

# Family Medicine and Public Health Sciences



School of Medicine

# 2010 Overview



## I. SELF-STUDY PROCESS

Kendra Schwartz, MD, MSPH, Interim Chair of the Department of Family Medicine and Public Health Sciences (DFMPHS) led the department in its Fall, 2010 Self Study. Guided by Departmental Self-Study Guidelines of the Wayne State University School of Medicine Five-year Departmental Review Process, Dr. Schwartz enlisted departmental leaders, faculty, and administrators in writing the report. Those faculty members charged with writing each section of this report consulted with the other faculty members associated with their programs and incorporated their input into the final product. In addition, annually, the entire faculty provides summative information for their own reviews and for the DFMPHS Annual Report, and this information has been integrated into the document.

## II. DEPARTMENTAL GOVERNANCE AND ADMINISTRATION

### Governance

The DFMPHS organizational structure includes the Chair and an Associate Chair for Research and an Associate Chair for Program Development, both of whom report directly to the Chair. DFMPHS Divisions are under the direction of the Chair and include Family Medicine and Transitional Year Residency Programs, Occupational/Environmental Health, and Population Health Sciences, along with the Masters in Public Health graduate program (which includes a joint MD/MPH program). The Directors of the Family Medicine Clerkship, Medical Student Programs, and Faculty Development each report to the Chair. A Leadership Group consisting of the Associate Chairs, Division Directors, and the Director of Faculty Development advise the Chair.

### Departmental meetings

Meetings of the entire faculty take place every other month from September through June. The first 1.5 hours of these meetings are dedicated to departmental news and business. An additional hour is spent in faculty development activities. Monthly hour-long research “brown bag” lunch meetings provide an additional faculty/research personnel development opportunity. At least one full-morning faculty retreat is held each year and is usually dedicated to planning across the department’s academic missions. Each division holds regular meetings in addition to these department-level meetings.

### Faculty and staff involvement in departmental decision making

WSU/WSUPG (Wayne State University Physician Group) provides reports to assist in clinical, financial, instructional, and grants performance management and planning. The Medical Directors and Clinic Managers meet regularly with the Program Administrator to review financial and clinical performance reports and implement changes as necessary. Additional WSUPG staff members from other departments are included in the meetings as appropriate. It is the philosophy of the department that every faculty member knows the source of their salary and this information is made available to faculty.

## DFMPHS Faculty: October, 2010

### Full Professors

Joel Ager, Ph.D.  
Bengt Arnetz, M.D., Ph.D.  
David Bassett, Ph.D.  
Hikmet Jamil, FFOM  
Victoria Neale, Ph.D., MPH  
Kendra Schwartz, M.D., MSPH  
Rick Severson, Ph.D.

### Associate Professors

Judy Arnetz, Ph.D.  
Patrick Bridge, Ph.D.  
Mary Dereski, Ph.D.  
Tsveti Markova, M.D.  
Dawn Misra, Ph.D.  
John Porcerelli, Ph.D.  
Linda Roth, Ph.D.  
Jinping Xu, M.D.  
Rosalie Young, Ph.D.

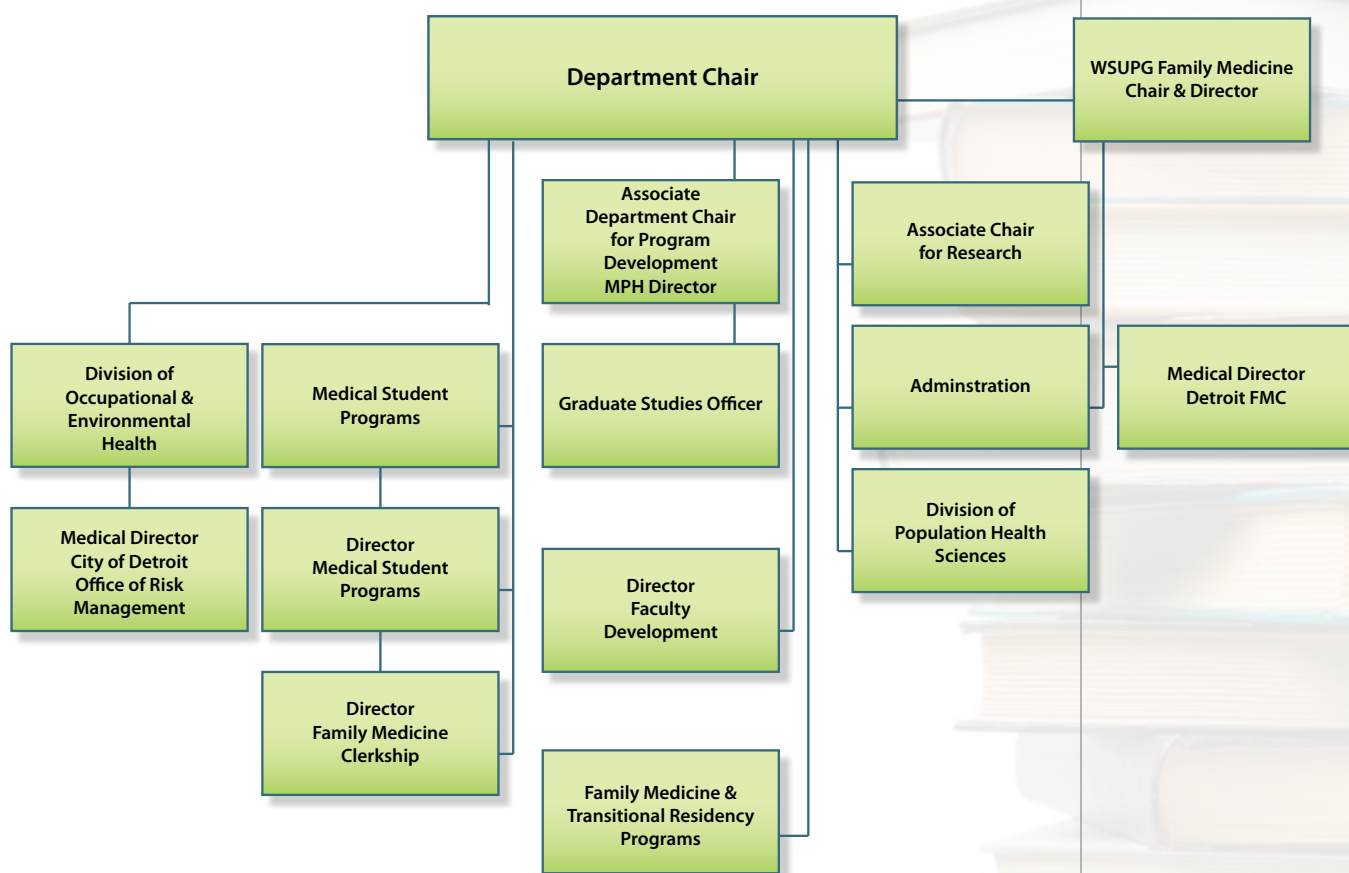
### Assistant Professors

Juliann Binienda, Ph.D.  
James Blessman, M.D.  
Jason Booza, Ph.D.  
Kim Campbell-Voytal, Ph.D.  
Margit Chadwell, M.D.  
Tywanda Crawford-Johnson, M.D.  
Hector Gonzalez, Ph.D.  
Julie Gleason-Comstock, Ph.D.  
James Janisse, Ph.D.  
Sham Juratli, M.D.  
Nehman Lauder, M.D.  
Todd Lucas, Ph.D.  
Maribeth Mateo, M.D.  
Pierre Morris, M.D.  
Bill Murdoch, M.D.  
Fred Rosin, M.D.

Faculty members are able to meet with the Budget Analyst to discuss their research and teaching program finances. Faculty and staff who have direct reports are involved in the posting, interviewing, and hiring process. Evaluations for all employees, including faculty, are completed annually. Each manager determines the optimum schedule for meetings.

### Sufficiency of numbers of staff

The administrative staff consists of the Program Administrator, Administrative Manager, Budget Analyst, Systems Administrator, Program Assistant, Program Coordinator, Administrative Assistant, and Secretary. In addition, there are five Administrative Assistants who support the Rochester residency programs and clinical operations. The Program Administrator meets with the administrative staff on a regular basis.



### III. MISSION STATEMENT

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In 2006, the Department of Family Medicine was renamed “Department of Family Medicine and Public Health Sciences” in recognition of the integration of the Masters of Public Health program into the department’s educational programs and the broadening of research activities within the department. All faculty participated in the decision about this name. During 2006 and 2007, faculty members conducted several meetings and e-discussions through which they agreed upon a new mission statement, vision statement, and list of core values.

