

Attachment 1

Faculty Senate Meeting Minutes September 14, 2010

Welcome and introductions – new President L. Chesney Thompson M.D.

Dean Krugman's Comments:

Update on Department Chair searches that are still underway:

- Medicine – the committee narrowed down to one candidate who will possibly be formally offered the position by the end of the month. Otherwise, we will be looking for a new candidate.
- Emergency Medicine – the committee is evaluating individuals for 1st visits.
- Non- SOM searches – Executive Director of UPI to replace Lilly Marks. The search is being led by Dr. D'Ambrosia, and there are 13 individuals selected for airport interviews. The hope is to have the position named in 2 months and negotiated by year's end so the new person can be contracted for at least part time until they can move to Denver. Lilly Marks is continuing with UPI part time until a new Executive Director has been selected.

Other changes reported by Dean Krugman:

- Robert Fries is now the interim Senior Associate Dean for Finance and Administration, a position that was also held by Lilly Marks. The hope is that a new UPI Executive Director will also fill this position.
- Rob Feinstein will step down as Senior Associate Dean for Education. Celia Kaye has agreed to come back to this position. Thank you to Dr Kaye for agreeing to accept this position.
- LCME will be back in April 2011. The SOM will need to demonstrate advances made in diversity.
- Affiliation agreements with Denver Health and National Jewish Hospital need to be renewed; current agreements date from 1995 and 1993, respectively. The documents are being renegotiated and updated. Once ready, they will go to executive committee and then to the faculty senate in about 2 months.

Discussion Item A:

AMC Faculty Assembly Representation – Dr David Thompson, Ph.D.

Dr David Thompson discussed SOM representation of this body. The AMC Faculty Assembly representation is as follows:

- 11 members of the School of Medicine
- 2 members of the School of Nursing
- 2 members of the School of Dentistry
- 2 members of the School of Pharmacy
- 1 member of the Graduate School
- 1 member from Denison Library
- 1 member from the Retired Faculty Association.

In addition to these members, the Chairs of the different schools are also voting members, totaling 26 members. Please see Constitution and Bylaws on http://www.ucdenver.edu/faculty_staff/faculty/assembly/anschutz/FA-documents/Pages/default.aspx for additional details.

This body deals with many issues by committees and also represents the AMC campus to the Faculty Council.

In order to strengthen SOM participation, Dr David Thompson suggested increased communication between Faculty Assembly and SOM Faculty Senate Chairs. Anyone interested in serving on the Faculty Assembly should contact Cheryl Welch or Dr. Chesney Thompson. There are no guidelines for selection in the *SOM Rules*; per Faculty Assembly Bylaws, members should be AMC faculty who hold the academic rank of professor, associate professor, assistant professor, or instructor (after two years in rank).

Discussion Item B.

Annual Report of the Curriculum Steering Committee by Dr Celia Kaye, MD, PhD.

The current “New Curriculum” was started in 2005; the first class with 4 years of this curriculum graduated in 2009. Highlights from Dr Kaye’s presentation:

- 2010 was the first class with the requirement of mentored scholarly activities.
- There is a new trend among medical schools to personalize the curriculum by adding tracks. This year, 3 new tracks were added: Women’s Health, Research and CU Unite (Urban Health).
- The MD/PhD program was changed, and students will continue Foundations of Doctoring while doing research, in order to be better prepared for clinical work when done with their dissertation.
- Track processes and copyright for student lectures were clarified and honors designations during phase 1 and 2 were reaffirmed.
- Critical care rotations during phase 4 were rejected; this will be re-examined in the coming year, specifically to determine what gap such a requirement would fill.
- Other items for 2010-2011 – this is the year for comprehensive curriculum review and to develop recommendations for a longitudinal approach to correct gaps and redundancies in the curriculum.

- Sources of revenue and expenses will be reviewed, and in April 2011 there will be a retreat before the LCME visit.

Discussion Item C:

Promotion and Tenure Track Criteria – presented by Associate Dean Steven Lowenstein.

Dr. Lowenstein explained tenure track systems within the SOM, beginning in 1986 with 3 tracks, followed by the change to a single track system in 1997. University mandates that the process be reviewed every 7 years. Areas that need to be re-visited are:

- Broaden the definition of scholarship
- Separate promotion and tenure.
- Recognize individual contributions in the current era of collaborations.
- Recognize clinical excellence and develop standard for scholarship.
- Another concern is the requirement to have a national reputation before tenure can be achieved.
- A fourth area is being considered: Community Service.

Members are needed for this Committee

Discussion/Action Item D:

Action Item: Students Promotion Committee. Article III.C, change in leadership.

Proposal is to change the article from “The Committee is chaired by the Senior Associate Dean for Education” to read that “The Committee SHALL HAVE A CHAIRPERSON WHO IS ELECTED BY THE COMMITTEE MEMBERS.” Motion was passed by unanimous vote.

Meeting was adjourned at 5:50 PM

Debra A. Bislip, MD
Faculty Senate Secretary

**Faculty Senate Meeting Minutes
October 12, 2010**

- 1) Welcome: Meeting called to order at 4:35PM.
- 2) Minutes of September 14, 2010 meeting were approved.
- 3) Dean's Comments - Presented by Dr Lowenstein. Dean Richard Krugman and Senior Associate Dean E. Chester Ridgeway were unable to attend the meeting.

A) Status of Searches:

- i) Dean is in final negotiations for newly selected chair of department of Medicine, Dr David Schwartz.
- ii) Emergency Medicine Search has been narrowed to 8-9 candidates; airport interviews are being conducted.
- iii) UPI Executive Director Search has 13 candidates. The hope is that the person selected will also fill position of Senior Associate Dean for Finance and Administration.

B) Affiliation Agreements: Affiliation agreements between SOM and Denver Health and National Jewish Hospital are continuing to be debated and both are expected to be completed soon.

C) State of the School Address: Reminder that the State of the School address is Wednesday 10/20/2010 from 4:30-5:30 pm in the Hensel Phelps West Auditorium.

4) Discussion and Action Items

A) GME Annual Report: Presented by Dr. Carl Rumack. See details in Attachment 2 of Agenda for today's meeting. Highlights:

- i) There was an increase in number of graduate programs for residents and fellows. Greater than 1/3 (34%) of residents go on to further training; > 50% remain in Colorado.
- ii) Site Visits - Surgery placed on probation due to duty hours violations. Upcoming site visits: Internal Medicine October 2010 and Surgery 2011. Target is to have no work hour violations.
- iii) Gap analysis revealed the following concerns:
 - Residents performing clerical tasks.
 - Multiple simultaneous rounds – nurses unavailable for any/all rounds.
 - Inefficient sign out process.
 - Resident resources not shared (turf issues).
 - Misalignment of resources for surge and work demands.
 - Duplication of work: pre-rounding is one example.

iv) Solution approaches:

- Change work hours to 14 on, 10 off. Duty hour violations most evident with interns. There are 5 programs with severe problems; 80 programs have no problems. Discussion regarding ways to measure hours – different metrics considered, swiping ID cards, using parking garage records. This will need to be decided in future. Important to consider that hours of work include external moonlighting for > PGY 1.
- Improve efficiencies and reduce waste, i.e. pre-rounding.
- Improve service and educational value of tasks.
- Example of rapid improvement experiment (from LEAN process) – RN rounds with teams, improved efficiency.
- “Fast track” evening rounds for AM discharge, patients then able to be discharged much earlier next day.
- Improve shift to shift hand offs.
- Clarify and assign non-MD tasks.

B) Discussion and Action Item: Faculty Professionalism Committee discussion to make a change to add residents as reporters of violations, and Committee needs new members. Presented by Dr. Kaye and Dr. Lowenstein.

