Dr. Jennifer Myers opened the meeting at 11:40 AM and introduced Dean Jameson.

Dean Jameson thanked the committee for their service and began by providing current highlights and the Strategic Plan 2.0.

Strategic Plan 2.0 is a roadmap, it is not all encompassing but it keeps us focused on priorities.

The four major pillars:
1. Provide Patient-Centric Care of the Future
2. Pioneer New Discoveries and Therapies for Patients
3. Foster Inclusion, Engagement, and Professional Development
4. Promote Lifelong Learning

Patient centered care of the future: Drs. David Ash and Roy Rosin lead the Center for Health Care Innovation. The Penn Medicine Center for Health Care Innovation facilitates the rapid, disciplined development, testing and implementation of new strategies to reimagine health care delivery for dramatically better value, patient outcomes, and experience. The center focuses on making people healthier, bringing care into people’s lives, reducing the cost of health care, enabling and accelerating innovation and encouraging and catalyzing others.

We have made big investments in healthcare IT, including EPIC.

Pioneer New Discoveries and Therapies for Patients: We are developing new methods and technologies to transform biomedical research.

Foster Inclusion, Engagement, and Professional Development: This is a very important focus for me. The National Academy of Medicine put out a report on sexual harassment and I am putting this in the forefront of the national council of deans. As you look at the pathway in to the senior ranks of faculty, you can see this is not a recent problem. We need to create an environment where everyone can succeed and have zero tolerance for unprofessional behaviors. Unfortunately, some of our survey data that comes from students and faculty, reflects that there are problems. We will take actionable steps to deal with this. I look to all of you for help in this effort.

If you look at numbers around inclusion and diversity, we are making progress and a lot of this is coming from both the president and provost office. It is really important that we lead in this area at the school of medicine.

In Dr. Lisa Bellini’s role in academic affairs, she is successful in turning ideas into actionable items.
Promote Lifelong Learning: I will identify a few topics.

Medical Education – Dr. Suzanne Rose is almost a full year into her role. She has just convened a group of external reviewers to review medical education here. It followed an internal review that Dr. Emma Meagher led in preparation for Dr. Rose’s arrival.

Medical Education has a process underway and there is a similar process underway in BGS. One thing that we established was a formalized education council. The group is now working on the governance and working structure. We want to break down the boundaries between UME, GME, CME, the nursing school, etc. We want to exchange information, be aware of everything that is going on and create working groups in various areas such as curriculum and innovation.

A couple of things about external involvement: Shutdown does not affect NIH. Our funding is at an all time high. We have an all time high in clinical trials, currently numbering over 2000.

Questions and Comments:

Building on your comment about the vision for the Tenure track, what is your vision for the other tracks in terms of growth?
When I first came to the university, one of the biggest concerns was the size of the faculty. The other schools are essentially given faculty slots from a central source and their size doesn’t change. In contrast, the SOM has grown organically based on the science and the fields and the growth of the clinical enterprise. There were faculty caps placed by the university. We met with the provost and the other deans about our vision for the various tracks. We needed to think about it in terms of alignment of our educational and clinical needs and the size of the faculty.
Alignment is as follows: On the tenure track, most faculty are about 80 percent research. This should mirror the federal funding. If funding is going down, we cannot support these faulty members. Recently, federal funding has gone up about 3 % each year.

I’d like to ask about leadership. You described leadership within Penn and Innovation outside of Penn. For a lot of the faculty, we spend a lot of time trying to be leaders in outside committees. It seems like there is a desire for training within leadership. How do we guide groups of people in different settings?
I had a perspective piece on this topic recently. I wanted to get the message out that our field is in dire need of more leaders. Department Chairs can no longer have their finger tips in everything in their domain. We need leadership in so many areas in our field. We haven’t cultivated leadership the way other outside institutions have. We have to come up with ways to cultivate leaders. We have a university sponsored fellows program which exposes leadership skills. Dr. Caryn Lerman is working with Wharton on a program in leadership and academic medicine, it will launch this fall. We have nominated and sent people to ELAM. One of the concepts that I have around leadership is a graduated experience. You take on progressive levels of experience and authority over time. One important thing to think about is to cultivate this in the younger generations in UME and PhD students. It is an area where we will roll out programs and if they are working, we will scale them up.

You spoke a little about how AI is coming and how to develop and test these technologies. We need access to really large scale data. What initiatives can leverage the wealth of data?
My perspective on this is that this is an area where we will always be frustrated. We started to build out big infrastructure pieces such as EPIC. Next, we need to efficiently and effective mine this data. Our labs have a stunning about of data. I envision at some point, someone will write an algorithm that will mine
the data for what you are looking for, prioritize the data and figure out how to continue and connect the
dots. More and more, as we re-shape our faculty, we will want to have people who have expertise and
interest in data sets.

Penn med has rapidly grown and owns many entities, how does this rapid expansion effect the faculty?
Will this be a distraction or beneficial?
If we had not expanded, we would not have the operating margins on the clinical side to make the
advancements that we have on the academic side. We would not be able to update the clinical space.
We are not taking money from Lancaster and bringing it to Philadelphia and vice versa. We help them
hire more experienced clinicians and share data so if a patient moves, they can have a connection to
their previous health records. If you were to ask any department chair, what is their greatest anxiety, it
would be around the discomfort of trying to manage their department when it used to be just HUP
centric. We work together with these entities on quality control, electronic health records and financials.

Your initial comments about the faculty structure and the state of Penn Medicine highlight that we are
delivering great care and have a powerful research enterprise. Some of that is a continuation of
initiatives that were started a long time ago. Where do you see this going?
Some areas will grow by scale (informatics). It also has to do with the quality of the people that you
bring in with a combination of curiosity and those who want to collaborate. A unique characteristic is
that we have is the geographic proximity of 12 different schools and CHOP. Another huge advantage is
working with the Vet school. As I look forward and think about how to maintain and accelerate the
momentum, it is about quality rather than scale and to leverage the connectivity we have within Penn
Medicine.

What about space? Our department is being told that we may be moved down by the airport.
There are a few things happening. Market street is being developed by outside developers. The high
school campus around Presbyterian is being developed. In a way, this is nice because we can rent out
some of these spaces. The DuPont campus across the river where the Pennovation center is has more
available space. One of our new chemistry recruits is going to move there.

A number of school have chosen to integrate with active duty military individuals. Do you have a vision or
plans?
There is an editorial in the Philadelphia Inquirer by Dan Hundy. Looking back on his legacy, he was
pleased with the efforts to improve the quality and partner with UPenn. We do not want to lose
perspective given some of the challenges working with the VA. We have a fair number of labs at the VA.
I met with medical school students in Bethesda, and their first choice is rehabilitation medicine. There is
a lot of mutual support with UPenn and working with our VA. Dr. Scott Levin’s orthopaedic tissue lab is a
good example of being open to military trainees to get to practice in our labs with great technology.