**DFMPHS Vision:** Optimizing the health, well-being, and environment of communities, families, and individuals

**DFMPHS Mission:** We are committed to improving the health, well-being, and environment of individuals, families, and communities by advancing the science and practice of family medicine and public health through innovation and excellence in research and education.

**DFMPHS Core Values:** Our commitment to the following core values demonstrates how we intend to pursue our vision, focus our resources, and achieve our mission.

**We value:**

**Respect:** Understanding that each individual is unique and that we are all interdependent, we value human dignity and treating all with respect and compassion

**Responsibility:** We are accountable to each other, our university, and our communities.

**Integrity:** Honesty and the highest ethical standards are embodied in all that we do individually and collectively.

**Innovation:** Creativity, tolerance for taking calculated risk, and cross-disciplinary collaboration are necessary for innovative thinking and effective problem-solving.

**Social Justice:** Just and equitable systems protect the rights of all communities, not just a few.

**Excellence:** Excellence is exemplified in high quality work in education, research, and patient care.

### IV. DESCRIPTION OF THE DEPARTMENT

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#### **Department history**

In 1970, the Department of Community and Family Medicine was organized in response to efforts by the Michigan state legislature and the Governor’s office to encourage medical students to enter the field of Family Practice. The Department of Family Medicine (DFM) separated from Community Medicine in 1973 to focus

on the discipline of Family Practice. The first residents entered the residency program in 1975. The first chair, Dr. Joseph Hess, retired in 1985, and John J. Dallman, MD, chaired the DFM from 1985-1990. Paul Werner, MD, started in the DFM as Director of Predoctoral Medical Education and then served as chair from 1990 – 1998. During his tenure, Dr. Werner increased the clinical activity of the department, strengthened the predoctoral and graduate medical education programs, and invested extensively in faculty development programs.

Dr. Maryjean Schenk joined the DFM as a faculty member in Family Medicine and Occupational and Environmental Medicine in 1991 and succeeded Dr. Werner in 1998 to become the fourth chair of the DFM and the School of Medicine's first woman clinical department chair. As chair through 2010, Dr. Schenk and other leaders within the department marshaled the creativity, commitment, and persistence of the faculty and recruited additional key faculty. In 2005, she integrated faculty members from the former Department of Community Medicine and the Center for Healthcare Effectiveness Research to become the newly-named Department of Family Medicine and Public Health Sciences (DFMPHS). The DFMPHS has matured into a scholarly department with an ever-increasing number of associate and full professors and a growing portfolio of research, scholarship, teaching, and academic service.

In 2010, Dr. Schenk was promoted to Vice Dean for Medical Education at the School of Medicine. Kendra Schwartz, MD, MSPH, currently serves as Interim Chair. Upon her appointment, School of Medicine Dean Valerie Parisi commented: "Dr. Schwartz has excelled over the years in the areas of undergraduate medical education, and now spends most of her time devoted to research in racial and socioeconomic disparities in primary care and cancer outcomes," Dean Parisi said. "She has also worked diligently as a section leader on our Clinical Translational Science Award proposal. Most importantly, Dr. Schwartz has the respect and admiration of her faculty and staff colleagues across our campus."

### **Department description**

The academic and administrative home of the DFMPHS is situated in a newly-renovated 3-story building at 3939 Woodward, one block from the medical center complex, into which the department moved in September, 2010. The department chair, associate chairs, divisions of Population Health Sciences and Occupational and Environmental Health, the Masters of Public Health Program, and the Medical Student Education faculty are located here.

At Crittenton Hospital in Rochester, Michigan, the DFMPHS is home to two residency programs, Family Medicine and Transitional Year. Administrative personnel reside on the third floor of the hospital's administrative wing, and faculty and residents practice in a state-of-the-art Family Medicine Center (FMC) that has been designated as a Patient-Centered Medical Home. The FMC is adjacent to Crittenton Hospital Medical Center, which provides a full continuum of clinical programs nationally ranked for quality excellence and a

medical staff of nearly 500 physicians, representing a wide range of medical specialties providing primary, secondary, and tertiary-level care. The department has an additional practice site on the medical campus staffed by 1.4 FTE faculty physicians.

## V. EDUCATIONAL PROGRAMS

Education is a major focus in the DFMPHS, with a strong core of experienced and innovative faculty members, many of whom have won multiple School of Medicine Teaching Awards.

### MEDICAL STUDENT PROGRAMS

#### Strengths

The DFMPHS is involved in medical student education throughout the entire four years of medical school.

Several medical student curricular initiatives were started by our department including the Clinical Medicine Course that originated in 2000, which grew out of the Introduction to the Patient course started by Dr. Werner in 1992. In Years 1 and 2 we have several faculty and voluntary faculty serving as instructors in the Clinical Medicine and Physical Diagnosis courses. We direct the mandatory Year 3 Family Medicine Clerkship, the Year 4 Sub-Internship and numerous electives.

#### Major faculty roles and responsibilities

**Medical Student Programs Director:** *Juliann Binienda, PhD*

- Family Medicine Clerkship Instructor
- Rural Medicine Student Programs Director
- Year 4 Family Medicine Electives Coordinator
- Family Medicine student scholarships and awards director

**Family Medicine Clerkship Director:** *Margit Chadwell, MD, FAAFP*

- Family Medicine Clerkship Director
- Clinical Medicine Small Group Instructor
- Family Medicine Interest Group Faculty Advisor
- Student Run Free Clinic Faculty/Medical Advisor
- Family Medicine Clinical Campus Student Liaison Chair

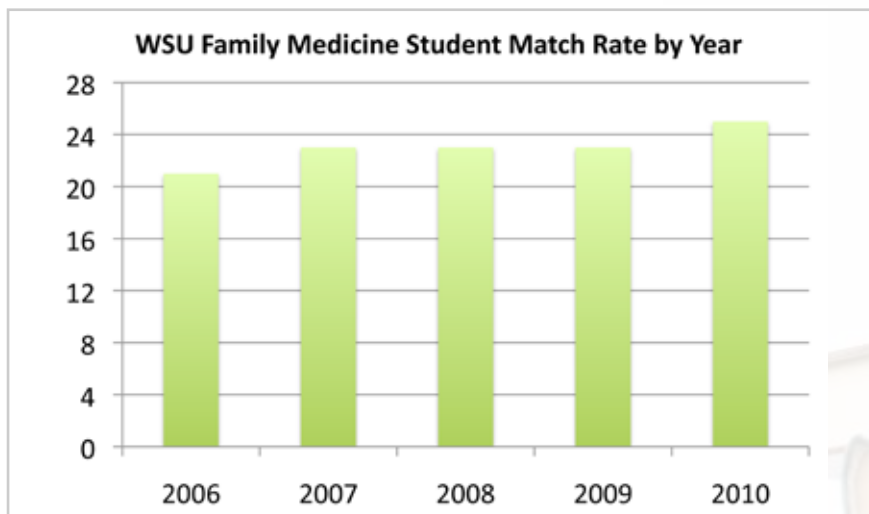
#### Areas of special expertise, courses and training programs.

*Dr. Chadwell's experience as a family physician and post-graduate clinical instructor coupled with Dr. Binienda's expertise in curriculum and instruction as a doctoral-level behavioral scientist and educator undergird the medical education initiatives of the department as outlined.*

- Integration of Family Medicine Programs throughout all 4 years of training
- Variety of electives offered in Years 3 and 4
- Recruitment and development of community preceptors
- Innovative programming to broaden specialty perception and exposure (e.g. hospice site visit, clinical skills night, rural medicine, FMIG3)
- Increase in Family Medicine student scholarships and awards over last 5 years
- Active and growing Family Medicine Interest and Rural Medicine

### Interest Groups

- Excellent development and collaboration of Clinical Campus Model
- Establishment and leadership of the Student-Run Free Clinic
- Consistently positive student evaluation of the Family Medicine clerkship
- Increase in WSU students entering FM training programs after graduation.



### **Major accomplishments/highlights: 2005-2010**

#### **a. Educational Programs**

- Design and implementation of nationally recognized innovative Family Medicine Clerkship Curriculum Evaluation Tool
- Expansion of the Rural Medicine Program with successful grant funding and placement of students in externships
- Pipeline development beginning with undergraduate pre-medical students
- Expanded FMIG programming with the FMIG3 initiative aimed at the Year 3 students. Supported by AAFP matching funds.
- Use of on-line survey tool to assess clerkship experience, teaching, and quality congruence across the clinical campus model.

