I. Call to Order

The meeting was called to order by the Chair of the Faculty Assembly, Dr. Barbara Bass (Vice President for Health Affairs, Dean, School of Medicine and Health Sciences, and Chief Executive Officer, Medical Faculty Associates), at 5:02 pm.
A quorum of 50 faculty members was established. This number met the requirements for conducting Assembly business (25) and for approving changes to the Bylaws (50).

Professor Steve Charnovitz of the School of Law was named Parliamentarian by unanimous consent.

II. Approval of Minutes
The minutes of the March 8, 2021 SMHS Faculty Assembly meeting were unanimously approved.

III. Election of Member of the Executive Committee of the Faculty Assembly, Chair from a Clinical department
Nominations Received:
• Jeffrey Berger, Professor, and Chair, Department of Anesthesiology & Critical Care Medicine
• Adam Friedman, Professor, and Chair, Department of Dermatology
• Nancy Gaba, Professor, and Chair, Department of Obstetrics & Gynecology
• Antonia Sepulveda, Professor, and Chair, Department of Pathology

After the nominations received were read and nominations from the floor solicited to fill the position left vacant by Dr. Henry Kaminski, an attempt to send electronic ballots via email to all voting members present was made. However, due to technical difficulties, a Zoom poll was deployed instead. Out of the nominees. Dr. Antonia Sepulveda was elected after all the votes were counted and results distributed via email on October 8, 2021.

V. Approval of Changes to the SMHS Rules & Procedures
Dr. Yolanda Haywood, Senior Associate Dean for Diversity and Faculty Affairs led the Assembly through proposed changes to the SMHS Rules & Procedures as follows:

Approval of Proposal to change the name of the Department of Neurology as Endorsed by the Executive Committee of the SMHS Faculty Assembly
This proposal requests a change in the SMHS Rules & Procedures to change the name of the Department of Neurology to the Department of Neurology
and Rehabilitation Medicine. This proposal has been reviewed and endorsed by the Executive Committee of the SMHS Faculty Assembly.

Dr. Haywood answered, after a question from the floor concerning the reason for the change, that it was requested by the Department Chair who believed that the current name did not reflect the breadth of the practice of the department. Dean Bass added that there are at least two if not three physicians in Neurology that are boarded in other specialties including rehabilitation medicine and who provide those services to the hospital. Thus this change is a correction of the gap in the current department name.

A motion was made and approved by unanimous consent to endorse the request to change the name of the Department of Neurology to the Department of Neurology and Rehabilitation Medicine as presented by Dr. Haywood.

VI. Dean’s Report – Barbara Bass, MD

1. Hospital at St Elizabeths:
   • On Wednesday, September 29, GW/SMHS/MFA agreed with Universal Health Services (UHS) to provide clinical, educational, and research activities at the new St Elizabeths hospital in Ward 8. After months and months of negotiating, led by Kimberly Russo, CEO of GW Hospital, we have reached an academically and financially sustainable agreement without concern of financial viability based on a profit-sharing model. Part of the net patient services revenue funds from the cohort of 135 providers who are part of the first agreement, as well as annual payments, will flow to the SMHS to support its education and research missions. We are thrilled at this opportunity to demonstrate our commitment to enhancing equity and improving clinical care for all the citizens of the nation’s capital.
   • The new hospital is slated to open in 2024 for a five-year term with medical services including but not limited to maternal and child health, behavioral health, primary care, neurology, urology, orthopedics, emergency medicine, critical care, anesthesia, radiology, and advanced surgical services. and will support a family medicine residency and other hospital-based specialties and complex cases can be transferred to Foggy Bottom.
Children’s National is working on an LOI to provide emergency pediatric services again with a link of complex cases to the Children’s National main campus. More details will be provided at the Thursday, October 7th town hall.

- In response to a question from the audience regarding community engagement in Ward 7 & 8, Dean Bass added that active outreach to the community has already begun with several conference calls with Council and neighborhood representatives, addressing the concerns that GW will not be sending top talent to those wards. The agreement calls for approximately 95-105 faculty to be the full-time providers of healthcare at St Elizabeths as well as about 30-35 PA students. So even though it will be a training site, it will very much be staffed by full-time providers. The initial agreement is for inpatient, hospital-based services—with 130-140 beds, an ICU, and a NICU to be staffed by Children’s—however, outpatient and ambulatory services will follow with of course the abundant influence of the community. There will also be inpatient psychiatry services though at this time it is unclear whether it will be consultative or with dedicated beds.

2. Ambulatory Care Center: Discussions with the Board continue regarding plans to build a new ambulatory care center on the Foggy Bottom campus. It will be GW-owned and operated and not in partnership with anyone else and provides an opportunity to add another game-changer to our academic and clinical enterprise.

