ Meetings are already established weekly
- Pilot/Interview the Surgical Chair Business Administrators
- Prepare data collection assessment tool: Size of Department, number of FTEs, Inventory of business administrator responsibilities
- Cost analysis of proposed centralized functions

Outcomes and Evaluation:
Proposal with recommendations for

1. Potential centralization of business tasks with a cost analysis
2. Standardization of certain business tasks

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Faculty Diversity : From The Road Less Travelled – To Exploring New Trails
Name and Institution: Jean A. King, Ph.D., The University of Massachusetts Medical School
Study Collaborators: Luanne Thorndyke, Sharina Person, Nellie Tran, Debra Plummer, Rob Milner, Milagros Rosal, Judy Ockene, John Congdon, Joanne Calista & Juliana Bates

Background/Challenge: The University of Massachusetts Medical School (UMMS) recently conducted a Diversity Engagement/Inclusion Survey (2011) that included 244 faculty of Hispanic/Latino, Black /African American, and Non-Hispanic White origins. Responses revealed a disparity between ethnic and racial groups, specifically for Black/African American faculty, in multiple domains: professional development, recognition and praise, managing diversity effectively, respect among individuals and groups with various cultural differences, and institutional reflection of civility. These compelling findings indicated a need for further research to better understand the history, climate, barriers and support systems available to under-represented minority faculty.

Objectives: The overarching goal is to respond to the organizational need and desire toadvance faculty diversity by developing a multi-layered, evidence-based approach to minimize barriers enhance support systems and positively impact the career trajectories of diverse faculty.

Methods: Three levels of investigation have been implemented to evaluate faculty diversity at UMMS with the following goals:
1) to gain an historical perspective on faculty diversity over the lifetime of the institution, which is being addressed with an in-depth analysis of the faculty database
2) to assess the climate of diversity and inclusion based on faculty perceptions, experiences, and an in-depth analysis of the Diversity Inclusion Survey
3) to identify specific barriers and potential solutions based on faculty experience (diverse and majority) and qualitative analysis of semi-structured interviews designed for this study.

Outcomes: Preliminary results reveal startling outcomes in a comparison of ethnic groups particularly for Black/African Americans. *Analysis of historical data* shows that the number of Blacks/African Americans in any hiring pool has never exceeded 4% at any point in the school's history (1975-2012). Furthermore, the highest percentage (3.7%) occurred in the late 1970s and thereafter the percentage of faculty across all ranks in this ethnic group dropped to <1% and has only recently increased minimally to a maximum of 2%. Preliminary analysis of qualitative data suggest several important diversity issues. *Specific barriers* have been identified, particularly in the form of 'diversity/special hire status' such that people were keenly aware of being identified as 'diversity hires' both in the way they have been treated and in explicit or implicit reminders of their 'special hire' status, leading to extra effort to prove one's worth. Some reported that their position did not have the same power as the same position held by a white person. Preliminary results compiled from faculty interviews heavily emphasize the need for *organized support systems* in both social and professional realms as a primary mechanism to enhance diversity through inclusion, with opportunities for, formalization of individualized support structures, networking, professional development workshops and other career development opportunities.

At UMMS, we want to "**blaze new trails**" through innovation in "wrap around" approaches to enhance and advance faculty diversity. We anticipate that the data and recommendations obtained from this *Institutional Action Project* will assist the leadership in putting forth initiatives to effect real change in faculty diversity at UMMS.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Pilot Study of Radiology Promotions at Harvard Medical School: Identification of Best Practices

Name and Institution: Deborah Levine, MD, Harvard Medical School
Collaborators: Maureen Connelly, Dean of Faculty Affairs; Carol Bates, Mary Walsh, Mahnaz El-Kouedi, Alexander Brook, Bethany Westlund

Background, Challenge or Opportunity: There are many different institutions and departments across Harvard Medical School (HMS). Although all are subject to identical promotion criteria, local practices differ and time at rank is highly variable. Identifying departments that lag in promotions can be difficult since there are no established optimal metrics for success. HMS radiology faculty are appointed through 4 affiliated institutions; Beth Israel Medical Center (80 HMS affiliated faculty), Brigham and Women's Hospital (213), Children's Hospital Boston (53) and Massachusetts General Hospital (303), with a combined 319 instructors,160 assistant professors, 117 associate professors, and 53 full professors. Each department has its own local practices with respect to departmental expectations for promotion, mentoring, faculty development and career conferences.

Purpose/Objectives: The objective of this study was to conduct semi-structured interviews with Radiology Chiefs to understand their current practices related to faculty advancement and to review promotion statistics for those departments to develop an analysis methods for best practices for optimal promotions processes in clinical departments

Methods/Approach: This study was structured in two phases: Semi- structured interviews with Chiefs followed by data analysis of HMS promotion data evaluating time at rank for all radiology faculty at each appointing institution as well as by gender. Descriptive correlations will be made with data from the survey and de-identified promotion data from departments. AAMC data regarding academic ranks will be used as benchmarks.Chairs meet with 5% (N=1 department), 25%(N=1 department), and 100% of faculty (N=2 departments) for formal annual academic review. Additional resources include internal promotions committee (N=3 departments), formal mentoring program (N=1), personnel available to aid faculty with CV writing (N=3), regular mentoring lectures (N=3) and regularly scheduled lectures on promotions (N=2). The expectation of a new clinical faculty member was for 10% (1 department) -20% (3 departments) protected academic time. Unwritten rules for promotion from instructor to assistant professor in the four departments ranged from 2 to5 first author manuscripts with 8-15 manuscripts overall. Important issues that affect promotions that were raised were 1) Women working part time and having family commitments ; 2) lack of appropriate role models and mentoring for women and under-represented minorities; and 3) departments getting larger and spread out over more geographic area. Quanititve evaluation is currently being performed and will be available by the time of the meeting. This will include calculation of mean, median and range of time at rank. Percentage of faculty promoted within 10 year time frame will be assessed. Proportional hazards models to compare time to promotion by each rank and across the four appointing departments will be conducted, adjusting for gender, academic degree, age, age at first HMS appointment and job location.

Outcomes and Evaluation: Understanding the variability in the manner in which different departments mentor and handle promotions may aid in disseminating information on best practices, particularly if certain practices are associated with greater pace of academic advancement. We anticipate that sharing of this information across hospitals and ultimately across departments may over time lead to more congruent practices.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: "New Beginnings" The Strategic Plan for New Jersey Medical School

Name and Institution: Anne Mosenthal, MD, New Jersey Medical School (NJMS)

Collaborators: Vivian Bellofatto, PhD, Vice Chair Microbiology and Genetics (ELUM), Harriette Waltner, Michael Petti, Michael Sirkin, MD, Vice Chair, Orthopedics, President UPA
Mentors: Maria Soto-Greene, MD, Vice Dean (ELUM), Robert Johnson, MD, Dean, NJMS

Background, Challenge or Opportunity: New Jersey Medical School and its University Hospital are part of UMDNJ, the largest public health science university in the nation. NJMS is the leading biomedical research institution in the state. However, the University has recently moved beyond a period of financial instability, and federal and state ethics violations, initiating a major restructuring of the member schools, potential new affiliation for the hospital, and the faculty practice plan. This has created uncertainty and pessimism in the organization, but significant opportunity for culture change, growth and a new direction under the leadership of the new Dean. In addition, a new strategic plan is needed for the LCME visit in 2013

Purpose/Objectives: Create a "New Beginnings" Strategic Plan for the medical school:

- Redefine mission and vision while maintaining core values of discovery, educational excellence, diversity and service to the community
- Create sense of optimism and transformation to a stronger, more nimble and innovative organization
- Engage wide and diverse groups of faculty, staff and students at all levels, in imagining a new direction for themselves and institution
- Produce an innovative but realistic strategic plan to position NJMS for the next 10 years

Methods/Approach: Steering Committee was convened of 22 faculty, students and staff to lead the strategic planning process. An initial retreat of the Steering Committee was held in June 2011, to do SWOT analysis, and identify major challenges, opportunities. From this Major Themes were identified representing key issues facing the organization. Decision was made to focus on these Themes *across* the missions, to encourage collaboration and cross-pollination between disciplines and leaders. Five Workgroups were formed, each with a clinical and basic science chair:

Funds Flow and Incentives
Integration and Alignment
Faculty Leadership and Development
Branding and Image
Multispecialty Faculty Practice Governance

Outcomes and Evaluation: Workgroups each created drafts of strategic priorities, goals, required resources, and responsible parties. Steering committee has drafted new mission and vision statements. These documents will be used for springboard discussion at a school-wide Strategic Planning Retreat in June 2012. Final strategic plan will be delivered by September 2012

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Short-term Strategic Planning for a Faculty of Medicine/Dentistry in Transition

Name and Institution: Verna Yiu, MD, FRCPC; Faculty of Medicine and Dentistry, University of Alberta

Collaborators: Vivien Wulff, COO, Faculty of Medicine/Dentistry; Jo-anne Nugent, Director of Communications, Faculty of Medicine/Dentistry; David Oman, Consultant, Convergance Consulting Group

Background, Challenge or Opportunity: The Faculty of Medicine/Dentistry at the University of Alberta is the largest faculty on campus and has a research intense focus with excellence in undergraduate medical and dental education. Since 2008, there has been much change in the healthcare system in Alberta and in June, 2011, an unexpected change of leadership occurred and the Faculty was faced with a period of transition where there was much need for stability, hope and sense of engagement.

Purpose/Objectives: The purpose of the Strategic Planning exercise was to: do an environmental scan of the current state of the faculty (SWOT) and then to use this information to develop 3-4 strategic interventions that can be completed over a course of a year to allow for a culture of stability and trust under the tenure of an interim dean.

Methods/Approach: Planning processes commenced in July, 2011, with a facilitator to start a process by which a SWOT survey was developed, sent out to all faculty, staff and learners and responses were then received and collated into themes. This took 6 weeks with the intent to have two levels of strategic "advance" meetings: a smaller meeting in September for the 10 members of the Faculty Strategy Committee (FSC) where the SWOT can be analyzed and reconfigured into themes. This was then presented to the Chairs Committee (~40 members including associate and assistant deans and directors) for further vetting and development of action items. A final document was approved in January by the Chairs committee and presented to the Faculty at a Faculty Forum in February, 2012.

Outcomes and Evaluation: There were 191 respondents to the survey with the majority of respondents being part of the faculty for 3 years or more (86%). Key strengths identified included: staff knowledge and expertise, research depth, availability of resources and reputation. Weaknesses cited included areas of: funding stability, organizational structure of the faculty, key relationships and positioning, long term strategic direction, culture, silos and fragmentation, translational research, and communications and transparency. Opportunities and threats were also numerous and were situated on polar ends of the same spectrum. 3 areas of strategic focus were identified in the first meeting in September and were: positioning and relevance, internal culture and clear road map. It was determined that a values based decision making process should be endorsed and supported with inspiration, engagement and supportive around a common core of values. The objective of the second larger retreat in October of chairs and associate deans/directors was to engage a broader audience in the areas of focus developed by the earlier session. Subgroups then discussed and validated the presented areas of focus and developed initiatives to support the identified strategies and goals. A consolidation and prioritization were then performed to identify the activities seen to be the most importance to support. After much debate, the area of focus: the clear road map, was not discussed as it was determined that the planning activities already undertaken represented the initiatives in this area. The final document was presented to Chairs Committee in January, 2012 and to the Faculty in February, 2012 with action items and responsible parties identified. Follow-up will be presented in June, 2012 before the start of the new incumbent dean.

Administration/ Faculty Development Group

Washington A Room
Moderator: Luanne Thorndyke

Wave II

Poster #	Fellow	Institution	Project Title
8	Carmen C. Canavier, Ph.D.	Louisiana State University School of Medicine in New Orleans	Infrastructure for High Performance Computing at LSUHSC-NO
9	Nily Dan, Ph.D.	Drexel University College of Engineering	Executive Leadership in Academic Technology and Engineering (ELATE): Development and Implementation of the Fellow's Selection Process
10	Colleen G. Koch, M.D., M.S.	Cleveland Clinic Lerner College of Medicine of Case Western Reserve University	Financing Medical Education: Can Medical Schools Be Profitable?
11	Amy J. McMichael, M.D.	Wake Forest University School of Medicine	Faculty Compensation Comparison for a Dermatology Department
12	Elizabeth S. Pilcher, D.M.D.	Medical University of South Carolina James B. Edwards College of Dental Medicine	Not Just for the Shelf; Implementation of a Five Year University Strategic Plan
13	Shyrl I. Sistrunk, M.D.	Georgetown University School of Medicine	Establishment of a Public/Private Partnership for a Geographically Separate Medical Campus

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Infrastructure for High Performance Computing at LSUHSC-NO

Name and Institution: Carmen Canavier, LSU Health Sciences Center

Collaborators: Wayne Backes, Hilary Thompson, Arthur Haas

Purpose/Objectives:
1) To determine the current state of high performance computing (HPC) at LSUHSC and 2) to develop and promote ideas for improving the computational environment. Such an improvement should foster collaboration and make the institution more competitive for grants in bioinformatics and computational biology.

Methods/Approach:
The first step was to meet with all core directors and Principal Investigators (PIs) with needs for high performance computing. The objective was to gather data on the scientific requirements as well as the hardware and software are utilized to meet these requirements, and to identify any areas in which needs were not being met. The second step is to raise awareness among the faculty and administration of potential additional and enhanced opportunities for competitive research if a concerted effort is made to ensure that high performance computing is facilitated throughout the health sciences center. The final step is to implement specific recommendations for improvements.

Outcomes and Evaluation:
The Health Sciences Center currently provides support only for the Windows operating system and basic networking. However, scientific computing is often performed on another operating system, UNIX or a variant called Linux. Although certain Information Technology (IT) functions that are supported within the information technology group are implemented on Linux servers, the mission of the IT group does not currently include supporting system administration for scientific computing. Notwithstanding the lack of institutional support, this project identified islands of UNIX high performance computing (HPC) in the School of Medicine Departments of Biochemistry and Cell Biology as well as in the in the Proteomics and Genomics cores, and in the School of Public Health section on biostatistics. The reasons to use UNIX in these cases despite a lack of institutional support are varied: some software runs only on UNIX, other software runs much faster on UNIX, and UNIX provides a better platform for the custom software development required for innovative research. As a result of this project, the users of UNIX HPC applications are now aware of each other and are beginning to pool resources with respect to system administration. A document summarizing the scientific requirements as well as the hardware and software utilized to meet these requirements has been generated, and will be presented to the faculty representative bodies and the administration in order to increase awareness and advocate for a virtual core in Bioinformatics and Biological Computation. The Center for Computational Technology at the “main” LSU campus in Baton Rouge has been identified as a program model and source of expertise for HPC resources and HPC training.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Executive Leadership in Academic Technology and Engineering (ELATE)

Nily Dan
Department of Chemical and Biological engineering, Drexel University College of Engineering
Katharine Gleason and Diane Magrane
International Center for Executive Leadership in Academics, Drexel College of Medicine

Need: The numbers of engineering women in academe decrease sharply with seniority: In 2006, women comprised 20% of the PhD degrees awarded, but only 5% of full professors (based on a National Science Foundation study). Numbers of women in science fields are more variable, but are similarly low in physics and mathematics. The result is a lack of women in senior STEM academic leadership positions.
The goal of the Executive Leadership in Academic Technology and Engineering (ELATE) program is to address this need by offering mid-career women faculty comprehensive leadership development and peer networking.
Objectives: The success of ELATE hinges on the quality and motivation of the fellows.
The goals of this project are (1) develop an effective admissions process for ELATE and apply it to the first cycles of engineering applicants, and (2) Expand ELATE (which is currently focused on engineering) to all science areas.
Methods/Approach:
(1) Criteria for fellow selection were identified, and include research, teaching and administration achievements, and aptitude for leadership. Institutional commitment to the fellows' career advancement is essential, and plays a key role in the evaluation.
The selection process developed follows the NSF review model by employing a two-tiered process: Ad-hoc reviewers provide written evaluations, and an admissions committee that meets to discuss the applicants and makes recommendations to ELATE staff. All reviewers will be leaders with science or engineering training. As ELATE matures, graduates will be asked to serve as admissions reviewers, thereby providing their perspective as alumna. To maintain a fair selection process, members of the committee with personal or professional relationships with candidates will recuse themselves from discussion of those candidates.
(2) The 2012-2013 ELATE program would be evaluated to determine applicability to faculty from other science fields. Recruitment materials will be adapted, and a strong advertising and recruitment effort would be conducted in various venues (on-line, through ELATE staff, conferences, and professional societies).
Outcomes and Evaluation: The first class of ELATE was successfully evaluated and admitted. It includes participants from a variety of institution types. The fellows include associate professors with a strong research record that are poised to transition into leadership roles, as well as faculty who are currently in leadership positions such as associate dean/provost, department head, and other similar positions.
The success of the admissions program will be judged via the success of the program. Quantitative evaluation tools are currently under development: A survey to be filled by the fellows as they enter the program and a follow up survey upon the completion of the program, as well as program faculty and staff observations of the group dynamics.
The success of the extension to other science fields will be measured through the numbers of applicants from those fields, and their admissions rate.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Financing Medical School Education: *Can Medical Schools Break Even?*
Name and Institution: Colleen G. Koch, MD, MS, MBA, Professor of Anesthesiology, Cleveland Clinic
Collaborators: Dr. James Young, Professor of Medicine and Executive Dean, Cleveland Clinic Lerner College of Medicine

Background, Challenge or Opportunity: The American Association of Medical Colleges (AAMC) recently reported on the impact of the economic recession on US medical schools. Repercussions of the turbulent economic environment include significant reductions in sources of support to medical schools. The extent of the impact was influenced by the extent to which the individual medical school proportioned funding sources, their ability to make up for it with other resources and methods to address the loss. The most common sources of reported loss were in state support and investment earnings. (1) In addition to reductions in these two sources of revenue support, there are anticipated reductions in clinical practice revenue because of declining patient care reimbursement and projections of flat growth in NIH funding support. While a number of basic initiatives have been implemented to address declining sources of support, we sought to examine methods to generate cash flow to drive our educational mission. Data from CCLCM matriculation questionnaire for classes of 2009-2015 revealed a steep increasing trend in the area of importance for financial support offered to students. Hence, with increasing concern for student debt burden the medical school intends to support students with full tuition scholarships.

Purpose/Objectives: Our objective is to develop a 'playbook' to guide strategic planning for potential opportunity to explore a number of new sources of generating revenue to improve cash flow to drive our educational mission.