#### **b. Education training for faculty**

- Annual attendance and presentations at national family medicine student education conference (STFM).
- Web-based communication technologies (i.e. Facebook, blogging, video-conferencing, etc.) to improve communication between the department and students for all medical student programs.

#### **c. Inter-disciplinary collaborations in education (within or external to the SOM)**

- Learning Community formed with undergraduate students at the WSU Honors College planning to attend WSU School of Medicine.
- Working projects with Family Medicine Clinical Campus Liaison Group to enhance and standardize quality medical student educational experiences.

## Future plans

### Short-term

- Strengthen the influence of the family medicine specialty on campus (e.g., FMIG initiatives, Student-Run Free Clinic, etc)
- Publish and present educational initiatives
- Increase medical student clinical research presence at state, regional, national forums
- Bolster cohesiveness of clinical campus model and maintain equivalency of educational experiences (via site visits, collaborative programming, etc.)
- Revise current Year 3 Family Medicine clerkship syllabus including didactics
- Enhance the relationship with national, state and local AAFP chapters
- Augment faculty development training in teaching, clinical skills, and research

### Long-term

- Increase number of students entering FM
- Replenish community preceptor pool to maintain clerkship standards
- Sustain Student-Run Free Clinic led by family physicians
- Obtain funding to optimize clinical skills training for medical students in family medicine procedures
- Increase length of Year 3 Family Medicine clerkship to a minimum of 6 weeks
- Achieve national recognition for effective student programming
- Increase funding for scholarships and awards
- Become the premiere urban medical school for matching students into family medicine residency programs

## GRADUATE MEDICAL EDUCATION (GME)

### Strengths

The DFMPHS currently leads two GME programs: WSU/Crittenton Family Medicine Program and a Transitional Year Residency Program. The last Family Medicine Residency Review Committee review was conducted on June 22, 2004 and the program achieved a 5-year ACGME accreditation. Due to the loss of our hospital sponsor, the Detroit Medical Center, the program was closed in Dec 2007. In 2007, the Department successfully established a new WSU-Crittenton Family Medicine residency program in Rochester, Michigan, achieving the maximum 3-year accreditation for a new program, and a full 5-year accreditation in 2010. WSU is the sponsoring institution of the program with Crittenton Hospital Medical Center (CHMC) being the primary hospital, where most inpatient and ambulatory rotations occur. The family medicine and transitional year programs are the only residency programs at CHMC.

**Dr. Tsveti Markova, Family Medicine Program Director**, is responsible for:

- Faculty and resident recruitment
- Curriculum development, implementation, and oversight
- Development and implementation of policies and procedures
- Inpatient and outpatient service schedules
- Competency-based evaluation system.



**Dr. Pierre Morris serves as Program Director for the Transitional Year Program**, which began in July, 2009, and is responsible for:

- Resident recruitment
- Curriculum development, implementation, and oversight
- Development and implementation of policies and procedures
- Competency-based evaluation system.

With a very supportive hospital administration, the programs have been successful in engaging most of the hospital staff physicians in various aspects of residency education, e.g., didactics, ambulatory preceptorships, or inpatient teaching services. Both programs have successfully matched high-quality residents:

- 2009 candidates were in the top 10%, with average USMLE 1 and 2 scores above the 90<sup>th</sup> percentile, and 50% and 100% US grads for the FM and the TY programs, respectively.
- FM program graduates have a 100% Board pass rate.
- TY residents have all matched in highly competitive specialties, like ophthalmology, radiation oncology, dermatology, anesthesiology, PM&R, or family medicine.

The Family Medicine Center is located in the Medical Professional Building, adjacent to Crittenton Hospital Medical Center. This state-of-the-art facility, designated by Blue Cross Blue Shield of Michigan as a Patient-Centered Medical Home for 2010, opened on August 25, 2008. Faculty and staff provide comprehensive family medicine training, including office procedures, maternity care and a behavioral science-integrated approach to patient care for residents and medical students.

**Areas of special expertise**

Both the FM and TY programs have been recognized in WSU's GME reviews as exemplary programs and received commendations by the ACGME: the TY program for its competency-based curriculum, and the FM program for the FMC functioning as a PCMH and being a role model for other residency programs.

**Innovative education programs**

- Comprehensive competency-based, outcome-oriented, fully paperless curriculum that includes monitoring for continuous improvement.
- All educational Goals and Objectives are designed based on competency-based principles and include well-integrated specific evaluation tools for monitoring educational outcomes. New evaluation tools include an Objective Structured Clinical Evaluation, direct video observation, a 360-degree web-based evaluation system, and residents' educational portfolios. For areas needing improvement, residents and advisors develop a learning contract to ensure that each resident develops individualized plans to reach full potential
- The Family Medicine residency program is well-known for the active outreach and community involvement in the hospital and the larger Rochester area. Residents from all levels of training, residency faculty,

and staff work collaboratively with the Older Person Commission (OPC), Rochester Chamber of Commerce, Crittenton Community Education Department, Oakland County Health Department and other public institutions, assuring engagement in major community events.

- The Behavioral Science Curriculum is delivered through structured rigorous longitudinal and rotational experiences and integrated throughout the 3-year FM residency training and the 1-year TY program. Our programs have one full-time behavioral science faculty member at the PhD level: Dr. Porcerelli, who is the Director of Behavioral Science and Research. His curriculum includes:
  1. Diagnosis and management of psychiatric disorders in children and adults
  2. Emotional aspects of non-physical disorders
  3. Psycho-pharmacy
  4. Alcoholism and other substance abuse
  5. Human sexuality

The physician/patient relationship, interviewing and counseling skills are taught using the Patient-Centered Clinical Medicine (PCCM) model. Behavioral Science education is integrated into the day-to-day management of patients, whether in the FMC, hospital, nursing home, or home setting as outlined below.

### **Education training for faculty**

The Department has been commended for a well designed faculty development program, led by Dr. Linda Roth, Director of Faculty Development for the DFMPHS and the School of Medicine. Highlights include:

- DFMPHS new faculty orientation
- Monthly residency meetings which include faculty development updates
- Monthly team meetings
- Quarterly faculty development seminars. Seminar programming consists of an evidenced-based and scholarly approach to clinical teaching and scholarship.

The WSU GME Office offers faculty and Program Director development sessions as “Brown Bag” series, available as streaming videos for faculty who cannot attend in person. Quarterly education sessions are also provided by the Southeast Michigan Center for Medical Education.

### **Inter-disciplinary collaborations in education**

- Annual Objective Structured Clinical Evaluation using the facilities and standardized patients at the School of Medicine: Residents participate in 3 standardized patient interviews.
- Psychology Student Practicum under the supervision of Dr. Porcerelli, collaborating with the PhD program at WSU and the Master’s Program at the University of Detroit. Psychology students are available to co-counsel with residents in the FMC
- The ambulatory and inpatient family medicine teaching services provide educational experiences for School of Medicine students at all 4 levels.

- Residency faculty collaborate with multiple WSU departments and other universities in research and scholarship, resulting in presentations and peer-reviewed publications.

### **Local or national awards and recognition**

The residency faculty have been invited or selected to present scholarly projects of innovative educational or clinical initiatives at local, regional, and national meetings. Several residency faculty (Drs. Morris, Markova, Porcerelli, and Roth) have received the WSU School of Medicine Teaching Award.

Dr. Markova has been honored to receive the Michigan Academy of Family Physicians Educator of the Year Award in 2008, and the prestigious Palmer J. Parker “Courage to Teach” Award in 2011 awarded by the Accreditation Council for Graduate Medical Education.

### **Recruitment of faculty with special interests or talents in education**

We have been successful recruiting three new faculty for GME programs.

- William Murdoch, MD, a board certified family physician with a strong interest in clinical and educational research. He was accepted into the WSU School of Medicine Medical Education Research Scholars Program and is developing a research program in the area of procedural education of resident physicians, for which he was invited to present at the 2010 International Conference for Medical Education in Ottawa, Canada.
- Tywanda Crawford, MD, an American Board of Family Medicine and Advanced Life Support in Obstetrics certified family physician who leads the Maternity Care curricula and Chairs the Department Obstetrics committee, is a role model for residents providing comprehensive Obstetrics care in the Family Medicine Center.
- Maribeth Mateo, MD, a board certified family physician is the physician champion for the Mackinac Learning Collaborative and leads the Quality Improvement initiatives integration in the educational curriculum for Systems-Based Practice. Mackinac Learning Collaborative: a Patient-centered Medical Home (PCMH)-focused state collaborative, sponsored by Medical Network One and the Practice Transformation Institute, involving 14 practices in Southeast MI, is designed to introduce Population-based Medicine into primary care practices and gain better understanding of quality improvement methods by using a Population Registry.

