MEMBERS IN ATTENDANCE:
Juan Figueroa-Casas, M.D. Immediate Past President, Internal Medicine
Marc Orlandi, M.D., Anesthesiology
Laxman Gangwani, Ph.D., Biomedical Science
Susan Watts, Ph.D., Emergency Medicine
Jennifer Molokwu, M.D., M.P.H. President-Elect, Family Medicine
Cynthia Perry, Ph.D., Medical Education
Heidi Lyn, M.D., President, OB/GYN
Gilberto Gonzalez, M.D., Orthopaedic Surgery & Rehabilitation
Jo Rao, M.D., Pediatrics

MEMBERS NOT IN ATTENDANCE:
Nassim Akle, M.D., Radiology

GUESTS:
J. Manuel de la Rosa, M.D., M.Sc., Provost, TTUHSC El Paso
Veronica Mallett, M.D., Chair, OB/GYN
Mingtao Zeng, Ph.D., Biomedical Sciences
Lee Rosenthal, M.D., Ph.D., Medical Education
Melissa Mendez, M.D., OB/GYN
Dale Quest, Ph.D., Medical Education
Rona Fagan, R.N., Orthopaedic Surgery & Rehabilitation
Gilbert Handal, M.D., Pediatrics

I. CALL TO ORDER
Juan Figueroa-Casas, M.D. - Faculty Council President
Dr. Juan Figueroa-Casas, President of the Faculty Council, called the meeting to order at 12:05 PM

II. REVIEW AND APPROVAL OF MINUTES
Juan Figueroa-Casas, M.D. - Faculty Council President
Having met quorum, the Faculty Council members unanimously agreed to approve the meeting minutes from September 19, 2016 with no changes.

III. DEAN’S REPORT
No Report
IV. PROVOST’S REPORT
No Report

V. FACULTY AFFAIRS
No Report

VI. EPCMS UPDATE
Richard McCallum, M.D.
EPCMS Representative

Dr. McCallum reported the following:

Dr. McCallum asked faculty members to reconsider their economics and priorities and think about becoming El Paso County Medical Society (EPCMS) members. At the present time, the school does not cover the $900 membership dues for faculty members. Dr. McCallum stressed the importance of EPCMS because there are currently 560 members, which generate 9 delegates to represent El Paso. The more EPCMS members the more TMA delegates there are to represent El Paso. Other EPCMS updates include:

- The board of health caucus conducted its board of health initiative on September 8, 2016 in Washington. Dr. Handal, a tenured PLFSOM professor in the department of pediatrics and EPCMS president—elect; Dr. Mansfield, current EPCMS president; Dr. Roxanne Tyroch, the TMA representative; Patsy Slaughter, EPCMS director; and 7 medical students met with members of congress. Because of their presence, there was an almost immediate result regarding the Medicare Access and Chip Reauthorization Act of 2015 which is now being pushed back to 2019.
- The delegates will be in Austin to represent Texas Tech and EPCMS at the TMA Fall meeting to discuss post graduate and education funding. Texas Tech medical students will be there showing student commitment.
- Dr. Handal gave an example of activity at the Texas Alliance of Patient Access meeting. Guests at a Texas Alliance of Patient Access meeting reported a bariatric case involving a patient from NM who sued a surgeon from Lubbock and held the court in New Mexico where there would be better financial reward. This case then went to the Supreme Court where they ruled there was not a case.
- Dr. Handal commented that EPCMS sponsors a monthly television show on a Thursday evening. However, the physician guests are mostly other colleagues in town. Dr. McCallum challenges faculty to work harder to convince leadership to participate. The cost is $2000 to sponsor the show and this provides physicians with a reasonable presence and visibility within the community.
- Dr. Handal encouraged all to join EPCMS and to access EPCMS’ journal as it will report on new procedures and treatments and provides opportunities to publish articles and gain referrals for specific practices.

Dr. Gilbert Handal commented that less than a third of faculty are EPCMS members. Dr. Handal encouraged all faculty to join as it is very important to give back and contribute. Dr. Handal urged faculty to talk to their department chairs and colleagues about becoming TMA and EPCMS members.

Dr. Juan Figueroa encouraged faculty talk to their colleagues in their departments to discuss this issue and determine its importance as a potential institutional initiative.
VII. OLD BUSINESS

Dr. Figueroa reported the following:

A. Newly Elected/Re-Elected Faculty Council Representatives:
   a. Medical Education: Cynthia Perry, Ph.D.
   b. Neurology: Darine Kassar, M.D. (re-elected)
   c. Orthopaedic Surgery: Gilberto Gonzalez, M.D. (re-elected)
   d. Pathology: Alireza Torabi, M.D., Ph.D., (re-elected)
   e. Pediatrics: Jo Rao, M.D. (new)
   f. Psychiatry: Ricardo Salazar, M.D. (new)
   g. Radiology: Nassim Akle, M.D. (re-elected)
   h. Surgery: Trent Filler, D.D.S. (re-elected)

B. Student Affairs Committee Nominations
   a. Laura Cashin, D.O., Internal Medicine was nominated by members of the faculty council to fill a vacant slot. The Faculty Council voted to make the recommendation to the dean that Dr. Cashin be appointed to the Student Affairs committee.