Methods/Approach: While our model is different from other public and private medical schools, clinical cash flow and cost elements of educating a student to become a doctor are similar. Areas for exploration for CCLCM to generate revenue independent of Cleveland Clinic Heath System operations include:
Philanthropy*:* Capital campaign with office of development will be initiated in the coming year.
International Collaboration*:* Leverage Cleveland Clinic strengths of existing 'brand' name and unique curriculum structure to develop collaboration for managing international medical schools. The college of medicine's curriculum is unique, and continues to receive visitors nationally and internationally. (unique portfolio assessment system to determine if students appropriately achieve required competencies; sophisticated web-based Clinical Assessment System of student performance; curriculum focused on lifelong learning skills, research curriculum, and requirements and mentoring in the College track; small class size, no grades, and no rank; use of competencies and electronic portfolio form the backbone of the program). Build upon Cleveland Clinic's current international expansion initiatives in medical care. (Cleveland Clinic, Abu Dhabi, UAE) to provide value in educating medical professionals. Further promotion of Cleveland Clinic global engagement through education with contractual educational funds to manage a program in an existing school and to receive cash flow for expenses; link to philanthropy funds plus an annual contractual basis for management.
Develop partnerships / joint ventures with Industry*:* Explore potential for industry collaboration without bias or conflict of interest issues.

Outcomes and Evaluation: Over the coming year and in conjunction with the upcoming 5-year strategic plan for the medical school we hope to further develop one or a number of these initiatives.

Reference: (1). AAMC Impact of the 2008 Economic recession on US Medical schools and related organizations. Krakower et al. May 2010

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Faculty Compensation Comparison for a Dermatology Department

Name and Institution: Amy McMichael, MD, Department of Dermatology, Wake Forest Baptist Medical Center, Winston-Salem, NC 27140

Collaborators: Dr. Maria Hordinsky, MD**,** Chair, Dept of Dermatology**,** University of Minnesota; Dr. George Cotsarelis, MD**,** Chair, Dept of Dermatology**,** Univ of PA School of Medicine; Diane Behar, MS**,** Business Administrator**,** Dept of Dermatology**,** Wake Forest Baptist Medical Center

Background, Challenge or Opportunity: The Department of Dermatology faculty at Wake Forest Baptist Medical Center have historically been compensated at or less than the 25th percentile of AAMC values for academic rank for all General Dermatology faculty. While the Surgical Dermatology faculty have consistently met 50th percentile levels for compensation, their cross-subsidization of the General Dermatology enterprise has been significant and required to keep the funds of the department balanced. Part of the requirement for cross-subsidization was the overhead structure which was set at approximately 70-80% of collections. When a change in billing procedure required all ambulatory clinics at the Medical Center to transition to a hospital provider-based structure, the overhead of the department was effectively removed from the department expenses. In the current arrangement, the nurses, space, equipment, and supplies are covered by the hospital fees and collections of the department. In this construct, faculty and resident travel and dues, academic administrative staff, and clinical reception staff continue to be paid by the department as departmental expense. The challenge for this project is to outline and compare how Wake Forest and other Dermatology departments compensate faculty with respect to rank, clinical collections, job title. The timing of this project was opportune as the entire Wake Forest Medical Center is planning a right-sizing of compensation for all clinical faculty in the coming fiscal year.

Purpose/Objectives: The purpose of this project is to understand the compensation model used in academic Dermatology departments, the cross subsidization of the mission of general dermatology by surgical dermatology, the use of AAMC benchmarks for salary, and to understand the gradations in salary based on job title, rank, percentage time clinic, and research funding. This project was also an exercise in financial best practices for leadership experience.

Methods/Approach: Two departments were used as comparison to the Wake Forest model for this project. A Microsoft excel sheet was designed that allowed for appropriate collection of the information on compensation, rank, job title, and cross-subsidization. Compensation plan/budget from all 3 business managers of 3 respective Dermatology departments/divisions was collated by compensation and categorized.

Outcomes and Evaluation: One department was significantly larger than the others with more senior faculty ranks. In this larger department, those with other duties were given ample stipends for their academic titles which supplemented salary and allowed for lower values for work relative value units (wRVU's). The larger department also encompasses the Dermatopathology franchise-with high wRVUs and significant compensation potential, which may determine cross-subsidization (though this is not clear from the data collected). All 3 departments track wRVU's, though Wake Forest has only recently made this variable the primary value for tracking compensation. Only one department uses AAMC or MGMA values for compensation determination which is the department with lower rank, younger faculty (which may determine compensation as a draw for hiring as compared to older faculty with little negotiation power). Wake Forest faculty tended to have higher wRVU's than compared departments, lower salaries, little to no stipend for job titles, and no compensation for effort from research funding.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: "Not Just for the Shelf", Implementation of a Five year University Strategic Plan

Name and Institution: Elizabeth S Pilcher DMD, Medical University of South Carolina
Mentors: Ray Greenberg MD, PhD, President MUSC, Mark Sothmann, PhD, VP for Academic Affairs and Provost, MUSC.
Collaborators: Mr. David McNair, The McNair Group

Background, Challenge or Opportunity: The Medical University of South Carolina underwent a strategic planning process from the fall of 2009 through August 2010. The result of this was a five-year university plan focusing on 4 initiatives; Interprofessional/Interdisciplinary (IPID), Entrepreneurialism, Technology/Innovation and Globalization. In order to achieve the goals and strategies within this plan, a change in culture throughout the campus was required. The challenge was to effectively communicate and implement the goals and strategies of the University plan over a five-year period. With implementation of this plan, there is an opportunity for our institution to reposition itself for the future, allowing us to grow and thrive in our unstable economic environment.

Purpose/Objectives: The purpose of this project was to design and execute a formal implementation of the University strategic plan.

Methods/Approach: The approach to this implementation was multifaceted. First, a campaign approach to cultural change was undertaken. This involved extensive communication of the plan to all areas of the university, including marketing and "branding" of any activities that supported the plan's objectives. A speakers series was undertaken to inform and inspire the campus in the four areas. Once there was widespread understanding of the plan, all colleges and units were asked to rewrite their respective plans to address university initiatives. Realizing that creating a cultural change involves changes to the reward system, each college was also asked to revise their APT guidelines to support the plan initiatives.

We created Operations Teams for each of the four initiatives. These teams represented faculty from across campus. The teams devised milestones for year 1, year 2-3, and year 4-5, these becoming measurables for success of our implementation. During implementation, there was regular communication with university leadership, including the Board of Trustees. The Academic Deans Council was designated the "Implementation Committee". The operations teams submitted budget requests and action items to this committee through the provost.

The plan calls for the development of two University-wide centers; The Center for Innovation and Entrepreneurship and The Center for Global Initiatives. For these major expenditures, consultants were hired to develop sustainable business plans. A strategic initiatives fund was created to fund these centers and the other parts of the plan. This fund is created through a contribution from each college, under our RCM financial system, and is administered by the provost's office.

Outcomes and Evaluation:
We are currently in year two of this implementation and are on track with achieving milestones for years one and two. Most colleges have already revised their respective strategic plans and are currently working with their APT committees to revise promotion and tenure guidelines to reward activities related to the SP. Full evaluation of this project will not occur until 2015.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Establishment of a Public/Private Partnership for a Geographically Separate Medical Campus.
Name and Institution: Shyrl Sistrunk, MD, Georgetown University Medical Center
Collaborators: Howard Federoff, MD, PhD, Herbert Herscowitz, PhD, Adam Myers, PhD, Whitman Brown, MBA

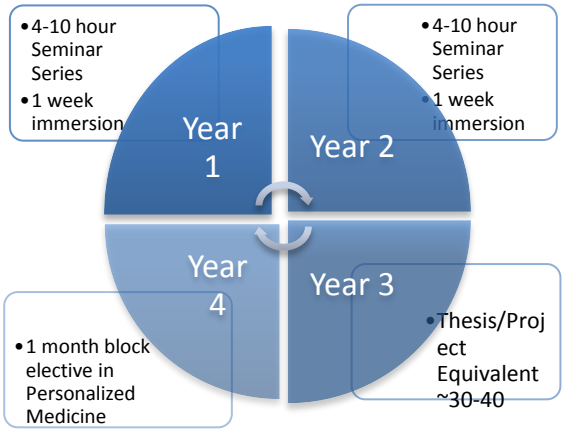
Background, Challenge or Opportunity: Currently, GUMC is investigating the feasibility of a private institution sharing its current educational brand with a public school in Virginia. A primary outcome is to increase the physician workforce in the Greater Washington, DC Metro Area. A secondary outcome of the new campus is that it will allow for the development of a supplemental track, geared towards the generation of clinician-investigators in the area of "Personalized Medicine". Although not the leading focus, this must be a fiscally sound project.

Purpose/Objectives: This project will support 2 primary objectives, one of which is to appreciate the vision and possible utility of establishing a private/public joint educational venture for a School of Medicine. Secondly, it allows for understanding the mechanics of securing resources, both human and financial, and the implementation of an LCME-approved geographically separate campus with separate track status.

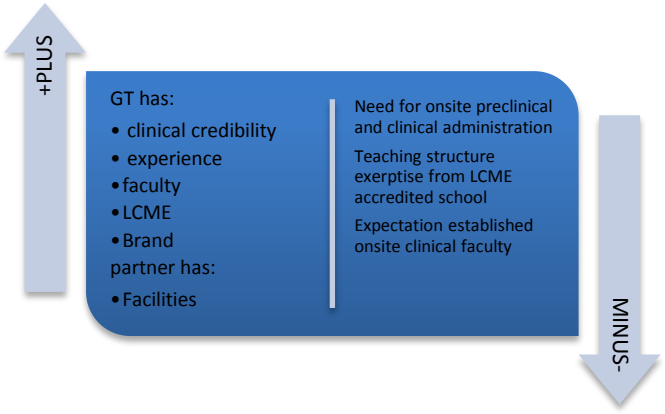
Methods/Approach: Exploration will be a two stage environmental assessment. First stage will be a national, regional, and local external environmental assessment. This is supported by data which states that by 2020, the region will need more than 1,500 additional physicians, with 1,100 of these being medical and surgical specialists. Beyond the scope, but a necessary component to the success of this project is the need for additional residency spots to translate into an improvement in the workforce.

The second stage will include an internal environmental scan through review of GU, GUMC financial plan, review accreditation requirements, and discussions with GUMC leadership as we explore the issues surrounding the utility in meeting the current workforce needs in the area and national innovative and inquiry needs. The timeline for this longitudinal project extends beyond the programmatic deadline, thus I will present the data secured in the feasibility analysis to date.

Potential Models – Specialized recruitment: In order to enhance the development of a partnership model geared towards generation of clinician-investigators, it would be beneficial to apply for a separate track status at a geographically separate campus through the LCME; e.g. Personalized Medicine Track.



M1 and M2 GUSOM curriculum taught at partner institution could be an opportunity for an individualization and standardization (I&S) educational pilot to support the transforming medical education paradigm shift. M3 and M4 will require the establishment of new clinical partnerships to afford a rich clinical experience.



Expected Future Outcomes and Evaluation:

April – May 2012: Meet with consultants to review progress to date on current joint certificate and degree programs in biomedical sciences which receive the full support of both institutions. Initiate proof of concept discussion to ensure economic and educational feasibility.

June – July 2012: Completion of environmental assessment to meet the growing demands for biomedical scientists and healthcare specialists.

October 2012: Presentation of public/private partnership to the University Board of Directors.

Clinical Group

Washington B Room
Moderator: Ann Thor

Wave I

Poster #	Fellow	Institution	Project Title
14	Evaline A. Alessandrini, M.D., M.S.C.E.	University of Cincinnati College of Medicine	Developing and Implementing a Uniform Dashboard for All Medical and Surgical Divisions at Cincinnati Children's Hospital
15	Judie F. Charlton, M.D.	West Virginia University School of Medicine	Pay for Production in a Mission & Market Based Faculty Compensation Model
16	Karen Kaul M.D., Ph.D.	University of Chicago Division of the Biological Sciences, The Pritzker School of Medicine	Laboratory Utilization Improvements: Approaches, Outcomes and Impact
17	Susan H. McDaniel, Ph.D.	University of Rochester School of Medicine and Dentistry	A Pilot Study for the University of Rochester Medical Center Physician Coaching Program
18	Anne B. Newman, M.D., M.P.H.	University of Pittsburgh Graduate School of Public Health	Improving the health of the region through prevention research
19	Paula K. Shireman, M.D.	University of Texas Health Science Center at San Antonio School of Medicine	Preventing Blindness in South Texas using Telemedicine
20	Nancy Ellen Thomas, M.D., Ph.D.	University of North Carolina at Chapel Hill School of Medicine	A Vision for the University of North Carolina Cutaneous Oncology Program

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Developing and Implementing a Standard Dashboard for All Medical and Surgical Divisions at Cincinnati Children's Hospital

Name and Institution: Evaline Alessandrini, MD, MSCE; Cincinnati Children's Hospital Medical Center; University of Cincinnati College of Medicine

Collaborators: Arnold Strauss, MD; Children's Research Foundation Leadership; Department of Pediatrics Education Committee; James M. Anderson Center for Health Systems Excellence

Background, Challenge or Opportunity: In the current healthcare environment, there is an urgent need for increased accountability and data-driven decision-making at the divisional level. Consistency in information collected and reported will allow for better management, a clearer understanding of performance and a clearer understanding of the results of improvement efforts.

Purpose/Objectives: The purpose of this project is to develop and implement a standardized dashboard for clinical divisions to monitor their progress toward achieving the Cincinnati Children's mission of improving child health and transforming delivery of care through fully integrated, globally recognized research, education and innovation. Initially, our dashboard will include 3 main content areas: 1) clinical care delivery, 2) education, and 3) research. The premise is to make the dashboard valuable and routinely used without being excessively burdensome to clinical teams.

Methods/Approach: *Plan* – initially work with senior leaders to delineate goals, dashboard content areas and time line; *Review* – existing dashboards and metrics, found pilot, literature and peer organization metrics, and gaps in knowledge; *Buy-In* – series of individual interviews, collaboration with committees, formation of stakeholder group; *Execute* – obtain consensus on common metrics, develop and pilot dashboard template, communicate results broadly, implement in all divisions by July 1, 2012.

Outcomes and Evaluation: The following common metrics were chosen.

DASHBOARD DOMAINS	COMMON METRICS
Care Delivery System	
Patient and Employee Safety	• Serious safety events - patients • OSHA recordable injuries - employees
Capacity Management	• Time to third next available appointment • Outpatient clinic space utilization • Clinic no-show rate • RVU per clinical FTE
Outcomes and Clinical Excellence	• Percent of patients receiving evidence-based care • Health-related quality of life
Patient and Family Experience	• Percent of families giving a 0-6 out of 10 for satisfaction
Research Content	
Effort	• Total research dollars awarded • Number of grants awarded
Impact	• Number of publications • % of publications meeting pre-specified divisional impact factor goal
Education	
	• Percent of clinicians whose teaching skills are rated "excellent" or "outstanding"
	• Percent of students rating the educational quality of the rotation "excellent" or "outstanding"
	• Board Pass Rate on First Attempt
	• Fellowship Program Matched

The current and ongoing evaluation of this action project includes: 1) adherence to project plan time lines and milestones, 2) proportion of divisions using the dashboard in their presentations to senior leadership and the board of trustees, 3) percent of metrics improving and percent of metrics reaching target by dashboard content area, and 4) survey of division directors, department chairs and other senior leaders (including qualitative data) on their satisfaction and perceived usefulness of the new dashboard.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Pay for Production in a Mission & Market Based Faculty Compensation Model

Name and Institution: Judie Charlton, MD; Vice Dean for Clinical Affairs and CMO, West Virginia University

Collaborators:

- Task Force of chairs, faculty, and administrators representing a spectrum of specialties, rank, and gender
- Dean's Finance Team (CFO & support staff)
- Dean & Hospital CEO
- Navigant Consultants

Background, Challenge or Opportunity: Uniform dissatisfaction existed among faculty with regard to compensation because it was unpredictable and seemingly lacked fairness. As all missions were not recognized or rewarded, academic work was perceived to be devalued. Faculty was lost to private practice due to a compensation system that rewarded clinical productivity….and at a level lower than private practice. We predicted that rising indebtedness of medical students would decrease our ability to recruit new faculty. Our practice plan entered into a joint operating agreement with the hospital that created an ideal opportunity to redistribute funds to faculty compensation.

Purpose/Objectives: To create a transparent, equitable, benchmark based compensation model that recognized productivity in all missions.

Methods/Approach: The task force was charged to bring forward a model that achieved the above basic tenets. The finance team determined feasibility through funds flow analysis and detailed modeling. A feasible model approved by Chairs and other stakeholders was implemented with a six month grace period to allow those faring less well in the model to increase productivity. Benchmark compensation was not affordable with our existing above-market pension plan; hence, the pension plan was reduced yet revised to honor longevity. Medical Directorships were redesigned to reflect true administrative effort rather than serving as a mechanism to transfer funds.

Outcomes and Evaluation: Clinical effort is compensated at the MGMA private practice 25th percentile benchmark with corresponding wRVU productivity targets. Clinical incentive is awarded in a step-up fashion in recognition that early collections cover costs and that higher productivity leads to more funds being available for discretionary use. Higher quartile productivity therefore earns a higher rate of incentive. For faculty that use physician extenders, the mid-levels' costs are converted to wRVUs and deducted from the faculty's wRVU credit. Some departments pool up to 50% of their wRVUs to account for low productivity shift/site work that must be covered. Model adjustments were also made for departments such as anesthesia, radiology, and pathology.

Academic effort is compensated at the AAMC 25th percentile benchmark that recognizes specialty and rank. The majority of faculty members are expected to easily earn academic incentive to reach the AAMC 50th percentile. Academic incentive is earned by performing tasks assigned by Chairs at the start of the academic year. Exemplary academic incentive (as determined by a point system) is also possible. Similar incentives are in place for research productivity and exemplary service.

Offers to new recruits have honored this plan for 5 months, and acceptances have increased by 40%. Current faculty members have been under the plan for two months, and charges have increased by 12.5%. Next steps include incorporating quality, cost-effectiveness, and professionalism into the model.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Laboratory Utilization Improvements: Approaches, Outcomes and Impact
Name and Institution: Karen Kaul MD PhD, NorthShore University HealthSystem

Collaborators: Lynn Schwabe (Lab Admin), Ari Robiscek (CRIO), Meridith Sefa, Chad Conchack, Annalyn Chui (Epic optimization), Ken Anderson (CQI) and Jonathan Silverstein (CCRI)

Background, Challenge or Opportunity: Laboratory testing volumes continue to grow at most institutions, as a result of rapid expansion of the test menu, and inappropriate utilization of many lab tests. The accountable care model will require increased efficiency within our healthcare system, including improvements in utilization of diagnostics tests. Laboratories must develop approaches to improve utilization, teaming with clinical colleagues to develop ordering guidelines, and using new informatics tools to guide ordering of lab tests.

Purpose/Objectives: The goal of this project was two-fold: to establish a multi-departmental administrative framework based in pathology that focused on laboratory utilization, and mobilize this group to complete a pilot project focusing on tests ordered too frequently.