3. Medical Enterprise Leadership Updates:
   - The SMHS has successfully recruited a fabulous leader for the Department of Physician Assistant Studies, who will be joining the faculty at GW on December 1, 2021. She is an experienced leader in PA Studies who is nationally recognized for her work in the profession and will be a real asset to the SMHS in developing greater engagement with our clinical PA faculty scattered throughout our academic enterprise, engaging them in educational opportunities, and building professional relationships between divisions and disciplines.
Likewise, with the Cancer Center, a fabulous candidate has been identified and we are working on finalizing an offer and hope to have a formal announcement soon.

The Orthopaedic Surgery department chair search has narrowed down its finalists to one outstanding candidate and negotiations are ongoing for an agreement there as well soon.

An internal search for a permanent chair of the Department of Ophthalmology will begin soon will a call for nominations for members of the search committee. As we position ourselves to move forward with our ambitious academic health enterprise plans, we must have strong clinical department leadership. We will thus be looking for applicants within the SMHS who demonstrate strong leadership ability and institutional commitment to steer the important departments of Ophthalmology and soon after, Neurosurgery which has been vacant for a while now.

4. Other Updates:
   - Alumni Weekend was celebrated this past weekend as well as our 2020 and 2021 graduates with commencement events on the Mall. It was lovely and exciting to finally get the chance to acknowledge the accomplishments of our students and get a glimpse of normalcy.
   - The SMHS also acknowledges the leadership of President Thomas LeBlanc who retires at the end of the year. There will be an opportunity later in the fall for the SMHS to acknowledge his tremendous support of our current and future academic and medical enterprises and his influential role as a facilitator throughout our challenges. Many thanks to Mark Diaz, who has also been a tireless advocate for our efforts as well.

5. Anti-Racism Coalition (ARC) – Yolanda Haywood, MD
   - After the summer hiatus, the ARC is back in action with steering committee meeting which featured reports from the ARC faculty posse, a group of 15 underrepresented faculty members who had the opportunity to attend the AAMC’s Minority Faculty Leadership seminar. They reported that they learned a lot and are looking forward to converting the teachings and relying on
the support from the AAMC and GW to practice in becoming future leaders.

- Educational series will start soon and there are still opportunities to join the Book Club.
- The first meeting of the newly established Committee on Equity & Inclusive Excellence is scheduled to meet in November and member of the committee should be on the lookout for dates and times.
- Finally, the GW SMHS has been selected as one of 10 US medical schools that will participate in the Anti-Racist Transformation in Medical Education (ART) program led by the Icai School of Medicine at Mount Sinai and funded by the Macy Foundation. This is a three-year partnership that aims to establish best practices in regards to anti-racist transformation in medical education. It was a competitive process and everyone at the SMHS should be proud at its selection. The current cohort is approximately 11-12 people pulled from the ARC steering committee.
- Lastly, the Center for Faculty Excellence led by Dee Herman, have a multitude of educational programs and projects that are of great use and a great resource to all faculty. SMHS faculty should visit the CFE website and take note of teaching and learning and educational research leadership resources provided by Tracy Blanchard and of particular note, the Master Teacher Leadership Development program directed by Ellen Goldman.

6. **Learner Mistreatment and the Learning Environment** – Charles Samenow, MD (presentation slides are appended)
   - The Committee on the Learning Environment (CLE) has been active over the past year with various initiatives and other work that to an extent overlaps with the work of ARC and the CFE since anti-racism or racism and anti-culturalism are part of what the CLE deals with as well problems with teaching.
   - The CLE conducts a variety of different interventions formally and informally from coffee chats with faculty members and residents who have been received complaints through clerkship evaluations, student representatives, or
ombudspersons to formal hearings for which there are zero to date.

- The CLE provides feedback for self-regulation and also collaborates with all stakeholders to brainstorm on creative ways to improve the learning environment, advocate for resources, and develop educational and preventive measures.
- The data on mistreatment has remained stable even though any mistreatment data point no matter how low it is not good. Even with COVID, the SMHS numbers have remained relatively the same however Surgery and OBGYN have predominantly been the specialties that have come to the attention of the CLE the most. These are not problem departments but there simply may be unique things about the systems and culture or the way that students perceive hand-me-down lessons from those departments that influences whether a student reports to the CLE.
- Some trends include:
  - real-time feedback being challenged by students fearing retribution or believing that there are no meaningful consequences for faculty who mistreat.
  - Faculty are most often reported individuals followed by residents and nursing staff.
  - Data shows that gender, race, and cultural issues remain a problem and it is unclear whether students feel that the CLE or the SMHS is doing a good job in addressing complaints.
- Disruptive physician behavior is not the problem even though there are a few of them who are repeat offenders. The problematic issues gathered from student comments are the small things such as faculty not knowing student names and students being ignored, people feeling overworked and burnt out, and students witnessing injustice, racism, and other mistreatment.
- Even though the GQ data (survey of graduating seniors) as previously mentioned has remained stable, what is concerning is the uptick from previous years as well as the gross distancing from the national average and so the CLE has to
get a better understanding of why GW students are reporting such high levels of mistreatment.

