

**Minutes Faculty Senate
University of Colorado School of Medicine
September 10, 2013**

The meeting commenced at 4:35 p.m.

I. Welcome

Dr. Nicole Reisdorph, President of the Faculty Senate for 2013-2014, called the meeting to order.

Dr. Reisdorph offered reminded the senators of their role as senators; sources cited were the *SOM Rules*. Faculty Senate matters should be discussed at department meetings for ~ 10 minutes. The Faculty secretary notes of the meetings will be available to assist in this communication role. Faculty should feel free to voice opinions and take leadership roles around issues affecting the SOM.

Dr. Reisdorph reminded the Senate about sponsored speakership engagements.

Volunteer for COI Speaker Request Committee. This committee is to offer feedback to faculty re: giving talks, especially for industry. Faculty are required to submit approval requests to the committee. Dr. Lowenstein provided clarity of the purpose of the committee, answering a question posed by a senator regarding the difference between this committee and similar conflict of interest committees.

The Dean then provided historical context regarding the formation of the committee. Dr. Kim: Faculty should also know that the COIs from all sources will be merging. We need to be careful about the timing of this. The other issue is reporting of trips. This amounts to a lot of paperwork.

Dr. Lowenstein: Other COIs are disclosures. The committee on Speaker Request permits or denies speaker requests from industry.

It was then clarified that 1-2 volunteers were needed for the Speaker Request committee, with an average of 2 requests per month being reviewed. The majority of the work is done on-line, and in-person meetings are held approximately once per year.

II. Approval of Minutes of June 11, 2013 Faculty Senate Meeting

There was a motion to approve the minutes, which was seconded.

Minutes from the June 11, 2013 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dean. Krugman said he had two things to discuss, with a handout accompaniment.

1) *Status of searches and affiliations*

Dean Krugman indicated that Bruce Schroffel, who is University of Colorado Health CEO, and Rulon Stacey, who is University of Colorado Health president, announced that they would be stepping down from their positions effective Oct 1, and they will be able to consult with Bill Neff, the interim President and CEO, until January 31. The board is organizing a search committee. Lilly Marks and Dean Krugman will represent SOM, along with other representatives from affiliate hospitals. It is expected to be a 3-4 month recruitment. Dean wanted to reassure everyone that the Bruce and Rulon were fabulous and did a great job.

The system board was unanimous that this was the right thing to do. UCH and CHC as entities are in process with the SOM and UPI regarding strategic planning on clinical enterprise. This has been ongoing since 2008 with the Chartus group. CHC, UPI and SOM are sharing costs of a 3-month engagement with McKenzie group on strategic planning with Peds/UH re: health care reform into population management/ fee for service with our patient population. They hope to be ready by the end of October CHC board retreat.

There is not much new with the VA. They are still planning for completion of construction in 2015, or perhaps early 2016. Representative Coffmann asked, if VA research construction stopped, could CU accommodate VA research needs? The Dean indicated that he did not think this was feasible.

Meetings are held regularly re: NJH and Denver Health. NJH had decided last month not to collaborate around a joint clinical operation, but Dean Krugman wants to make sure research enterprises are still intact.

2) Strategic Planning Update

The Dean provided a handout regarding the proposed basic science departmental changes. Changes are predicated based on the desire to equalize/treat basic science departments with equal support. The provision of ongoing source of funds from the health system to the academic research enterprise to support the academic mission is needed. These incremental funds will provide support to expand and grow basic and translational research in clinical programs and also support the education mission. This mission is hard due to state budget cuts plus tuition. A meeting is scheduled for next week.

Question from Senator: What about a hybrid department such as Pathology?

Dean: Pathology has not been involved in the discussion as of yet.

What is different is that in basic science departments, 25-50% base support is coming from state funds. In clinical departments, it is 0-5%. We want to get basic science to 50% across the board. This will not get to 50% in clinical depts. Departments will need to decide on their research programs, what monies to put in, in the spirit of the school. The education piece is critical in clinical depts. They are being asked to teach more without formal compensation. The support to clinical departments will be more significant than in the past.