Methods/Approach:
After broad discussions with medical leadership and administrative stakeholders, a programmatic structure for the working group was developed: a core group of lab professionals, IT, administration, and key clinicians, and a reporting mechanism to the hospital's quality committee. Weekly meetings with informatics staff were also held beginning in December. Laboratory utilization data (FY2011) was analyzed in detail to identify over-ordered tests, and to design EMR-based solutions. The frequency options were adjusted for a dozen tests in the electronic order entry screens. Mechanisms to monitor utilization, and also to identify certain "once-only" tests (such as germline genetic tests) across encounters were built using data from our electronic data warehouse.
CBC with Differential was identified as the most over-ordered test, and also had significant institutional cost and laboratory workload impact. Test ordering data before and after the order frequency intervention was collected. Additionally, physicians who placed orders for more than once daily testing were contacted via Epic in-basket messaging for further information regarding the necessity of the order. Input was used to refine the best practice alert to be implemented in May 2012.

Outcomes and Evaluation: Adjustment of the options for order frequency led to a significant reduction in CBC/diff performed more than q 24 hours. Seventy percent of physicians queried for too-frequent order patterns reported an error in ordering or not knowing about the other orders (i.e., ordered by other service). A significant cost savings realized by reducing performance of CBC with differential during this 8 week trial period.
Next steps include full implementation of the Epic best practice alerts to notify physicians when duplicate, in –lab, or too-frequent orders are placed for CBC with differential and select other lab tests; these alerts will present the most recent results, and a mechanism to continue with the order if clinically necessary. The Lab Utilization workgroup will continue to address utilization issues, develop a lab formulary and further guidelines.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Title **Pilot Study for the University of Rochester Medical Center Physician Coaching Program**
Fellow **Susan H McDaniel PhD, University of Rochester Medical Center (URMC)**
Mentors Ronald Epstein MD, Elizabeth McAnarney MD, Yeates Conwell MD
Collaborators J Beckerman MSW, J Joseph MD, T Rosenberg PhD, P Winters MS
Background and Challenge Two developments propelled a URMC-wide initiative to improve Patient- and Family-centered Care (PFCC). In, 2009, the Vice President of Health Affairs had a traumatic bicycle accident 3 years after assuming his position. Responding to both excellence and deficiencies in his experience as a patient, he articulated a commitment to PFCC. Meanwhile, the hospital CEO announced support for PFCC based on potential for newly-announced CMS enhanced reimbursements partially based on consumer satisfaction with interpersonal care. PFCC builds on a philosophy of care informed by a biopsychosocial approach and medical family therapy, both conceived at URMC.
Purpose To develop and determine the feasibility of a physician coaching program with the following objectives: a learning community of physicians to improve PFCC; and improved quality, safety, team communication, patient/family experience of care, and physician satisfaction and retention.
Methods *A *Patient- and Family-Centered Care Leaders Council* was formed to advise Medical Center leadership, share projects, and receive training on targeted PFCC skills. At least one PFCC Leader was identified from each department. 12 of 15 clinical departments actively participate in the monthly meetings. *ICU:* Council Leaders articulated key PFCC physician behaviors, winnowing them to 8. I subsumed them under the acronym, ICU. "I" (Introduce yourself and your role); "C" (check for patient/family Concerns); "U" (check for Understanding of the plan). All physician training uses the "ICU" acronym.
**The URMC Physician Coaching Program* was created to improve interpersonal care. I developed an Observational Coding Sheet adapted from prior measures, personal experience and institutionally-driven values and principles. Participants were 12 physicians: 6 surgeons and 6 non-surgeons; 6 with high and 6 with low HCAHPS scores; 4 females and 8 males (physician type and gender evenly divided between high and low HCAHPS). A total of 78 patients were observed. Data for each physician included direct observation and coding of each interaction for 2-4 hours during regular clinical work. Physicians received verbal feedback after the session. Written reports include quantitative and qualitative data, with strengths and specific suggestions for improvement.
Outcomes **The URMC Physician Coaching Program.* PFCC Behavior Frequencies: URMC physicians Introduced themselves 81%, asked about patient Concerns 72%, and checked for Understanding 23% of the time. Non-surgeons and females Introduced themselves 100% of the time to new patients. Physicians with higher HCAHPS scores were 10.6x more likely to ask about patient Concerns. Female physicians were 6x more likely to check for Understanding. Physicians with higher HCAHPS scores and males took more time with patients. 63.5% of physicians considered the coaching "Very Helpful;" 36.5% found it "Helpful."
Conclusions I identified gaps in patient- and family-centered care of URMC physicians in order to focus and deepen training skills. The process of giving feedback to physicians about PFCC is feasible, acceptable, and appears to have impact and meaning for the participants.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title:
Improving the health of the region through prevention research

Name and Institution:
Anne B. Newman, M.D., M.P.H.
University of Pittsburgh Graduate School of Public Health

NO ABSTRACT AVAILABLE

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Preventing Blindness in South Texas using Telemedicine

Name and Institution: Paula K. Shireman, MD, UT Health Science Center, San Antonio

Collaborators: Mentor: Francisco González-Scarano, MD
Susan Fisher-Hoch, MD, Kundandeep Nagi, MD, Dana Forgione, PhD, ophthalmologists of the Valley Retina Institute and directors & staff of three Federally Qualified Health Centers (FQHC)

Background, Challenge or Opportunity: South Texas is predominately rural with an underserved, Hispanic population. How do we provide culturally-appropriate, specialty care to South Texas residents while working with local providers and maintaining patient care within their community?

Purpose/Objectives: Provide specialty care to the South Texas population while expanding the UT Medicine practice and creating research opportunities for faculty and students. Our initial aim is to increase screening rates from 26% to 65% over 3 years for diabetic retinopathy in a minority, Hispanic population in the Lower Rio Grande Valley (LRGV) with a 30% incidence of diabetes. We will convey images to retinal experts in San Antonio using telemedicine and use a motivational interview education technique to decrease HbA1c levels, thereby limiting complications of diabetes. Our program will reduce the loss to follow-up by coordinating eye care services between primary care and ophthalmology providers through a team-based approach to patient-centered care.

Methods/Approach: Use telemedicine technologies to expand the multi-specialty UT Medicine, San Antonio practice while integrating healthcare with local providers. Our first step was to establish relationships with LRGV healthcare institutions to determine needed services and link those needs with healthcare providers in UT Medicine, San Antonio. We discussed a series of projects with directors and staff of three FQHCs in the LRGV and agreed to initially pursue a diabetic retinopathy and education program.

We submitted a $3.8 million screening program for diabetic retinopathy to the CMS Innovation Challenge Grants; I am the Principal Investigator. Goals of the project include: 1) Provide access to eye care for underserved, primarily Hispanic patients receiving health services through FQHCs by increasing rates of screening exams in diabetic patients, 2) Prevent vision loss by early detection and treatment, 3) Improve care for diabetic patients through education by modifying risk factors associated with diabetes complications, including diabetic retinopathy, 4) Develop a training program for licensed vocational nurses to provide eye screening and education to diabetic patients to improve care, 5) Establish a sustainable, low cost, patient-centered healthcare program that can be expanded to uninsured diabetic patients who will have insurance in 2014, and 6) Economically model the costs and benefits of the program.

This proposal brings together primary care providers in FQHCs, ophthalmologists in the LRGV and health professional faculty from three University of Texas System institutions.

Outcomes and Evaluation: The long-term goal of improving the health of the residents of South Texas will require multiple programs incorporating clinical care, education and research. The grant to support the diabetic retinopathy screening and education program was submitted as the first effort to provide funding for the initiative. We will continue to identify programs and submit grants to create a telemedicine network in South Texas.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

A Vision for the University of North Carolina Cutaneous Oncology Program

Nancy E. Thomas, MD, PhD; David Ollila, MD, University of North Carolina, Chapel Hill, NC.

Background/Purpose/Objectives:
The UNC Multidisciplinary Cutaneous Oncology Program has grown dramatically over the past 10 years in both patient services and in research funding and productivity. However, the program has never had a formal strategic plan. The purpose of this Institutional Action Project is to develop strategic plan for the Cutaneous Oncology Program to be implemented over the next 5 years. Particular concerns regarding the timing are: 1) integration with a new state funded cancer survivorship study; alignment with the new School of Medicine strategic plan; and 3) synergy with the UNC CTSA which is due for competitive renewal.

Methods/Approach:
Support for developing this vision was sought through discussions with the program co-Director, the Lineberger Cancer Center Director, and Chairs and Division Chiefs. A Cutaneous Oncology Retreat was held with the group to begin the planning process. The leads for the survivorship study attended and presented at the retreat. Additional meetings are being held to obtain input from School of Medicine and CTSA leaders.

Outcomes/Evaluation:
Over 50 participants from 14 departments attended the retreat. Included were providers including physician-scientists, clinical ancillary staff, basic scientists, and core laboratory directors. This retreat, entitled 'Cutaneous Oncology and The Road to Personalized Care at UNC', focused on the integration of clinical care and research using round table discussions. Responses were collected by the round table group leaders and collated. We are presently holding post-retreat meetings to synthesize the data. The information will be crafted into a long-term strategic plan. The final product will be shared with all participants and School of Medicine and CTSA leaders. In addition, I am meeting with marketing and development to promote some of the ideas derived from the discussions.

Clinical Group

Washington B Room
Moderator: Ann Thor

Wave II

Poster #	Fellow	Institution	Project Title
21	Evalina L. Burger, B.Med.Sc., MBCh.B., M.Med.	University of Colorado Denver School of Medicine	Campus Care
22	Constance R. Chu, M.D.	University of Pittsburgh School of Medicine	Arthritis Prevention and Innovative Treatment Center
23	Karen H. Lu, M.D.	University of Texas-M.D. Anderson Cancer Center	Establishment of Clinical Cancer Genetics Services at Regional Care Centers
24	Anna C. Pavlick, D.O.	New York University School of Medicine	Standardizing Quality Breast Cancer Care throughout all NYU Facilities
25	J. Usha Raj, M.D.	University of Illinois at Chicago College of Medicine	Illinois Quality Perinatal Care Consortium (IQPCC): A Model of a Network of Public and Private Providers committed to Improving Perinatal and Neonatal Services and Outcomes in the State of Illinois
26	Cathy Sila, M.D.	Case Western Reserve University School of Medicine	A Systems Approach to Transforming Care for Intracerebral Hemorrhage
27	Bronwyn E. Wilson, M.D., M.P.H., M.S.	University of New Mexico School of Medicine	Building a Mentoring Program for Clinician Educators

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Campus Care
Name and Institution: Dr. Evalina Burger, University of Colorado
Collaborators: Dr. R Krugman, Dr. Ben Honigman, Dr. Bruce Evans, Suzanne Sullivan.

Background, Challenge and Opportunity: The University of Colorado Anschutz Medical Campus was established in 2006, with more than 8000 Campus employees. Due to unanticipated growth, the University of Colorado hospital and The Children's hospital, are rapidly expanding to double their bed capacity. Our current access problems both for in and outpatients are driving the payer mix of patients negatively.

1. **Access for current patients.** As a highly specialized tertiary care center, delivering care to our current patients with urgent needs has become a huge challenge due to the limitation of clinic space. It is a known fact that the PCP's will refer established patients to other facilities in the city, due to the overwhelming pressure on the current system, which regularly places our ED on divert. It also taints our referral basis, as the perception is that we cannot take care of our patients. A potential for medico legal action also exists especially for surgical patients in the global period.
2. **Geographical placement of our Primary Care Services.** Except for the WISH clinic, Geriatric Medicine clinic and an internal medicine clinic, we have no access to Primary Care on the campus. Currently the nearest PCP providers are more than 4 miles away; necessitating employees to take excessive time off work for regular appointments. The UA Net patient lives, whom we are obligated to treat, are totaling 17300, with a further 40000 eligible lives.

Active PCP participation in multidisciplinary patient centered homes is also challenged in this model.

Purpose/Objectives: The objective of the project is to create a **Campus Care Clinic** to provide expeditious care to patients. Both established patients as well as "the walking wounded" will be treated in conjunction with the ED. This vision is that this clinic will expand over time, to provide on-campus primary care services to employees, in- and outside normal clinic hours.

Methods/Approach:

- Interviews have been conducted with key personnel to determine the feasibility, staffing models, space, as well as the patient population that would benefit from this.
- Extended access, to a Spine clinic as a pilot program, has proven that the after hours slots fill up immediately.
- Collaborations with the Emergency department:
    - Physician staffing
    - Support staff including a Triage nurse, one RN and a CTA.
    - 'The walking wounded" will be triaged from the ED waiting room directly to this clinic and fast tracked back at the close of the clinic at 11:30 pm.
- Post Surgical patients with complications (in the global period) can be directed to this clinic from 4.00 pm without going to the ED.

Outcomes and Evaluation:

- The effectiveness of the system will be evaluated:
    - Number of patients seen.
    - Customer satisfaction surveys
    - Surveys of PCP's for ease of referring
    - Monitoring wait times and ED diverts.
- Phase I: The Emergency room started an after hours access clinic on March 21,2012 from 6 till midnight.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: UPMC Arthritis Prevention and Innovative Treatment Center

Name and Institution: Constance R. Chu, MD; University of Pittsburgh

Background, Challenge or Opportunity: Arthritis affects more than 1 in 5 Americans and is a leading cause of morbidity and disability. In 2004, the cost of Arthritis in the United States was estimated at $336 Billion, or 3% of Gross Domestic Product (Burden of Musculoskeletal Diseases in the US 2008). Osteoarthritis is the most common form of arthritis affecting 27 million Americans in 2005. With increasing obesity and age (two known risk factors for osteoarthritis) in the United States, a massive rise in costs is expected. Currently, there are no treatments to delay or prevent the onset of osteoarthritis. Early diagnosis and early treatment has already reduced patient morbidity and the rates for expensive operative treatment of end-stage rheumatoid deformities in the past decade. New strategies for early diagnosis and early treatment of osteoarthritis is anticipated to similarly improve outcomes and reduce disability and costs for this more prevalent form of arthritis affecting 20 times more people than rheumatoid arthritis

Purpose/Objectives: The vision for the UPMC Arthritis Prevention and Innovative Treatment Center is to prevent or delay the onset of disabling osteoarthritis through multi-disciplinary integrated clinical care and bench to bedside research to translate the latest developments into improved clinical practice.

Methods/Approach: A planning meeting was held involving the UPMC Chief Medical Officer, and the Chairs of Orthopedic Surgery, Rheumatology, Physical Medicine and Rehabilitation, and Emergency Medicine. As this type of model crosses traditionally independent departments and also proposes to integrate translational research with musculoskeletal clinical care, the project needs to be implemented in several stages. During this information gathering stage, I will interview internal and external Deans, Hospital Directors, as well as Orthopedic Chairs who currently lead multi-disciplinary Musculoskeletal Institutes focused on clinical care regarding the leadership commitment and resources needed for this type of model that both provides interdisciplinary clinical care and integrates translational research.

Outcomes and Evaluation: From a clinical care standpoint, respondents agree that integrated multi-disciplinary care coupled with precise early diagnosis and staging of patient disease is expected to translate into improved patient satisfaction, higher quality care, and substantial cost savings for the health care system. Respondents were less certain of how to incorporate the translational research aspect. Consequently, I am pursuing NIH, DOD, and other extramural funding for the translational research that can then be potentially integrated with an established multi-disciplinary clinical care center such as the UPMC Center for Sports Medicine as an alternative approach. With the increased national emphasis on preventive care, personalized medicine, and patient centered care, integration of translational research with clinical care center has high potential to serve patients and society in a cost effective manner.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Establishment of Clinical Cancer Genetics services at Regional Care Centers

Name and Institution: Karen H. Lu, MD MD Anderson Cancer Center

Collaborators: Banu Arun, MD, Peter Pisters, MD

Background, Challenge or Opportunity: In addition to providing the highest level of quality cancer care at our main campus, a major strategic institutional initiative has been the establishment of four Regional Care Centers (RCC) in the greater Houston area. The goal of these Centers is to provide the same high quality multi-disciplinary cancer care to patients, outside of the main cachement area of the main campus. Cancer genetics services are a vital part of the "personalized cancer treatment plan" that is offered to our main campus patients. Establishing cancer genetics services at the RCCs is both an opportunity and a challenge.

Purpose/Objectives: The purpose of this project is to develop a comprehensive plan for establishing Clinical Cancer Genetics services at the four Regional Care Centers. More specifically, a plan for the incorporation of genetic counseling and testing for germline BRCA1 and BRCA2 mutations in the care of newly diagnosed breast cancer patients was established.

Methods/Approach: One of the 4 RCCs (Woodlands) served as the model for the development of the Plan. Leadership of the RCC and the Genetics service met early in the process to agree on the goals and purpose. Meetings were established that included breast oncology clinical staff at the RCC, as well as Genetics staff at the main campus. Metrics including number of new breast cancer patients were shared in order to estimate genetics service needs. Screening questionnaires and on-line family history questionnaires were shared with the RCC site. A 3 month pilot phase of the program was instituted. During this pilot phase, monthly videoconferences were held to review both processes and specific patients with complex family histories or indeterminate genetic test results.

