

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
September 11, 2012

I. Welcome and Introduction of Faculty Senators

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order and introduced himself, then asked everyone to go around the room and introduce themselves.

II. Approval of Minutes from June 12, 2012 Faculty Senate Meeting

Minutes from the June 12, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dean Krugman was out of town, so the Dean's comments were made by Dr. Chester Ridgway, Senior Associate Dean for Academic Affairs. Associate Dean Ridgway said the Colorado Springs public voted yes to lease Memorial Hospital to The University of Colorado Health System. This comes with a \$3 million per year donation x 40 years for educational purposes.

The Fulginiti Pavilion for Bioethics and Humanities was dedicated and opened August 27th. This is a new building for ethics and humanities classes. No director has been identified to this point. Associate Dean Ridgway recommends visiting the new building – it is very nice.

Lilly Marks was announced as the winner of the 2012 Outstanding Women in Business award in Education, Government, and Nonprofits by the Denver Business Journal. Congratulations to her.

IV. Overview of Research and Clinical Task Forces of the Strategic Planning Process

Douglas Jones, Senior Associate Dean for Clinical Affairs, and Chester Ridgway, Senior Associate Dean for Academic Affairs, presented an overview of the Dean's Strategic Planning Process the School of Medicine is undergoing during the 2012-13 year.

Associate Dean Jones said the reason for the process occurring this year, at the direction of Dean Krugman, is that although the School of Medicine has done very well in the past and continues to do very well in the present doesn't guarantee it will

do well in the future. Therefore the Dean asked, during the November 17, 2011 State of the School Address,

“If we were starting over as a School of Medicine today – with 2,250 faculty and \$1.0 billion in revenue – how should we organize ourselves to have the maximum success in each of our missions: research, clinical practice, education and community service by 2020?”

There are wide conversations happening now, and four Task Forces have been created, none of which are exclusive of each other. These include Clinical, Research, Education, and Community Engagement Task Forces. Associate Dean Jones emphasizes that this is to be a *faculty-driven* effort. Each Task Force is divided into multiple Workgroups.

The Clinical Task Force is chaired by Associate Dean Jones, and has two co-chairs, Eve Burger, MD (Orthopedics) and Adel Younoszai, MD (Pediatric Cardiology). It is composed of four Work Groups: Finance, Practice Model, Quality, and Relationships (between the School and the Hospitals).

The goal of the Strategic Planning Process is to involve as many faculty as want to be involved. Junior faculty are specifically asked to be involved in all Task Forces. The Dean emphasizes that he doesn't have any preconceived ideas in mind about how the process should or will turn out.

Associate Dean Ridgway then discussed the Research Task Force. This Task Force is chaired by Associate Dean Ridgway, and has two co-chairs, Heide Ford, PhD, and Wendy Macklin, PhD. The Task Force is composed of 13 Workgroups: Bioinformatics/Personalized Medicine, Cancer, Cardio-Pulmonary, Career Development, Child Health, Emerging Science, Funding Strategies, Health Care Delivery, Immunology, Infrastructure, Metabolism/Obesity/Wellness, and Neuroscience. Many of these groups have over 10 members, and the Infrastructure Workgroup in particular has 43 members.

Associate Dean Ridgway mentioned that every Workgroup is open and people are welcome to attend. Each group meets weekly or every 2 weeks, and the expected length of the entire Strategic Planning Process is approximately 6 months. At this point the overview was opened for discussion.

Question from a Senator: Are there representatives from COMIRB, IACUC, etc. involved in the Infrastructure Workgroup?

Associate Dean Ridgway: Yes.

Follow up Question: Have they bought into the process?

Associate Dean Ridgway: Yes. The challenge will be to get other hospitals to buy-in. A major topic of conversation during the process is the need for introspection. What do we do good? What can we do better? Are there things or people we need in order to do better?

Question from Associate Dean Steve Lowenstein: How to we ensure we get faculty input for this process?

Associate Dean Ridgway: There are surveys for faculty which are being constantly uploaded to the School of Medicine website. There one can find information about the process, and any faculty member can participate in as many surveys as they want, based on the topics they want to give input on. The Dean will remind people about surveys in the “What’s Going On” weekly email.

Question from a Senator: Is there any administrative involvement from the hospitals in the process?

Associate Dean Ridgway: Yes, from University Hospital and Children’s Hospital. The CEO’s have indicated they want to be involved.

Associate Dean Ridgway said another method for input is faculty forum meetings, with times and dates to be announced. There is room for more people on the Task Forces and their Workgroups. The Faculty Senators are asked to encourage their faculty members to participate. Specifically junior faculty are encouraged to participate.

V. Discussion/Approval Item – Approval and Establishment of New Division of Hematology, Hematologic Malignancies, and Stem Cell Transplantation

Dr. David Schwartz, Chair of the Department of Medicine, presented remarks about a proposal to create a new Division within the Department of Medicine. He said the Bone Marrow Transplant Program is separate from the Division of Hematology, and is the only Program in the Department of Medicine not in a Division. This program has been expanded greatly, and the next step is to merge the BMT Program with Hematology to create one Division. Advantages would include better patient care and provide a continuum for research and education. If the proposed Division is created, there will be a search for a Division Chief. The topic was opened for discussion.

Question from a Senator: Are there any downsides to this?

Dr. Schwartz: Yes. This would impact certain people in their current positions. However the current leadership in the BMT Program have bought into the idea.

Associate Dean Lowenstein: This also would establish new collaboration with Pediatrics for childhood benign and non-benign hematologic diseases.

Dr. Schwartz: This new Division will help in teaching about BMT and hematologic malignancies for students, residents, and fellows.

VOTE: The Proposal to Establish a new Division of Hematology, Hematologic Malignancies, and Stem Cell Transplantation within the Department of Medicine was unanimously approved.

VI. Summary of Promotion and Tenure Rules Changes

Associate Dean Lowenstein provided a summary sheet to the Faculty Senators of what was done and voted on by the Faculty Senate last year. The process was started in February 2011. The Clinical Practice series is awaiting approval by the Regents, and this will take several months. It will likely be available next year. Associate Dean Lowenstein said it is crucial to have proper use of this series, and he will let us know when the Regents take action on this issue. The topic was opened for discussion.

Question from Senator Curt Freed (Medicine): There is concern that definitions are mushy, and that committees can put their own spin on definitions of these tracks.

Associate Dean Lowenstein: There is a plan to engage in outreach meeting with each Department. This is intended for only a select number of faculty; a majority will stay in traditional tracks.

Follow-up from Dr. Freed: How will independence in research vs. team research be handled?

Associate Dean Lowenstein: The definitions of “independence” have changed, but will allow for co-authorship to be counted more (researchers will need to detail their specific involvement in a paper). As a reminder the Clinical Practice series will only be for Associate and full Professor. Junior faculty are required to start in the traditional pathway. Some faculty, however, may make an active decision not to do scholarship, and the Clinical Practice series may be best for them.

The meeting was adjourned at 5:20pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
October 9, 2012

I. Welcome and Introduction of Faculty Senators

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order. He reminds all faculty senators to please sign in every month when they arrive at the meeting. He asked if there were any media or guests present (there were none). He also emphasized that if any senator has a departmental issue, which they think would be appropriate to bring before the Faculty Senate for discussion they should email Dr. Larabee.

II. Approval of Minutes from September 11, 2012 Faculty Senate Meeting

Minutes from the September 11, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dean Krugman said there were no searches going on currently, and there wouldn't be until the Strategic Planning Process is completed.

The Dean mentioned several affiliations that are active currently. The Colorado Springs acquisition made for a very busy September. The executive staffs at University of Colorado Hospital and Children's Hospital Colorado have been doing a lot of work to prepare for the lease of Memorial Hospital in Colorado Springs that took effect on October 1, 2012. Memorial Hospital employees are now employees of UCH with the exception of pediatric employees who are now employees of Children's Hospital Colorado (about 110 of 500 beds at Memorial Hospital are pediatric beds). The name of the pediatric portion of Memorial Hospital is now Children's Hospital Colorado at Memorial Hospital. Memorial Hospital is technically not part of University of Colorado Health System yet because the paperwork and certification approval by government entities is not complete yet. All paperwork for the acquisition of Memorial Hospital was signed on September 28th, and the State Health Department delivered licenses to the hospitals on September 29th. Of note, the acquisition of Poudre Valley Hospital will not occur until January 1st.

Physicians employed at Memorial Hospital are now employees of UCH, however this is an issue since UCH is not allowed to employ physicians (they are supposed to be employed by the University of Colorado School of Medicine). To get around this a special agreement was made where UCH is allowed to employ physicians *specifically* for Poudre Valley and Memorial Hospitals.

The Dean met with leadership of Penrose and St. Francis hospital leadership in Colorado Springs. As part of this transition, the University of Colorado Health System is providing \$3 million/year to help develop a Colorado Springs campus for the School of Medicine.

Other affiliation updates include the leadership transitions proceeding, albeit slowly, at National Jewish, the VA, and Denver Health.

Question from a Senator: Will Colorado Springs physicians get faculty appointments in the School of Medicine?

Dean Krugman: Physicians don't have to join the faculty if they wish. They are not required to teach, although they are welcome to join the faculty through UPI if they want. It's permissive, not required.

Follow up question from a Senator: What is required then?

Dean Krugman: They can continue their job as is. The School of Medicine is not their employer. They aren't required to join us.

Question from a Senator: What departments are the Colorado Springs physicians in?

Dean Krugman: Many departments. There are pediatricians, surgeons, etc. If they want to come in and join the faculty, they can do so and stay within their own cost center as a practice group. They would have to pay the Dean's tax, and we would in turn support their academic development. To this point 10-12 Colorado Springs physicians have joined our faculty, but we don't expect the approximately 50 physicians at Memorial Hospital to all join.

Question from a Senator: Will Colorado Springs refer to UCH and Children's Hospital Colorado if the patient needs a higher level of care? Can our faculty reach out to them?

Dean Krugman: Physicians will drive their own referrals; it is entirely their choice. We can reach out to them, but shouldn't be overly aggressive in doing so.

IV. Overview of Education and Community Engagement Task Forces of the Strategic Planning Process

In the Faculty Senate meeting of September 11, 2012 there was an overview of two of the four Task Forces of the Strategic Planning Process, Research and Clinical Practice. At today's meeting the other two Task Forces, Education and Community Engagement, were presented.

Education Task Force

The overview of the Education Task Force was presented by Celia Kaye, MD, PhD, and Senior Associate Dean for Education and Chair of the Education Task Force. She went over a handout which was distributed at the meeting, as well as a set of Power

Point slides. At the beginning of her presentation she emphasized that the four Task Forces aren't in individual bubbles; rather they are all interrelated.

The Education Task Force is comprised of 7 Work Groups (Teachers, Educational Innovations, Business Issues, Curricular Design, Learners, Organizational Strategy, and Regional Programs). There is a handout that was given in the meeting with the major questions and topics for the Work Groups to work on answers to. The Work Group meetings have been taking place in August, September, and October. A Survey was posted on the SOM website August 27th and was completed September 30th. In October the Work Group reports are due to the Task Force Co-chairs, and on November 12 the Task Force Report is due to the Dean and Navigator. There will be a summit on November 27th where all the Task Forces get together to update their work. The Task Force will undergo a SWOT analysis (identifying Strengths, Weaknesses, Opportunities, and Threats).

Dr. Kaye presented examples of Strategic Options which will be addressed in the work of the Task Force. These issues run along the continuum of time, from short-term issues to long-term issues. Short-term issues include addressing possible budget cuts to GME funding by Medicare and coming up with a 10 year financial projection, working on effective e-learning and simulation innovations, and developing a faculty leadership and mentorship program. Medium-term issues include developing and marketing innovations and products that add value to the school, campus and community, expanding medical and post-graduate education beyond this campus, including future branch campuses, and working with clinical partners to ensure all learners have access to meaningful learning experiences. Longer-term issues to be addressed include assessing and addressing the shortage of healthcare professionals in Colorado, positioning the University to be a leader in that solution, and creating a national model of inter-professional education and lifelong learning.

