



GEORGETOWN UNIVERSITY
Georgetown University Medical Center

Medical Center Caucus – Faculty Senate
Tuesday, January 9, 2018
Meeting Minutes

Attendees: Elliott Crooke, Daniel Djakiew, Mary Ann Dutton, Carolyn Ecelberger, Rebecca Evangelista, Bob Glazer, Brent Harris, Stacey Kaltman, Jan LaRocque, George Luta, Eileen Moore, Margaret Nolan, Paul Roepe, Jason Umans

Guests: *Afton Boles, Mary Glasscock, Linda Van Keuren, Lisa Krim, Nathan Nair, Jamie Padmore, Andrew Stemer, Raphael Terranus*

- I. Vote on Meeting Minutes (Dr. Evangelista)
 - a. Tabled until next meeting due to insufficient quorum
- II. Committee on Students (Dr. Evangelista)
 - a. Roster was sent to the EVP's Office this morning for review as part of the LCME process.
 - b. Rosters were distributed today. Senate Voting to be tabled until the next meeting.
- III. GUMC – Annual Giving Update (Mary Glasscock)
 - a. Ms. Glasscock gave an educational summary of how contributions are managed and defined at the Medical Center. She presented a historical overview of total giving from FY10 through FY17, with a breakdown of operating versus capital annual giving results
 - b. Medical Center Caucus has been tasked to help recommend priorities around the capital campaign and determine which categories giving efforts should be focused.
 - c. The discussion was open to questions from the Caucus and guests:
 - i. The group discussed and clarified how gift funds are used within and across fiscal years. General funds for operations support are often only available the current fiscal year it is given. Many restricted and temporarily restricted funds are larger balances that require an engaged planning process over an extended period; these are not necessarily all available or lost within a fiscal year.
 - ii. In determining Medical Center fundraising priorities at the University level, all three EVPs have been engaged together and with their own campus leadership to foster an iterative planning process around the capital campaign and determine the needs of each campus. Currently, the University is considering infrastructure and plant priorities as well as the general campaign funding.
 - iii. The MedStar pledge is based on multiple pieces, including a fixed portion and a percentage of gross School of Medicine tuition
- IV. Requests for Guest Speakers on the Giving Campaign/Advancement and the GUMC/MedStar Learning Environments (Dr. Evangelista)
 - a. Dr. Crooke discussed the five areas where ideas and priorities are generated: Sector Leaders, Caucus, EVP, Medical Center, and areas where there is overlap. Currently, there are about 12 ideas.
 - b. Another series of conversations is being planned around GUMC/MedStar learning environments

V. New MedStar Consortium Status (Dr. Padmore)

- a. Dr. Padmore defined the framework around graduate and medical education accreditation at MedStar. There are currently 85 residency and training programs. As hospitals join the MedStar system, sponsored programs need to be accredited (ACGME) along with the institution. Historically, there was less rigor and structure than exists now
 - i. Assessment is now more rigorous, with ACGME assessing outcome-based evidence from each program and the institution
- b. Consortium Formation
 - i. Historically, each hospital was individually accredited, with the total number of programs per location dependent on the size of the institution. Each hospital owned the guidelines around their programs and accreditation
 - ii. MedStar now has an agreement across the system that sets the educational standards for residency programs; individual programs have the authority to innovate and operated within the guidelines in the educational standards, based on their culture and other factors.
 - iii. In October 2017, MedStar Health received the informal approval for one accreditation for MedStar Health, with each program falling under the MedStar umbrella. Retroactive to July 1, 2017, MedStar Health Consortium is now active; all residency and fellowship programs are accredited under the larger MedStar umbrella.
 - 1. There is one set of standards that reports up to the MedStar board
 - 2. A system-level committee oversees and approves all Graduate Medical Education programs across the system. This committee reports to the physician leadership council and then to the Board of Directors
 - iv. The Consortium allows MedStar to consider the educational standards in the present and future; accountability; and the reporting abilities and transparency moving forward. This will help future innovations to bring the programs together within the system.
 - v. Between 2000 and present, many of the residency and training programs merged together, with programs integrating between two hospitals. With this occurring more frequently today and all hospital sites understanding the School of Medicine curriculum, students now have the opportunity to train at various sites and gain a better, more holistic experience. Teaching and assessment is now conducted in the same fashion across the hospital sites.
- c. Faculty Appointments
 - i. Dr. Crooke commented on the faculty appointment process. Historically, appropriateness of attaining a faculty appointment has been centered around the interactions with medical students.
 - ii. Currently, the University is in the early stages of exploring this appropriateness and the connectivity provided by faculty appointments as the health care system continues to change and evolve.
 - iii. Dr. Padmore and Dr. Crooke coordinate frequently to address questions around faculty appointments. Faculty need to contribute in a meaningful way with students, residents/fellows, and faculty contributions.
 - iv. Dr. Padmore addressed questions from the Caucus
 - 1. The system level (Graduate Medical Education) committee has the oversight that includes approving new programs, location changes for rotations, and program changes. They are responsible for the educational rationale and impact.

2. A finance subcommittee evaluates the business rational and financial underwriting as it contributes to the financial operations of MedStar Health. No direct operating funding from GUMC (outside of a few endowed gifts from the University) contributes to MedStar's financial operations
- VI. Future Guest Speakers in Series (Dr. Evangelista)
- a. Dr. Steve Evans and Dr. Heaton will attend a future meeting to dialogue on the tensions of chairs around clinical and academic productivity – likely on the agenda for February or March 2018
 - b. Dr. Greg Argyros and Dr. Lisa Boyle will attend a future meeting to provide updates on plans for collaborating with faculty on the learning environment for students. More detail to follow in the near future.
- VII. New Business
- a. Unionization of Graduate Students – Dr. Crooke (Informational Only)
 - i. Dr. Crooke referenced a notice from the Provost Office that disseminated in the fall regarding requests from GAGE for unionization of graduate students and University recognition.
 1. The University does not voluntarily recognize.
 2. Shortly before the winter holiday break, the University received a new proposal regarding arbitration – with more time allotted to engage the faculty and community more.
 3. Dr. Crooke urges all to read an email on the matter that will be sent soon from Dr. Heaton and Provost Groves. The email will link to a FAQ that is continuously updated.
 - ii. Ms. Krim mentioned the possibility of hosting a joint meeting between the Senate and other University committees; participation from the GUMC Faculty Senate is requested
 - b. Georgetown University Employee Retirement Accounts
 - i. Dr. Glazer noted that today is the last day for those with active retirement accounts to make changes before the Office of Faculty and Staff Benefits streamlines the investment options available. Faculty and staff were notified in November 2017 of this initiative. Please review the notice.
 1. Dr. Crooke encourages those with questions or concerns to contact the Benefits Office.
- VIII. Next Meeting: Tuesday, February 6, 2018 at Noon in Warwick Evans.