Outcomes and Evaluation: During the initial meetings, a process for implementing genetic counseling and testing for newly diagnosed breast cancer patients was outlined. An instrumental and innovative component of the process was the utilization of the nurse navigator to ask screening questions of each new patient. Medical oncologists ordered the genetic tests and were assisted by an identified main campus genetic counselor when questions about interpretation of the tests arose. The monthly videoconference was instrumental in enhancing communication. Statistics of number of new breast cancer patients seen, number of patients that screened positive based on family history and age criteria, number of patients that underwent genetic testing and number of patients that tested positive were recorded during the 3 month pilot phase. Early discussion of the role of the RCCs in enrolling BRCA positive patients into research registries was held and is on-going. Finally, a comprehensive business plan for the incorporation of Clinical Cancer Genetics services for breast, colon, ovarian, endometrial and thyroid cancer patients treated at the four RCCs was initiated, that included an analysis of additional resources necessary.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Standardizing Quality Breast Cancer Care throughout all NYU Facilities
Name and Institution: Anna C. Pavlick, DO, New York University School of Medicine/NYU Cancer Institute, New York, New York
Collaborators: Freya Schnabbel, MD; Cindy Boester; Amy Tiersten, MD; Jennifer Wu, MD; William Carroll, MD

Background, Challenge or Opportunity: NYU physicians provide breast cancer care at several locations throughout New York. While the NYU Clinical Cancer Center (NYUCCC) is a private, university-based facility, its other affiliates include Bellevue and Woodhull Hospitals, both city-run facilities. The diversity of care provided to breast cancer patients in city hospitals can vary greatly from that of private centers and ultimately impacts on patient satisfaction and outcomes. Differences in resources and personnel pose some of the challenges of initiating standardization. Breast cancer patients make up the greatest number of patients seen and treated at all NYU cancer affiliated sites. Quality, standardized cancer care is the the mission of the NYU Cancer Institute and my institutional action project is the first step to achieving that goal.
Purpose/Objectives: The purpose of this action project is to standardize quality breast cancer care from the time of diagnosis to therapeutic interventions and survivorship throughout all NYU facilities. This project will create a "Breast Cancer Quality of Care Program" which will be incorporated into the electronic medical record at all facilities, providing a treatment algorithm based on tumor stage and including a simple "drop down box" form. It will encompass diagnostic imaging, pathology, biopsy procedures, surgery, radiation, chemo and hormonal therapy as well as survivorship guidelines for maintaining wellness.
Methods/Approach: As a rapid means of assessing breast cancer care given at NYUCCC, I am conducting the American Society of Clinical Oncology (ASCO) Quality of Care Initiative. This national program provides a means for evaluating breast cancer care via an intensive chart review, with the data evaluated by ASCO and national certification for quality care achieved. I met with the leaders of each breast cancer program and identified potential barriers to care. I created the algorithm and “drop down” EMR which I will present to the NYUCCC breast cancer physicians for feedback and refinement, then launch it as a pilot project at NYUCCC. After evaluating the success of this pilot, I will then meet with the other facility breast cancer leaders to showcase and initiate this program.
Outcomes and Evaluation: Obtaining ASCO Quality Care Certification is the first milestone for this project. An assessment of the endpoints of physician adherence to guidelines, cost effectiveness and patient/provider satisfaction will be conducted on the pilot program. Random audits of breast cancer patient charts will evaluate provider compliance. A cost analysis will be done and compared to a random sampling of previously treated patient charts. Review and analysis of this data will be presented to the NYU Cancer Institute faculty. If the endpoints of streamlined quality standardized care, cost effectiveness and patient/provider satisfaction are met, I would propose developing similar programs in other high volume oncologic disease entities seen at all NYU facilities.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Illinois Quality Perinatal Care Consortium (IQPCC): A Model of a Network of Public and Private Providers committed to Improving Perinatal and Neonatal Services and Outcomes in the State of Illinois

Name and Institution: J. Usha Raj, MD.; Professor and Head, Department of Pediatrics, Physician-in-Chief, Children's Hospital, University of Illinois (CHUI)

Collaborators: Akhil Maheshwari, MD., Chief, Neonatology, Beena Peters, COO, CHUI

Background: It is essential to develop methods to continuously improve neonatal care and its outcomes, to reduce costs and to promote clinical research. Creation of a network of NICUs that participate in these common goals using a common database is very useful as new hypotheses can be developed and tested in the field and outcomes tracked. California has successfully developed such a collaborative (The California Perinatal Quality Care Collaborative) and it will serve as a template for establishing this program in Illinois.

Purpose: To create a consortium of NICUs in Illinois to improve the quality of neonatal care by using state of the art collaborative QI methods and by promoting clinical research

Methods:
A. Create a common data base that all member NICUs utilize. Medical Directors of each participating NICU will oversee maintenance and accuracy of the data base. All data will be collated and analyzed by a coordinator centrally.
B. Initiate Quality Improvement projects such as Delivery room management; Reduction in Re-hospitalization for Jaundice, Improvement in Stabilization and transport of High-Risk Infants, Reduction of Medication Errors and Late Preterm deliveries
C. Establish "Baby Friendly" hospitals in network Hospitals
D. Initiate clinical research projects

Progress-to-date: Over the past year, the Neonatology team from CHUI has established a partnership in four community hospitals. Work has begun to institute QI projects and to establish a common database in these hospitals. Currently steps are being taken to get the NICUs in the three affiliated Pediatric Departments within the University of Illinois to participate (U of I at Peoria, Champaign Urbana and Rockford).

Impact of program on Perinatal Health care in Illinois and on the Healthcare Enterprise at the University of Illinois:
Improved Perinatal Health in the State resulting from Improved Quality of care and Collaboration among all NICUs
Increased number of community hospitals that the University of Illinois directly supervises and influences

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

A Systems Approach to Transforming Care for Intracerebral Hemorrhage

Cathy Sila MD, George M Humphrey Professor of Neurology, Case Western Reserve School of Medicine Director, Stroke & Cerebrovascular Center and University Hospitals- Stroke System Program, Neurological Institute, University Hospitals- Case Medical Center, Cleveland, Ohio

Mentor: Nancy Tinsley, RN MBA FACHE, VP-Clinical Operations, **Collaborators:** LA McCartney RN MBA UHNI-Operations Director, Stroke Center Staff, Neuroscience Nursing, K Supan RN PMP Inpatient-EMR Director, A Furlan MD Chair of Neurology, W Annable CQO-UHHS, E Bieber MD CMO-UHHS. Special thanks: LC#3 and P Davis MD PhD Dean-CWRUSOM

Opportunity: Since its launch in 2008, the UH Stroke System Program has gained national recognition for the development of clinical guidelines for stroke best practices, unique tools and caregiver education and leadership in creating the infrastructure and teams to standardize stroke care across a healthcare system (1-9) UHSSP effectiveness is monitored through uniform quality metric collection, reporting and quarterly review. Intracerebral Hemorrhage (ICH) was selected for its: high risk- 1/3 die, 1/5 regain functional independence, high volume- UH-CMC admits 55% more and transfers 3x more patients with ICH than the Ohio hospital average, reasonably homogeneous, well-defined natural history, and scope of healthcare cross-cuts multiple locations with a hub and spoke model, consumes high-intensity services and requires multiple disciplines. The breadth and depth of the project afforded a rich professional development opportunity to leverage key strengths in strategic perspective and change management, understand institutional dynamics learn process engineering, and build relationships and campaigns.

Purpose: To analyze and reengineer the process of care across a healthcare system to optimize the value for patients with stroke, embed the process into usual care and monitor key indicators in a real-time fashion.

Methods/Approach: Detailed process maps were constructed to describe all aspects of care and three waves of data were collected.

Processes in italics were developed during the project period (10-14).

Outcomes: Real-time analysis of prospective, disease-specific data revealed unexpected opportunities for improving efficiency and cost. Many effects were dynamic and could inflict a rapid impact.

- > 50% of ICH patients underwent ≥ 3 neuroimaging studies yet 95% of care decisions occurred within ≤2 studies. (12)
- Medically Inappropriate Days (MID) rapidly increased from 0.0229 to 0.1139 MID/patient/day, driven by the unanticipated effect of a staffing change.
- The projected cost savings of $72,000 /yr (calculated from geo mean LOS) was revised to $1,393,600 /yr (based on Medically Inappropriate Days).
- Novel EMR tools could be developed and used to successfully drive compliance with best practices. (13)

Future efforts will focus on reengineering care paths and mapping key data to the EMR to drive relevant, real-time reports to optimize healthcare, patient access, patient safety and satisfaction, caregiver morale, and housestaff education.

Evaluation:

Successful implementation of the process and proof of feasibility as determined by data capture.
Behavior change of healthcare providers on resource utilization.
Expanded knowledge of quality initiatives among healthcare providers.
Scholarly activity developed from this activity.
Project and personal visibility and recognition within the institution.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Building a Mentoring Program for Clinician Educators

Bronwyn E. Wilson MD, Health Sciences Center, University of New Mexico

Mentors and Collaborators: Jeffrey Griffith PhD, Executive Vice Dean for the School of Medicine, Deborah Helitzer ScD, HSC Executive Director of Research Education & Training, Valerie Romero-Leggott MD, HSC Vice Chancellor for Diversity, Leslie Morrison MD, HSC Executive Director of Academic Affairs, Craig Timm MD, Senior Associate Dean for Education and Director of the Medical Education Scholars Program, Rush Pierce MD, Vice Chair for Faculty Development, Department of Internal Medicine, Kathryn Fraser, MD Associate Professor, Department of Psychiatry, Mark Pedrotty PhD, Associate Professor, Department of Pediatrics, Nora Dominguez, Director UNM Mentoring Institute.

Background: Mentoring has been shown to increase faculty satisfaction, productivity and retention, and yet is not universally available to our faculty. We have several institutional initiatives to enhance mentoring including naming a first mentor in the letter of offer, an introduction to mentoring and promotion and tenure expectations during faculty orientation, and the expectation that all faculty who are promoted from Associate to Full Professor regardless of track demonstrate that they have mentored junior faculty. Several challenges for our institution include designing an effective way to measure and evaluate mentoring, defining faculty needs and clear pathways for academic success for clinician-educator faculty (~80 % of our junior faculty), building training and recognition systems for mentors, and supporting special group needs such as junior researchers, under-represented minority faculty, and faculty assigned to a new regional medical center.

Objectives:

1. Assess current mentoring needs of our junior faculty
2. Develop a faculty development plan for the new regional medical center
3. Catalog current institutional mentoring initiatives and support the creation of a HSC committee to build an institutional mentoring program to track mentoring activities and to share best practices.

Approach:

Objective 1. I reviewed results from two faculty surveys that included items on mentorship. Both had similar findings: fewer than 25% of survey participants said they had had mentoring, and over 70 % felt it was desirable. I then worked with two faculty members to design a mentor survey for our clinician educator faculty. I also joined the Office of Research taskforce of both junior and senior faculty to develop an on-line research mentor training program and mentor resource website.

Objective 2. I met with stakeholders to define expectations for the faculty at our new regional medical center. I presented my plan to the Committee of Chairs, with unanimous approval for implementation. I organized the Education Deans' council to develop a "tool-box" of educational development and teaching opportunities for our regional faculty. I engaged the HSC Offices of Community Health and Diversity and the regional medical center Board of Directors to plan a new faculty orientation to include opportunities for community engagement and research, and cultural competence training to be implemented when most new faculty are on board in June 2012 as a pilot for future use institution-wide and for other community hospitals.

Objective 3. I am meeting with stakeholders from all mission areas to determine and catalogue existing mentoring programs. I attended an HSC Office of Diversity sponsored inter-professional workshop on designing an institutional mentoring program. This will lead to an HSC wide mentoring working group to develop a campus wide web-based system to measure and track mentoring activities, train mentors, and share other resources and best practices.

Outcomes:

1. Clinician Educator survey about mentoring to be done in May 2012.
2. Pilot faculty orientation program for regional medical center in June 2012
3. Creation of an HSC inter-professional mentoring oversight committee with collaborators above

Education Group

Washington C Room
Moderator: Maryellen Gusic

Wave I

Poster #	Fellow	Institution	Project Title
28	Adela T. Casas-Melley, M.D.	Sanford School of Medicine of the University of South Dakota	Developing a Rural surgical residency program for the State of South Dakota
29	Karin F. Esposito, M.D., Ph.D.	Florida International University Herbert Wertheim College of Medicine	Planning a Program Evaluation Process for a New MD Education Program
30	Margherita Ruth Fontana, D.D.S., Ph.D.	University of Michigan School of Dentistry	Focusing on health promotion and disease prevention- A plan for a new dental curriculum
31	Zena Leah Harris,M.D.	Vanderbilt University School of Medicine	Development of a standardized, objective, data-driven competency-based performance assessment tool for Pediatric Residents
32	Olga Rodriguez de Arzola, M.D.	Ponce School of Medicine and Health Sciences	Enhancing education in Ponce School of Medicine and Health Sciences and its medical community through the establishment of a novel simulation center
33	Ellie Schoenbaum, M.D.	Albert Einstein College of Medicine of Yeshiva University	Developing Scholarly Concentrations for Medical Students
34	Karen Beth Williams, Ph.D.	University of Missouri-Kansas City School of Medicine	Enhancing Clinical Research Capacity at the UMKC School of Medicine

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Developing a Rural Surgery Residency for the State of South Dakota

Name and Institution: Adela T. Casas-Melley, MD, FACS, FAAP, Associate Professor of Surgery and Pediatrics and Vice Chairman of the Department of Surgery, University of South Dakota Sanford School of Medicine and Senior Vice President for Surgical and Cardiovascular services Sanford Health, Sioux Falls

Collaborators: Gary Timmerman, MD, FACS; Thav Thambi, MD, FACS; Matthew Sorrell, MD, FACS; Daniel Blue, MD; and Gene Hoyme, MD

Background, Challenge or Opportunity: Developing a general surgery residency for USD Sanford School of Medicine and Sanford Health has many challenges. The challenges include the political realities of the involvement of multiple systems, financial needs, and developing a residency program that fulfills the special training needed to practice in rural areas.

Purpose/Objectives: Maintaining an adequate number of general surgeons prepared to practice in small rural town is essential to maintaining adequate access to health care in rural America. South Dakota is facing challenges with access to general surgeons in rural towns. As the largest rural health care provider in the United States, Sanford should take the initiative to develop a surgical residency to serve rural communities not only in South Dakota but in other rural areas throughout the United States.

Methods/Approach: Began with discussion with the American College of Surgeons and the residency review committee to obtain interest in the development of a new curriculum for a rural surgical residency. It has involved multiple discussions with administration of Sanford Health to obtain financial support. It has involved multiple discussions with the medical school and the GME department to obtain their support. It has involved identifying the surgical staff interested in participating in surgical education and developing the program, as well as identifying surgeons in rural areas of the state that agree to participate in the rural surgical education of the residents.

Outcomes and Evaluation: We have obtained administrative as well as financial support from Sanford Health. They have committed to financially support the residency as well as developing a surgical simulation laboratory. The GME office, medical school and chairman of the department of surgery have agreed to a rural surgical residency tract. We have identified the core surgical faculty as well as the residency director. The American College of Surgeons and the RRC have interest in our planned curriculum. We plan to develop the curriculum and write the PIF for presentation to the RRC by the end of 2012. We pan for visit and approval by the RRC in 2013 and our first residents to start by the summer of 2014. Rural surgical sites have been identified to start by 2017.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Planning a Program Evaluation Process for a New MD Education Program

Name and Institution: Karin Esposito, MD, PhD
Florida International University Herbert Wertheim College of Medicine

Collaborators: Dean John Rock, Associate Dean for Curriculum and Medical Education George Dambach, Members of the Program Evaluation Task Group (Director of Assessment, Assistant Dean for Teaching and Learning, Assistant Dean for Curriculum and Medical Education, Associate Dean for Student Affairs, Associate Dean for Graduate Medical Education, Period 1 Coordinator (basic science), Neighborhood Health Education Learning Program faculty, Senior Clerkship Coordinator, two students)

Opportunity: The Florida International University Herbert Wertheim College of Medicine (FIU HWCOM) is a new "millennial" medical school, with its first class of medical students slated to graduate in 2013. The HWCOM has received both preliminary and provisional accreditation from the Liaison Committee on Medical Education (LCME) and is scheduled for a site visit in October 2012 for full accreditation. A process for formal program evaluation, under the auspices of the central Curriculum Committee, is required for internal quality assurance and external accreditation purposes.

Purpose: The purpose of this project is to develop a process by which the medical school education program will be reviewed on an ongoing and iterative basis for continuous quality improvement and to meet accreditation standards.

Methods/Approach: Initially meetings were held with the Associate Dean for Curriculum and Medical Education to discuss the goals of the project, create a preliminary timeline, and choose members of an initial task group. The Program Evaluation Task Group was officially charged by the Curriculum Committee in November of 2011 to develop a plan to review the 4-year educational program, with Dr. Esposito as the chair of the group. Dr. Esposito attended the AAMC MERC course on program evaluation and pulled together resources and expertise to relate to the task group. Logic models were developed to schematically describe the program and its inputs, outputs and short, medium and long-term outcomes, taking into consideration the situation and priorities of the HWCOM. A program evaluation plan was developed that addresses two main goals: (1) students' preparedness for residency, and (2) students' progress toward achieving core competencies and educational program objectives.

Outcomes and Evaluation: The Program Evaluation Task Group has met twice; a third meeting is scheduled. The goal of the first meeting was to assess expertise and introduce program evaluation methodological options, brainstorm ideas, and review the mission, vision and strategic plan of the HWCOM as it related to educational objectives and competencies. In the second meeting, the chair presented logic models for the overall MD curriculum as well as for several components of the curriculum as a framework upon which to build the goals of evaluation. This meeting included discussion of the scope of the evaluation and the need for resources. After subsequent meetings with the Dean and the Associate Dean for Medical Education to discuss goals and scope of the evaluation, the task group will meet March 30 and present a plan to the Curriculum Committee April 6.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Focusing on health promotion and disease prevention- A plan for a new dental curriculum

Name and Institution: Margherita Fontana, DDS, PhD. University of Michigan School of Dentistry

Collaborators: Carol Anne Murdoch-Kinch (Associate Dean for Academic Affairs); Health Promotion and Disease Prevention Committee, which I chair

Background, Challenge or Opportunity:
Health promotion and disease prevention are not only important elements in the accreditation standards for dental education programs (2010), but the American Dental Education Association has established them as key elements in their competencies for the new general dentist (2011):
1) Provide prevention, intervention, and educational strategies.
2) Participate with dental team members and other health care professionals in the management and health promotion for all patients.
3) Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.

Purpose/Objectives: Redefine a health promotion and disease prevention plan that expands across disciplines, didactically and clinically, within a new dental curriculum. The vision is to focus on maintaining and/or reestablishing health rather than just focusing on disease management.

Methods/Approach:
A new dental curriculum has been launched in our dental institution in 2010. Currently D1 and D2 courses have been developed and are being implemented. D3 and D4 courses are under development. A new committee has been created by the Associate Dean for Academic Affairs to focus on addressing the teaching and learning of health promotion and disease prevention as a theme that permeates the entire curriculum. The approved work plan for this committee includes: 1) Review the last accreditation standards regarding how this competency was met (courses that taught it, how was the competency assessed). 2) Review the syllabi for the newly developed D1 and D2 curriculum courses (identify where this is being taught, how it is being assessed, gaps, what can be improved). 3) Communicate with D1 and D2 course directors. 4) Communicate with the different curriculum committee sub committees that are developing D3 and D4 didactic and clinical courses to assess future plans (teaching and assessment, communication in clinics). 5) Make recommendations to reach goals and facilitate interdisciplinary communication and evaluation. 6) Reassess annually for improvements.

Outcomes and Evaluation:
The committee has completed review of D1 courses and is in the middle of review of D2 courses. The topic of health promotion and disease prevention is centered around 2-3 major didactic courses in the D1 year. Students' success in reaching and maintaining competency in health promotion and disease prevention is initially assessed in these few courses. It is yet unclear how this is maintained in the following 3 years, and especially within the inter-disciplinary and multidisciplinary clinical context.

Evaluation methods being assessed for students include: Course evaluations; across course-discipline assessments (standardized patient examinations; OSCE), clinical assessments and test/cases (do we need a more robust clinical competency assessment in this area?); random sample of preventive treatment plans in the school. We also plan to develop assessment strategies focused on faculty and patient feedback.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Development of a standardized, objective, data-driven competency-based performance assessment tool for Pediatric residents
Name and Institution: Z. Leah Harris, MD, Department of Pediatrics, Vanderbilt University School of Medicine, Nashville, TN
Collaborators: Heather A. Davidson, PhD**,** Office of Teaching and Learning in Medicine, Vanderbilt University School of Medicine; Rebecca R. Swan, MD**,** Pediatric Residency Program Director**,** Department of Pediatrics**,** Vanderbilt University School of Medicine

Background, Challenge or Opportunity: As our instructional and curricular methods have shifted from science-based and problem-based to now being competency-based, we have become challenged to develop novel assessment tools that will effectively perform as valid measurement constructs of trainee competency and performance. Developing a standardized, objective, data-driven competency-based performance assessment tool represents a national challenge among educators and will require considerable focus for success.

