Dean’s Advisory Committee Meeting

February 27, 2018
**Agenda**

- **Wesley Burks** - Welcome & approval of November 2017 Minutes
- **Julie Byerley & Blossom Damania** – SOM Strategic Plan
- **Blossom Damania** – Research rankings
- **Matt Hawkins & Harvey Lineberry** – Salary equity study
- **Cam Enarson & Rob Kark** - Capital projects update
- **Wesley Burks** - Administrative & organizational updates
Welcome & Approval of November 2017 Minutes

Wesley Burks
SOM Strategic Plan

Julie Byerley & Blossom Damania
Envisioning the Future

- The students being admitted to medical school now will first practice independently in 2025
  » What do you predict health care will be like in 2025?

- We are preparing them for a 40 year career!
  » What do you predict health care will be like in 2065?
THE ROLE OF THE PHYSICIAN IN 21ST CENTURY HEALTHCARE

Steven A. Wartman, MD, PhD, MACP // President/CEO

Introduction

For thousands of years, the practice of medicine has followed the long-standing traditions typical of a profession. A physician possessed a unique body of knowledge and skills and put them to use in the care of patients. As such, the doctor-patient interaction was paramount and served as the foundation of a personal, caring relationship that has stood the test of time. But the forces that are changing 21st century medicine are on track to disrupt millennia of tradition.
Five key trends are apparent:

- **Care anywhere**
  Technology is enabling patients using wearables and insideables to receive growing portions of their care wherever they happen to be physically located.

- **Care by teams**
  The one-on-one doctor patient relationship is gradually being augmented by relationships with multiple kinds of health professionals, some of whom have yet to be defined.

- **Care by large data sets**
  Collections of ever-increasing data sets are becoming standard for patients, and an entirely new interpretive and functional infrastructure is required to manage and analyze them.

- **Care by machines**
  Machines will outperform humans in a growing list of tasks. Learning to manage the interface between patients and machines is an existential challenge of 21st century medicine.

- **Globalization of the health economy and medical services**
  The concept of the “local” practitioner is morphing to a regional, national, and even international model. This presents a formidable test to conventional medical practice.
From Dr. Wartman

The Rekindling of Traditional Skills

• “[t]here are some things people come to know only as a consequence of having been treated as human beings by other human beings.” This, I believe, must be the defining feature of 21st century medical practice, lest the human touch becomes abrogated by technology.

  » (1) respecting the right of patients to make choices according to their values and understanding how these values impact care decisions; and

  » (2) having real and tested abilities to provide the uniquely human services that patients need, most notably empathy and compassion.
AMA Accelerating Change in Medical Education

Creating the Medical School of the Future

- Health Care Systems
- Patient Outcomes
- Lifelong Learners
- Diversity - Underserved Populations
- Physician Workforce
- Competency-Based Assessment
- Medical School of the Future
- Team-Based Care
- Advanced Technology
- Diagnosis
- Disease Management
- Teaching Tools
AMA ACE Consortium Schools

UCONN School of Medicine
EVMS
A.T. Still University School of Osteopathic Medicine in Arizona
ATSU
UTRGV School of Medicine
Florida International University
FIU
Herbert Wertheim College of Medicine
University of Nebraska Medical Center
University of Nebraska
PennState Hershey College of Medicine
UNC School of Medicine
NYU School of Medicine
UNC School of Medicine
NYU Langone Medical Center
Rutgers Robert Wood Johnson Medical School
OHSU
Sidney Kimmel Medical College at Thomas Jefferson University
School of Medicine
University of North Dakota
School of Medicine and Health Sciences
Vanderbilt University
School of Medicine
University of Michigan
School of Medicine
The University of Chicago Pritzker School of Medicine
University of Texas at Austin Dell Medical School
The University of Utah School of Medicine
Michigan State University College of Osteopathic Medicine
Brown Alpert Medical School
Indiana University School of Medicine
East Carolina University Brody School of Medicine
UCSF School of Medicine
UC Davis School of Medicine
Mayo Clinic
The City College of New York
UCSD
Harvard Medical School
UNiversity of Chicago
Priztker School of Medicine
Leading Thinking in Accelerating Change in Medical Education

