## Faculty Orientation
### Aug. 27, 2019

<table>
<thead>
<tr>
<th>Department</th>
<th>Name</th>
<th>Title and Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rush University Medical Center</td>
<td><strong>Edward Ward, MD, MPH, FACEP</strong>&lt;br&gt;President of Medical Staff Office&lt;br&gt;Vice Chair, Department of Emergency Medicine</td>
<td></td>
</tr>
<tr>
<td><strong>Quality and Safety</strong></td>
<td><strong>Paul Casey, MD, FACEP</strong>&lt;br&gt;Acting Chief Medical Officer&lt;br&gt;Vice Chair, Department of Emergency Medicine</td>
<td></td>
</tr>
<tr>
<td><strong>Legal Affairs</strong></td>
<td><strong>Kelly Sullivan, JD</strong>&lt;br&gt;Associate General Counsel, Chief Risk Officer</td>
<td></td>
</tr>
<tr>
<td><strong>Faculty Affairs</strong></td>
<td><strong>Susan Chubinskaya, PhD</strong>&lt;br&gt;Vice Provost, Faculty Affairs</td>
<td></td>
</tr>
<tr>
<td>University Organizational History</td>
<td><strong>Chet Brauer, MBA</strong>&lt;br&gt;Chief of Staff, Office of the President</td>
<td></td>
</tr>
<tr>
<td>Welcome to Rush University</td>
<td><strong>Sherine Gabriel, MD, MSc, FACP</strong>&lt;br&gt;President, Rush University</td>
<td></td>
</tr>
<tr>
<td>Research Affairs</td>
<td><strong>Josh Jacobs, MD</strong>&lt;br&gt;Vice Provost for Research, Rush University</td>
<td></td>
</tr>
<tr>
<td>Counseling Center</td>
<td><strong>Hilarie Terebessy, PhD</strong>&lt;br&gt;Director, Counseling Center</td>
<td></td>
</tr>
<tr>
<td>Mentoring Programs</td>
<td><strong>Giselle Sandi, PhD</strong>&lt;br&gt;Director Mentoring Programs</td>
<td></td>
</tr>
<tr>
<td>Community Initiatives</td>
<td><strong>Darlene Oliver Hightower, JD</strong>&lt;br&gt;Vice President, Community Health Equity</td>
<td></td>
</tr>
<tr>
<td>Research Compliance Research Integrity Awareness</td>
<td><strong>Mary Keller, BSN, RN, CHRC, CCRC</strong>&lt;br&gt;Director, Conflicts of Interest&lt;br&gt;Office of Research Compliance</td>
<td></td>
</tr>
<tr>
<td>Rush System Diversity &amp; Inclusion (D&amp;I) Strategic Plan &amp; Mission Diversity Leadership Council Rush University D&amp;I Mission &amp; Initiatives</td>
<td><strong>Kate Webster, PhD</strong>&lt;br&gt;Director, Student Diversity &amp; Multicultural Affairs</td>
<td></td>
</tr>
<tr>
<td>Simulation Center</td>
<td><strong>Mike Kremer, PhD</strong>&lt;br&gt;Co-Director, Simulation Lab</td>
<td></td>
</tr>
<tr>
<td>Philanthropy</td>
<td><strong>Krista Giuffi</strong>&lt;br&gt;Director, Alumni Relations&lt;br&gt;<strong>Erin Shelp</strong>&lt;br&gt;Associate Director, Corporate &amp; Foundation Relations</td>
<td></td>
</tr>
</tbody>
</table>
Rush University Medical Center

CMO on Quality & Safety

Paul Casey, MD
Chief Medical Officer
Dr. Lateef’s Vision for Rush

- #1 in Quality & Safety
- Top Patient Experience
- Top Place to Work
Continuous Pursuit of Excellence
Performance Improvement Team

Culture of Safety
Daily Safety Briefing

Continued Preparedness
Modeling Behaviors
<table>
<thead>
<tr>
<th>Measure</th>
<th>Desired Direction</th>
<th>FY20 Target Tier</th>
<th>FY19</th>
<th>FY20 YTD</th>
<th>FY20 Target</th>
<th>FY20 Compared to Target</th>
<th>FY20 Compared to FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Satisfaction: Overall HCAHPS</td>
<td>↑</td>
<td>Top Decile</td>
<td>81.7%</td>
<td>78.9%</td>
<td>81.5%</td>
<td>-2.6%</td>
<td>-2.8%</td>
</tr>
<tr>
<td>Ambulatory Satisfaction (RUMG)</td>
<td>↑</td>
<td>Top Decile</td>
<td>92.8</td>
<td>93.4</td>
<td>93.1</td>
<td>0.3%</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Quality Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vizient Mortality Index (O/E)</td>
<td>↓</td>
<td>Top Decile</td>
<td>0.56</td>
<td>0.41</td>
<td>0.66</td>
<td>37.9%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>↑</td>
<td>N/A</td>
<td>88%</td>
<td>86%</td>
<td>92%</td>
<td>-6.0%</td>
<td>-2.0%</td>
</tr>
<tr>
<td><em>NEW</em> Vizient Readmission Rate*</td>
<td>↓</td>
<td>Top Third</td>
<td>11.4%</td>
<td>10.7%</td>
<td>11.4%</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>CPE: Daily Management System spread (Number of areas)</td>
<td>↑</td>
<td>N/A</td>
<td>119</td>
<td>119</td>
<td>155</td>
<td>-2.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td><em>NEW</em> CPE: Daily Management System health (Percent of areas with an assessment score &gt;= 3.0)</td>
<td>↑</td>
<td>N/A</td>
<td>10.1%</td>
<td>12.6%</td>
<td>80.0%</td>
<td>-67.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Patient Flow</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Discharged ED Outpatient LOS - Arrival to Discharge (minutes)</td>
<td>↓</td>
<td>Median</td>
<td>202</td>
<td>215</td>
<td>185</td>
<td>-16.2%</td>
<td>-6.6%</td>
</tr>
<tr>
<td><em>NEW</em> Vizient IP LOS Index (O/E)</td>
<td>↓</td>
<td>Top Decile</td>
<td>0.80</td>
<td>0.81</td>
<td>0.78</td>
<td>-3.8%</td>
<td>-1.3%</td>
</tr>
<tr>
<td><strong>Ambulatory Quality Measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Screening (Ages 50-74 years)</td>
<td>↑</td>
<td>Tier 1</td>
<td>77%</td>
<td>79%</td>
<td>79%</td>
<td>0.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Diabetes: HbA1c Poor Control (Ages 18-75 years)</td>
<td>↓</td>
<td></td>
<td>23%</td>
<td>23%</td>
<td>18%</td>
<td>-5.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Controlling High blood Pressure (Ages 18-85 years)</td>
<td>↑</td>
<td></td>
<td>66%</td>
<td>73%</td>
<td>75%</td>
<td>-2.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>↑</td>
<td></td>
<td>66%</td>
<td>71%</td>
<td>73%</td>
<td>-2.0%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

*Data lags one month*
*Rush Health data reported in calendar years*
## Performance Improvement Metrics

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY19 Count</th>
<th>FY20 YTD</th>
<th>FY20 Target</th>
<th>FY20 Compared to Target Rate</th>
<th>FY20 Compared to FY19 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety Index (Hospital Acquired Conditions) - Lower is Better; Lower percentile, decile, and quartile target tier is worse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Index</td>
<td>254</td>
<td>19</td>
<td>255</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLABSI (non-MBI CLABSI)</td>
<td>38</td>
<td>0.73</td>
<td>1</td>
<td>35</td>
<td>0.23</td>
</tr>
<tr>
<td>CAUTI</td>
<td>19</td>
<td>0.80</td>
<td>1</td>
<td>12</td>
<td>0.50</td>
</tr>
<tr>
<td>Colorectal Surgery SSI</td>
<td>8</td>
<td>0.55</td>
<td>0</td>
<td>9</td>
<td>Oct 2018</td>
</tr>
<tr>
<td>Abdominal Hysterectomy SSI</td>
<td>4</td>
<td>0.52</td>
<td>0</td>
<td>4</td>
<td>Oct 2018</td>
</tr>
<tr>
<td>Closstridium Difficile: Hospital Onset</td>
<td>72</td>
<td>0.58</td>
<td>7</td>
<td>75</td>
<td>Oct 2018</td>
</tr>
<tr>
<td>Hospital Acquired Pressure Injuries: Stage 2 and greater</td>
<td>11</td>
<td>0.65%</td>
<td>1</td>
<td>10</td>
<td>0.22%</td>
</tr>
<tr>
<td>Falls with injury</td>
<td>32</td>
<td>0.17</td>
<td>3</td>
<td>31</td>
<td>0.19</td>
</tr>
<tr>
<td>PSI 12 PE/DVT</td>
<td>54</td>
<td>4.72</td>
<td>4</td>
<td>50</td>
<td>4.53</td>
</tr>
<tr>
<td><em>NEW</em> PSI 13 Sepsis</td>
<td>16</td>
<td>1.99</td>
<td>2</td>
<td>17</td>
<td>3.21</td>
</tr>
<tr>
<td><strong>Safety Measures: Serious Safety Events (SSER)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious Safety Event Rate (SSE for past 12 mos per 10,000 Adjusted Patient Days)</td>
<td>26</td>
<td>0.83</td>
<td>0</td>
<td>32</td>
<td>0.67</td>
</tr>
<tr>
<td>Hypoglycemia Post Insulin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>NEW</em> Hypoglycemia (&lt;= 50 mg/dl) within 24 hours of insulin dose</td>
<td></td>
<td></td>
<td>&lt;= 3.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NEW* indicates a new metric.
Rush System: Quality, Awards and Honors

#2 in the nation

5 Top ranked clinical programs including 2 in Top 10

11 Rush University programs among top 10

Award by American Hospital Association (2019)