- i) Dr Lowenstein: Update Faculty Professionalism Task Force. Background – Development of Faculty Professionalism online reporting system was discussed and approved by Faculty Senate in January 2010. Review given at today's meeting for the benefit of new faculty senators prior to vote for approval of proposed change to

the existing system. From Student questionnaires, surveys and course evaluations, it is known that lapses occur in professional behavior by faculty. Students report being publicly humiliated and hearing disparaging comments regarding religion, faith, insurance status of patients. The objective was to design a feedback and reporting system with goal of enabling faculty member to hear feedback, to ensure faculty accountability and also to ensure an optimal learning environment. The reporting system is designed to be confidential and can be done anonymously.

In order to encourage professionalism, a professionalism statement has been added to letters of offer for prospective faculty.

ii) Dr Kaye – reported accomplishments since implementation of the reporting system and changes since January 2010. A joint task force consisting of Faculty Senate, Curriculum Steering Committee, Faculty Affairs, Student Affairs, Student honors council and representatives from GME has been meeting since February 2009. A more comprehensive system is desirable because with current system, general offenses are reported but not details. The new more comprehensive online system allows for more detailed reporting.

iii) The task force reports that several departments have systems in place to monitor unprofessional behavior. It is a core expectation of the SOM and students are more aware of the mechanism to report lapses. The intention is for there to be a corresponding mechanism to report exemplary behavior and not just lapses and to also develop a reporting system for residents.

Action is taken by the Professionalism Committee in the event of:

** Minor lapses: once there are 3 reports from 3 different students.

** Serious lapses: single report is needed, cannot be anonymous.

A recommendation will be made for remediation and the expectation is that the faculty member will be willing to follow the remediation plan. Most interactions are expected to be between the faculty member and the Professionalism Committee. If the faculty member is not willing to cooperate, the Department Chair will be involved.

iv) Unprofessional behavior reporting is now only set up for medical students. Reporting is by online form with a component of simple check offs for basic information and narrative section for more details of the event. A third party receives the report and then passes it on to the Committee. The database home is currently in Faculty Affairs, even though there are some reservations about this being the repository. Alternate options are being explored with the goal of finding a permanent place that is trusted by all parties involved.

- v) As the online form was being developed, the Committee was approached by the residents to be added as possible reporters to this system.

ACTION ITEM – vote to add residents as reporters to this system.

- vi) Discussion about this action item – medical students have become familiar with expectations regarding professional behavior but residents may not be. There was also a discussion regarding investigation of accuracy of complaints.

VOTE ON ACTION ITEM: 29 for, 0 against, and 0 abstentions.

- vii) Faculty Professionalism Committee is a group that will review reports from medical students and residents of exemplary and problematic episodes of professionalism by faculty. Members are needed for this committee. Members to the committee will be appointed by Dean Krugman in consultation with the Faculty Officers. Committee members will serve three-year terms and will receive training before they begin their responsibilities. Those interested in serving on this committee should send name and a short note indicating why they would like to serve to Dr. Bob Low, Past President of the Faculty Senate, who will lead the vetting process.

C) Faculty Senate Representation: Presented by President L. Chesney Thompson

Dr. Thompson made a plea to all senators to take information from these meetings back to their respective departments.

- i) Faculty Assembly representation – needs additional representation from SOM. There are 5 faculty members already attending regularly and an additional 5-6 are needed since SOM has 11 seats in the assembly. The meetings are every 4th Tuesday of the month at noon. Examples of work done by this body:
 - ** Daycare Project
 - ** AED's in all buildings
 - ** Tuition reimbursements for faculty members
- ii) Promotion and Tenure Criteria Task Force. List of 14-15 candidates is being developed. President requests that senators approach their department chairs to send recommendations to Dr. Steve Lowenstein or Cheryl Welch.
- iii) Medical Alumni Association. Association is looking for members to promote communication between medical students and alumni and to serve and guide medical students.

Meeting adjourned at 6:00PM

Debra A. Bislip, M.D., FAAFP
Faculty Senate Secretary

**Faculty Senate Meeting Minutes
November 9, 2010**

- 1) Welcome: Meeting called to order at 4:35PM by President L. Chesney Thompson.
- 2) Minutes of October 12, 2010 meeting were approved.

*** Additional Item not on Agenda: President Thompson asks senator volunteers of all departments to make a brief presentation 5-10 minutes with or without PowerPoint to be done at our future meetings. The intention is that this would be an opportunity to discuss / present / advertise your respective department's clinical and research activities so other departments may know about them. If interested please let Dr Thompson or Cheryl Welch know.*

- 3) Dean's Comments - Presented by Dean Richard Krugman.

A) Status of Searches:

- i) Department of Medicine - Final negotiations for newly selected Chair, Dr. David Schwarz, have been completed. We are awaiting clearance of institutional items; expect this to be done by the end of November 2010.
- ii) Emergency Medicine Search – still looking for candidates for airport interviews.
- iii) UPI Executive Director Search - there are 13 candidates. The last airport interview is being conducted today; finalist names due by the end of this week, and broader interviews to occur after that. The hope is that the person selected will also fill position of Senior Associate Dean for Finance and Administration. There was discussion regarding the hiring decision being by the Board of UPI on the recommendation of the Dean. The Dean gave background information regarding the reasons that this position has historically incorporated both positions, which has led to marked clinical and academic success. The hope is for a new Director who will also be Senior Associate Dean for Finance. If this is not possible, there will have to be a separate search for someone else to fill the Sr. Associate Dean position.

B) Affiliation Agreements:

- i) Denver Health – the new affiliation agreement is ready to be presented to attorneys. It is hopeful that a draft can be presented to Faculty Senate at next month's meeting.
- ii) National Jewish Hospital – the small group is meeting. Progress is not as far as the DH agreement.
- iii) The Children's Hospital – A new agreement was signed last month. TCH is now looking for a Surgical Chief who will also head the Child Health Surgical Center.

4) Discussion Items

- A) **Student Admissions Committee Report.** Presented by Associate Dean Robert Winn. See also report attached to Agenda of today's meeting. Highlights:
- i) UC SOM is the only MD SOM in 3500 mile radius.
 - ii) Comparing data from 2001 to 2010, there has been an increase of 80% in applicants and 25.9% in class size. This year so far there is already a 12% increase in number of applicants. With current trend there may be approximately 6000 applicants by Jan 1, 2011 deadline. Last year there were 600 candidate interviews for class of 160, of which 10 were for MD/PhD program. Most of the 12% increase is from non-CO residents.
 - iii) Current class has 22% URM (Under Represented Minorities), up from 8% the previous year, and the upcoming class is on track to have a similar percentage. It is important that the median GPA and MCAT scores of the URM are similar to the class as a whole, and even slightly higher. Diversity scholarships have been awarded to 18 of the students from diverse backgrounds, and the students of this category who were offered positions but did not attend did so due to better financial offers elsewhere.

The current class has 50% males and 50% females, median GPA 3.7 and median MCAT 32Q. The average age is 24.75 yrs; 74% are CO residents, and 26% are non-CO residents.

- iv) Pipeline programs include the BS/BA/MD program with UCD, Post Bac program for non-traditional students, Urban Scholars and Medical Scholars (program for best undergraduate sophomores).
 - v) The Admissions Committee is composed of 165 members, 20% retired faculty, 23% students, 43% active physicians, 3% active PhD's. There is room for additional members for a total of 200. The plan is to have a shorter interview timeframe of 15 instead of 28 days.
 - vi) Diversity scholarships available: \$10M from President, \$2M per year for 5 years and also > \$3M per year available from other scholarship funds.
 - vii) New this year: After acceptance, the prospective student gets a telephone call from the Dean of Admissions and also a follow up call from students and others who have interviewed the candidate.
- B) **ProPublica Report and Faculty conflict of interest.** Presented by Dean Krugman and Associate Dean Lowenstein.

