



East Carolina University | Board of Trustees

Health Sciences Committee Meeting | November 21, 2013

Agenda

- I. Approval of September 19, 2013 Minutes **Action**

- II. Health Sciences Division—Dr. Phyllis Horns Discussion
 - A. Telepsychiatry Presentation—Dr. Sy Saeed
 - B. LCME Update: Dr. Libby Baxley
 - C. ECU-Physicians Financial Update: Mr. Brian Jowers
 - D. Status of Hospital Relations: Drs. Paul Cunningham & Nicholas Benson
 - E. BSOM Clinical Compensation Plan

- III. Health Sciences Informational Updates Information
 - A. College of Allied Health Sciences
 - B. College of Nursing
 - C. School of Dental Medicine

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Health Sciences Committee Meeting | September 21, 2013

Session	Health Sciences
Responsible Person	Steve Jones
Agenda Item	I. Approval of September 19, 2013 Minutes
Item Description	
Comments	Action
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**Health Sciences Committee
ECU Board of Trustees
September 19, 2013
Mendenhall Student Center**

Board Members Present:

Robert Brinkley
Deborah Davis
Vern Davenport
Edwin Clark
Mark Copeland
Steve Jones
Max Joyner
Carol Mabe
Bobby Owens
Bob Plybon
Terry Yeargan
Tim Schwan

Others Present:

Chancellor Ballard	Phyllis Horns
Libby Baxley	Jeannine Hutson
Nick Benson	Brian Jowers
Bill Bagnell	Chris Locklear
Doug Boyd	Cheryl Marsh
Michelle Brooks	Rick Niswander
Greg Chadwick	Donna Payne
Paul Cunningham	Mary Schulken
Al Delia	Mark Sprague
Steve Duncan	Steve Thomas
Dick Eakin	Gary Vanderpool
Glen Gilbert	

Recorder: Christy Daniels

Call to Order and Approval of Minutes:

Mr. Jones called the meeting to order at 2:30 p.m., and read the conflict of interest statement required by the State Government Ethics Act. No conflicts were identified. The minutes of April 18, 2013 were approved.

Division Update:

Vice Chancellor's Report: Dr. Horns

- Programs in Health Sciences continue to have a strong applicant pool and are very competitive. Dr. Horns referred the Board to the written reports from each of the Colleges & Schools included in their packets.
- Dr. Dorothy Spencer, Director of the Laupus Library, retired on September 1st and Dr. Richard Eakin is serving as the Interim Director.

School of Dental Medicine Update: Dr. Gregory Chadwick

- The student and resident dental clinics in Ross Hall are operational. Ross Hall clinics have served 721 patients from July 1 - August 31. Patients have come from 39 NC counties. Interviewed first cohort of students for the Class of 2018 on Thursday. The Class 2017 profile – 52 students all from NC and 30 counties represented, 26 females, 26 males, average age 24; Class of 2016 profile – 52 students all from NC and 32 counties represented, 24 females, 28 males, average age 24.6 yrs; and Class of 2015 – 52 students all from NC and 32 counties represented, 24 females, 28 males, average age 24.7 yrs.
- The Commission on Dental Accreditation granted the dental education program the continued accreditation classification of “initial accreditation” and the advanced education in general dentistry program the accreditation classification of “approval without reporting requirements.” After a third site visit in 2015, the school will achieve full accreditation.
- The Community Service Learning Centers (CSLCs) in Ahoskie and Elizabeth City are operational and seeing patients. Ahoskie has served 1,457 patients and Elizabeth City has served 538 patients. The CSLCs in Sylva and Lillington are nearing completion and expected to be operational in early 2014. The CSLCs in Spruce Pine and Davidson counties are scheduled for completion in late summer 2014. The 7th CSLC in Roberson County was announced on September 16.

Brody School of Medicine Update:

- Dr. Baxley reported that the BSOM matriculated 80 new medical students and all are from NC. There were 884 applicants for the 80 seats. The average undergraduate GPA was 3.7 and average graduate GPA (12 of those 80 students) was 3.8. Average age is 24 and have a 50/50 male/female ratio. 18% of incoming students fall into the American Medical Association's admissions standards of minority class and we have a very diverse class. The BSOM's LCME visit be held October 20-23, 2013. The BSOM is the recipient of 1 of 11 schools to receive a \$1 million American Medical Association grant to accelerate change in medical education curriculum. The BSOM will include longitudinal education in patient safety and quality improvement. Emphasis will also include integration with other health-related disciplines that will foster interprofessional skills and prepare students to lead health care teams.
- Mr. Al Delia reported that the BSOM is exploring the expansion of class size in the first two years of basic science education in Greenville, while creating new partnerships to establish satellite undergraduate medical education centers and student clinical rotation sites throughout eastern North Carolina. The BSOM will

continue to strengthen the affiliation with Vidant Medical Center to train residents and GME will be expanded by creating new partnerships with other hospitals and other healthcare organizations.