Purpose/Objectives: Utilizing the ACGME Six Core Competencies as overarching goals, I hope to design an assessment tool that objectively measures skill attainment and that has a high degree of agreement and validity. I will focus on a single ACGME Competency – Professionalism. Critical to the discussion will be (1) the recognition that competence does not necessarily predict performance and (2) the inclusion of entrusted professional activities into this assessment tool will be required. Eventual successful design and development of such a tool will allow for a more competency-based modular approach to health sciences education. Final success will be revealed when the tool is used effectively and students are able to reach and maintain competency and exhibit professional behavior.

Methods/Approach: Phase 1 of the project will start with an in-depth literature review of current objective competency assessment tools and tool kits used in health sciences – most notably the AAMC, Dental Competency, IUPI, NBME and the Pediatric Milestones Project (ABP and ACGME). In addition, a review will be conducted of current objective competency tools and tool kits is non-health sciences (Airline Industry, Boy Scouts Merit badges). Tools will be collected, compared and reviewed. Phase 2 will involve the development of a Professionalism Assessment tool for our Pediatric Residency program. Following presentation to the Medical Center Leadership and a Focus Group of Educators, a pilot program will be initiated. The pilot program will involve (i) faculty development, (ii) resident assessment with the new tool, (iii) 4th year medical student assessment with the new tool, and (iv) resident and medical student self-assessment and multi-professional performance assessment. A selected group of medical students interested in Pediatrics will be tracked as they enter their Pediatric internship. Faculty at the pediatric residency programs these students match with will be asked to also utilize the new tool on these interns. How well the tool predicts true competency in a specific specialty (Pediatrics) and performance will be evaluated.

Outcomes and Evaluation: The effectiveness of the tool will be determined by utilizing a longitudinal review of trainee professionalism as assessed by program directors, senior educators, inter-disciplinary and inter-professional hospital representatives and patient's families. The development of a true competency tool that has both high predictability and validity will be best assessed by capturing those students that have difficulty manifesting professional behavior. This represents a small number of students/year and residents/year. Thus following the pilot program, the tool will need a multi-institutional evaluation (potentially via the APPD LEARN program). Eventually the tool could be modified and applied to other graduate medical training programs and modified for other ACGME Core Competencies.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Enhancing education in Ponce School of Medicine and Health Sciences and its medical community through the establishment of a novel simulation center.

Name and Institution: Olga Rodríguez de Arzola, MD, FAAP, Dean of Health Sciences and Associate Dean for Academic Affairs, Ponce School of Medicine and Health Sciences

Collaborators: Joxel García, MD, MBA, Marta Febo, MD, Elizabeth Rivera, EdD, Dr. Gladys Pereles, EdD Arq. Raul Rivera, Bethzaida Cruz, CPA, Jorge Martínez Trabal, MD, Eric Smuclovisky, MS1.

Background, Challenge or Opportunity: Simulation has demonstrated to be a valuable and effective tool in the teaching and evaluation of health care professionals and a keystone for patient safety. Ponce School of Medicine and Health Sciences (PSMHS) established a standardized patient's laboratory in 1995 to assess the clinical skills of medical students. Its services have been expanded to include trainees from other programs, such as clinical psychology and medicine residency programs. However activities are limited to the use of actors to mimic clinical conditions. Simulators allow the teaching and evaluation of medical procedures or complex clinical skills that are not feasible or safe to be performed using standardized patients. For example, you can teach normal and abnormal cardiac and lung sounds, physiological effect of drugs, and airway management during trauma using a high fidelity mannequin. You can teach procedural and surgical skills, such as suturing during laparoscopy, using a part-task trainer. The opportunities medical teaching and learning using simulation are unlimited.

Purpose/Objectives: The aim of this project is to establish a simulation center at PSMHS to enhance the education of medical students, residents, physicians and other healthcare professionals. PSMHS will expand current simulation activities with standardized patients to include computer based simulations, high-fidelity mannequin, virtual reality simulators and others. The project includes the design of the new simulation center and the launching of a fundraising campaign to obtain the resources to build and equip the area using minimal institution support.

Methods/Approach: This project will be accomplished in four phases. In the initial planning phase (Phase-1) there are two working groups: a Simulation Center Committee (SCC) and a group of faculty and students of the School of Architecture of the Pontifical Catholic University of Puerto Rico (SA-PCUPR). The SCC will identify the space distribution, the equipment necessary, and costs to establish the center. The SA-PCUPR will design the center using the information provided by the SCC. The first drafts of the architectural design will be available during the first weeks of May 2012. Phase-2 consists in the design and implementation of a fundraising campaign to obtain the financial resources needed to construct and equip the center. The work done in phase 1 will help in the design of the campaign. The SCC in coordination with the development office of PSMHS and school's administrators will be responsible for Phase 2 of the project. Phase 3 will be the construction and furnishing of the Simulation Center and Phase 4 the initiation of the Simulation Center activities.

Outcomes and Evaluation: Phase 1 of the project was initiated and shall be completed by June 30, 2012 with the identification of the best architectural design for the simulation center and an estimate of the total cost of the project. Planning of Phase 2 has been initiated through identification of strategies for the fundraising campaign. Launching of the campaign is expected during the fall of 2012. Achievement of the financial goals will be an indicator of success of Phase 2 and shall set the timeline for completion of Phases 3 and 4. Short term evaluation of the project will include successful achievement of the objectives of each of the phases of the project. Final evaluation of the success of this project will be improved learning of PSMHS students as a result of the incorporation of simulation as a learning and evaluation tool in the curriculum.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

DEVELOPING S CHOLARLY CONCENTRATIONS FOR MEDICAL STUDENTS

Ellie Schoenbaum MD, Fellow and Allen Spiegel MD, Dean
Albert Einstein College of Medicine

Background: Einstein students are required to produce a scholarly paper. The Scholarly Concentration will enhance and expand their opportunities to pursue interests beyond the core medical school curriculum in a structured, evaluable program that spans the four years of medical school.
Purpose: The goal of the Scholarly Concentration Program is to offer students an experience of mentor-guided creative discovery that develops analytic and critical thinking, and leadership skills. It will provide resources to foster mastery through courses and hands-on experience. The program starts in their first year and culminates in the fourth year, with a research paper or other capstone project. It will begin with 20 students in the incoming class of 2016, growing to 80 or more by 2016.
Approach: An interdisciplinary group of 8-10 faculty involved with student research and Associate Deans with administrative oversight over students, research and education was convened by Dr. Schoenbaum to provide advice for program development. This TASK FORCE will have ongoing oversight responsibility for the program, which will be initially organized around eight themes, each with a faculty leader: Public Health, Bioethics, Global Health, Lifespan Issues-Aging, Integrative Medicine, Health Care of Urban Under-Served, Clinical Research, and Translational/Basic Science. Faculty leaders will mentor students. Each leader will have a limited budget, a plan for students to learn appropriate methodology and feasible research projects. They will evaluate student progress and final projects.
Timeline: Students will be accepted into the program in Year 1. In the first summer the students will immerse themselves in research and bond with their mentor. Throughout years 2 and 3 research and mentor meetings will take place, when feasible. Enrichment sessions to build program cohesion and skills include classes on hypotheses and specific aims, library searching, public speaking and works-in-progress. In Year 4, 2-5 month elective time allows students to finish draft papers due in December and final paper March 1.
Example: Many students receive Global Health Fellowships to work in resource –poor international locations during their first summer and the fourth year. Students are exposed to conditions which raise ethical dilemmas such as substandard treatment policies for HIV or reproductive rights of women. Students may work with a global health faculty member in the summer and on return expand their mentoring team to include Dr. Ruth Macklin, whose expertise is international bioethical research. The student would work on a bioethical paper discussing a global heath issue under the guidance of the interdisciplinary mentoring team. The student could return to the location in the 4th year to focus on issues raised by his or her bioethical investigation.
Outcomes and Evaluation: We will track student attendance and feedback re programmatic components and mentoring, quality of final project. Mentor feedback will be obtained. Short and long term career paths of participants will be compared with other students.
Challenges: Einstein is initiating curricular reform whereby time for research will increase for students.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Enhancing Clinical Research Capacity at the UMKC School of Medicine

Name and Institution: Karen B. Williams PhD, UMKC School of Medicine

Collaborators: John Foxworth, PharmD, Associate Dean; Jill Moormeier, MD, MPH, Associate Dean

Background, Challenge or Opportunity: Over the past decade, there has been increased interest in increasing the capacity for clinical /health outcomes research at UMKC. In order for health services and medical sciences to advance patient care, safety, efficacy and patient satisfaction clinician scholars are needed who have the capacity to engage in systematic inquiry. In addition, institutional mechanisms need to be in place to support training, mentoring and faculty development.

Purpose/Objectives: This project was designed to assess current challenges and opportunities, and develop strategies to enhance the capacity of medical faculty, fellows, residents and students to be actively engaged in clinical research.

Methods/Approach: Three tools will be used to build campaign for change: Stakeholder Mapping, Stakeholder Strategies and Principles of Influence (Center for Applied Research). Initially, Stakeholder Mapping was conducted by means of a comprehensive qualitative assessment of needs, identification of current resources and support mechanisms elicited input from key stakeholders at affiliate hospitals. A focus group was convened to elicit qualitative data from junior faculty who are interested in promotion to determine their specific needs for scholarly growth. Lastly, quantitative data were acquired from multiple institutional sources to serve as the baseline for assessing change and program impact over time. These included: ACGME evaluation data from site visits; results from the 2011 faculty environment survey; and, an assessment of the promotion trends by department over the past 5 years.

Outcomes and Evaluation: A large proportion of UMKC faculty is satisfied with the overall academic environment; however, only 1/3 reported resources for scholarly pursuits were sufficient. Nine academic departments received citations from ACGME related to insufficient research activities at last visit. Promotion rates for assistant and associate professors have been low for the past 5 years. Additionally, key stakeholders identified the conflict between clinical responsibilities of faculty and time /resources necessary for scholarly development. They cited the need for more easily accessible training materials. Suggestions included developing “Just in Time” on-line research educational modules and summer workshop training sessions to meet faculty needs. The concept of initiating mentored clinical scholar teams to support junior faculty, resident and medical student research was viewed as desirable from the perspective of junior faculty desiring promotion. Junior faculty consistently identified their lack of research/statistical training as a barrier to engaging in research; additionally, they cited tension with pursuing additional research training and clinical time/ income in context with student loan repayment. They were enthusiastic about collaborative teams where they can be a participant and gain additional skills in application. This concept will be incorporated into a strategic plan for Faculty Development at the SOM.

Summary: Future strategies include developing innovative training opportunities AP_for use in faculty development, fellowship training and resident education. Multiple outcomes of research productivity and promotion will be assessed.

Education Group

Washington C Room
Moderator: Maryellen Gusic

Wave II

Poster #	Fellow	Institution	Project Title
35	Erica Dian Brownfield, M.D.	Emory University School of Medicine	The Learning Environment As a Tool to Promote Professionalism
36	Marquetta L. Faulkner, M.D.	Meharry Medical College School of Medicine	Graduate Medical Education: A Model for Continuous Program Evaluation
37	Ellie Kelepouris, M.D.	Drexel University College of Medicine	Interprofessional Healthcare Education which meets the needs of the next decade
38	Tsveti Markova, M.D.	Wayne State University School of Medicine	Aligning Graduate Medical Education with Hospital's Quality Improvement and Safety Strategies
39	Madhu Mazumdar, Ph.D.	Joan & Sanford I. Weill Medical College of Cornell University	Taking Stock of Weill Cornell Graduates' Practice Pattern and Diversity Efforts
40	Meenakshi Singh, M.D.	Stony Brook University Medical Center School of Medicine	Establishing an Integrated Quality Improvement and Patient Safety Education Program Across the Medical Continuum

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: THE LEARNING ENVIRONMENT AS A TOOL TO PROMOTE PROFESSIONALISM

Name and Institution: **Erica Brownfield, Emory University School of Medicine**

Collaborators: Jennifer McCormick, Sally Santen, J. William Eley

Background, Challenge or Opportunity:

The LCME requires medical education programs to ensure learning environments (through formal and informal curricula) promote the development of explicit and appropriate professional attributes in medical students. Such professional behaviors in healthcare members are essential in creating patient-centered models of care, one of the six aims of the Institute of Medicine for improving healthcare delivery.

Purpose/Objectives:

At Emory, the learning environment of clinical settings is continuously measured by the Professionalism Learning Environment Inventory (PLEI). Developed by modifying the Moral Distress Instrument (Wiggleton and Miller), the PLEI is an evaluation students complete during clinical rotations. It provides a meaningful description of the specific areas where the learning environment does and does not support the behaviors desired in medical students.

The purpose of this institutional action project is to use the learning environment data, as perceived by medical students, as a tool to create a culture of exemplary professional behavior in Emory's academic medical centers.

Methods/Approach:

As part of Emory Healthcare transformation, the new "Emory Pledge" was created. The Pledge is a commitment that specifies the actions and behaviors necessary to create a teamwork environment and serves as a tangible means by which healthcare members can hold each other accountable. With the support of department chairs and other leaders, specific feedback of the learning environment data to individual clinical departments is a new process to specifically educate faculty and other healthcare members of areas needing improvement. Early feedback sessions, targeted to faculty, also sparked interest from residency education leaders to deliver the same information to resident physicians. In addition, conversations with leadership across the Woodruff Health Sciences Center have initiated preliminary plans to widen the Pledge to include commitments of professional behavior in the research environment as well.

In an attempt to foster a professional culture that permeates the entire organization, other ideas have been generated, such as having all physicians sign the Pledge yearly, create "Ask Me About The Pledge" or "I Took the Pledge" pins to keep it as a constant reminder.

Outcomes and Evaluation:

Periodic monitoring of the learning environment will be used as one marker in measuring the success of the Pledge initiative. Future plans may also include extending the learning environment survey to include resident and faculty physicians and other healthcare workers, as well as embark on a campaign to have a form of the Pledge extend to the entire Emory University community.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Graduate Medical Education: A Model For Effective Residency Program Monitoring
Name and Institution: Marquetta L. Faulkner, M.D., Meharry Medical College
Collaborators: Richmond Akatue, MD., Paula Hill, DeVora Ramey

Background, Challenge or Opportunity: Meharry Medical College (MMC) is the Sponsoring Institution of seven training programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). These Programs are located in the School of Medicine (SOM). MMC is also the sponsor for two non-ACGME Training Programs in the School of Dentistry. On October 21, 2010 MMC has a regularly scheduled Institutional Review by the Institution Review Committee (IRC) of the ACGME. Although the Office of Graduate Medical Education (OCGME) received a full three-year accreditation, the IRC cited six areas that the OCGME was not in substantial compliance; three of those areas involved the Internal Review process and the Internal Review Report. The fourth area involved the institutional oversight of its training programs. The IRC also noted with concern, that the average cycle length for the seven ACGME programs was only 2.9 years; and that several programs had received short accreditation cycles after initially being granted proposed adverse actions by the Residency Review Committee (RRC).

Purpose/Objectives: The purpose of this project is do the following:

1) To design a process for continuous follow-up on of the Internal Review recommendations by the GMEC.
2) To develop a check list for the Internal Review Process
3) To develop a format for what is to be documented in the Internal Review Report
4) To evaluate the resources of the OGME

Methods/Approach:

1) A template agenda was developed that will be used at all GMEC meetings that will include all areas for compliance particularly citation updates and internal review recommendations. This will provide the structure for close and continued follow-up until areas of non-compliance until they are resolved.
2) A checklist form was developed from the ACGME website this is used for site visits. This form is being incorporated into the Internal Review Process to ensure that all documents and areas of concern by the ACGME will be reviewed.
3) A template reporting form for the Internal Review Report was developed similar to what is used at other Institutional sites that have had successful ACGME site visits. It ensures that all areas of non-compliance are captured.
4) Interviews were done with the Program Directors, Residency Coordinators, and Associate Vice-President of Finance to determine the Institution's resources and support of the OGME and residency programs.

Outcomes and Evaluation:

1) For the OGME
   a) Commitment of appropriate resources to support the OGME and the residency programs
   b) Resolution of the citations of the OCGME
   c) Improvement in the oversight by the OGME

2) For the ACGME approved residency programs
   a) A more thorough Internal Review Process
   b) Fewer citations from the RRC after site visits
   c) Increase in the average cycle length of the residency programs

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Interprofessional Education which meets the needs of the next decade. Can we accomplish this at Drexel University?

Ellie Kelepouris, MD, FAHA, Drexel University College of Medicine

Background: Interprofessional education (IPE) is a collaborative approach to develop healthcare students as future interprofessional team members. Complex medical issues can be best addressed by interprofessional teams. Training future healthcare providers to work in such teams will help facilitate this model resulting in improved healthcare delivery, discovery, patient outcomes and promote cross-fertilization of ideas.

Purpose/Goals: The purpose of this project is to foster collaboration early on between clinicians, educators and researchers. The overarching goal is to break down the silos across Drexel University and combine programs which would differentiate our school from other schools. A main focus is to engage the medical school with other schools and colleges within the University in order to provide the highest quality medical education, biomedical education and research training through the following strategic initiatives: expansion and growth of educational initiatives such as multidisciplinary seminars and team building. Those initiatives will equip our students to deliver outstanding care and create breakthroughs in scientific knowledge crucial in today's highly dynamic healthcare environment. Faculty attitudes are believed to be a barrier to successful implementation of IPE initiatives within academic health sciences settings. A second purpose of this study is to examine specific attributes of faculty members and students, which might relate to attitudes towards IPE and interprofessional teamwork.

Methods/Approach: A Center for Collaborative Education will be created, to forge new learning opportunities across Drexel University that interface with human biology, engineering and healthcare. The Center will reinforce, innovate and expand IPE educational programs around three themes: multidisciplinary translational didactic seminars, exposure of medical students to scientific principles and reinforce IPE by interconnecting basic science and clinical education.

A 2 year pilot program will be developed with 10 students and selected faculty from each school. The didactic program will emphasize interprofessional team building skills, knowledge of professions, patient centered care, bench- to- bedside research questions, the impact of culture on healthcare delivery and an interprofessional clinical component. A hospital and community-based experience will assess whether interprofessional care provides valuable service to patients and how available resources and the environment impact healthcare delivery. Data will be collected from multidisciplinary focus groups, surveys and the experiential phase of the learners and evaluated using scales adopted from the peer-reviewed literature. A survey will be distributed to all faculty members in the medicine, nursing, biomedical and social work programs. Respondents will be asked to rate their attitudes towards interprofessional health care teams, and IPE. Data on gender, prior experience with IPE, age and years of practice experience will also be collected. The students will be given an exit questionnaire.