- Changes to the CLE include more frequent meetings, meeting with department chairs regularly to discuss the data and come up with system-wide changes, working with the new ombudsman, doing a deep dive through focus groups with students to better understand the issues with departments such as OBGYN and Psychiatry, and conducting more education and prevention campaigns.

- In general, the CLE will endeavor to be more proactive than reactive, and considering wellness as a resource can be helpful. Understanding how faculty wellness impacts resident wellness and how that impacts student wellness is crucial.

- There will be a CLE Retreat on November 5th with special guests from the Vanderbilt Center for Patient and Professional Advocacy and the Penn State Office for Respectful Learning Environment. The CLE will also be putting on bystander intervention workshops that feature theatrical sketches that are meant to be used as a tool to engage folks not only in dialogue but also in skill-based approaches on how to speak up.

7. Resiliency & Well Being Center – Leigh Frame, PhD, MHS (see appended slides)

- The folks at the Resiliency & Well Being Center are available to help the SMHS community, the medical enterprise, cope with the stress of the past months and become resilient, i.e. being happy being highly productive and feeling a sense of purpose, and not feeling burned out or overworked.

- The Center has a small but growing core staff and an advisory board that works collaboratively both within and outside of the university. It also has two areas of focus, the first being prevention and maintenance (whole-person care) and the second, treatment and support (stress management). Services and programs to support these areas of focus include educational lectures and group workshops for whole-person care as well as caring for caregivers and clinical wellbeing programs, Talkspace, and EAP for treatment and support. Dr.
Lorenzo Norris serves as Chief Wellness Officer and medical director and is backed up by Dr. Frame as associate director. The Center has hired a new behavioral director who will hire a physician assistant and together they will implement the treatment and support arms of the Center.

- The Center has engaged in 23 interventions as of May 2021 via lectures, safe space, and workshops for students, faculty, and staff. Through TalkSpace alone, which is currently available to SMHS students, GME, faculty, and staff, Health Sciences students are the highest users with anxiety, stress, and depression among the top three conditions reported. With the Clinician Well Being program, 23 residents, faculty, and staff have reported depression, anxiety, burnout, and moral injury. With the prevention and maintenance programs, it is hoped that these numbers will come down.

- Individuals and departments can request the services of the Center through their website. It will be followed by a consultation, discussion and planning of beneficial services and programs, service delivery, and follow-up.

8. Welcome to New Faculty – Dean Bass

- A big welcome to all the new faculty who have joined the SMHS across all departments.

VII. Research Update – Robert Miller, PhD

- Thank you to Helen Olumilua and the rest of the team that has worked on the signage throughout Ross Hall.
- Building on the work of Dr. Deyton and the rest the Strategic Plan Writing Group, a research roadmap team has been put together with the input from faculty from the Research Committee and the chairs of research intensive departments at the SMHS. The team was charged to do a SWOT analysis using considered grants, contracts, and rankings data.
- GW ranks 60th out of 200 medical schools on the US News and World Report 2022 Best Medical Schools in the research category and compared to Temple University which is ranked 61st, our number of RO1s are half of theirs.
• GW needs to have diversity across its research portfolio especially in clinical and translational research and in our MFA contracts and industry-sponsored programs, we have strengths in Hematology/Oncology, Neurology, and Medicine.

• The SWOT analysis revealed strengths in basic sciences research, diversity in patient catchment which we are not using effectively in our clinical research, and our proximity to the NIH and the federal government allows for collaborations. Weaknesses include inadequate university processes and a disconnect between the SMHS and the OVPR, the hospital is a difficult research partner, particularly with clinical research, and the school does not have a reputation for discovery science. Also need to improve our core facilities and provide more stable staffing to support research.

• We have the opportunity to grow our homegrown basic and clinical researchers and use DC diversity as an asset to support research recruitment and faculty hires. Threats include the loss of researchers to more competitive institutions, the cost of living in the DMV, and financial challenges with our clinical partners.

• Ideas for turning our strengths into opportunities include developing a strong, homegrown pipeline of discovery science and MD researchers, increasing our footprint by collaborating with other schools and even other universities, using the diversity of the DC area to support research recruitment, and focusing on specific clinical groups to build our reputation as an institution with excellence in basic, translational, and clinical research.

• Turning our weaknesses into strengths would involve marketing our research more effectively or promoting our research excellence and securing sustained support for compensation, maintenance, and upgrades to facilities. We need to mitigate the threat of employee turnover by benchmarking salaries, doing cost of living analyses, and considering providing PhD students and postdocs with subsidized housing. The threat of our newly trained workforce turning away from academic research can be mitigated by
allowances for trainees who move back and forth between academia and industry.