- Mr. Brian Jowers reported on ECU Physicians financial performance as of June 2013 FYTD. There has been growth in total charges billed, pro-fee collections, contract revenue, outpatient visits, total Emergency Medicine and Med Direct visits, and wRVu's. ECU-P has 110 days of operating cash. FYTD 2013 actual budget is at \$5.6M.
- Mr. Brian Jowers reported on the 2013 Legislative actions having major negative impacts on the BSOM including SODCA (Setoff Debt Collection Act) and the UPL (Upper Payment Limit). The existing language for SODCA prevents "any school of medicine, clinical program, facility, or practice affiliated with one of the constituent institutions of The University of North Carolina that provides medical care to the general public" from participation in SODCA. Under the existing UPL statute, physician faculty members hired to replace departing physicians will be ineligible to receive UPL payments. Loss of both of these will result in decisions to restrict medical services to patients who are unable to pay for services and reduce the number of physicians trained by the BSOM.
- Ms. Michelle Brooks presented the advocacy activity update and plan to educate local legislation, key legislators, and others about the BSOM, it's mission, business model and impact of SODCA and UPL changes on fiscal stability. Plans are to have information sessions with the local delegation, develop an internal planning group to address current & future issues, develop talking points for legislators, and identify key ECU alumni or supporters who are politically connected and interested in engagement.

Closed Session:

Action: A motion was made by Chairman Jones 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. Prevent the disclosure of information that is privileged or confidential pursuant to law or not considered a public record within the meaning of Chapter 132 of the General Statutes, specifically to:

(a) Prevent the disclosure of financial terms and/or other competitive health care information directly related to the financial terms in a health care services contract between a hospital or medical school and a managed care organization, insurance company, employer, or other payer, as provided under N.C.G.S. § 131E-99; and

(b) Prevent disclosure of one or more reports regarding assessment of information technology networks under N.C.G.S. § 147-33.111 and to maintain the confidentiality information related to security features of networks and/or systems as provided in N.C.G.S. § 132-6.1(c).

Action: Motion passed.

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

Action Item:

The Health Sciences Committee reviewed two initial appointments for tenure for Dr. Sonya Hardin, College of Nursing, and Dr. Sharon Gordan, School of Dental Medicine. A motion was made to approve the initial appointments with tenure for Dr. Hardin and Dr. Gordan as approved by the Chancellor and as presented in the Board materials. Motion passed unanimously.

With no further business, the meeting adjourned at 4:30 p.m.

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Session	Health Sciences
Responsible Person	Dr. Sy Saeed
Agenda Item	II. Health Sciences Division A. Telepsychiatry Presentation
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Health Sciences Committee Meeting | September 21, 2013

Session	Health Sciences
Responsible Person	Dr. Libby Baxley
Agenda Item	II. Health Sciences Division B. LCME Update
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LIAISON COMMITTEE ON
MEDICAL EDUCATION

www.lcme.org

Survey Team Exit Conference Statement to the Dean

Limited Survey Visit to East Carolina University Brody School of Medicine

October 23rd, 2013

During this survey visit, team members assessed the medical education program at the East Carolina University Brody School of Medicine using the standards outlined in the LCME publication, "The Functions and Structure of a Medical School." The purpose of this exit statement is to report the team's findings to you.

The findings presented to you today are organized according to the five sections outlined in "The Functions and Structure of a Medical School" but are not linked to specific categories of compliance. The team secretary will draft a survey report that includes compliance recommendations linked to specific standards. You will have an opportunity to review a draft of this report prior to its submission to the LCME. The details of this process are summarized at the conclusion of this statement.

The team expresses its sincere appreciation to Dean Cunningham and the staff, faculty, and students of the East Carolina University Brody School of Medicine for their many courtesies and accommodations during the survey visit. Dr. Libby Baxley and Ms. Kisha Daniels merit special recognition and commendation for their thoughtful visit preparations and generous support during the conduct of the survey.

DISCLAIMER: This statement summarizes the findings of the ad hoc survey team that visited the East Carolina University Brody School of Medicine from October 20-23, 2013, based on the information provided by the school and its representatives before and during the accreditation survey, and by the LCME. The LCME may come to differing conclusions when it reviews the team's report and any related information.

Institutional Setting

IS-16. An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

Finding: Since the previous full survey visit, the Brody School of Medicine has increased coordination among entities involved in diversity recruitment and retention, and increased recurrent funds directed for minority recruitment and retention by more than \$210,000 annually. Of the faculty hired in the past eighteen months, a high percentage have been women and African Americans, but there has been no change in overall faculty diversity between the full survey visit and fall of 2013. The faculty continues to not reflect the diversity of the students or the staff. The school is not able to consistently articulate goals for diversity.

Educational Program for the MD Degree

ED-1. The faculty of an institution that offers a medical education program must define the objectives of its program. The objectives must serve as guides for establishing curriculum content and provide the basis for evaluating the effectiveness of the program.

Finding: The school has established 27 Institutional Learning Objectives based on the six ACGME core competencies and has used these objectives to establish curriculum content. The school has established functional processes for identification and correction of unwanted gaps and redundancies. The linkage between institutional learning objectives, course/clerkship learning objectives, and assessment measures are reviewed by the curriculum committee and publicized to learners and faculty. The curriculum committee uses outcome measures linked to the institutional learning objectives to monitor the effectiveness of the curriculum.

ED-1-A. The objectives of a medical education program must be stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect of a physician.

Finding: The learning objectives for the required courses and clerkships are stated in outcome-based terms that allow assessment of student progress in achieving the institutional learning objectives and developing the Brody School of Medicine competencies.

ED-2. An institution that offers a medical education program must have in place a system with central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met.

Finding: The school has defined the clinical conditions that medical students must encounter, defined the clinical setting and level of student responsibility for each encounter, and developed an effective system to monitor student progress in meeting the clinical encounter requirements. Alternative experiences are in place to allow students to meet the criteria if the students should not have the opportunity to see the actual clinical condition. The school is actively monitoring student achievement at the clerkship level and centrally.

ED-5A. A medical education program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning.