There were no questions following Dr. Kaye's remarks.

Community Engagement Task Force

The overview of the Community Engagement Task Force was presented by Frank DeGruy, MD, MSFM, Co-chair of the Task Force. Dr. DeGruy started with a statement that we must not neglect our community as an academic medical center. We need to define what is meant by community engagement. We need to look to the "triple aim" of better care for individuals, better health for populations, and reduced cost. Dr. DeGruy said he takes our responsibility to the community very seriously and energetically.

The Community Engagement Task Force is made up of three Work Groups, with two "threads" that run through all three Work Groups. The first Work Group deals with the immediate neighborhood and surrounding campus. There are more than 100 campus-community partnerships, and these are disorganized, underfunded, and not in communication with each other. This Work Group will be responsible for

working on creating an infrastructure for faculty interested in community engagement to be successful in doing it. The next Work Group deals with the state of Colorado, and in particular rural Colorado. There are very different needs in the rural parts of the state compared with the more urban parts, and this group first needs to identify what the rural community is made up of and what its needs are. The last Work Group is dealing with the community of healthcare providers. Healthcare providers all use, abuse, need, fight, and cooperate with each other. This Work Group will be difficult to figure out, but its goals are to determine how to best provide for the healthcare provider community.

The first thread running through these Work Groups is how to bring together policy, legislative, and administrative structures. We don't have a systematic, organized relationship with legislatures, and we need this to get legislative support to help our community engagement. The second thread is making our community engagement sustainable by engaging with health plans, foundations, etc. Dr. DeGruy finished by reaffirming that all Task Forces are interdependent, and nowhere more than in Community Engagement. We need this interdependence to be synergistic. Anyone is encouraged to participate.

Question from a Senator: Does Community Engagement address indigent care?

Dr. DeGruy: Yes, that's a big issue. We need a safety net for our community. This is a very difficult task to accomplish; it will take time to develop new partnerships, and to figure out financing options.

Question from a Senator: Do we reach out for basic science and research? For example there are programs with the Denver School of Science and Technology to get students to come to our labs, etc.

Dr. DeGruy: We don't know a lot of what's going on on this campus. We are trying to find out, trying to inventory by department what programs exist.

Question from a Senator: How are we looking into reimbursements for disadvantaged people?

Dr. DeGruy: This is a complicated question. Departmental and hospital leadership is looking at some provisions of the Affordable Care Act to find out what we can do.

V. Medical School Admissions Report

The annual Medical School Admissions Report was made by Rob Winn, MD, Associate Dean for Admissions. Dr. Winn went over a detailed Power Point slide set in his presentation. A summary of those slides is presented below.

We are the only medical school in a 500-mile radius. The matriculating class starting in 2012 has 157 students, 58% of which are in state and 42% from out of state (our largest out of state group ever). 48% are female (similar to last year). The median GPA is 3.74 (up from last year), and the median MCAT is 33Q (all time high). There are 8 MSTP students and 149 MD students. Our school compares very

favorably to other medical schools in the region, and in particular our underrepresented in medicine students and rural students are at the national mean – very competitive. This underscores that we aren't sacrificing academic quality to increase diversity.

Over time the number of applications has risen tremendously, and in 2013 we are expecting almost 5,500 secondary applications. Some of this is due to increasing engagement of the admissions office with colleges around the nation. For the class starting 2012 we interviewed 707 students to get the 157 enrolled. Dr. Winn emphasized that with increasing numbers of interviews we always need more people to do interviews, both clinical and basic science faculty.

This year's incoming class (the Class of 2016) has outstanding diversity in many ways. Geographically they are from 37 states. 39% are Underrepresented in Medicine (URM). This includes 5 American Indian or Alaska Native, 16 Asian Vietnamese, 13 Black or African American, 8 Mexican, Mexican American, of Chicano/Chicana, 2 Pacific Islander, and 17 Spanish/Hispanic/Latino/Latina. 22% are from rural areas. 28% are Other Asian American. The Class of 2016 has a median MCAT of 33 and median GPA of 3.74. The 61 URM students have a median MCAT of 31 and median GPA of 3.6. There were 16 Presidential Scholarship recipients, who had a median MCAT of 33 and median GPA of 3.77. 20% of enrolled students came off the waitlist, and 21% were re-applicants. There were 117 applicants accepted for admission who matriculated elsewhere. 33% of the incoming class attended a Top 50 School according to the US News & World Report. There were 10 Colorado colleges and universities who sent students to our incoming class.

Dr. Winn finished by mentioning that his office is working on written policies to allow for future employees of the office to understand their vision for medical school admissions. He also is working on a "Four Corners" initiative with medical schools in Utah, Arizona, and New Mexico to increase the number of Native Americans applying to medical school.

There were no questions.

VI. Curriculum Steering Committee Report

The annual Curriculum Steering Committee report was given by Stuart Linas, MD, Chair of the Curriculum Steering Committee. A set of Power Point slides was used. Dr. Linas reminded the Faculty Senate that the charge of the committee is to provide oversight to the curriculum and its evolution and to ensure the curriculum meets the goals and objectives set by the SOM strategic plan, and that it is derived from faculty knowledge, experience, and commitment. There are some new processes this year. One is that visiting students (externs) will have to pay a fee to rotate here. There is a new Alternative Pathway for part-time students who need to take a year off medical school for either personal reasons (health, caring for a sick family

member) or to perform research. There have been surveys given to graduating students as well as to recent graduates who are now interns. There are several task forces doing ongoing work including Curriculum Creep, Curriculum Roadmap, and Logger task forces (Logger task force is regarding documenting procedures and competencies).

Issues for 2012-13 include following through on priorities supported during the curriculum retreat, which include the longitudinal integrative curriculum, learning communities, the master educator program, and the "1st course", which is the first medical school rotation in year 1. An additional issue that will require work this year is the planned opening of a branch campus in Colorado Springs. The hope is that the incoming class in 2014 will complete years 1 and 2 in Denver, then some students will move to Colorado Springs for years 3 and 4 starting in 2016 and graduating in 2018. Initially 25 students will start doing clinical rotations in Colorado Springs, and this may eventually increase to 40 students per class.

Question from a Senator: What is the longitudinal integrated curriculum?

Dr. Linas: The medical students in their third year have one of their rotations last the entire year and take place at a single site (for example at Denver Health).

The meeting was adjourned at 5:55pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
November 13, 2012

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order.

II. Approval of Minutes from October 9, 2012 Faculty Senate Meeting

Minutes from the October 9, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

There were no Dean's comments as the Dean was out of town.

IV. Update on Indoor Air Quality in RC1 North

Dave Turnquist (Associate Vice Chancellor for Facilities Management), Ethan Carter (Director, Environmental Health and Safety), and Chris Puckett (Legal) presented an update on the investigation into indoor air quality in RC1 North. In May 2011 there were complaints from several occupants of RC1 North of poor air quality. EH&S conducted an Indoor Air Quality (IAQ) investigation starting then, and in October 2011 produced a report stating they were unable to pinpoint a cause of the various issues reported by building occupants (such as headaches and itchy eyes). A third party outside consultant was hired to conduct their own IAQ investigation, and they produced a report in August 2012. Major findings of this report include that the main complaints (from <20 people) and symptoms could not be linked to any sampling results, building operations, or building activities. There were odors detected which were tied to air movement from the vivarium to upper floors via a freight elevator. There was a chemical odor on the north side exterior via a vacuum vent. There was water intrusion via the roof on the 9th floor. There were poorly located maintenance activities (which have been moved). There was inadequate ventilation and poor practices in the student lab (1st floor). There was no persistent, reproducible chemical or toxicant identified, and the building HVAC system was found to be operating correctly.

Several of the issues that were identified in the report will be undertaken as part of a re-commissioning effort and building upgrade, and work on this has already started. Cost of these projects are estimated at around \$500K. In summary, three formal investigations were undertaken in response to internal observations and occupant complaints. Although no causes were pinpointed as a cause of the

complaints and symptoms, multiple areas and activities were identified within the building that required attention, and work has begun on these. EH&S and Facilities will continue to monitor building performance.

Chris Puckett from Risk Management emphasized that people should always bring forward a worker's comp claim. They should never have any pressure not to report. If there are any concerns, employees are encouraged to contact University Risk Management. They can be found at www.cu.edu/risk.

Question from a Senator: What exactly were you looking for as a cause of symptoms?

Ethan Carter: Things that were going on in that building specifically, such as indoor toxicants, introduction of pollution to the building, HVAC system, any activities that make logical sense to this building.

Question from a Senator: What symptoms were being reported by people, and what part of the building?

Ethan Carter: Headaches and itchy eyes were the most common, not in any particular location of the building. Most people complaining were in the north tower of the building, on the north end. Some people had smelled welding that was going on. The vivarium is in that building, and some bedding odors were in this area.

Question from a Senator: I heard the 7th floor ventilation system was an issue, was maybe not connected properly?

Ethan Carter: It is operating as designed. We scoped ventilation areas, and they're working well. We will be having a brown bag lunch for occupants of RC1 in the near future to discuss our findings and reports, and where to go from here.

V. Discussion regarding Concealed Carry

Dr. Larabee opened this discussion by mentioning that the Faculty Senate Officers thought the issue of concealed carry permits allowing people to have concealed weapons was something that affects all of us, and therefore it would be a good issue to discuss. He mentioned that a petition has been circulating, and the Faculty Senate should take a vote today to either agree with the petition, disagree with the petition, or have no opinion on the petition. He then introduced the first of two speakers for the discussion.

A presentation regarding the Colorado Supreme Court ruling in the Students for Concealed Carry lawsuit was made by Doug Abraham, Chief of Police for the University of Colorado Denver Police Department. He brought three handouts, which are attached to the end of these minutes. A brief summary of his handouts is that the Colorado Supreme Court ruled that anyone with a concealed carry permit can bring a registered, approved weapon on campus. To be clear, this does not apply to Children's Hospital Colorado or University Hospital Colorado as they are

independent entities on this campus. The police department cannot prevent anyone with a permit from carrying a concealed weapon to class, a research lab, etc. The number one question Chief Abraham gets is what to do if someone sees a weapon. Chief Abraham said this is really a question of whether the person with the weapon intentionally showed it or if it was unintentional (such as a glimpse of a weapon on a belt behind a coat that was seen when someone was bending over). If it was intentional, then the person is in violation of the permit. Chief Abraham encouraged anyone who was concerned about seeing a weapon, even if they weren't sure whether it was intentional on the part of the person carrying the weapon, to call campus police. He would rather field several calls that turned out to be a non-issue than have people on campus try to make that determination.

Question from a Senator: Why do people have a permit? Is it for self-defense?

Chief Abraham: They don't need to have a reason why. Colorado State Legislature said that unless there is a reason to *deny* a person a permit (such as documented mental illness), you will be granted one. Permits are issued by county sheriffs.

Question from a Senator: What advice do you give if a student or staff member discloses they are carrying a weapon but aren't showing it, if they could reasonably be construed as threatening?

Chief Abraham: Call the police, no discussion. People should have a low threshold to contact the police office. It comes down to what is alarming to a person, not the police. They would rather err on the side of being called too often.

Question from a Senator: How many people have permits on this campus?

Chief Abraham: No idea. No database exists. The varying sheriff's offices don't have standardized ways to track who has permits, and they generally don't communicate with each other about this.