- The proposed research roadmap includes several action items for year 1:
  - Discovery Research – Hiring of the new Cancer Center director and stabilizing the research programs in the clinical departments perhaps with the hire of a vice chair for research in Anesthesiology for instance.
  - Clinical Research Unit – Building a unit to consolidate our clinical research programs.
  - Biomed Workforce – build out fellowships and training programs, particularly in clinical investigators KL2 programs and others programs that are coming up.
  - Stabilize Cores – facilities and staffing
  - Cell Therapy – building a cell therapy unit

VIII. GWU Faculty Senate Report – Robert Zeman, MD

- The September meeting of the Faculty Senate featured a visit by the Chair of the Board of Trustees, Grace Speight who informed the Senate that the Boar was naming Dr. Mark Wrighton as interim president of GW to replace President LeBlanc for an 18-month term beginning in January 2022. Professor Wrighton has had a very distinguished career as a professor of chemistry at Washington University in St Louis, where he also served as chancellor for 24 years.
- The search for a permanent president has been delayed and with that the vote on the slate of nominees for the Faculty Consultative Committee. The vote will most likely take place at the next Faculty Assembly meeting to begin the process of advising the presidential search committee when it forms.
- The subcommittees of the Faculty Senate will begin their work shortly. Two topics of note are that of building safety and shared governance. The issue of building safety arose after a resolution introduced by a group of senators requesting greater transparency and full disclosure of the status of all the buildings on campus regarding CDC compliance and indoor air quality. The resolution passed overwhelmingly, and the expectation is that going forward the university will update its buildings and classroom inventory and disclose the status of air filters placements on campus as well as mold abatement efforts.
The second issue of shared governance was discussed with Board of Trustees chair Speight asking the Executive Committee to join the Board in mapping out a plan that will not only improve communication but reset the shared governance process here at GW. An example of the sort of ideas on shared governance includes faculty participation and consultation with university administration on strategic and operational planning issues. The Executive Committee has been working on a rubric of shared governance for a long time and has a long list of other ideas that would be included in the rubric.

IX. Executive Committee Report:
The report of the Executive Committee was circulated in advance of the Assembly and is appended to these minutes.

X. New Business
- None

The meeting was adjourned at approximately 6:15 pm.

Respectfully submitted:

Nadia Cureton
Director, Faculty Administration
SMHS Fall Faculty Assembly

October 4, 2021

Agenda

I. Call to Order
Barbara Bass, MD, Vice President for Health Affairs and Dean, School of Medicine and Health Sciences; Chair, Faculty Assembly

II. Election of Parliamentarian (Professor Steve Charnovitz) - Barbara Bass, MD

III. Approval of March 8, 2021, SMHS Faculty Assembly Minutes - Barbara Bass, MD
IV. Election of Member of the SMHS Executive Committee

IV. Election of Member of the SMHS Executive Committee - Chair from a Clinical Department

Nominations Received

• Jeffrey Berger, Professor & Chair, Anesthesiology & Critical Care Medicine
• Adam Friedman, Professor & Chair, Dermatology
• Nancy Gaba, Professor & Chair, Obstetrics & Gynecology
• Antonia Sepulveda, Professor & Chair, Pathology

Nominations from the floor are welcome

V. Approval of Changes to the SMHS Rules & Procedures

Approval of Proposal to Change the Name of the Department of Neurology

This proposal requests a change in the SMHS Rules & Procedures to change the name of the Department of Neurology to the Department of Neurology and Rehabilitation Medicine.

This proposal has been reviewed and endorsed by the Executive Committee of the SMHS Faculty Assembly
Dean’s Report – Barbara Bass, MD

- Medical Enterprise Leadership Updates
- Hospital at St. Elizabeths
- Ambulatory Care Center
- GW Hospital Partnership
- Anti-Racism Coalition Update – Yolanda Haywood, MD
- Learner Mistreatment & the Learning Environment – Charles Samenow, MD
- Center for Resiliency & Well-Being – Leigh Frame, PhD
- Welcoming New Faculty
Anti-Racism Coalition Update
Yolanda Haywood, MD
Senior Associate Dean, Diversity & Faculty Affairs

Anti-Racist Transformation in Medical Education (ART)

In Collaboration with 10 US Medical Schools
The George Washington University School of Medicine & Health Sciences
2021-2024
GW SMHS Cohort Established
Program Aims

- **Capacity Building**
  - Develop the capacity of medical schools to dismantle systemic racism and bias in their work and learning environments by using a multi-phased change management strategy.

- **Community of Practice**
  - Promote shared learning on how to dismantle racism within and across medical schools.

- **Replicable & Scalable**
  - Determine how change management strategy can be replicated at other medical schools.