• There is new content that must be addressed
  » And we need to teach faculty how to teach it
• Relationships are essential for learning
  » Learning communities, service learning, community engagement, “coaching”
  » Active learning is more effective, but students have to be convinced why
• Student work must be assessed using more than just standardized tests
  » Portfolios and EPAs for example
• We must allow differentiation based on interests and career path
  » For efficiency and content management
• We must create authentic clinical experiences for our students
  » And students must add value
Summary

- We want adaptable learners
- From diverse backgrounds
- All committed to improving health
- Who can pass standardized tests
- Demonstrate broad competencies
- Work effectively in teams
- And do more with less
- Efficiently
- With stamina for a 40 year career
- In this challenging, demanding field
- Who will recognize their moral responsibilities and essential interdependence
- Who are savvy with technology, data, and machines
- With outstanding traditional doctoring skills

At UNC we are trying to do this by –
- Thoughtful admissions practices
- Building from the ground up the essential core curriculum
- Eliminating memorization and increasing active learning
- Utilizing technology
- Teaching in a patient-centered way
- Enhancing relationships with faculty
- Having students add value in the clinical environment
- Requiring forced reflection to assist in moral formation
- Delivering meaningful IPE
- Allowing individualization
For the Strategic Plan, on the topic of education....

• How can we optimally prepare our learners at every level to address the challenges of the future of medicine?

• We have focused on UME. Some GME programs have advanced their curriculum…what more could we do in GME?

• How do these ideas translate into PhD education?

• Are there new programs we should consider?

• Please share your ideas...
  » With AltshulerStaats
  » With Blossom or Julie
  » With Camille Fulbright, the admin assistant for the project
Research Rankings

Blossom Damania
SOM Recognition for Outstanding Researchers

2017 SMITHIES INVESTIGATORS

Dr. Jen Jen Yeh
Department of Surgery
LCCC member

Translational research on pancreatic cancer

Dr. Brian Strahl
Department of Biochemistry & Biophysics
LCCC member

Epigenetics and chromatin remodeling
### Total NIH Awards to each Medical School including Percentage of Direct & Indirect Costs (2017)

<table>
<thead>
<tr>
<th>Rank</th>
<th>School of Medicine</th>
<th>Award</th>
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<tr>
<td>1</td>
<td>UNIVERSITY OF CALIFORNIA, SAN FRANCISCO</td>
<td>$527,220,449</td>
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<td>2</td>
<td>JOHNS HOPKINS UNIVERSITY</td>
<td>$461,594,973</td>
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<tr>
<td>3</td>
<td>STANFORD UNIVERSITY</td>
<td>$422,642,872</td>
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<td>4</td>
<td>WASHINGTON UNIVERSITY</td>
<td>$410,142,907</td>
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<td>5</td>
<td>UNIVERSITY OF PENNSYLVANIA</td>
<td>$406,264,855</td>
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<td>6</td>
<td>YALE UNIVERSITY</td>
<td>$387,119,589</td>
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<td>7</td>
<td>UNIVERSITY OF PITTSBURGH AT PITTSBURGH</td>
<td>$368,623,976</td>
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<tr>
<td>8</td>
<td>DUKE UNIVERSITY</td>
<td>$356,025,482</td>
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<td>9</td>
<td>COLUMBIA UNIVERSITY HEALTH SCIENCES</td>
<td>$350,338,254</td>
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<td>10</td>
<td>VANDERBILT UNIVERSITY</td>
<td>$345,825,431</td>
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<td>11</td>
<td>UNIVERSITY OF CALIFORNIA SAN DIEGO</td>
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<td>12</td>
<td>UNIVERSITY OF MICHIGAN</td>
<td>$329,845,111</td>
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<td>13</td>
<td>UNIVERSITY OF CALIFORNIA LOS ANGELES</td>
<td>$328,366,751</td>
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<tr>
<td>14</td>
<td>ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI</td>
<td>$305,679,847</td>
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<td>15</td>
<td>UNIVERSITY OF WASHINGTON</td>
<td>$291,332,725</td>
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<tr>
<td>16</td>
<td>UNIV OF NORTH CAROLINA CHAPEL HILL</td>
<td>$272,644,942</td>
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<td>MAYO CLINIC ROCHESTER</td>
<td>$253,755,770</td>
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<td>18</td>
<td>NORTHWESTERN UNIVERSITY AT CHICAGO</td>
<td>$250,276,010</td>
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<td>19</td>
<td>EMORY UNIVERSITY</td>
<td>$241,118,045</td>
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<tr>
<td>20</td>
<td>NEW YORK UNIVERSITY SCHOOL OF MEDICINE</td>
<td>$232,235,358</td>
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Basic Science departments in the UNC SOM ranked among the Top 10 in the nation (2017)