### **Funding issues**

One of the challenges we face is Graduate Medical Education funding. The FM program was not considered a new program by the Center for Medicare & Medicaid Services and is currently privately funded by Crittenton Hospital Medical Center and WSU. Both institutions are actively advocating on the national level for a legislative solution, and we are expecting a positive outcome. The focus in the next several years is to stabilize the programs through external funding and clinical revenue and develop a collaborative approach to publishing our outcomes in the area of medical education.

## MPH PROGRAM

### Strengths

The Department of Family Medicine and Public Health Sciences assumed responsibility for WSU's newly-developed Masters of Public Health Program in 2005. The program provides generalized training in the field of public health, with major courses in epidemiology, biostatistics, environmental health, the social basis of healthcare, healthcare organization and administration, health program evaluation and research methods, with culminating experiences in a practicum and project. The Program also participates in an MD/MPH dual degree program. The Program requires a minimum of 42 credits and usually requires 2-3 years for the typical student to satisfy all the requirements. The Program also offers a 15 credit Graduate Certificate in Public Health Practice. Currently there are 44 students in the MPH program and 10 students enrolled in the graduate certificate program.

### Areas of special expertise

More than 25 faculty participate in the Program through classroom instruction, student advising and committee work. These faculty have training and experience in a number of fields including epidemiology, biostatistics, environmental health, psychology, sociology, anthropology and education.

### Major accomplishments

The MPH Program is currently pursuing accreditation through the Council on Education for Public Health. Our finalized self-study was due to the CEPH in October 2010. Our site visit is scheduled in November 2010, with a decision from the CEPH estimated to be made sometime during the summer of 2011.

### Future plans

#### Short-term (1-2 years):

- Recruit additional faculty with training in biostatistics to teach the necessary classes and to assist our public health faculty with their research projects
- Complete discussions with the School of Social Work and the College of Nursing about the potential for the development of joint programs

#### Long term (3-5 years):

- Develop a quantitative track specializing in biostatistics and quantitative epidemiology
- Work with faculty to develop additional elective classes in several specialized areas of public health

Our longer term plans include the eventual development of graduate academic degrees (MS and PhD) in the various fields of public health.

## DIVISION OF OCCUPATIONAL AND ENVIRONMENTAL HEALTH EDUCATION

### Strengths

The faculty of the Division of Occupational and Environmental Health (DOEH) play an active role in the Department's various educational offerings, including the MPH, and post-graduate education in Occupational and Environmental Medicine.

- Since 1994, the Division offers a quarterly month-long course in Occupational and Environmental Health (OEM), predominantly attended by residents in Family Medicine, but occasionally by Fellows in toxicology, as well as medical students. This successful month-long OEM course offers participants exposure to a range of different workplaces, including health care and automotive.
- The rotating OEM course involves faculty from the other major Michigan universities, as well as adjunct faculty formally employed by various local employers, including the automotive and health care sector.
- Dr. Hikmet Jamil, the course director, received the WSUSOM College Teaching Award in 2006.
- The Division arranges an annual meeting for preceptors involved in the rotating OEM course and practicing primary care physicians.

### Future plans

Within the next 1-2 years, the division will:

- Further strengthen and develop its two new MPH courses (FPH7870 and FPH 7880)
- Develop new courses in Stress Medicine directed towards undergraduate and graduate education
- Review the necessary steps to offer a residency program in Occupational and Environmental Health

## FACULTY DEVELOPMENT

### Strengths

To support faculty in their growth as academic teaching and research professionals, the Department of Family Medicine and Public Health Sciences has created a comprehensive faculty development program that is administered by Dr. Linda Roth.

- Departmental new faculty orientation: An individualized orientation program is developed cooperatively by members of the chair's administrative group and each new faculty member's academic supervisor, including introductions to representatives of offices within the school, university, and hospitals whose work relates to that of the new faculty member. New clinical teachers co-precept and co-round with experienced colleagues.
- Faculty handbook: All faculty are provided a comprehensive faculty handbook, updated annually, that provides up-to-date information about the department, school, university, profession, and career development documents and resources.
- Faculty development seminars: The DFMPHS conducts quarterly faculty development sessions for residency faculty members and monthly brown bags for researchers.
- Individualized faculty development: The annual faculty evaluation process incorporates faculty development. The initial steps require individuals to reflect upon their personal career objectives in teaching, research, and service and set yearly measurable objectives. Each junior faculty member has a mid-academic-year meeting with his/her academic supervisor to

reflect upon academic progress and plan appropriate developmental activities. At year's end, all faculty participate in an evaluation meeting with their academic supervisor, discussing and rating annual achievements in research/scholarship, teaching, and academic service. CVs, Activity Summaries, and Teaching Portfolios are reviewed for both developmental and evaluative purposes by an education and a research committee comprised of faculty members. Summaries from these committees are provided to the department's salary committee. General feedback and recommendations for improvement for all faculty are provided in faculty development seminars, while specific feedback is provided in writing to each faculty member by the review committees.

### **Special expertise**

Dr. Linda Roth has conducted faculty and organizational development within the department for many years. She was recruited in 2004 to serve also as the School of Medicine's Director of Professional Development. She implements the SOM faculty orientation and numerous programs and workshops, focusing primarily on career and research development for faculty. Dr. Roth consults throughout the SOM with individual faculty and departments on a variety of professional development topics and teaches on the national level through the Association of American Medical Colleges.

### **Future plans**

Over the next year, in addition to sustaining the faculty development efforts currently underway, the DFMPHS will focus on implementation of a robust mentoring system for junior faculty members. An internal working group will introduce the program in early 2011, and it will be implemented following faculty members' annual review. After the pilot year, the mentoring program will be targeted to all faculty within the department, addressing the full life-cycle of academic medical faculty members' careers.

## **VI. RESEARCH AND SCHOLARLY PROGRAMS**

### **Strengths**

The DFMPHS has faculty members committed to active study in epidemiology, biostatistics, community-based research methods, practice-based research, behavioral science, and both undergraduate and graduate medical education. Our faculty members have been awarded substantial international, national, and state level funding for their research in a wide range of areas. There are some selected areas in which we have considerable expertise and well funded programs of research. These include:

- Racial and ethnic health disparities
  - o Broad range of health disparities (e.g. infant mortality, smoking, including water pipe smoking, cancer, domestic violence) in African-American, Latino, and Arab-American populations

- o Immigrant and refugee health
- Practice-based research
  - o Active practice-based research network (MetroNet) since 1999
  - o Conduct and involvement in national and state-wide studies of underserved primary care populations
- Occupational and environmental health
  - o Stress and sustained health and performance (e.g. first responders, nurses)
  - o Work place violence
  - o Organizational determinants of health and productivity
- Life course as an organizing framework
  - o Perinatal effects on later health
  - o Effects of health on reproductive and perinatal outcomes
- Cancer epidemiology
  - o Surveillance, Epidemiology, and End Results (SEER) population based registry research
  - o Etiology and prevention
- Violence
  - o Physical and psychological correlates of victimization
  - o Healthcare costs and utilization associated with victimization
- Residency scholarship curriculum

### **Major accomplishments 2005 – 2010**

In 2005, Dr. Bengt Arnetz was hired to expand and internationalize the Department's Occupational and Environmental Health Division. Since that time, Dr. Arnetz has recruited faculty with research interests in this area. In the past two years, a number of grants have been awarded to faculty in this division, including considerable NIH funding (R01, R21, R34 awards). Research has focused on current and emerging issues in three major areas:

- Recognition and mitigation of biological, chemical, physical, and social health hazards especially in urban and multicultural communities
- Work-stress and health, and their implication for human capital asset management
- Organizational/cultural determinants of patient-staff processes and treatment outcomes

Dr. Dawn Misra was hired in 2008 to strengthen research in public health broadly and epidemiology in particular and to head the Population Health Sciences Division, bringing expertise in maternal and child health with an emphasis on health disparities. NIH funding has grown for this division and includes R01s as well as ARRA funding. Studies address health at all stages in the life span, examining the health of newborns as well as the health of the elderly. The primary focus has been on two broad areas:

- Conducting research to understand health, diseases, and their determinants across the life course, including comparative as well as within population research to understand and address health disparities.
- Development of partnerships and collaborations with clinicians,

communities and institutions to improve understanding of the determinants of health and translate population health research findings into policy and practice.