Chief Abraham mentioned that if you walk down the street with an *unconcealed* weapon, it's ok, but on campus it must be concealed and it must be with a concealed carry permit. Grounds and parking lots go with the respective institutions (i.e. CHCO and UCH). He also mentioned that campus police deal with things reasonably. If a person didn't intend to violate the policy, they generally get a warning.

Question from a Senator: Is there a requirement for a safety on the gun? What about training?

Chief Abraham: No requirement for a safety. But it must be a weapon with a registration number. There is a one time 4 hour class, then you can get a permit.

Question from a Senator: Some clinics are UCH clinics but are in University of Colorado buildings. Is it ok to bring concealed carry permit weapons there?

Chris Puckett (Legal): We are looking into the legal aspects of that.

Next, Dr. Larabee introduced Chad Kautzer, Assistant Professor of Philosophy (UCD), who is one of 4 authors of a petition to President Benson to lobby the

Colorado Legislature to restore jurisdiction of the CU Board of Regents to regulate firearms at CU. The petition and link are attached to the handout for this Faculty Senate meeting provided to all Faculty Senators. Mr. Kautzer says that he is not here on official university business, and specifically mentioned (with agreement from Chris Puckett of Legal) that nobody can work on this petition in their official university capacity, including dissemination of emails using their university email address. He provided his personal email address, chadkautzer2003@yahoo.com. He says the intent of the petition is directed at the University to get them on board with lobbying the Colorado State Legislature to make an exemption for CU, allowing the Board of Regents to regulate their own policies related to firearms and concealed carry permits. The petition includes mention of the unique environment on all campuses for which it makes more sense to have the Board of Regents have jurisdiction. He does not know how much success the petition will have, but mentions that so far there is overwhelming support, and he would like the support of the SOM Faculty Senate. He anticipated by January presenting the petition publicly. Mr. Kautzer says that you can state your university affiliation if you choose to support the petition, but cannot officially represent the University of Colorado in doing so.

If the Faculty Senate wants to support this, Mr. Kautzer could list the SOM Faculty Senate as a supporter on the petition. He says that the goal of the petition is to make this a local issue. Regents don't have to oppose the Supreme Court decision if they don't want to. His hope is that if there is enough support on campus it will pressure the Regents to oppose the Supreme Court decision. He mentioned that the International Association of Campus Police is on record as opposing weapons on educational campuses. Dr. Steve Lowenstein clarifies that the intent of all of this is to include universities on the list of exceptions to existing law (which includes state legislative buildings and government buildings with a permanent x-ray scanner at the entrance).

Question from a Senator (medical class representative): Can students get involved?

Mr. Kautzer: Absolutely yes.

Question from a Senator: How do we report back to our departments?

Mr. Kautzer and Mr. Puckett: You can and should report back that this was presented at the Faculty Senate meeting, and can provide a link to the petition using your university email. You cannot attempt to coerce people to decide one way or another.

Question from a Senator: What has happened in other states?

Mr. Kautzer: For the last 4-5 years there have been proposals from varying groups in an average of 15 states each year to allow conceal carry on campus.

ACTION ITEM: A motion was made to state that the SOM Faculty Senate is in supportive of the petition to President Benson. It was seconded. The Faculty Senate voted 28-0-1 to approve the motion.

VI. Faculty Assembly Overview

Dr. David Port, President of the AMC Faculty Assembly, gave an overview of the purpose and activities of the Faculty Assembly. He provided slides for his presentation. The purpose of the Faculty Assembly is to be the elected body to represent members of the AMC Faculty. It has authority to do this delegated by the CU Board of Regents. It advises and recommends action to the UCD Chancellor and the CU Faculty Council concerning matters related to academic policy and ethics. It consists of elected representatives from each of the campus schools and library, and the chairs of the faculty governing organizations in each of the schools. They meet monthly and welcomes all faculty members to attend the meetings.

There is *proportional* representation in the Faculty Assembly for the various schools on campus, and as such the SOM has the majority of representatives (currently 11 members of the SOM, with the next closest school having 2 members). Dr. Port says that usually only 3-4 members from the SOM attend the Faculty Assembly meetings, and questions whether we really need proportional representation. He says that the Faculty Assembly is a conduit to the Chancellor and the CU System Faculty Council, and represents an important voice to President Benson.

Dr. Port encourages anyone interested to attend the Faculty Assembly meetings. Dr. Larabee stated that as a way to encourage interaction and continuity with the Faculty Assembly the Faculty Senate Past-President, President, and President-Elect will be attending Faculty Assembly meetings, at a minimum.

The meeting was adjourned at 6:00pm.

***Of note, the Update on Standards for Notice of Non-reappointment for Non-tenured Faculty Policy was postponed to a later meeting due to lack of time today.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

Abraham, Doug

From: Official Announcements <Official-Announcements@LISTS.UCDENVER.EDU> on behalf of Zieg, Danielle <Danielle.Zieg@UCDENVER.EDU>
Sent: Monday, September 10, 2012 3:22 PM
To: Official-Announcements@LISTS.UCDENVER.EDU
Subject: Letter from President Benson

Dear Members of the University of Colorado Community,

There has been much discussion recently about Colorado's concealed carry law as it relates to our campuses, and I want to take this opportunity to address the issue.

To provide some historical context, the Board of Regents originally passed a weapons control policy in the 1970s, and updated it as necessary, which prohibited weapons on campuses. In 2003, Colorado's General Assembly passed the Concealed Carry Act, allowing those 21 and older to obtain a concealed carry permit issued by a law enforcement agency.

CU's view on the issue was that the Colorado Constitution gives our Board of Regents the constitutional and statutory authority to govern the campuses, including enacting a weapons policy. We contended that whether concealed carry was a good idea or a bad idea was an issue best decided by the board in consultation with the university community. The Attorney General issued a statement at the time that the university's position was lawful. A group called Students for Concealed Carry brought suit in 2010 and argued that the Concealed Carry Act preempted CU's weapons control policy. The university prevailed in the trial court. After appeals, the Colorado Supreme Court (the highest court that could hear the argument) determined that "the General Assembly divested the Board of Regents of its authority" to prohibit concealed carry on campus, which extended the Concealed Carry law to our campuses.

You may have seen recently that on our Boulder and Colorado Springs campuses, the Regents directed the chancellors to evaluate concealed carry in residence halls and at ticketed events such as football games. The chancellors amended the agreements governing admission to these facilities and events in a manner that promotes campus safety while still creating a student housing option for concealed carry permit holders. This balanced approach complies with state law and thoughtfully address complicated issues. You can read about it [here](#). Because student housing on the downtown Denver campus is privately run and there is no student housing on the Anschutz Medical Campus, the contractual amendments have occurred only on the Boulder and Colorado Springs campuses.

Under the Concealed Carry Act and the Colorado Supreme Court's ruling, concealed carry permit holders have the ability to possess a concealed firearm on public grounds and in publicly accessible buildings, including classrooms and workplaces. I understand this is a big change for the university, altering how we have operated for 136 years. We understand that many students, faculty, and staff believe that firearms should not be allowed on campus. Others believe that concealed firearms are necessary for self-protection. Today, the law allows concealed carry permit holders to carry a concealed handgun on public grounds and in publicly accessible buildings. The university will comply with the law, but many questions naturally arise.

I have asked our general counsel to further detail the implications of the law as it relates to the myriad activities and events on our campuses. The analysis will aim to clear up as many gray areas as possible, but it will not address every contingency. I expect each campus will have ongoing discussions on the issue and will complement counsel's analysis, which I expect to be available soon.

There has been talk in the media and elsewhere about the potential for the legislature to explicitly consider the law's application to higher education institutions during the 2013 legislative session. While legislative action is a possibility, there are no legislative proposals currently before the Board of Regents, nor has the board decided whether to promote any particular legislation. The board customarily does not direct us to seek legislation unless a significant majority of regents support it. If legislators draft proposals, the Board of Regents will consider them, and ultimately may support changes to the Concealed Carry Act. Potential legislation would not be introduced until January at the earliest.

I understand this is an emotional issue in our society and on our campuses. Our top priority is the safety of our students, faculty, staff and visitors. In the coming weeks and months, we will continue discussions about how we meet that imperative in light of the Colorado Supreme Court's decision that the Concealed Carry Act limits the weapons policy at our university.



University of Colorado
Denver | Anschutz Medical Campus

University Police Department

Office of the Chief of Police
12454 E. 19th Place
MS F409 Building 407
Aurora, Colorado 80045

o 303 724 0230

m 303 724 2000

f 303 724 0718

www.ucdenver.edu/police

March 7, 2012

To the University of Colorado Denver Community:

Monday, the Colorado Supreme Court issued its ruling in the Students for Concealed Carry lawsuit. The Board of Regents believed that it had the authority to regulate the possession of concealed weapons and that its policy was in the University of Colorado's best interests. The opinion however holds that the General Assembly intended state laws governing concealed weapons to divest the Board of Regents of its authority to regulate concealed handgun possession on campus.

After this ruling, citizens who possess concealed carry permits may lawfully carry their concealed weapons on University of Colorado campuses. We recognize that most concealed carry permit holders are responsible gun owners who will exercise this privilege responsibly. At the same time, we continue to believe that our campus police are in the best position to respond to any emergency situations.

The Colorado Supreme Court's ruling applies only to allow concealed carry permit holders to carry handguns on campus and in buildings that are leased, owned or operated by the University of Colorado including those on the Anschutz Medical Campus and the University buildings on the Downtown campus (Lawrence Street Center, the CU Building and Lawrence Court). It is important to make sure that everyone understands that the Colorado Supreme Court decision applies only to individuals in lawful possession of a handgun under Colorado Concealed Carry Law. The court decision did not strike down the remainder of the Weapons Control policy, which prohibits other firearms, explosives, certain knives, and other dangerous weapons. Because a person must be at least 21 years of age to receive a concealed carry permit, persons under the age of 21 may not carry concealed handguns. Nor may any person who does not possess a concealed carry permit bring a handgun onto University of Colorado property. The Police Department will continue to enforce these requirements.

The Board of Regents will meet in the near future to discuss the Colorado Supreme Court's ruling and what it means for the University of Colorado's campuses. Among the subjects that the Board of Regent will discuss undoubtedly is the best way to promote campus safety within the requirements of Colorado law. Both the Regents and the University of Colorado Denver leadership team are committed to providing a safe educational experience. We will continue to update you on our efforts and appreciate your patience as we respond to this decision.

To contact the CU Denver Police Department at the Anschutz Medical Campus, call 303-724-4444.
To contact the Auraria Police Department, call 303-556-5000.

UNIVERSITY OF COLORADO DENVER POLICE DEPARTMENT

Doug Abraham, Chief of Police



University of Colorado Board of Regents

POLICIES

Policy 14: Property and Facilities

14.I: Weapons Control

WHEREAS the unauthorized possession of firearms, explosives, and other dangerous or illegal weapons on or within any University of Colorado campus, leased building, areas under the jurisdiction of the local campus police department or areas where such possession interferes with the learning and working environment is inconsistent with the academic mission of the university and, in fact, seriously undermines it;

WHEREAS the unauthorized possession of such weapons threatens the tranquility of the educational environment in an intimidating way and it contributes in an offensive manner to an unacceptable climate of violence;

WHEREAS the university educational mission should attempt to teach and model those values which are held to be important to the nation as a whole;

WHEREAS in passing the Colorado Concealed Carry Act, Colorado Revised Statute 18-12-201 et seq., Colorado's General Assembly authorized qualified citizens to obtain a permit to carry concealed weapons and the Colorado Supreme Court has held that the Act applies to university property;

WHEREAS the Board of Regents and the University of Colorado are committed to upholding the law, recognizing the right of citizens to protect themselves and others in accordance with the Colorado Concealed Carry Act, and preserving the University of Colorado campuses as safe and tranquil learning environments;

NOW THEREFORE BE IT RESOLVED that the unauthorized possession of the firearms, explosives, or other dangerous or illegal weapons on or within any University of Colorado campus, leased building, other area under the jurisdiction of the local campus police department is prohibited. Notwithstanding the foregoing, the University of Colorado shall not, by rule or regulation, restrict the ability of any person who has been lawfully issued a permit to carry a concealed handgun under the provisions of Colorado law to exercise the right to concealed carry in any public places or publicly accessible buildings on the University of

Colorado campuses. It shall not be a violation of this policy for such person to carry a concealed handgun consistently with the requirements of Colorado law. When acting pursuant to such a permit and acting in conformity with Colorado law possession of a concealed handgun on university property shall not be deemed to be "unauthorized."