Magnet recognized at RUMC and ROPH RCMC has a pending application for Magnet

CHIME/HIMSS
Most Wired
Stage 7 for Analytics
Stage 7 Ambulatory

Epic Stars and Honor Roll

All hospitals are 4 star

LGBTQ Healthcare Equality Leader

RCMC and ROPH ‘A’ grades; RUMC “B” grade, previously received 13 consecutive “A” grades

RUMC winner of 2019 “Best Places to Work for Disability and Inclusion”
Thank you.
New Faculty / Medical Staff Orientation

RUSH Legal
August 27, 2019

Kelly Sullivan, Deputy General Counsel & Chief Risk Officer
CONTACT INFORMATION

- RUSH Legal - TOB
  - 1700 W. Van Buren Suite 301
  - 942-6886

- RUSH Legal - Kidston
  - Kidston 3rd Floor
  - 942-7828
  - On-Call at 85-7101
RUSH Legal - TOB

• University & Research
• Intellectual Property
• Regulatory
• Employment
• Corporate
• Contract Review
University & Research

• Research Agreements
  – Examples include Clinical Trial Agreements, Master Research Agreements, Confidentiality Agreements

• Research Contract Process
  – All research contracts must be submitted to the Research Portal for review and processing.
• All intellectual property disclosures must be made to the Innovation and Technology Transfer Division.
• The Innovation and Technology Transfer Division reviews all disclosures, makes recommendations for filing of intellectual property, and negotiates the business terms related to commercialization.
Regulatory

- HIPAA Questions
- Clinical Contracts
- Scope of Practice
- Medicare / Joint Commission Compliance
- Facility License Questions
Labor & Employment

- Guidance on immigration, benefits, union matters, leaves of absence, and wage and hour
- Assists with investigation, addressing, and resolving significant employment, medical staff, and faculty issues
Contract Review

- All contracts/arrangements require legal review
- Responsible person should send the arrangement to contractreview@rush.edu with the pertinent information
RUSH Legal - Kidston

- Clinical & Legal Risk Management
- Insurance Issues
- Claims Management
- Enterprise Risk Management
Clinical and Legal Risk Management

- Investigation of harm events
- Assist with difficult patient/family situations
- Counseling re: consent issues, end of life, guardianships and surrogate decisionmaking
- Data collection, analysis and reporting of safety events/incidents and adverse events
Claims Management & Insurance

- Subpoenas
- Summons & Complaints
- Government Inquiries
- Calls from Lawyers
- Insurance Coverage Questions
- Claims Verification
Enterprise Risk Management

- Identify, track, and mitigate risks enterprise-wide
Overview of Rush University

Faculty Orientation
August 27, 2019

Chet Brauer, MBA
Chief of Staff
History of Rush University
Pioneering Firsts...

- 1837
  - Rush Medical College is Chartered
  - David Jones Peck, MD, is awarded a doctor of medicine degree, making him the first African-American man to receive this distinction from an American medical school.

- 1847
  - Rush faculty pioneer many new procedures,
    - Christian Fenger, MD, is the first surgeon in Chicago to perform a successful hysterectomy for carcinoma of the cervix.
    - Nicholas Senn, MD, is the first surgeon to detect intestinal perforation by inflation with hydrogen gas.
    - James B. Murphy, MD invents the morphine (also metallic or Murphy) button for abdominal surgery.
    - Arthur Dean Bevan, MD (Rush, class of 1883), develops a procedure for exposing gall bladder for surgery without severing important nerves.

- 1880-1900
  - Rush faculty established a teaching hospital, Presbyterian Hospital, in 1883. The Presbyterian Hospital School of Nursing, a forerunner of today’s College of Nursing, was founded in 1903.

- 1903
  - Rush faculty and Alumna Adda Eldredge, faculty, becomes the first registered nurse in Illinois after she successfully lobbies for the Nurse Practice Act.

- 1907
  - James B. Herrick, MD (Rush class of 1888), discovers sickle cell anemia. He is the first to identify clot formation in coronary arteries as the cause of heart attacks.

- 1910 - 1912
  - George Dick, MD, and his wife, pathologist Gladys Rowena Henry Dick, MD, discovered the cause of scarlet fever and developed a vaccine for the disease.

- 1923 - 1925
  - George Dick, MD, and his wife, pathologist Gladys Rowena Henry Dick, MD, discovered the cause of scarlet fever and developed a vaccine for the disease.

Rush University was established in 1972. The College of Nursing and Allied Health Sciences joined Rush Medical College the following year.

1969

William Shorey, MD, John Schneewind, MD, and Harold Paul, MD, of Presbyterian-St. Luke’s Hospital’s Department of Surgery are the first in the country to reattach a severed hand.

Hassan Najafi, MD, chairman of the Department of Cardiovascular Thoracic Surgery, performs the first successful adult heart transplant in Chicago at Presbyterian-St. Luke’s Hospital.

Jorge O. Galante, MD, chairman of the Department of Orthopedic Surgery, 1972-1993, develops sintered titanium mesh material for use in cementless hip and knee joint implants with a colleague from the University of Illinois. This mesh is now used in artificial joints, tooth implants and some reconstructive surgeries. The material allows bone to grow into it.

James A. Campbell, MD, served as the University’s first president. Under his guidance, the institution expanded from two to four colleges, adding the College of Health Sciences in 1975 and the Graduate College in 1981.

Campbell chose Luther Christman, PhD, RN, FAAN, to serve as the founding dean of the College of Nursing. The first male dean of an American nursing college, Christman introduced nursing reform and new education standards at every opportunity.
Transitions….

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984 - 2002</td>
<td>Leo M. Henikoff, MD, served as University president. This was a period of expansion of research at Rush, including construction of the Cohn Research Building.</td>
</tr>
<tr>
<td>2002 - 2019</td>
<td>Larry J. Goodman, MD, becomes president and CEO of Rush and Rush University. During Goodman’s leadership, enrollment in the University doubled to more than 2,500 students.</td>
</tr>
<tr>
<td>2003</td>
<td>Rush-Presbyterian-St. Luke’s Medical Center was renamed Rush University Medical Center in September 2003 to reflect the importance of education and research to the Medical Center’s patient care mission.</td>
</tr>
<tr>
<td>2009 - 2010</td>
<td>Rush opened the distinctive butterfly-shaped Tower building, which has already become a Chicago icon. Many of our students, residents and fellows now train in this leading-edge facility.</td>
</tr>
<tr>
<td>2012</td>
<td>4th consecutive year of Magnet Status at RUMC and 1st at ROPH Rush River North opens</td>
</tr>
<tr>
<td>2013 - 2016</td>
<td>Integration of Rush Copley into RUSH Development of System Structure and Roles</td>
</tr>
<tr>
<td>2017</td>
<td>Larry J. Goodman, MD, becomes president and CEO of Rush and Rush University. During Goodman’s leadership, enrollment in the University doubled to more than 2,500 students.</td>
</tr>
<tr>
<td>2019</td>
<td>Sherine E. Gabriel, MD, was named the fourth president of Rush University</td>
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</tbody>
</table>
Structure of Rush University
Rush University Health System: Mission & Vision

Our Mission
The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

Our Vision
Rush will be the leading academic health system in the region and nationally recognized for transforming health care.
Rush University Health System: Awards & Recognition

- #2 in the nation
- 5 Top ranked clinical programs including 2 in Top 10
- 11 Rush University programs among top 10
- Award by American Hospital Association (2019)
- Magnet recognized at RUMC and ROPH
- RCMC has a pending application for Magnet

- CHIME/HIMSS
  - Most Wired
  - Stage 7 for Analytics
  - Stage 7 Ambulatory
- 8 Epic Stars and Honor Roll
- All hospitals are 4 star
- LGBTQ Healthcare Equality Leader
- RCMC and ROPH ‘A’ grades; RUMC “B” grade, previously received 13 consecutive “A” grades
- RUMC winner of 2019 “Best Places to Work for Disability and Inclusion”
Rush University Health System: Corporate Structure

Rush University System for Health (RUSH) Board
- System Board Chair: RUMC Board Chair
- Initially 13 Members: 10 RUMC + 3 RCMC
- Up to 21 Members
- Self-perpetuating by 2027
- Meets Quarterly
- Focus on Strategy and Threshold Matters

Rush University System for Health (RUSH)

- Rush University Medical Center (RUMC)
- Rush Copley Medical Center (RCMC)
- Rush Oak Park Hospital (ROPH)
- Other

IL Not-for-profit
Rush University Health System: Governance

System Engagement + Local Autonomy

System:
Nimble, centralized, shared governance over key strategic and threshold matters
- Strategic planning, M&A, joint ventures, major capital projects and lease transactions
- Hospital board and CEO appointments
- Quality improvement initiatives
- Currently: 13 System Board Trustees

Local:
Community focused, patient prioritized governance over RUSH supported hospital initiatives
- Civic engagement, health equity, community outreach and programming, mission driven charity care
- Collaboratively budgeted operations and financials
- Hospital subsidiary governance
- Quality implementation
Rush University: Mission & Vision

**MISSION:** Rush University provides outstanding health sciences education and conducts impactful research in a culture of inclusion, focused on the promotion and preservation of the health and well being of our diverse communities [improve health].