Finding: The school's curriculum now includes instructional opportunities for active learning and independent study intended to foster the skills necessary for lifelong learning. School policy now requires that the curriculum structure in year-one and year-two provide at least two half days per week exclusively for independent learning. The portion of lecture pedagogy in year-two has been decreased by twenty percent. Year-two curriculum load has decreased by 124 hours.

ED-25. Supervision of medical student learning experiences at an institution that offers a medical education program must be provided throughout required clerkships (or, in Canada, clerkship rotations) by members of the institution's faculty.

Finding: Clinical faculty involved in the teaching of medical students now all have a faculty appointment.

ED-30. The directors of all courses and clerkships (or, in Canada, clerkship rotations) in a medical education program must design and implement a system of fair and timely formative and summative assessment of medical student achievement in each course and clerkship/clerkship rotation.

Finding: All clerkship grades are now being completed within six weeks.

ED-32. A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship (or, in Canada, clerkship rotation) whenever teacher-student interaction permits this form of assessment.

Finding: Narrative evaluations are now used in Doctoring I, Doctoring II, Problem Based Learning I, Problem Based Learning II, Introduction to Medicine, Ethics I, and Ethics II. None were in place in these courses at the time of the 2012 survey visit.

ED-37. A faculty committee of a medical education program must be responsible for monitoring the curriculum, including the content taught in each discipline, so that the program's educational objectives will be achieved.

Finding: The school's new E*Value curriculum mapping tool is now in place, allowing for continuous monitoring for gaps in content coverage, or the existence of unwanted redundancies, either within a given year of the curriculum or across curricular years. The Executive Curriculum Committee has a process in place to monitor curriculum components, the phases of the curriculum and the curriculum as a whole.

Medical Students

MS-32. A medical education program must define and publicize the standards of conduct for the faculty student relationship and develop written policies for addressing violations of those standards.

Finding: The medical school has effectively taken a number of steps to address the reported student mistreatment. Internal program evaluation of student mistreatment in the past academic year has shown a significant decrease in reported mistreatment compared to the 2012 and 2013 AAMC Medical School Graduation Questionnaire.

Faculty

FA-2. A medical education program must have a cohort of faculty members with the qualifications and time needed to deliver the curriculum and to meet the other needs and missions of the institution.

Finding: The students, basic-science chairs, and basic science course directors all assured the survey team there are adequate basic science faculty for their educational, research and service missions. With some basic science departments recruiting faculty whose primary responsibility is for teaching, the recruitment of the dental school faculty, and completion of the medical school curricular changes, department chairs found their faculties more than adequate to meet their medical school teaching responsibilities. The actual number of basic science faculty has increased by 4 FTE since the full survey visit.

Educational Resources

ER-2. The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

Finding: The school's finances continue the positive trend begun in the fiscal year 2009 - 2010. Net revenues have exceeded expenditures by approximately \$2 million, \$4 million, \$10 million and \$5 million, in FY 2010, FY 2011, FY 2012, and FY 2013 respectively. Recurrent state funding was increased this fiscal year by \$1.5 million.

ER-9. A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students.

Finding: A new affiliation agreement between the Brody School of Medicine and Vidant Medical Center (formally Pitt County Memorial Hospital) was completed and ratified on August 8, 2013. This affiliation agreement has all the required elements including responsibility for the treatment and follow up of medical students exposed to infectious hazards.

This concludes the team's findings. Details on what to expect after the survey visit are included in the written version of this exit statement below.

Next steps

A draft survey report will be prepared in which the team's findings will be linked to specific accreditation standards and identified as 1) strengths, 2) areas in compliance with a need for monitoring, or 3) areas in noncompliance. The team secretary will submit the report to the LCME Secretariat for review and comment. Once Secretariat comments have been incorporated, the team secretary will send the report to the dean, who will have ten working days to provide feedback on perceived factual errors and concerns about the tone of the report. Editorial comments on the report are welcomed, but not required.

Significant factual errors or concerns regarding the tone of the report should be detailed in a letter to the team secretary. The letter may only reference information contained in the Medical Education Database submitted by your program, or in documents provided to the survey team before or during this visit. Actions taken or information discovered after the visit will not be considered. This letter is the only opportunity the dean will have to provide feedback on the content of the report and will not be shared with the LCME.

The team secretary will notify the dean in writing which, if any, of the suggested revisions were incorporated into the final report. Again, the team secretary's response will not be shared with the LCME. Any remaining concerns about the process of this survey visit or the tone of the report may be addressed in a letter to the LCME. The LCME will only consider concerns surrounding process or tone. It will not consider concerns about the content of the report or its findings. This letter must not contain any new information and must be received by the Secretariat within ten business days after receipt of the team secretary's response to the dean.

Once the LCME has made its determinations, the dean will receive a copy of the final report, along with a letter of accreditation that specifies the accreditation status of the medical education program and any required follow-up.