In those situations where the University of Colorado grants access to buildings or facilities pursuant to a contractual relationship, such as a landlord-tenant relationship for access to student housing facilities or a licensor-licensee relationship for access to events that are not generally open to the public, the chancellor of each campus shall have the authority to enter contracts with students, employees, and guests of the University of Colorado governing the terms of that relationship, including contractually limiting the ability of persons to exercise the ability to possess a concealed firearm in those buildings or facilities. In the event that a person violates the terms of such a contract, the person may be excluded from the building or facility to which he had been granted access pursuant to the contractual relationship.

A "dangerous or illegal weapon" may be an instrument of offensive or defensive combat; anything used, or designed to be used, in destroying, defeating, or injuring a person; an instrumentality designed or likely to produce bodily harm; or an instrument by the use of which a fatal wound may probably or possibly be given. A "dangerous or illegal weapon" may include, but not be limited to, the following: any firearm, slingshot, cross-knuckles, knuckles of lead, brass or other metal, any bowie knife, dirk, dagger or similar knife, or any knife having the appearance of a pocket knife, the blade of which can be opened by a flick of a button, pressure on the handle or other mechanical contrivance. A harmless instrumentality designed to look like a firearm, explosive, or dangerous weapon which is used by or is in the possession of a person with the intent to cause fear in or assault to another person is expressly included within the meaning of a firearm, explosive, or dangerous weapon.

Possession of firearms, explosives, or other dangerous weapons is permitted for peace officers or for others who have written permission from the chief of police for those campuses which have such an officer or from the chancellor after consultation with the chief of police. Firearm storage may be provided by campus police as a service to students or employees residing in campus housing.

FURTHER RESOLVED that the individual found guilty via a due process procedure of the unauthorized possession of firearms, explosives, or other dangerous or illegal weapons, and who is found to have intentionally or recklessly used or possessed such weapons in a way that would intimidate, harass, injure or otherwise interfere with the learning and working environment of the university, shall be banned from the university campus, leased building, or other area under the control of university campus police. In the case of the University of Colorado Denver, officials shall make every effort to work with the Auraria Higher Education

Center officials to obtain such ban. This section is not intended to limit the discretion of the university to institute summary suspension proceedings.

In the case of a student who is found guilty via a due process procedure to have intentionally or recklessly used or possessed an unauthorized weapon in a way that would intimidate, harass, injure or otherwise interfere with the learning and working environment of the university, the minimum disciplinary sanction shall be expulsion.

In the case of an employee who is found guilty via a due process procedure to have intentionally or recklessly used or possessed an unauthorized weapons in a way that would intimidate, harass, injure or otherwise interfere with the learning and working environment of the university, the minimum disciplinary sanction shall be termination of employment, subject to such other rules governing the employment relationship.

FURTHER RESOLVED that this resolution is intended to clearly state expected standards of personal conduct for employees, students, and visitors;

FURTHER RESOLVED that to the extent that institutional policies need to be amended to reflect the intent of this resolution, the administration is directed to proceed to make such changes.

History: Adopted March 17, 1994; revised September 12, 2012

© Board of Regents, University of Colorado

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
December 11, 2012

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order.

II. Approval of Minutes from November 13, 2012 Faculty Senate Meeting

Minutes from the November 13, 2012 Faculty Senate Meeting were unanimously approved.

III. CME Annual Report – Ronald S. Gibbs, MD, Associate Dean for CME

Dr. Gibbs presented an annual report from the office of Continuing Medical Education (CME). He presented a set of slides to address the ongoing changes to the area of accredited CME. CME is changing a great deal. 60% of efforts on this campus are focused *internally*, while 40% is *external*. There is an increased focus on QI activities. Industry support for CME has decreased 31% in the last few years, which is not necessarily bad, but this needs to be taken into account as our campus budgets for CME. CME is an asset to the School of Medicine, it helps fulfill the mission of the School. Currently we enjoy a 6 year accreditation from the Accreditation Council for Continuing Medical Education, which is very good.

There has been an increased focus on integrating CME with QI efforts, with three main areas of engagement. The first is a standardized, integrated patient safety-focused M&M form. This is intended to transform M&M from education only to addressing system-based problems. There is a standard M&M form that was approved in 2011-12, and is available to all clinical services at UCH (not yet at DHHA, CHCO, or the VA). The second is using grand rounds as a forum to shift from education only to a performance focus. Grand rounds can be used to assess a clinical unit's performance to a quality measure.

The third area of engagement with QI is developing an institutional program for approval of Part IV of Maintenance of Certification. Essentially this is where ABMS Boards are allowing Part IV of MOC to local institutions. This would affect 70% of our full-time faculty. CU was approved to do this on 10/1/2012 (one of 10 programs nationally). This is also important as next year the State of Colorado Legislature is expected to draft legislation for Maintenance of *Licensure*. There are good reasons for this centralized approval body within the School. It will help physicians select quality projects with high organizational priority, decrease administrative burden on physicians, and give physicians credit for projects

currently being done. It will require projects be of high priority to the faculty, it may be multidisciplinary or a single discipline, and it must have the appropriate leadership and management. Many QI projects currently being done are able to translate easily into this program.

Question from a Senator: What about people in specialties not affected by this change?

Dr. Gibbs: I think eventually all PATH programs will be taken over by the ABMS, so eventually all people will be affected.

Question from a Senator: Will your group work with the Colorado Legislature to help draft the proposed legislature for Maintenance of Licensure?

Dr. Gibbs: Yes.

Question from a Senator: Many QA projects have a lack of scientific and statistical rigor; have a poorly organized study design. Is there a means through this structure to involve people with backgrounds in science to these projects?

Dr. Gibbs: The bar for these projects is much higher than the bar for some boards. This is to be high level with run charts, etc. Many physicians currently can do a trivial QI project and get credit. However this is a much higher bar for the reasons you identified.

IV. BETA Team Overview

Dr. Samantha Moreno, Chris Puckett (Assistant University Counsel), Dr. Brian Rothberg (Psychiatry), and Lynn Whitten (University Police) presented an overview of the BETA Team, which stands for Behavioral Evaluation Threat Assessment. To start with, Dr. Moreno acknowledged that there are many who have questions from what happened over the summer with the Aurora theater shootings, and there isn't much the BETA Team is able to discuss. This team was created a few years ago as a subdivision of the Emergency Management Operations Group. They are dealing with increasing levels of concerning behaviors by students. There is representation on the team from legal, law enforcement, psychiatric services, and student affairs. They take reports from people all across campus (anyone from faculty member to students to maintenance staff). They don't have authority over any process; that belongs to Schools and Colleges. But they do work with the Schools and Colleges as a resource for investigating potential threats and determining the right way to address the situation.

Common questions that arise include what to report and when to report. In general the BETA Team recommends reporting early and often. They underscore that a person should call 911 or University Police at 303-724-4444 if there is an immediate problem or threat. The issues BETA Team deals with range from domestic violence to an immediate threat on campus.

Chris Puckett from legal mentions specifically how the BETA Team addresses issues of confidentiality due to FERPA (Family Educational Rights and Privacy Act). FERPA restricts our ability to share educational records outside our institution, but doesn't make this restriction for sharing within the institution. He underscores that we want to do what the right thing to protect students, even if it violates FERPA. Your personal observations of a student, conversations, etc. are important to share, but grades and evaluations are more in line with FERPA. You should contact the BETA team when you feel things have risen to a certain level that your gut instinct is to report it.

Dr. Rothberg mentioned that mental health services are provided if needed, but the need for mental health intervention is not required to be part of a BETA report.

Question from a Senator: What are the options of the BETA team if there is a real threat?

Lynn Whitten (Police): We will determine if there is criminal misconduct, but more likely we will use mental health services unless a threat is imminent.

Chris Puckett (Legal): We work on addressing workplace safety; including what can be done about safety to and from work.

Dr. Moreno: We can facilitate removing the student from campus immediately.

Question from a Senator: What is a threshold to call (can you give an example)?

Dr. Moreno and Chris Puckett: As for a threshold to call; there is no hard and fast rule. We can help point you in the right direction if it's not appropriate for BETA Team. You should call if you have a weird feeling in your gut.

Question from a Senator: Is BETA Team only for students?

Dr. Moreno: Yes, students only. Others (residents, fellows, faculty, employees) should be referred to HR if not an immediate threat or University Police if there is a threat.

Question from a Senator: How busy are you?

Chris Puckett: Busier than we'd like. We have been here 3 years on this campus, at any given time there are 4-5 cases active on this campus, compared to 20-40 cases at the downtown cases. We have noticed that there tend to be more issues with pharmacy and nursing students that from other schools, likely due to their younger age.

Question from a Senator: What is a faculty member's legal liability for turning in a BETA threat?

Chris Puckett: If you use the Ethics Line it's anonymous, but if you contact BETA Team directly, we can't promise a person won't find out who filed the report. If you're worried about real risk to your person, the police will help.

Response from a Senator: But if a student sues us or a faculty member, what will the University do to help the faculty member?

Chris Puckett: The University indemnifies you from any action you take as part of your job. If needed, we will provide you with your own attorney. You're protected for doing the right thing.

Question from a Senator: What about your responsibility in the case you don't report and something happens?

Lynn Whitten: Statutes require you to report, you're strongly encouraged to report. This is very important in the case of mental illness. However there is very little liability if you don't have a clinical relationship with the person being reported. But the community may know you didn't report.

Question from a Senator: What about concealed carry?

Lynn Whitten: We must follow the law, which allows concealed carry on campus. But if you see a weapon call police and we will sort it out.

Dr. Moreno: If you see someone who has a weapon out in the open who looks "official" you can call police to sort out if they're legitimate.

Dr. Moreno finished by stating that there would be brochures available to Senators after the meeting, and that they will have a single phone number and email after the new year.

V. Update on Standards for Notice of Non-reappointment for Non-tenured Faculty Policy – Steven Lowenstein, Associate Dean for Faculty Affairs

Dr. Lowenstein went over a handout that covers Faculty Appointment Types and Notice Requirements. First there are four different faculty appointment types recognized by the University. The first is a Tenured appointment which continues until resignation or retirement or until termination (pursuant to Regents laws and policies). The second is Indeterminate, which is for an indefinite period of time, typically where continuance of the appointment is dependent on availability of salary support from specified grants, contracts, or other sources. The third is At-Will, which is indefinite and can be terminated at any time without notice (although University policy states "as a courtesy, university administrators may provide advance notice of non-reappointment to at-will employees, when feasible"). The fourth, and *most common* type of appointment is Limited. These are usually for specified periods of time, from less than one year to four years. These are the types of appointment for which there are new Notice Requirements.

Effective July 1, 2012, if a department chair decides not to renew a faculty member's *limited* appointment, the faculty member is entitled to a period of notice, based on time served at the University. Three months' notice is required for faculty members in their first year of service. Six months' notice is required for faculty members in their second or third year of service. One year's notice is for full time faculty members after three or more years of service to the University. Any time left on a contract, if longer than the required notice period, will be in effect and the faculty member is entitled to the length of the contract. More information can be found in

the *Rules of the School of Medicine*, on the Faculty Affairs website, www.medschool.ucdenver.edu/faculty.