<table>
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<tr>
<th>DEPARTMENT</th>
<th>RANK</th>
<th>TOTAL DOLLARS</th>
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<tbody>
<tr>
<td>Biochemistry</td>
<td>#4</td>
<td>$18,815,523</td>
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<td>BME</td>
<td>#7</td>
<td>$2,997,268</td>
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<td>Genetics</td>
<td>#5</td>
<td>$30,880,414</td>
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<tr>
<td>Microbiology &amp; Immunology</td>
<td>#8</td>
<td>$17,280,609</td>
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<tr>
<td>Pharmacology</td>
<td>#3</td>
<td>$21,252,020</td>
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<tr>
<td>Physiology</td>
<td>#2</td>
<td>$16,995,668</td>
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Clinical departments in the UNC SOM that are ranked among the Top 25 in the nation (2017)

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<th>TOTAL DOLLARS</th>
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<td>Anesthesiology</td>
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<td>$5,636,453</td>
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<tr>
<td>Dermatology</td>
<td>#22</td>
<td>$1,045,897</td>
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<tr>
<td>ENT</td>
<td>#19</td>
<td>$1,598,240</td>
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<tr>
<td>Family Medicine</td>
<td>#12</td>
<td>$1,391,476</td>
</tr>
<tr>
<td>Medicine</td>
<td>#15</td>
<td>$88,569,891</td>
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<tr>
<td>OB-GYN</td>
<td>#5</td>
<td>$8,040,649</td>
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<tr>
<td>Pediatrics</td>
<td>#25</td>
<td>$10,922,913</td>
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<tr>
<td>PM&amp;R</td>
<td>#17</td>
<td>$731,531</td>
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<tr>
<td>Psychiatry</td>
<td>#14</td>
<td>$21,154,653</td>
</tr>
<tr>
<td>Radiology</td>
<td>#22</td>
<td>$6,891,544</td>
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Salary Equity Study

*Matt Hawkins & Harvey Lineberry*
Capital Projects Update

Cam Enarson & Rob Kark
The University of North Carolina School of Medicine
Medical Education Building
South Columbia / Student Plaza
Student Plaza / Entry Approach
Southeast Approach From Clinical / Hospital
Northeast Approach From Bell Tower Bridge
Building Block and Stack

The Student Portal is on the 3rd floor and is adjacent to the Medical Student Lounge

Shelled Spaces Day One:
Admissions ............3rd Floor
Faculty Collegium......3rd Floor
Alumni Affairs ..........Lower Level
Virtual/Visualization....Lower Level
Tech Bay ...............Lower Level

The Student Portal is on the 3rd floor and is adjacent to the Medical Student Lounge

Shelled Spaces Day One:
Admissions ............3rd Floor
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Alumni Affairs ..........Lower Level
Virtual/Visualization....Lower Level
Tech Bay ...............Lower Level
Medical Crossroads Interior

Looking Into Medical Crossroads

Coffee Bar Schematic Concept

Medical Crossroads Schematic Concept

Experiential Learning
There are both central and perimeter podium locations. This image is showing the podium along the large wall.
Floor Plan – Level 5