C. Committee on Student Grading and Promotion Nominations
   a. In response to a call for nominations from the faculty, Jennifer Molokwu, M.D., M.P.H., Dale Quest, Ph.D., and Jesus Peinado, M.D. were nominated by the faculty to fill three vacant slots on the committee. The Faculty Council voted to make the recommendation to Dr. Lange that these three faculty members be appointed to the Committee on Student Grading and Promotion Nominations.

D. PLFSOM Faculty Code of Conduct Draft

*See attached report

Dr. Juan Figueroa reminded the council that the charge and deadline for Ad Hoc Committee on Professionalism to complete their policy was July 2016 and stressed that the Faculty Council must recognize the committee worked very hard to meet the deadline. Dr. Figueroa thanks Dr. Watts for her service as chair of the committee. Dr. Figueroa is hopeful that the ad hoc committee can work on the implementation details with administration before returning to the Faculty Council within the next couple of months.

VIII. NEW BUSINESS
Sanja Kupesic, M.D., Ph.D.  
Associate Dean for Faculty Development

KoKo Aung, M.D.  
- Associate Dean for Faculty Affairs

A. Faculty Development Course XV

*See attached report
Q: Will this be available on the faculty development website?
A: No. The events will be first distributed to the Faculty Council then to the department chairs. Brochures will be distributed by the Office of Faculty Development and the Office of Institutional Advancement.

B. Faculty Council President Induction Ceremony

Dr. KoKo Aung made opening remarks regarding the purpose of the Faculty Council and recognized the 2015-2016 officers for their service. Dr. Aung reiterated it is crucial that faculty members participate in the discussion and be part of the solution of the issues that are relevant to the faculty. Dr. Aung recognized that everyone is busy however, if faculty are too busy and not a part of the solution, then the voices of the faculty body will not be heard and the issues will go unaddressed.

He extended his utmost respect to all involved. Dr. Aung recognized Dr. Dale Quest’s 3 years of service as an officer for the Faculty Council and presented him with a gift. Dr. Aung then gave a few remarks regarding Dr. Juan Figueroa-Casas’ service as Faculty Council President. He recognized Dr. Figueroa’s many accomplishments and presented him with a plaque. Dr. Figueroa will serve one more year as an officer in the role of Immediate Past-President. Dr. Figueroa said that he enjoyed his time as President and gave many thanks to all who assisted him. He gave a special thanks to the Office of Faculty Affairs in particular Cindy Camarillo and Miranda Alvarez, and the Faculty Council members.

Dr. Figueroa then introduced Heidi Lyn, M.D. as the new Faculty Council President. Dr. Figueroa passed the gavel to Dr. Lyn. Dr. Lyn addressed the council and stated one of her main topics of interest to address during her term is campus life and amenities.

Dr. Lyn introduced Jennifer Molokwu, M.D., M.P.H. as the new President Elect. Dr. Molokwu was presented with a gift.

IX. PRESIDENT’S REPORT
No Report

**IX. ADJOURNMENT**

Heidi Lyn, M.D.  
- Faculty Council President

Dr. Heidi Lyn, M.D., Faculty Council President, adjourned the meeting at 1:00 P.M.

**FOLLOW UP:**

<table>
<thead>
<tr>
<th>ITEM:</th>
<th>PERSON/DEPARTMENT RESPONSIBLE:</th>
<th>TASK COMPLETED Y/N</th>
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Heidi Lyn, M.D.  
Faculty Council President
ad hoc COMMITTEE ON PROFESSIONALISM

Members

Susan Watts, Ph.D. 
Paul Casner, M.D. 
Salvador Cruz-Flores, M.D. 
Herb Janssen, Ph.D. 
Sireesha Reddy, M.D. 
Gustavo Rodriguez, M.D. 
Olof Sundin, Ph.D. 
Wendy Walker, Ph.D.

Assoc Prof 
Professor 
Professor 
Professor 
Assoc Prof 
Assoc Prof 
Asst Prof

Emerg Med chair. 
Internal Medicine 
Neurology 
Medical Education 
Ob and Gyn 
Neurology 
Biomedical Sciences 
Biomedical Sciences
Charge

• Develop policy that includes deficiencies in professionalism beyond inter-personal conflicts or perceived offenses and that includes interactions with staff, trainees, and patients.
• Code of Conduct per se does not exist. Develop one if considered necessary.
• Process of notification to the Department Chair needs to be clarified.
• Revise previous policy to include above

Committee Goals

• Develop code of conduct that includes definition of unprofessional behavior and consequences of such behavior. (Student handbook has this but faculty does not.)
• Describe system for reporting unprofessional behavior. Only existing system for reporting faculty behavior is “Professionalism Stories”.
• Make recommendations for process for dealing with unprofessional behavior, including system of disciplinary action.
Professional Behavior

- At its heart, professionalism is demonstration of respect
- Respect for persons; respect for institutional responsibilities; respect for rules of scholarship.
- Must address all areas of faculty professional behavior: clinical, education, research; faculty:faculty, faculty:staff, faculty:student, faculty:patient interactions

