I. Approval of February 18, 2016 Minutes

II. Health Sciences Division - Dr. Phyllis Horns
   A. Leave Policy for Twelve-Month Faculty - Dr. Phyllis Horns, Ms. Lisa Hudson, & Ms. Kitty Wetherington
   Action

   B. Brody School of Medicine Update - Dr. Paul Cunningham
      1. Medical School Expansion Consultant Report by Tripp Umbach - Dr. Elizabeth Baxley
      2. Vidant Health/Brody School of Medicine Partnership Update - Dr. Paul Cunningham & Dr. Michael Waldrum
      3. Review Performance Indicator - Dr. Nicholas Benson

III. Closed Session

IV. Health Sciences Informational Updates
   A. College of Allied Health Sciences
   B. College of Nursing
   C. School of Dental Medicine
   D. Laupus Library
   E. Brody School of Medicine
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<td>Vern Davenport, Committee Chair</td>
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Board Members Present:

Vern Davenport (Committee Chair)
Deborah Davis (Committee Vice Chair)
Edwin Clark (Committee Member)
Mark Copeland (Committee Member)
Max Joyner (Committee Member)
Danny Scott (Committee Member)
Mark Matulewicz
Bob Plybon
Terry Yeargan

Others Present:

Chancellor Ballard
Carolos Anciano
Bill Bagnell
Nicholas Benson
Mark Bowling
Michelle Brooks
Sylvia Brown
Gregory Chadwick
Paul Cunningham
Al Delia
Steve Duncan
Amy Ellis
Greg Hassler
Phyllis Horns
Brian Jowers

Recorder: Christy Daniels

Call to Order and Approval of Minutes:
Mr. Davenport called the meeting to order at 2:30 pm., and read the conflict of interest statement required by the State Government Ethics Act. No conflicts were identified. The minutes of November 19, 2015 were approved.
Health Sciences Division Update:

Dr. Horns shared the article in this week’s Daily Reflector on Dr. Paul Cunningham’s distinguished career as the Dean of the Brody School of Medicine. Dr. Horns reported that the feasibility study for the Medical School Class Size and GME (Residency) Expansion is underway and is going well. The eighth and final School of Dental Medicine Clinical Service Learning Center Ribbon Cutting in Brunswick County will be held on April 29 and all the Board is invited to attend. Dr. Horns reminded the committee that additional informational updates on the College of Allied Health Sciences, College of Nursing, Laupus Library, School of Dental Medicine and the Brody School of Medicine were included in the board packets for their review.

College of Nursing Enrollment Update:

Dr. Sylvia Brown presented an update on the College of Nursing enrollment and how the College is interfacing with industries on the shortage of nurses in the workforce. She reported that the nursing shortage is a national phenomenon. Contributing factors to the nursing shortage include an aging nursing workforce (average age of a nurse in the US is 50 years of age), changing demographics resulting in a need for more nurses to care for the aging population, insufficient staffing which raises the stress level of nurses and impacts job satisfaction and drives many nurses to leave the profession, and high turnover and vacancy rates. The Bureau of Labor Statistics listed nursing among the top occupations for job growth through 2022. The Institute of Medicine called for increasing the number of BSN prepared nurses in the workforce to 80% and doubling the population of nurses with doctoral degrees by 2020. Nationally, 55% of nurses are prepared at the BSN or graduate level. NC’s goal is 60%, but currently is around 40%. Vidant Medical Center has reported a significant high turnover rate during the past year and currently has 240 nurse vacancies. Nursing shortages are cyclical and vary based on geographical distribution. Two years ago, almost half of the class was unable to secure jobs at graduation and some waited almost 6 months to obtain employment. In December 2015, all but 4 students had jobs prior to graduation. There is also a severe nursing faculty shortage. Contributing factors include an aging faculty, higher compensation in clinical and private-sector settings, and MSN and doctoral programs are not producing a large enough pool of potential nurse educators to meet the demand. The College has 21 tenured and 6 tenure-track faculty with the average age being 62. To help address the nursing shortage, the College has expanded the nursing education concentration to address the need for nurse educators (52 graduates last year); increased enrollments in the on-line RN-BSN program, the Accelerated 2nd degree BSN program, and the RIBN program; and is beginning a Family Psychiatric/Mental Health Nurse Practitioner option. Challenges are: ample clinical sites to accommodate students learning needs, classroom space for increased enrollments, salary compensations for faculty, and faculty/staff positions in the College. The College has received 16.9 positions since 2009, but has returned 19.23 positions for a loss of 2.33 faculty lines in 7 years and budget cuts of $1.9 million since 2009. Dr. Brown noted that UNC General
Administration has approved an articulation agreement so that all the nursing schools in the UNC System will require the same pre-requisites for students who are coming back to get their baccalaureate degree who have an associate degree. She noted that their main focus is to continue to maintain quality over quantity. Graduates in the BSN have a 96% pass rate on the licensure exam. Dr. Horns noted that Nursing and its programs have been a priority at ECU and the Academic Council and Dr. Niswander has been very supportive with identifying resources to help manage the issues we are facing with the nursing shortage.

**Electromagnetic Navigational Bronchoscopy Presentation:**

Dr. Mark Bowling and Dr. Carolos Anciano gave a presentation on the advanced diagnostic and therapeutic procedures for the management of thoracic malignancies. Through the use of the electromagnetic navigation bronchoscopy procedure and a new device called the transbronchial access tool (cross country), which guides pathways for surgeons to have easier access to reach lung lesions, take sample biopsies, and remove malignancies. ECU was the first in the nation to be selected to use the cross country device because: 1) ECU does more navigation of bronchoscopies than anyone in the country; 2) the equipment/technology to do the procedure is already here in the ECU Heart Institute and we have a hybrid operating room at Vidant Medical with the Cone Beam Computed Tomography; and 3) we have a multidisciplinary thoracic oncology program. Using the cross country procedure, patients are able to retain more lung capacity than with the conventional procedure.

**ECU Physicians Financial Performance Update:**

Mr. Jowers reviewed the financial year-to-date information through December 2015. For the FYTD 2016 (through 12/31/15) the cash reserves for operating is 71.8 days while the non-operating is 92.7 days. The ECU Physicians Practice management indicators show contract revenue is up by 3.2% while collections, charges, and wRVUs are down. The causes for these decreases are we had 6 physicians that have retired or left from ECU-Physicians and/or physicians are out on FMLA or have reduced their FTE. The net gain (loss) after one-time non-recurring items is ahead of budget, $5.5M.