There was a recent publication by ProPublica that included a list of physicians who received payments for consulting from pharmaceutical companies. ProPublica is an investigative company and the list published was based on data from 7 pharmaceutical companies. Fifty of the 200 names on the list were of physicians with staff positions at the University of Colorado. The amounts of compensation varied from \$300.00 to \$110,000.00. From the ProPublica list, it was not possible to determine what amounts were from research activities and what amount were from consulting.

Background on the 3 different policies pertaining to faculty consulting is explained on the Faculty Affairs website under “Rules and Policies”, see link below.

<http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/RulePolicies/Pages/RulePolicies.aspx>

- i) Dr Lowenstein reviewed the policies, in short:
 - University of Colorado requires annual disclosure regardless of amount.
 - UPI Member Practice Agreement requires that all income be reported to UPI for billing, collecting and processing. Exceptions include editorial activities and publications, and one time honoraria.
 - School of Medicine Conflict of Interest Statement. The goal of this is to separate marketing from teaching, and it prohibits gifts, dinners, etc. It also restricts participation in speaker’s bureaus.
- ii) Dean Krugman was asked by media whether policy rules were violated and if so, what would be done. His response was that he would gather information to determine whether any policies were violated and if so, that there is an enforcement policy which was voted on by the faculty. Specific steps and comments by Dean:
 - Dean reviewed the conflict of interest statement and the expectation that faculty will follow the rules, as there is no auditing mechanism in place at this point. If there are violations, there will have to be enforcement in all fairness to those who do follow the rules. Specific enforcement steps would need to be determined since 90% of those receiving consulting fees did not have these payments processed through UPI.
 - Dean sent list to chairs of departments with questions for the named faculty members to complete and to clarify their disclosures in view of these payments.
 - University collects the conflict of interest forms, disclosures on these forms need to be checked against the reports of consulting payments.
 - Possibility of website for SOM brought up for faculty to update information more regularly.
 - There is a Medical-Legal consulting fee cap of \$15,000.00. Each faculty member is entitled to receive up to \$15,000 annually for medical-legal and consulting activities. These funds are paid in addition to the faculty member’s University Base and Supplement salary and independent of the departmental incentive formulas and distributions. There is a 10% Dean’s Tax and 2.5% administrative fee.

The meeting was adjourned at 5:50 PM
Debra Bislip, MD, FAAFP
Faculty Secretary

**MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE**

**December 14, 2010
4:30 - 6:00 p.m.**

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

President Chesney Thompson began the meeting at 4:30 p.m., and asked for approval of the minutes from the November 9, 2010, meeting. The minutes were unanimously approved.

Dean's Comments – Dean Richard Krugman was unavailable for the meeting today, and Associate Dean Steven Lowenstein presented comments in his absence. Dr. David Schwartz has accepted the position as the Chair of Medicine, with an anticipated start date of January 1st. The Emergency Medicine chair search is just beginning, with the evaluation of 6-8 semifinalists ongoing. The UPI Executive Director search is nearing completion.

Associate Dean Lowenstein also updated the Senate on the ProPublica issue, which has not died down. Every faculty member that was listed in the article has been notified, and virtually all have completed a questionnaire regarding the payments that were made to them. During this process, we have learned a lot about gaps and misperceptions regarding assignment of income, and it is apparent that we still need to provide education to faculty regarding this issue.

Discussion Items -

- A. Small Grants Program – Steven Ringel, MD; Kristen Nordenholz, MD; and Gregory Misky, MD
Dr. Ringel provided an overview of the Small Grants Program that is in place at UCH which provides up to \$25,000 to individuals or teams that are working on performance improvement activities, including quality, safety, and cost-reduction. The program has been in place for four years, and is awarded annually. Applicants submit letters of intent each Spring, and the steering committee then invites full proposals. The program director is Heidi Wald, MSPH, and the funding comes from UPI and UCH. Dr. Ringel then provided more detailed information about several of the awarded grants from the past four years, most of which were successful, including grants that addressed standardized central venous line placement, ED triage of non-emergent MI patients, geriatric service performance improvement strategies. At least one of the programs resulted in publication of the results, and one grant led to savings and a funded career development award. Dr. Ringel also provided information on new grants that were recently funded, which included grants that addressed implementation of appropriate induction of labor guidelines and an ICU web-based algorithm for selecting antibiotics.

Drs. Kristin Nordenholz and Greg Misky, who have been awarded funding through the Small Grants Program, presented information on their project, which was entitled "Clinical Pathway for VTE Management." Background for their proposal included the following:

- Venous thromboembolism (VTE) affects nearly 1 million people in the US each year and results in 1.5 billion in annual hospital costs
- With the advent of LMWH, outpatient management of DVT has been shown to be safe, effective, and to create cost savings in the majority of patients
- Despite a robust literature showing the utility and cost-savings of the outpatient approach, it has largely not been utilized due to a number of barriers

The population they studied included 234 medical patients with VTE who were admitted between 12/07 and 4/09. Their findings suggested that VTE was:

- Common and costly
- Most patients were admitted, and many come back to the hospital
- Care variability was not always clinical
 - Twenty-nine percent were uninsured, and they had higher rates of DVT, lower initial admission rates, and longer lengths of stay and higher Emergency Department recidivism

The results of their study indicated barriers to output management, which included:

- PCP status – need for close follow-up is difficult to meet when patient does not have a PCP (i.e. uninsured, indigent, etc)
- Provider reluctance to prescribe potentially unsafe medication without close supervision
- Education
- Providers not being aware of which outpatient management is preferred
- Patients not having adequate skills to be comfortable with medication management, injections, etc.

The solution that was proposed as a result of their findings was a VTE Pathway, which includes:

- Standardize admit/discharge orders (JCAHO)
- Standardize notification of anticoagulation clinic for all VTE patients without PCP to ensure timely follow-up
- Standardize provider education (JCAHO)
- Provision of patient education materials in the form of DVD and written instructions (puts us in compliance with pt education)
- All VTE patients are called 48 hours after discharge to triage any new concerns and ensure timely follow-up

Their progress on the pathway development includes completion of an EMR pathway for acute DVT in the ED, with the discharge process for acute DVT in the ED still in progress. Inpatient order sets for VTE are completed, and inpatient discharge orders for VTE are in progress.

- B. RAVE Emergency Notification System – Chief of Police, Douglas Abraham, attended the meeting, along with Essi Ellis, DDC Emergency Preparedness Coordinator, to provide information regarding the Campus Police Department, as well as the RAVE Emergency Notification System. Chief Abraham and Ms. Ellis showed the Senate the Police Department webpage, <http://www.ucdenver.edu/about/departments/UniversityPolice/Pages/UniversityPolice.aspx>, and provided additional information regarding Crime Statistics, Personal Safety & Crime Prevention, Emergency Preparedness, and Badging and Security. Senators were reminded about the need for departments to complete the Continuity of Operations Plan (COOP), which outlines the operations plan that will be followed in individual areas in the event of a disaster.

There was discussion regarding the RAVE emergency notification system, and everyone was encouraged to sign up at <https://www.getrave.com/login/DenverAlerts> in order to receive RAVE alerts. When signing up on the system, you will be able to choose the notification method(s).

The meeting was adjourned at 5:30 p.m.

Faculty Senate Meeting Minutes January 12, 2011

- I. Welcome: Meeting called to order at 4:30PM
- II. Minutes of December 14, 2010 meeting were approved.
- III. Dean's Comments - Dean Richard Krugman

A) Status of Searches:

- ii.) Surgery Chair Search, committee has been appointed, has not yet met.
- iii.) Emergency Medicine Chair Search now narrowed to 7 candidates, will be visiting over the coming 6-7 weeks and the hope is to have a new Chair by July 1, 2011.
- iv.) UPI Executive Director Search has been concluded. Jane Schumacher from Chicago has accepted to become Executive Director of UPI and Senior Associate Dean for Finance and Administration. Anticipated start date is March 1, 2011.
- v.) New search: Dean of School of Public Health. There is an interim Dean, Judith Albino and first search committee meeting will be on 01/14/2011.