**School of Medicine & Health Sciences**

GW

**The SMHS Center for Faculty Excellence**

- Debra (Dee Dee) Herrmann DHSc, MPH, PA-c: Director
- Tracy Blanchard MEd: Director of Teaching & Learning Resources
- Patricia Latham MD, EdD: Associate for Educational Research
- Ellen Goldman, EdD, MBA: Director Master Teacher Leadership Development Program
Mission of the CLE

- Review Mistreatment Data in the Clinical Learning Environment*
- Informal Interventions
  - “Cup of Coffee Conversations”
  - Provide Feedback for Self-Regulation
  - “There are always two sides to a story”
- Formal Complaints
  - Zero to Date
- Brainstorm Creative Ways to Improve the Learning Environment
- Advocate for Resources to Improve the Learning Environment
- Develop Education and Prevention
### Trends

- Ob/Gyn and Surgery have most frequent complaints
- Real time feedback is challenged by students fearing retribution or not believing anything meaningful will be done
- Faculty are most often reported
- Unclear if students feel complaints are adequately addressed
- Gender issues remain an issue
- High number of complaints in the narratives about racism and culture insensitivity
Trends from Student Comments

- Faculty not knowing student’s names, ignoring students, too busy
- “toxic residents”
- Lack of orientation/expectations, Everyone has different rules and ways of doing things
- Students serving as scribes rather than true members of the team, lack of critical thinking
- Students witnessing injustice, racism, poor treatment
- Lack of Space (Ob, Surgery, ED, Psych)

2021 GQ

- Similar to last year, **100%** of GW students aware of policies (97.9% nat’l avg.);
- **Down** from last year, **93.51%** (97.1%) of GW students know procedures for reporting vs 91.1%;
- *****50%** of GW students report being mistreated (excluding publicly embarrassed) vs. **40.3%** at other schools-(more than last year 43.4%); and
- *****50%** of GW students report being publicly embarrassed compared to **19.9%** at other schools (up from last year 24.3%).
Changes to CLE

- Working to Improve Attendance/Representation
- More Frequent Meetings (monthly)
- Chair of CLE vets complaints prior to committee
- Meetings with Departmental Leadership for Core Rotations
- Development of Website
- Button Campaign
- Hiring New Ombudsperson
- Focus Groups (Ob/Gyn, Psych)
- Prevention Campaigns – Bystander Intervention (TNTM)

Challenges/Next Steps

- Considering the COVID crisis, mistreatment rates remain low and stable
- Unclear why the GQ is so much higher
- Power structure is real – We can want/train students to speak up... but how realistic?
- CLE needs more visibility
- This work can’t be done in one’s ”spare time”
- We rely on a lot of sites where we don’t have a lot of control/authority
- Faculty development vs. Increase Productivity Demands
- Faculty Wellness → Resident Wellness → Student Wellness
CLE Retreat - Nov 5th 8am – 12:30pm

- Interactive/Action Orient Retreat
- Special Guests
  - Gerald Hickson, MD (Vanderbilt Center for Patient and Professional Advocacy)
  - George Blackall (Penn State Office for Respectful Learning Environment)

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Bystander Intervention

- Theatrical Sketches
- Skills Based-Dialogue
- 60-90 Minutes
  - Grand Rounds
  - Brown Bag Lunch
  - Virtual Format
Resiliency & Well Being Center: Update on Phase One Services

Leigh Frame, PhD, MHS
Associate Director, Resiliency & Well-being Center
Program Director, Integrative Medicine (INTM)
Executive Director, Office of INTM & Health

Emotional Phases of Disaster: Where Are We Now?

- Pre-disaster
- Heroic & Reality
- Start of Reconstruction?
Consider these questions

- What moves me up and down this curve?
- Are there certain situations that put you in orange/red zone of distress?
- Do you push yourself to peak performance, and find you can slide down into distress?
- Can you think of reasons why Eustress could actually be negative?
**Education & Preventive Services**

- **Consultation:** 1:1 consultation with leaders or interested groups to create a wellness plan and intervention for group/department.

- **Safe Spaces:** Virtual or live space where faculty or staff can discuss the challenges, they are facing with COVID and life in general.

- **Lectures:** On a resilience/wellness topic of their choosing.

- **Workshops:** Focus is on skill building. We determine which specific skills the group wishes to be educated on and learn and then we work teach them in an active format.

- **OnDemand Recordings:** Recordings of popular topics available to the medical enterprise available through the R&WC website.
Selected Breakdown of Interventions: May 2021-Current

<table>
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<th>Intervention</th>
<th>Total #</th>
<th>Students</th>
<th>Faculty &amp; Staff</th>
<th>Hospital</th>
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<td>1</td>
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<tr>
<td><strong>Totals</strong></td>
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<td><strong>12</strong></td>
<td><strong>8</strong></td>
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Distress Consultation: Any faculty member can be seen by the center for a distress consultation. Distress can take many forms and people at times people need help just identifying the cause. Best to view this as a one time consult that helps people navigate resources and determine next course of action and lend support. This is not an intervention for a suicidal faculty member or staff (at present time)

Clinician Well Being Program: Run with the department of psychiatry and through GME. Mental health services offered for residents in an efficient confidential manner. We have not expanded this service fully to staff at this time, but would expect it will additional expansion in the next 6-12 months as we continue to build our capacity in collaboration with department of psychiatry

Caring for Caregivers: Peer support program that teaches aspect of psychological first aid, recognizing distress and elements of unique brief therapy designed to combat demoralization (Hope Modules). Individuals and groups can be taught to program, and it will continue to form a key aspect of our prevention efforts.

Talkspace: Asynchronous text-based therapy with live video option. Currently SMHS students, GME, faculty and staff have this option
Selected Talkspace Metrics

Users of Talkspace:
- Medical students: 18 users
- Residents: 34 users
- Health Sciences students: 135 users
- Nursing: 28 students

Selected Service Utilization Data:
- 30% of health science students are active for three continuous months
- 15% of medical students are active for three continuous months
- 10% of residents are active for three continuous months

Top 3 Conditions Reported:
- Health Sciences: anxiety, stress and depression
- Medical students: anxiety, depression, and not sure
- Residents: anxiety, relationships, and stress
- Nursing: anxiety, attention deficit disorder, and relationships

Experience with Therapy:
- 47% of medical students who used Talkspace said they had previously experienced therapy.
- 52% of health sciences said they had therapy before.
- 71% of residents had therapy before

Selected Clinician Well Being Program Metrics

<table>
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<th>Group</th>
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<th>Anxiety</th>
<th>Burnout</th>
<th>Moral Injury</th>
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<td>Staff</td>
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</table>
Requesting R&WC Services or Programs

Consultation
Discussion & Planning
Delivery of Service
Follow Up & Support

R&WC Consultation Process Details

Consult
• Go to R&WC website an complete consultation form
• Contact us at rwc@gwu.edu

Discussion
• Meet with Dr. Norris or Dr. Frame
• Collaboratively determine beneficial services and programs

Delivery
• Schedule time (virtual or live)
• Recorded vs closed
• Attendance (Full vs subset of department/group)

Follow Up
• Review outcomes of service based on goals
• Discuss need for additional sessions (group vs individual)
New FT Regular Faculty (March 1-Sept 30)

### Anatomy & Cell Biology
- Melissa Carroll: Associate Professor

### Anesthesiology & Critical Care Medicine
- Jonathan Chow: Associate Professor
- Gregory Lessans: Assistant Professor
- Michael Mazzeffi: Professor
- David Rico Mora: Assistant Professor
- Thoai Vuong: Instructor

### Health, Human Function & Rehabilitation Sciences
- Karen Goodman: Assistant Professor
- Matthew Garber: Associate Professor

### Medicine
- Yoosif Abdalla: Assistant Professor
- Sunil Adge: Assistant Professor
- Omar Awan: Instructor
- Sarah Boutwell: Assistant Professor
- Andrew Bradley: Assistant Professor
- Mandi Chapman: Assistant Professor
- Rachel Denyer: Assistant Professor
- Leigh Dickinson: Assistant Professor
- Gurleen Kaur: Assistant Professor
- Baran Kilical: Assistant Professor
- Jose Lucar Lloveras: Associate Professor
- Mia Marcus: Assistant Professor
- Michael Menefee: Assistant Professor
- Janani Rangaswami: Professor
- Maleeha Ruhu: Assistant Professor

### Neurological Surgery
- Hasan Syed: Associate Professor

### Obstetrics & Gynecology
- Nicole Chappell: Assistant Professor
- Jessica Kuperstock: Assistant Professor
- Catherine Wu: Assistant Professor

### Pediatrics
- Anisha Abraham: Associate Professor
- Elizabeth Anson: Instructor
- Abigail Bosk: Instructor
- Nicola Brodie: Assistant Professor
- Jessica Bush: Instructor
- Amie Cahill: Instructor
- Yuliya Dommina: Assistant Professor
- Enrique Escalante: Instructor
- Muller Fabri: Assistant Professor
- Jennifer Falcon: Assistant Professor
- David Finkelstein: Assistant Professor
- Valerie Jurgens: Assistant Professor
- Aadir Kakajiwala: Assistant Professor
- Elizabeth Kariuki: Instructor
- Rebecca Lane: Assistant Professor

### Physician Assistant Studies
- Alexis Leonard: Assistant Professor
- Mi Ran Shin: Assistant Professor
- Keri Toner: Assistant Professor
- Lisa Wandler: Assistant Professor
- Brandon Beattie: Assistant Professor
- Anne Wildermuth: Assistant Professor

### Psychiatry & Behavioral Sciences
- Angelica Eddington: Associate Professor
- Julie Heier: Instructor
- Rachel Kolsky: Assistant Professor
- Maria Lauer: Instructor
- Casey Lawless: Assistant Professor
- Claire Semerjian: Instructor
- Komal Sharma-Patel: Assistant Professor

### Surgery
- Yves d’Udekem d’Acoz: Professor
- Bharat Ranganath: Assistant Professor
- Habib Zalzal: Instructor

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New FT Regular Faculty (March 1-Sept 30)

### Pediatrics
- Anisha Abraham: Associate Professor
- Elizabeth Anson: Instructor
- Abigail Bosk: Instructor
- Nicola Brodie: Assistant Professor
- Jessica Bush: Instructor
- Amie Cahill: Instructor
- Yuliya Dommina: Assistant Professor
- Enrique Escalante: Instructor
- Muller Fabri: Assistant Professor
- Jennifer Falcon: Assistant Professor
- David Finkelstein: Assistant Professor
- Valerie Jurgens: Assistant Professor
- Aadir Kakajiwala: Assistant Professor
- Elizabeth Kariuki: Instructor
- Rebecca Lane: Assistant Professor

### Physician Assistant Studies
- Alexis Leonard: Assistant Professor
- Mi Ran Shin: Assistant Professor
- Keri Toner: Assistant Professor
- Lisa Wandler: Assistant Professor
- Brandon Beattie: Assistant Professor
- Anne Wildermuth: Assistant Professor

### Psychiatry & Behavioral Sciences
- Angelica Eddington: Associate Professor
- Julie Heier: Instructor
- Rachel Kolsky: Assistant Professor
- Maria Lauer: Instructor
- Casey Lawless: Assistant Professor
- Claire Semerjian: Instructor
- Komal Sharma-Patel: Assistant Professor

### Surgery
- Yves d’Udekem d’Acoz: Professor
- Bharat Ranganath: Assistant Professor
- Habib Zalzal: Instructor
Research Update

SMHS Research Roadmap

Research Priorities for next 3 Years

- Strengths
- Weaknesses
- Opportunities
- Threats

Faculty Input
Sally Moody
Galadriel Hovel-Miner
Robert Turner II
Andrew Meltzer
Aileen Chang
Trudy Mallinson
Sanjay Magginwar
Reamer Bushardt
Matthew Colonnese
Mardi Gomberg-Maitland
Victoria Shanmugam
Marcos Wilder
Eric Vilain
Anjeni Keswani
Tatiana Efimova
Edward Seto
Katherine Chiappinelli
David Mendelowitz
Tamara Ritsema
Antonia Sepulveda
Rong Li
Jeffrey Berger
Considered Grants, Contracts, Rankings

Among the 191 schools surveyed, 123 were ranked.

Top Points from SWOT Analysis

**Strength**
- Basic research in cancer, neuro, immunol/inf. disease
- Diversity in patient catchment for clinical research
- New faculty talent and enthusiasm
- Research leaders understand needs for cutting-edge science
- Location & proximity to NIH and Feds allow for collaborations

**Weakness**
- Central university processes inadequate and slow-HR, IRB, biosafety, ARC
- Hospital is not a research partner
- School reputation is not science-focused
- Administrative culture of 'No'
- Need for core facilities and stable staffing to support research

**Opportunity**
- Grow our researcher PhDs, postdocs and MD researchers
- Partner w/ other GW schools for cross-disciplinary research
- Garner national grants for DEI and health disparity research
- Use DC diversity as asset to support research recruitment & faculty hires
- Focus on specific clinical groups to build reputation

**Threat**
- Loss of researchers to institutions offering better packages
- Cost of living in DMV
- Newly trained workforce turning away from academic research
- MFA financial challenges/ backward funds flow
- US immigration policies
Research Strategies in Roadmap

**Strengths to opportunities**
- O-Grow our researcher PhDs, postdocs, and MD researchers
  - Win NIH R25 and T32 training grants in research strengths
  - Encourage industry sponsored trials
- O-Partner w/ other GW schools for cross-disc research programs
  - Consider joint faculty appointments to promote interactions
  - Develop interest groups, pilot grants with multi-school members & collaboration
- O-Use DC diversity to support research recruitment & faculty hires, garner grants
  - Apply to train scientists from underrepresented groups (e.g. R25, PREP, Ks etc.)
  - Consider new ways to recruit, welcome & retain UR scholars
- O-Focus on specific clinical groups to build reputation
  - Actively nurture clinician scientists, consider common lab space
  - Establish Vice Chair Research, Scientific Review Committees

**Weakness to strengths**
- W-Central university processes are inadequate/ admin culture of “no”
  - Educate offices on why research is important to school, why top talent and timelines matter
  - Establish user group/ research specialists for regular feedback and accountability
- W-School reputation is not science-focused
  - Advertise quality of research to increase applicants & reputation, expand fundraising
  - Mirror basic and clinical research activities to enhance translational research
- W-Need for stable core facilities and staff
  - Secure sustained support for compensation, maintenance, and necessary upgrades
  - Consider subsidized housing for postdocs/PhD students