**Closed Session:**

Action: A motion was made by Chairman Davenport that the Health Sciences Committee go into closed session. Ms. Davis read the motion to go into closed session:

1. Prevent the disclosure of confidential information under N.C. General Statutes §126-22 to §126-30 (personnel information);

2. Consider the qualifications, competence, performance, character, fitness, or conditions of appointment of one or more prospective and/or current
employees and/or to hear or investigate a complaint, charge, or grievance by or against one or more individual employees;

3. Consult with an attorney to preserve the attorney-client privilege; and

4. To consider information about competitive healthcare activities under N.C. General Statues §131E-97.3

Action: Motion passed.

Action: A motion was made by Chairman Davenport to go back into open session at 4:30 p.m. Motion passed.

**Action Items:**

The Health Sciences Committee reviewed one initial appointment with permanent tenure in the BSOM for Dr. Andy Christopher Kiser, Professor and Chief of Cardiac Surgery in the Department of Cardiovascular Sciences and Medical Director of Cardiac Surgery at Vidant Medical Center effective March 31, 2016. A motion was made to approve the initial appointment with permanent tenure as approved by the Chancellor and as presented in the Board materials. Motion passed unanimously.

**Meeting adjourned at 4:32 p.m.**
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<td>Lisa Hudson, Associate Vice Chancellor for Health Sciences Human Resources</td>
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<td>Kitty Wetherington, Assistant Vice Chancellor for EPA Personnel</td>
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Leave Policy for Twelve-Month Faculty

Authority: Board of Trustees

History: [Insert dates the PRR was first enacted and last revised.]

Related Policies: ECU Faculty Serious Illness and Parental Leave Policy; North Carolina Office of State Human Resources Family and Medical Leave Policy; Voluntary Shared Leave Policy; Civil Leave Policy; Community Service Leave Policy; Military Leave Policy; and Part XI-Section II of the ECU Faculty Manual.

Additional References: Federal Family and Medical Leave Act (FMLA)

Contact Information: Assistant Vice Chancellor for Personnel & Resource Administration, Division of Academic Affairs (328-2587); Associate Vice Chancellor for Health Sciences Human Resources (744-1910); Director of Benefits, Department of Human Resources (328-9825).

1. Introduction

This Policy summarizes leave guidelines for twelve-month faculty members. This Policy replaces and supersedes any and all unit and/or division-level leave policies and practices applicable to twelve-month faculty. In addition, no future unit or division-level policies for twelve-month faculty leave may be instituted, and no unit or division-level practices for twelve-month faculty leave may be used which contradict the provisions of this Policy.

Please note that this Policy is neither intended nor authorized to supersede other State Leave Policies (e.g. Civil Leave, Community Service Leave, Military Leave, Vacation Bonus Leave, Special Leave).

2. Definitions

2.1. 1.0 FTE – Full-time Equivalent indicates the percentage of time the faculty member is employed.

1.0 FTE is full-time; .50 FTE is half-time, etc.

2.2. Vacation Leave may be used for:

• vacation,
• other periods of absence for personal reasons,
• absences due to adverse weather conditions,
• personal illness (in lieu of sick leave),
• illness in the immediate family, and
• donations in accordance with the Voluntary Shared Leave Policy.

2.3. Sick leave may be used for:

• illness or injury,
• medical appointments,
• temporary disability due to childbirth (including care for mother during temporary disability that resulted from childbirth),
to care for member of immediate family,
• death in immediate family,
• donations in accordance with the Voluntary Shared Leave Policy, and
• adoption of a child, limited to a maximum of 30 working days for each parent.

3. Scope

3.1. The Leave Policy for Twelve-Month Faculty at ECU (Policy) applies to all twelve-month faculty who are employed as permanent employees (eligible for benefits) who are 1.0 FTE. Part-time, permanent twelve-month faculty who are employed at a .50 FTE or more will be eligible for appropriate pro-rated vacation and sick leave.

3.2. This policy does not apply to faculty on nine-month contracts. Nine-month faculty do not earn vacation leave or sick leave, but are eligible for paid serious illness and parental leave. For more information, see the Faculty Serious Illness and Parental Leave Policy.

3.3. Vacation and sick leave will be earned on a monthly basis. Specifically, for each month the employee works, or is on approved leave with pay status, at least half the working days of the month, leave will accrue at the rate of 2 days of vacation leave and 1 day of sick leave per month.

4. Vacation Leave

4.1. Scheduling planned absences through use of vacation leave will be subject to the approval of the Unit Administrator (Department Chair, Dean or Director) who is authorized to approve leave requests.

4.2. The maximum number of vacation leave days that may be accrued and carried forward from one calendar year to the next shall be 30 days.1 However, unused vacation leave in excess of 30 days shall be converted to sick leave on December 31st of each year. For part-time faculty members (.50 FTE or more but less than 1.0 FTE), the thirty-day limit is pro-rated based on the faculty member’s part time FTE.

4.3. There is no pay out of vacation leave, vacation bonus leave or special leave (unless required by applicable legislation) for twelve-month faculty members when separating from a twelve-month faculty position at East Carolina University. When a faculty member provides adequate notice of separation in accordance with Part IX, Section I of the ECU Faculty Manual (i.e., 90 days advance notice, in writing, for fixed-term and probationary-term faculty members, and 120 days advance notice, in writing, for permanently tenured faculty members), good-faith effort will be made for any remaining vacation leave, vacation bonus leave or special leave to be used before separation from employment. Twelve-month faculty members may negotiate the use of any remaining vacation leave, vacation bonus leave or special leave with the Unit Administrator (Department Chair, Dean or Director) prior to separating from the University or unit up to a maximum of 30 days plus any current vacation bonus leave. The Unit Administrator may set the final separation date, taking into account the use of such leave prior to departure; however, this is at the Unit Administrator’s discretion based on the budgetary and operational limitations of the department. Any plan by the Unit Administrator denying the use of any earned vacation leave, bonus leave, or special leave before separation must be approved by the appropriate Vice Chancellor. Prior to separation, remaining leave may be donated in accordance with the Voluntary Shared Leave Policy as desired by the faculty member.

1 State Leave Policies are based on calendar year.
4.4. While on an approved unpaid Leave of Absence (LOA), vacation leave balance is retained, however vacation leave does not accrue while on unpaid LOA.

4.5. This Policy officially designates all twelve-month faculty as leave earning which means faculty covered under this Policy will be eligible for any future awards of vacation bonus leave and/or special leave.

5. **Sick Leave**

5.1. Unused sick leave may be accumulated and carried forward from year to year on an unlimited basis.

5.2. While on an approved unpaid Leave of Absence (LOA), sick leave balance is retained, however sick leave does not accrue while on unpaid LOA.