B) Affiliation Agreements:

- ii.) Denver Health: in legal review.
- iii.) National Jewish Hospital: draft agreement work continues.
- iv.) VA Hospital agreement work continues.

The VA will occupy the former UPI building in February 2011 and plans to be moved to AMC in 2014.

IV. Discussion Items

A. Linda Crnic Institute Update: Presented by Edward McCabe, MD, Executive Director, Linda Crnic Institute for Down Syndrome.

The [Linda Crnic Institute for Down Syndrome](#) was founded in 2008. It is the first global institute for basic research, clinical research and clinical care specifically for people with Down syndrome. The mission of the institute is to eradicate the medical and cognitive ill effects associated with Down syndrome. Significantly improving the lives of people with Down syndrome is a major focus. The institute

partners are the University of Colorado Anschutz Medical Campus, the University of Colorado Boulder and The Children's Hospital.

More information on the Institute is available at:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/institutes/lindacrn/Pages/lindacrn.aspx>.

Highlights:

- i.) Clinical services are provided at the Sie Center for Down Syndrome at The Children's Hospital. The goal of the Sie Center is to provide, locally and globally, the highest quality clinical care and therapeutic development to people with Down syndrome, hire and mentor a medical "dream team," provide up-to-date information on Down syndrome to parents who have received a prenatal diagnosis of Down syndrome and participate in collaborative ground-breaking clinical trials. The Sie Clinic opened on November 16, 2010.
- ii.) Basic Research is done at School of Medicine and UC Boulder.
- iii.) Clinical Research and Service done at The Children's Hospital.

Faculty appointments will be done in the departments and not in the LCI. Faculty categories are the core faculty, recruited by LCI and associate faculty with interest in Down Syndrome – to be identified by departments and encouraged to apply. Director of Research search is in progress and the Senior Research Scientist Boulder search will start in September 2011. The goal is to have 15 faculty members by 2015, 12 at Anschutz Medical Campus and 3 in Boulder.

B. Update Pro Publica: Presented by Dean Krugman.

Background – see previous minutes November 9, 2010 Faculty Senate Meeting. Also, additional details of presentation are available on the slide presentation attached to these minutes.

Over the past 2 months, the chairs of all the departments had conversations with the individual faculty members who were mentioned in the Denver Post Article. It became apparent that most of the payments were one time occurrences, a series of one time occurrences or were exempt activities. Of those faculty that were not in compliance with the current policy, most were not aware of the policy, misinterpreted or misunderstood them.

The Executive Committee met and recommended that there be:

- 1) A change in the policy and prohibit participation in activities that would be incompatible with COI of SOM, such as speakers' bureaus.

- 2) A change in the UPI Practice Agreement to report all professional compensations through UPI and to clearly limit the Exempt Honoraria list.

Risks to faculty and to SOM of not changing the policies were outlined, including but not limited to unintentional violations of the CU, SOM and UPI policies, faculty being subjected to restrictions imposed by industry, loss of public trust, inconsistent messages regarding importance of bioscience research and damage to SOM reputation.

Importance of change is emphasized because the publication so far is for a small amount of companies (7) and short amount of time (2 quarters), thus the likelihood of many more instances of violations is high. So far, there is no indication that there is a major issue with faculty disclosures on CU and SOM list, but there is not uniform concordance with UPI policy.

Possibilities to increase compliance include a “Site of Practice” type committee as was done in the past when TCH radiology department was disadvantaged in 1991 and/or instituting a mechanism for quick review of exceptions with temporary approval by chair of the committee and final approval at a monthly meeting. The possibility of submission of Form 1040 was also considered; at this time only on request of the chair and at annual review whenever questions arise.

Discussion and Questions Summary:

** There is confusion about what constitutes a speakers’ bureau and consulting. Nomenclatures of organizations can also change and make matters unclear, example: KOL = Key Opinion Leaders. Not all speakers’ bureau engagements are marketing and not all consulting is free of bias. Several senators believe that public will not care whether drug company compensation comes from one or the other.

** Will all honoraria be subject to Dean’s tax – is being debated.

** UPI proposed to be “bank and business” that will do collections. Any consulting should be processed through UPI so it is clear whether there is any marketing involved.

** Discussion about “FDA Approved Slides” – appears to be not a formal process of review and approval, but a mechanism to ensure that no off label recommendations are made. The problem is that if faculty uses their own slides, they would violate the contract signed with the drug company, which requires use of their slides in order to ensure FDA compliance.

** Emphasis that it is important for faculty to continue giving talks outside of own institution in order to:

- gain national recognition and meet requirement for promotion.
- bring grants to the institution.

** Look for a way to not rely on pharmaceutical company for CME and promotion opportunities.

** Possible consequences of not reporting the activities and income were discussed, also the possibility of an amnesty period for those who now know they are in violation and report before a certain deadline.

** Ideally, the new policy will be one that is simple, account for all income, and have a mechanism for transparency and quick adjudication. Faculty should be involved in determining the consequences of non-compliance. The goal is to form a body/committee to work on this and come up with guidelines. This way, faculty would have more buy-in and the policy will be more likely to be a success. The alternative, a handful of leaders setting up a policy, will have high likelihood of failure.

** Dean Krugman encourages all present to go back to their departments and discuss the topic, come back to this body and pass on any recommendations and feedback in the next month or two.

Meeting adjourned at 5:50PM

Debra A. Bislip, M.D., FAAFP
Faculty Senate Secretary

Faculty Senate Meeting Minutes February 8, 2011

- I. Welcome: Meeting called to order at 4:35 PM
- II. Minutes of January 12, 2011 meeting were approved.
- III. Dean's Comments - Dean Richard Krugman

A) Status of Searches:

- i) Surgery Chair search committee has started working and is coordinating with Denver Health Surgery Chair search that has also started since their chair has also resigned. Searches are being coordinated to avoid confusion with candidates and institutions. Dr. D'Ambrosia is heading the UCH search and Dr. Phil Mehler is heading Denver Health search, DH is looking for primarily for a trauma surgeon.
- ii) Emergency Medicine Chair Search is in progress. Three persons have visited. Two more airport interviews are scheduled for 2/22/2011. Expectation is that a preferred candidate will be selected soon.

B) Affiliation Agreements:

- i) Denver Health: has passed legal review, will be presented to Executive Committee next week.
- ii) National Jewish Hospital: work ongoing.
- iii) VA Hospital: conversations ongoing.

C) Other:

- i) Promotion and Tenure Task Force was charged last week. Harley Rotbart, MD, and Nancy Zahniser, PhD will co-lead this group and the task force will come to Faculty Senate in the next 2-3 months to present ways to improve the rules and process of promotion and tenure.

IV. Discussion Items

A. University Accreditation Update: Presented by Terry Potter, PhD, Assistant Vice Chancellor for Academic Effectiveness.

Additional details of presentation are available on the slide presentation attached to these minutes.

The institutional accreditation is important in order to maintain the accreditation that UC Denver has had since 1913 and is on a 10 year cycle. The next site visit

is April 4-6, 2011. Reaffirming the accreditation is required for access to student loans and for quality assurance to the public, students and potential students.

Congress is raising the bar on accreditation because of large amounts of money defaulted on and UC Denver's goal is to get a clean slate and not have any ongoing lingering accreditation issues. A Review Team has been formed to prepare for the site visit. A schedule is being made for the site visit and the plan is to have an open forum at the end of the 2nd day when the Accreditation Team will be visiting the AMC. The Review Team is preparing a self study in preparation of the visit and will also prepare a briefing document that will outline how the institution meets and exceeds the criteria of excellence.