**VISION:** The Rush learning community will be the leading health sciences university committed to transforming health care through innovative research and education. Rush U will represent a model for a vibrant and dynamic university experience.
Rush University: **Strategy Pillars**

**LEARN**
Educate the current and next generation of health care leaders to improve health

**DISCOVER**
Advance knowledge to improve health

**THRIVE**
Create an environment (physical, social, virtual) where all members of the Rush University family thrive

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### University Divisions

<table>
<thead>
<tr>
<th>Division of Student Affairs</th>
<th>Division of Academic Affairs</th>
<th>Office of Faculty Affairs</th>
<th>Office of Research Affairs</th>
<th>Office of Institutional Review, Assessment, &amp; Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Affairs staff are committed to providing an atmosphere that will enhance each student’s academic experience. In collaboration with students, faculty and staff, the office strives to identify the needs of our student body and implement programs and services to meet these needs, from registering for classes, to financing education, to activities, social and emotional health.</td>
<td>The mission of the Academic Affairs is to foster a culture of collaboration, supporting faculty in creating innovative curricula and programs and ensuring the university has the technology, facilities and talent needed to provide an outstanding education to every Rush University student.</td>
<td>The mission of the Office for Faculty Affairs is to create a supportive, respectful and inclusive environment for the diverse faculty of Rush University. The Office of Faculty Affairs oversees the Office of Mentoring Programs and the Office of Global Health.</td>
<td>The Office of Research Affairs, or ORA, exists to partner with faculty and staff as they seek funding, propose clinical studies, establish collaborations, steward funds, submit grants, negotiate industry contracts, and secure patents and licensing agreements.</td>
<td>The Office of Institutional Research, Assessment and Accreditation (OIRAA) serves Rush University by providing leadership and support in the area of institutional research, accreditation, assessment and regulatory mandates.</td>
</tr>
</tbody>
</table>
Research at Rush

Transforming healthcare and becoming a national leader in health sciences scholarship and discovery

Joshua J. Jacobs, M.D.
Vice Provost for Research
Rush University

36th Annual Rush University Forum for Research & Clinical Investigation
March 20 – 21, 2019
Research Guidepost for Research Strategic Planning:

Our mission: The mission of Rush is to **improve the health** of the individuals and diverse communities we serve through the outstanding patient care, education, partnerships.

Our vision: Rush will be the leading academic health system in the region and nationally recognized for **transforming health care**.

Research at Rush:
- Relieve the burden of complex disease
- Promote and preserve health and well-being
- Decrease disparities in health care outcomes

Ultimately, the execution of our mission and vision depend in large part on the steady pursuit of knowledge by our scientific community and the rapid application of new discoveries to our patient care, education, community missions. Research is the first step towards improving and transforming health.
Near-Term Goals are Guiding our Work:
$250M by 2025 - Becoming a National Research Leader

Inflexion points are key strategic milestones for growth as they are the points in which growth acceleration and breakthroughs will occur setting us on a new trajectory to our destination.

**FY19:** Invest in centers of excellence:
- Bone & Joint
- Neurosciences/Brain
- Cancer

**Growth Accelerators**
- Post doc program
- 3-5 RO1 NIH grants
- 1-2 Program Project grants

**What is needed:**
- Sustainable funding for faculty recruitment
- Post doc program
- Imaging research center
- Space & Infrastructure

**FY20:** Inflexion point for growth acceleration
- Stronger partnerships within the city and industry:
  - Regenerative Medicine
  - Genetics
  - Basic sciences
  - Omics & Brain Mapping
  - Additional Program Project Grants

**What is needed:**
- Under consideration

**FY21:** Inflexion point for growth acceleration
- Translational Center
- Technology Park
- New research building
- Innovation dollars
- Breakthrough drug revenues

**What is needed:**
- Under consideration

**FY25:** Inflexion point for growth acceleration
- Translational Center
- Technology Park
- New research building
- Innovation dollars
- Breakthrough drug revenues

**What is needed:**
- Under consideration
10-Year Visions also Guiding our Strategic Plans:
Becoming a National Leader in Health Sciences, Scholarship & Discovery

FY28 Result: Research at Rush will go to a top quartile destination for investigational medicine and research institute without comprising the patient centric mission of Rush.

Why it matters?
• Far reaching improved patient care
• Increased reputation and recognition of Rush and the City of Chicago as centers of research
• Increased competitiveness for research dollars
• Research scale, bench strength, and sustainability

What it means for patients?
• Breakthrough drug treatments for conditions like Parkinson’s, Alzheimer’s, Stroke, Cancer
• Creation of new medical implants, devices, approaches such as a 30 year hip, lead-less pacemakers, nanotechnologies
• Full-imaged body map
• Ability to train a greater number of future scientists

Research Expenditures
FY19 FY20 FY21 FY22 FY23 FY24 FY25 FY26 FY27 FY28
$340 million

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System View: Strategic Plan for Rush: Time to Focus and Accelerate

Four interrelated strategies

People:
The Rush System will attract, educate, develop and retain a diverse and inclusive workforce, with revolutionary curricula, lifelong learning opportunities and open paths to career growth.

Reach:
We will extend the reach and brand of Rush across the region through innovation, partnerships and a highly integrated delivery network.

Programs:
We will deliver high-quality, high-value care across the system and develop integrated centers of distinction that lead the market.

Community:
The Rush System will serve as a catalyst to measurably impact each of our communities.
Successful strategic execution will be evident in achievement of six transformational objectives

1. Engage 2.3M individuals

2. Become nationally recognized as one of the top health places to work in health care

3. Achieve top decile performance in quality and equity in health outcomes, longitudinal cost of care, patient experience and care team well-being

4. Exceed $4.0B in annual revenues with a system operating margin of 3.5% and operating cash flow margin of 10%

5. Achieve at least $240M in annual research expenditures by 2025

6. Become the premier education destination for the development of an effective, diverse workforce to manage current and future health care needs

Focus on four strategies enables Rush to achieve these transformative metrics

System View: Strategic Plan for Rush: Time to Focus and Accelerate
Research infrastructure needs are driven by the strategic plan for Research. Our plan for Research is guided by established strengths, emerging clusters, and enabling capabilities. We will be refreshing this plan during Spring 2019:
In addition to analytic, imaging, and other clinical trial operational needs, the following pages summarize five top-priorities for the Research Enterprise:

1. Biorepository Development
2. Wet, Dry, & Translational Research Space
3. Capital (strategic support) for Research Recruiting
4. Pilot, Bridge, & Innovation Funds
5. Vice Provost-directed Research Operations Fund
<table>
<thead>
<tr>
<th>Summary Infrastructure Opportunity:</th>
<th>Est. Total 5-Yr Cost Impacts: 5-$’s = High 1-$ = Low</th>
<th>Research Faculty Impacts: Green = High Positive Red = Low</th>
<th>Ease of Implementation: Green = Easy Red = Hard</th>
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</thead>
<tbody>
<tr>
<td>1. Biorepositories</td>
<td>$$</td>
<td><img src="image1" alt="Green" /> <img src="image2" alt="Red" /></td>
<td><img src="image3" alt="Green" /></td>
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<tr>
<td>2. Research Space</td>
<td>$$$$$</td>
<td><img src="image4" alt="Green" /> <img src="image5" alt="Red" /></td>
<td><img src="image6" alt="Green" /></td>
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<tr>
<td>3. Capital Strategic Support</td>
<td>$$ $$</td>
<td><img src="image7" alt="Green" /> <img src="image8" alt="Red" /></td>
<td><img src="image9" alt="Green" /></td>
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<tr>
<td>4. Pilot, Bridge &amp; Innovation Funds</td>
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<td><img src="image10" alt="Green" /> <img src="image11" alt="Red" /></td>
<td><img src="image12" alt="Green" /></td>
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<tr>
<td>5. Research Operations Fund</td>
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<td><img src="image15" alt="Green" /></td>
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Develop centers of distinction

Rush will make significant, innovative investments in three service lines that have the potential to emerge as regional leaders.

Each center of distinction will be highly integrated across the system.

They also will be required to meet the following standards for system excellence:

- Leadership and accountability for leading integration across the Rush System and across components of our mission (clinical, research, education and community impact).
- System-wide and interdisciplinary committees to oversee and guide execution.
- Care and services that are delivered closer to home wherever possible.
- Consistent measures of quality at all sites in the system.
- Programs to support and enable patient self-referral.
- Implement systems to reduce episodic and longitudinal cost of care.
- System-wide programs for disease prediction and prevention, supportive care and survivorship.
Continued growth and excellence

Rush will continue to emphasize growth and excellence in two important programs.

**BONE AND JOINT**
Continue to focus on and invest in the excellence in research, education and clinical outcomes that make Rush a national leader in bone and joint care.

**PRIMARY CARE**
Develop innovative models of primary care through advanced practice providers and technology solutions that expand access and increase the number of lives reached throughout the region.
With our strategy in place, Rush is poised to seize a position of local, regional and national leadership. The challenges are great — but the opportunity is vast. Our market is competitive, but Rush has a window of opportunity to more aggressively shape the future of health care in Chicago — not by being the largest system with the most beds, but by being the system with the best capability to manage the quality and cost of care longitudinally through an aligned series of integrated care processes and partnerships.
Total Research Awards [Normalized] Compared to Institutional Subsidy for Research
From FY 2009 to FY 2018

![Graph showing the comparison between total research awards and institutional subsidy from FY 2009 to FY 2018. The graph indicates a significant increase in research awards and a corresponding decrease in institutional subsidy during the period.]
Total Industry Sponsored Research Cash Receipts (by FY)
(amounts in thousands)

FY 2011
FY 2012
FY 2013
FY 2014
FY 2015
FY 2016
FY 2017
FY 2018
The ORA continuously evolves toward a “best-in-class” service unit, supporting Rush’s strategic vision for Research.