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Responsible Person	Mr. Brian Jowers
Agenda Item	II. Health Sciences Division C. ECU Physicians Financial Update
Item Description	
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Health Sciences Committee Meeting | September 21, 2013

Session	Health Sciences
Responsible Person	Drs. Paul Cunningham & Nicholas Benson
Agenda Item	II. Health Sciences Division D. Status of Hospital Relations
Item Description	
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East Carolina University | Board of Trustees

Health Sciences Committee Meeting | September 21, 2013

Session	Health Sciences
Responsible Person	Dr. Phyllis Horns
Agenda Item	II. Health Sciences Division E. BSOM Clinical Compensation Plan
Item Description	
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Adopted: May 10, 1996 BOG
Amended: April 1, 2005
Approved: June 5, 2005 BOT
Amended: June 18, 2007
Approved: June 21, 2007 BOT
Amended and Approved: October 22 by the ECU Physicians Board
Approved by Board of Trustees November 20, 2009
Amended: September 13, 2013

ECU Physicians Clinical Faculty Compensation Plan

I. Introduction

Clinical medical education requires the maintenance of a strong and diverse clinical practice to support the educational objectives of the Brody School of Medicine (BSOM). In order to recruit and retain skilled clinicians and mentors, the BSOM must provide a system of faculty compensation that is appropriately competitive and flexible. An effective Clinical Faculty Compensation Plan (“the Plan”) requires flexible implementation of remuneration, allowing for timely alterations from year to year in the form of both increased and decreased compensation as changing financial conditions, as well as other appropriate, applicable circumstances as described more fully herein, dictate or allow. For example, as economic conditions and reimbursement levels for professional fees for patient care change and competition from the private practice marketplace increases, an effective Plan will require timely alterations to Faculty Compensation.

The financial support for this Plan is largely derived from income earned by the faculty providing medical care, in addition to contract awards and research grants, rather than state appropriations. It is, therefore, essential that a system for clinical faculty compensation exists which permits flexible earned income, in excess of that required to maintain essential infrastructure and ensure adequate resources for strategic growth of the school. The BSOM must be able to react efficiently to changes in medical reimbursements, lost revenues, and prevailing academic and private practice marketplace variables. Based on factors including, but not limited to, performance in academic, clinical and research activities, the goal of the BSOM is to reach or exceed the median of the AAMC 50th percentile for Total Annual Faculty Compensation in each Department for Eligible Faculty whose active clinical practice meet or exceed appropriate targets.

This Plan updates and refines the Plan originally adopted by the UNC Board of Governors in May 1996. East Carolina University was designated as a Special Constituent Institution by the UNC Board of Governors on November 8, 2002, in accordance with The UNC Policy Manual 600.3.4, *Granting of Management Flexibility to Appoint and Fix Compensation*. Thereafter, amendments to the Plan have been appropriately approved by the ECU Board of Trustees.

The Plan’s goal is to maintain the long term solvency of the BSOM while fostering excellence in teaching, research, clinical service and administration through incentive mechanisms. Each department is charged with presenting plans for compensation to the ECU Physicians (ECUP) Board of Directors (ECUP Board), Dean of the BSOM, and the Vice Chancellor for Health Sciences, consistent with the UNC Board of Governor’s Salary Policies published annually⁽¹⁾.

II. Overview

Each fiscal year, Department Chairs will recommend to the ECUP Board annual Faculty Compensation Payments for approval by the Dean of the BSOM and the Vice Chancellor for

56 Health Sciences, consistent with the UNC Board of Governors approved Clinical Faculty Salary
57 Ceilings. Total Annual Faculty Compensation shall include the sum of the Annual Salary
58 (Academic Base Salary plus Supplemental Salary, including any Stipends), Incentive Payments,
59 extra shifts payments, etc. Total Annual Faculty Compensation to any Eligible Faculty member
60 in any fiscal year, including any Incentive Payments, will not exceed the salary ceilings
61 approved by the UNC Board of Governors.
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63 Each Eligible Faculty shall receive an Academic Base Salary and Supplemental Salary
64 determined prior to the start of the academic year. Additionally, some Eligible Faculty may
65 receive Stipends associated with assignment of specific administrative duties.
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67 Academic Base Salaries (prorated based on FTE):
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- 69 • Instructor - \$40,000
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- 71 • Assistant Professor - \$60,000
- 72
- 73 • Associate Professor - \$75,000
- 74
- 75 • Professor - \$90,000
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77 Productivity in clinical and non-clinical duties, appropriate professional behavior, compliance
78 with institutional policies and excellent performance in teaching, research, clinical service and
79 administration is expected from all Eligible Faculty. It is important that Departments have the
80 ability, within the Plan, to adequately reward the most highly productive members of a
81 Department. When such productivity and performance results in surpassing targets, including
82 revenue generation, and Department funds are available, then Incentive Payments may be
83 offered on a semi-annual basis. These Incentive Payments will be based on the current
84 academic year earnings and expenses of each Department and on the individual Eligible
85 Faculty's productivity and excellent performance as further described in this Plan (e.g., please
86 see Section IV(C)). Availability of Department funds means that budget targets (net gain or loss
87 after overhead and taxes) are surpassed. The Department Chair, Dean of the BSOM, and the
88 ECUP Executive Director shall jointly determine if funds are available.
89

90 When established productivity targets and/or performance standards (including, but not limited
91 to, productivity in clinical and non-clinical duties; appropriate professional behavior; compliance
92 with University, School, Department, and/or ECUP policies and/or procedures; and, excellent
93 performance in teaching, research, clinical service and administration) are not met by individual
94 Eligible Faculty, the Supplemental Salary may be reduced appropriately as further described in
95 this Plan (e.g., please see Sections IV(A) and IV(B)). The Total Annual Faculty Compensation
96 can be adjusted downward, but cannot be adjusted below the Academic Base Salary (minimum)
97 level.
98

99 Department Chairs, Deans, Directors of Centers or Institutes, and other leaders of the BSOM
100 who are compensated by the BSOM, may have their Supplemental Salary adjusted or receive
101 Incentive Payments under criteria and procedures developed and administered by the BSOM
102 Dean and the Vice Chancellor for Health Sciences.
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104 In no event will any component of Total Annual Faculty Compensation be set by taking into
105 account the volume or value of referrals made by the individual Eligible Faculty to any entity
106 within ECUP.
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III. Plan Participants

This Plan is intended for all Eligible Faculty in the BSOM clinical Departments engaged in patient care, including fixed-term faculty if so indicated in employment contracts. However, if a faculty member is employed on a limited basis and, therefore, does not meet a minimum threshold over a specific period of time as deemed appropriate by the Department, the faculty member may be removed from the Plan subject to approval by the BSOM Dean and the Vice Chancellor for Health Sciences. In addition, if a previously Eligible Faculty ceases to provide direct patient care, he/she will be removed from the Plan and/or his/her Total Annual Faculty Compensation will be adjusted accordingly to reflect his/her new duties and to be consistent with other similarly situated faculty.