**Mitigate threats**
- T-Loss of employees to institutions offering better packages // Cost of living in DC
  - Promote transparency, benchmark salaries, cost of living, protected time
- T-Newly trained workforce turning away from academic research
  - Develop novel fellowships in research, with industry
  - Implement formal mentoring programs to support career in academia

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SMHS Research Roadmap

**Year 1 Action Plan**

- **Stabilize Cores**
- **Cell therapy unit**
- **Discovery Research**
  - Cancer Ctr Director
  - VC Research Anesth
- **Biomed Workforce**
  - Fellowships & training
  - Clinician investigators postdocs
- **Clinical Research Unit**
  - study coordinators & trials
Clinical Research Unit

- SMHS
- GW
- OVPR
- MFA

Clinical Research Center

- Proposal
  - Best practices
  - Quality & efficiency
- Common Commitment
  - Changes in resources, leadership, responsibilities
  - Align interdependencies
- Phased Implementation
  - Aggregate & enhance resources
  - Optimize to grow

School of Medicine & Health Sciences

CRU: Phase I Aggregation, Phase II Growth

- Coordinate research staff across projects
  - Standardize industry-trial start up
  - Trained coordinators/overight
  - Compliance & regulatory oversight
  - Research informatics
  - Scientific review committees
  - IRB specialists

- Operations Unit
- Treatment Unit
- Education & Training Unit
- Financial Unit

- Coordinate research spaces across depots
  - Research pharmacy & study drugs
  - Infusion chairs & exam rooms
  - Available lab equipment
  - Staff to infuse drugs, draw bloods
  - MD and practitioner participant visits
  - Link samples to pathology/repository

- Onboard students & staff
  - Common forms & SOPs
  - ACRP certification & career ladder
  - Assist REDCap, Forte, Epic Research, OnCore CTMS
  - Implement Protocol Builder & samples
  - Assist to diversify participants
  - Sample regulatory binder/deflagatory

- Coordinate contracts & W-IRB, GW-IRB
  - Financial spoke to Pod (Human Subj)
  - Negotiate budgets, payment, terms
  - Work with OVPR on CTAs
  - Apply common fee schedule
  - Bi study, invoice sponsor and payment

School of Medicine & Health Sciences

THE GEORGE WASHINGTON UNIVERSITY
## Infrastructure & Cores

- **Flow Cytometry**
- **EPIC Tools for Clinical Research**
- **OnCore Clinical Trial Management System**
- **ACRP Expanded Training Association of Clinical Professionals eLicense**
  - 80# registered

## Training Grants and Fellowships

<table>
<thead>
<tr>
<th>PD/PI</th>
<th>Title</th>
<th>Award #</th>
<th>Predoc Slots/yr</th>
<th>Postdoc Slots/yr</th>
<th>Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bushardt, Reamer; Mallinson, Trudy; Maggirwar, Sanjay; Bosque, Alberto</td>
<td>GW Primary Care (P-CART) HIV Persistence, Comorbidities and Therapeutics (HIVPeCoT)</td>
<td>T32HP42014</td>
<td>0</td>
<td></td>
<td>Bollard, Catherine; Bosque, Alberto; Swag, Megan; Bolonjak, Michael; Cruz, Ronald; David, Cynthia; Fernandez, Daniel; Khan, M. A; Lee, Norman; Lepka, Rebecca; Maggirwar, Sanjay; Seto, Edward; Vedros, David</td>
</tr>
<tr>
<td>Seto, Edward; Lee, Norman</td>
<td>Cancer Biology Training Program (CBTP)</td>
<td>T32CA24775</td>
<td>1 +1 inst</td>
<td></td>
<td>Bollard, Catherine; Bosque-Pardo, Alberto; Bishay, Adrienne; Chiappariti, Kathleen; Cruz, Ronald; Russell; Estrella, Emilia; Fernandez, Daniel; Yandas, Andrea; Hufnagel, Lara; Kim, Ji Dong; Lee, Norman; Li, Weng; Meszaros, Anja; Nehring, Scott; Seto, Edward; Tatsun, Alexander; Villanueva, Alejandro; Wu, Ray Chang; Zhang, Xinyan; Zhu, Weigang; Zhu, Yuta</td>
</tr>
</tbody>
</table>

**Active Predoctoral Fellowships:**
- F31 awards Ahn, Balraj, Gomez, Hwang;
- F31 submitted Dow, Cooper, Grundy; Smith;
- IARF awards Samsel, James;
- AHA Schenck; AHS Sohai;
- Fulbright LoTempio; Private Bonner;
- Diversity supplements (3)
VIII. GWU Faculty Senate Report
Robert Zeman, MD

IX. Executive Committee Report
Michael Bukrinsky, PhD, Chair

X. New Business (time permitting)

XI. Adjournment – Barbara Bass, MD