IV. Discussion Items

The following items were brought up for discussion by Dr. Reisdorph. She introduced Stephen Wolf.

1) Professionalism Code Discussion

Dr. Wolf explained the history behind the professionalism code of conduct as initiatives into a culture of respect. The code will allow us to take the lead on professionalism. The CME has dinged us twice for professionalism. This is a huge red flag and the third is likely to bring probation. The first interim report indicated that the Graduation Questionnaire (GQ) from students indicated that students felt mistreated. After redoubling efforts, the second interim report is ready to submit. The new GQ says we are doing worse. We are 20-25% worse than the national average. The code of conduct outlines who we should be and not be. It is not perfect, but will be a foundation to move forward to establish real change into a better culture of respect to improve patient safety, student learning.

Dr. Lowenstein: This is the appropriate time to review it. It is meant to be a clear articulation to what behavior we consider unacceptable. The ties to GQs are direct. The question was raised that there was a student code of conduct but no faculty code of conduct. The first medical student code of conduct dates from 1910.

Dr. Bendiak: Students felt they could not report until after they graduated. This issue may not have been resolved. What can be done if a significant proportion is not reported:

Dr. Wolf: We have implemented an anonymous reporting system, but we can only address what we are aware of. We should still be proactive.

Dr. L: There will be a meeting to ask students how/when/what to report. There are 2 consequences when incidents are not reported: The faculty member cannot make a change and they cannot apologize.

Dr. Lyon: Does the house staff have a code of conduct as well? The faculty tend to stay the same, but the residents change.

Dr. Wolf: Each department has their own criteria for this, but it may not be granular enough.

Dr. Lyon: The faculty are not witnessing the residents, so it is difficult to identify bad actors.

Dr. Wolf: We need to have a zero tolerance policy, to step in when incidents occur.

Dr. Lyon: Med students are with residents more than faculty. We should have house staff participate in this.

Dr. Wolf: Good point.

Dr. Lowenstein: Issues were the same, but rates among house staff are much higher, so the point is well taken.

Dr. Larrabee: There are house staff committees involved in this and understand that this is an issue.

Dr. Fernando Kim: I am trying to understand one of the biggest issues was humiliation. How do you address that? Students not knowing the answer leads to humiliation. Do we need to change how we are teaching? Do you have any insight into how to do this?

Dr. Wolf: It needs to be addressed but I am not an expert in this. We can reach out to the Academy of Medical Educators for help for faculty development.

Dr. Kim: Are there any lectures on point of perception with students?

Dr. Reisdorph: The agenda does not allow too much discussion for specific topics that we can bring up at future meetings for discussion. The agenda today is the code and the pledge.

Dr. Lyon: The teeth of the pledge re: discipline is vague. Is there enough teeth here?

Dr. Wolf: We are trying to define the pledge, the faculty development piece, and the actual remedial piece. Clinical chairs are looking into this due to patient safety and satisfaction.

Dr. Lowenstein: Chairs will always have a role but not the sole role as they could potentially be part of the problem. A committee could be formed for this comprising an ombudsman, and assembled expertise re: referrals, discipline, consequences and accountability, as well as remediation for faculty in violation.

Dr. Rothberg: Is there a particular person to perform remediation? On the CARE team there is pressure to expand against limits on resources.

Dr. Lowenstein: There is a budget proposal here. There would be a multi-level system, with feedback for everyone, remediation for some, and removal/other for a few.

Dr. Bendiak: Would descriptions of specific scenarios help?

Dr. Wolf: Sufficient anecdotal information is available and incorporated into vignettes, but we could do more.

Dr. Hero: The AMC produced a book in this regard.

Dr. Lowenstein: These GQ examples from students should be published and provided to faculty to read.

Dr. Wolf: The pitfall is that the egregious examples come to the top.