<table>
<thead>
<tr>
<th>People</th>
<th>Process</th>
<th>Outcomes</th>
<th>Position</th>
<th>Value</th>
</tr>
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<tr>
<td>Leadership Capacity</td>
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<td>Policy &amp; Procedure Implementation</td>
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<td>Peer Acknowledgement</td>
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<td>Training &amp; Education/Incentives</td>
<td>Communication Plans</td>
<td>Better Tomorrow Than We Are Today</td>
<td>National Landscape &amp; Institutional Capacity</td>
<td>Patient Outcomes &amp; Compassionate Care</td>
</tr>
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**Key Strategic Metric – Overarching Growth Goal:**

<table>
<thead>
<tr>
<th></th>
<th>FY18 Actual</th>
<th>FY19 Goal</th>
<th>Thru Feb 2019</th>
<th>FY19 YTD</th>
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<tbody>
<tr>
<td>Grow Research Expenditures by $12M ($160M in FY ’18 to $172M goal); reduce operating investment from Rush by &gt; 1.2% (-31.23% current to -30% goal). Jan-end Update: total research expen. = $98.8M or $169.3M annualized ($2.7M behind). Operating investment % = -25.46% (4.54% ahead of goal).</td>
<td>$160M</td>
<td>$172M</td>
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<tr>
<th>6 Major Tasks; Action Steps/Focus Points:</th>
<th>Timelines:</th>
<th>Progress Summary Points:</th>
</tr>
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</table>
| **1. Focus on the % of restricted dollar spend vs. approved budget.** Goal: >80% departments have a positive budget variance by FYE 19-end. **Jan-end Update:** 21 of 31 departments have a positive budget variance. | July 1–Dec 31: key Q1-2 focus period | • SLT “leading indicators” suggesting targets and current points on action: industry-funded research & departmental performance  
• Monthly P&L reviews & re-forecast completed  
• Shared Services employed to counsel with underperformers  
• Key focus on clinical research revenues vs. targets in Q3 |
| **2. Focus on the # of Sponsored Awards, along with the dollar value of such awards (and spending).** Goal: increase external awards 10% over FY 18. **Jan-end Update:** Externally sponsored research is 3.64% greater compared to Jan-end, last year. | July 1- June 30; full year focus | • Funding opportunity (Pivot) software being implemented  
• Collaboration/Profiles/ITM research opportunities maximized Q2  
• SLT “leading indicators” dashboard created to monitor spending: unobligated reviews in particular force, Q3; heavy current focus on labor allocation, suspense, and Core recharges |
| **3. Focus on industry-sponsored clinical research revenues with an emphasis on Cancer and Neurosciences.** Goal: maintain average of at least $1.4M/month for all of FY ’19. **Jan-end Update:** Monthly average through Jan is $980K/month. | July 1- June 30; full year focus | • SLT “leading indicators” dashboard created to monitor  
• Focused on CTMS implementation leverage; working to overcome lost confidence in CA process and outcomes; financial impacts now appear apparent  
• Augmented resources employed on backlog (Ankura) & reintegrated with ORA  
• Implementing process improvements to clinical research process uncovered by ITM-design studio work and target process reviews |
| **4. Focus on Team Science / Program Project growth.** Goal: submit 2-3 PPG’s, valued at $3-5M each in total costs budgeted, by end of FY 19. **Jan-end Update:** 4 of 5 planned PPG’s submitted; all >$5M in total costs budgeted. No formal responses from Sponsors yet. | July 1- June 30; full year focus | • Bone & Metabolic Studies NIA P-01 proposal submitted  
• Rare Disease Center on Fragile-X U-54 proposal submitted (D. Hall)  
• Patients & Caregivers w/Neuro Decline NIA R21/R-33 in draft  
• Pain/Heal-initiative NIAMS UM-1 proposal submitted (Burns/Jacobs)  
• Neurocognition & Omics NIA U-19 submitted  
• Industry collaboration meeting with Merck complete (Nov 9) |
| **5. Focus on additional Research Partnerships.** Goal: finalize 7T A3 and eventual procurement; explore relationships with RTI, Polsky, IMD, other Chicagoland partners; implement clinical research tools with IS partners. **Jan-end Update:** All projects on pace; potential delay in 7T (Wells support lost). 7T clinical image quality under review by clinical Pls. | July 1- June 30; full year focus | • Siemens/GE/UIUC 7T partnership work continues  
• Chen Foundation Fellowship Program opportunity – submitted  
• Tempus Biorepository relationship growing - NCI  
• IMD partnership, RTI (Durham), and Polsky Center collaborations  
• IS innovation and deepening ITM partnership Chicago-wide  
• RTI to Rush during February SLC – joint opportunities under discussion |
| **6. Focus on recruited Investigators (and existing Pls) undertaking Research.** Goal: 75% of Res. Faculty w/at least 25% research effort by FYE 19-end. **Jan-end Update:** Dashboard metric being derived now – Qtr. 3 priority. | Jan 1 – June 30; Qtr. 3/4 priority | • Developing recruiting roadmap with Corporate Recruiting  
• Evaluating level of committed research from existing faculty  
• Evaluating all FY’19 recruits for %-effort dedicated to Research – particular focus on priority recruits in Cancer & Neuro |

Owners: Deutsch/Jacobs/Davis/Champagne

Last Updated: February 20, 2019
Keeping an eye on achievements thru Leading Indicators

Research @ Rush: Monthly “Leading Indicators” - through Jan. 2019

Key:
- **This Month**
- **Last Month**
- **Unhealthy**
- **Healthy**

### CLINICAL RESEARCH ACTIVITIES
- Industry Sponsored Revenues, Expenses FY 19 by Month (MIS)
  - Goal is > $1.4M/mo.
- Industry Sponsored Revenues, Expenses FY 19 Cumulative (MIS)
- Cancer Center Treatment Accruals by Month FY 18 & FY 19

### SPONSORED PROGRAMS ACTIVITIES
- Cumulative Grant Submissions FY 19 in MIS w/count
- Cumulative Grant Awards FY 19 in MIS w/count
- Cumulative FY18 vs. FY19 in MIS w/count
- FY19 Goals: 300 Awards, 200 Submissions

### IRB ACTIVITIES
- Number of IRB Submissions by Month and Type
- Number of IRB Approvals by Month and Type
- IRB Median Approval Time by Month and Type
  - Goal is 10, 25, 40 Days

### RESEARCH INVESTMENTS
- Expenses for ORA and Total Research Entity FY 19 by Month (MIS)
  - Goals are: $7M ORA & $169.3M Total

Source: Office of Research Affairs

Last Updated - 2.19.2019

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Research Space: our work will continue to rely on external benchmarking, case studies, & internal data analysis.
ITM Central

Julian Solway, MD
UChicago Medicine
ITM Director

Joshua Jacobs, MD
Rush
ITM Director

Lainie Ross, MD, PhD
UChicago Medicine
ITM Director

Tom Champagne
Associate VP & Chief Research Administrator at Rush

Gerry Stacy
Director of ITM Administration

Sara Serritella
Director of ITM Communications

Mike Quinn, PhD
Director of ITM Evaluations

Jim Mulshine, MD
Acting Dean Emeritus
Rush Graduate College
Shared Goal: Improve Health

• Raising awareness of diseases
• Fundraising to support research
• Educating people on research findings
• Creating grants for researchers
The **guiding vision** for “ITM 2.0” is that health outcomes will be improved throughout Chicagoland by mitigating disease risk, morbidity and mortality through collaborative, multidisciplinary team science. We will work toward this vision by assembling scientific, institutional, and community stakeholders, and together focusing on the highest value propositions to improve mutually defined health concerns, leveraging synergies that accelerate progress across the translational spectrum.

Our core conviction is that participating in health research is a matter of shared self-interest and social justice, a **“new normal”** prevailing viewpoint toward which we will strive together over the next 20 years. ITM 2.0 will work hand-in-hand with health stakeholders throughout Chicagoland and throughout the nation, conceptualizing, developing and deploying innovative processes and practices to achieve our common goal.
The Chicago Health Research Ecosystem

Our Residents, Our Built and Natural Environments
Governmental Agencies (municipal, county, state, federal)
Communication Mechanisms (public media, private interactions)

Chicago Community Trust – Neutral, Beneficent Convener

City-wide Health Research
CAPriCORN, AsthmaNet, Aging, TrialNet, PMI, SIREN ER, CBC, C3

Chicago CTSAs (RC3)
UChicago-Rush ITM
NU NUCATS
UIC CCTS

Healthcare Providers
AMCs, Community Practices

Healthcare Payers & Regulators
Insurers, Employers
CDPH, IDPH

Geographical Community Residents

Those Affected by Disease
Patients, Families, Friends
Advocacy Groups, Employers

Industry/iBIO
Pharmaceutical Mfg
Biotech, Device Mfg
Entrepreneurship

Our Residents, Our Built and Natural Environments

Governmental Agencies (municipal, county, state, federal)
Communication Mechanisms (public media, private interactions)
ITM Cluster & Member Leads @ Rush

**Administration**
Jacobs, Joshua (Principal Investigator)
Champagne, Tom (Administrative Director)

**Community and Collaboration**
Morris, Martha Clare (Co-Director, C3)
Mulshine, James (Co-Director, Collaboration)
Pontarelli, John (Communication Leader)
Robinson, Chartay (Project Manager)

**Education - UL Training**
Chen, Di (Co-Director, Training)
Somberg, John (MSCI Director)

**Hub Research Capacity**
Karnik, Niranjan (CRUPII Director)

**Informatics**
Santos, Carlos
Patel, Priyal (Clinical Data Analyst)
Hota, Bala (in-kind, cost-shared faculty support)

**Learning Healthcare Core**
Ansell, David (Co-Director, Learning Healthcare)

**Network Research Capacity**
Shah, Raj (Assoc. PD, TRIO)
Simon, Drew ("Honest Broker")
Santosh Basapur (Process Engineer)

**Radiomics/Precision Medicine**
Supanich, Mark (Medical Physicist)
Villanueva, Karl (Research Coordinator)

**Research Methods – BERD & RKS**
Burns, John (Co-Director, BERD)
Brawley, Crista (BERD/RKS Lead)
Cobb, John (IRB Co-Director, RKS)
Voskuil-Marre, Denise (SMART IRB Coordinator)

**Translational Endeavors**
Robert Wilson (Co-D, Tr. Endev.)

**Workforce Development**
Harley, Allecia (Workforce Development Co-Lead)
Pullum, Cherese (Workforce Development Co-Lead)
Jacobs, Joshua (Med School Curriculum Integration)

**TL1/KL2 - Career Development**
(Career Development Scholars – competitive appl.)

**UL Career Development**
Keshavarzian, Ali (Co-Director, Career Development)
Schneider, Julie (K Mentoring)
Swanson, Barbara (Career Development Core Faculty)
Sandoval, Norma (ITM-wide Career & Educa Coor.)
What’s In It For Rush

• Increase Institutional Reputation
• Amplify Our Success Stories
• Attract More Donors, Patients, Students, Faculty, & Research Participants
• Make More Breakthroughs
• More Research $
What’s In It For You:

- Grant $ to Do Your Research
- Educational & Training Opportunities
- Direct Line to the NIH
- National & Local Networking
- Trial Recruitment Resources
- Resources to Disseminate Your Findings
- Amplification of Your Success Stories
- Attract More Donors, Patients, & Research Participants
- Make More Breakthroughs
ITM is Part of a National Network

National Center for Advancing Translational Sciences

60+
Clinical and Translational Science Awards (CTSA)
sites across the country
Shared Problem

Less than 10 percent of Americans participate in health research.