5.3. Members of the Teachers and State Employees Retirement System (TSERS) are eligible to have sick leave credit converted to creditable service upon retirement.

5.4. For Optional Retirement Plan (ORP) participants, any unused sick leave balance at separation or retirement is forfeited.

5.5. There is no pay out of sick leave for twelve-month faculty members when separating from a twelve-month faculty position at East Carolina University. Sick leave may be restored to an employee’s leave record when the employee is reinstated to State service within five years of any type of separation if the agency or institution for which the employee is working upon reinstatement allows for such restoration of leave, except for retirement as noted above in Sections 5.3. and 5.4. Prior to separation, remaining leave may be donated in accordance with the Voluntary Shared Leave Policy as desired by the faculty member.

6. **Faculty Serious Illness and Parental Leave**

Twelve-month faculty must have one year of service and meet all other eligibility requirements defined in the Faculty Serious Illness and Parental Leave Policy (“FSIL”), except for any provision denying eligibility based on sick leave accrual status, in order to qualify for 60 calendar days of paid leave under FSIL. This provision shall supersede FSIL to the extent it provides twelve-month faculty more than 60 calendar days of paid leave within any twelve (12) consecutive calendar month period. For additional paid leave after the first 60 calendar days, twelve-month faculty may exhaust sick leave, vacation leave, bonus leave or apply for voluntary shared leave. (Please see Section 12.2.1 regarding Transitions.)

7. **Holiday Leave**

Twelve-month faculty members generally observe the same holidays as other University employees except that, when classes are scheduled during a normal university holiday, faculty members are expected to work when assigned teaching duties.

Please refer to the University Holiday Schedule for the most current holiday schedule. Please note that certain clinical departments of the Brody School of Medicine have a modified holiday schedule for their employees. Clinical departments will communicate any such modified holiday schedule directly to their twelve-month faculty members.

8. **Phased Retirement**
8.1. Faculty entering the Phased Retirement Program are not eligible for a payout or transfer of vacation leave, vacation bonus leave or sick leave. Upon entering the Phased Retirement contract, faculty members will earn pro-rated leave based on the .50 FTE appointment.

8.2. Twelve-month faculty members may negotiate the use of any remaining vacation leave, vacation bonus leave or special leave with the Unit Administrator (Department Chair, Dean or Director) prior to entry into the Phased Retirement Program at the Unit Administrator’s discretion based on the budgetary and operational limitations of the department.

8.3. Any remaining vacation or bonus leave not used prior to separation is forfeited. Prior to separation, remaining leave may be donated in accordance with the Voluntary Shared Leave Policy as desired by the faculty member.

9. Payout of Leave in the Event of Death

In the event of the death of an active twelve-month faculty member or a faculty member on a paid leave status with the University, vacation leave earned but not taken, up to a maximum of 240 hours, as well as any vacation bonus leave or special leave earned but not taken (if it is required to be paid out by applicable legislation), will be paid to the estate of the faculty member.

10. Advancement of Leave

A twelve-month faculty member may request an advancement in sick and/or vacation leave not to exceed the amount the faculty member can accumulate during the current calendar year. Since leave can only be used once, faculty members are advised to use caution when requesting advanced leave.

11. Record Keeping

All University Units are required to keep accurate and timely records of vacation leave, sick leave and/or vacation bonus leave or special leave. Leave records will be submitted to HR and will be subject to review by Internal Audit.

12. Effective Date

12.1 The effective date of this Policy is July 1, 2016.

12.2 Transitions

12.2.1 For those twelve-month faculty hired on or before June 30, 2016, there will be a two-year transition period. Specifically, from July 1, 2016 through June 30, 2018, the university shall provide to a twelve-month faculty member who is eligible to take paid leave based on a qualifying event under both FSIL and this Policy the difference, if any, between the paid sick leave the twelve-month faculty member has earned and is entitled to take under this Policy and the paid leave the twelve-month faculty member would have been entitled to take had the qualifying event occurred on June 30, 2016.

12.2.2 Those twelve-month faculty who were granted leave under a unit and/or division-level leave policy and/or practice prior to July 1, 2016 will be permitted to carry forward unused vacation leave, as of June 30, 2016, up to a maximum of twelve (12) days, beginning July 1,
2016 and ending December 31, 2016. Separate accounting for this leave must be maintained. Any remaining unused balance on December 31, 2016 will be forfeited.
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Elizabeth Baxley, Senior Associate Dean, Brody School of Medicine  
Nick Benson, Vice Dean, Brody School of Medicine |
| Agenda Item | II. B. |
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2. Vidant Health / Brody School of Medicine Partnership Update  
3. Review Performance Indicators |
Our unified health care future

The benefits realized by the citizens of eastern North Carolina as a result of the successful long-standing partnership between the Brody School of Medicine and Vidant Health are beyond measure. In fact, the Brody School of Medicine and Vidant Health together employ more than 13,500 people and deliver an economic impact for the East in excess of $3 billion. The two largest employers in the region are joining forces to ensure that the future of health care in eastern North Carolina remains top-notch — and that the region itself remains attractive and competitive.

We have worked together to provide the highest-quality and most compassionate health care possible for the region, while educating the next generation of health care providers to do the same. We have shared goals to improve access and affordability in health care and to serve the people of eastern North Carolina.

As a result, Vidant Health and the Brody School of Medicine are pursuing further alignment of our patient care and wellness, clinical education and clinical research activities.

A shared vision statement has been developed by key leaders from both organizations: To be the national model for rural health and wellness by creating a premier, trusted academic health care delivery system for the benefit of the people of eastern North Carolina.

While we haven’t yet determined the best structure for the shared enterprise we envision, we have determined that it should include all patient care and wellness, clinical education and clinical research activities throughout eastern North Carolina that are part of the Brody School of Medicine or Vidant Health.

To that end, a shared enterprise oversight committee has been formed, and working groups have begun meeting to tackle the legal, financial and myriad other details that must be sorted out to ensure the model we adopt will generate the most successful outcomes for our patients and our learners.

This reflects a national trend, and is an opportunity for the two organizations to create their destiny, rather than being subject to decisions made by others. We have no doubt the unified system that emerges will have infinitely more to offer the people of eastern North Carolina.

We have worked together to provide the highest-quality and most compassionate health care possible for the region, while educating the next generation of health care providers.
The Brody School of Medicine and Vidant Health are already integrated in key areas, including:

• Graduate Medical Education
• Medical Directorships
• Level I Trauma Center
• Leo W. Jenkins Cancer Center
• East Carolina Heart Institute
• Behavioral Health
• Electronic Health Record (MyChart)
• Coastal Plains Network (ACO)

What are the next steps?