VI. Dean's Comments

Dean Krugman has only minimal updates today. The State of the School address is tomorrow (12/12/2012). Rob Winn, MD, is departing the School of Admissions, but will work with the admissions committee this year to find a replacement.

The meeting was adjourned at 5:40pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
January 8, 2013

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order.

II. Approval of Minutes from December 11, 2012 Faculty Senate Meeting

Minutes from the December 11, 2012 Faculty Senate Meeting were unanimously approved.

III. Update on Concealed Carry Issue on CU Grounds – Nichole Reisdorph, President-Elect for Faculty Senate

Dr. Reisdorph attended a meeting this morning between Chad Kautzer (who is a leader in an effort to petition President Benson to lobby the State of Colorado Legislature to return authority about concealed carry on University grounds to the CU Board of Regents) and President Benson. To date, there have been more than 850 signatures of faculty members who are in support of this petition (of note, no faculty are allowed to use their official position to lobby this effort). President Benson says he doesn't know how the Board of Regents members feel about this issue, but he does not want to take action at this time. He said he would be having a meeting over the weekend with the Board of Regents and would feel them out. A state legislator will be introducing legislation this session about this issue, and President Benson wants to wait and see what happens.

Comment from a Senator: As a reminder, hospitals are private entities, and concealed weapons are not allowed in any of the hospitals on our campus.

IV. Graduation Questionnaire – Celia Kaye, Sr. Associate Dean for Education and Maureen Garrity, Associate Dean for Student Affairs

Dr. Garrity gave a presentation (with Power Point slides) of results from two sources of data; a graduation questionnaire for the Class of 2012 (conducted nationwide) and data from the evaluation office from 2009-12. The graduation questionnaire has been given to all US medical students since 1978, and it was substantially revised in 2012 to include more specific questions about mistreatment. From 2007-2011 about 20-25% of CU medical students reported mistreatment – this is higher than the national average. Mistreatment mostly occurs in the clinical setting (usually by either clerkship faculty or residents and interns). On the new 2012 questions, 43% of students reported public humiliation, 23% were

the subject of offensive sexual remarks, 5.2% reported being physically harmed (i.e. hitting, slapping, kicking), 11% report being denied opportunities due to gender, and 6% report being subjected to unwanted sexual advances. All of these are higher than the national average. There was fairly equal reports of mistreatment by faculty and by residents and interns. About 50% of the time, the person being reported to have done the mistreatment was only accused one time, showing that this is not just a problem of a small number of frequent offenders.

Dr. Kaye then spoke, and she started by saying that nobody intentionally mistreats students or wants students to be mistreated. She said she does believe this data, and it is not the case that the students are simply too sensitive or interpreted the question wrong. Some individual reports of mistreatment are shocking. She said we have been working over several years to try and tackle this problem. Examples include that a letter of offer for new faculty now have a professionalism clause, a teacher-student contract has been created, the Professionalism First campaign has been in effect over a year, online modules for professionalism have been created. She said although there is a third party anonymous reporting system, there have been a small number of reports compared to the number of reports on the graduation questionnaire. This is likely due to students being scared of retaliation.

Dr. Kaye said the literature shows that 60% of people who mistreat and are told about it will not do it again (may have been secondary to stress, etc.). There is a need to change the *culture* at CU School of Medicine. It isn't OK to allow this mistreatment to happen, and we need a zero tolerance policy. This doesn't mean if mistreatment occurs a person will be fired; it means if you see this mistreatment happen you confront your peer about this, say "we don't do this at the University of Colorado School of Medicine".

The topic was then opened for discussion.

Question from a Senator: What are the current remediation steps for housestaff or faculty?

Dr. Kaye: When a block director is made aware of mistreatment, the faculty member is confronted. However the problem is mistreatment is underreported. Students don't believe the reports are truly anonymous, and they fear retaliation. They're only going to be completely honest at the graduation questionnaire when the threat of retaliation is gone. More personal interaction with offending faculty is needed, we understand the stresses that may cause faculty to do this.

Comment from Dr. Lowenstein: Should the senators take on this problem directly as its responsibility? For example should the Faculty Senate draft important principles of this change and present to Department faculty?

Comment from Dean Krugman: The silence in this room is common and understandable. It's easier to remain silent, but I don't think we can afford to ignore

this. There is a huge amount of giving from alumni of the 1950s and 1960s, but not nearly as much from alumni of the 1970s and 1980s. One alumnus from 1978 said it was a very abusive atmosphere in the late 1970s at the SOM to students. There has been a real financial and reputational hit to this school due to this problem. I don't think we can leave this alone another decade. One way to approach this problem is to set a standard; to give immediate feedback to the offending party. When you see it, you have to say "That was inappropriate, stop it." Probably 90% of people who behave this way never get this feedback and don't even know it's a problem. There are a very small percentage of these mistreatments which are actually felonies or misdemeanors, but the majority are misbehaviors. And misbehavior rates have been shown to be directly correlated with malpractice rates.

Question from a Senator: I'm concerned with underreporting. How do we better ensure anonymity?

Comment from Courtney Holscher, Student Representative to Faculty Senate: We can't ensure anonymity completely. Students feel vulnerable and are not protected in this process.

Dr. Kaye: The problem is the event is usually recognizable by the faculty. If we wait too long then feedback isn't timely. We need to change and address our colleagues *that day*.

Question from a Senator: Would it be better to intervene immediately or after grades are in?

Dr. Kaye: We do wait for grades to go in before turning over reports of mistreatment to block directors.

Dean Krugman: Students don't report mistreatment even after grades are in for a particular block if they want to go into that field for fear of not getting a residency in that area.

Dr. Lowenstein: The biggest problem is silence. Peers need to step up on behalf of the students.

President Larabee: Real-time feedback is the best time for feedback.

Senator Alison Heru (Psychiatry): I have worked on this issue at a previous institution. If we are going to change behaviors we need a large-scale change, not a series of small changes.

Dr. Kaye: Again, this needs to be a culture change.

Comment from a Senator: We should make a small subcommittee to work on this within the Faculty Senate.

Comment from a Senator: We need to address this from the attending side; these statistics are shocking. Maybe we need repetitive messaging from the Faculty Senate or the Dean to the faculty and housestaff at large.

Dr. Lowenstein: This body can do something as the governing body of the School of Medicine.

Dean Krugman: Everyone in the clinical faculty knows someone who has done this over the years and have looked away when it happened. I'd welcome the involvement of the Faculty Senate.

Question from a Senator: Should we tie these behaviors to performance evaluations and promotion?

Dr. Lowenstein: We are making new stronger language in letters of offer.

Dean Krugman: Money is another way to help this problem. Changing incentive plans to include quality, safety, behavior, and academics in addition to production could help. We could remove offending faculty from teaching students.

Comment from a Senator: We should incentivize reporting, maybe a letter of appreciation in a faculty member's file.

President Larabee: But the baseline should be zero tolerance. Are there any volunteers to be in a subcommittee for this project? If interested please send an email to me. And I will send out a reminder email soon to solicit participation in a subcommittee.

V. Update on Plans for Longitudinal Integrated Clerkships – Brenda Bucklin, Assistant Dean for Clinical Curriculum (Phase III)

Dr. Bucklin presented a set of Power Point slides to provide details which are in addition to Dr. Linas' presentation from earlier in this year. A Carnegie Foundation Report from 2010 published in *Academic Medicine* said "medical training is inflexible, excessively long, and not learner-centered". Longitudinal Integrated Clerkships (LICs) happen in the third year of medical school. Students in LICs participate in comprehensive care of patients over time, meet multiple times with faculty, and get an excellent longitudinal experience. Students do multiple clerkships simultaneously over the course of the year. The University of Minnesota introduced the first LIC in 1971, followed by more in the 1990s in Australia, Canada, South Africa, and the US. There has been a Consortium of Longitudinal Integrated Clerkships created in the last 10 years. The current environment of learning is fragmented, and there has been erosion of the relationship with patients, faculty, and the inpatient team. There has been a lack of opportunities for students to make diagnoses. Research over the last decade shows potential educational advantages with LICs. Students in LICs see more patients pre-admission and post-discharge,

and develop better long-term relationships with patients, have more longitudinal exposure to disease processes, and get better feedback and mentoring. There has been a lot of discussion at AAMC and LCME about LICs. There are some pilots in process here at the CU SOM. There is a 12 month block at Denver Health, and a 16 month rural block is being developed.

Question from a Senator: I have concerns about in-depth learning not occurring such as would happen in a 4 week block. What do you think about this?

Dr. Buckner: I visited a program in South Dakota where LIC has been done for 20+ years, I think it's a good model. Many of these LICs have "immersions" in surgery, OB/GYN, etc. where they spend 2 weeks in intensive learning in a discipline. Also this model makes it less onerous on community preceptors, many of whom can't do a solid month with a student as easily.

Question from a Senator: What about non-patient specialties such as pathology, radiology?

Dr. Buckner: There is flexibility in LICs to allow students to go to radiology, pathology, etc. when a patient of theirs is having one of those services utilized.

Question from a Senator: Do patients volunteer for this?

Dr. Buckner: In a sense, yes. They can sign up for this. Patients like having an advocate in the medical student.

Comment from a Senator: There are some specialties that are well-suited to this, others aren't. Some skills need to be repeated day-in, day-out to learn these skills.

Dr. Buckner: We will be looking at outcomes. These are pilot programs at this point.

VI. Dean's Comments

Dean Krugman had no updates today.

***Of note – Due to time limits, the GME Annual Report was postponed.

The meeting was adjourned at 5:55pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
February 12, 2013

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order and made a couple announcements. If anyone is interested in helping to create an internal website for Faculty and Staff, the creators are looking for someone with computer interests to help. There was a handout attached to Cheryl Welch's email to the senators with the agenda for today's meeting. Let Dr. Larabee know if you're interested.

Additionally an appropriate student treatment subcommittee has been formed within the Faculty Senate, and has already met. They met with Deans a few weeks ago to discuss the role of this committee. A lot of action is currently happening on this campus around this topic. This subcommittee will come up with some sort of training device for faculty on how to deal with different encounters, etc. Changes are also being made to the language of letters of offer, the promotion matrix, and yearly faculty review process regarding professionalism. Please email Dr. Larabee if you want to be included in this work.

II. Approval of Minutes from January 8, 2013 Faculty Senate Meeting

Minutes from the January 8, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments – Dean Krugman

Dean Krugman has no searches to report on. All affiliations are going well, with no current issues. There is one person being looked at, Lisa Lehman from Harvard, for becoming the head of the Center for Ethics and Humanities. This depends on the budget situation, and we have been told to expect a flat budget from the State of Colorado Legislature for the next year.

Dean Krugman clarified a recent headline in the newspaper by stating that the University of Colorado Health is not creating an HMO.

IV. GME Annual Report - Carol Rumack, Associate Dean for Graduate Medical Education

Dr. Rumack presented a set of slides, which were attached to the agenda for today's meeting in the email sent to the senators by Cheryl Welch. The following were items highlighted in the presentation:

The School of Medicine has by far the majority of residents in Colorado (83/103 programs, 992/1310 residents) for the 2011-12 academic year. There has been an increase of 30 residents and 12 fellows from the 11/12 to 12/13 academic year. There are a total of 141 programs (accredited and non-accredited). If the national sequester occurs, GME funding could be cut as early as March 1, 2013. The last accreditation cycle in June 2012 went well. Primary care positions have increased over the years, and specialty spots have increased more. The GME office is not doing well with underrepresented minorities, and is stuck at around 6%, in sharp contrast to the gains made in the medical student classes.

Over the last 5 years, graduate satisfaction is increasing. Less than 10% disagree that attendings treat housestaff professionally. The same results exist for treatment from other residents, residents from other programs, students, program coordinators and directors, and the GME office. However a little less professional treatment was reported from nurses.