Cannot do the research to improve people’s health without them.
Not Enough Participants = Early Closure of Clinical Trials

No Cures, Decreased Funding & Support
Do not view clinical trial participation as something that should be normal, routine health behavior.

60%
Health Research Portal

- Easy to Navigate
- Lay Language
- Empowers Patients
- Helps Physicians
- Makes Health Research Accessible!
Clinical trials are the way promising new drugs and devices are tested and medical progress is made.

WHAT’S YOUR REASON FOR PARTICIPATING IN HEALTH RESEARCH?

31,696 VICTORS are already making a difference in health research

31,696
VICTORS are already making a difference in health research

Highlighted searches

STUDIES FOR HEALTHY MEN
STUDIES FOR HEALTHY WOMEN
STUDIES THAT CAN BE DONE FROM HOME
STUDIES RELATED TO DEPRESSION
STUDIES RELATED TO DENTAL HEALTH
OBESITY STUDIES
DIABETES STUDIES
SAFETY STUDIES
BREAST CANCER STUDIES

Family Mobile Device Use Study

Are you a parent of a child between 18 months and 5 years of age?

Researchers from the University of Michigan are studying mobile device use and interactions between children and their parent.

WHO CAN PARTICIPATE?

This study is seeking healthy individuals that meet all of the following:
- Parent of child aged 18 months-5 years
- Age (years) is greater than or equal to 18

WHAT IS INVOLVED?

- For this study, we are inviting parents to download and use a mobile device use tracking application, developed at UM, for 14 days on both their personal device and/or their child’s tablet.
- You will be asked to complete questionnaires about you and your child

COMPENSATION

Families who are eligible will receive up to $50 on a Mastercard gift card for participating.

PRINCIPAL INVESTIGATOR, IRB NUMBER AND POSTING DATES

For questions about this study, contact:
Rosa Ball
Email: parentingtech@umich.edu
New Normal Launch
Discovery Fest

Audience: Potential Research Participants

Celebrating local health research breakthroughs and the people who made them possible.
LONGER-TERM GOALS

Create a research cohort of > 1 million American volunteers who will share genetic data, biological samples, and diet/lifestyle information, all linked to their electronic health records if they choose.

Pioneer a new model for doing science that emphasizes engaged participants, responsible data sharing, and privacy protection.

Research based upon the cohort data will:
- Advance pharmacogenomics, the right drug for the right patient at the right dose
- Identify new targets for treatment and prevention
- Test whether mobile devices can encourage healthy behaviors
- Lay scientific foundation for precision medicine for many diseases
THANK YOU
How to Refer Students and House Staff to the Counseling Center

A Guide for Faculty and Staff

- Referral Information
- When and How to Intervene
- Students in Crisis
- Knowing Your Limits
**Introduction**

Distressed or troubled individuals often seek counseling services on their own. Sometimes, however, they are referred by faculty or staff members who have contact with them and learn about their distress through conversations about academic or clinical matters. Someone may choose to confide in you, or you may infer from behaviors or performance in class or in a clinical setting that counseling could be beneficial. The purpose of this brochure is to help you recognize some of the distress signals you may encounter, and to provide options for how to respond to them.

The educational and training missions of Rush University Medical Center are both diverse and intense. Students and house staff often experience considerable stress during the time they are affiliated with Rush. Some stressors relate to developmental tasks associated with early adulthood. Other sources of stress, including issues of professional identity, sleep deprivation, the impact of rigorous training on relationships, and the financial worries associated with prolonged student or trainee status, are unique to campuses such as Rush.

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**Prepared by:**
Rush University Counseling Center  
701 Kidston House  
630 South Hermitage  
Chicago, Illinois 60612-3832  

(312) 942-3687  

Hilarie C. Terebessy, PhD, Director
The Role of Faculty and Staff in Assisting with Student and House Staff Problems

Many individuals successfully cope with these challenges, but others feel overwhelmed by them. Because emotional problems typically affect performance in academic and clinical realms, you are in a good position to recognize students or members of the house staff who are struggling to manage their stress. While no one at Rush expects you to screen for, or treat, psychological problems, your role may result in you being among the first to become aware of someone's difficulties.

You will be able to help some people simply by listening, being accepting and nonjudgmental, and assisting them in defining the problem. Other people need more than you feel comfortable providing. At those times, you can let the person know that you encourage him or her to seek help at the Counseling Center. By normalizing help seeking, you let the individual know that asking for and receiving help is a constructive and positive step.

Occasionally you will encounter a prospective client who is not receptive to your efforts to help. Some people may feel that your concern is intrusive, and they may reject your attempts to serve as a facilitator. Many more will appreciate your interest. Talking with them about their concerns may well be the encouragement they need to seek professional help. By communicating your caring, you may help them to mobilize their own resources to cope with whatever challenges are before them.

Remember that there are limits to your responsibility. The fact that someone confides in you does not mean that you must resolve their problems. It also does not mean that you must ensure that he or she follows through with recommendations that you may make.

Responding to Individuals Who Confide in You

When students or house staff do choose to reveal personal information to you, consider the following responses:

- Always be aware of safety considerations, particularly if the individual is agitated, disoriented, or under the influence of drugs or alcohol. Be aware of how you can exit if the need arises. If you feel unsafe, do not hesitate to call Campus Security (2-5676) if you think that their involvement is necessary.
- Arrange to speak with the individual in a private, quiet space.
- Listen in a supportive manner—avoid responding in ways that result in the situation escalating.
- Normalize the situation by letting the individual know that you have talked with other people who have grappled with the same issues.
- Be direct—share your observations in a matter-of-fact way. Do not worry that your remarks will be a catalyst for dramatic or self-destructive behaviors.
- Know your limits. If the situation is more serious than you feel comfortable handling, or your own circumstances prevent you from making time and resources available to assist the other person, do not hesitate to refer him or her to the Counseling Center.
- Never promise confidentiality. To protect the safety and well-being of the individual or of others, you may need to involve other professionals in the management of a crisis.
When to Intervene

The following list includes some of the more common psychological issues that faculty and staff members may encounter:

Depression: While it is not uncommon for people to experience occasional feelings of sadness or depression, such feelings usually lift after a few days, and are characterized by one or two symptoms. A more serious clinical depression lasts for a longer time, and is typically characterized by a number of symptoms including: loss of appetite; disruption in sleep patterns; social withdrawal; loss of interest in activities that were previously pleasurable; tearfulness; changes in appearance and/or hygiene; and thoughts of suicide.

Suicidal Ideation: Any reference to suicidal thinking should be discussed frankly with the individual. Thoughts about suicide do not mean that he or she intends to take action, or that the person is in imminent danger. The person may feel overwhelmed or depressed and can benefit from talking about feelings with a member of the Counseling Center staff. Most people who attempt suicide will express their loss of hope with statements such as “I don’t want to be here,” “You’d all be better off without me,” and “I’m going to kill myself.” Less directly, various ways of communicating good-byes can include the disposal of personal belongings and putting one’s affairs in order. These statements and gestures should always be taken seriously; do not assume that they are evidence of attention-seeking behavior.

Agitation and Acting Out: This includes behaviors that are considered deviations from socially acceptable codes of conduct, including: disruptiveness in class; hyperactivity; being confrontational; evidence of chemical dependency; and outbursts of anger or tearfulness that seem inappropriate in that context.

Substance Abuse: When individuals come to class or clinic or to a medical center event while under the influence of alcohol or an illegal substance, there is evidence of substance abuse. People often rely on drugs or alcohol to help them cope with the demands of rigorous education or training, even though reliance on these substances often creates other problems. Evidence of intoxication is another reason to refer someone to the Counseling Center.

Disorientation: Misperception of facts or reality, disconnected speech, rambling, and behavior that seems bizarre are all examples of this.

Academic Difficulties: Noticeable decline in academic performance or poor attendance may signal difficulties in other areas of the individual’s life. Faculty members are most likely to be aware when performance drops for a student who previously had functioned at a higher level.

Changes in Personal Relationships: Divorce, including parental divorce, break-ups or strains within significant relationships, and the death of a loved one are all sources of stress for students, residents and fellows. These events may test the individual’s coping skills which in turn may affect his or her functioning on campus.

Transitions: People who finally embark on a path toward a long-held career goal sometimes experience “cold feet.” They can become apprehensive and experience self-doubt as they are on the verge of becoming professionals. If you see that someone who can be described in this way is struggling, perhaps you can discuss this transition with him or her. Similarly, when a student makes a decision to leave school altogether, there may be reasons other than academic difficulties that fuel the withdrawal from classes. It is helpful to explore this and steer the individual toward appropriate resources.

Eating Disorders: This includes self-starvation behaviors associated with anorexia, the binge-purge cycle that signals bulimia, laxative abuse, compulsive eating, and compulsive exercising to avoid gaining weight.

Eligibility

All currently enrolled students are eligible to receive services at the Counseling Center. We also offer therapy to residents and fellows who are affiliated with any of Rush University Medical Center’s post-graduate training programs. In addition, we see spouses and significant others of anyone who is eligible for our services in the context of couple therapy. We provide both brief and long-term therapy at no charge to our clients.
Scheduling an Appointment

It is always preferable that clients contact the Counseling Center themselves to schedule an appointment. They will feel more committed to the process if they do, and they are more likely to come at the designated appointment time if they are involved in scheduling the meeting. You can assist in this process by letting them use your telephone to schedule an appointment when the subject is discussed.