Clinical Skills Suite

- SP Circulation
- Standardized Patient Orientation
- Fac. Mon.
- Debrief.
- Rec.
- Ex.1
- Ex.2
- Ex.3
- Ex.4
- Ex.5
- Ex.6
- Ex.7
- Ex.8
- Ex.9
- Ex.10
- Ex.11
- Ex.12
- Ex.13
- Ex.14
- Ex.15
- Ex.16
- Ex.17
- Ex.18
- Ex.19
- Ex.20
- Ex.21
- Ex.22
- Ex.23
- Ex.24
- Imaging
- Cont.
- Small Group Learning Classroom
- Stair
- Collab. Area
- Tilt
- Standardized Patient Orientation
- Group Study
- Group Study
- Seminar
- Learner Circulation
- Seminar
- Seminar
- Men
- Women
- Storage
- Class. Stor.
Next Steps – Design Development

- Identify detailed room requirements
  - Furniture
  - Equipment
  - Lighting
  - AV & Technology
- Continued building and site coordination and documentation
- Enabling projects and swing space options
- Design Development through May 2018
- Expected Berryhill demolition Summer 2019; construction of new MEB 2 years
UNC Hospitals Surgical Tower Update
PROPOSED
AERIAL VIEW
TYPICAL PRE/POST PATIENT AREA
TYPICAL ICU CORRIDOR
TYPICAL ICU PATIENT ROOM
Phase 1A

Legend:
- Construction Fence
- Pedestrian Access
- Vehicular Access

Keynotes:
1. CANCEL DECK BRIDGE A & DENTAL SCHOOL BRIDGE CLOSURE
2. TEMPORARY 2-LANE CLOSURES ON HENDERSON STREET CLOSURE DURING BRIDGE A DEMO
3. DEMO OF CARDINAL DECK BRIDGE A & DENTAL SCHOOL BRIDGE
4. TEMPORARY PATIENT DROP-OFF AREA IN PLACE FOR MEMORIAL HOSPITAL
5. MAINTAIN PEDESTRIAN ACCESS PATH TO MEMORIAL HOSPITAL
6. DEMO EXISTING SITE LIGHTING

ZONE A:
- CARDINAL DECK BRIDGE A & DENTAL SCHOOL BRIDGE CLOSURE
- TEMPORARY 2-LANE CLOSURES ON HENDERSON STREET CLOSURE DURING BRIDGE A DEMO
- DEMO OF CARDINAL DECK BRIDGE A & DENTAL SCHOOL BRIDGE
- TEMPORARY PATIENT DROP-OFF AREA IN PLACE FOR MEMORIAL HOSPITAL
- MAINTAIN PEDESTRIAN ACCESS PATH TO MEMORIAL HOSPITAL
- DEMO EXISTING SITE LIGHTING

ZONE B:
- CHILDREN'S HOSPITAL ENTRANCE CLOSURE
- ENTER THROUGH MEMORIAL OR WOMEN'S HOSPITAL ENTRANCE
- DEMO EXISTING CHILDMIND HOSPITAL CANOPY & HISTORY STRUCTURE
- SITE DEMO
- DEMO VALET ISLAND
- RELOCATE EXISTING CURB & GUTTER ON EAST DRIVE
- PARKING DECK
- CARDINAL DECK PEDESTRIAN BRIDGE FIRST FLOOR LEVEL

Timeline:
- 2018
- 2019

January 11, 2018
Administrative & Organizational Updates

Wesley Burks
Congratulations

Josh Alexander, MD
PM&R
March 2018

Fernando Pardo Manuel de Villena, PhD
Genetics
March 2018
Congratulations

Shelley Earp, MD
Lineberger Cancer Center
March 2018

Stephanie Davis, MD
Pediatrics
July 2018
Current & Upcoming Chair Searches

Otolaryngology/Head and Neck Surgery (ENT)
AHEC (Director)
Microbiology & Immunology
Orthopaedics
Thank You