Unprofessional behavior

- Behavior that demonstrates that respect for persons, institutional responsibilities, or rules of scholarship has broken down.
- Generally applies to situations that are not covered by existing policies.
Resources used

- Vanderbilt Center for Patient and Professional Advocacy
  http://www.mc.vanderbilt.edu/root/vumc.php?site=cppa
- Duke University School of Medicine
  https://medschool.duke.edu/about-us/faculty-resources/professionalism

Professional behavior does NOT prohibit healthy discourse or thoughtful disagreement but underscores our commitment to respectful behavior while maintaining a robust academic atmosphere.
Unprofessional behavior: examples

Includes, but not limited to, words/actions that prevent or interfere with optimal performance of individual or group. Examples:

- intentionally ignoring questions/messages from trainees, colleagues, or staff
- favoritism
- inappropriate fiscal or data management
- engaging in questionable research practices that may or may not meet criteria for scientific misconduct
- appropriating ideas or intellectual property of others
- inadequate supervision of those for whom the faculty member is responsible
- violation of TTUHSC EP policies, including those related to conflicts of interest and compliance

Unprofessional behavior: examples

- Words or actions that create, or have potential to create, undesirable work/teaching environment. Include, but not limited to:
  - public criticism
  - verbal abuse; yelling
  - sexual or other harassment
  - threatening or intimidating words
  - overtly disrespectful behavior
  - bullying
  - throwing objects to intimidate
Essentials for system addressing unprofessional behavior

- System for reporting unprofessional behavior
- Process for addressing unprofessional behavior and guiding interventions
- Protection for both reporter and those reported

Reporting

- Should be easy to accomplish but anonymous reporting is undesirable because impossible to follow up.
- Electronic method of reporting likely preferable to some, but person to person reporting must be an option due to concerns about legal ‘discoverability’ of electronic reports
**Reporting**

- Desirable that reports of unprofessional or disruptive behavior from all sources (trainees, patients, staff, colleagues) filter into single repository in order to identify those who have an inordinate number of reports compared to their peers.

**Process**

- Existing policies and OP’s specifically address sexual misconduct, discrimination, impaired physicians, and the grievance procedure.
- Need for way to deal with and/or report other types of unprofessional behavior when observed. Too often disruptive behavior is ignored and goes unreported.
- Desirable for faculty to be trained and empowered to address and report disruptive behavior.
Process

• Professionalism has to be institutional mindset
• Has to have support from both administration and faculty
  – Deans and chairs must be committed to seeing that policies are consistently implemented in every case
  – Faculty must commit to acting professionally and to help their colleagues when they fall short
Protections

- Reporter must be protected from retaliation
- Those reported must be protected from slander/libel and malicious actions.
- Consequently, must ensure that reports are made in good faith

Recommendations

- Office for Professionalism: centralize professionalism activities and provide professionalism education. (promote professional accountability, help reduce malpractice risk, and improve patient satisfaction.)
- Professionalism monitoring committee: review reports of unprofessional behavior; make recommendations for interventions; take disciplinary action as needed.
- An easy-to-use electronic system for reporting unprofessional behavior: single system for reports from peers, staff, students, and patients most desirable.
• We have endeavored to complete tasks assigned to us, to the best of our ability.

• Committee has clarified issues and introduced practical approaches similar to those already successfully employed by other institutions.

• We submit this draft policy to the Faculty Council with understanding that this is starting point for further dialogue rather than finalized plan. It will need to be refined to meet needs of PLFSOM with input from faculty and administration.
(Working Draft)
Texas Tech University Health Sciences Center El Paso
Paul L Foster School of Medicine
Faculty Code of Conduct

Professionalism is understood to be the habitual use of effective communication, courteous and ethical conduct, judicious application of knowledge and skills, and the upholding of the core values of PLFSOM. Professionalism should be reflected in daily practice for the benefit of the individuals, community and society being served.

As a community, each of us affirms and demonstrates these values through our daily interactions with each other, our learners, our team members, our trainees, our patients, and the public. While professional behavior is the expected norm, academic medicine is a highly complex, high-stakes work environment in which episodes can occur that test the boundaries of professionalism. Therefore, it is necessary to have mechanisms in place to manage concerns about unprofessional behavior in a manner that is fair, balanced and respectful.

This Faculty Code of Conduct should serve as a roadmap for evaluating, correcting and recommending consequences for unprofessional faculty behavior, thus ensuring consistency in how PLFSOM addresses these issues. This document provides a statement of values regarding professional behavior and outlines procedures for reporting, discussing, and addressing concerns, and describes how confirmed cases of unprofessional conduct will be dealt with.

The Paul L Foster School of Medicine Declaration of Faculty Professional Responsibility describes the attributes of professional behavior that we aspire to. The Declaration applies to all faculty of PLFSOM, both full-time and part-time. It is relevant to all professional realms, including research, teaching, mentoring, administration and clinical care.