More information on the Accreditation Process and steps involved in preparing for this is available at: www.ucdenver.edu/accreditation. Once the schedule is finalized it will also be posted on this website.

The Review team would like feedback from the Faculty Senate regarding how large a group may be expected to participate in such an open forum.

B. Faculty Disclosures Resolution: Presented by Anand Reddi, Medical Student II .

Additional details of presentation are available on the handout attached to these minutes.

Background – long before recent Pro Publica article, the medical students started this project to correlate faculty disclosures with those made when presenting to peers in lectures and at conferences. The students had a perception similar to the public, which is of uncertainty if certain faculty affiliations would influence material presented in lectures.

The students met with Dr. Lowenstein, Dr. Michaels, Dr. Ronald Gibbs and Dr. Robert Eckel and now have a proposed new policy. This policy is not meant to add anything new, just expand on the existing policy. The policy is meant to be voluntary, not intended to be enforced and would entail that there would be a general disclosure prior to each lecture in phases 1 and 2, to indicate whether there are financial ties that are disclosed to the University or that there are no financial ties.

There was a discussion amongst the senators that addressed whether the students felt a lack of trust or that they were being "sold". This is not the case, they would just like disclosure. Also addressed was whether the disclosure should be specific to the lecture at hand in the opinion of the lecturer, instead of a general disclosure and whether it should be voluntary or required. The students feel that making it required would give the impression of distrust and they would prefer a broad disclosure that they can then research themselves so that it is not subjective to if the lecturer thinks it is related to the specific lecture or not.

Dean Krugman's feedback is that the proposal as presented is too timid because it is voluntary and too unfocused because of the broad character of the disclosure. The recommendation is to go back to all affiliates and return to this body at a future time for further discussion.

C. Recommendation Regarding Speakers' Bureaus: Presented by President Chesney Thompson.

Background and details of these recommendations are available on the handout attached to these minutes. The recommendations are presented to start a discussion, in the broadest sense to get to a new definition of acceptable collaboration with pharmaceutical and other medical supplier companies in a way that does not interfere with the CU COI or UPI practice agreements.

In brief, the recommendations are:

1. Participation in Speakers' Bureaus to be prohibited for all faculty members.
- 2A. All other speaking and consulting arrangements to go through UPI for contract review and billing.
- 2B. Re-define and clarify SOM Exempt Honoraria, these would not require review by UPI. All other arrangements then must go through UPI.
3. SOM to develop enforcement and monitoring policies.
4. SOM to establish "Clearinghouse" center for industry to provide support for research and education to help separate individual faculty members from payer sources.

Discussion and Questions Summary:

** Rationale for UPI – follow precedent of medical-legal income. This task would be very large for option 2A. For option 2B, the list of exemption would need to be very specific and then anything outside of that list would need to go through a review.

** UPI Agreement already states that all income except for exempt honoraria and one time engagements need to be assigned.

** "One time" needs to really be so, thus – separate invitation each time, not part of ongoing involvement.

** Possible penalties – current discussion is taking place in Executive Committee whether schools and departments should request re-payment by those who violated agreement and if so, what should be re-paid.

** What about faculty employed by VA, DH and NJH? DH and VA do not permit consulting unless totally in faculty's own time.

** Clinical (volunteer) faculty are not subject to these limitations.

** School rules need to clearly state that participating in marketing is not what we should be doing and new ways to do education without marketing will need to be developed.

** There has been interest on part of pharmaceutical companies to support a center for education and CME. There is acknowledgement that maintaining a good relationship with the pharmaceutical companies is critical.

** Acknowledgement that junior faculty may not be willing to try and sort out whether giving a certain talk falls within the accepted parameters or not and at the same time that talks are important promotion criteria.

** As much as having a good definition of Speakers' Bureaus is important as is the development of a separate education clearinghouse, there may still be a public perception that "pharma money" is funding medical education and other activities. Public perception includes the regents who may get the impression that medicine is being adequately funded by pharmaceutical companies.

** Dean Krugman encourages all to consider that it is important for SOM and the faculty senate to decide how we want to govern ourselves and not just because of public perception.

** General mood during the meeting was one that a list of exemptions should be worked on. Proposal was made by President Thompson to create and define new rules and refine the recommendations presented today. Officers will work on this and bring refined recommendations out at midmonth so the senators will have a chance to discuss with their constituents before continued discussion at the March or April Faculty Senate meeting.

Meeting adjourned at 6:05 PM

Debra A. Bislip, M.D., FAAFP
Faculty Senate Secretary

Minutes
Faculty Senate
March 8, 2011

Approval of Minutes

The minutes from the February 8, 2011, meeting were unanimously approved.

Dean's Comments

Dean Krugman stated that the Denver Health and Hospital Authority (DHHA) Affiliation Agreement has now been approved. The agreement now explicitly states that all faculty at DHHA will have full-time appointments with the School of Medicine (SOM). In addition, the agreement more clearly outlines the roles and responsibilities of administration at both institutions.

The affiliation agreement between the School of Medicine and National Jewish Hospital is still in process. With regard to the Veterans Affairs Medical Center, we are still working under the same agreement, with the "Dean's Committee," meeting approximately 2-4 times per year. The "Dean's Committee" includes the chairs of clinical departments at the SOM and directors of service at the VA.

The Surgery chair search is underway, with CVs now being received and considered. The Emergency Medicine chair search is also continuing, with one more candidate to visit on March 22nd. After that, the committee will most likely recommend its top candidates for further consideration. The Colorado School of Public Health dean search is also ongoing, with 14-15 CVs being received and visits expected in late spring.

The clinical enterprises of SOM, University Physicians, Inc. (UPI), and University of Colorado Hospital (UCH) are collaborating to coordinate clinical access, safety and quality. This effort is being led by Dr. Douglas Jones and Dr. Tom Henthorn. It was suggested that they provide a progress report to the Faculty Senate in April or May.

The Dean announced that the Regents are expected to approve the sale of the Given Institute this evening, which will net significant funds, of which 80% (\$10-15 million) will be put into an SOM unrestricted endowment.

The Dean announced that Angela Wishon, Assistant Vice Chancellor for Regulatory Compliance, will be leaving this institution for a position at the University of Texas, Southwestern. Dean Krugman thanked Angela for her hard work over the past five and a half years.

CCTSI Research Navigator Resource Presentation – Molly P. Van Rheen

Molly Van Rheen, Research Navigator for the CCTSI, provided information regarding the CCTSI Research Navigator Resource, which is available to all members of CCTSI, with membership in CCTSI being open to everyone. The Research Navigator Resource was developed because of a need that was

identified from a 2005 needs assessment whereby three areas were identified as needing improvement: 1) biostatistical consultation; 2) data management and informatics infrastructure; and 3) experienced administrative personnel available to help navigate regulatory compliance essential to assure consistent standards of human research protection.

The Research Navigators are able to provide consultative services to investigators, including assisting with CTSC protocol submissions, IRB submission pre-review, and IRB submission consultation. In addition, they provide services to researchers which assist them in connecting to CCTSI resources that are necessary to implement their clinical and translational research. Currently, Sarah Stallings and Molly Van Rheen are Research Navigators, with the anticipation that an additional navigator will be hired soon.

Molly then discussed the benefits of using this resource, which include finding collaborators, addressing regulatory concerns, and finding and connecting to research resources. In addition, they have the ability to provide guidance with IRB and other regulatory applications, including providing step-by-step guidance and pre-screening of COMIRB applications. Molly added that she has developed an expertise in this process by attending panel meetings and asking questions regarding specific situations in order to be better able to provide accurate information.

Molly concluded by offering to come to departmental meetings to provide a similar presentation.