Licensed clinical psychologists are available Monday through Friday from 9:00 AM to 5:00 PM. To schedule an appointment, have the individual call (312) 942-3687. Most of the time, clients can be seen within a week of calling for an appointment. If you or the individual think the matter is urgent, he or she can often be seen the same day. When possible, please contact us to let us know that you are referring someone for same-day service so that we can be prepared to see him or her. In some cases, you may choose to accompany the individual to the Counseling Center for his or her appointment. This may ease any anxiety the individual feels regarding seeing a psychologist, or it may be a source of comfort to him or her while waiting for the appointment to begin.

When appropriate, we refer students to psychiatrists in practice off campus for medication evaluations and management. Members of the house staff are eligible to meet with a psychiatric consultant on campus. Occasionally clients are referred to professionals in the community for specialized services that are not offered on campus. More typically, they are invited to continue in ongoing psychotherapy with a member of our staff.

It is helpful if you follow up with the client at some point in the near future. For example, you might ask him or her how things have been going since your last discussion, or inquire whether or not they scheduled an appointment with one of the counselors at the Center.

Evenings and Weekends

The Counseling Center is not open for services in the evening or on weekends. In the event that a prospective or current client requires attention during a time when the Center is closed, you can consider the following options:

- When you are not worried about the client's safety, you can get him or her to agree to call the Counseling Center for an appointment when it reopens.
- If you are concerned that someone may be a danger to him/herself or others, this is an emergency that cannot wait until the Center is open. You can help get the individual to the nearest hospital emergency room. In some cases, this may not be at Rush. If you and the prospective client are both on campus, Campus Security can assist you in transporting the individual to the emergency room.
- Students and house staff members may also call Rush Wellness Assistance Program for evening and off-hours services at (833) 304-3627. They may be offered up to five (5) free assessment sessions, after which they will be referred to a clinician who can accept their health insurance plan.

If a Client Is Reluctant To Seek Professional Help

Many people think that access to mental health resources should be reserved for crises, or that only seriously disturbed people talk to therapists. For them, a referral to the Counseling Center may elicit a defensive response. It is helpful if you can reassure prospective clients that we see a wide range of presenting problems.

People do not have to be in crisis in order to come to the Counseling Center; indeed, it is often easier to deal with situations before they reach crisis proportions. Anything that you can say or do to convey to the individual that seeking counseling is a constructive approach to problem-solving will increase the likelihood of the person accepting a referral.
Prospective clients may also be reassured that talking with a psychologist does not necessarily mean that they are initiating long-term therapy. Sometimes meeting with a counselor one or two times results in a satisfactory resolution of the problem.

Remind clients that any contact they have with Counseling Center staff members is confidential and will have no impact on graduation.

There may be reasons for an individual's reluctance to talk with a counselor, including prior experience in a therapy relationship that was felt to be unpleasant or unhelpful. The best thing that you can do at this point is to encourage the client to be open to the possibility that an experience with a different therapist might be more rewarding. He or she can come to a trial session to see how it feels. You can also tell them that you are aware of other people who have used the services at the Counseling Center with a good outcome.

Despite your best efforts, you may not be successful in facilitating a referral to the Counseling Center. In those cases, you may want to call our staff to discuss the circumstances surrounding your concern. Perhaps we can suggest other ways of approaching the client to help you intervene more effectively on his or her behalf. Ultimately, however, with the exception of cases where the safety of the individual or an identified victim is an issue, we must respect the right of the individual to make a decision to not seek or accept help.

**Confidentiality**

Professional standards regarding confidentiality are adhered to by members of the Counseling Center staff. Trust is essential to our work and we recognize that our clients are more likely to pursue psychotherapy if they are assured that utilization of our services is considered a private matter. No identifying information regarding our clientele is disclosed to anyone outside of the Counseling Center unless a client provides written authorization to communicate with others. This includes confirming that someone who has been referred by a member of the faculty or staff has or has not followed through to make an appointment. If you remain concerned about the individual you have referred to us, please follow up directly with him or her to determine whether or not an appointment has been scheduled.

There are a few exceptions to our commitment to protect the privacy of our clients. Illinois law mandates that we can break confidentiality if an individual is in clear and imminent danger of harming him/herself or another identifiable person. We are also obligated to notify officials if we receive information regarding child or elder abuse, or if the Counseling Center receives a court order to provide information or to appear in a court of law. Such occurrences are rare.

**Consultation**

While the primary purpose of the Counseling Center is to work directly with students, residents and fellows, we also consider consultation with faculty and staff who want to refer clients to us to be an important function. We are glad to speak with you regarding our services, your concerns about someone you are thinking about referring, and about ways to make an effective referral. If we are not immediately available to speak with you, please telephone the Counseling Center and let our administrative assistant know the nature of your call. One of us will return your call that same day.
Phone Numbers You May Need

Counseling Center ........................................ (312) 942-3687
Rush Wellness Assistance Program .................. (833) 304-3627
RUMC Campus Security ................................. (312) 942-5678
RUMC Emergency Room ................................. (312) 947-0100

Crisis Lines
National Suicide Hotline ............................... (800) 273-8255
Rape Crisis Hotline ....................................... (888) 293-2080
Alcoholics Anonymous 24-Hour Hotline .......... (312) 346-1475
Narcotics Anonymous 24-Hour Hotline .......... (708) 848-4884
Northwestern Memorial Hospital 24-Hour Hotline (312) 926-8100
City of Chicago Domestic Violence helpline ...... (877) 863-6338
Sarah's Inn Hotline (Domestic Violence) .......... (708) 386-4225
GLBT National Help Center ............................ (888) 843-4564
Veterans Crisis Line ...................................... (800) 273-8255
Hotline for Self-Injurers .................. (800) 366-8288

Chicago Police Department ............................ 911

Special thanks to the University of Chicago's Student Counseling & Resource Center for the use of their materials in the preparation of this guide.
Rush University Counseling Center
(312) 942-3687
Free psychotherapy and services for students and house staff
Monday to Friday, 9 a.m. – 5 p.m.
Kidston House, Suite 701
630 S. Hermitage Ave.
(front door is on Harrison Street)
www.rushu.rush.edu/counseling

Rush Wellness Assistance Program
833-304-3627
Available 24/7/365 to all Rush University students and their families for:

- WORK: Professional and personal development through “Skillbuilders” — free 30-45 minute online tutorials that address numerous topics including College Life, Managing Stress, Time Management, Achieving Personal Goals, and much more.
- LIFE: 24/7 Confidential, short-term counseling services for all students and their families — at no cost.
- HOME: Connecting Rush University students to pre-screened services for child and eldercare, legal support, and financial planning.

Access Anywhere
To access, visit Perspectivesltd.com
(Login: Rush and Password: Wellness)
For more information visit https://insiderush.rush.edu/wellness/Pages/home.aspx
By phone: 833-304-3627 (call to schedule a confidential in-person, telephonic or video counseling appointment)
The Rush University Counseling Center provides services free of charge for students and house staff dealing with issues that affect their ability to participate fully and perform optimally in their educational and training experiences at Rush.

Licensed clinical psychologists provide confidential assistance and counseling to individuals and couples experiencing personal problems related to a wide range of issues, including but not limited to the following:

- Family conflict
- Relationship issues
- Stress/anxiety
- Sexual orientation and coming out
- Depression
- Grief and loss
- Anger management
- Academic concerns
- Interpersonal conflicts with preceptors/colleagues/faculty

The Counseling Center also provides psycho-educational workshops on topics such as stress management, procrastination, assertiveness, resilience, test anxiety and anger management.

Services are free of charge and are provided to students and house staff on campus. The Rush University Counseling Center is located at Kidston House, Suite 701, 630 S. Hermitage Ave., and is open Monday through Friday, 9 a.m. to 5 p.m.

Who can use this service?
The Rush University Counseling Center is available to all currently enrolled students and house staff at Rush.

Is this program confidential?
Yes, the service is completely confidential. All therapists are legally and ethically bound to maintain confidentiality.

How much does it cost?
There are no charges for use of Counseling Center services. Students and house staff have access to free counseling sessions through the Counseling Center throughout their program of study or training at Rush. There are no session limits.

How do I get started?
The first step is to pick up the phone and call. Students and house staff may call (312) 942-3687 during regular business hours.

www.rushu.rush.edu/counseling
(312) 942-3687
Mentoring Programs at Rush University

www.rushu.rush.edu/mentoringprogram
Four Mentoring Programs

- Research
- Education
- Postdoctoral
- Women

Close to 300 mentees and mentors combined

Board and Steering Committee who oversee the RRMP program

Mentees and mentors are from College of Medicine, College of Nursing, College of Health Sciences, and the Graduate College.
Research Mentoring (RRMP)

- Program pairs junior investigators with experienced and dedicated mentors (80 volunteered mentors as of today)

- Two translational research tracks:
  - clinical (outcomes, behavioral interventions, decision-making, communication, and patient safety)
  - laboratory/basic science
RRMP: Stats and Outcomes

- Mentees by College:
  - Rush Medical College: 81%
  - College of Health Sciences: 12%
  - College of Nursing: 7%

- Research Tracks:
  - Clinical Track: 66%
  - Lab Track: 28%
  - In Both Tracks: 6%

- Mentees by Rank:
  - Assistant Professors: 14%
  - Instructors: 86%

- Mentees by Gender:
  - Women: 39%
  - Men: 61%
RRMP: Stats and Outcomes

Over the past eleven years, mentees in collaboration with mentors have been awarded a total of $90 millions in grants.