Various oversight committees and workgroups — equally comprised of ECU and Vidant Health representatives — will define the model of alignment we pursue.

We hope you’ll join us in our commitment to enthusiastic collaboration over the coming months and years as we continue to build on a relationship that has served our region well for more than four decades.

The missions and visions for both organizations support our new joint vision. With our successful long-standing partnership and our new pledge to work together, we will continue to improve access and affordability in health care to serve eastern North Carolina residents.
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Updates from the College of Allied Health Sciences:

TACKLING TEEN HEALTH: Symposium explores adolescent challenges

The issues and challenges surrounding teen health were the focus of the 12th annual Jean Mills Health Symposium, held Feb. 5 at the East Carolina Heart Institute at East Carolina University.

Bringing together community leaders, residents, health providers and youth organizations, the event featured workshops and presentations on substance abuse, teen pregnancy, sexually transmitted diseases, violence and eating disorders.

The keynote speaker was Philip J. Leaf, director of the Center for Adolescent Health, Center for the Prevention of Youth Violence and the Urban Health Institute at Johns Hopkins University, whose address centered on the many challenges facing teens, especially in urban and impoverished environments, the impact of youthful decisions on adult life, and the importance of schools and adult role models. He also emphasized that the community and health providers need to focus on the deeper problems in the home and in the community to address the root causes of the problem.

Jean Elaine Mills earned her bachelor’s degree from the University of North Carolina at Chapel Hill in 1977 and a master’s in public administration with a concentration in community health from ECU in 1984. She died from breast cancer in 2000. The Jean Mills Health Symposium was created through an endowment established by her brother, Amos T. Mills III, to bring attention to critical health care issues facing minority populations and to seek solutions.

Mills committed additional funding at the event to help continue the program for years to come.

Occupational Therapy Graduate Students Receive Perfect Pass Rate

In late February, the 2015 graduating class from the department of Occupational Therapy received a 100 percent pass rate for the National Certification Exam through the National Board for Certification in Occupational Therapy. The national average is 85 percent for the first-time pass rate. The OT program has a five-year first-time pass rate of 99.6 percent.

Nutrition Students volunteer at Special Olympics dance

Nutrition Sciences students volunteered at the Special Olympics Valentine’s Day dance held Feb. 10 at the Drew Steele Center. The seasonal celebration was held for Special Olympics athletes, caregivers and family members of those with physical and
developmental disabilities living in Pitt County.

Nutrition students are involved in a variety of activities associated with the programming for special needs populations, including health fairs and nutrition education classes. Service-learning projects, a requirement for their senior seminar course, help them interface with diverse populations and become better prepared for a service-based career.

During the Valentine’s dance, students interacted with over 350 participants-giving them exposure to real people facing challenges in their daily lives. As future dietetics practitioners, students must be able to modify their practice based on their target population’s needs.

They also learned about developing relationships with community partners and understanding the complexity of developing, organizing and delivering community-based events.

**Physical Therapy faculty raise funds for underprivileged children**

Faculty and students in the Department of Physical Therapy have been working with the Eastern North Carolina Chapter of the American Business Clubs (ENC AMBUCS) for the last two years to create mobility and independence for people with disabilities. Drs. Christine Lysaght and Amy Gross McMillan along with the local AMBUCS board and Doctor of Physical Therapy students raised $35,000 in funds to provide underprivileged children with 60 bikes and trikes. This program allows these children to participate in this typical childhood activity with their family and friends.

**Addictions and Rehabilitation Studies reaches milestone**

On February 10, the Department of Addictions and Rehabilitation Studies’ student-operated mobile counseling clinic enrolled its 300th homeless veteran into the federally grant funded outreach project.

**Health Services and Information Management partners with clinics**

Five students from the Health Services Management program are working with clinics in rural communities to help them achieve recognition of Patient Centered Medical Home. Patient Centered Medical Home is an upcoming care delivery model where patient care is coordinated through their primary physicians to ensure the patients receive quality care.
• The College of Nursing is the recipient of a $2.1 million grant from the Versant Center for the Advancement of Nursing, or Vcan, to manage research that advances the understanding of how nurses influence safety and quality in health care as well as organizational sustainability and economic success. Details: http://bit.ly/1plCyOp.

• The national nursing shortage and its local impacts has been of interest to the news media the past month. Dean Sylvia Brown and CON students have been involved in interviews that aired as part of recent stories. WNCT: http://bit.ly/1Wry5o7 WITN: http://bit.ly/1Pa6BO3 Public Radio East: http://bit.ly/1Pa6zG6

• The College of Nursing and its partners have had an extremely productive first six months working toward the goals for its $2.5 million Department of Health and Human Services grant to improve geriatric care in our region (http://bit.ly/1jWwlG4). In addition to beginning health care screenings in regional communities, engaging in a number of educational outreach efforts and many other activities, the college developed a new website to showcase the efforts and newly available resources at www.nursing.ecu.edu/geriatric/index.cfm. On April 16, the grant organizers and partners will hold a symposium on geriatric care at Sampson Community College.

• Associate Dean for Research and Creative Activities Dr. Tricia Crane received the Leadership in Research Award from the Southern Nursing Research Society at its annual conference Feb. 24-27. Thirteen CON faculty members attended the conference, where they presented research, networked and recruited new faculty members.

• The college’s Pirate Nurse Network alumni chapters at Vidant and CarolinaEast medical centers are thriving. In the past month we have supported each group in organizing and holding meetings that served to recruit new members and retain existing ones.

• The college and its partners held the 25th annual Collaborative Nursing Research Day on Feb. 12 at the East Carolina Heart Institute. The event is co-sponsored by the college, Vidant Health, Sigma Theta Tau-Beta Nu Chapter and Eastern Area Health Education Center. Keynote speaker Dr. Cindy Munro, associate dean for research and innovation at the University of South Florida College of Nursing, addressed the topic “Collaborating for Research Excellence.”

• A screening of “No Evidence of Disease,” a film that highlights “below-the-belt cancers” by profiling a rock band made of cancer doctors was held at the CON on Feb. 25. Attending the ECU showing was Dr. John Boggess, associate professor at UNC-Chapel Hill in the gynecologic oncology program and one of the band members featured in the film.
• The annual Pirate Nurse 5K will take place on Saturday, April 2. All funds raised at this event, organized and promoted by the College of Nursing, contribute to nursing student scholarships. Registration is available at www.runtheeast.com.