Most residents graduate with a financial debt from medical school of around \$150,000. One third go into private practice, 1/3 go academic, and 1/3 go into more training. 54% have stayed in Colorado (73% of primary care, 48% of non-primary care). 84% of faculty evaluates residents every month, with 54% of evaluations occurring within 30 days. Now the goal is evaluation within 14 days.

The most recent housestaff survey showed that residents feel there is a lot of competition for clinical procedures from other learners. They also feel that the duty hour impact is resulting in excessive handoffs and is having a negative educational impact, despite high compliance with the rules. Residents are not reporting into the Patient Safety Net (PSN) very often directly, but they are talking with nurses, who are then very good about reporting into the PSN.

There were 108 ACGME program citations total for 80 programs, which is not a lot of citations. This includes 38 in education (including a lack of a structured handover policy), 28 in faculty (including lack of accurate information, faculty time and interest), 25 in evaluations (including timeliness of evaluation completion), and 6 in duty hours (which is doing very well for 80 programs). The biggest reason for duty hour violations is MD paperwork and the EMR, which result in significant time spent entering charting information.

The ACGME will be moving now to a Next Accreditation System (NAS), which will include visits every 18 months. There will be program performance indicators, and one goal is to show residents are integrated into the hospital mission, including quality improvement programs, patient safety programs, and others. There will be a focus on quality improvement, including making M&M more QI centered, using data to improve systems of care.

Question from a Senator: Why the discrepancy between student and resident reports of mistreatment (with the students reporting much higher numbers)?

Dean Krugman: We don't know. Questions are different on these surveys. I think the medical students are treated differently because they're diverse in their career goals versus residents who want to be like their attendings in that field. Medical students interact with more numbers of faculty than residents, increasing their potential exposure to mistreaters.

Dr. Lowenstein: The data suggests the students truly are treated differently.

Comment from a Senator: Expectations of students are much different than residents (about mistreatment).

Question from a Senator: If budget sequestration occurs and results in a 50% reduction in GME funding, how will this affect our residency programs?

Dr. Rumack: It could have a big impact. This would shift the burden financially to hospitals.

Dean Krugman: This already happens with fellowships, most of which are funded exclusive of GME.

V. Update on School of Medicine Strategic Plan (Research and Clinical)

Dr. E. Chester Ridgway, Senior Associate Dean for Academic Affairs presented slides updating the Faculty Senate on the Research portion of this year's School of Medicine Strategic Plan. There are 13 groups working within Research. A poll of questions was asked of the people working within these groups at the halfway point summit. A large majority of responders agreed with reengineering COMIRB and Grants & Contracts to achieve a 2-4 week turnaround time. There were mixed opinions on creating a Neuroscience Institute, Departments of Cancer Medicine and Cancer Biology, and a Cardiac-Pulmonary research institute. An overwhelming majority of responders want to consolidate Bioinformatics and Data Warehousing. Most want to spend our research funding to support Best Science, not all science. Most support the creation of a mentoring institute for career development and pre-review of all grants submitted by junior faculty. Most support reorganizing fundraising and tech transfer on the campus.

Dr. Douglas Jones, Senior Associate Dean for Clinical Affairs then presented slides updating the Faculty Senate on the Clinical portion of the Strategic Plan. We are now in Phase II of the plan, where work groups are developing straw proposals for implementation of guiding principles (which were developed in Phase I). Themes include greater integration within disciplines, increased standardization where appropriate, and greater transparency (including finances and productivity). Dr. Jones mentioned with increasing integration we would need to have integrated oversight/control. Some of the guiding principles shared with the Faculty Senate include central integrated practice governance being funded through shared

assessments, and instituting a central structure and discipline of quality, safety, and process improvement. Risks and benefits will be shared with hospital partners, and governance will be created that leverages strengths and manages distinctions between the pediatric and adult practices. There will be robust, centralized data collection and analysis. Financial contributions from hospital partners, affiliates and stakeholders will be transparent and allocated according to a central methodology to facilitate alignment of roles and streamline processes. Faculty compensation will be competitive and externally benchmarked. Productivity, performance, profitability and accessibility will be defined, measured, and reported in a standardized, transparent manner. Guidelines for incentive plans will be transparent and standardized within and across departments, and those plans will address all facets of the School's missions (clinical, education, research, and service). The success of our practice is directly linked to measurable performance. We will apply standardized, evidence-based approaches in a cost-efficient manner. Dr. Jones said Phase II will evaluate administrative relationships internally (Departments, Centers, UPI, School of Medicine) and externally (UCH, CHCO). There are three workgroups for Phase II (Governance, Finance, Quality), and there is a retreat scheduled for early April, with an additional retreat scheduled in May if needed. Dr. Jones noted that the above-proposed guidelines would be a big difference from our current practices.

The meeting was adjourned at 5:35pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
March 12, 2013

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order and made a couple announcements. In an update on the campus gun bill issue, Dr. Larabee said the state legislature did not pass a proposal to disallow concealed carry on campus. Therefore concealed carry will continue on campus. Additionally a coordinating committee on Faculty Professionalism has met once. This committee aims to coordinate all the various campus efforts on this topic. There has been little progress to this point, but they will continue meeting. Senator Rebecca Braverman (Ophthalmology) has worked on this committee to come up with an acronym, NO HARM, which will be printed on a card that can be worn on a name badge as a reminder of our culture of professionalism.

II. Approval of Minutes from February 12, 2013 Faculty Senate Meeting

Minutes from the February 12, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments – Dean Krugman

Dean Krugman had nothing to report on at this time.

IV. Update on Strategic Planning Process – Community Engagement Task Force – Frank deGruy, MD, Chair, Department of Family Medicine and Co-Chair of Community Engagement Task Force

Dr. deGruy reported progress of the Community Engagement Task Force. There are three communities to engage with; the immediate neighborhood, the health care worker community, and the State of Colorado.

For the State of Colorado, we are focusing on rural Colorado. No specific plan has been formulated to this point, but will likely wait until the next School of Medicine Strategic Planning Retreat. Then communication and discussion will happen with the faculty-at-large, likely in a few months.

For the local community, the School of Medicine has a local neighborhood initiative. There is a lot of partnership going on, but very little communication between programs, and no central strategy or prioritization of what to focus on. Task Force member Dr. Robert McGranahan, MD, MPA, Family Medicine, is working on coordinating all the individual efforts into a community partnership steering

committee. There are over 30 community leaders engaged in different efforts. We want to come up with a simplified strategic plan to be good neighbors, to engage with the community in a non-threatening way to improve the healthcare of our community.

Question from Faculty Senate President Larabee: What kind of programs are you talking about?

Dr. deGruy: As an example, there are medical students teaching in local schools about health. This is a pipeline for local kids to learn about healthcare careers on this campus. Right now this is fragmented, and there are many similar programs running in parallel that aren't aware of each other's existence.

President Larabee: For the indigent population, primary care access is a big issue for those of us working in the ER.

Dr. deGruy: That will be a centerpiece for this initiative, but it is a very complicated issue, and we have to move forward carefully. We can't have conversations about the community without addressing that issue.

Question from a Senator: Will the farmer's market come back? Why was it closed down last year?

Dr. deGruy: Yes, it will be back. I don't know many details about this except that we need to respect the interests of the businesses of the surrounding community.

V. Proposal for Increase in Class Size for the School of Medicine – Stuart Linus, MD, Chair, Curriculum Steering Committee

Dr. Linas presented a series of slides explaining the rationale for wanting to increase the class size of the school of medicine from 160 to 184 per class. In summary, there is a physician shortage in the State of Colorado and the United States. The AAMC has recommended that the US increase its allopathic graduates by 30%. The recent move to expand the School of Medicine to the Colorado Springs area has allowed for the possible increase in student presence in Colorado Springs. The Essentials Core Block Directors Task Force on Class Size Increase has determined an increase could be accommodated as soon as the matriculating class of 2014, assuming resources are available to support increased small group facilitators, lab preceptors, and faculty time for teaching. There been other needs identified, such as the need for increased student locker space and using the computer labs in shifts. This increasing class size would depend upon the Colorado Springs branch proceeding with development of faculty by April 2016. A longitudinal integrated clerkship model for phase 3 students would be closely related to this increasing class-size. To increase the class-size, the Faculty Senate would need to approve this proposal.

Comment from Dean Krugman: The Colorado Springs community supports this, and want this to be done now. There is someone a disconnect between Colorado Springs community's perception of what will happen versus what we are planning to do. My view is that we need to phase in all 24 students at one time and not in steps. The Colorado Springs community is ready for this. I think the University of Denver will probably go ahead and start a school of medicine, so our opportunity to have a satellite campus in Colorado Springs is important.

Question from a Senator: How many students are in the Rocky Vista School of Medicine?

Dean Krugman: 160.

Question from a Senator: I understand the basis of a clinical curriculum. However I am concerned about the preclinical curriculum resources, such as lab space and faculty time.

Dean Krugman: we already have money flowing. University of Colorado Health has committed \$3 million per year for 40 years to help facilitate this.

Dr. Linas: We have a business plan for this put together, it is reasonable and can be paid for by the \$3 million per year. It looks pretty good right now.

Question from a Senator: What effect will this have on the incoming class? Will this dilute our quality?

Dr. Linas: The admissions office says the difference between applicant number 160 and applicant number 184 is miniscule on paper. They are confident it will not water down quality.

Dean Krugman: We may find 24 more out-of-state applicants of high-quality.

Question from a Senator: I am concerned about the workforce assumptions from AAMC. There's a disconnect between medical school needs and residency positions available nationally.

Dean Krugman: The single greatest driver in the need for physicians is population growth. I suspect the longitudinal curriculum will allow for development of a six or seven years combined medical school and residency program and the South Colorado and Colorado Springs area.

Question from a Senator: Are the AAMC assumptions on numbers correct?

Dean Krugman: I don't know, but I think we need more physicians in Colorado. I think it would be bad for the School if we don't increase class size. This takes advantage of educational and financial opportunities.

Dr. Linas: Colorado Springs is the largest city in the United States without a significant housestaff presence. This is a way to drive Colorado Springs to begin primary care housestaff programs.

Dr. Brenda Bucklin, MD, Anesthesiology: We cannot fail Colorado Springs on this. We are currently developing a 12 month longitudinal integrated curriculum at Denver health and a 16 month longitudinal integrated curriculum for rural Colorado. This experience will help us in developing programs at Colorado Springs.

President Larabee: Where are we with selecting preceptors in Colorado Springs?

Dr. Bucklin: We are working on it, working with El Paso County Medical Society.

Question from a Senator: Are these private preceptors paid?

Dr. Bucklin: No, but the longitudinal integrated curriculum experiences has shown more benefits than burdens on preceptors in their practices. The general mood of the Colorado Springs preceptor community is very positive.

Dean Krugman: support from the Colorado Springs community is extraordinary. 83% of voters supported leasing Memorial Hospital to UC Health. The Colorado Springs citizens want this.

Question from a Senator: Is there enough breadth of experiences for students?

Dr. Bucklin: Memorial Hospital does more procedures than University Hospitals. However one area of resistance, oddly enough, is in the ER from ER physicians.

Dr. Linas: Phase 4 students will have options to return to Denver for some rotations.

Dr. Ron Gill, Past President of Faculty Senate: We need to confirm that money will be available to run courses in the first two years of class by fall 2014. Some basic science faculty are skeptical about the ability to handle the increase in class size.

Dr. Linas: everyone shares your concern. We are being assured that money is available to do this.

VOTE: The Faculty Senate voted 24-0-2 to approve the increase in class size.