Paul L Foster School of Medicine is dedicated to excellence in improving the health of the people in the communities we serve. We commit:

1. To foster a learning environment that promotes human dignity.
2. To respect each person as an inherently and uniquely valuable member of the human community.
3. To embrace a holistic view of human beings in their physical, mental, social, cultural, and spiritual dimensions.
4. To provide systems, structures, and procedures which are attuned to the basic human values of altruism, honor, fairness, honesty, integrity, and respect for others.
5. To dedicate ourselves to improving the health of society through the teaching and mentoring of physicians, educators, scientists, and other members of the healthcare team to be competent, ethical, and compassionate.
6. To embrace responsible and ethical stewardship of resources that promotes just and equitable health delivery with a commitment to the needs of the vulnerable and the disadvantaged.
7. To work as partners with individuals, organizations, and healthcare team members in the community to accomplish these goals.
8. To continually learn and improve our service as the community’s needs change.

In the education of all learners we commit:
1. To model, maintain, and mentor professional behavior at all levels of training.
2. To continuously evaluate academic offerings and address professional responsibilities throughout the curriculum.

In the care of patients we commit:
1. To provide competent patient-centered care, treatment, and services that promote dignity, autonomy, compassion, positive self-regard, civil rights, and involvement of patients.
2. To espouse a proactive, patient-centered environment that recognizes the patient as the primary decision-maker and respects the whole person – body, mind, and spirit.
3. To develop professionals who recognize and support the contributions of the inter-professional team in achieving and sustaining optimal patient outcomes.

In our research we commit:
1. To advance patient care, patient education, and a healthy community through ethically sound research.
2. To better assist and protect individuals in the communities we serve by enhancing the quality and effectiveness of the services we provide.
3. To adhere to institutional, state, and federal regulations that promote the highest ethical standards in all research activities.

Professional behavior does NOT prohibit healthy discourse or thoughtful disagreement but underscores our commitment to respectful behavior while maintaining a robust academic atmosphere.

Unprofessional Behavior

Faculty are responsible for cultivating a respectful and inclusive work environment, for modeling professional conduct, and for responding to unprofessional behavior on the part of others. Unprofessional behavior will be addressed with interventions aimed at promoting insight, accountability, and appropriate changes in behavior.

A. Examples of unprofessional behavior.

Unprofessional behavior includes, but is not limited to, words or actions that:
1. Prevent or interfere with the optimal clinical/educational/scientific performance of an individual or group. Examples include, but are not limited to:
• intentionally ignoring questions/messages from trainees, colleagues, or staff
• favoritism
• inappropriate fiscal or data management
• engaging in questionable research practices that may or may not meet criteria for scientific misconduct
• appropriating ideas or intellectual property of others
• inadequate supervision of those for whom the faculty member is responsible
• violation of TTUHSC EP policies, including those related to conflicts of interest and compliance

2. Create, or have the potential to create, an undesirable work/teaching environment. Inappropriate interpersonal words and actions include, but are not limited to:
• public criticism
• verbal abuse; yelling
• sexual or other harassment
• threatening or intimidating words
• overtly disrespectful behavior
• bullying
• improper physical contact (massaging, caressing, pushing, shoving, grabbing, etc.)
• throwing objects to intimidate
Essential Elements for a System Addressing Unprofessional Behavior

1. Process for Guiding Interventions (adapted from Vanderbilt University).

All PLFSOM personnel share responsibility for exhibiting and promoting professional conduct, including consistent responses to unprofessional behavior. Appropriate responses and interventions depend on the specific behavior and the circumstances under which they occurred.

A roadmap for guiding interventions
1) **Informal Intervention.** Generally applicable for non-egregious unprofessional incidents. All faculty should be empowered and trained to acknowledge and address individual unprofessional incidents. Such events may be addressed through an informal intervention such as a “cup of coffee conversation” between colleagues who have a conflict (see appendix A), or by reporting the incident to the person’s supervisor, division chief, department chair etc. As an alternative, a neutral party/concerned professional could be recommended by the Professionalism Monitoring Committee (PMC) described below. If an informal intervention does not resolve the issue, it should be reported through the online Professionalism Comment System (PCS) described below.

2) **Awareness Intervention.** This type of intervention is appropriate for unprofessional/disruptive behaviors that are not resolved by, or are not appropriate for, an Informal Intervention. Once identified, an awareness intervention presents data or information showing serious or recurrent unprofessional behavior. This awareness intervention may be conducted by the supervisor, division chief, department chair or a person designated by the Professionalism Monitoring Committee (see appendix B).

3) **Authority Intervention.** This intervention type is reserved for the small proportion of professionals unable or unwilling to respond to an Awareness Intervention. This type of intervention requires the Professionalism Monitoring Committee to develop action plans for improvement, with ongoing evaluation of performance to ensure accountability. The PMC will notify the Chair/Supervisor about unprofessional behavior and/or pending actions if appropriate.

4) **Disciplinary Action.** The final step for those who fail to respond to the Authority Intervention. This should lead to disciplinary action, including restriction or termination of employment and/or privileges. This level of intervention requires the involvement of the Office of Faculty Affairs, who will review and determine appropriate action under applicable TTUHSC EP or PLFSOM policies and procedures.

If an authority intervention or disciplinary action is instituted, the faculty member retains all rights to appeal according to PLFSOM policies and procedures.