• On April 15, the College of Nursing will hold its annual Hall of Fame induction ceremony. We raise $1,000 in each honoree’s name and the funds support nursing student scholarships. This year’s inductees are as follows. See the full list and learn more about the Hall of Fame at www.nursing.ecu.edu/hof.cfm.

  Jane Pearson, Forest, VA
  Loretta Ritter, Milford, PA
  Janice Neil, Winterville, NC
  Annette Peery, Greenville, NC
  Donna Lake, Goldsboro, NC
  Gina Woody, Winterville, NC

  Mary Chatman, Savannah, GA
  Sandra Smith, Williamsburg, VA
  Sue Edwards, Ayden, NC
  Wendy Leutgens, Oak Park, IL
  Ann King, Clayton, NC
  Jayne Holland, Savannah GA
Community Service Learning Centers (CSLCs)
A ribbon cutting and open house will be held Friday, April 29 for the Community Service Learning Center-Brunswick County located in Bolivia, NC. Faculty, staff, students, and residents will begin seeing patients at the center on March 15. The center will draw patients from the southeast area of the state, including Brunswick, Columbus, Pender, New Hanover, and Duplin Counties. We hope members of the Board of Trustees who have not attended a Community Service Learning Center Ribbon Cutting will be able to attend this one.

Give Kids a Smile
During National Children’s Dental Health Month in February, our faculty, staff, students, and residents volunteered for Give Kids a Smile day in three locations: Greenville, Lillington and Ahoskie. Our school and many local partners provided a wide variety of pro bono dental services for nearly 150 children.

Visit from American Dental Association President
ADA President Dr. Carol Summerhays paid the school a visit in early March. She visited the CSLC-Ahoskie and held multiple town hall meetings for students, faculty, and community dentists. Among the topics, she shared advice on leadership opportunities for students and fielded questions about efforts to reduce student debt and secure higher reimbursement rates for Medicaid-funded care. Summerhays is the 152nd president of the ADA and represents more than 158,000 members nationwide.

ECU Smiles in Elizabeth City
The school will pilot an event called “ECU Smiles” at the CSLC-Elizabeth City on March 18 and 19. This will be a pro bono clinic for nearly 100 adults identified and qualified through Albemarle Regional Health Services and other Pasquotank County agencies. Approximately 25 dental faculty, students, residents, and staff members have volunteered for the clinic. ECU College of Nursing faculty and students will screen participants for hypertension and diabetes. Other local partners include Albemarle Hospital Foundation, College of the Albemarle Nursing Program, Community Care Clinic, and Sentara Albemarle Medical Center.
**Updates from Laupus Library**

**Art as Avocation Series continues for 2016**

Laupus Library’s Art as Avocation exhibit titled “Visions of Nature” is on display through June 1 on the 4th floor of the library. The exhibit showcases the photography collection of Steven Lichti, IT specialist for the School of Dental Medicine.

**Friends of Laupus Library Membership Campaign 2016**

Enrollment is open for Friends of Laupus Library membership for 2016. We invite you to enroll or renew your membership and join the Friends today. Our goal for 2016 is to increase membership by enrolling at least 100 members.

For more information about how you can participate, please contact Kelly Rogers Dilda at rogerske@ecu.edu.

**“Against the Odds: Making a Difference in Global Health” exhibition on display**

“Against the Odds: Making a Difference in Global Health,” is a traveling exhibition highlighting the role of communities in improving health at home and all around the world. The exhibition explores the shared basic needs required for a good quality of life, including nutritious food and clean water, a safe place to live and affordable health care.

Using historical and contemporary photographs, exhibited banners tell stories of collaboration between families, scientists, advocates, governments and international organizations, all taking up the challenge to prevent disease and improve medical care.

As well as recent developments, the exhibition also focuses on historic campaigns that have changed today’s attitudes. This exhibition raises awareness of the sources and effects of health inequalities and invites each of us to join the global campaign for health and human rights.

An online web version of the exhibition, including opportunities to get involved, is available at http://apps.nlm.nih.gov/againsttheodds/index.cfm

The exhibit is provided by the National Library of Medicine will be displayed in the 4th floor exhibit gallery through April 22.

**Save the Date: Last Medical History Interest Group Presentation of the Semester**

Laupus Library History Collections & the Department of Bioethics & Interdisciplinary Studies sponsor the Medical History Interest Group Presentations as an educational service for the East Carolina University community. The last lecture for the spring 2016 semester will be held in the 4th floor Evelyn Fike Laupus Gallery of the Laupus Library. Refreshments will be provided.

Monday, April 11 at 4:30 pm
Laupus Offers Assistance with Systematic Reviews

Laupus Library is offering assistance with systematic reviews. Systematic reviews are a form of evidence-based practice with scientific investigations, pre-planned methods and an assembly of original studies as their subjects. These investigations also use strategies to limit bias and random error.

The goal of systematic review is to provide evidence-based health care by integrating clinical expertise with the best clinical evidence from systematic research.

Well-conducted systematic reviews systematically identify, select, assess, and synthesize the relevant body of research, and will help make clear what is known and not known about the potential benefits and harms of alternative drugs, devices, and other healthcare services. Thus, systematic reviews of comparative effectiveness research can be essential for clinicians who strive to integrate research findings into their daily practices, for patients to make well informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines, and for payers and policy makers. Systematic reviews can also inform medical coverage decisions and be used to set agendas and funding for primary research by highlighting gaps in evidence.

The Institute of Medicine recommends working with a librarian or other information specialist to plan out your search strategy and to peer-review the final strategy used.

For more information visit: http://libguides.ecu.edu/systematicreviewservice or call 252-744-2219 or 252-744-2230.

Upcoming Exhibits and Events from The Country Doctor Museum

The Country Doctor Museum will showcase a new exhibit, “The Sick Room: Invalid Feeders and Bedside Necessities,” at ECU’s Family Medicine Center (2nd floor lobby) beginning April 14. This exhibit takes a closer look at many everyday objects found in the Victorian sick room, where caring for a sick family member was a common part of life. Invalid feeders, food warmers, pap boats and vaporizers were designed to be both beautiful and useful to the convalescing patient. In addition to museum artifacts, this display will also feature exquisite pieces from the private collection of Brenda Rewalt, a nationally known collector of invalid feeders. Please join us for an opening reception on April 14, 12-1:30 p.m.