Outcomes and Evaluation: The outcomes will be competency based. The survey and focus group data will be used to identify personal and professional values and beliefs which shape decision-making. The student experience will be assessing their reported understanding of the other discipline's emphasis on the physical or social aspects of care. Will IPE help students understand their own professional identity while gaining an understanding of other professional's roles within a health care team? Will the bridging of education programs be successful and what will be the barriers to change? Key components to success for developing an IPE centered program will include commitment from departments and colleges, diverse calendar agreements, curricular development expertise, committed faculty with mentor and faculty development, a sense of community, and programmatic infrastructure support and technology.

Keywords: *interprofessional; multidisciplinary healthcare teams; collaboration; interprofessional education; curricular development, translational education*

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Aligning Graduate Medical Education with Hospital's Quality Improvement and Safety Strategies

Tsveti Markova, MD, FAAFP
Associate Dean for Graduate Medical Education and Designated Institutional Official
Wayne State University School of Medicine

Mentors: Valerie Parisi, MD, MPH, MBA; Maryjean Schenk, MD, MPH, MS; Kenneth P. Lee, CPA
Collaborators: Frank Sottile, MD; Sharon Ulep

Background: The public and profession acknowledge that quality and safety in health care needs improvement. The Institute of Medicine (IOM) has advocated for interventions (*To Err is Human* report, 1999) and followed up with a strategy for health system redesign (*Crossing the Quality Chasm,* 2001). Residents play an important role in patient care at teaching institutions. Resident quality improvement (QI) efforts, shared across multiple programs, have the potential to improve care more quickly and effectively. The ACGME included Practice-Based Learning and Improvement (PBLI) and Systems-Based Practice (SBP) as 2 of its 6 core competencies, so it is imperative for residency programs to focus on them. Although many are involved in QI projects, very few have a systematic approach with integration with the hospitals' strategic initiatives. Data for educational and clinical outcomes is limited.

Purpose/Objectives: The purpose is to design QI and safety initiative with the WSU-sponsored Internal Medicine, Family Medicine, Transitional Year and Otolaryngology Residency Programs at the primary hospital, Crittenton. It involves a combination of QI knowledge acquisition, team building and experience-based strategies. Residents work in interprofessional teams to understand their workplace, collect and present data, and propose interventions for improvement of care. Overall objectives include:

- ✓ Alignment of GME with hospital strategic planning to improve patient care quality and safety.
- ✓ Recognition of the central role and impact of GME programs in QI and patient safety initiatives.
- ✓ Completion of QI and safety projects with specific patient care and process improvement outcomes and calculated return of investment (ROI).
- ✓ Providing education in methods in the field of process improvement, teamwork and organizational change to the residents and other members of the interprofessional teams.
- ✓ Meeting and exceeding the ACGME requirements of PBLI and SBP core competencies.

Methods/Approach:

- ✓ Informed by a thorough literature search, assured stakeholders support (WSU SOM Deans and Hospital Leadership).
- ✓ Created a powerful coalition and a Leadership Team (4 Program Directors, CMO and Director of QI).
- ✓ The project was accepted as a part of a National initiative (NI3) through AIAMC to provide a national opportunity for quality research and additional resources.
- ✓ The Leadership Team established goals and objectives and identified 3 QI projects that align with the hospital strategic initiatives: Global Immunization, COPD Readmission, In-House Septic Shock. Team membership was identified based on the nature of the projects. Initial projects time line: January 2012 to June 2012. Project cycles: every 6 months.
- ✓ Electronic baseline survey was sent to all residents (49) and Crittenton staff (300), using the Quality Improvement Knowledge Application Tool (QIKAT) and the Safety Attitude Questionnaire (SAQ) - Teamwork and Safety Climate.
- ✓ Designed training strategies: 6 days of training sessions (didactics, team exercises, project charters completion and supplementary reading materials from the IHI Open School).

Outcomes and Evaluation: Clinical and educational outcomes are being collected to measure change and assure sustainability. Upon completion of the 3 projects, we will send out the same QIKAT/SAQ survey and compare with baseline. The results of the QI projects will be presented at the established by us hospital-wide Quality Improvement Day and at the Annual AIAMC and NI3 meeting in 2013.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Taking Stock of Weill Cornell Graduates' Practice Pattern and Diversity Efforts

Name and Institution: Madhu Mazumdar, PhD; Weill Cornell Medical College (WCMC)
Mentor: Dr. Carol Storey-Johnson

Background: Mission of WCMC is "to provide the finest education possible for medical students, to provide superior continuing medical education for the lifelong education of physicians throughout their careers, to conduct research at the cutting edge of knowledge, to improve health care of the nation and world both now and for future generations, and to provide the highest level of clinical care for the communities we serve". WCMC also supports equality of education and employment opportunity by affirming the value of diversity and by promoting an environment free from discrimination.

It has been noted at a national level that increased number of physicians practicing in primary care (PC) and in Health Professional Shortage Area (HPSA) are desired to meet our nation's health care needs. AAMC has also put efforts into promoting diversity in student body [i.e., higher number of students from under-represented minority (URM)] for enhanced educational experience for all and Department of Health and Human Services has attempted to bring more URM into healthcare profession as one approach to addressing health disparity.

Purpose/Objectives: Purpose is to examine the extent to which WCMC graduates are meeting our nation's health care needs and our mission. Comparison with national averages, when available, could guide needed adjustments in curriculum and policies. Specific objectives are:

Objective 1: To estimate the percentage of graduates practicing in PC, in HPSA, and in research.

Objective 2: To document the trend of enrolled URM students and contrast with national trend.

Objective 3: To create a graduate database with working address or email.

Methods/Results: We analyzed databases from our admission office, alumni office, and AMA Masterfile.

Variable\Grouped Years	**1996-98**	**1999-2001**	**2002-2004**	**2005-2007**	**2008-2010**
Number of Graduates (N=1572)	294	306	309	284	286
% practicing in PC	35.6%	20.8%	18.7%	NE	NE
% prac in HPSA	19.1%	20.6%	19.4%	NE	NE
% URM enrolled URM (% in nation)	NE	18.5% (25.3%)	20.5% (26.8%)	21.8% (27.9%)	20.8% (29.1%)
# of graduates with address or email (N=1455)	293	300	308	272	282

*NE: Not Evaluable

Reflection: Our graduates are practicing in PC and HPSA at a lower level than national needs. A host of new curriculum initiatives are underway to address this finding. It is not possible to assess percentage of our graduates working in research from any available databases. Therefore initiation of a prospective survey is needed.

Short Term Evaluation & Outcomes: This project energized the educational community in data driven thinking and research. We submitted three abstracts (NEGEA 2012, Boston; Translation Science 2012, DC; JSM 2012 San Diego), one paper (Academic Medicine), and 1 grant (MACY scholar award).

Long-Term Evaluation: Development of a longitudinal database capturing information of graduates' whole career path beginning at pre-medical school will be the long-term success. Future surveys collecting information, otherwise not obtainable, will enable us to assess alignment of our accomplishments to our mission.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Establishing an Integrated Quality Improvement and Patient Safety Education Program Across the Medical Continuum

Name and Institution: Meenakshi Singh, MD, Stony Brook University School of Medicine, NY

Mentors:

- Latha Chandran, MD, Vice Dean of Education.
- Ken Kaushansky, MD, Senior V P Health Affairs and Dean School of Medicine.
- Kenneth Shroyer, MD, Chair, Pathology.
- William Greene, MD, Chief Quality Officer.

Background, Challenge or Opportunity: The Institute of Medicine has identified medical errors as a cause of death and harm to many patients each year and a financial drain on healthcare. At SBU we need to establish a formal educational curriculum for our students and trainees. Challenges overcome: 1) Starting and implementing this project at an institution where I had been present for a little over two years. 2) A pathologist taking the lead in a project that stretches across clinical disciplines. 3) A relatively newer field of study. Opportunities: Improved performance for LCME and ACGME accreditation and pay for performance quality metrics for the hospital and physicians that are being rolled out by Medicare and Medicaid Services.

Purpose/Objectives: Integrate Quality Improvement and Patient Safety (QI & PS) education via a core curriculum for the SBU SOM students and all its GME Programs. Bring awareness of QI & PS initiatives to Program Directors, Division Directors and Clinical Chairs at Stony Brook University Hospital so that an enhanced culture of quality and patient safety enables the delivery of highest quality and safe medical care.

Methods/Approach: I conducted extensive interviews with institutional leaders to get buy in and to understand issues we face. I did an analysis of our strengths, weaknesses, opportunities and threats and performed a gap analysis of the medical school curriculum. I catalogued existing educational resources and organizations. I read published material, took online courses, and attended national education and QI meetings to enhance my expertise in QI & PS. I became active in the hospital Quality Assurance committees. I created visibility for my early small wins. I leveraged my experience and expertise to obtain collaborations with institutional leaders.

Outcomes and Evaluation: Medical School: A Gap Analysis of the curriculum has confirmed the need for QI&PS education. A longitudinal thread has been designed and is being tied to institutional learning objectives based on six common competencies. I will lead this thread. This will be presented to the Curriculum Committee.
GME: A mandatory QI&PS rotation has been established in Pathology, QI projects are underway and presentations being made nationally. This will serve as a model for other departments. A GME Chief Resident Quality Council has been established for engaging house staff.
Faculty: The clinical Chairs and Division Chiefs are participating in an Institute for Healthcare Improvement workshop to enable initiation of a dialogue for faculty involvement in hospital QI&PS initiatives. I have started an annual interdisciplinary "Partners in Quality & Patient Safety Day" as a platform for sharing QI & PS projects undertaken in the institution and for educating students, house staff and faculty.

Research Group

Matson's Ford Room
Moderator: Jane Clifford

Wave I

Poster #	Fellow	Institution	Project Title
41	Bettina M. Beech, Dr.P.H., M.P.H.	Wake Forest University School of Medicine	Building an Infrastructure to Leverage NIH Mechanisms to Support Mentors and Mentees
42	Petra Kaufmann, M.D., M.Sc.	National Institutes of Health	Encouraging the use of a central Institutional Review Board (IRB) in multi-center clinical trials
43	Michele D. Kipke, Ph.D.	Keck School of Medicine of the University of Southern California	Developing a Clinical and Biomedical Research Infrastructure
44	Olimpia Meucci, M.D., Ph.D.	Drexel University College of Medicine	Implementing Translational Research at Drexel University: moving scientific discoveries into meaningful clinical outcomes
45	Julie A. Panepinto, M.D., M.S.P.H.	Medical College of Wisconsin	Development of the Center for Clinical Effectiveness Research
46	Marina R. Picciotto, Ph.D.	Yale University School of Medicine	Re-imagining Research Divisions as mentoring units
47	Jane E.B. Reusch, M.D.	University of Colorado Denver School of Medicine	Translational Vascular Biology Center of Excellence

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Building an Infrastructure to Leverage NIH Mechanisms to Support Mentors and Mentees

Bettina M. Beech, DrPH, MPH
Collaborators: Translation Science Institute and Office of Research
Mentor: Sally Shumaker, PhD
Wake Forest School of Medicine

Background: The National Institutes of Health (NIH) and the Institute of Medicine (IOM) have identified research mentoring as critical for the development of successful careers in academic medicine. Mid-career and senior faculty are frequently called upon to: participate in formal and informal mentoring committees, serve as mentors for early career development grant applications, provide feedback on manuscripts and scientific presentations for mentees, and to provide overall guidance and advice regarding career development. Satisfaction with the quality of mentoring has been linked with mentee productivity, sustainability of academic careers, and the likelihood of future service as a mentor. Given the significance of research mentoring, it is surprising that mentors are infrequently rewarded, seldom supported for their time-consuming activities, and rarely taught formal mentoring skills and techniques.

Objective: The objective of this project was to create an institutional infrastructure to recognize, support, and train mentors, thereby expanding the institutional grant portfolio to include K-awards submitted by mid-career/senior faculty that bolster their research activities and sustain their efforts to mentor early career faculty.

Approach: Building an infrastructure for mentor development required an understanding of research on mentor development, the perceived level of institutional support for mentors, NIH funding K-award mechanisms for mid-career and senior faculty, and the interest of mid-career and senior faculty in external funding mechanisms to support mentoring. Data collection for this project occurred in three phases. Phase 1 included a comprehensive review of the scientific and grey literature regarding the role of mentors, challenges for mentors, and mentor development programs in academic medical centers. During Phase 2, qualitative and quantitative data were collected through a combination of found pilots and the use of “campaign” strategies. In conjunction with institutional partners, a series of focus groups and individual conversations were conducted with experienced mentors and stakeholders (N=30 participants). Quantitative data were collected by adding four critical questions regarding mentoring to a recent questionnaire sent to department chairs (N=48). The final phase included the compilation and presentation of the information and the corresponding new strategies to institutional leaders and stakeholders.

Outcomes and Evaluation: Despite the wealth of mentoring programs for early career faculty in academic medical centers, few programs included explicit training programming for mentors. Qualitative findings from our focus groups indicated that mentoring is critically important, time-consuming, and rewarding. However, mentors reported minimal financial support, recognition, or a standardized skill set for mentoring. As a result, they indicated a high level of interest in participating in mentor training activities. Quantitative data demonstrated a lack of knowledge of K-award mechanisms for mid-and senior level faculty members and a high interest in learning more about these grant opportunities. Three significant outcomes from this project include: (1) a new award for mentors (posthumously named after a beloved faculty member known for his passion for mentoring) conferred by the Dean of the School of Medicine, (2) the inclusion of formal mentoring metrics in the most recent faculty compensation plan, and (3) the approval for the development of a Mentor Academy to begin September 2012.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Central IRB Review for Neurology Clinical Research Network

Name and Institution: Petra Kaufmann MD, National Institute of Neurological Disorders and Stroke, Bethesda, MD

Collaborators: NINDS: Minal Bhanushali MD, Louise Ritz MPH, Elizabeth McNeil MD; Massachusetts General Hospital: Pearl O'Rourke MD

Background, Challenge and Opportunity: There are few if any treatment options for most of the more than 400 neurological diseases under the mission of the National Institute of Neurological Disorders and Stroke (NINDS). To address the need for better therapeutics, the NINDS funds clinical trials that are typically carried out in collaboration with multiple academic medical centers who together implement one experimental protocol. Traditionally, the lead institution coordinating the overall experiment obtains approval by its Institutional Review Board (IRB) before sending the protocol for IRB review at the participating sites. The review by multiple IRBs usually results in a range of comments that lead to protocol amendments. The amended protocol then has to be approved again at the lead institution, followed by the review of the amended protocol at the participating sites. This iterative process is associated with administrative cost and burden. However, it is unclear if the multiple reviews add value towards the protection of human subjects. In fact, it has been argued that this redundancy is a disadvantage to patients because it delays the development of new therapeutics. To accelerate the therapeutics development process many industry sponsors of trials require the use of a commercial central IRB (cIRB) when implementing their multi-center trials. However, researchers who investigate neurological disorders often prefer a review conducted at an academic medical center because they consider it more likely that reviewers are available who have the special expertise required for a given protocol.

Purpose/Objectives: To establish a cIRB review process for a new NINDS-funded network (NeuroNEXT) of 25 academic medical centers brought together to conduct Phase 2 clinical trials.

Methods/Approach: During the planning phase we conducted stakeholder interviews with academic investigators, IRB representatives, patient advocates, and staff at the Office for Human Research Protections (OHRP) to better characterize the challenges and opportunities from different perspectives. During the early implementation phase we developed funding opportunity announcements to provide incentives to academic institutions willing to work under a cIRB. We interviewed National Cancer Institute (NCI) and Veterans Affairs (VA) staff who are already overseeing central IRBs. Post-award, we held in-person meetings and webinars with IRB officials from the participating institutions, so that we could directly address any concerts.

Outcomes and Evaluation: All of the 25 participating institutions had expressed their willingness to work with a central IRB in the grant application. The notices of grant award could therefore be issued to uniformly reflect reliance on a central IRB for the entire network. The clinical coordinating center has established reliance agreements with the 25 sites that describe how the sites cede review to a cIRB. The data coordinating center has developed a web-based communications platform to facilitate the implementation of a cIRB. It is anticipated that this cIRB review infrastructure will decrease trial start-up time and thus promote efficient trial implementation. Several government and private entities have expressed an interest in learning from the NeuroNEXT experience. We therefore hope that the NeuroNEXT cIRB may serve as a model for future cIRB use in academic trial networks.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: *Developing a Clinical and Biomedical Research Infrastructure*

Name and Institution:
Michele D. Kipke, PhD
Children's Hospital Los Angeles
Southern California Clinical & Translational Science Institute
University of Southern California

Collaborators:
Alexander Judkins, MD (biorepository)
Michael McCoy, MD, PhD; Thomas Buchanan, MD; and Marty Miller (clinical informatics)

Background, Challenge or Opportunity: Children's Hospital Los Angeles (CHLA) is currently embarking on a new phase of strategic development focused on the integration of our clinical services and research programs. We anticipate significant expansion in our clinical and translational research enterprise, and several efforts are underway to create the infrastructure and systems needed to lay a solid foundation for these expanded programs. To ensure this success, **CHLA must build a robust clinical and biomedical research infrastructure** in partnership with USC's Southern California Clinical & Translational Science Institute (SC CTSI). This will be achieved by developing a new and integrated approach to capturing, storing, and linking biomedical and clinical data, and new services to ensure investigators' access to these data.

Purpose/Objective: To create a framework and governance model to guide future program development and investments in clinical and biomedical research technologies and systems at Children's Hospital Los Angeles.

Methods/Approach: This work builds on past and current investments in biomedical informatics at CHLA, including a Cerner electronic medical record called KIDS implemented in 2004, and several discrete biorepositories. We conducted a comprehensive analysis of current resources and services to understand our true capacity for conducting efficient clinical, biomedical and translational research. We engaged interdepartmental leadership, primary users, and research administration to guide overall focus and review results of this evaluation. Consultants Ernst & Young and Huron were brought in to review systems and governance structures, identify opportunities for improvement and provide data and recommendations on reducing inefficiencies. These efforts were focused on integrating and supplementing current systems and services, ensuring scalability with research recruitment and program expansion, and on leveraging our partnership with the SC CTSI.

Outcomes and Evaluation:
Recommendations and results of these efforts have been integrated into an overall framework to guide future investments and program development at CHLA. This framework includes:

1. standard operating procedures to establish an institution-wide centralized biorepository, with an approved IRB protocol for universal consent;
2. a clear approach to developing a clinical data warehouse in which CHLA's electronic medical record data can be linked with data contained in the biorepository;
3. a governance and scientific oversight model for both the biorepository and data warehouse; and
4. a menu of tools, cores and services to support database development, data extraction, cohort discovery for research registries and study feasibility, and to flag patients enrolled in clinical trials and studies.

The success of this framework will be measured by increases in:

- availability and quality of clinical/biomedical data
- use of data to enhance quality of care delivery
- scientific innovation and output
- number of clinical research protocols
- NIH- and federally-sponsored grants/funding
- industry-partnered contracts/funding
- patient accrual into research protocols
- quality of care delivered to patients
- support for faculty retention and recruitment

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Implementing Translational Research at Drexel University: moving scientific discoveries into meaningful clinical outcomes.
Name and Institution: Olimpia Meucci, Drexel University College of Medicine (DUCOM).
Collaborators: This is an interdisciplinary, long-term project that depends on support by several leaders of DUCOM and DU, such as Dan Schidlow, Dean COM and John Fry, President. Other closer collaborators/mentors include Jim Barrett, Chair, Dept. Pharmacology & Physiology and Director of Drug Discovery Program, and Kenny Simansky, Vice-Dean of Research, COM.