<table>
<thead>
<tr>
<th>Total funding</th>
<th>$90,069,437</th>
</tr>
</thead>
<tbody>
<tr>
<td>As PI</td>
<td>$36,927,219</td>
</tr>
<tr>
<td>As Co-PI</td>
<td>$54,142,218</td>
</tr>
<tr>
<td>Total number of grants awarded</td>
<td>620</td>
</tr>
<tr>
<td>Total number of NIH grants (out of total)</td>
<td>250</td>
</tr>
<tr>
<td>Total number of other grants (out of total)</td>
<td>370</td>
</tr>
<tr>
<td>Total number of publications</td>
<td>1282</td>
</tr>
<tr>
<td>Total number of presentations</td>
<td>852</td>
</tr>
<tr>
<td>Total number of posters</td>
<td>676</td>
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</tbody>
</table>
Education Mentoring

• Program supports educators and educational scholars
• Two tracks:
  – an education track **basic level focused on teaching and learning**;
  – an educational **scholar’s track level** focused on conducting educational research, publishing, and acquiring funding
Teach the Teacher: Teaching Excellence Bootcamp

<table>
<thead>
<tr>
<th>Three days bootcamp</th>
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</thead>
<tbody>
<tr>
<td>Possibly in the Spring, 3 sessions a day</td>
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</tbody>
</table>
Rush Postdoctoral Society

• The RSP was founded in 2013 in order to facilitate community building for postdocs at Rush. Program provides:
  – NPA membership
  – Career development
  – Travel funding for attend career development or professional conferences
  – Mentorship with junior or senior faculty
Rush Women Mentoring Program

• Founded in 2014
• Program provides:
  – Career development seminars, workshops, and social events organized monthly at Rush.
  – Funding for attend career development or professional conferences
  – Mentorship with senior faculty based on specific career goals
# Program Resources

<table>
<thead>
<tr>
<th>For all the programs</th>
<th>Professional grant writing coaching and manuscript editing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Statistical analysis</td>
</tr>
<tr>
<td></td>
<td>Graphics consulting</td>
</tr>
<tr>
<td></td>
<td>Monthly track meetings (clinical, lab, educational)</td>
</tr>
<tr>
<td></td>
<td>Weekly mentee writing groups</td>
</tr>
<tr>
<td></td>
<td>Regular workshops and seminars on a variety of research-related and grant-writing topics</td>
</tr>
<tr>
<td></td>
<td>Research Symposium were travel awards are given to best papers</td>
</tr>
</tbody>
</table>
Program Resources

The Cohn family foundation provides the RRMP with grant support, which is distributed equally to scholarship recipients annually.
How do we measure success?

- Annual Surveys
- Goals accomplished (short and long term)
- Grants and Papers by mentees and office
- Number of applications to enter the program
How to enroll in the programs

Research mentoring

- Must have 20% protected time from their department.
- Mentees must set and achieve annual research goals.
- The RRMP mentee term limit is 5 years, after which time mentees are expected to become junior mentors.

Educational mentoring

- The program is open to all faculty members at RUMC and Stroger.
- Mentees must set and achieve annual research goals.
- The REMP mentee term limit is 5 years, after which time mentees are expected to become junior mentors.

Postdoc and Women Mentoring Programs

- Meet with Dr. Sandi

Application process

- RRMP: Detailed instructions found in website and also in FAQs
- REMP: Contact us or Dr. Elizabeth Baker, the lead mentor of this group
Contact Information

Giselle Sandi, PhD
Director, Office of Rush Mentoring Programs
Faculty Affairs, Rush University
Associate Professor
Department of Microbial Pathogens and Immunity
Rush Medical College
Armour Academic Center|600 S. Paulina St., Suite 1038 D|Chicago, IL 60612
T: 312-563-3146|F: 312-563-3141|E: Giselle_Sandi@rush.edu

Jeannette Hui, MPH
Project Coordinator, Office of Rush Mentoring Programs
Faculty Affairs, Rush University
Armour Academic Center|600 S. Paulina St., Suite 1026A|Chicago, IL 60612
P: 312.563.3130|F: 312.563.3141|E: jeannette_hui@rush.edu
Rush University System for Health
Faculty Orientation

August 27, 2019

Darlene O. Hightower, JD Vice President Community Health Equity
Mission:
The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

Vision:
Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

Values:
- Innovation
- Collaboration
- Accountability
- Respect
- Excellence
Rush Strategic Priorities

People:
The Rush System will be a destination of choice for health care education, training, career growth and employment.

Programs:
We will develop centers of distinction that will be highly coordinated across the Rush System.

Reach:
We will extend the reach and brand of Rush across the region through innovation, partnerships and a highly integrated delivery network.

Community:
The Rush System will serve as a catalyst to measurably impact each of our communities.
The West Side of Chicago
Life Expectancy Map

Life Expectancy (Years) at Birth by Neighborhood

River Forest 84
Oak Park 81
W. Garfield Park 69
E. Garfield Park 72
North Lawndale 72
South Lawndale 82
Loop 85
Office of Community Engagement Overview
Community Health Needs Assessment (CHNA) & Community Health Implementation Plan (CHIP)
Community health needs assessments (CHNA) and implementation strategies are required of tax-exempt hospitals as a result of the Affordable Care Act. These assessments and strategies create an important opportunity to improve the health of communities.

The CHNA looks at community data to identify the inequities faced by people who live in neighborhoods near both RUMC and ROPH.

- A definition and description of the community
- Process, methods, data sources, third party assistance
- Input from the broad interests of the community
- A prioritized description of all the community health needs identified
- Other facilities and resources available to meet the needs

CHNA must be posted to a public available website and must be completed every 3 years.
In addition to the CHNA, hospitals must also complete an **Implementation Strategy**

- The CHIP outlines our goals and strategies for reducing hardships and improving well-being in those neighborhoods.
- How the hospital plans to meet the health need
- We’ve identified 5 Needs and developed the CHIP to address them

**Goal 1:** Reduce Inequities Caused by the Social, Economic and Structural Determinants of Health

**Goal 2:** Increase Access to Mental and Behavioral Health Services

**Goal 3:** Prevent and/or Manage Chronic Conditions and Risk Factors

**Goal 4:** Increase Access to Quality Healthcare

**Goal 5:** Improve Maternal/Child Health Outcomes
Goal Examples
What We’ve Done to Date

• In partnership with the Alliance for Health Equity (AHE) and area health departments, gathered community level data

• Conducted 25+ Community Conversations across Rush’s service area to obtain resident feedback

• Connected with over 2,000 residents through meetings and surveys across service area

• Hosted a Chicago Community Trust On the Table event with 50 Community Based Organization Leaders, West Side Residents, and Rush Staff

• Developed 12 neighborhood profiles

• Used all of the above information to prepare our CHNA/CHIP
Reach

- The Rush Education and Career Hub supports a cradle-to-career pipeline with a mission to increase diversity in STEM/health care professions, developing the workforce of the future. Our goals are to increase high school graduation rates, college matriculation and interest in STEM/health care careers. REACH students will build skills for the 21st-century workforce, including communication, collaboration, critical thinking, creativity and leadership.
One Summer Chicago Crane H.S. Scholars

• Connecting Youth to a Successful Future with a Summer Job at Rush

• One Summer Chicago brings together government institutions, community-based organizations and companies to offer over 32,000 employment and internship opportunities to youth and young adults ages 14 to 24.

• Rush Health IT Interns
Spiritual Care

• Expanding access to other screenings and services

• Trained 240 community members in Mental Health First Aid

• Referred more than 700 individuals to services
West Side Walk for Wellness

• Eight-week walking program engaging 175 unique walkers - Rush Doctors, students and staff along with West Garfield Park residents.

• Walking together for better health
Tour de West Side

• Tour de West Side is a partnership between Rush and the five West Side 5K walks/runs:
  
  ❖ Garfield Park
  ❖ Little Village
  ❖ Austin
  ❖ North Lawndale
  ❖ Pilsen

• To promote local tourism and relationship-building throughout the West Side. Rush had 570 participants engaged in these 5K walks/runs.
# Anchor Mission

<table>
<thead>
<tr>
<th>Change levers</th>
<th>Invest locally</th>
<th>Buy and source locally</th>
<th>Utilize local labor for capital projects</th>
<th>Volunteer and support community building</th>
<th>Hire locally and develop talent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Impact investing in local communities</td>
<td>Local purchasing program</td>
<td>Local labor for capital projects</td>
<td>Employee engagement in local communities</td>
<td>Employment preference initiative</td>
</tr>
<tr>
<td></td>
<td>Local business incubation to fulfill sourcing needs</td>
<td>Gift shop procurement</td>
<td>Apprenticeships</td>
<td>Career ladder development</td>
<td>Career ladder development</td>
</tr>
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<td></td>
<td>Employee homeowner program</td>
<td>Prime vendor engagement</td>
<td>Diversity hiring and contracts</td>
<td>Leveraging employee expertise (e.g., teaching skills class)</td>
<td>Skills training</td>
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<td>Mentoring and coaching</td>
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</table>

If executed successfully, “all boats will rise” elevating the economy and further decreasing disparities to increase life expectancy, improve wellbeing and reduce hardship.
Health Care Resources: West Side of Chicago

Mission:
To build community health and economic wellness on Chicago’s West Side and build healthy, vibrant neighborhoods.

Vision:
To improve neighborhoods health by addressing inequities in healthcare, education, economic vitality and the physical environment using a cross-sector, place-based strategy.

Partners will include other healthcare providers, education providers, the faith community, business, government and residents that work together to coordinate investments and share outcomes.

Aim:
To reduce the life expectancy gap between the Loop and Westside neighborhoods by 50% by 2030.

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Research Compliance Faculty Orientation

August 27, 2019

Colleen Sowinski, MBA, MPH, CHRC, CCRC
Mary Keller, BSN, RN, CHRC, CCRC
Office of Research Compliance

*Reports to the Vice President for Corporate Compliance*

**Contacts:**
Stephanie C. Guzik, AVP, Research Compliance and COI x21296
Mary Keller, Director, COI x24485
Colleen Sowinski, Research Compliance Specialist x28314
Poorna Nagarajan, Research Compliance Specialist x28613
Jennifer Strong, Research Compliance Specialist x32107
Rose Garcia, COI Manager x20287

**Location:**
Jelke Building Suite 601
Role in Compliance

Your Responsibilities:
Report any concerns, suspected issues, or incidents involving Compliance, Privacy, or Security by:

- **Speaking to your supervisor.** If you are not comfortable with this, or the issue is not resolved, then
- **Contact the Compliance Department at 312-942-5303, or**
- **Report your concern via the Rush Hotline at 877-787-4009 (available 24 hour/7day a week).** Please provide enough detail so that the issue may be properly investigated.