On April 30, The Country Doctor Museum will host a “Springfest & Plant Sale” from 10 a.m. – 4 p.m. The museum’s medicinal herb garden will be center stage for recognizing museum founder, Dr. Gloria Flippin Graham, for her continued support. Graham shared her financial award after winning the 2015 North Carolina Doctor of the Year Award from the NC Medical Society. Springfest activities throughout the day will include garden and museum tours, herbal tea tasting, plant sales, and painting classes. The museum is located at 6642 Peele Road in Bailey.
Education

- **Admissions**
  
  Competition for admission to the Brody School of Medicine was quite high, as applications from NC residents for the 2016 entering class totaled 1020 (the second-most competitive year in our 40 year history). The Admissions Committee interviewed 500 applicants between August and February, and anticipates making approximately 120 offers to fill the entering class of 80 (a yield of 2 out of 3). All decisions will be conveyed to applicants who have not yet been notified no later than April 15. Interviews for the Brody Medical Scholars program were held on March 11, and finalists should be notified of the results very soon. The Associate Dean for Admissions was invited to present information on minority applicant admissions trends (both national and local) to the Old North State Medical Society earlier this year, and interviews for our Early Assurance partnerships with NC A&T and UNC-P will occur later this month. Finally, the BSOM student body will host a Second-Look weekend for all accepted applicants in April.

- **Student Affairs**
  
  The Brody School of Medicine Class of 2016 had a wonderful Match season. Student submitted their applications in September, interviewed from November to January, and submitted final rank order lists in February. March 18th was Match Day nationwide, a day when students become aware of their ‘matched’ residency programs. The Class of 2016 had a superb Match. Out of 64 graduates, 72.58% will begin residencies in primary care on July 1st, consistent with Brody’s mission. Within this group, 14 students (22.58%) chose Family Medicine, 12 (19.35%) chose Pediatrics, 8 (12.9%) chose Internal Medicine, 6 (9.68%) chose Internal Medicine/Pediatrics, and 5 (8.06%) chose Obstetrics and Gynecology. Thirty students (48%) are remaining in North Carolina for residency training at sites that include Vidant Medical Center, Asheville MAHEC, Wake Forest, Moses Cone, Carolinas, Duke and New Hanover. Our graduates will be training in programs all over the United States – the furthest being in Illinois, Colorado, Pennsylvania, Texas and Hawaii.

- **Graduate Medical Education**
  
  Additional Match related news includes the fact all of the core residency training programs filled with outstanding prospective physicians who will start their training at Brody and Vidant on July 1st, 2016; this group includes 8 students (13%) of Brody’s graduating class, which highly predicts remaining in eastern NC for practice after training.
On May 10th, the Office of GME will be hosting the day-long second annual GME Summit for program directors, program coordinators, key faculty members and department chairs – the theme of the summit is: Practical Solutions for the Changing World of GME;

May 26th is the annual GME Research Day – this year over 100 abstracts were submitted for oral and poster presentations – awards will be presented for the best research, quality, and education papers along with an award for the best clinical vignette.

- **Medical Student Education**
  
  Our curriculum transformation work continues with great energy and enthusiasm among education leaders, faculty and students. One of our students, Dr. Kevin Harris, was featured in a national social media dialogue recently talking about his experience with being part of curriculum change while a student (attached). The new curriculum, which will be partially implemented in fall 2016, will be fully actualized in 2017-2018. It includes earlier and more continuous clinical experiences in the first two years, greater emphasis on small group teaching, earlier entry into clinical clerkships, and a redesigned capstone experience in the M4 year.

  Brody has also developed four Distinction Tracks which will be operational beginning July 2016 in 1) Healthcare transformation and leadership (LINC Scholars); 2) Research; 3) Medical Education; and 4) Service Learning. These programs are designed for up to 10 competitively selected students per track to begin a parallel track of enhanced learning and focus after their M1 year. The first two tracks came on line last summer and have been quite successful. All four tracks are filled for summer 2016 and these students will remain in the program until graduation.

- **Simulation and Patient Safety Program**
  
  The ECU Brody School of Medicine Interprofessional Clinical Simulation Program continues to partner with Vidant Medical Center to promote safe, high quality simulation based medical education, and excellence in clinical care. Learners and faculty are provided with an opportunity for guided practice through the use of a variety of simulation modalities such as computer programs, virtual reality, innovative models, task trainers, high fidelity computer-enhanced patient simulators, and standardized patients.

  There have been many advances this year. Simulation center staffing has been increased to include a full time simulation technology specialist, an administrative assistant, and a full time business manager is currently being recruited. This growth was necessary due to increasing demand for the programs offered. There were over 6,500 learner encounters in 2015 consisting of medical students, nursing students, residents and fellows, VMC nurses, the military, and other healthcare professionals. The facility has been expanded to 18 rooms for a total of 6,000 sq ft. of educational space. We anticipate the need for 20,000 square feet in the future based on projected growth and importance of this training to improve quality and safety of healthcare.

  State funds allocated to the program in 2015 are being used to enhance the center and its technology, enhance educational programs across disciplines, and achieve our goal of promoting patient safety and excellence in clinical care. Simulation center rooms are being physically and technologically enhanced to be more clinically realistic and more educationally friendly. We have installed LLEAP software for managing clinical scenarios, and are installing a sophisticated B Line Medical interactive AV recording and debriefing system with trainee tracking and assessment capability. We have purchased a specialized Gaumard high fidelity simulator and Hamilton G5 ventilator, Storz video laryngoscope and intubating bronchoscope,
Research

Through 3/1/2016, there have been 128 new sponsored awards registered in RAMSeS, amounting to $13,752,504 in the current fiscal year. During the same period last year, the number of awards was 113 amounting to $13,278,890. In addition, major grant awards tend to post later in the fiscal year, and there are encouraging score reports to suggest several new awards or major renewals will occur before the end of the fiscal year. New clinical trials are up by 14 (56%), and more than $2,000,000 (100%) over the same period last year.

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<thead>
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<th>Total Awards</th>
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<tr>
<td>FY 14-15 (through March 1)</td>
<td>113</td>
<td>$13,278,890</td>
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<tr>
<td>FY 15-16 (through March 1)</td>
<td>128</td>
<td>$13,752,504</td>
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<th>Clinical Trials</th>
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<td>FY 14-15 (through March 1)</td>
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<tr>
<td>FY 15-16 (through March 1)</td>
<td>39</td>
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REACH Initiative

On March 2nd, we held our second annual Quality Symposium at ECHI with 10 podium presentations and 12 poster presentations accepted from a number of high quality submissions (see attached). Keynote speaker, Dr. Jennifer Hepps from Uniformed Services University, spoke to an audience of over 100 faculty and students about how to improve care and reduce medical errors through an educational program on patient “hand offs” and transfers of care. The presentations and posters were judged by Dr. Mike Waldrum, CEO of Vidant Health; Dr. Laura Noonan, Director, Center for Advancing Pediatric Excellence at Carolinas Medical Center and Co-Chair, North Carolina Pediatric Society Quality Improvement Committee and Anne Lefevbre, Associate Director, NC Area Health Education Consortium. Evaluations indicate that this continues to be a highly valued program and opportunity for faculty across the health science schools to showcase their work in health systems improvement. Next year, we plan to combine this annual symposium with Vidant Health to open up to a larger group of presenters and audience and to demonstrate that care improvement is done in teams that include a variety of professionals from ECU and Vidant.