VI. Update on Campus Master Plan – Michael Del Guidice, Director of Planning, Office of Institutional Planning

A detailed series of slides was presented to update the Senate on the campus master plan. University is working with the city of Aurora to develop this plan. By June 2013 we hope to bring this plan to the Board of Regents for approval. This process is

focused on transportation to set the framework for future growth, and the concept is to build for capacity now instead of being reactive. Our three main goals are connectivity, innovation, and stewardship. We need a 20% growth in work space by 2022, and we expect a 77% growth in total inpatient and outpatient encounters by 2022. We expect a lot of people will arrive by the Light Rail system. We are looking into a satellite parking lot on the north end of campus for students, staff, and employees that would be free or very reduced costs, with a shuttle to hospitals and research buildings.

For details on this plan, including conceptual drawings, please go to <http://www.ucdenver.edu/about/departments/InstitutionalPlanning/Pages/Master-Plan.aspx>.

Question from a Senator: Is the Site-Wide Community Core for all faculty, staff, and students?

Mr. Del Guidice: yes. It's not realistic for the only place for new stores, restaurants, etc. to be on Colfax or Peoria.

The meeting was adjourned at 5:59pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
April 9, 2013

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order.

II. Approval of Minutes from March 12, 2013 Faculty Senate Meeting

Minutes from the March 12, 2012 Faculty Senate Meeting were unanimously approved.

III. Proposed New Prerequisites for School of Medicine – Dimple Patel, Director SOM Admissions

Ms. Patel gave a presentation on a proposal to modify the prerequisites for applicants to the School of Medicine. A series of Power Point slides were given as a handout and a summary follows:

The admissions committee for the School of Medicine looks at both academic and personal competencies. The MCAT started undergoing its fifth review a few years ago. Final recommendations were to preserve what works best, eliminate what doesn't, and enrich with concepts that future physicians are likely to need. They emphasize the need for using a testing format that has proven successful. Starting 2015 the MCAT will have four sections and will report four scores: 1) Biological & Biochemical Foundations of Living Systems, 2) Chemical & Physical Foundations of Biological Systems, 3) Psychological, Social, & Biological Foundations of Behavior (new section), 4) Critical Analysis & Reasoning Skills (new).

Our suggested new prerequisites include one semester of biochemistry, one semester of behavioral or humanities, or two semesters of additional non-science courses. To date the feedback we have received has been enthusiastic and varied in its content. Of note, the matriculating class of 2012 included the following: 95% took classes in behavioral and social sciences, 84% took biochemistry, and 55% took statistics. For academic majors, 37% were from biological sciences, 27% were from physical sciences, 20% were from social sciences or humanities, and 16% were from mixed disciplines.

Question from a Senator: Have you polled medical students to ask them what has been helpful?

Ms. Patel: We have asked student members from committees, but could survey them all.

Question from a Senator: Does the LCME have a standard? Have you asked struggling students what courses they should have taken?

Ms. Patel: There is no standard from LCME. Students who struggled in general didn't take biochemistry or statistics.

Dr. Celia Kaye, Sr. Associate Dean for Education: In general terms, non-science majors have struggled more than science majors.

Question from a Senator: Isn't it the undergraduate school's responsibility to prepare students for the MCAT?

Ms. Patel: Yes, but we are interested in the MCAT so that we can get the best possible applicant pool.

Dr. Kaye: Right now our matriculating class is very diverse. It is challenging for our faculty to design courses that can serve both students who have not taken biochemistry alongside students who have a PhD in biochemistry. The bottom quartile of our students in the School of Medicine includes many who did not have biochemistry courses.

Comment from a Senator: I support your emphasis on writing, but I don't think it has to be limited to English. It could come from humanities, scientific writing, and others.

Question from a Senator: Is the MCAT predictive of success?

Ms. Patel: Yes, but not always.

Question from a Senator: Does a certain score on the MCAT section overrule the requirement for a required course in that area?

Ms. Patel: Yes it does now, but we can refine this if desired.

Comment from a Senator: I support flexibility in requirements. We may be missing certain students who would be great for medicine but may not have taken a required course.

Comment from a Senator: You can still have academic diversity (different majors) but also be mindful of gaps that lead to struggling.

Question from a Senator: Has anyone thought about a cap for required credit hours to allow for diversity in course selection? For example keep it to a one-year maximum of prerequisites.

Ms. Patel: Great idea!

IV. Education Task Force Update – Dr. Celia Kaye, Sr. Associate Dean for Education and Chair, Education Task Force

Dr. Kaye presented an update on the Education Task Force for the Strategic Planning Process. She provided a Power Point slide handout to the Senators. That handout is summarized as follows:

We initially came up with about a dozen educational goals but realized we need to shave that number down to three. The three key educational goals are as follows: 1) Align educational expectations and clinical priorities and outcomes, 2) Build the nation's premier interprofessional education program, 3) Optimize learner and faculty wellness and productivity.

For the first goal, our initial outcomes focus will be on health outcomes in Aurora in the Denver metropolitan area as well as the Front Range and Western Slope. We will survey the curriculum for current content. For the second goal of interprofessional education, the governing board leadership has agreed to add this goal of building the nation's premier IPE program to their charge. For the third goal, the initial focus will be on learner mistreatment and faculty and resident professionalism standards. The interim report from our task force is due to the Senior Associate Deans in May 2013. The overall goal is a plan to achieve key educational goals by 2020.

Question from a Senator: Not all things needed for education are tied to patient outcomes, and students are responsible for patient outcomes.

Dr. Kaye: That's true, I agree.

V. Dean's Comments – Dean Krugman

I just spent five hours with the Clinical Task Force, and had a great conversation. We have had the same governance structure for the UPI board for 30 years. They meet monthly and have had the same make up for 30 years. But a lot of people think that times have changed and maybe this should change as well so that we can be "nimble" in the face of coming healthcare changes. Some people are questioning how the board should look, asking should it be delegated from chairs so they can meet frequently enough to be nimble? I have talked with other deans at the AAMC meeting recently about how structures that have worked for many years may no longer work. There is a need to focus on quality safety and measuring outcomes here.

Should we be looking as a School of Medicine and as UPI to have more “homogenization” of our incentive plans? We have never had this discussion. Every department has a different incentive plan. How do we build into an incentive plan quality, safety, academics, and citizenship? This was a truly fascinating meeting with the Clinical Task Force.

Regarding student mistreatment, I have met with the Council of Deans, and this is a highly discussed topic. One medical school every year asks graduating students (after the Match, before graduation) to name a faculty member or two from each Department who exhibited extraordinary professionalism and whom you want to be like. They also asked them to name one or two faculty who are the opposite of this. This could provide very useful information regarding student mistreatment.

There are no updates regarding searches and affiliations.

Comment from a Senator: We should ask faculty this from time to time as well (about colleagues who exemplify professionalism or the opposite).

VI. Faculty Appointments – Dr. Steven Lowenstein, Associate Dean for Faculty Affairs

Dr. Lowenstein provided a handout to the Senators with FAQ about the different types of faculty appointments and the implications of these types. He summarized the handout as follows:

Faculty Matters is an every two months newsletter to CU School of Medicine faculty. In March 2013 there was a FAQ about faculty appointment types. Faculty appointment types matter. There have been changes in state statutes, which have affected which type may be for you. Faculty type affects how much notice you get if you’re let go. There are four faculty types. Fewer and fewer faculty members acquire tenure. This is the same trend across the country. Indeterminate appointments can be dependent upon budget, grants and contracts availability. If funding from those sources ends, the appointment converts to at-will without a required notice to the faculty member. The most common appointment type for the School of Medicine is a limited term appointment. This is especially appropriate for faculty members who’ve been promoted. It affords the faculty member some protections in regards to notice of termination. At-will appointments are less frequent, but their continuance is at-will. These appointment times can be terminated with no warning.

Question from a Senator: Do you meet with Department administrators?

Dr. Lowenstein: I feel strongly at that at-will should be rare and that faculty understand the rules. We should not have a School of Medicine of at-will faculty.

Question from a Senator: What recourse does a limited term appointment faculty have if a contract isn't renewed?

Dr. Lowenstein: The Promotions and Tenure committee will review to make sure the process is been followed, but will not address the merits of the faculty member. That will be left up to the Department.

Question from a Senator: If you have a limited term one-year appointment and during that year you were let go, what happens to notice?

Dr. Lowenstein: You get one year from the time you're notified (if you've been here for three years at a minimum).

Question from a Senator: What is the process for a Chair to convert you to a different type of appointment?

Dr. Lowenstein: If you have a term appointment and have been here at least three years, you get 12 months notice of a conversion to an at-will appointment.

Question from a Senator: How do we compare to other Schools?

Dr. Lowenstein: Data exists by rank for Departments; we can get this for you.

Question from a Senator: How is rank tied to this?

Dr. Lowenstein: There are no rules on this, but I believe someone who has been promoted should have term appointments.

The meeting was adjourned at 5:50pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
May 14, 2013

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order.

II. Approval of Minutes from April 9, 2013 Faculty Senate Meeting

Minutes from the April 9, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments – Dean Krugman

The Dean said there is an ongoing search for the Ethics position. Lisa Lehman from Harvard is the leading candidate. Deans from the other schools are in line. There is a plan to have her back out in June for another visit. There still work being done on the financial details. Additionally the Dean mentioned that the Strategic Planning efforts are coming along.

IV. Open Discussion with Provost Rod Nairn, Chancellor Don Elliman, and Executive Vice Chancellor Lilly Marks

Provost Nairn, Chancellor Elliman, and Executive Vice Chancellor Marks made themselves available for an open discussion on any topic the Faculty Senate was interested in hearing about. The following is a summary of the discussion which occurred.

Provost Nairn: Today we will update on the clinical practice track – a lot of progress has been made in the last 4 weeks, it is currently working through subcommittees, and is now at the Faculty Council. It will then go the Regent Laws and Policy Committee then to the full Board of Regents. It will either be in front of the Board in June or more likely in September.

Dr. Lowenstein: The hardest thing has been for the nonclinical schools to understand how an exclusive clinical service could use the term “professor” and have expressed concern that it would dilute the term “professor”. We explained that the promotion matrix is complex, rigorous, and will be monitored. And we emphasized that clinical service is a mission of the School of Medicine.

Executive Vice Chancellor Marks: There are many things happening on campus and we can have an informal discussion on the following:

- 1) Budget issues and process this spring

- 2) Branding
- 3) Master Plan for campus
- 4) Health System
- 5) Sequestration
- 6) Reorganization of the Foundation
- 7) Support for the research enterprise

Chancellor Elliman: Regarding research, we put out an RFQ for consulting help setting up a clinical trials office. We hired Deloitte Touche for this. How will we manage our research enterprise going forward? It will be system wide but will be split by campus. We expect to hear from several consulting firms for this.

Regarding the Foundation, fundraising on this campus has been felt to be inadequate. We hired a consulting firm to help, and they recommended a new structure. There will now be a senior fundraising officer on this campus. They will report to Executive Vice Chancellor Marks and Chancellor Elliman. They will also interact with departments.

Executive Vice Chancellor Marks: Really we are transferring the fundraising to a more local level on this campus. How do we increase fundraising given the decrease in state and federal funding and expected decrease in clinical reimbursement? This is an exciting reorganization.

Chancellor Elliman: We have been too silent to the community, legislature, and others about what we have on this campus. We need to have a more dedicated funding campaign for this campus. We will need to work together with Children's Hospital Colorado and University of Colorado Hospital, and we have not worked well with them thus far.

Question from a Senator: What steps are you taking to increase funding from state legislature?

Executive Vice Chancellor Marks: We have had several legislators visit this campus. They appreciate what we have but have limited revenue to fund higher education the way it needs to be. Should we become a separate line item on the state budget? Are there other initiatives that could be a ballot issue? What about a tobacco tax help?

Chancellor Elliman: We have not been as aggressive with the legislature as we should have been, and we need to do more.

Question from a Senator: So how can individual Faculty Senators help?