Resolution Regarding “Speakers’ Bureau” Activities by SOM Faculty Members – *President Chesney Thompson*

President Thompson opened the discussion of the Resolution Regarding Speakers’ Bureau Activities by addressing the fact that at the last Faculty Senate meeting, the principles that are contained in the resolution were agreed to by the Senate. Discussion surrounding this topic has elicited impassioned responses as this issue is extremely important. The resolution that was sent to all Faculty Senators last week was drafted by President Thompson, Associate Dean Steven Lowenstein, Dr. Andy Meacham, and Steve Zweck-Bronner, Managing Sr. Associate University Counsel. The resolution was drafted with careful wording to include all points that have been addressed over the last weeks of discussion, but there will be grey areas.

President Thompson then read the entire resolution, and commented that the last paragraph of the resolution addressed forming a faculty committee, which should address the grey areas of the resolution where the appropriateness of activities might be in doubt. He added that the intent of the resolution is not to limit collaboration with industry or to make this difficult for the faculty members to continue their obligations and responsibilities.

There was lengthy discussion regarding the definition of “exempt honoraria,” which was included in the resolution. Several senators commented that it was unclear which activities would be included as exempt honoraria, and whether all other activities outside of the definition would be taxed. Dean Krugman commented that the exempt honoraria definition had been debated and approved and placed in the Member Practice Agreement two years ago, but it has now become clear that many faculty may not understand what that actually means. Dean Krugman added that there is an important reason to bring all industry consulting through UPI, including research consulting, clinical trials, or data management, so that the liability for your activities with that company will be covered by the University. It was also clarified that the definition of “exempt honoraria” that was included in the resolution was

meant to be educational. There was a suggestion that, if there is a legitimate concern regarding which types of activities would be considered exempt honoraria, the solution might be to have a dollar threshold whereby anything under the threshold would not be taxed.

There was discussion regarding the guidance committee that is mentioned in the resolution. The purpose of the committee would be to engage a group of faculty who understand the rules and policies to review activities that may be in question. The Sites of Practice Committee is a similar committee to what is being proposed here. One senator commented that the policy is too restrictive and that initial determination of the appropriateness of activities should happen at the department chair or division head level, with the committee reviewing activities that fall in a grey area. It was suggested that the committee that is formed could be an extension of the current Conflict of Interest Committee, and that if there is a gap in time before this committee is formed, additional time could be allowed before the policy is put into effect.

There was discussion regarding the prohibition of speakers' bureaus, as well as the definition of speakers' bureaus that was included in the resolution. It was the general consensus of the senators that speakers' bureaus should be banned, but there were comments made indicating that consulting activities with non-speakers' bureaus is unclear in the policy; it is open to interpretation and would need to be defined. Another senator added that there are consumer-level speakers' bureaus that are using language borrowed from industry to create rosters of speakers. By not defining speakers' bureaus as pertaining to industry, we might inadvertently be including these consumer organizations as well. It was suggested that it is very important to clarify what is and what is not a speakers' bureau, but it may not be possible to provide clarity to those specifics without passing the proposal so the details can be worked out.

There was also a question regarding what penalties would be imposed for violating this policy, and whether those penalties would be the same from department to department. One senator expressed concern that at the last Senate meeting, there was consensus that the policy should reflect that we don't want to be a "mouthpiece for a marketer," but that sentiment was not clearly expressed in this document. It was suggested that the following wording be added to the definition of "speakers' bureaus": ". . . where the effort is part of marketing and where they control the content."

There was discussion regarding dividing the resolution into two sections so that each resolution could be voted on separately. While the Senate was generally in agreement with that strategy, there was concern raised by several senators that approval of this resolution should go to the general faculty, not just the Faculty Senate. Several senators outlined their efforts to engage their faculty in the review of this resolution. A few senators shared that they had received some negative feedback, while others were not able to reach all of their faculty in time for the meeting.

Dean Krugman commented that this resolution will be presented to the Executive Committee next week, at which time President Thompson will provide a summary of today's discussion. He emphasized that leaving things the way they are is not acceptable in this environment anymore. He will

be instructing the Executive Committee and department chairs that every faculty member needs to have, as part of their annual review this year, a conversation about this issue.

The meeting concluded at 6:00 p.m.

Respectfully submitted,

Cheryl Welch

Faculty Affairs Administrator (for Debra Bislip, Faculty Senate Secretary)

**Faculty Senate Meeting Minutes
April 12, 2011**

- I. Welcome: Meeting called to order at 4:35 PM
- II. Minutes of March 8, 2011 meeting were approved.
- III. Dean's Comments:
 - a. Dean Richard Krugman was not in attendance at the meeting.
 - b. No updates provided.
- IV. Discussion and Approval Items

A. Professionalism First Presentation: by Stephen Wolf, MD, Assistant Dean, Advanced studies, Phase IV.

Additional details of presentation are available on the website:
www.ucdenver.edu/professionalismfirst

Dr Wolff is charged with the educational campaign to launch this new process and to heighten awareness of the importance of professionalism across the Anschutz Medical Campus as it relates to medical education.

Brief history was provided:

In 2004 recommendation was made to set up a committee to enhance faculty professionalism due to concerns about faculty professional lapses.

2009-2010 Anonymous system for 3rd party reporting system was developed/approved.

Currently – Faculty Professionalism Committee has been established, designed to receive reports from students and residents. Goal is to prioritize the feedback and to complement the existing other reporting mechanisms such as faculty evaluations. The new reporting mechanism will be using a 3rd party that specializes in anonymity, EthicsPoint. Actions from this feedback would depend on the extent of the lapses, categorized as major and minor, see details on website above. Planned Go-Live date: April 18, 2011.

Discussion and Questions Summary:

** Is the information / feedback discoverable? Answer – In general: University does not own the data, EthicsPoint does. However, the issue is not completely resolved. Concern was that data can be entered anonymously by anyone and possibly non-founded reports may be used against a faculty member. Explanation of the procedure was provided. Persons reporting serious, major lapses would have to be eventually identified before the information would go

outside of the Professionalism Committee. Purely anonymous reports will have no consequence other than that the Professionalism Committee would read it.

** Reminder that this process was started due to an LCME violation (CU SOM reports of lapses 27%, much higher than national average of 15%) and that it is not unique; it is a companion to the existing reporting system.

** Will the information feed into Board of Medical Examiners database and affect license renewals? Answer – usually only hospital discoverable items will affect this.

B. VOICE Committee Report – presented by Dr. Celia Kaye, Sr. Associate Dean for Education.

Additional details of the presentation are available on the handout attached to these minutes.

Background – This **V**ision, **O**versight, **I**nnovation, **C**ompetence, and **E**valuation committee was established 2 years ago to oversee undergraduate medical education along with the Faculty Senate.

This is the annual report to the Faculty Senate. The following Committee's and Task Forces reported to the VOICE committee over the past year: Curriculum Steering Committee, Office of Diversity, Mental Health and Wellness Center, Volunteer Faculty, Scholarship Committee and Student Oversight Task Force.

Several accomplishments are outlined in the handout; of note are:

** Diversity Committee has worked hard to improve campus wide diversity as the SOM had received a citation about this in the past. Efforts were successful in large part also due to funds allocated for this by the Office of President Benson.

** Remediation task force has been developed to help struggling students earlier than before so they can get help before getting into serious trouble.

C. Discussion and Vote on Resolution Regarding Speakers' Bureaus: Presented by President Chesney Thompson.

Background and details of these recommendations are available on the handout attached to these minutes and please also refer to minutes of previous Faculty Senate meetings for details of previous discussions.

