# **Guest Speakers**

# 6:00 PM – [Presentation/Discussion] Dean Schweitzer: LCME site visit update (45 minutes)

- Dean Schweitzer -
- For the 1st time in a decade, we have full LCME accreditation with no citations. I want to ensure that stays true over the foreseeable future.
- 5 years ago we had several citations from the LCME that have been corrected over time. Financial
  stability was a lingering issue, as well as the instability of pediatrics. I believe financial stability was the
  biggest issue because of the UPG bankruptcy. The SOM operates on a structural budget deficit that
  has been accumulating over years and years which I believe is attributed to 3 things.
  - 1. DMC over the past decade has halved the payments to WSU for services, losing millions per year. But this conflict is complicated and there is some philosophical grey area there. But the school should have adapted their budget as such
  - 2. When UPG went bankrupt, there were dollars that still had to be received from UPG to WSU that were never paid.
  - 3. We pay tenure faculty above their tenure percentage.
- Just because there is a deficit, I don't want this deficit to be burdened on the shoulders of the students. We have cut significantly from the budget to date that has nothing to do with education. I am hoping to cut additionally (also non-education) and I have increased revenue significantly as well. With these measures, I believe I have rectified the financial instability to about 90-95% of where it needs to be
- So we sent the letter to the LCME saying that we have balanced the budget and they were really happy to see that. However, recently the LCME had a behind the scenes communication to us regarding what happened to Hahnemann (an institution very comparable to Wayne). Basically, Tenet bought the hospital, sold it, and closed it 6 months after selling it. That is obviously very concerning to us and a looming threat, that we don't expect to happen, but I have been spending a lot of money to ensure 100 extra clinical sites together as a backup plan. We now are spending money at Henry Ford, Michigan Health Professionals, St. John's, Providence, and Oakwood to ensure security of clinical sites, these are all new expenses. I communicated the budget and these backup clinical sites to the LCME, and they greenlighted all of this and gave us full stars with no remaining citations.
  - Student Question can you expand on what the payment to the clinical partners is for specifically?
    - There are usually 3 things you pay for; a flat base fee, staff/administrative support, and per hour of physician teaching time
    - I am using PPAP dollars as leverage to cover loss of revenue due to the time of teaching burden (i.e. a physician can likely only see about half as many patients when they are teaching). With these dollars, they can get 40% more billing income for medicaid patients, which should help decrease this lost revenue on their part. This has been effective methodology so far, at least for the sites that have a lot of medicaid patients
      - We have been negligent about utilizing the PPAP dollars in past years so I am making an effort to change that
  - Student Question -When looking at the hospitals outside of Detroit, a lot of students come here because of the opportunity to work with the Detroit population specifically, is that something that you are thinking about as you explore these additional sites outside of Detroit? Also, not all students have access to their own transportation

- Nothing is going to change right now unless some outside force comes up on us that will cause us to change. I just have to have a backup plan, not only for our students, but for the LCME. We are working to ensure that the new sites have a degree of need that aligns with the mission of the school. I do understand that it is not the same as Detroit, but I am trying to play the hand I was dealt. My goal would be to not have any student go where they don't want to go.
- Student Question -So with the additional money that we are now paying the clinical sites to take students, is that burden falling on the students
  - It is an expense, and I will be honest. I think the risk of getting LCME sanctions is a real one and I want to ensure the future of the school, and some of that will fall on you unfortunately, there is nothing we can do about this. I have fought as hard as I can to secure additional funding and make significant budget cuts in other areas, and so far have been very successful with that, but can't make it up completely. Before I increase tuition at all, I am cutting everything else I can possibly cut. For example, I am cutting all WSU SOM funded faculty travel this year before I even touch tuition
  - It should be noted that our tuition is ~15K less than the national average.
- Student Question -Loss of 40 HF slots is really concerning, which represents about 30% of students currently there. Are we expecting that to go down further?
  - No, I care so much about HF for you guys. I am regularly communicating with them, that is where I do at my clinicals. The thing about the situation is that they didn't offer any negotiation when the MSU thing came up, they just said it was going to happen. I am playing the hand I was dealt. This is the reason I am happy we have the backup of clinical slots I put in place. I am hoping that this doesn't last, they want you guys as residents because you are great students. I am trying everything I can to make sure we are as tightly connected to HF as we can be given the situation. We should have as many M4 electives as we want because they want you as residents. It is not ideal, and I am not super optimistic that they will come back to greater numbers, but we are fighting hard.
- Student Question how do you approach variability in training at clinical sites?
  - I hope that students will be able to choose the sites based on what they want to do. I don't think all students learn best in the same environment, I think there is value in diversity of experience.
- Dean Schweitzer I currently see several key points that we need to work on to ensure maintenance of full LCME accreditation in the coming future:
  - The number of outstanding chairs is an issue. The searches are going well so far and we are filling slots. I want all the chairs to be filled by the end of this year, which I think we can do.
  - The global number of teaching faculty for a school of our size is not adequate, so we are working on increasing that
  - Physical plans very actively raising money for new SOM buildings
  - New scheduling system for conference and study spaces students will get first dibs on space reservations
  - Recreation/study space We have identified an old abandoned clinical suite in UHC that we are going to work to convert into 24 hr accessible study and recreation space for students. I know that there is a committee of student leaders working on this project. What are some ways you want the space utilized? We also want to re-do the conference area at the end of the cafeteria into a better space for students as well.
    - Student Question Firstly, we are so excited about this study/recreation space you have identified and are very grateful for this effort. One thing that I have noticed as a dual degree student is the lack of support for SOM PhD student well being. We have no centralized recreation, gathering space. We don't know each other or have any

mechanism to interact with and meet each other. PhDs can be an incredibly isolated experience because you are literally the only one on the path you are on, you don't have 300 classmates going through the same thing as you as a support system. If there is a way we could dedicate some space and support for the PhD student social and mental health I think it would really go a long way with retention, recruitment, and overall student well being for a large body of students that feel forgotten about

- DS does it have to be a dedicated space? Or can it just be open to all students at the SOM
  - Student I don't think it necessarily needs to be a protected space, but if there could just be more support in general, like wellness days, pizza and chill nights, study space and room booking that is available to them, we would really appreciate it.
  - DS Okay great, I will work on that!
- We are working on some global restructuring of the various administrative offices at the SOM. We are currently looking at the Office of Diversity and Inclusion restructuring and what roles are needed before we work on position filling, this is an active process with a dedicated committee. We are also working on the office of medical education simultaneously. Do you have any input on that?
  - Student Yes I would just like to advocate for student representation on some of those committees so that we can ensure that the student voice is involved in some of these important decisions.
    - DS Yes there is an IJI student representative on the ODI office restructuring committee and we will work to include others on additional committees. Also every search committee has a student representative on it
  - Student Question so I sit on a committee that is conducting an active search for the new head of ODI, but why aren't we restructuring first and then searching as you mentioned?
    - DS Yes you are exactly right, I met with them last week and said just that, so that plan has been communicated moving forward
- Student Question So is this administrative rescheduling going to focus on evidence based models that have been presented in the literature?
  - DS We definitely could do that, but unfortunately in this aspect, there is a saying, that "If you have seen one medical school...you have seen one medical school". So things that work for other institutions won't necessarily work here. There are 3 unique things about Wayne; we are large, we don't own a hospital, and we serve a disadvantaged population of both patients and students
  - There is also a council of Deans meeting that I go to regularly with Deans of SOMs across the nation.
- Student Question More accessibility of mental health resources at our institution. We are really happy to see that you are working on more physical recreation/hangout/study space. But I know that one thing that has consistently come up over the years is the need for more trained counselors for both mental health and career counseling.
  - DS Thank you for that suggestion, we will definitely look into that
- Student Question with the 700 additional faculty you are looking to get, is it all clinical faculty or are you looking at basic science too?
  - DS Mostly clinical, in their contracts everyone will have to give a minimum of 1 hour a
    week of student contact. This is required to be documented, adding up to 52 hours of
    teaching a year. As our curriculum continues to evolve and move away from as much

intensive basic science, I don't feel that that is where the heaviest need is currently but its definitely open to discussion

- Student Question I know Dr. Rajasekaran is working on revamping the curriculum to get rid of bad lectures and restructuring the first two segments which I think is great. One of the biggest and most consistent issues students have brought up to senate over the last few years is the lack of counselors. 1 per 300 students is just not enough. I think adding to the student affairs office in total would be a really good tangible change. In particular, losing the residency application support personnel in the middle of the class of 2021's ERAS application period was a significant stress point to our class. I want to advocate for more resources and support for students in this area in the future.
  - DS could counseling be better done by a recent graduate who is a faculty member?
    - Student -There have been multiple iterations of trying to get faculty to be advisors
      and mentors with very limited success, they are not available and do not
      respond. The variability and investment of faculty is not conducive to mental
      health and support of students unfortunately.
    - DS okay thank you, I'll work on that
- Student Question So I know that Wayne Health has been a source of extreme frustration by current physicians working for Wayne. There have been a number of clinical faculty lately that have resigned recently and have stated that they love working with the patient population and Wayne students, but unfortunately just can't work with Wayne Health. Is this something you are aware of and working to address?
  - DS So that is only partly true. I work at 4 different practice plans and I don't think Wayne Health is any more difficult to work with than any other system. There is no money in the system, we serve mostly under-served people and you can't run an operation with no money. Wayne Health is a lean system that allows us to operate on a bare bones budget and keep from having a deficit. Wayne is never going to have gold plated trash cans. It is what it is, you can't have it both ways. I believe we have the poorest practice plan in the country and I would be lying to you if I said it was ever going to change...unless we get a national healthcare system.

## **New Business**

## 6:45 PM – [Discussion] Tuition increase (15 minutes)

- [CONFIDENTIAL]
- There is an upcoming vote this Friday by the BOG about a tuition increase for the SOM (4/30),
   Unfortunately there is nothing we can do about this at this point, but I think we should talk about what steps we can take to be included in the future
- Can there be more transparency about this in the future? Can we advocate that this is changed in the bylaws of how the BOG operations?
  - Yes the main campus rep is going to really push for this going forward because when main campus is discussing tuition, there is always an open meeting, and they get full budget breakdowns. We do not get this in the school of medicine. We should definitely push for this, I don't see a reason why they can't provide this information to us if main campus can
- This is the list of questions that Jasmine will be bringing up at the meeting prior to the vote regarding how this money will be used
  - Giong to ask about getting additional mental health resources
  - Clerkship coaches
  - Additional details on paying clinical sites

- Repeated course fees, is this new or an existing expenses
- Student service fees, these are also potentially increasing, but what are they using them for, how are they benefiting students?
- o Can there be an increase in supplemental resources? Pathoma, Boards and Beyond, etc.
- Student comment While these questions are important, unfortunately I don't think this will be that productive, there has already been a need for these funds identified, and money is already going to be used to cover a deficit so I don't feel that they will be able to add anything that we ask. On a different note, I think we do need to communicate the fact that this is happening to the student body as much as we can because I think students do deserve to know when these things are happening, rather than after the fact. But I do understand the hesitation on confidential stuff.

7:00 PM – **[Poll]** Administration line up (5 minutes)

#### **Old Business**

7:05 PM – [Update] Back to Campus Task Force (5 minutes)

- We will be meeting in a week, probably discussing incoming M1s, anything in particular you want us to include?
  - o Will orientation be in person?
  - Ask for updated vaccination status of students and faculty
  - Bringing up the possibility of an in-person white coat ceremony
  - Reminder to upload your vaccination proof to MD health records, AND apply for your \$10
     OneCard bonus! Note, \$10 Onecard incentive and and MDhealth records are separate

7:10 PM – **[Update]** New study space for students (5 minutes)

• We have a meeting with the student reps this Thursday to do a walk through and start the planning process for this space, more details to come!

7:15 PM – [Update] Class elections (5 minutes)

• Please remember to send the Secretary your class election results so the new senators can be added to the attendance roster, the website, and the listservs!

## **Executive Senate Reports**

7:20 PM – [Executive] Attendance policy reminders (5 minutes)

• The secretary will send this out to the senate soon!

# **Committee Reports**

7:25 PM - [Update] IJI update and new position discussion (10 minutes)

- Suma (IJI) Some year end updates and accomplishments from IJI are:
  - The outcomes of the Community Needs and Assets Assessment (CNAA) completed last year
    has resulted in new faculty committee on diversity, equity and inclusion issues, the formation of
    the Student Social Justice in Medical Education Coalition (SJMEC), and IJI is being included in
    the new Vice Dean for DEI search committee
  - We recently finished our elections and welcomed our new board members!

- Earned 1st place at 2021 AMWA LEADS conference for the Racism in Medicine and Diversity Week Project!
- Bringing up a possibility of a BSO Diversity chair that would work to help expand the mission and goals
  of IJI through student orgs. Can we just fill this position through IJI? That would make the most sense in
  my opinion because I think there are a lot of student orgs that want to engage in the concepts and work
  that IJI is working towards and I think having this liaison position on the BSO board could be a great
  resource for org leaders
  - So back when we had Diversity week, we [IJI] started talking about this a lot. We have been talking about how we can leverage IJI's ideals in student specialty interest groups about how racism impacts their specialty, we would love to see that develop further. For example, the nephrology interest group could have a dedicated session discussing the historical context and harm that factoring race into GFR calculations can have. We will need to navigate the logistics of how the relationship will work but I think it's a great idea. We will be discussing it in our Thursday meeting!
- I think this was the goal when we came up with the Diversity position on BSO in the first place so I am all for it!
- At the next senate meeting I think we could present the logistics of this BSO and IJI working relationship and potentially discuss a constitution amendment to outline this
- Motion: Make an ad hoc committee to clearly define the BSO chair positions in the senate constitution prior to the start of the incoming CO 2025 M1 segment
  - PASS

# **Class Senate Reports**

# 7:35 PM - Class Senate Reports (10 minutes)

- 1. Class of 2024
  - We are 1 week away from our 1st cumulative exam and goin' strong!
- 2. Class of 2023
  - First clerkship exams this Friday
  - HF surgery is having issues with requesting evaluations, been told that they will be requisition evaluators for us when previously we were told we could pick our own.
    - It sounds like it depends on the rotation whether or not they select your evaluators for you
  - DMC fit test cost is unfortunately set in stone, but is trying to makeup the cost elsewhere, such as uworld extensions
- 3. Class of 2022
  - Please send in your ERAS form to Ms. Tracy Eady; see prior emails.
  - Send COVID documentation to MDHealthRecords
  - MedEd Course: Make sure to fully read Dr. Chuang's emails as he has explained the timeline for assignments, and don't forget to check Canvas for all the assignment information and sign-up links. All of this must be completed before we can sign up for any teaching sessions.
  - See the most recent Canvas announcement if you're interested in leading a pediatrics Kado
  - Financial Aid Modules due on June 30th (all students, not just M4s); see email from Jamie Kruger for a link to the Canvas page
  - 325 days until match, 412 days until graduation!
- 4. Class of 2021
  - 42 days until graduation!

- Commencement is virtual but the senate is currently planning a non-Wayne affiliated event for commencement, haven't gotten a firm date yet. More details to follow. Limited to vaccinated individuals and vaccinated guests.
  - Class canvas signing from Art in Medicine, please keep Ashley in the loop!

7:45 PM – Adjourn