Dr. Victoria Neale secured a challenge grant (RC1) to lead a consortium of practice-based research networks to study barriers and facilitators of recruitment and retention of specific minority groups into primary care research. She was also recently awarded a R18, as follow-up to a just-completed R01, to develop standard operating procedures for the responsible conduct of research in practice-based research networks. Her departmental collaborators are Dr. Schwartz and Dr. Campbell-Voytal. These awards have led to increasing national recognition of the DFMPHS as a leader in practice-based research ethics and methods.

Dr. John Porcerelli assumed a leadership role as a Director of Scholarship and Research for the Family Medicine and Transitional Year Residency programs at Crittenton Hospital Medical Center. He designed a comprehensive PGY level-based curriculum, incorporating interactive elements of evidence-based medicine training, critical appraisal of literature, case study and other clinical research designs.

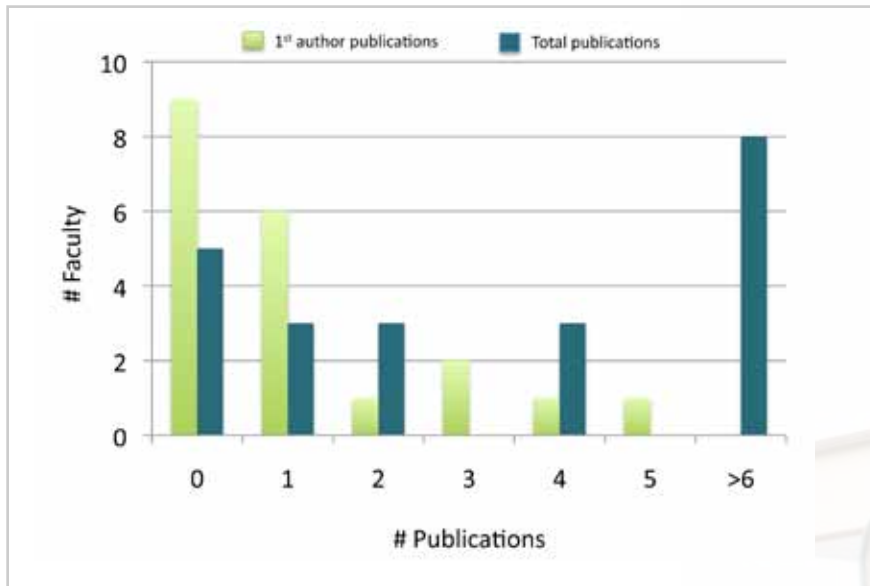
Based on rankings compiled from NIH funding by the Blue Ridge Institute for Medical Research ([www.brimr.org/NIH\\_Awards/2010/NIH\\_Awards\\_2010.htm](http://www.brimr.org/NIH_Awards/2010/NIH_Awards_2010.htm)), the DFMPHS was ranked 4<sup>th</sup> out of the 45 departments of family medicine with NIH funding. This represents a substantial move upwards in the rankings over the past several years with the department ranked at 19<sup>th</sup> in 2005. In just the past two years, our faculty members were awarded two NIH ARRA grants, two R01s, one R18, one R34, and one R21. Furthermore, we have increased the dollars awarded to PIs as compared to faculty acting as co-investigators.

Since securing research funding from outside sources is highly valued, and it is often difficult to do so without preliminary studies, WSU has several mechanisms for internal funding (*see <http://www.research.wayne.edu/funding/internal-funding.php>*). The President's Research Enhancement Program (REP) specifically designated funds to support research in Urban and Public Health in 2010 with 3 of the 6 funded proposals were awarded to our DFMPHS faculty. REP funding in prior years has typically resulted in providing critical pilot data to successfully compete for external grants.

Publishing by faculty has increased over the past five years, with considerably more first authored papers in 2009 compared to 2005. Faculty first authored 28 publications in 2009, 27 in 2008, 23 in 2007, 19 in 2006, and 15 in 2005. For faculty with a primary appointment in our department, Figure 1 illustrates the distribution of the number of peer reviewed publications and first authored publications. In 2009, most of our faculty authored 2 or more papers with the majority of faculty first authoring at least one of those papers. Perhaps more important than the volume of peer reviewed publications is the quality of the journals in which our faculty are publishing. Publications by our faculty in recent years have appeared in high impact journals such as the *American Journal of Epidemiology*, the *American Journal of Obstetrics and Gynecology*, the



*American Journal of Public Health, Cancer, Cancer Epidemiology, Biomarkers and Prevention, Environmental Health Perspectives, the Journal of Health Psychology, Nicotine and Tobacco Research, Placenta, Spine, and the Journal of Immigrant and Minority Health.*



In addition to publishing substantial numbers of articles in top peer-reviewed journals, work by our faculty has also been recognized for making significant contributions in their respective fields. We highlight a few examples here.

Dr. Bengt Arnetz. In 2009, Dr. Arnetz was appointed to the Best Practices Intervention Evaluation Competition Committee for the APA-NIOSH international Work & Stress Conference. Dr. Arnetz was also appointed as one of the chairmen of the Swedish National Insurance Agency’s Research Committee on Rehabilitation Medicine and Return to Work Research; the committee is responsible for awarding approximately \$15 million (US) in research funds annually.

Dr. Dawn Misra. The recent Institute of Medicine committee report on preterm birth extensively cited Dr. Misra’s body of work and noted that her framework for perinatal health guided the committee’s approach to examining the causes of preterm birth. Dr. Misra also contributed to a notable chapter on Mental Health and Behavioral Disorders in Pregnancy in the 2007 edition of leading textbook *Obstetrics: Normal and Problem Pregnancies* (editors Gabbe, Niebyl, and Simpson); this marked the first time a textbook on obstetrics included a chapter on mental health.

Dr. Victoria Neale. Dr. Neale co-led a team of investigators awarded funding by the national Clinical and Translational Science Award (CTSA) consortium to develop and launch the PRIMER website ([www.researchtoolkit.org](http://www.researchtoolkit.org)) which provides a suite of resources to facilitate multi-site research, especially for the CTSA and practice-based research network (PBRN) communities. Recognizing her contributions to the field, Dr. Neale delivered a 2010 plenary address for the annual meeting of the Agency for Health Care Research and Quality

Practice-Based Research Networks. Finally, the American Society of Healthcare Publication Editors awarded Drs. Kendra Schwartz (interim chair and professor) and Victoria Neale the 2006 Bronze Award in the Editorial Division, Category: Best Signed Editorial.

Dr. Kendra Schwartz. Dr. Schwartz is internationally recognized for her work on Arab-American health and is a member of the scientific committee planning the 6th International Conference on Health Issues in Arab Communities to be held in Syria in 2011. She developed and validated an Arab American name algorithm that has been used to study cancer outcomes in this population group that is regarded as “white” in population-based databases. She also has directed MetroNet since its inception.

### **Interdisciplinary research**

The majority of our faculty active in research do engage in interdisciplinary research collaborations, often collaborating outside the School and University. Dr. Misra’s perinatal epidemiology research includes grants collaborating with scientists in other disciplines at the University of Michigan, McGill University, Northeastern University, and the University of Bristol (UK). Dr. Bengt Arnetz conducts much of his work in collaboration with investigators outside of the United States including Sweden, Norway, Japan, and the Middle East. Dr. Neale’s recent work has involved collaborations with a number of institutions including Duke University, the University of Washington, and the Group Health Research Institute of the HMO Research Network. Dr. Schwartz’s projects have included collaborators from the Henry Ford Health System, University of Michigan, and Michigan State University. Drs. Porcerelli and Markova have collaborated with researchers at Texas Tech University, Yale University, McGill University, and Derner Institute for Advanced Psychological Studies at Adelphi University on studies of the impact of violence victimization and dependency on health and healthcare costs/utilization.

### **Scholarly Activity-Journal Editorship**

The DFMPHS is the editorial home of the *Journal of the American Board of Family Medicine* since 2006. Dr. Victoria Neale serves as deputy editor and Dr. Kendra Schwartz as Associate Editor. A full-time editorial assistant is employed. The *JABFM* publishes an issue every 2 months and specializes in featuring research important to family physicians in practice, with one issue per year devoted to practice-based research. Dr. Neale also serves as Editor of *Family Practice*, an Oxford journal. In addition, Dr. Julie Gleason-Comstock is Assistant Editor for the *Michigan Journal of Public Health*. All DFMPHS faculty are actively involved in peer review of submitted manuscripts for a variety of journals.