We will be starting our second cohort of faculty in the year-long Teachers of Quality Academy in the fall, with selection of applicants currently underway. We have also selected our second cohort of LINC (Leaders in Innovative Care) students who will begin their training in summer 2016. The first cohort of LINC Scholars continues to perform well at both the local and national level, with several national presentations about their work.
Community Service

Events organized by two students from the Brody School of Medicine at East Carolina University this past Valentine’s Day helped to raise awareness of domestic violence and encourage healthy relationships. Sophie Austin and Kelly Boyd, both second-year medical students, are recipients of funding from the Tiana Nicole Williams Memorial Endowment, named for a young woman killed by her fiancé in 2002, one month prior to beginning medical school at ECU. Austin and Boyd hosted two events – one on each ECU campus – where they provided information on university and community resources. They also asked students and employees to answer the question, “What is love?”

Fourth-year medical students participated in an annual Day of Service as part of their “Transitions to Residency” course. The entire class spent March 11 giving back to their community together through volunteer work at the Food Bank of Central & Eastern North Carolina.

Dr. Vivek Anand of the Department of Psychiatry continues to spread the word on the danger of e-cigarettes, including his findings that younger students are more likely to vape than smoke traditional cigarettes. He shared that information via a WNCT-9 broadcast on Feb. 13.

Clinical Practice

Brody and Vidant Health are deeply engaged in discussions about how the two organizations’ can become more directly aligned to achieve the mutual goal of providing excellence in patient care for the people of eastern NC. A joint leadership group comprising senior executive and physician leaders from both organizations has been formed to guide further alignment. This Enterprise Alignment Steering Team (EAST) will be overseeing work groups that will be examining legal and regulatory issues, financial data, organizational models, reporting structure, clinical standards and numerous other issues. The goal is to integrate the two organizations to improve patient care and improve health and wellness, throughout eastern North Carolina.
Fifteen clinicians across ECU Physicians have earned national recognition for their skill in providing high-quality care to patients with diabetes. The clinicians received the three-year Diabetes Recognition Program distinction from the National Committee for Quality Assurance (NCQA), a private, nonprofit organization dedicated to improving health care quality. According to the committee, these providers have demonstrated that they deliver the highest level of diabetes care based on five key measures associated with complications from the disease.

As of February 29, 2016, ECU Physicians has a contribution margin gain of $1.3 million for the 2016 fiscal year (July 1, 2015 – February 29, 2016).

ECU Physicians cash reserves at the end of February 29, 2016 were $35.9M or 82 days of cash on hand. The ECU Physicians Board encourages ECU Physicians to have 90 days of cash on hand at all times.
How students are transforming med ed at Brody School of Medicine

3/9/2016, 10:00 AM

A Spotlight on Innovation post with Kevin Harris, a third-year student at the Brody School of Medicine at East Carolina University.

AMA Wire®: Last year, you were among 10 medical students who shared their perspectives on what students wish they were learning in medical school. How do you think Brody School of Medicine's work within the AMA's Accelerating Change in Medical Education Consortium has addressed some of those crucial topics for medical students?

Harris: Attending the consortium meeting in Portland, Oregon, was a great opportunity for collaboration between students. I was able to meet with nine other student leaders helping their schools navigate curricular change. During this meeting, student leaders were able to discuss what we perceived as curriculum gaps in the current undergraduate medical education system. Recurring themes included the need to increase exposure to early experiential learning, leadership training, health policy and health economics.

At the Brody School of Medicine, our LINC (Leaders in Innovative Care) Scholars program has helped address these curricular needs. Up to 10 students in each class may be selected as LINC Scholars. The LINC Scholars Program consists of an intensive, eight-week summer immersion course that takes place between the first and second years of medical school, with additional course and project work to be completed during the second through fourth years of medical school.

During the eight-week summer immersion course, scholars are able to interface with leaders from ECU Physicians and Vidant Medical Center. They are exposed to the infrastructure of a large health care system and gain an appreciation for the complexity of the system. Scholars learn how supply chain operators, administrators, financial managers and other key stakeholders operate in health care systems and the roles that physician leaders fill within this larger complex framework.

They also have an opportunity to navigate the health care system through the lens of a patient. Scholars are immersed with health care leaders, administrators and physicians across multiple clinical disciplines during their summer immersion. They shadow patients throughout their entire health care encounter and interview their patients about their experience navigating the system and receiving care. Scholars identify factors that facilitated the encounter and those things that made the system difficult to navigate.

Using observations gathered during these shadowing experiences, LINC Scholars draft a report featuring recommendations to improve the patient experience. LINC Scholars learn to deliver health care through a lens of patient-centered solutions and quality improvement. By participating in the summer immersion course, LINC Scholars learn not only how the health care system works but also the external forces that shape the system's complexity. In addition, the LINC Scholars are paired with a mentor and participate in a health care quality improvement project.

In addition to the LINC Scholars program, Brody has designed a longitudinal health systems science curriculum, which incorporates the basic principles of patient safety, quality improvement, population health and team-based care for all medical students. The curriculum is integrated throughout the existing curriculum and incorporates active learning principles and a flip-classroom model that links experiential sessions with independent completion of IHI modules. Students participate in an interprofessional quality improvement Olympics, problem-based learning cases focused on cost-conscious care and error disclosure, root cause analysis, and handover training.

Each of the core clerkships incorporate a component during the clerkship. During transitions to practice, medical and nursing students participate in Team STEPPS training and interprofessional simulation training focused on improving teamwork and communication skills.

AMA Wire: What are some of the barriers students may face when trying to create change in medical education, and how is Brody's work as part of the AMA's Accelerating Change in Medical Education Consortium helping to break down those barriers?

Harris: When trying to create change in medical education, students may face several barriers. One barrier is creating a sense of urgency that the change is timely and should occur now. Brody's involvement in the consortium is a testament to our commitment to advance medical education.

Brody recognizes the urgent need to change medical education to prepare physicians to practice in the increasingly complex health care system. Since our school recognizes the urgent need to accelerate change in medical education, our faculty and administration are open to student suggestions on ways to improve undergraduate medical education.
Another barrier medical students may face is forming an effective guiding coalition to lead the change. Brody's involvement with the AMA's Accelerating Change in Medical Education initiative has created opportunities for collaboration between both faculty and students at consortium schools.