There was a lot of feedback from the faculty to the faculty Senators since the last meeting. Despite the amount of negative feedback, there was agreement that there was no place for marketing presentations by faculty members for pharmaceutical companies. At the same time, there was concern about prohibiting talks where there is a need for service and education. The University does not want to lose these opportunities, so the faculty officers worked on the

wording of the resolution to clarify further what is considered marketing and a mechanism by which talks could be approved even though they were sponsored by pharmaceutical companies. There were 3 changes made in the resolution that was presented at the last Faculty Senate Meeting (see new resolution attached).

Discussion and Questions Summary:

** Use of the term “Clearinghouse” in context of the non-profits was discussed. There was a perception that the resolution meant that any talk to a nonprofit would have to be “cleared” through a new committee; this was not the intent – “clearinghouse” needs to be changed to a new word, so it is clear the “center” was meant to enable fundraising from industry, nonprofits and others.

** Discussion regarding the use of the term “speaker’s bureaus” – it needs to be clear that regardless of the name of the activity, the limiting factor with respect to the activity being acceptable are that:

- There is no specific emphasis on a particular product
- There is no use of pharmaceutical company slides.
- Pharmaceutical company has no say regarding content of the presentation.

** Discussion about the committee, several present expressed that the wording regarding this committee should be less tentative: “initiate” instead of “explore”.

** Discussion about educating faculty on parameters of acceptable interactions with pharma, suggestion that this be done at the departmental and/or divisional level, with emphasis on defining the answer to the bigger question of what the relationship between physicians and pharma should look like.

** Specific suggestions as to improvement of the policy:

- Have a clearly defined process by which the drug company contracts can be approved.
- Consider requirements such as that these activities can only be performed during non clinic or vacation time.
- Not to limit the restriction to pharma and devices but also nutritional supplements.
- Limits of amounts allowed to be earned to be left up to the departments

** Specific suggestions as to “approval committee”:

- Have a clearly defined committee name, function and rules.
- Guarantee 72 hr turnaround time to approve or deny application.
- Include an educational mandate.

** Discussion regarding whether to take a vote or not was lively. Sentiment was that the above suggestions for improvement should be implemented and then a vote taken at a future meeting. It was decided to take a straw vote on an “amended proposal” that would have changed wording as noted above without

dramatic change in meaning, and to clearly define the rules of the committee.
The straw vote was 26 for and 6 against.

** Faculty officers will meet to amend the proposal and present it for a vote at the next Faculty Senate meeting on May 10, 2011.

Meeting adjourned at 6:10 PM

Respectfully submitted,

Debra A. Bislip, M.D., FAAFP
Faculty Senate Secretary

**Faculty Senate Meeting Minutes
May 10, 2011**

- I. Welcome: Meeting called to order at 4:35 PM.
- II. Minutes of April 12, 2011 meeting were approved.
- III. Dean's Comments:
 - A. The Department of Emergency Medicine chair candidates will be interviewed starting next week.
 - B. The Department of Surgery chair candidates have been narrowed down to the 13 that will be brought in for airport interviews.
 - C. Robert Fries, Associate Dean for Budget and Finance, and recently Interim Sr. Associate Dean for Administration and Finance, will be leaving this Friday. He will be taking a position with ECG, which is the company that he worked for before coming to the University of Colorado School of Medicine almost 10 years ago.
 - D. Joel Levine will be retiring from the full-time faculty and will be starting on Monday at Denver Health as the Head of Gastroenterology. Dr. Levine served as the first Sr. Associate Dean for Clinical Affairs for 19 years.
 - E. The Dean's Office will be looking at reorganizing some of its administrative functions.
 - F. The Blue Ribbon Task Force for Promotion and Tenure Criteria has finished the initial phase of its work, and the two co-chairs will be coming to the Faculty Senate meeting in June to present their preliminary findings.
 - G. The initial feedback from the recent LCME visit was that the reviewers were pleased with the diversity efforts and the evaluation of the curriculum. In the last two years, the standards have changed with regard to the requirement for affiliation agreements, and those agreements will need to be re-evaluated. They also commented about the continuing steady reports by graduating students regarding the mistreatment by others.
- IV. Discussion and Approval Items
 - A. **Fitzsimons Early Learning Center Update – Karen King, PhD**

Dr. King provided a brief history of the Fitzsimons Early Learning Center, which will be opening soon (May 23rd). Many faculty and institutional committees have championed this project over the years, including the Faculty Assembly and the Chancellor. Funds were received from the Chancellor's Office, the SOM, and through the sale of the 9th and Colorado property, totaling approximately \$1.1 million. The Children's Hospital has committed \$5 million towards this project. A committee was formed, which includes representatives from UCH and TCH, which now oversees the project. Bright Horizons is the facility operator, and

enrollment is currently open. The enrollment ratio targets are proportional to contributions to the project, but the goal is to fill enrollment. They are opening up to UCH and UPI to fill spaces. The hours of operation will be from 6:30 a.m. – 7:30 p.m., Monday through Friday. The ratios of children to adults follow the NAEYC guidelines. The weekly rates are average to high average. For enrollment information, contact Angella Schroller, Director, 303-340-1700. The website for the facility is <http://centers.brighthorizons.com/fitzsimons/>.

B. Faculty Disclosure Resolution – Anand Reddi, Medical Student

Anand Reddi provided an updated Faculty Disclosure Resolution, which incorporates changes that were requested when he presented the resolution to the Faculty Senate several weeks ago. Questions regarding the proposal were raised, including whether the policy would apply to both basic science and clinical faculty, and also whether the resolution would apply to faculty members only, or also to their spouses? Anand confirmed that the policy applied to both basic science and clinical faculty, and also that the policy would only apply to a faculty member, and not their spouse. There was a suggestion that the word “personal” be added to the resolution regarding the existence of financial ties: “...faculty members should declare, verbally or on a slide or lecture handout, the existence of [personal] financial ties as disclosed on the University of Colorado School of Medicine (UCSOM) Conflict of Interest and Commitment Disclosure form . . .” Anand agreed to this change to the document.

C. Professionalism First Presentation: by Stephen Wolf, MD, Assistant Dean, Advanced studies, Phase IV.

Dr. Wolf provided an update on the progress of the professionalism reporting system, *ProfessionalismFirst*. Dr. Wolf had attended the last Faculty Senate meeting with detailed information on the reporting system, which is set to go live soon. At that meeting, concerns were raised, which were addressed aggressively at the Faculty Professionalism Task Force. The main issue raised was the discoverability of reports. The records will be considered a “virtual” and separate part of the faculty member’s personnel file, which would not be subject to the Colorado Open Records Act (CORA). It was anticipated that this system will provide greater protection than the current “loose” reporting. There was also discussion regarding the fact that substantiated inquiries that lead to investigations need to be disclosed for credentialing purposes. There was discussion about the reporting system itself, that it was designed to provide feedback leading to improvement, making us a better institution. The development of this system began with a concern for unrecognized faculty professionalism lapses, which the Student Climate Survey confirmed. The system was approved by all stakeholders at all levels. There was concern raised by a faculty senator that this system still doesn’t go to the same lengths as peer-reviewed evaluation. Another concern raised was that if the goal is so the

medical student can report a bad situation, there may be a problem if a student is reporting on a patient care situation that they don't fully understand. Steve Zweck-Bronner added that standard-of-care issues would have to be auto-triaged to be sent to the Medical Staff Office for peer review.

D. Discussion and Vote on Resolution Regarding Speakers' Bureaus: Presented by President Chesney Thompson.

The Speakers' Bureaus Resolution was brought to the Senate again for discussion and a vote, after recommended changes were made based on discussion at last month's meeting. After reading the revised resolution to the Senate, there was brief discussion regarding the specific situations that would be brought to the Committee for review, and it was suggested that it would be virtually impossible to cover every scenario that could be encountered, and it would be best to now rely on the discretion of faculty to submit appropriate requests to the Committee for review. The policy has to be purposefully broad, and the education that follows, if the request is approved, will be important. There was then discussion regarding whether the entire body of SOM faculty would be asked to vote on this modified version? Dean Krugman commented that the current Conflict of Interest Policy was brought to the entire faculty for a vote in 2008, even though it did not require a vote of that body. There was a suggestion that it might be helpful to do that again in order for faculty to better understand the policy. Steven Lowenstein added that if this issue is brought to the full faculty for a vote, they would be asked to vote on an issue that they weren't present for the discussion. He added that the responsibility doesn't solely exist within the faculty's purview. The Dean added that if we have an experience with this policy that it is harmful to faculty, we will then modify the policy.