### **Faculty recruitment**

In 2008, DFMPHS recruited Dr. Dawn Misra, a perinatal epidemiologist with a strong research portfolio. In addition to enhancing strength of the department in health disparities, Dr. Misra brought unique expertise in the study of reproductive and perinatal outcomes. Since her arrival, she has successfully been awarded funding as PI for a five year \$2.48 million NIH R01 grant (2008-2013), and a

two year \$1.5 million dollar NIH ARRA grant (2009-2011). She is also a co-investigator on a Department of Defense grant (2010-2012).

In 2006, Dr. Todd Lucas was recruited as an Assistant Professor in the Division of Occupation and Environmental Health within the department. Dr. Lucas is a social and health psychologist who conducts research on the relationships between psychosocial perception, stress, and health. Some of his past and ongoing research has explored relationships between perceived fairness and well being. In the three years since his appointment, Dr. Lucas has demonstrated success with a R21 award (2010-2012). Dr. Lucas is also a co-investigator on Dr. Bengt Arnetz's recently awarded R01.

In 2006, the Department also recruited Dr. Judy Arnetz from Department of Public Health and Caring Sciences, Uppsala, Sweden. It is ranked among the top 100 universities in the World. Dr. J. Arnetz is internationally known for her work on workplace violence in the health care sector. She also studies domestic violence; determinants and treatment implications from patient involvement in cardiovascular care; and organizational determinants of safety culture and implication for patient outcome. Dr. J. Arnetz has received funding from Blue Cross Blue Shield of Michigan and she is a co-investigator on Dr. Bengt Arnetz's recently awarded R01.

In 2008, the Family Medicine Residency Program hired William Murdoch, MD, a Board Certified Family Physician with a strong interest in clinical and educational research. He has been accepted into the WSU SOM Medical Education Research Scholars Program and is developing a research program in the area of procedural education of resident physicians. He contributes to the scholarship curriculum within the Family Medicine Residency program.

### **Weaknesses and challenges**

The current funding environment nationally as well as at the state level continue to pose challenges to research undertaken by our faculty. Limited dollars at the University have also posed a challenge for generating the preliminary data and demonstrating the collaborations of groups needed for larger grants. Our university has also not yet been able to obtain an NIH Clinical and Translational Science Award (CTSA) although we are hopeful about the most recent proposal submission (October 2010). However, as shown in Section A, our faculty members have been very successful in the past two years in obtaining substantial research funds despite these challenges.

### **Faculty recruitment needs with respect to research**

We are interested in maintaining and expanding in two areas of strength in our research portfolio that also provide cohesion in our multidisciplinary department: public health and primary care. Crosscutting both areas is research on health disparities. We have nationally recognized leaders in research on disparities and are well positioned to mentor junior faculty in this area as well as to develop larger research agendas, including NIH funded centers on disparities broadly or

particular health topics. With regard to substantive areas, we envision recruiting broadly in the areas of stress, environmental toxicants, and cancer. We expect that researchers would also contribute to the teaching mission of the department within either the MPH program or one of the medical education (undergraduate/graduate) programs.

## **Future plans**

### **Short-term plans:**

- In the upcoming annual faculty review cycle (starting December 2010), a research committee will annually evaluate research activities of each faculty member. This committee will be comprised of 3 faculty members and the Associate Chair for Research.
- Mentoring committees will be individualized to each faculty member, much like a thesis committee, to meet with faculty members together and individually frequently throughout the year to provide mentoring in all areas including research.
- We are increasing the frequency of our research brown bag meetings from monthly to two times per month.
- Faculty will be encouraged to participate in study section reviews when invited and to share those experiences on an ongoing basis with department faculty.

### **Long-term plans:**

- Maintain “top-ten” rankings for departments of family medicine as we expand our funded research portfolio.
- Improving the publication productivity of all faculty in our department, both in terms of first-authored publications as well as publications in high impact journals that make important contributions in our respective fields.
- Consider more fluid cluster based approach to developing research areas and collaborating to obtain external funding.
- Upon full accreditation of our MPH program (expected in 2011), we will begin to develop an MS and PhD program in Epidemiology. We will also endeavor to obtain training grants in key areas as they develop. The creation of a successful MS/PhD program and a successful research program are mutually beneficial and reinforce one another. Our research program is sufficiently strong to begin such a program and the program will provide trainees that will enhance our research enterprise.
- Develop a Family Medicine Research Fellowship. Our department is a leader in primary care research and can provide extensive opportunities for family medicine physicians to develop into independent clinician scientists. Furthermore, we expect that the university will be successful in obtaining a Clinical and Translational Science Award which will also support such investigators with key infrastructure and training.

## VII. CLINICAL PROGRAMS

### Strengths

In 2008, then-Department Chair Maryjean Schenk, M.D. and Dr. Markova led the construction of a new state-of-the-art FMC in Rochester, Michigan as the WSU/Crittenton Residency clinical site. The FMC is specifically designed to embody the principles of the New Model of Care, including an interdisciplinary teams structure, an electronic health record, quality improvement methodologies, and chronic care model initiatives.

As part of the process of qualifying as a Patient-Centered Medical Home (PCMH), the FMC has joined the Mackinac Learning Collaborative which is working to help independent medical practices in Southeast Michigan improve the quality of their care delivery, decrease their costs and improve their income. A primary purpose for the Mackinac Learning Collaborative is to facilitate the adoption, implementation and maximized usage of a population-based registry that is all payer compatible and supports the establishment and practice of the PCMH. Dr. Markova is a Co-Chair of this initiative.

- There is staff, faculty and resident involvement in this process
- The use of PDSA (Plan-Do-Study-Act) cycles helps drive improvement in small, manageable steps with fast turn-around time.
- Quarterly learning sessions are held bringing representatives from all practices together to report progress, and to share ideas and receive guidance from the leadership of the Collaborative.

To facilitate effective communication, there are several site meetings and practice management workshops that occur at the FMC:

- Clinical Operations Meetings (Monthly): Practice operations and statistics are presented; a comprehensive agenda reviews many management issues. Residents report on projects, patient satisfaction monitoring, and quality reviews.
- Practice Improvement Institute (Monthly or bi-monthly): Presentations and discussions are led by experts in practice improvement with emphasis on the PCMH as the new model of care.
- Record Quality Review (monthly or bi-monthly): Faculty and our Nurse EMR Coordinator present records for review and analysis by the entire group of residents.
- Quality Improvement (bi-monthly and/or part of Integrated Family Medicine Rotation activities): Residents with faculty guidance and instruction review office management issues, local billing, chart reviews or other reviews of practice parameters (coding, HEDIS scoring, etc.) and medical insurance issues. The review activity is followed by discussion or problem-solving sessions, or case-based analyses.
- Teams Meetings (monthly) are held to design specific PDSAs and ideas for improvement of efficiency and patient satisfaction.
- Team huddles. Practice teams hold a “huddle” prior to each half day of patient care, which functions to anticipate what is needed to optimize the visit, facilitate efficient patient flow, and ensure that continuing, comprehensive care is delivered.

### **WSU University Physicians Group/Clinical Sites**

All DFMPHS physicians are members of the Wayne State University Physicians Group (WSUPG), which was formed in 2008. The DFMPHS has a clinical presence in 3 geographic areas. The largest practice is in Rochester, home to the Family Medicine and Transitional Year residency programs. Drs. Nehman Lauder and Tywanda Crawford also provide family medicine care near the medical center campus at 3750 Woodward, Detroit. This office space is home to other WSUPG specialties including obstetrics-gynecology and infectious diseases. Dr. Schwartz practices in Southfield, an inner ring suburb of Detroit, in WSUPG office space shared with obstetrics-gynecology. These shared office opportunities provide for economization of resources, such as space and staff, and have worked well for the faculty practicing in these locations.

### **Areas of inter-disciplinary clinical collaboration**

As the WSUPG matures, the interdepartmental collaborations and referral opportunities are increasing. We are creating a strong networking system for common referrals, billing and coding, and quality improvement practices within the organization. Several DFMPHS faculty participate on WSUPG committees to provide input.