Background/Challenge/Opportunity: Over the last decade**,** Drexel University has grown significantly due to the addition of new schools and colleges as well as talented scholars and students. The diverse research environment, varied technical expertise and knowledge, and the intellectual energy currently present at Drexel offer a unique opportunity for the development of biomedical research programs directed towards beneficial therapeutic applications. However, a unifying structure that coordinates, integrates, and implements these basic and clinical research initiatives into a focused translational framework is missing.

Purpose/Objectives: Though this initiative is ultimately linked to entrepreneurship and the commercialization of scientific discoveries, this project primarily focuses on creating the necessary scientific environment, modus operandi, and infrastructure that promote high quality biomedical research and facilitate interactions between basic and clinical scientists.

Methods/Approach: The process involves different steps, most of them still ongoing, that collectively aim to gain: 1) Alignment with the overall strategic plan of the University and commitment/support from appropriate senior leaders; 2) Partnerships among the interested Colleges/Institutes/Centers and initial dialogues with interested parties to coordinate efforts; 3) Insights into existing resources/strengths and potential areas of growth; 4) Establishment of a relatively small group of individuals that will collaborate closely during the ignition of the project and subsequently form the center core of the academic unit (i.e. CTRI, Clinical and Translational Research Institute) that would oversee its full development; 5) Productive scientific interactions leading to competitive research programs and extramural funding from both federal and private sources. The formation of the CTRI is a crucial part of the process as its first goals are, among others, to: provide seed money for collaborative projects involving clinical and basic science researchers; enhance core facilities and research infrastructure; connect investigators with similar or complementary interests; promote interdisciplinary educational programs and training of translational scientists; inform the local community of existing research programs and ensuring a community outreach that is meaningful and of benefit to the community and the University.

Outcomes and Evaluation: The main metric to determine outcome of this project in the short-term is gaining approval and financial support from higher administration for CTRI and, to “open” the CTRI at DUCOM. Subsequently, success of this project will be measured in terms of new collaborations and funds obtained, translation of discoveries originated from this process into therapies, increased reputation of the institution and interaction with the pharmaceutical sector, graduation of translational scientists, and so forth. A critical longer-term objective is for Drexel to be part of the NIH Clinical and Translational Research Awards that would complement the long-term metrics, which are: 1) Active and productive collaborations between clinician and basic scientists and/or among the different schools/colleges (evaluated by publications, new grants, IPAs); 2) Funding from NIH or pharmaceutical companies, foundations, donors etc.; 3) Successful commercialization of discoveries; clinical applications.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Title: Development of the Center for Clinical Effectiveness Research

ELAM Fellow: Julie A. Panepinto, MD, MSPH, Medical College of Wisconsin

Mentors/Collaborators: Dean Joseph Kerschner, MD; Ann Nattinger, MD, MPH; Ellis Avner, MD; Marc Gorelick, MD, MS

Background: Two years ago a task force was formed to determine the need for a Center within the Children's Research Institute that focuses in clinical effectiveness research (CER). The task force acknowledged the lack of centralization of resources, a need for more resources and an appointed leader to strengthen and leverage CER on campus. As a result of the task force, a Center was formed and resources given to provide support for its development. The Center and its' development has been the focus for my Institutional Action Plan for ELAM.

Purpose: To support the generation, synthesis, and dissemination of research in clinical effectiveness that will lead to the best and safest care for patients, across the continuum of care environments and their life cycle.

Methods/Approach:

Recruitment of faculty and staff:

- Program coordinator to conduct day to day work for the Center
- Recruitment of associate director
- Assemble core faculty

Development of a strategic plan

Formation of a steering committee:

- To provide strategic direction to the Center
- Composed of members representing all stakeholders

Increase visibility of the Center within the institution:

- Campaign approach to the Center-newsletter, visiting professor, meetings with key leaders, interested faculty

Establish collaborations:

- Meetings with key leaders, membership on key committees, forge relationship with patient stakeholders, key groups on campus (CTSI)

Outcomes and Evaluation:

The Center has developed a strategic plan to guide the activities of the Center. A steering committee has been formed and meets quarterly (3 meetings to date) to guide the Center. The members of the steering committee represent all stakeholder groups and the committee has been instrumental in helping the Center strategize processes to lead to success. The Center has a full time program coordinator who leads the day to day workings of the Center and promotes the Center through a campaign approach. Recruitment for an associate director is ongoing with applicants interviewing currently. A core group of faculty with interest and skills in clinical effectiveness research have been identified and are actively in engaged in assisting junior faculty and fellows in research projects. In addition, faculty have been active in submitting grants and vetting research proposals pertinent to the Center's work. The Center has a monthly newsletter and a website to increase visibility and knowledge of the Center. A regular "Think Tank" meeting will begin in the upcoming academic year to assist in developing research, refining grants, and keeping members aware of national priorities and funding opportunities. In addition, the first visiting professor in clinical effectiveness research is scheduled to visit the institution this year. The director meets regularly with key leaders and serves on key committees to continue to help establish collaboration with others at the institution. Future needs include increasing the core faculty who have strengths in clinical effectiveness research.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Re-imagining Research Divisions as mentoring units

Name and Institution: Marina R. Picciotto, Yale University School of Medicine

Collaborators: Dr. Samuel Ball, Assistant Chair for Faculty Development

Background, Challenge or Opportunity: The Department of Psychiatry is divided into Research Divisions and Institutions. Historically, the role of the Division Directors has been to manage the research mission of each unit. In the clinical domain, the Institution Heads are responsible for directing the clinical mission of the three primary sites for clinical care in the Department. The Division Directors and Institution Heads are responsible for hiring new Assistant Professors, and have been the primary mentors for new junior faculty members by default. In this era of decreasing resources, junior faculty members require more information and support than ever before in order to become successful. This project aims to capitalize on the existing Division and Institution structures to develop a new mentoring program that will provide more in depth feedback and guidance to junior faculty members in a more formalized arrangement.

Purpose/Objectives:
1) To assure that Assistant Professors have the information they need to be promoted on time.
2) To provide yearly feedback on research, teaching and clinical work and to address any problems early so that these can be corrected in time for promotion.
3) To make sure that Assistant Professors receive feedback from at least 2 other faculty members in addition to their primary mentor so that they can get constructive criticism from those who are somewhat more distant from their work.
4) To provide other faculty members who can help negotiate any difficulties between the Assistant Professor and the primary mentor.

Methods/Approach:
Each Assistant Professor will develop a mentoring committee during their 1st year on faculty:
1) The mentorship committee will comprise 3 people decided upon by the junior faculty member in conjunction with their Division Director/Institution Head. The composition of the committee could change if the interests/career path of the junior faculty member changes.

2) The committee will meet at least once a year. The *"Faculty Development and Mentoring Checklist"* can be used as the basis of the meeting. The junior faculty member should write a brief summary of their goals for the upcoming year before the meeting, including progress in research, teaching and/or clinical work, each of which could be evaluated by the committee.

3) The committee will write a brief (1/2–1 page) evaluation to be shared with the Assistant Professor and Departmental Executive Committee including goals for the next year.

4) The mentorship committee will alert the Division Director/Institute Director of progress and any potential problems that need to be dealt with to move toward promotion.

Outcomes and Evaluation:
How do we evaluate success?
1) Percentage of faculty retained and promoted
2) Number of first/last author publications/year or time-to-first grant
3) Average teaching rating
4) Number of invited presentations.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Translational Vascular Biology Center of Excellence Initiative
Name and Institution: Jane EB Reusch MD University of Colorado School of Medicine AMC
Collaborators: Kurt Stenmark MD; Internal Advisory Council

Background: Vascular disease is the leading cause of morbidity and mortality nationally and worldwide and disproportionately contributes to health care expenditures. Therefore the vasculature is a critical target for biomedical research. Building state of the art capacity for vascular biology research at the UCD and affiliates will accelerate research on cardiovascular disease and cancer therapeutics as well as informing the biology of psychiatric disorders and metabolism.

Challenge: Lack of a vascular biology research community is a critical gap in our research enterprise.
Opportunity : Addressing this gap will accelerate current research and support new emerging research and technology.
Culture change objective: Development of a collaborative translational vascular biology research community/network.

Methods/Approach: **Coalition for change**
Level 1: Plan using action: Build Scientific Capacity and Structure by naming the Vascular Biology Initiative(VBI) goals: a. Establish a communication structure (Membership Website, Mail group, logo); b. Seminar series with local and outside speakers (Cutting edge science in Vascular Biology; Leaders of National Vascular Biology Centers; Local leaders from our scientific community; Scope and methods series to highlight current technology and nurture collaborations; Co-sponsorship of informative lectures across disciplines)
Level 2: Support from leadership and research community: VBI credibility/visibility established through the SOM research retreat leading to financial support for a planning process through funding from the Dean's AEF.
Level 3: Found pilots: Identify and nurture ongoing collaborative research efforts that embody the VBI mission. (i.e. CCTSI team science award(Cardiology, CVP, Bioengineering, Pulmonary Critical Care); CCTSI Clinical Translational Research Centers (CTRC) , Bioengineering, VBI clinical vascular imaging core and business plan development; Bioengineering, Colorado Translational Research Imaging Core(C-TRIC), VBI, VA ultrasound research retreat and shared equipment grants; Type 1 diabetes Lifespan CVD Collaborative –Pediatrics, Barbara Davis Center, Endocrinology, Bioengineering and C-TRIC; Training "home" in new Integrative Physiology Graduate School Training program; NIH training grant applications: CVP T32 renewal, new NORC T32 obesity and CVD, BIRCWH women's health and CVD renewal, Pediatric Endocrine T32 renewal; CWHR and Bioengineering imaging tool development; Recruitment of Physician Scientist to Vascular Surgery; Pediatric Heart and Vascular Center and Geriatrics collaborative grant)
Phase 4: Creating pull: Exploration with local Department and Center directors as to how a collaborative translational vascular biology research community/network would benefit their programs and how they would envision this achieving its goals. This will inform a strategy to amplify and link the VBI momentum with the strategic goals of the UCH AMC research community (in process). Invite external advisors, leaders of VB research centers, for a local VB research symposium(Fall 2012).

Outcomes and Evaluation: It is clear that there is a vested stakeholder group who will benefit from scientific interaction for collaboration and methods development. What is less clear is whether this benefit aligns with the need for a Center in Translational Vascular Biology Research. Strategic next steps will need to be considered in the context of a larger plan to realign the research enterprise at UCAMC. It is possible that the cross disciplinary translational research model outlined through the VBI will inform the larger reorganization of the UCAMC research enterprise.

Research Group

Matson's Ford Room
Moderator: Jane Clifford

Wave II

Poster #	Fellow	Institution	Project Title
48	Wendy R. Brewster, M.D., Ph.D.	University of North Carolina at Chapel Hill School of Medicine	Maximizing the impact of UNC's women's health research by creating strategic alliances & partnerships
49	Sarah M. Dry, M.D.	University of California, David Geffen School of Medicine at UCLA	Instituting global informed consent for use of remnant human biosamples in research.
50	Melina R. Kibbe, M.D.	The Feinberg School of Medicine of Northwestern University	Increasing the Research Profile of the Department of Surgery at Northwestern University
51	A. Sue Menko, Ph.D.	Jefferson Medical College of Thomas Jefferson University	Facilitating Collaborative Research Projects between Basic Scientists and Clinicians in the Wills Vision Research Center at Jefferson
52	Joan E. Nichols, Ph.D.	University of Texas Medical Branch at Galveston	Development of a Biocontainment Research Service Center
53	Corinne L. Peek-Asa, M.P.H., Ph.D.	University of Iowa College of Public Health	Establish an Office of Faculty Research Development
54	Ozlem Yilmaz, D.D.S., Ph.D.	University of Florida College of Dentistry	Multi-Disciplinary / Multi-Center Study Consortium for Oral Cancer Employing a Novel Paradigm

Abstract: 2012 ELAM Institutional Action Project Poster Symposium

Maximizing the impact of UNC's women's health research by creating strategic alliances & partnerships

Wendy R. Brewster, MD Ph.D., University of North Carolina; Chapel Hill
Collaborators: Barbara Entwhistle, Terry Manguson, Rosemary Simpson, Carol Lorenz

BACKGROUND, OPPORTUNITIES & CHALLENGES: The Center for Women's Health Research (CWHR) at UNC was established in March 2000 to support the research of diseases, disorders and conditions that affect women. Because the field of women's health is so broad, we have adopted five topical areas of research focus: 1.) perinatal health; 2.) cancers affecting women; 3.) obesity and diabetes; 4.) women's cardiovascular health; 5.) women's mental health and substance abuse.

CWHR is a lean organization seeking to identify and link existing efforts in women's health research with related work in other fields. We bring multiple perspectives to bear on the complex issues inherent in studying and understanding women's health and wellness. UNC's collaborative environment allows research to occur in multiple scientific fields ranging from genetics to informatics and psychology to clinical work. However, our observation is that much of the inter- and trans-disciplinary research is happening largely by chance. Our goal is to establish networks and information exchanges so collaboration will begin to occur more by design and less by chance. The plan is to make significant contributions to improving the health of women through research. We will focus on incorporating sex and gender differences in basic sciences research, to the benefit of both women and men.

PURPOSE/OBJECTIVES: To enhance existing research efforts in all areas of women's health and wellness by integrating the Office of Research on Women's Health (ORWH) at the National Institutes of Health (NIH) goals for research into the research agenda at UNC and to maximize the impact of UNC's women's health research by creating strategic alliances and partnerships.

METHODS/APPROACH: Phase 1 - We have identified how the topic of biological sex is being included in current research endeavors and are engaging UNC researchers into this long term plan. We are aligning more closely with the goals and directions of ORWH and have discussed strategies to strengthen the liaison between ORWH and CWHR. We continue developing strategies to enhance the shared goals of the North Carolina Translational and Clinical Sciences Institute (NC TRaCS) and CWHR and to extend the topic of gender differences in basic science meetings.

Phase 2 – CWHR will engage clinicians/clinical researchers in conversations about their observations of clinical manifestations of diseases, disorders and conditions that affect women differently than men. We are identifying future paths for investigation in regards to the inclusion of biological sex differences in research.

Phase 3 – CWHR will design and facilitate "summit meetings" where basic scientists and clinical researchers focus on the implications of information from Phases 1 and 2. From these sessions, we will identify new areas for research, and facilitate proposals for any areas that gain traction from the conversations. We will include discussions around implications for personalized medicine approaches and what work would need to be done to bring the possibilities to fruition. This will require an investment of salary support for one experienced PhD level individual with expertise in organizational dynamics and one master's level research assistant/project manager to complete Phase 2 and 3 research and market the messages across the institution.

OUTCOMES & EVALUATION: 1.) To serve as the official liaison for the Office of Research on Women's Health at the NIH; 2.) To advise the UNC Vice Chancellor for Research and Economic Development to ensure women's health research is an integral part of the framework and goals of UNC endeavors; 3.) To serve as the focal point for NIH-funded research in women's health at UNC.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Global Informed Consent for use of remnant biosamples in research

Name and Institution: Sarah Dry, UCLA

Collaborators: UCLA CTSI

Background, Challenge or Opportunity: In July 2011, the Federal government released proposed changes to Federal laws on human research subjects, which included a proposal that all research require informed consent. This represents an enormous change from current rules, which permit research, without patient consent, on anonymous or coded biosamples (tissues and fluids). These changes could exclude researchers without access to patients (through their own practice or a collaborator's) from being able to obtain required samples. Given that the proposed changes would impact many ongoing and anticipated research projects at UCLA, a means to obtain informed consent must be found.

Purpose/Objectives: I propose instituting global informed consent for use of remnant biosamples in research at UCLA. "Remnant" biosamples are samples that are left over following completion of routine diagnostic testing; if not used for research, these are discarded. In my proposed model of global informed consent, patients would be asked to provide consent at the time of initial encounter and to reconsent at regular intervals. Consent would be obtained electronically and become part of the electronic medical record. The consent would be an opt-in model, would be broadly worded to permit future, unspecified research (including examples of the categories of research that might be performed) and would permit prospective clinical data collection. As with all informed consent, patients would have the right to withdraw their consent at any time.

Methods/Approach: My Dean directed me to the PI of our Clinical Translational Science Institute (CTSI). I also discussed with Executive Vice President of the UCLA Health System. Both fully embraced the idea. The CTSI PI asked me to chair a CTSI working group on the issue, for which I assembled representatives from: CTSI leadership, CTSI Community Engagement group, CTSI working group on the hospital electronic medical record implementation, research community/Cancer center, research ethics interest group, research subject advocate, Compliance Office, IRB Director, legal affairs, hospital admissions encountering and outpatient clinics operations. The working group has met to discuss the issue, specifically why this is an issue that should be addressed, and to hear and discuss initial concerns of the members. We have written a list of goals to be accomplished, have set a timetable for these goals and have regular meetings to update and assess progress towards these goals. I have also asked two senior pathologists at other academic institutions to mentor me during this process. One pathologist was in charge of implementing a similar global informed consent system several years ago and we will have a visit to this site in early May.

Outcomes and Evaluation: This project requires significant institutional change. We are making good early progress. The working group is positive and upper leadership in the school, hospital and research community want to move forward. Challenges being addressed include community outreach/education (especially minority groups), operational issues at the outpatient clinics (where most reconsenting will occur) and IT integration.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title:
INCREASING THE RESEARCH PROFILE OF THE DEPARTMENT OF SURGERY AT NORTHWESTERN UNIVERSITY

Name and Institution:
Melina R. Kibbe, MD, Northwestern University

Collaborators:
Collaborators include the Department of Surgery Chair, faculty, residents, and the Vice Dean for Academic Affairs.

Background, Challenge or Opportunity:
Research is one of the core missions of an academic department. Research and innovation are important for patient care, faculty development and retention, and resident education and career development. For surgeons, research is particularly important as surgeons are uniquely situated at the interface of patient care and innovation. Thus, a successful Department of Surgery should have a solid research foundation as well as lead the way with respect to research investigations and innovation.

Purpose/Objectives:
The Purpose of this project is to increase the research profile within the Department of Surgery (DOS) at Northwestern University.

Methods/Approach:
To increase the research profile within the DOS, three different aspects were addressed: administration, faculty, and residents. The goals of this project are to: 1) increase administrative support within the DOS; 2) increase research resources available; 3) promote and foster faculty research development; 4) develop a more structured program for residents pursuing research (i.e., the Physician Scientist Training Program [PSTP]); and 5) develop a mentoring system for residents and faculty to pursue research. Outcome metrics included: 1) research administrative staff FTE; 2) number of faculty grant submissions; 3) number of trainee grant submissions; 4) structure of the PSTP program; 5) number of federal and non-federal awards; 6) dollar amount of federal and non-federal awards; 7) National Institutes of Health (NIH) ranking; and 8) number of NIH-funded investigators.