There was then a motion and second for approval of the revised policy. The motion was then approved, 20 in favor, 5 opposed, and 1 abstention.

Meeting adjourned at 6:00 PM.

Respectfully submitted,

Cheryl Welch

Faculty Senate Meeting Minutes June 14, 2011

- I. Welcome: Meeting called to order at 4:35 PM
- II. Minutes of May 10, 2011 meeting were approved.
- III. Dean's Comments:
 - a. Dean Richard Krugman and Associate Dean Steven Lowenstein were not in attendance at the meeting.
 - b. Cheryl Welch thanked the Faculty Senate, Dr Lowenstein and the Faculty Senate President Chesney Thompson for excellent work done this past year and the important discussions held over that time.
 - c. Cheryl Welch gave an update that the search for the Chair of Surgery has more than 12 candidates and is progressing well.
- IV. Discussion and Approval Items
 - A. Update and Discussion with:
 - a. **Jerry Wartgow, Chancellor, University of Colorado Denver.**
 - b. **Roderick Narain, Provost and Vice Chancellor, University of Colorado Denver.**
 - c. **Lilly Marks, Vice President for Health Affairs And Executive Vice Chancellor of Anschutz Medical Campus.**

There were no formal presentations. Excerpts of their comments and discussion with the senators are noted below.

**Chancellor Wartgow is in his 11th month of his position and reports that in general the future is very bright.

** Vice President and Executive Vice Chancellor Marks reports on several topics. **Sustainable budget discussion:** budgets will remain stable, with little growth due to the current state of the economy. Strategies to increase funding are being explored. State legislature is committed to continue supporting AMC campus. One problem that was identified and is being worked on is to support the now **100% NIH grant funded faculty** and bring them down so they can have time to perform other duties to be able to be promoted. As it stands now, even the work that is done to renew their grants for NIH are technically not supposed to be done during time that is paid for by NIH. **Strategies for space growth** are being looked at, including plans for a 3rd research building. On 6/23/2011 there is a meeting with all campus stake holders to re-engage the campus and site planning process and have collaborative discussions about **traffic and signage**. Another planned meeting is with **Fitzsimmons Redeveloping Authority** to

change the composition of the board members and add more biotech knowledgeable members.

** Provost and Vice Chancellor Nairn reports on the accreditation visit that took place recently. The visit went very well and there should be a recommendation for 10 years of accreditation after vote by the Accreditation Board at the end of August 2011. Final report was sent off today and Provost would like to thank all who participated. Thanks also to SOM promotion and tenure committee for the work done (see next presentation). Also reports that School of Public Health search is close to finalizing list of candidates.

Discussion and Questions Summary:

** Details on support for NIH supported faculty? The hope is to get financial support to decrease NIH funding to 95% to give those faculty members the opportunity to do other activities that NIH parameters do not allow them to.

** Is the NIH support problem a new one? No it is not, the NIH effort definition does not include teaching, serving on committees or even writing a new grant proposal. The current effort is an attempt to get everyone under tent of what is technically allowable.

** Teaching Faculty have felt like stepchildren since Educational Support Services have lost staff, Vice Chancellor for Education encouraged all to report deficits collectively to help correct this in the interest of all involved,

** Discussion about the health of the Enterprise in the current economic environment. Current thinking is that consolidation will improve matters, bundling of practices in Accountable Care Organizations (ACO's) comparable to HMO's of the 1990's. In the opinion of Lilly Marks, private practices will be extinct soon and hospital employment will be more widespread. UPI is thinking of a model to give private practices the infrastructure to remain solvent. Ms. Marks also believes that academic pricing of professional services will not continue to be sustainable.

B. Blue Ribbon Task Force on Promotion and Tenure Criteria Preliminary Findings. Co-Chairs: Harley Rotbart, MD and Nancy Zahniser, PhD.

Additional details of the presentation are available on the handout (Attachment 2) attached to the Agenda of today's meeting.

Discussion and Questions Summary:

** Major Promotion and Tenure Criteria: No changes. The definition of scholarship was retained: Something you can hold and touch, you have to produce a product.

** Expand examples of criteria and categories to recognize clinician educators and to retain "rising stars".

** Clarify “National Reputation” and recommendation made that SOM institute a more rigorous top down supervision of junior faculty, especially enforce midway evaluation.

** Clinical Criteria and Matrix – important to quantify excellence in clinical effort and also leadership as scholarship. There needs to be an enhancement of the Instructor/Sr Instructor track to add a higher level of “Distinguished Clinician” to recognize their long service in the community.

** Research Criteria – place emphasis on collaborative and team research and clarify 2 types of independence: intellectual (important for associate professors) and financial. For promotion to full professor it is important to have intellectual as well as financial independence.

** There is portfolio requirement for excellence in research (Investigator’s Portfolio) and research professor series has separate criteria.

** Education Criteria – not so many changes made by this committee. The scope of mentoring was clarified, examples of meritorious and excellent achievement were expanded and leadership will include serving as PI or Co-PI,

** In conclusion: the committee spent about 6 months talking about these changes and is asking for help from the departments in the form of feedback regarding these recommendations. The goal is to have a draft of these revised rules by September 2011, with approval of the revised rules by October 2011 and the hope is for approval by SOM by December 2011.

C. Clinical Enterprise Update: Presented by Sr Associate Dean M. Douglas Jones and Chair of the task force, Thomas Henthorn, MD.

Task Force put together objectives in September 2010:

- 1) **Clarify Academic value of science.** Promotions committee now uses criteria of clinical excellence for promotion, not just publications. Patient safety and QI count heavily in this.
- 2) **Enhance Science.** Mark Earnest et al. are preparing a proposal regarding this.
- 3) **Improve Data Collection.** Analysts needed to accomplish this and change focus to: What if..?
- 4) **Create coherent effective clinical administrative structure.** It is evident that quality and excellence through structural integration needs to be worked on as this is a national movement. David West is the “dynamo” in this regard, working on ACTI (Accountability, Clinical Transformation and Improvement). ACTI activities include exploring operational relationships between SOM, UPI and UCH and to identify the stakeholders in this:
 - a. Patients
 - b. Referring Physicians
 - c. Third Party Payors
 - d. Faculty

e. Hospital leaders and Staff.

Since work started in March 2011, Task Force has met with 200 people and found that a lot of QI is going on in the institutions, in pockets instead of in an overarching way. The plan is to undertake something that financially matter in order to gain the attention of all involved.

There is a long list of ideas and there is a need for champions if the different departments in order to effect any change. Patient care experiences can be disjointed and there needs to be better awareness.

Themes and Teams

- Transitions and Readmissions
- PSP Communications
- Appointment Access to Outpatient Clinics
- Passion for Change

Timeline: starting point March 2011, plan is for finalization of implementation July 2011. Meanwhile it is important to keep in mind that even though the enterprise is involved in 3 area's: Patient Care, Education and Research, the patients are only interested in one area: Patient Care. It is important to keep this in mind when paying attention to clinical structure and moving toward shared incentives.

Closing Remarks by President Thompson: thanks senators for thoughts, input and efforts over the past faculty senate year.

Meeting adjourned at 6:05 PM

Respectfully submitted,

Debra A. Bislip, M.D., FAAFP
Faculty Senate Secretary