IV. Procedure

A. Establishing Annual Salary:

The Eligible Faculty Academic Base Salary shall be uniform across the BSOM dependent on academic rank and will be determined by the BSOM Dean.

1. Budget Units and budget targets must be defined and developed by each Department Chair and approved by the ECUP Board and the BSOM Dean.
2. Productivity targets for each Eligible Faculty shall be established by the Department Chair. The productivity targets may include measurable outcomes for teaching, research and administrative work. However, productivity targets must also include some measure of clinical performance such as wRVUs, billing activity, and/or revenue generation (including revenue generated through contracts). The Department Chair must review individually with each Eligible Faculty member his/her productivity targets for the academic year prior to the start of the academic year. These annual productivity target reviews shall be memorialized in writing by the Chair and included in the Eligible Faculty's personnel file. Collectively, faculty members' achievement of productivity targets must provide sufficient revenue generation so Unit and Department Budget Targets are met.
3. The Supplemental Salary shall be determined prior to the start of the academic year as recommended by the Department Chair and approved by the Dean of the BSOM and the Vice Chancellor for Health Sciences. The Supplemental Salary may increase or decrease annually based upon the Eligible Faculty's prior academic year's productivity and performance in teaching, research, clinical service and administration, and/or the availability of funds. For example, when established productivity targets and/or performance standards (including, but not limited to, productivity in clinical and non-clinical duties; appropriate professional behavior; compliance with University, School, Department, and/or ECUP policies and/or procedures; and, excellent performance in teaching, research, clinical service and administration) are not met by individual Eligible Faculty, the Supplemental Salary may be reduced appropriately as recommended by the Department Chair and approved by the Dean of the BSOM and the Vice Chancellor for Health Sciences for the following academic year.

Please see Section IV(B) for more information regarding circumstances in which the Supplemental Salary may be decreased during the academic year in accordance with this Plan.

160 When it is anticipated that an Eligible Faculty's Supplemental Salary may be reduced in
161 accordance with this Section IV(A)(3), the Department Chair will notify the Eligible
162 Faculty in writing of the planned reduction and the basis for the same, and the Eligible
163 Faculty shall have a period of not more than fourteen (14) calendar days from the date of
164 the Department Chair's notice to submit a written response stating why the proposed
165 reduction is considered unwarranted. The Department Chair, Dean of the BSOM, and
166 the Vice Chancellor for Health Sciences will consider the information provided by the
167 Eligible Faculty in making a final determination.
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169 B. Reduction in Supplemental Salaries During the Academic Year:

170 1. Certain Documented Performance/Conduct Issues:

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172 At any time during the academic year, with the approval of the BSOM Dean and Vice
173 Chancellor for Health Sciences, the Supplemental Salary may be decreased or withheld
174 if/when there is documentation of any one or more of the following:
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- 176 a. Any forfeiture or suspension of medical license, clinical privileges and/or
177 credentialing at any healthcare facility where the Eligible Faculty provides patient
178 care;
- 179 b. Reduction of clinical duties and/or reduced performance targets;
- 180 c. Unprofessional behavior as defined by the Code of Conduct and/or the ECU Faculty
181 Manual;
- 182 d. Loss of right to participate in federal insurance programs;
- 183 e. Non-compliance with University, School, Department and/or ECUP policies and/or
184 procedures;
- 185 f. Non-performance of clinical duties as agreed upon in the employment contract
186 (unless non-performance is due to family medical leave or illness);
- 187 g. Loss of board certification; and/or
- 188 h. Convictions of a felony (including a plea of nolo contendere or plea of guilty to a
189 lesser charge) and/or a crime or act of moral turpitude (including, but not limited to
190 those involving acts of dishonesty, immorality, fraud, deceit, and/or
191 misrepresentations).
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193
194 When it is anticipated that an Eligible Faculty's Supplemental Salary may be reduced in
195 accordance with this Section IV(B)(1), the Department Chair will notify the Eligible
196 Faculty in writing of the planned reduction and the basis for the same, and the Eligible
197 Faculty shall have a period of not more than seven (7) calendar days from the date of
198 the Department Chair's notice to submit a written response stating why the proposed
199 reduction is considered unwarranted. The Department Chair, Dean of the BSOM, and
200 the Vice Chancellor for Health Sciences will consider the information provided by the
201 Eligible Faculty in making a final determination.
202

203 At the recommendation of the Department Chair, and with the approval of the Dean of
204 the BSOM and the Vice Chancellor for Health Sciences, Eligible Faculty who have a
205 decrease in Supplemental Salary in accordance with this Section IV(B)(1) may have all
206 or a portion of the original Supplemental Salary reinstated, pro-rated for the remainder of
207 the academic year, at such time as the circumstances resulting in the reduction have
208 been deemed by the BSOM to have been corrected (i.e., the Supplemental Salary, or

209 some portion thereof, may be reinstated to its pre-reduction level from that point forward
210 in the academic year; there will be no payment for the loss of any Supplemental Salary
211 during the time of the reduction).

212 213 2. Failure to Meet Productivity Targets During the Academic Year

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215 Productivity for each Eligible Faculty may be evaluated by the Department Chair at the
216 end of each quarter but, in no event, shall such evaluations occur any less often than
217 every 6 months. With the exception of new Eligible Faculty who are in the first six (6)
218 months of employment (or within the first twelve (12) months for clinical instructors), the
219 Supplemental Salary of an Eligible Faculty may be decreased at the end of any quarter
220 during the fiscal year as recommended by the Department Chair and approved by the
221 Dean of the BSOM and the Vice Chancellor for Health Sciences, so long as the
222 proposed reduction does not result in the Annual Salary being adjusted to below the
223 Academic Base Salary (minimum) level. These decreases in the Supplemental Salary
224 must be based on an Eligible Faculty's failure to meet productivity targets established by
225 the Department Chair and/or other factors specified in this Plan established productivity
226 targets and/or performance standards (including, but not limited to, failure to meet
227 established productivity targets in clinical and/or non-clinical duties; inappropriate
228 professional behavior; non-compliance with University, School, Department, and ECUP
229 policies and/or procedures; and/or failure to meet performance standards in teaching,
230 research, clinical service and/or administration).

231
232 When it is anticipated that an Eligible Faculty's Supplemental Salary may be reduced in
233 accordance with this Section IV(B)(2), the Department Chair will notify the Eligible
234 Faculty in writing of the planned reduction and the basis for the same, and the Eligible
235 Faculty shall have a period of not more than fourteen (14) calendar days from the date of
236 the Department Chair's notice to submit a written response stating why the proposed
237 reduction is considered unwarranted. The Department Chair, Dean of the BSOM, and
238 the Vice Chancellor for Health Sciences will consider the information provided by the
239 Eligible Faculty in making a final determination.

240
241 At the recommendation of the Department Chair, and with the approval of the Dean of
242 the BSOM and the Vice Chancellor for Health Sciences, Eligible Faculty who have a
243 decrease in Supplemental Salary in accordance with this Section IV(B)(2) may have all
244 or a portion of the original Supplemental Salary reinstated, pro-rated for the remainder of
245 the academic year, at such time as the circumstances resulting in the reduction have
246 been deemed by the BSOM to have been corrected (e.g., increased productivity and
247 achievement of productivity targets in a future quarter) (i.e., the Supplemental Salary, or
248 some portion thereof, may be reinstated to its pre-reduction level from that point forward
249 in the academic year; there will be no payment for the loss of any Supplemental Salary
250 during the time of the reduction).

251 252 C. Semi-Annual Incentive Payments for Productivity

253
254 Incentive Payments will be based on the current academic year earnings and expenses of
255 each Department and on the individual Eligible Faculty's productivity and excellence in
256 teaching, clinical performance, research and/or administration, as well as the Eligible Faculty
257 Member's appropriate professional behavior and compliance with University, School,
258 Department, and/or ECUP policies and/or procedures. With the exception of new faculty who
259 are in the first six (6) months of employment, Eligible Faculty who have exceeded their
260 productivity targets are eligible to receive an Incentive Payment. Such payments are
261 dependent on the availability of funds within the Eligible Faculty's Budget Unit or Department

262 as determined by fiscal performance for the Budget Unit better than Budget Target (i.e., net
263 gain or loss after overhead and taxes) after the Incentive Payments have been paid. Or
264 recommended by the Department Chair and approved by the Dean.
265

266 Total Annual Faculty Compensation, including semi-annual Incentive Payments, may not
267 cause any Eligible Faculty's Total Annual Faculty Compensation to exceed the established
268 salary ceilings as set by the UNC Board of Governors. All semi-annual Incentive Payments
269 will be reviewed by the ECUP Finance Committee and approved by the BSOM Dean and the
270 Vice Chancellor for Health Sciences based on documentation provided by the Department
271 Chair. Any semi-annual Incentive Payment will be paid no later than the end of the next
272 quarter as a lump sum. Only Eligible Faculty who are actively employed by ECU at the time
273 such Incentive Payment is paid will be eligible to receive the Incentive Payment. Regardless
274 of the reason for the separation, in no event will Incentive Payments be paid to faculty
275 members post-separation for any reason.
276

277 **V. Implementation**

278
279 The ECUP Executive Director, along with the Dean of the BSOM and the Vice Chancellor for
280 Health Sciences, are responsible for ensuring the Plan is uniformly and appropriately
281 implemented. Implementation of the Plan will be fully consistent with the UNC Board of
282 Governors Salary Policy. All salary recommendations for Eligible Faculty will be made through
283 the normal salary-setting procedures. The Total Annual Faculty Compensation will be subject to
284 salary ceilings prescribed in the UNC Board of Governor's Salary Policy.
285

286 **VI. Salary Adjustment Procedures**

287
288 Approval of this Plan by the University authorities and the UNC Board of Governors signifies
289 explicit authorization for adjustment of Eligible Faculty members' Total Annual Faculty
290 Compensation approved by the Dean and the Vice Chancellor for Health Sciences as described
291 herein. No separate process shall be required for advance approval by the University or the
292 UNC Board of Governors of downward salary adjustments. Upward adjustments will be
293 congruent with the UNC Board of Governors Clinical Faculty Salary Ceilings, but otherwise shall
294 not require advance approval. Any salary adjustments shall be reported annually to the
295 Chancellor and the President of the UNC System following the close of the fiscal year.
296

Appendix A

Definitions

- A. Academic Base Salary: Salary paid to an Eligible Faculty that compensates the faculty member for his/her formal and informal teaching responsibilities, as well as his/her academic, administrative, and research/scholarly responsibilities.
- B. Annual Salary: Academic Base Salary plus Supplemental Salary, including any Stipends.
- C. Budget Targets: Expectations of financial performance that are to be achieved through expense management and income generation by Budget Units and Departments.
- D. Budget Unit: A discrete group of faculty with a shared infrastructure. A Budget Unit may be identical to a Department or may be one or more discrete sub-components of a Department as determined by the Department Chair and approved by the Dean of the BSOM and the ECUP Executive Director.
- E. Department: A discrete group of faculty employed within a recognized academic Unit, e.g., Department of Surgery, Internal Medicine, etc. Faculty members within a Department have a shared infrastructure.
- F. Eligible Faculty: All tenured, tenure-track, and fixed term clinical faculty with the rank or title of Professor, Clinical Professor, Associate Professor, Clinical Associate Professor, Assistant Professor and Clinical Assistant Professor, who generate clinical revenue as billing or performing providers through professional billings or service contracts. Clinical Instructors who work for the BSOM more than one year and generate clinical revenue as billing or performing providers through professional billings or service contracts are Eligible Faculty.
- G. Incentive Payment: A lump sum one-time payment paid to an Eligible Faculty for exceptional performance based on exceeding productivity targets. The Incentive Payment does not increase the Supplemental Salary/Annual Salary, and it does not result in a “permanent” salary increase. Faculty members must be employed by the BSOM at the time the Incentive Payment is paid.
- H. Salary Cap: A maximum annual faculty compensation level (including Academic Base Salary and Supplemental Salary) that cannot be exceeded; established on an annual basis by the University of North Carolina’s Board of Governors.
- I. Stipend: Money received for administrative assignments or for performance of temporary extraordinary clinical duties.
- J. Supplemental Salary: Monies that compensate faculty for clinical activity and, when combined with Academic Base Salary, provide faculty compensation competitive with physician compensation in other academic and non-academic programs. This portion of the Annual Salary may be increased and/or decreased in accordance with this Plan.
- K. Total Annual Faculty Compensation: All monies provided to Eligible Faculty by virtue of their employment responsibilities within the institution, composed of a fixed component (Academic Base Salary) and a variable component (Supplemental Salary). In some cases, it also includes non-permanent Stipends, Incentive Payments, extra shifts payments, etc.

East Carolina University | Board of Trustees
Health Sciences Committee Meeting | September 21, 2013

Session	Health Sciences
Responsible Person	Dr. Phyllis Horns
Agenda Item	III. Health Informational Updates A. College of Allied Health Sciences
Item Description	
Comments	Information
Action Requested	
Disposition	
Notes	

**ECU HEALTH SCIENCES BOARD OF TRUSTEES COMMITTEE
COLLEGE OF ALLIED HEALTH SCIENCES UPDATE**

November 21, 2013

Following is the Health Sciences Division Board of Trustees update from the College of Allied Health Sciences (CAHS) since the September 19, 2013 meeting.

Excluding BSOM and SODM, **fall 2013 graduate enrollment in CAHS increased by 1.5%**, achieving its highest enrollment within the past six years (481 graduate students). It was the only enrollment-funded graduate program at ECU to show positive growth. It is anticipated that small graduate enrollment growth can be expected in the fall semester of 2014.

Two new faculty members in the Department of Communication Sciences and Disorders have been hired that bring unique skills to ECU and eastern North Carolina. The first to join us was Dr. Yolanda F. Holt, an assistant professor with a PhD from The Ohio State University in Speech and Hearing Sciences, and a speech-language pathologist with 15 years of clinical experience. Her research emphasis is in the relationship between dialect variation and literacy acquisition in non-standard English speakers, predominantly, African-Americans in eastern North Carolina. The long term goal of Dr. Holt's research is to identify the foundational components of non-standard speech production or perception that will assist in defining the interaction of speech sound production, the ability to understand speech and the ability to use that knowledge to learn the sound, word and syllable shapes required for fluent expressive reading and reading comprehension. These skills will become indispensable to members of underserved communities as they navigate an increasingly complex health care system.

The second faculty member hired, Dr. Lucia I. Mendez, received her PhD in Speech Sciences from UNC-Chapel Hill, and is currently completing a postdoctoral fellowship at Temple University. When she arrives at ECU for the 2014 spring semester, she will join CSDI as an assistant professor and conduct a research program that will focus on examining the relationship between oral language development, environmental factors and school readiness in preschool-aged Latino Dual Language Learners. This line of research will contribute to our understanding of language and literacy development in this population and the role of bilingualism in supporting overall academic success. She is particularly interested in investigating the relationship between oral language proficiency levels in the first and second languages and school readiness skills in literacy and math.

Over time, their innovative research will also help speech language pathologists examine the issues of articulation to determine what is a disorder and what is a difference in the way that children and adults speak. This new research will address articulation in the two major minority populations in eastern NC, and will involve students in the department in this innovative research, ultimately leading to better

assessment and therapy of individuals in minority populations requiring speech-language pathology services.

To close my report, I would like to announce that **I will be retiring from ECU effective June 30, 2014**. However, I have promised Vice Chancellor Horns that I would remain in my position until a qualified allied health dean is hired, even if the search extends well beyond my planned retirement date. I began my employment at ECU as an assistant professor and director of a graduate program in the Department of Rehabilitation Studies in July 1980, and served as the interim dean and full dean since April 16, 2001. In spite of leading the College of Allied Health Sciences through two budget reductions (2001-2003 and 2008-), I have participated in some of the most meaningful and innovative growth in its history, with some of the finest faculty, department chairs, and Dean's Office staff I have ever had the pleasure to work with and to know. My wife and I do not plan to leave Greenville and I will continue to serve this great institution of higher learning in any way I can in the future.

East Carolina University | Board of Trustees
Health Sciences Committee Meeting | September 21, 2013

Session	Health Sciences
Responsible Person	Dr. Phyllis Horns
Agenda Item	III. Health Informational Updates B. College of Nursing
Item Description	
Comments	Information
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East Carolina University
College of Nursing Updates
November 2013

Our annual Homecoming social will be on November 8, 2013 at 5:30 PM in the College of Nursing lobby. We will be celebrating the 10th anniversary of the Nurse Anesthesia program at this event.

Dr. Martha Engelke, professor and associate dean for research and creative activity in the College of Nursing was inducted as a fellow in the American Academy of Nursing in October. Dr. Engelke was one of 172 nurse leaders inducted at the Academy's 40th annual meeting in Washington, DC.

Dr. Bobby Lowery, Director of the DNP Program, was named the Political/Legislative Nurse of the Year by the North Carolina Nurses Association.

Beta Nu Chapter of Sigma Theta Tau (the International Honor Society for Nursing) will receive the prestigious Chapter Key Award and also receive the Showcase of Regional Excellence Award at the 42nd Biennial Convention in November 2013. Beta Nu Chapter is one of only two chapters internationally that have received this award eleven times. The award honors chapters that excel in: professional and leadership development; local, national and international collaboration; membership recruitment and retention; and publicity and programming.

Dr. Pam Reis, Dr. Carol Ann King, Dr. Bobby Lowery and Karl Faser will be presenting an American Association of Colleges of Nursing Webinar entitled, "Promoting Interprofessional Education and Collaborative Practice through Web-based Technology: Options for Distance Learning Programs in Graduate Nursing Education" on November 13, 2013. This team comprised of our faculty and staff is being recognized nationally for their innovations and expertise in the use of technology in distance education.

A Pirate Nurse Network has been organized at Vidant Medical Center as a strategy to network with ECU College of Nursing Alumni. Currently we have 137 members who have joined the network and educational, social, and professional networking opportunities will be the focus. The plan is to use this as a model for establishing other networks of nursing alumni across our state and beyond.

East Carolina University | Board of Trustees

Health Sciences Committee Meeting | September 21, 2013

Session	Health Sciences
Responsible Person	Dr. Phyllis Horns
Agenda Item	III. Health Informational Updates C. School of Dental Medicine
Item Description	
Comments	Information
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East Carolina University
School of Dental Medicine (SoDM)
Board of Trustees Update
November 2013

Admissions

The School of Dental Medicine began interviewing candidates in September for its fourth cohort of pre-doctoral students. Fifty students will be selected for the Class of 2018, entering in August 2013. To date, we have received nearly 400 applications, which is approximately the same number as last year. We will extend our first round of offers in early December and will continue to extend offers on a rolling basis through mid-February. The applicant pool is very strong again this year. All students selected for the pre-doctoral program are North Carolina residents.

Ross Hall Clinics

Third-year pre-doctoral students and post-doctoral residents under the supervision of faculty are treating patients 8:00-5:00, Monday - Friday in Ledyard E. Ross Hall's Comprehensive Care Clinic, Advanced Care Clinic, and Pediatric Dentistry and Orthodontics Clinic. The students are gaining valuable hands-on experience in general practice dentistry and in patient relations. The clinics treated 573 patients in October. A majority of the patients reside in Beaufort, Craven, Lenoir, Nash, Pitt, Wake, and Wilson counties. Patients represented 36 North Carolina counties in all. One patient resides in Florida.

Community Service Learning Centers

On September 16, Chancellor Steve Ballard announced in Lumberton that a Community Service Learning Center (CSLC) will be built in Robeson County within the next year. Robeson County legislators, local officials, and residents received the announcement with excitement. The center will be the seventh CSLC planned for underserved areas across North Carolina. Centers in Ahoskie and Elizabeth City are in operation. Centers in Sylva and Lillington will open in spring 2014. Centers in Spruce Pine and Davidson County will open in late summer 2014. (*See recent Sylva, Lillington, and Spruce Pine construction photos at the end of the School of Dental Medicine's Board of Trustees Update.*)

Volunteer Service

Twenty-nine ECU dental students, 9 faculty members, and 4 residents were among the nearly 400 volunteers who delivered care to 635 patients in Kill Devil Hills on October 25-26 through the North Carolina Missions of Mercy (NCMOM) portable free dental clinic, an outreach program of the North Carolina Dental Society.

Faculty/Staff Hiring

The school currently employs 113 staff and faculty members in Ross Hall, with an additional 33 staff and faculty members at CSLCs in Ahoskie and Elizabeth City and the Hospital Dentistry Program at Vidant in Greenville, for a total of 146 employees. The SoDM is hiring part-time clinical faculty from the community to supplement full-time faculty.

Photo – 11/01/13 Community Service Learning Center - Sylva



Photo – 10/31/13 Community Service Learning Center – Lillington



Photo – 11/1/13 Community Service Learning Center – Spruce Pine