2. System for Reporting Unprofessional Behavior

The eyes and ears of the health care team, patients, students, and colleagues are the most effective system
for observing and correcting unprofessional behaviors. PLFSOM personnel are encouraged to address or report unprofessional behavior whenever it is encountered. *Important specific reporting mechanisms exist for prohibited behaviors such as discrimination, sexual boundary violations, substance abuse or other impairment. See Appendix C for detailed instructions.*

PLFSOM personnel are encouraged to address unprofessional behavior directly through an informal intervention whenever it is possible and appropriate. Otherwise, reports of disruptive or unprofessional behavior may be made to the person’s supervisor, division chief, or department chair. In addition, reports may be made electronically via the online Professionalism Comment System (PCS) which is available 24/7/365 and includes an option that will flag the report for urgent attention. The PCS will be monitored by the Office of Faculty Affairs and they will refer urgent reports to the PMC for review. If an observed unprofessional incident is of a particularly sensitive nature, the report may be made directly to the Associate Dean of Faculty Affairs, the Provost, or to a member of the PMC. For all reported incidents, the PMC will decide on a case by case basis which follow up actions are required in response to reports of unprofessional faculty behavior.

Reports to the PCS may NOT be made anonymously because it would be impossible to follow up on reports; however they will be treated as confidential to the maximum extent possible. When individuals report incidents in good faith¹, the institution will make every effort to protect them against retaliation (see section D). Efforts to address disruptive behavior are effective only when the available details, including the people affected, are as specific as possible. In addition to the PCS, concerns about disruptive behavior can be reported directly to the Compliance Office, Office of Student Affairs, Human Resources, etc as appropriate.

3. Reporter Protection

TTUHSC EP policy prohibits retaliation against reporters who in good faith report unprofessional behavior, and specifies disciplinary processes for those who retaliate. Examples of prohibited retaliation in response to whistleblower reports include but are not limited to discharge, demotion, suspension, harassment, denial of promotion, transfer, or in any other manner discriminating or threatening to discriminate against a staff member/colleague in the terms and conditions of the person’s employment.

TTUHSC EP personnel who believe that they have been subjected to or affected by retaliatory conduct should report to the Department of Faculty Affairs, which will advise and help route them through the system.

Any individual making a claim that is not in good faith is acting unprofessionally and will be subject to disciplinary action.

¹ Good faith is defined as actions:
- Made without malice or intent to harm
- Based on firsthand information, not hearsay
- Made without reckless omission of essential facts
- Made through proper channels and in a manner to avoid unnecessary public humiliation
- That conform to those of a reasonable and prudent person
4. Protection for Those Reported

Those who have reports of unprofessional behavior submitted about them are entitled to fair and unbiased review of the circumstances and details of the report. Reviewers of reported unprofessional behavior (supervisor, PMC, Provost, etc.) are expected to approach the report with an open mind and examine all sides of the situation before reaching any conclusions. The faculty member retains every right to defend themselves and their actions.
Appendix A

Concerns about disruptive/unprofessional behavior are ideally raised directly with the offending person, as they may be unaware of how their behavior may be affecting others. PLFSOM personnel are encouraged to engage each other in timely informal collegial feedback that describes observed or otherwise noted behaviors that appear to be inconsistent with PLFSOM’s mission, but which are minor, isolated, and do not rise to the level of behaviors that would result in corrective action. Examples of such informal (brief, respectful, nonjudgmental, “cup of coffee”) conversations may include reminders to disinfect hands or utilize universal precautions, or noting word choice or tone of voice that appears inconsistent with the PLFSOM standards. If retaliatory action or escalation of any type occurs against a faculty member who initiates such an informal, good faith discussion, the institution will investigate the incident more thoroughly, and act to support that faculty member. This is especially important in the case of junior and untenured faculty.

Suggestions for providing feedback about unprofessional behavior.

Establish a time to meet privately with the person. During the meeting, use this guideline for the conversation.

1. State that you wish to give some feedback and why.
2. State the observed behavior.
3. Share your interpretation of that behavior (what I take that to mean is . . .).
4. Share the feeling attached to that interpretation (which makes me feel . . .).
5. Invite a response (What are your thoughts about that?).
6. Engage in a dialogue of next steps and future options, but do not necessarily come to a conclusion right now.

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Appendix B

Professionalism Monitoring Committee (PMC)

The Professionalism Monitoring Committee is made up of nine faculty members appointed by the Dean of the School of Medicine. The committee shall be representative of the faculty-at-large and will include both male and female members who have been working at TTUHSCEP for at least 3 years. Membership should include all academic ranks, at least one clinician, one researcher, and one educator. They shall be appointed for 3-year terms and one third of the membership should be replaced each year. PMC members will receive conflict resolution training along with orientation to the pertinent TTUHSCEP OP’s and Regents’s Rules upon appointment.

The PMC will consider unprofessional or disruptive behavior related to all academic activities of faculty, including research, teaching, mentoring and/or administrative activities. Concerns relating to conduct in the hospital will generally be managed through Hospital Peer Review Process. The PMC will function as a confidential peer-review committee with the Assoc Dean of Faculty Affairs or the Provost providing administrative oversight.

On a rotating basis, one member will be available for face-to-face conversations with faculty who are reluctant to use the electronic system, handle the matter themselves, or make a report to a chair, supervisor, the Assoc Dean for Faculty Affairs, or the Provost.