For additional information, visit the Compliance intranet site at:
http://iris.rush.edu/compliance/
Research Compliance Basics

Built on the requirements from the US Department of Health and Human Services (DHHS)/Office of Inspector General (OIG) Rush’s Compliance program includes:

- Written policies and procedures
- Organizational oversight of the compliance program
- Education and training
- Auditing and monitoring
- Anonymous reporting process
- Investigatory, corrective action and disciplinary processes
- Response and prevention efforts
Research Compliance

Specifics

Rush makes every effort to comply with applicable laws and regulations. Two Offices - The Institutional Review Board (IRB) and Office of Research Compliance (ORC) monitor research activities and investigate, improve and report on any possible issues found:

- Research Misconduct
- Scientific Integrity
- Research Non-Compliance
- Research Training and Education
- Conflicts of Interest in Research
- Education and Quality Improvement Auditing/Monitoring
- Policy and Procedures in Research
Research COI

Purpose

• Prevention of bias in decision making related to:
  • *Human subjects research*
  • *Medical education*
• Ethical Conduct in Research and Subject Care
• Identify Financial and Personal relationships with Industry

Responsibility

Manage, Reduce or Eliminate COI’s
Research COI

**Significant Financial Interest (SFI) Defined:**
SFI—Anything of monetary value, including salary or other payments for services, equity or other ownership interests, and intellectual property rights (42 CFR 50.603)

**COI Defined:**
A potential Conflict of Interest (COI) may exist if an individual’s outside interests (especially financial) may affect, or perceive to affect, his/her research, teaching, or administrative activities at RUMC
Examples of Relationships that can lead to COI

- Serving as a director/decision maker for a sponsor
- Receiving equity interest in a company
- Ownership in a sponsor
- Receiving royalties or licensing fees
- Compensation for services as a consultant
- Compensation for lecture or honoraria for speaking

What is Usually not a COI

- A fair market wage for the time, effort and skill required to conduct the study
- Sponsor coverage of the actual cost of the study
- Income from non-profit organizations for lectures
- Income from service on federal and non-profit advisory or review panels
- Publicly traded diversified mutual funds
1. Login to the Rush Research Portal (RRP): [https://www.rush.edu/researchportal](https://www.rush.edu/researchportal)
2. Click on My Home, located in the upper right hand corner next to your name:
3. Along the left, under My Roles, click on Conflict of Interest Disclosure:
Scientific Misconduct

Definition:
Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.

1) Fabrication is making up data or results and recording or reporting them

2) Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

3) Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

PHS Regulation 42 CFR 93
Research Misconduct: Policy for Review and Reporting Research Misconduct
Questions?

Mary-312-942-4485
Colleen-312-942-8314
Poorna-312-942-8613
Jennifer-312-563-2107
Rose Garcia-312-942-0287
Stephanie-312-942-1296
Corporate Compliance 312-942-5303
1 Diversity & Inclusion in the Rush System
2 Diversity & Inclusion in Rush University
3 Colleges and D&I
4 Navigating Difference
5 Next Steps
1 Diversity & Inclusion the Rush System
Rush will foster a diverse and inclusive educational environment to develop the health care workforce of the future.
Diversity & Inclusion in the Rush System

- Diversity Leadership Council
- ADA Taskforce
- LGBTQ Healthcare Council
- ADA Employee Resource Group
- LGBTQ Employee Resource Group
- Women’s Leadership Council
- Rush Center for Veterans and their Families
Diversity & Inclusion in Rush University
Rush University D&I Mission

Develop health care professionals who are reflective of the communities, patients, and region we serve &
Who have gained an understanding of the many forms diversity & inclusion take
3 Colleges and D&I
Colleges and D&I

➢ Rush System
  ▪ 1,100 Leaders received 3-hour Cultural Competence Training

➢ Diversity Leadership Council
  ▪ D&I point person at each college

➢ Faculty Affairs
  ▪ D&I workshops and Grand Rounds

➢ Students
  ▪ Student Diversity & Multicultural Affairs Office
    ▪ 11 Student Affinity Groups: 41 events with over 2,200 participants
    ▪ 27 D&I programs with over 2,400 participants
    ▪ 20 Diversity & Inclusion Certificate Program sessions
  ▪ Office of Student Accessibility Services
Navigating Difference
Navigating Difference—The Role of Privilege

Equality  |  Equity  |  Justice

There is some justice in the world.
The world is just.
There is no justice in the world.

“What’s the matter? It’s the same distance!”

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5 Next Steps
Upcoming Events

- Diversity Soiree
  - At President Gabriel’s House: 600 S. Loomis
  - Thursday, September 12 from 4-6 pm

- Student Organization Fair—Fall Into Rush
  - In the Atrium
  - Tuesday, September 10, 11:30-1 pm

- Latin@ Heritage Month
  - September 15 – October 15
    - Kick-Off 9/16, 12-12:50, Room AAC994A/B
    - Healthcare Providers Panel, 9/23, Room AAC 976
    - Healthcare Patients Panel, 9/26, Room AAC 976
    - Reception, 10/10, Searle Room 500

- Accessibility & Accommodation Month
  - October 1 – October 31
  - SDMA Office
Introduction to Medical Simulation

Michael J. Kremer, CRNA, PhD, CHSE, FNAP, FAAN
Professor, Rush College of Nursing
Co-Director, Rush Center for Clinical Skills and Simulation

Michelle J. Sergel, MD, FACEP
Assistant Professor, Emergency Medicine – Cook County Hospital
Co-Director, Rush Center for Clinical Skills and Simulation
Medical Education

• Ethical tension
• Creating a safe environment
• Medical emergencies / critical care
• Didactics and on-the-job experience
• Interface between the two…
Silos contribute to medical errors!
First aircraft simulator, created by Edwin Link, 1929

SIM1 Anesthesia Simulator, 1969
Types of Simulation

- Abdominal Aortic Aneurysms (AAA)
- Semi-Transparent Mirror
- Fluoroscopic Image
- MEMICA Gloves
- Phantom 6D

Laparoscopy VR
High-fidelity Simulation Mannequins

- Wireless, tetherless
- Realistic bodily secretions, JVD
- Heart, breath & bowel sounds
- Blood, fluid and power sources all contained in mannequin
Procedural Skill Simulation

- Task trainers
- Mannequin-based
- Standardized patients
- Cadaveric
- Virtual reality
Task Trainers
• Built in 2002
• Generous donation from Cornell Trust
• Early collaboration with Illinois National Guard on bioterrorism training
• Outgrew the 1800 square foot facility as technology & pedagogy advanced
Simulation at Rush

- 20,000’² space
- 3 high fidelity simulation rooms
- 12 clinic exam rooms
- Virtual reality room (VROOM)
- 6 conference/debriefing rooms
- Parts lab - engineering
SIMULATION

Education Beyond the Classroom
SCENARIO DEVELOPMENT

A GUIDE TO CREATING AN EFFECTIVE SIMULATION EXPERIENCE
DEBRIEFING 101

OPTIMIZING THE LEARNER EXPERIENCE
> 50,000 learner hours
Simulation at Rush
Communication Through Simulation: Developing a Curriculum to Teach Interpersonal Skills

VA Fleetwood MD, B Veenstra MD, A Wojtowicz BS, J Kerchberger MD, J Velasco MD
Simulation at Rush
Simulation at Rush

- Innovative
- Evidence-based
  - Society for Simulation in Healthcare
  - Association of Standardized Patient Educators
- We believe our trainees are intelligent, well-trained, and are trying to do their best to learn and improve (CMS, 2015)
  - Center for Medical Simulation
RCCSS

Guiding Principles
Andragogy

- Adult learners:
  - Independent and self-directed
  - Have rich experiences
  - Value relevant learning
  - Prefer problem-centered approaches
  - Are internally motivated

(CMS, 2015)
The Learning Pyramid*

Average Retention Rates

5% Lecture
10% Reading
20% Audio-Visual
30% Demonstration
50% Group Discussion
75% Practice
90% Teaching Others

*Adapted from National Training Laboratories, Bethel, Maine
Components of a Course

- Needs assessment
- Learning objectives
- Course logistics
- Scenarios
- Assessment instruments
- Course evaluation

(CMS, 2015)
Needs Assessment

- Who are your stakeholders?
- What are their needs?
- Why should they buy in?
- Where are the content sources?
  - Existing curriculum
  - Insurance files/risk management
  - QA data
  - Case reports
  - In-training exam results

(CMS, 2015)
Learning objectives

• Always from the perspective of the learner
• What will they be able to do at the end of the learning experience? (Bloom’s taxonomy)

• Consider:
  – How will learner demonstrate they can do what you say they will be able to do?
  – How will you measure what you claim?

(CMS, 2015)
Course logistics

• Scheduling can be a challenge
• Finding a reasonable timeline can be a problem
• Think about certifications in advance
• Budgeting considerations
  – Cost vs value model
  – Charging method – seek lowest overhead

(CMS, 2015)
Scenario development

• Learning objectives
  – Clinical: easy
  – Behavioral: hard

• Plot

• Debriefing guide

• References
  • Medical record
  • Simulator script or flow
  • Set-up sheet

See RCCSS Scenario Development Form

(CMS, 2015)
• Let the curriculum guide the technology and not vice-versa

• Choose the best simulator for the job

• Consider hybrids of:
  – Live standardized patient
  – Mannequin simulator
  – Part-task skill simulator
  – Screen-based

(CMS, 2015)
Course evaluation

• Likert scale
  – Trends toward positive
  – 5-7 point
  – Anchored, choice of adjectives, etc.

• Written comments
  – Hard to analyze

• Verbal comments
  – Will people be forthright?

• Surveys
  – Compliance, when?

• Interviews
  – Difficult to analyze

• Clinical data

(CMS, 2015)
THANK YOU

Questions?

• Center for Medical Simulation. Institute for Medical Simulation Comprehensive Instructor Workshop. Available at: [www.harvardmedsim.org](http://www.harvardmedsim.org)