For example, last November I was able to attend the Association of American Medical College's Medical Education meeting in Baltimore, Maryland. At this meeting, I worked with four other students from consortium schools to discuss ways medical students can serve as "catalysts for curricular change." We hope to form a guideline of best practices for student engagement in curricular change. Participation in the AMA's Accelerating Change in Medical Education Consortium has facilitated student involvement across medical schools that would not have otherwise been possible.

**AMA Wire: Is there a particular project at your school or another school within the consortium that has inspired you, deepened your passion for learning or helped spur new ideas or solutions among you and your fellow students?**

**Harris:** After developing the LINC Scholars program as part of the AMA's Accelerating Change in Medical Education Consortium, the Brody School of Medicine created three additional "distinction tracks," which Brody medical students may elect to pursue. In addition to LINC Scholars (distinction track in health care leadership and transformation), distinction tracks in service learning, research and medical education provide students with the opportunity to further explore career interests.

Medical students have been involved in designing the curricula and admissions criteria for each track. Each distinction track has a required summer immersion experience between the first and second years of medical school, with additional course and project work to be completed throughout medical school and culminating in the presentation of a portfolio.

The distinction tracks will allow medical students to tailor the medical school experience to their professional interests. I hope to pursue a career in academic medicine, so the medical education track is of particular interest to me. I believe all of the distinction tracks will be popular amongst Brody students, but more importantly, they have created opportunities for students to contribute to the medical education process.

**AMA Wire: Have there been any particular instances when collaboration, especially peer-to-peer among students, helped foster a novel idea or project at Brody?**

**Harris:** The Brody School of Medicine has always been open to student input in academic issues, but participation in the AMA's Accelerating Change in Medical Education Consortium has increased student involvement at all levels of curriculum design.

Students often collaborate with Brody School of Medicine faculty or in small peer-to-peer student groups to promote curricular change. Peer-to-peer student collaboration at Brody led to the development of the "Aim Higher" program. Members of the class of 2017 organized a structured review program for USMLE Step 1. A group of five second-year students developed the Aim Higher program. This program, though not part of the formal medical school curriculum, was approved by the M2 curriculum committee.

The pilot program consisted of seven Aim Higher sessions. Students were given a pacing guide of material to review prior to attending each session. During Aim Higher sessions, both Aim Higher student facilitators and Aim Higher participants are exposed to USMLE Step 1 style multiple choice questions. Facilitators and participants are asked to discuss the proper rationale and salient features of each question. Following the success of the pilot program, Aim Higher was continued this academic year by the class of 2018.

**AMA Wire: What's one aspect of the student perspective you think educators better understand now that they've worked with students at Brody?**

**Harris:** I think educators better understand our desire for experiential learning. Many of the summer immersion experiences for both the LINC Scholars program and for the distinction tracks occur outside of the classroom. Through experiential learning, students can better connect a theoretical framework with direct application.

**AMA Wire: What advice would you give students who are interested in sparking change at their medical school?**

**Harris:** I would give students interested in sparking change at their medical schools two pieces of advice: First, listen to your classmates. Your classmates are the consumers of your school's curriculum. They live and breathe the curriculum each day and know its intricacies. Medical students should be able to quickly identify when a curriculum change needs to occur. Your role as a change agent is to effectively communicate this need for change to the faculty.

Second, surround yourself with a group of dedicated and hardworking peers who are passionate about making improvements. In order to be successful, medical students must form an effective coalition to push for change. Utilize the unique skill sets of your peers. It is true that "teamwork makes the dream work."

**Tags:** Student News, MedEd News, Changing Med Ed, Student Spotlight
Symposium features health care quality improvement projects

Posted on March 8, 2016 by Kelly Setzer

By Kathryn Kennedy
ECU News Services

Interprofessional collaboration and how innovative programs can improve the quality of health care and education were recurring themes at the second Quality Improvement Symposium, held March 2 at the East Carolina Heart Institute at ECU.

The annual event is part of the ECU Redesigning Education to Accelerate Change in Healthcare (REACH) program – an American Medical Association grant-funded initiative to transform medical school curriculum so it better prepares future physicians in patient safety and quality improvement in an environment of team-based, patient-centered care. The Brody School of Medicine was one of 11 schools nationwide chosen to participate in the initiative.
This year’s symposium featured a keynote presentation by Dr. Jennifer Hepps, assistant professor of pediatrics at the Uniformed Services University of the Health Sciences and clinician at Walter Reed National Military Medical Center in Bethesda, Maryland. Hepps walked the more than 100 symposium attendees through how her institution implemented a program to improve patient “handoffs” between shifts at the hospital.

But the day also showcased the quality improvement efforts of faculty, health care providers and students from across ECU’s Division of Health Sciences.

“Someone at my table (today) said ‘quality improvement is a team sport.’ And I really think that’s true,” Hepps said.
Dr. Heather Oxendine of the Brody’s Department of Psychiatry and Behavioral Medicine speaks with another symposium attendee about her poster presentation.

“The posters and presentations you see today are a good representation of what we do at REACH, which is interprofessional collaboration,” said Dr. Jason Higginson, director of neonatology in the Department of Pediatrics and leader of ECU’s Teachers of Quality Academy – another REACH initiative.

The following participants were recognized Wednesday for outstanding presentations:

- Ismail Kassim, a second-year medical student, took first place for his podium presentation about reducing sepsis-related mortalities through implementing a multidisciplinary approach.
- Danielle Walsh, an ECU pediatric surgeon, and Vidant Medical Center nurse Elaine Henry earned second place for their collaboration to improve patient outcomes via a robust surgical quality program.
- Third place was awarded to Danielle McMullen, also a nurse at the medical center – which serves as the Brody
School of Medicine’s affiliated teaching hospital – for her interest in improving the integrity of specimens coming from lab draws in the Emergency Department.

Awards were also given for outstanding posters – all of which were displayed in the East Carolina Heart Institute at ECU lobby throughout the event. Recognized for their efforts were LaShawn McDuffie, a Vidant Medical Center nurse, Tim Barnes of the ECU Department of Radiation Oncology and Dr. Heather Oxendine of the Department of Psychiatry and Behavioral Medicine.

More information about the ECU REACH program is available online at http://www.ecu.edu/reach.
This entry was posted in Brody, ECU News, Faculty News, Health Sciences, Student News by Kelly Setzer. Bookmark the permalink [http://blog.ecu.edu/sites/poeight/blog/2016/03/08/qi-symposium/] .