The PMC will meet monthly, or as needed, to review reports compiled from all of the reporting systems relevant to professional behavior including, but not limited to, the PCS, Clinical Affairs patient/family complaints, patient/family reports from hospital sources, and student professionalism stories. The committee is charged with identifying faculty who potentially warrant an Awareness Intervention. This may be due to multiple reports of disruptive behavior or a single severe incident.

The PMC will consider the following questions when deliberating about reports:

- Does the PMC consider this to be a good faith report? If malicious, is disciplinary action warranted?
- Does the PMC consider the faculty member’s behavior to be unprofessional? Is it worthy of further action?
- Should the Chair/Supervisor be made aware of the unprofessional behavior?
- Is an intervention warranted? If so, what type?
- Does the behavior appear to be to a temporary reaction to chronic/acute problems outside of work, as opposed to an ingrained behavior or related to personality type?
- Is a referral to the Physician Well-being Committee (PWC) warranted to rule out substance abuse or to obtain referral for further psychologic or psychiatric care?
- Is referral to the Scientific Misconduct committee warranted?
- If an Awareness Intervention is appropriate, what data/information is to be presented at that meeting? Who should conduct the intervention?
- If an Authority Intervention is needed, what is the action plan for improving behavior? How is it going to be evaluated and monitored? How long will the monitoring last?
- Is a Disciplinary Intervention called for if other interventions have failed?
Appendix C

Reporting Resources

Professionalism Comment System  http://xxxxxxxxxx
Associate Dean of Faculty Affairs  http://elpaso.ttuhsce.edu/som/facultyaffairs/default.aspx
Provost  http://elpaso.ttuhsce.edu/about/president/elpaso_admin.aspx
Professionalism Monitoring Committee  http://xxxxxxxxxx
Office of Student Affairs  http://elpaso.ttuhsce.edu/som/studentaffairs/default.aspx
Human Resources  http://elpaso.ttuhsce.edu/hr/
Office of Institutional Compliance  http://elpaso.ttuhsce.edu/compliance/
Office of EEO  http://www.texastech.edu/offices/equal-employment/
Title IX contacts  http://elpaso.ttuhsce.edu/hr/titleixcontacts.aspx

Institutional Policies
TTUHSCEP OPs: 51.01 EEO Policy and Affirmative Action Program; 51.02 Non-Discrimination and Anti-Harassment Policy and Complaint Procedures; 51.03 Sexual Harassment, Sexual Assault, Sexual Misconduct; 52.06 Standards of Conduct and Ethics Guide; 60.10 Faculty Grievance Procedure Policy; 73.07 Honesty in Research and Allegations of Scientific Misconduct  http://www.ttuhsce.edu/hsc/op

Medical Student Code of Professional and Academic Conduct  
http://elpaso.ttuhsce.edu/som/studentaffairs/_documents/PLFSOM%20Student%20Affairs%20HB.pdf#page=20

Impaired physician/House staff/student policy  

Declaration of Faculty Professional Responsibility  
**Faculty Development**

Faculty Council
September 2016

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**FACULTY DEVELOPMENT COURSE XV**

- **Teaching**
  - November 02, 2016 - January 27, 2017
  - 20 hours
  - Adult learning
  - Technology in education
  - Library and information resources workshop
  - “Feedback” conference
  - “Residents education” conference
  - Writing workshop
  - “Office based research” conference
  - Bedside teaching
  - “IPE” conference
  - Simulations sessions
  - 10 skills sessions: CNS, MSK, CVS, Abdominal, GYN, GU, US....
  - How to prepare for T&P
  - Career in academic medicine
  - Faculty mentoring
  - Negotiation skills
  - Teamwork
  - Conference: “How to recruit, develop and retain good faculty”

- **Research**
  - February 2017
  - 5 hours
  - FDC workshops open for general faculty

- **Clinical Skills**
  - March 01 – April 26, 2017
  - 10 hours

- **Leadership Development**
  - May 03 - 24, 2017
  - 5 hours
  - How to prepare for T&P
  - Career in academic medicine
  - Faculty mentoring
  - Negotiation skills
  - Teamwork
  - Conference: “How to recruit, develop and retain good faculty”

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>1:00 - 1:15 pm</td>
<td>Key notes: The Programmatic Importance of Evaluation and Feedback</td>
<td>Richard Brower, MD</td>
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<tr>
<td>1:15 – 1:30 pm</td>
<td>Assessment in medical education</td>
<td>Naomi Lacy, PhD</td>
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<tr>
<td>1:30 – 1:45 pm</td>
<td>Evaluation vs. feedback</td>
<td>Tanis Hogg, PhD</td>
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<td>1:45 – 2:00 pm</td>
<td>Feedback during large group sessions</td>
<td>Janet Piskurich, PhD</td>
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<tr>
<td>2:00 – 2:15 pm</td>
<td>Feedback during small group sessions (WCE)</td>
<td>Jennifer Molokina, MD, MPH</td>
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<tr>
<td>2:15 – 2:30 pm</td>
<td>Feedback during clinical skills sessions</td>
<td>Yvone Huy, MD</td>
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<tr>
<td>2:30 – 2:45 pm</td>
<td>Feedback to psych interview</td>
<td>Sarah Martin, MD</td>
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<tr>
<td>2:45 – 3:00 pm</td>
<td>Feedback in the outpatient clinic</td>
<td>Charmaine Martin, MD</td>
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<tr>
<td>3:00 – 3:30 pm</td>
<td>Break</td>
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<tr>
<td>3:30 – 3:45 pm</td>
<td>Feedback during walking rounds/on the wards</td>
<td>Maureen Francis, MD</td>
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<tr>
<td>3:45 – 4:00 pm</td>
<td>Feedback during clerkships</td>
<td>Harry “Pete” Davis II, MD</td>
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<tr>
<td>4:00 – 4:15 pm</td>
<td>Feedback in the operating room</td>
<td>Stacey Milan, MD</td>
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<td>4:15 – 4:30 pm</td>
<td>Barriers to feedback</td>
<td>Dave Brones, MD</td>
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<tr>
<td>4:30 – 4:45 pm</td>
<td>Effect of positive and negative feedback on students’ motivation</td>
<td>Tammy Salazar, PhD</td>
</tr>
<tr>
<td>4:45 – 5:00 pm</td>
<td>Discussion: The delicate art of giving feedback</td>
<td>Sanja Kupesic, MS, PhD</td>
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</table>

Feedback Conference
January 20, 2017
AEC-Aud B

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>1:00 – 1:10 pm</td>
<td>Opening remarks</td>
<td>Sanja Kupesic Plavsic, MD, PhD</td>
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<tr>
<td></td>
<td>Zuber Mulla, PhD</td>
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<tr>
<td>1:10 - 1:40 pm</td>
<td>Common and Institutional Program Requirements Overview</td>
<td>Armando Meza, MD</td>
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<tr>
<td>1:40 - 2:10 pm</td>
<td>Effective communication in stressful situations</td>
<td>Bill Mitchell, PhD</td>
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<tr>
<td>2:10 - 2:40 pm</td>
<td>Avoiding resident mistreatment</td>
<td>Melissa Mendez, MD</td>
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<td>2:40 – 3:00 pm</td>
<td>Discussion</td>
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<tr>
<td>3:00 - 3:30 pm</td>
<td>Break</td>
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<tr>
<td>3:30 - 4:00 pm</td>
<td>Effective resident recruitment and retention</td>
<td>Scott Crawford, MD</td>
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<tr>
<td>4:00 - 4:30 pm</td>
<td>Disciplinary action and remediation</td>
<td>Radosveta Wells, MD</td>
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<td>4:30 - 5:00 pm</td>
<td>Discussion (Moderator: Armando Meza, MD)</td>
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GME Conference
January 27, 2017
AEC-Aud B
# Publish & Flourish (Tara Gray, PhD)

**February 3, 2017**  
**AEC, Aud B**

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1:00 - 1:10 pm</td>
<td>Opening remarks</td>
<td>Zuber Mulla, PhD Sanja Kupesic Plavsic, MD, PhD</td>
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<tr>
<td>1:10 – 5:00 pm</td>
<td>Publish &amp; Flourish:</td>
<td>Tara Gray, PhD</td>
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<td>• The Twelve Steps</td>
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<td>• Writing Log</td>
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<td>• Working the Steps</td>
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<td>• Managing Time</td>
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<td>• Thesis Templates</td>
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<td>• Research Paper Templates</td>
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<td>• Key Sentences</td>
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<td>• Getting Help</td>
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<td>• Manuscript and Writing Guidance</td>
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<td>• Instructions for Writing Circles</td>
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<td>• Hints for Successful Writing Circles</td>
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<td>• “Query” journal editors</td>
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# Office Based Research

**February 24, 2017**  
**AEC-Aud B**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>1:00 - 1:10 pm</td>
<td>Introduction</td>
<td>Zuber D. Mulla, PhD, CPH</td>
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<tr>
<td>1:10 – 1:35 pm</td>
<td>National Ambulatory Medical Care Survey</td>
<td>Susan Watts, PhD</td>
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<tr>
<td>1:35 – 2:00 pm</td>
<td>Statewide health datasets hospital discharge and tumor registry</td>
<td>Zuber D. Mulla, PhD, CPH</td>
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<tr>
<td>2:00 – 3:00 pm</td>
<td>Introduction to meta-analysis Part I</td>
<td>KoKo Aung, MD, MPH, CPH</td>
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<tr>
<td>3:00 – 3:20 pm</td>
<td>Break</td>
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<tr>
<td>3:20 – 4:00 pm</td>
<td>Introduction to meta-analysis Part II</td>
<td>KoKo Aung, MD, MPH, CPH</td>
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<tr>
<td>4:00 – 4:25 pm</td>
<td>Nationwide Inpatient Sample?</td>
<td>Salvador Cruz-Flores, MD, MPH</td>
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<tr>
<td>4:25 – 4:50 pm</td>
<td>Birth certificates/perinatal health data</td>
<td>Lewis P. Rubin, MD</td>
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<tr>
<td>4:50 – 5:00 pm</td>
<td>Concluding remarks; participants’ survey</td>
<td>Zuber D. Mulla, PhD, CPH</td>
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<td>Time</td>
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<td>1:00 - 1:10 pm</td>
<td>Key notes</td>
<td>Sanja Kupesic, MD, PhD Zuber Mulla, PhD</td>
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<tr>
<td>1:10 – 1:25 pm</td>
<td>Why interprofessional competency is needed?</td>
<td>Jeanne M. Novotny, PhD, RN, FAAN</td>
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<tr>
<td>1:25 – 1:40 pm</td>
<td>Core competencies for interprofessional collaborative practice</td>
<td>Maureen Francis, MD</td>
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<tr>
<td>1:40 – 1:55 pm</td>
<td>Opportunities in interprofessional practice and education</td>
<td>Penny Cooper, DNP, RN, FAANNP</td>
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<td>1:55 – 2:10 pm</td>
<td>Barriers &amp; challenges to IPE</td>
<td>Edward Michelson, MD</td>
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<td>2:10 – 2:25 pm</td>
<td>Administrative/faculty resistance to IPE</td>
<td>William M. Scott, DNP, RN, FAANNP</td>
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<td>2:25 – 3:00 pm</td>
<td>Break</td>
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<tr>
<td>3:00 – 3:15 pm</td>
<td>Simulation enhanced interprofessional education</td>
<td>Stormy Monks, PhD</td>
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<td>3:15 – 3:30 pm</td>
<td>Creation of innovative teaching/learning material for simulation in IPE</td>
<td>Scott Crawford, MD</td>
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<tr>
<td>3:30 – 3:45 pm</td>
<td>Assessment of ethics and professionalism in IPE</td>
<td>Armando Meza, MD</td>
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<tr>
<td>3:45 – 4:00 pm</td>
<td>Interprofessional team simulation: RSTC and GGHSON model</td>
<td>Veronica Greer, MD</td>
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<td>4:00 – 4:30 pm</td>
<td>TeamSTEPPS communication training at all levels</td>
<td>Veronica Mallett, MD</td>
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<td>4:30 – 4:45 pm</td>
<td>Role of faculty development</td>
<td>Sanja Kupesic, MD, PhD</td>
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<tr>
<td>4:45 – 5:00 pm</td>
<td>Discussion &amp; Closing remarks</td>
<td>Sanja Kupesic, MD, PhD Zuber Mulla, PhD</td>
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**IPE Conference - April 7, 2017, AEC Aud B**

<table>
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<tbody>
<tr>
<td>1:00 - 1:10 pm</td>
<td>Opening remarks</td>
<td>Sanja Kupesic Plavsic, MD, PhD Zuber Mulla, PhD</td>
</tr>
<tr>
<td>1:10 – 1:30 pm</td>
<td>Key recruitment strategies</td>
<td>KoKo Aung, MD, MPH, CPH</td>
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<tr>
<td>1:30 – 1:50 pm</td>
<td>Market your institution</td>
<td>Victoria Pineda, CFRE</td>
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<tr>
<td>1:50 – 2:10 pm</td>
<td>The cost of turnover</td>
<td>Michael Romano, MD</td>
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<td>2:10 – 3:30 pm</td>
<td>Discuss retention methods</td>
<td>KoKo Aung, MD, MPH, CPH Zuber Mulla, PhD</td>
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<td></td>
<td>-New faculty orientation</td>
<td>Veronica Mallett, MD</td>
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<td></td>
<td>-Faculty mentoring</td>
<td>Sanja Kupesic Plavsic, MD, PhD</td>
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<td></td>
<td>-Install a positive culture</td>
<td>Manuel De La Rosa, MD</td>
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<td>-Provide development opportunities</td>
<td>Kathryn Horn, MD</td>
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<td>-Does diversity matter?</td>
<td>Sireesha Reddy, MD</td>
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<td>-Does gender matter?</td>
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<td>-Identify employees at risk</td>
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<tr>
<td>3:30 – 4:50 pm</td>
<td>Develop a retention plan</td>
<td>Victoria Pineda, CFRE</td>
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<td>-Keep your workplace attractive</td>
<td>Sue Fuciarelli, Frank Stout</td>
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<td>-Appreciation via compensation and benefits</td>
<td>Peter Rotwein, MD</td>
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<td>-Foster trust</td>
<td>David Briones, MD</td>
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<td>-Lower stress</td>
<td>Raj Lakshmanarwamy, PhD</td>
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<td>-Importance of recognition by institution and peers</td>
<td>Manuel Schydlower, D</td>
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<td>-Role of community</td>
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<tr>
<td>4:50 – 5:00 pm</td>
<td>Concluding remarks</td>
<td>Sanja Kupesic Plavsic, MD, PhD Zuber Mulla, PhD</td>
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</table>

**How to recruit develop and retain good faculty**

**May 12, 2017, AEC A**
• Beginners’ Writing Interest Group / Twice a Year

✓ Targeting junior faculty
✓ Eight noon sessions: one hour every other week, lunch provided
✓ Facilitated by senior faculty
✓ Support of two medical writers from the Office of I.A. plus lead analyst from the Office of Faculty Development