Outcomes and Evaluation: With these above initiatives and interventions, the DOS research profile has been improved in the past year:

	March 2010 – Feb 2011	**March 2011 – Feb 2012**
Research administrative staff FTE	1.8	4.8
Number of Faculty grant submissions	80 (F) + 62 (NF) = 142	71 (F) + 96 (NF) = 167
Number of Trainee grant submissions	1 (F) + 13 (NF) = 14	5 (F) + 15 (NF) = 20
PSTP Program	Not defined	Structured and defined
Number of Federal (F) & Non-federal (NF) Awards	177 (F)+ 51 (NF) = 228	186 (F) + 56 (NF) = 242
Amount of Federal & Non-federal awards	4.8 M	4.7 M
NIH Ranking	16	14
Total NIH Dollars	$5,724,957	$5,766,082
Number of NIH-funded Investigators	8	8

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Facilitating Collaborative Research Projects between Basic Scientists and Clinicians in the Wills Vision Research Center at Jefferson

Name and Institution: A. Sue Menko, Thomas Jefferson University (TJU)

Collaborators:
Leonard Freedman – Vice Dean for Research, TJU
Julia Haller – Ophthalmologist-in-Chief, Wills Eye Institute; Chair, Ophthalmology, TJU

Background, Challenge or Opportunity: In the spring of 2011, the Wills Vision Research Center at Jefferson (WVRC@J) was launched, co-founded by Dr. Julia Haller and myself. More than 100 researchers, clinicians and representatives of the pharmaceutical industry attended the inaugural retreat, sharing ideas about some of the most important areas in vision science. Our challenge now is to harness the energy of this group into productive outcomes that will lead to improvements in vision health worldwide.

Purpose/Objectives: This project is aimed at creating new opportunities for research and discovery in the visual sciences by providing an environment that promotes, supports, and facilitates new collaborations between basic and clinical scientists.

Methods/Approach: To reach these goals, we have created Special Interest Groups (SIGs) in areas of high impact vision research. These SIGs bring together basic scientists and clinicians with shared interests but diverse backgrounds to develop innovative approaches to the diagnosis, treatment and prevention of diseases of the visual system. The SIG environment is designed to foster new ideas, opening the doors to discovery through collaboration. Group leaders (directors) were identified and provided with goals, expectations and administrative support. Leadership of the center, after clarifying objectives, has transferred authority and responsibility for success to the SIG directors. Providing a venue to highlight the progress of the SIGs, and support the goals of the WVRC@J, we launched a quarterly e-Newsletter, where we also report on collaborative projects, upcoming events and educational opportunities. Other approaches supporting our initiatives include a WVRC@J seminar series and organization of the 2nd annual retreat of the WVRC@J, at which we plan a poster session highlighting this year's research accomplishments. We will encourage presentations by trainees, whom we envision as central to the success of the collaborative ventures of the WVRC@J; the "facilitators" of ideas developed by busy clinicians and basic research scientists. The WVRC@J was honored this year when the Dean of Jefferson Medical College identified vision research as a Programmatic Initiative of the college, and awarded pilot funds supporting key, clinical/basic collaborative vision research projects. We have encouraged recipients of these funds to have their current trainees perform this research and "facilitate" the clinical/basic interactions central to these projects. This concept is being used as the basis for a T32 training grant application I am preparing for a May 2012 submission, with the unique focus that its positions will be awarded to trainees co-mentored by a basic scientist and a clinician, as the 'facilitators' of collaborative research projects in the WVRC@J.

Outcomes and Evaluation: Successful outcomes will be measured by 1) the creation of new collaborations that result in publications and multi-investigator grant awards of import to vision health, and 2) recognition of the WVRC@J as a leader in vision research.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Development of a Biocontainment Research Service Center

Name and Institution: Joan E. Nichols, University of Texas Medical Branch, Associate Director of Research and Operations, Galveston National Biocontainment Laboratory.

Collaborators: Donald Bouyer, Miguel Grimaldo, Jean Niles, Alex Freiburg, James Leduc, David Walker, Scott Weaver

Background, Challenge or Opportunity: University of Galveston was awarded funds to build and operate a National Biocontainment Laboratory (NBL) by the National Institute of Allergy and Infectious Diseases in 2003. I have been exploring costs associated with funding the operations of biocontainment laboratories on campus. NIH funded the building of the facility known as the Galveston National Laboratory (GNL) but as of Fiscal year 2012 will no longer provide money to maintain or operate the entire facility. NIH will only fund high containment (Biosafety level 4/space suit) operations and will no longer fund BSL-3 operations of the GNL. Currently the NIH UC7 grant is 15 million per year and funds all operations and core facilities housed in the GNL. This change in funding will affect all biosafety laboratories other than BSL-4 suit facilities and as such will impact BSL3, BSL3 enhanced, and animal BSL3. Also impacted will be biocontainment service divisions involving preclinical studies, imaging, assay development, experimental pathology, insectary services and aerobiology. Loss to the GNL is estimated at 1.5 million dollars in support costs.

Purpose/Objectives: to develop a mechanism for financial support of the BSL3 biocontainment facilities and service divisions on UTMB, Galveston campus.

Methods/Approach: include: (1) assessment of operation costs (electric use, facilities maintenance charges, supplies costs, training costs, etc.) at our facility; (2) requests to other facilities in the US and Canada regarding their costs to operate; (3) development of a service center plan for individual service divisions and for BSL3 operations; (4) evaluation of potential cost cutting measures regarding facilities operations; (5) development of plans for reorganization of existing staff or reduction in staffing if necessary.

Outcomes and Evaluation: The annual revenues and expenses for BSL3 operations at UTMB for a four year period (2007-2011) were captured. Expenses for operation of the GNL BSL3 facilities which were inspected in October 2009 and accredited by CDC in February-March 2009 are expected to increase in the next years as active research operations expand in years 2012-2014. The anticipated annual costs to UTMB to maintain BSL3 operations have been calculated. The cost estimate includes the operation cost, expenses for equipment and maintenance, biocontainment charges, as well as salaries and fringes for laboratory directors and laboratory managers and support staff. Potential cost recovery plans have been developed with cost sharing plans and the possibility of developing of a BSL3 or generic biocontainment service center have been explored.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Establish an Office of Faculty Research Development

Name and Institution: **Corinne Peek-Asa, University of Iowa College of Public Health**

Mentor: Susan Curry, Dean, University of Iowa College of Public Health

Background: The University of Iowa, College of Public Health was established in 1999. Over its first decade, the college has thrived. The research program exceeds $50 million in external funding each year – the highest per-faculty research productivity across the University. Over the next several years, the College of Public Health has the potential to hire more than 12 new tenure-track faculty, most of whom will be at the junior level. At this same time, advocacy groups such as Trust for America's Health and ResearchAmerica! predict a stagnant or reduced federal research budget. As the newly-appointed Associate Dean for Research, I have an opportunity to develop an infrastructure to support collegiate research.

Purpose: The long-term goal of this project is to support the continued success and growth of the research program at the College of Public Health. One overarching objective is to establish an Office of Faculty Research Development that facilitates faculty success in research funding. The objective of this specific proposal is to establish services for new faculty.

Approach: The first aim was to develop a New Faculty Orientation, which was held on November, 7, 2011. Our four new tenure-track faculty attended the orientation and provided feedback that it was very helpful. We provided information about the grant process in the college, described different services available through our office and the University, and provided a basic outline of the grant profile at the College. Based on feedback from our new faculty, we will sponsor a grant-writing "club" over the summer to develop R01 proposals.

The second aim of the project was to develop methods to identify funding opportunities and collaborative networks for our new faculty. Using keywords provided by the faculty and drawing from the RePorter, Community of Science, and our Sponsored Programs faculty and grant database, we created environmental scans of federally funded projects, funding agencies, and principal and co-investigators at the University in their areas of interest. These scans were very well received and we are now expanding this service to all faculty.

The third aim of this project was to begin development of a virtual Grant Funding Resource Library. In January, 2012, the Collegiate Research Council agreed to help with this task and we met with a University librarian to think about organization of this library. Sections will include grant-writing resources; information about choosing a funding agency and funding announcement; how grants are reviewed and funding decisions made at different funding agencies; and standard language for sections of IRB applications and grant proposals (e.g. Resources and Environment).

Outcomes and Evaluation: Working with a programmer from our Sponsored Programs Office, we identified 18 benchmark indicators to track project success, both at the individual faculty and collegiate levels. For example, one set of indicators measures collaboration on grants, while another tracks the success of cohorts of applications submitted within a defined time period.

ABSTRACT: 2012 ELAM Institutional Action Project Poster Symposium

Project Title: Multi-Disciplinary/Multi-Center Study Consortium for Oral Cancer Employing a Novel Paradigm

Name and Institution: Özlem Yilmaz, University of Florida, College of Dentistry
Collaborators: The College of Dentistry (Oral Molecular Biologists, Oral & Maxillofacial Pathologists, Oral Medicine Head and Neck Cancer specialists), The College of Agricultural and Life Sciences (Microbial Ecologists, Epidemiologists, Bioinformaticians), College of Public Health (Biostatistician), College of Medicine (Viral Diseases Epidemiologists and Otolaryngology and Cancer Biologists).

Background, Challenge or Opportunity: Oral Squamous Cell Carcinoma (OSCC) is one of the most common cancers in United Sates with an estimated 35,000 newly diagnosed cases occurring yearly, and over 7,500 deaths. Despite the professional awareness of oral premalignant lesions and their potential risk of becoming malignant, there is currently a lack of reliable molecular tools to identify high-risk individuals. This is due to the deficiency of multi-disciplinary engagement among the scientists, and the cancer medicine professionals. It is also becoming recognized that the scale and complexity of today's biomedical research problems increasingly demands that scientists move beyond the confines of their own discipline and explore new organizational models for team science.

Purpose/Objectives: The purpose of this project is to be able to address a significant health concern "OSCC" in oral health research that requires multi-disciplinary approach for positive public health outcomes. The immediate objective is to create a partnership of highly expert oral health professionals, oral microbiologists/epithelial cell biologists, oral pathologists, microbial ecologists, epidemiologists, bioinformaticians, and biostatisticians from the various academic departments with interest in a paradigm shifting "high-risk" project like this (studying of oral microbiota as an etiological host factor for looming OSCC lesions and their prognosis following different treatment modalities). Thus, I am assembling a multi-disciplinary team with strong interest and expertise in cancer programs, which could ultimately facilitate highly focused future oral-systemic diseases research structure "center" across the disciplines.

Methods/Approach: Taking advantage of the members and connections of our multi-disciplinary Emerging Pathogens Institute (EPI), where I also have my research laboratories,
and collaborators in other research institutions, I have developed a research plan that includes segmented and clearly defined aims for all participants with individual efforts being combined to achieve the ultimate goal of the research project. We are looking into multi-source funding for the research and clinical aspects of the project both intramural and extramural including at least one RO1 grant from the NIH.

Outcomes and Evaluation: The successful outcome of the proposed research will include providing key baseline information for determining high-risk individuals for oral cancer and the subsequent disease risk, and potentially lead to effective novel treatment and management strategies for oral cancer. The long term goal is to facilitate other multi/inter-disciplinary team research applications combining the expertise and passion of various clinician scientists, basic researchers, and translational researchers in the field of oral health and systemic diseases. More specifically, the successful federal funding of this project can serve as a seed for forming a focus center for studying oral/systemic diseases within the EPI building at the University of Florida.

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Last, First Name	Room	Poster No.	Wave No.	Topic
Alessandrini, Evie A.	Washington B	14	I	Clinical
Beech, Bettina M.	Matson's Ford	41	I	Research
Brewster, Wendy R.	Matson's Ford	48	II	Research
Brownfield, Erica D.	Washington C	35	II	Education
Burger, Evalina L.	Washington B	21	II	Clinical
Canavier, Carmen C.	Washington A	8	II	Administration
Casas-Melley, Adela T.	Washington C	28	I	Education
Charlton, Judie F.	Washington B	15	I	Clinical
Chu, Constance R.	Washington B	22	II	Clinical
Dan, Nily	Washington A	9	II	Administration
Daunert, Sylvia	Washington A	1	I	Administration
Dry, Sarah M.	Matson's Ford	49	II	Research
Esposito, Karin F.	Washington C	29	I	Education
Faulkner, Marquetta L.	Washington C	36	II	Education
Fontana, Margherita R.	Washington C	30	I	Education
Gore-Felton, Cheryl E.	Washington A	2	I	Administration
Hansen, Wendy F.	Washington A	3	I	Administration
Harris, Leah	Washington C	31	I	Education
Kaufmann, Petra	Matson's Ford	42	I	Research
Kaul, Karen	Washington B	16	I	Clinical
Kelepouris, Ellie	Washington C	37	II	Education
Kibbe, Melina R.	Matson's Ford	50	II	Research
King, Jean A.	Washington A	4	I	Administration
Kipke, Michele D.	Matson's Ford	43	I	Research
Koch, Colleen G.	Washington A	10	II	Administration
Levine, Deborah	Washington A	5	I	Administration
Lu, Karen H.	Washington B	23	II	Clinical
Markova, Tsveti	Washington C	38	II	Education
Mazumdar, Madhu	Washington C	39	II	Education
McDaniel, Susan H.	Washington B	17	I	Clinical
McMichael, Amy J.	Washington A	11	II	Administration
Menko, Sue	Matson's Ford	51	II	Research
Meucci, Olimpia	Matson's Ford	44	I	Research
Mosenthal, Anne C.	Washington A	6	I	Administration
Newman, Anne B.	Washington B	18	I	Clinical
Nichols, Joan E.	Matson's Ford	52	II	Research
Panepinto, Julie A.	Matson's Ford	45	I	Research
Pavlick, Anna C.	Washington B	24	II	Clinical
Peek-Asa, Corinne L.	Matson's Ford	53	II	Research
Picciotto, Marina R.	Matson's Ford	46	I	Research
Pilcher, Betsy S.	Washington A	12	II	Administration
Raj, Usha	Washington B	25	II	Clinical
Reusch, Jane E.B.	Matson's Ford	47	I	Research
Rodriguez de Arzola, Olga	Washington C	32	I	Education
Schoenbaum, Ellie	Washington C	33	I	Education
Shireman, Paula K.	Washington B	19	I	Clinical
Sila, Cathy	Washington B	26	II	Clinical
Singh, Meenakshi	Washington C	40	II	Education
Sistrunk, Shyrl I.	Washington A	13	II	Administration
Thomas, Nancy E.	Washington B	20	I	Clinical
Williams, Karen B.	Washington C	34	I	Education
Wilson, Bronwyn E.	Washington B	27	II	Clinical
Yilmaz, Ozlem	Matson's Ford	54	II	Research
Yiu, Verna W.	Washington A	7	I	Administration

DIRECTORY - *participants listed in order of poster number*

Poster No.	Last, First Name	Institution
1	Daunert, Sylvia	University of Miami Leonard M. Miller School of Medicine
2	Gore-Felton, Cheryl E.	Stanford University School of Medicine
3	Hansen, Wendy F.	University of Kentucky College of Medicine
4	King, Jean A.	University of Massachusetts Medical School
5	Levine, Deborah	Harvard Medical School
6	Mosenthal, Anne C.	University of Medicine and Dentistry of New Jersey, New Jersey Medical School
7	Yiu, Verna W.	University of Alberta Faculty of Medicine and Dentistry
8	Canavier, Carmen C.	Louisiana State University School of Medicine in New Orleans
9	Dan, Nily	Drexel University College of Engineering
10	Koch, Colleen G.	Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
11	McMichael, Amy J.	Wake Forest University School of Medicine
12	Pilcher, Betsy S.	Medical University of South Carolina James B. Edwards College of Dental Medicine
13	Sistrunk, Shyrl I.	Georgetown University School of Medicine
14	Alessandrini, Evie A.	University of Cincinnati College of Medicine
15	Charlton, Judie F.	West Virginia University School of Medicine
16	Kaul, Karen	University of Chicago Division of the Biological Sciences, The Pritzker School of Medicine
17	McDaniel, Susan H.	University of Rochester School of Medicine and Dentistry
18	Newman, Anne B.	University of Pittsburgh Graduate School of Public Health
19	Shireman, Paula K.	University of Texas Health Science Center at San Antonio School of Medicine
20	Thomas, Nancy E.	University of North Carolina at Chapel Hill School of Medicine
21	Burger, Evalina L.	University of Colorado Denver School of Medicine
22	Chu, Constance R.	University of Pittsburgh School of Medicine
23	Lu, Karen H.	University of Texas- M.D. Anderson Cancer Center
24	Pavlick, Anna C.	New York University School of Medicine
25	Raj, Usha	University of Illinois at Chicago College of Medicine
26	Sila, Cathy	Case Western Reserve University School of Medicine
27	Wilson, Bronwyn E.	University of New Mexico School of Medicine
28	Casas-Melley, Adela T.	Sanford School of Medicine of the University of South Dakota
29	Esposito, Karin F.	Florida International University Herbert Wertheim College of Medicine
30	Fontana, Margherita R.	University of Michigan School of Dentistry
31	Harris, Leah	Vanderbilt University School of Medicine
32	Rodriguez de Arzola, Olga	Ponce School of Medicine and Health Sciences
33	Schoenbaum, Ellie	Albert Einstein College of Medicine of Yeshiva University
34	Williams, Karen B.	University of Missouri-Kansas City School of Medicine
35	Brownfield, Erica D.	Emory University School of Medicine
36	Faulkner, Marquetta L.	Meharry Medical College School of Medicine
37	Kelepouris, Ellie	Drexel University College of Medicine
38	Markova, Tsveti	Wayne State University School of Medicine
39	Mazumdar, Madhu	Joan & Sanford I. Weill Medical College of Cornell University
40	Singh, Meenakshi	Stony Brook University Medical Center School of Medicine
41	Beech, Bettina M.	Wake Forest University School of Medicine
42	Kaufmann, Petra	National Institutes of Health
43	Kipke, Michele D.	Keck School of Medicine of the University of Southern California
44	Meucci, Olimpia	Drexel University College of Medicine
45	Panepinto, Julie A.	Medical College of Wisconsin
46	Picciotto, Marina R.	Yale University School of Medicine
47	Reusch, Jane E.B.	University of Colorado Denver School of Medicine
48	Brewster, Wendy R.	University of North Carolina at Chapel Hill School of Medicine
49	Dry, Sarah M.	University of California, David Geffen School of Medicine at UCLA
50	Kibbe, Melina R.	The Feinberg School of Medicine of Northwestern University
51	Menko, Sue	Jefferson Medical College of Thomas Jefferson University
52	Nichols, Joan E.	University of Texas Medical Branch at Galveston
53	Peek-Asa, Corinne L.	University of Iowa College of Public Health
54	Yilmaz, Ozlem	University of Florida College of Dentistry

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