### **Future plans**

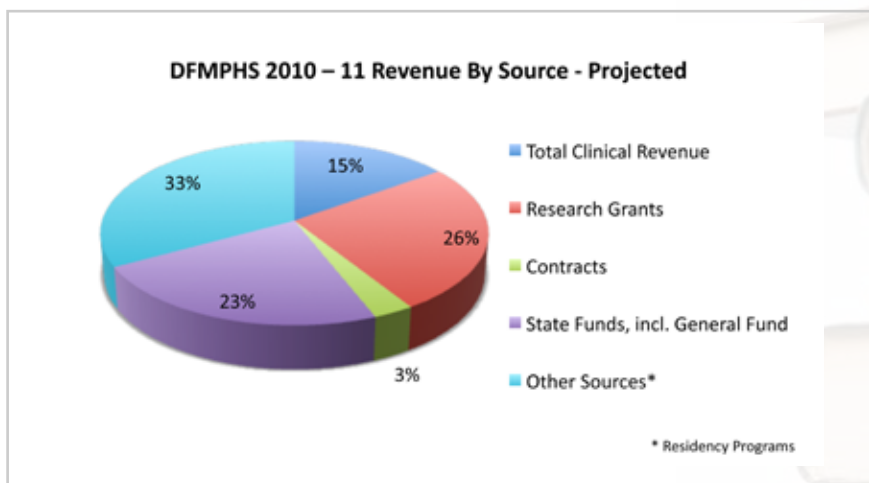
Our short and long term plans are focused on clinical growth. The new FMC in Rochester needs to build patient volume, assure adequate patient care experiences for the residents, and provide financial stability. Both Wayne State University and Crittenton Hospital Medical Center are engaged and supportive of the FMC's growth, including providing resources and working on a collaborative marketing campaign. We have undertaken a very aggressive plan for improvement, including the following:

1. New marketing efforts began in January 2010 and include launching an interactive practice website, direct marketing through direct mail, weekly full page print ads in local newspapers, and electronic outdoor billboards. In addition, information about the FMC is included in the quarterly published Wellspring magazine distributed by CHMC to 130,000 households in the surrounding area. We have put mechanisms in place to monitor the effects of the marketing campaign on a monthly basis in order to modify the efforts accordingly.
2. In order to improve access to care, in December 2009 we began offering early morning, late evening and Saturday hours for patient appointments. In addition, we assured a minimum of 30% reserved appointments for same day visits on a daily basis. So far this has been accepted very positively by the community and we are planning to increase the after-hour care as the demand increases.
3. We have introduced an electronic registry for chronic disease management that is fully integrated with the current EMR system. That provides an opportunity for population care management including proactive notification of patients about lapses in their chronic disease care and scheduling follow-up visits to address these.

4. As part of the Patient-Centered Medical Home designation, we are promoting an interdisciplinary team-based approach including behavioral science counseling and case management, which is highly evaluated on the patient satisfaction surveys and resulted in word of mouth referrals to patient friends and family members.

## VIII. RESOURCES AND FINANCES

The DFMPHS receives funding from research, education, and clinical programs including contracts and residency programs. Additionally, because of the affiliation with Wayne State University, the department receives Specialty Network Access Fees (SNAF) from the State for the Medicaid HMO patients. The department also receives State appropriations for universities from the General Fund through WSU.



The DFMPHS excels in its research and education programs. The department ranked 4th in the nation in NIH funding in 2010. Revenue from grants shows a steady increase and is over \$2.3 million in FY 2010 with another \$# million.

Both the Family Medicine (FM) and Transitional Year (TY) residencies received 5-year accreditation in 2010. However, we have not been able to secure CMS funding for the FM residency program yet; we expect a favorable resolution to this issue in 2011. The TY program was expanded to offset costs of the FM residency. In the meantime, Crittenton Hospital has assisted with funding in order to maintain the FM program. When fully funded by all sources including CMS, the revenue for both residency teaching programs is over \$3.2 million annually.

The DFMPHS clinical revenue is experiencing low patient volume; much of this is due to the economic downturn, which hit Michigan hard and resulted in decreased employment and loss of insurance coverage. The Detroit office move to 3750 Woodward saw decreased volume, but is slowly improving. The Rochester location has expanded hours/. We are working with WSUPG Marketing to improve clinical volume at Detroit and Rochester. We also have a presence in Southfield, providing clinical services weekly at the UPG Women's Health Center

which is very successful. Gross charges for all clinical sites are projected to be \$1.4 million in FY 2011. Another \$220,000 will be realized from the State via SNAF funds and \$328,000 from capitation payments. The clinical activities are forecasted to have a small surplus in FY 2011.

The Occupational and Environmental Health program is supported by service contracts with the City of Detroit Department of Health and Wellness Promotion (DHWP) and the Department of Occupational Medicine (DOEM). The DFMPHS provides Medical Director services to the City of Detroit DHWP to support wellness initiatives that will improve health status among employees and citizens including providing assistance with oversight of clinical services offered by DHWP, acting as spokesperson representing DHWP on wellness related health issues, and providing affidavits for legal proceedings as reasonably requested by DHWP. The DFMPHS provides medical direction and coordination with the City of Detroit's Risk Management Division, Police and Fire Departments, and Human Resources to oversee the treatment of City employees for medical care associated with occupational injuries and illnesses. The income from the contracts is approximately \$300,000 per year. Additionally, Independent Medical Exams (IME) are provided to rate impairment for worker's disability claims. An IME is a medical evaluation that documents the worker's condition to determine whether the worker has reached their maximum benefit from treatments or if any permanent impairment remains.

## **IX. DIVERSITY AND COMMUNITY SERVICE**

### **Diversity**

Of 33 DFMPHS full-time faculty members, 15 are women, 3 are African American, 3 are Asian American and 1 is Hispanic American. Of 25 Family Medicine residents, 11 are women and 4 are African American, and of the 14 Transitional Year residents, 6 are women, 1 is African American and 1 is Asian. Finally, over the past three years, the MPH program has enrolled 50 students, of whom 30 are women, 11 are Asian/Pacific Islander, 7 are Arabic, 2 are African American, 1 is Hispanic, 1 is American Indian, and 3 are of unknown descent. We have 2 postdoctoral students, 1 of whom is a woman. The department has no fellows.

### **Community service**

The DFMPHS contributes to the overall mission of the University by being actively engaged in numerous service activities. All faculty are not only evaluated on the basis of teaching and scholarly activities but service to the university, our professions, and the community at large. Faculty are engaged in a range of diverse service activities at the local, regional, national and international levels.

Leadership on community and professional organization boards:

- Chair, Scientific Research Group on Efficacy of Intervention to Enhance Return to Work
- Vice Chair, Vårdal Research Foundation of Sweden. The foundation has a special focus on the challenges of aging and health issues of children and adolescents within an overall portfolio of interdisciplinary research in the



field of health and social care.

- Member, Scientific Advisory Committee for the Arab-American and Chaldean Council
- Member, Board of Directors, Michigan Public Health Institute
- Member, Scientific Advisory Committee for the Arab-American Community Center for Economic and Social Services
- Member, Scientific Advisory Board of the Michigan Department of Community Health

Involvement in several community groups aimed at addressing the needs of minority populations:

- Member, Community Health Awareness Group Board of Directors
- APHA, Maternal and Child Health Section, Improving Pregnancy Outcomes Committee
- Member of the Maryland Commission on Infant Mortality Prevention, African-American/White Infant Mortality Gap
- Expert Panel Member, Planning Committee for Safe Motherhood Initiative, Jacobs Institute of Women's Health
- Member, Advisory Panel, Tennessee Connections for Better Birth Outcomes

Involvement in several community groups aimed at addressing health disparities in the local and regional populations:

- Member, Mercy Primary Care Center Board of Directors
- Member, Michigan Department of Community Health, Diabetes Prevention Work Group
- Co-chair, Advisory Committee, City of Detroit, Healthy Detroit Neighborhood Health Empowerment Center
- Director, Detroit Community Health Collaborative
- Member, Michigan Department of Community Health, Diabetes Partners Action Coalition
- Member, Board of Directors of the Detroit Area Adult Well-Being Services Michigan Dementia Coalition

Membership in organizations that promote community-based research

- Member, Scientific Peer Review Panel, Great Lakes Research into Practice Network
- Director, MetroNet, Metropolitan Detroit Practice-based Research Network

- Member, Steering Committee, Practice-based Research Committee, Agency for Healthcare Research and Quality

Additionally, we have selected one agency for community outreach activities which we collectively have supported for the past three years. The DFMPHS faculty and staff participate regularly in providing monetary donations and goods for Mercy Primary Care Center (MPCC), which is a health center serving the needs of Detroit's uninsured by providing high-quality care in a personal medical home. Our department has adopted MPCC for our collective community outreach focus. In addition to healthcare services, MPCC operates a Special Personal Assistance (SPA) program for homeless men and women in the community, which encourages both personal growth and improved health. The SPA program addresses one of our most fundamental needs and rights: personal hygiene. They provide a warm shower, new undergarments and clean clothes to homeless men and women, four days a week. Homelessness is a significant issue throughout the United States affecting more than 25,000 individuals and families in the City of Detroit alone. The homeless face personal, social and health care challenges. The SPA program seeks to eliminate those challenges by empowering their patrons into making a change in their lives by connecting them with organizations that can help promote self-sufficiency and personal growth.