Chancellor Elliman: We are meeting with our lobbyists next week. We need to come back to you for help after meeting with them.

Executive Vice Chancellor Marks: We need to make our visits from legislators be more effective. We need to focus on our program strengths, not just give a tour of our wonderful facilities. That would help tremendously. One thing the faculty can do is help to identify compelling stories and be able to present these well.

Provost Nairn: We can all talk to friends and family about what we do so that ballot issues can have a better chance to pass the public scrutiny. We need to explain what we do, tell our stories, and explain why public education is helpful to the public as a whole.

Executive Vice Chancellor Marks: We all need to be ambassadors for this place. We have become not the place you have to go for healthcare, but a place you want to go.

Question from a Senator: Regarding fundraising and the Foundation, how have the hospitals done with fundraising, and why would they want to share their successful tactics with us?

Chancellor Elliman: “A rising tide lifts all boats” is a good way to say it. We need to build trust between all three foundations (CU, CHCO, UCH).

Executive Vice Chancellor Marks: We haven’t explained where the university programs fit into this campus. There’s an important role the faculty place in fundraising. The CU Foundation needs to work well with faculty to increase trust and work as a team.

Comment from a Senator: One thing Children’s Hospital Colorado has done well is to run a program called “Children’s 101” where philanthropists spend a day walking around to see directly what “a day in the life” is.

Chancellor Elliman: We need to learn from them.

Question from a Senator: How will the reorganization of the CU Foundation affect the faculty’s ability to get funding for research from the Foundation?

Executive Vice Chancellor Marks: We can do better on this as well. We need to be able to filter and vet the different requests for funding.

Question from Dr. Lowenstein: Would this be a good time to provide FTE support to a small number of clinicians, scientists, etc. to focus on this endeavor? Many are simply too busy to help.

Executive Vice Chancellor Marks: The allocation of resources on this campus needs to be explored to look at things like this. Fundraising will work differently for each School and Department.

Question from a Senator: Any lobbying efforts to directly repeal TABOR?

Executive Vice Chancellor Marks: TABOR is eroding infrastructure in this state. But the University won't be supporting a repeal.

Dean Krugman: It's been attempted in the past, unsuccessfully.

Executive Vice Chancellor Marks: Last year almost every bond issue passed. I do think the public may now feel TABOR has gone too far. We have done polling, and in the abstract the public has supported tax increases, but when asked for specific increases, the support isn't there. TABOR doesn't allow you to keep excess revenue; it has to go back to the public. In good economic years you have to invest in infrastructure. I think without a repeal of TABOR this state's financial mess won't improve substantially.

Dean Krugman: I think the Anschutz campus needs to be its own line in the budget.

Executive Vice Chancellor Marks: Right now the legislature like this campus, now is the time to press for increasing our funding.

Question from a Senator: Is there a grand plan for developing Fitzsimons biotech?

Executive Vice Chancellor Marks: The Fitzsimmons Redevelopment Authority has had trouble since 1996 with organization and leadership. It got better late last decade then the recession hit. There now needs to be seed money to help develop that biotech part of campus. Other states are outcompeting Colorado. The public needs to be on board for us to be more competitive.

Question from a Senator: There is a lot of concern about support for basic sciences. Do you have any comments on that?

Executive Vice Chancellor Marks: In the absence of state general funds, we have been forced to be more creative. The issues with NIH compound this. Where we can be more successful may be with philanthropy and biotech development.

Dean Krugman: We have to fix the Grants and Contracts infrastructure (Deloitte Touche hired for this). We also need to increase-based funding from UC Health for what contribution they give to the research enterprise. We are very far below the national mean for base funding per student.

Executive Vice Chancellor Marks: It will be a multitude of solutions; there is no "grand slam" fix.

Question from a Senator: A recent report about differing charges for different hospitals for procedures exists. Will that affect us?

Executive Vice Chancellor Marks: We are doing pretty good job of maximizing reimbursements. We have worked through UPI to get these payments. We see increasing pressure to get health care costs under control. Some of these costs have shifted to the consumer and healthcare is being treated as a commodity where price supersedes quality. I think we will see downward pressure on reimbursements, and we will need to be more efficient, show the value for our service, and focus on cost-effective delivery of healthcare. We are actually being quite cost-effective with our CU Health Plan.

Question from a Senator: Can medical schools be better lobbyists?

Executive Vice Chancellor Marks: The AAMC would be our avenue for that. We have to approach Congress better than we have.

Dean Krugman: One of the problems for healthcare is that we don't have a single voice. We have the AMA, AHA, ACS, AAMC, etc. who all lobby independently and sometimes serve to neutralize each other.

Executive Vice Chancellor Marks: Hospital reimbursement lobbying has a big effect in Congress. They are more effective than physicians. They have a single voice. I think it is important for faculty to be involved in professional organizations, rise to leadership positions, and get a seat at the table. A good example of this working well was Meaningful Use money for physicians, not just for hospitals. The CU School of Medicine stands to gain up to \$47 million for Meaningful Use.

Dean Krugman: The UPI Board will discuss how to best use that money. We may think about using it to improve data warehousing and bioinformatics.

The meeting was adjourned at 5:56pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary

MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
June 11, 2013

I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order.

II. Approval of Minutes from May 14, 2013 Faculty Senate Meeting

Minutes from the May 14, 2013 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments – Steve Lowenstein (in place of Dean Krugman, who was out of town)

Dr. Lowenstein said he had three things to discuss.

- 1) Update on the clinical practice series: This will be presented to the subcommittee of the Board of Regents tomorrow, a vote for final approval will be later this month. There has been some disagreement and discussion, but hopefully it will pass.
- 2) New professionalism code for faculty is being developed. It will need to be voted on and approved by the entire faculty. This will be coming over the summer and will cover student mistreatment and have a clinical practice tie-in between respectful treatment of colleagues and students and patient safety. The code has a clear list of expected faculty behaviors. It will provide clarity and coherence for faculty and will outline the remediation process. It will be a rule change, and therefore must be voted on. A faculty pledge will be reaffirmed every year during the annual review process. Cheryl Welch will send out a couple documents via email to all the faculty senators soon. We are asking the senators to review and will have a discussion at the first fall meeting in September.
- 3) Thank you on behalf of Dean Krugman to Todd Larabee (Faculty Senate President), Ron Gill (Faculty Senate Past President), Nichole Reisdorph (Faculty Senate President-Elect), and Bruce Landeck (Faculty Senate Secretary) for all their hard work this past year.

IV. Budget Update – Todd Saliman, VP and CFO

Mr. Saliman gave an update of the state of Colorado legislative session and budget update. This session of the state legislature was better than previous few years. We got \$9 million (\$2 million for Anschutz Medical Campus). We also got a small

supplemental through to avoid some cuts we would have had to make (about \$800,000 for AMC).

We hired an analyst to forecast where the state budgets are headed in the future, focusing on higher education. In 1990-91, 19% of the state budget was for higher education. This year, it's 8%. About 5.3% of the CU budget comes from the State of Colorado. Colorado is 48th/50 in the nation for state funding per full-time student in higher education.

Question from a Senator: Why are we ranked so low?

Todd Saliman: The state just doesn't have the money; we don't have enough money coming into the state to fund this better. Partially this is due to TABOR. The problem is the *growth* of the state general fund is slowing. Our state revenue structure is antiquated and doesn't keep up with growth over time. The analyst believes that in one possible scenario, that in 10 years from now, state general fund allocation for K-12 education will fall from 40% to 37% and higher education will fall from 8% to 3%. Meanwhile healthcare will rise from 25% to 32%. This is based on the increasing age of the Colorado population over the next 10 years. The state constitution requires K-12 funding to increase each year by a modest amount. Medicaid caseloads will increase 87% over the next 10 years (much of this will be children). It's projected for total Medicaid costs to increase over 100% in 10 years. The state budget picture worsens over the next 10 years, and by 2016-17 the state may not be able to pay its bills, unless the revenue structure changes. Therefore higher education is at risk, and by 2022-23, support for higher education could be gone.

The key is that revenues cannot meet expenses over time. The actual timeframe may shift based on many factors, but the money just isn't there. To fix the budget, there will be a need to cut more (with higher education being at risk), or increase revenue. Many areas are difficult to cut due to statutory and constitutional requirements.

In conclusion, even with a healthy economy (not guaranteed) and continual growth revenues will be inadequate to meet state expenses. Specific to AMC, we may need a funding solution *outside* the general fund.

Comment from Steve Lowenstein: Students are adversely affected by this due to increases in tuition.

Todd Saliman: It's a choice for the people of Colorado to decide how much support they want to give to higher education.

Question from a Senator: What are other states doing, can we learn from them?

Todd Saliman: We are the only state in the US that requires a popular vote to increase taxes.

Question from a Senator: How much would a specific K-12 tax increase benefit higher education?

Todd Saliman: There would be an indirect benefit to higher education, it may delay the inevitable, but it wouldn't provide a permanent fix.

Question from a Senator: Could CU actually become a private institution?

Todd Saliman: It would require an amendment to the state constitution, and that wouldn't likely happen.

Steve Lowenstein: It would instantly have an increase in malpractice costs.

V. Legislative Update – Jerry Johnson, state lobbyist for CU

Mr. Johnson gave a summary of the lobbying efforts on behalf of CU for the last legislative session. CU has a federal and state lobbying effort and office. This year we monitored about 100 bills at the state capitol. I will highlight some of the major ones that affect AMC.

Senate Bill 23 would raise the incident cap from \$150,000 to \$470,000, and include a consumer price index increase each year, and would allow for a pre-judgment to post-judgment interest payment. We helped get rid of the pre-judgment to post-judgment interest payment, and got the cap reduced to \$350,000. We helped to kill a bill to allow community colleges to offer a 4 year degree. Senate Bill 101 helps to provide incentives for collaboration in research and development between industry and higher education in biosciences, and provides grant funding. Senate Bill 200 is a Medicaid expansion, which increases eligibility in Colorado, which includes up to 133% of the federal poverty line. We helped pass a prior authorization bill, which streamlines the process for prior authorization. We helped pass Senate Bill 264, which appropriates \$500,000 to help establish family medicine rural residency program for at least 3 years. We helped kill House Bill 1275 which would have required AMC to do a fracking study. We worked on bills regarding pharmacy education, blocking chiropractors from injecting, and others.

We are facing a lot of challenges at the capitol. There is deep division in the state legislature, each side with a very different worldview of the role of government in our lives and our profession. For example the Republicans believe the free market should be at the center of healthcare. It is a contentious environment now, and there are fewer centrists focused on solving problems. Now we are caught up in social issues. We have many legislators not happy with CU. We are trying to fix that before the next session. We are reaching out to every legislator. We need to find a way to connect with every legislator to have them invested in us, so they can be proud of us, and can work with us as a team to educate the community about healthcare. We need to find a way to support President Benson's desire to have a separate tax for CU.

Question from Senate President Larabee: What is coming up next year?

Jerry Johnson: Trial lawyers will try to increase caps more for malpractice. We are trying to get Democrats to vote against this (against their leadership). We will have a bill about professional review for malpractice suits. I think the next year will be much less contentious, since they will be focused on elections.

Question from a Senator: Is there an effort to distance AMC from Boulder?

Jerry Johnson: Possibly, we may push for a separate line item for AMC funding.

Question from a Senator: Will a combination of hospitals (incorporation of Colorado Springs, etc.) help your efforts?

Jerry Johnson: I think it will.

Comment from Steve Lowenstein: Thank you to Jerry for his broad vision and experience.

*Jerry Johnson: This year we invited 9 legislators from Adams County for a tour of the AMC, and they were *amazed*.*

Steve Lowenstein thanked President Larabee and Secretary Landeck again for their help over the past year, and presented them with a gift.

The meeting was adjourned at 5:56pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary