I. Approval of the minutes from the December and January meetings
   a. No changes to December 2017 minutes; minutes approved
   b. No changes to January 2018 minutes; minutes approved

II. Discussion on how MedStar might better recognize and support academic accomplishments of MedStar-employed faculty (Dr. Steve Evans, Dr. Ed Healton)
   a. Dr. Evans described the evolution of the MedStar and Georgetown partnership, drawing similarity to the evolution of academic medical centers into academic health systems like Northwestern and Yale. Initially, academics was not a top priority compared to financial stability and clarification of partners’ goals and roles.
      i. Approximately six years ago, little to no research collaboration existed across the partnership. Pilot grant and other fiduciary efforts have since been implemented to foster such an environment between researchers at MedStar and Georgetown.
      ii. Approximately two years ago, the Education Advisory Board was established to develop a protocol for defining systematic education goals across the partnership.
      iii. Today, MedStar and GUMC leadership are working to elevate academic achievement to a higher level of priority.
         1. Dr. Healton and Dr. Evans recently co-presented to both the Georgetown and MedStar boards efforts to fuel the number of faculty members and publications coming out of Georgetown, which will be used as a benchmark for future goals.
         2. The leadership appointment of Dr. Evangelista and Dr. Padmore’s relationship in the medical education sphere will further bolster the solidification of the partnership’s future academic goals.
   b. Dr. Healton emphasized the institutional commitment to promote academic achievement and work across the partnership. Advisory committees have representation from both MedStar and Georgetown to foster a continued discussion as we move forward.
i. The concept of an academic health system is on the minds of board members, with this commitment and interest to continue to evolve the environment for faculty scholarship and academic achievements.

ii. Recently, meetings have been held with each department chair to establish future goals. Chairs will continue to provide support for academic goals through mechanisms like pilot grants and salary coverage.

iii. Dr. Evans expressed that leadership is working towards implementing a model to help alleviate conflicts around effort allocation for research and academic endeavors.

iv. Group discussion:
   i. The academic RVU model will allow faculty, particularly clinicians, to allocate time between clinical duties, research, and academic scholarship. Also reflected in the RVU model is time allotment for clinical instruction of medical students, recognition for faculty promotions, and service to the institution through committee work and other involvement activities.
   ii. The faculty appointment and promotion process highlights goals for academic and research achievements. The group discussed the importance of service. Dr. Evans and Dr. Healton each stressed the significance of service to faculty performance and promotional opportunity.
   iii. The group discussed recruitment of faculty, particularly around the importance of investing in the mentoring and development of junior faculty.
   iv. Positive feedback was given to the progress over time since the sale of the hospital on increasing interactions and collaborations.
   v. Given the efforts to standardize GME processes across the system, it was requested that UME also be approached in the same fashion. Given that clinician educator work is dependent by department, a system-wide standard for clerkship administration would alleviate many of the challenges currently faced. Dr. Healton and Dr. Evans agreed that a threshold for funding and variability needs to be addressed in the UME space.
   vi. Dr. Healton and Dr. Evans discussed a 5-year vision, including continued oversight of academics, research and the associated platforms across the system. Dr. Evans expressed agreement for the prior lack and importance moving forward of MedStar recognition and reward for academic promotions.

III. Discussion on what are the key elements of the academic formation of graduate students (Ed Healton, Elliott Crooke)

a. An email from Dr. Healton and the University Provost was circulated recently regarding discussions around graduate student unionization in collaboration with the American affiliation of teachers.
   i. A proposal is currently under consideration for election and collective bargaining.
   ii. University leadership is looking to understand from faculty which issues are considered fundamentally academic for prospective graduate students. The goal is that these issues will be addressed separately from the collective bargaining negotiation.

b. Dr. Crooke mentioned the January 2018 joint executive faculty meeting, and reiterated the importance of remaining focused on the issues that should not be subject to negotiation.
c. Issues identified that should be excluded in the negotiation process include the following:
   i. Qualifying examinations and theses is completely academic and necessary for graduate students to complete their training.
   ii. In Biostatistics, the department uses TAs for some of the courses, with research assistance-ships up to 20 hours a week. As of yet, there are no issues with this process as most of the graduate students are international, with laws and regulations limiting the allowable hours worked per week.
   iii. Authorship issues (order and inclusion on publications) should not be up for negotiation. Mechanisms already exist for the assignment of authorship.
   iv. Project thesis work assignments are purely academic in nature.
   v. Timing of teaching assignments is purely academic. If graduate students are covering an exam in the evening, overtime pay should not be up for negotiation.

d. Issues identified that should be added to the negotiation list include:
   i. Benefits and paid time off
   ii. Maximum allowable working hours for RAs

e. Dr. Crooke stressed the importance of monitoring the FAQ page on the University website to ensure that faculty are informed of the ongoing process with unionization efforts.

f. Dr. Healton stressed the importance of this exercise to understand the core elements that are fundamental to the education experience to determine what is allowable in negotiations.

IV. Data Security (UIS) – delayed until March meeting

V. Selection of representatives to the Committee on Students and the GUMC Centers and Institutes Strategic Planning Committee
   a. A self-nomination request was disseminated to the faculty body at GUMC. Nine names were received.
   b. The summary of votes was handed out to the committee.
      i. Dr. Bassem Haddad and Dr. Emily Aron each received 9 votes
      ii. The remaining nominees each received 1-3 votes each
   c. Dr. Suarez-Quian and Dr. Evangelista discussed the mission of the committee and importance to have a faculty representation from those who teach in the first 18 months of the curriculum
   d. The committee voted on representatives:
      i. Dr. Ecelbarger moved to nominate Dr. Aron and Dr. Haddad. Dr. Evangelista seconds the motion. All are in favor.

VI. Other Business
   a. GUMC Centers and Institutes Strategic Planning
      i. Two nominations from the caucus are needed to serve on the committee.
         1. Dr. Roett has volunteered. Dr. Glazer has also volunteered (offline); however, he is currently on the research committee. Dr. Ecelbarger is interested in participating.
         2. Dr. Danielsen mentioned that names from the caucus are not requested immediately. He will send a note to the committee requesting interest and table a vote to either a future meeting or online.