One of our faculty, Dr. Binienda, coordinates our supportive efforts for the SPA program through monthly clothing drives, personal hygiene kit collections and monetary contributions. For the last three years we have averaged over \$250/month in donations. Dr. Binienda, on behalf of the Department has received recognition from Governor Granholm and the State of Michigan for these efforts.

## X. FACULTY SURVEY

In a current 2-year pilot study, the DFMPHS has twice used the Quality of Worklife Competence questionnaire (QWC), a well-validated survey, to assess key organizational and individual determinants of organizational performance and faculty success. This was a participatory-research study in which faculty were involved up-front in the design and analysis of results. We used an IRB-approved process to link individual responses over time, thus allowing us to compare people who responded during both survey administrations with those that had responded only once. Such information is vital since there is typically a turnover of faculty which might raise the argument that inter-year whole-group assessments are not comparative.

In 2008 and 2009, the DFMPHS carried out QWC assessments. The response rate both in the initial 2008 survey as well as the 2009 follow-up was over 75%. Overall, the QWC results for DFMPHS are strong as compared to external benchmarks. QWC results are in line with the DFMPHS's increasing success in scholarly activities, including scientific publications and external funding. However, there is a concern for increasing exhaustion levels among faculty. Results informed leadership about targeted interventions. Results were also discussed among faculty and proved an effective way to facilitate discussions about the current challenges as well as future directions of DFMPHS.

Figure 1 depicts mean results for the responding faculty. The figure depicts a department with an overall healthy profile. However, there is a need to review means to enhance organizational efficiency as well as decreasing faculty exhaustion.

**Figure 1.** Mean values, and top and bottom quartiles, for organizational and faculty health and performance. For all areas, higher values are more desirable except in the case for Intensity and Exhaustion, where levels should be below 30 respectively. Green bars denote excellent values; yellow indicates levels are below the optimal levels; yellow-red indicates risks.

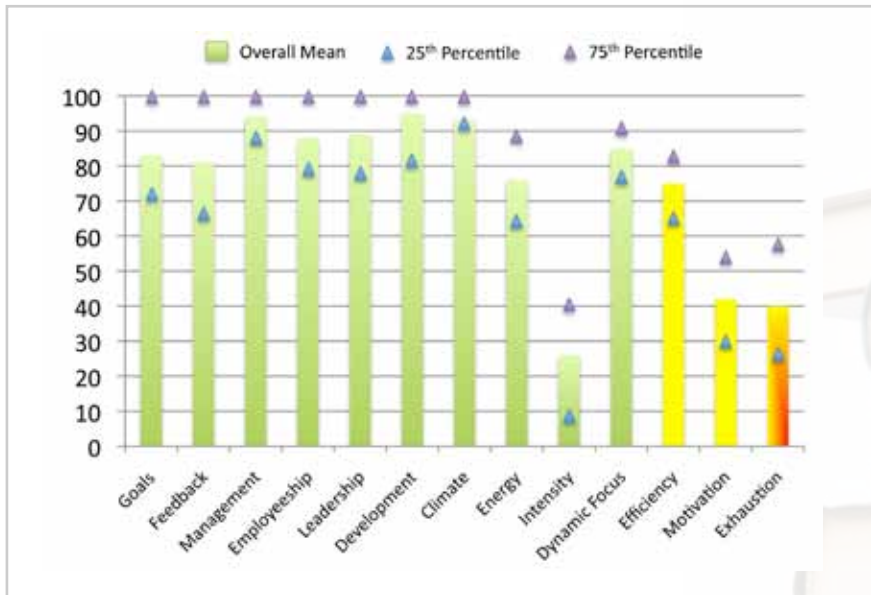
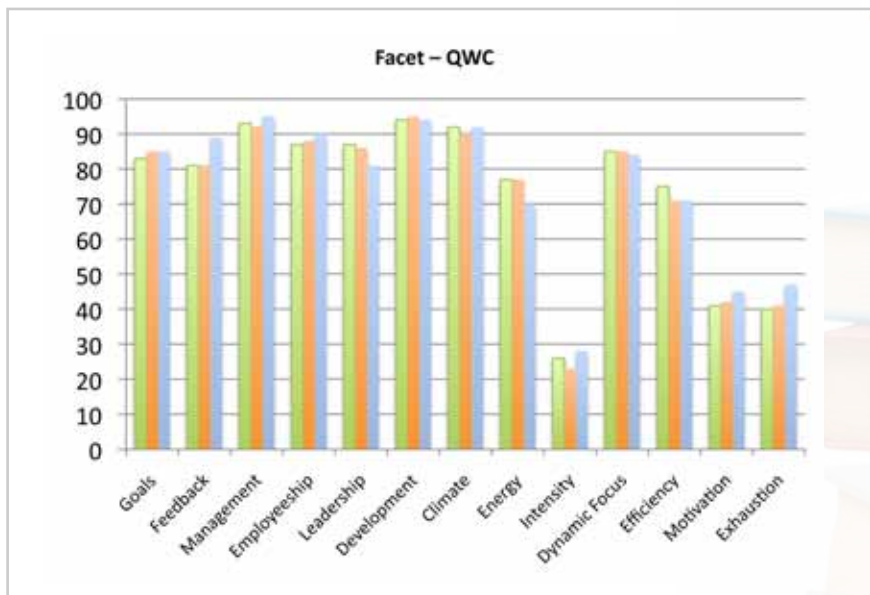
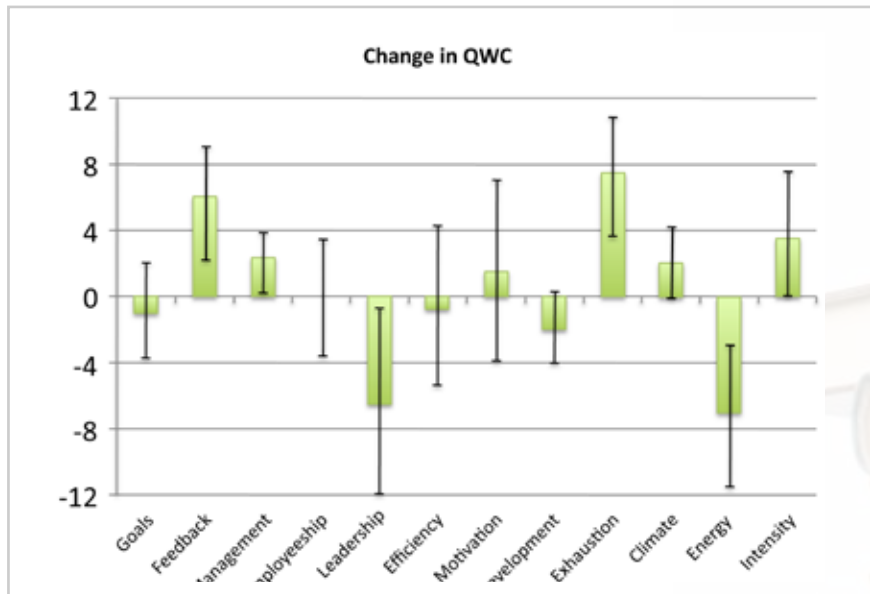


Figure 2 shows three bars for each QWC domain. Green represents all respondents in 2008; blue represents 2008 respondents that also answered the survey in 2009 (red). The figure shows improvement in management performance feedback to faculty. At the same time, faculty report decreasing energy and increasing exhaustion. We found no systematic bias among those that responded only in 2008 as compared to those that responded both years.



**Figure 2.** Changes in faculty’s QWC ratings from 2008 (blue) to 2009 (red). Green denotes all respondents in 2008, while blue represents faculty that also responded in 2009 (red).

Finally, rather than just looking at average changes in key performance measures between the two years, we also looked at individual-level changes in QWC measures over time (Figure 3).



**Figure 3.** Mean changes and Standard Deviations in key performance measures between 2008 and 2009.

As shown in Figure 3, there were major variations in how participants rated their organization over the study period. For example, although the mean ratings for clarity of goals did not change between 2008 and 2009, there were significant differences across the faculty. Thus, some faculty reported improvement in their awareness of the workplace goals, while others reported a worsening. Furthermore, Figure 3 also depicts a rather uniform decrease in faculty energy as well as increased exhaustion.

Overall, DFMPHS faculty reveal a very strong organizational performance profile. There are areas in need of improvement, especially in terms of faculty health. However, compared to external benchmarks, as well as pre-determined critical performance levels, DFMPHS stands well positioned to handle current and future challenges.