Dr. Bendiak: Most students would be slightly happy to provide examples.

Dr. Wolf: Any specific comments on the code?

A straw poll was taken with regard to approval of the two documents related to professionalism. Many senators expressed approval for both documents, and no senators expressed disapproval. Senators were instructed to take the documents back to their departments for review. The Senate will vote on these documents at the next meeting.

2) Faculty Evaluation System Update (5:32 p.m.)

Dr. Lowenstein: (PowerPoint slides) DOMINO and FIDO have been used for performance evaluations. These two were developed from a common program and it was felt that these should be reunited into a single top-flight system into SOM. There was a reclamation, enhancement, and expansion project to do this. PRISM stands for Performance Review in the School of Medicine. This may not be the final moniker. A number of enhancements are planned with the new PRISM system. A portal will access PRISM, and faculty will also be able to store documents that support dossier preparation. Many thanks to people involved. He introduced Dalan Jensen.

Dalan Jensen introduced the developers Jonathan Lewis, Michael Miller, and Nik Levinsky, and thanked the senators for allowing the group to introduce the new system. He thanked Cheryl Welch as well. Mike Miller was introduced and presented the system.

Mike Miller: (using PowerPoint) The current state of evaluation systems is that there are 3 systems. This is being compiled into one system. The data sharing concepts will go into PRISM and also into a central reporting center. This leads to more accurate reporting. Among the many benefits of the new system include improved data integrity, less administration (customized routing, no user management), ease of use (customized review, cross-browser compatibility, mobile friendly). New features include chair to dean review, PubMed integration, and teaching evaluations. Additional benefits include school support.

Mr. Miller then showed sample screen shots from the PRISM system. Some parts of the information input will be public as indicated by green boxes/highlighting.

The developers are looking for testers of the new system, the more users the better to find any errors. The system is set to go "Live" on January 1, in time for the next review cycle. A motion was made to adjourn. The motion was seconded.

Dr. Reisdorph adjourned the meeting at 5:58 p.m.

Respectfully submitted,
Michael E. Yeager, Ph.D.
Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
October 8, 2013**

The meeting commenced at 4:36 p.m.

I. Welcome

Dr. Nicole Reisdorph, President of the Faculty Senate for 2013-2014, called the meeting to order.

II. Approval of Minutes of September 10, 2013 Faculty Senate Meeting

Robert Breeze motioned to approve the minutes, which was seconded.

Minutes from the September 10, 2013 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dean. Krugman was not present and nothing was discussed.

IV. Discussion and Approval Items

The following items were brought up for discussion by Dr. Reisdorph. She first introduced Carol Rumack.

1) *GME Annual Report*

Carol Rumack offered a PowerPoint presentation detailing the statistics of Graduate medical education at CU SOM. This included sponsoring institutions, GME programs, both ACGME and Non-ACGME. She presented a fellows-to-faculty plan for Non-ACGME fellowships. The oversight of this will be transferred

to Departments. She discussed the reasons why accredited program director and program coordinator turnover rates (7 and 17% respectively) are what they are. GME total enrollment has increased over the last ~ 4 years. She presented enrollments for primary care vs. specialty. The under-represented minority enrollment of GME is 6%. The training program received high scores from graduate fellows with regard to recommendation and satisfaction. She presented data regarding professional treatment re: attendings, residents, nurses, and house staff. The majority of program graduates enter private practice. 49% of them from 2013-14 plan to practice in Colorado, down from 53% in 2011-12. These data were divided between primary care and non-primary care. Medical education debt is rising. GMEC accreditation actions were presented and included program performance indicators. The CLEAR (site visit) has 6 goals: patient safety, quality improvement, transition of care, professionalism, supervision, duty hours.

The report concluded at 5 p.m.

2) Approval of New Divisions in the Dept. of Ob/Gyn (5:00 p.m.)

Chesney Thompson offered some background about the dept. moving to divisions. The dept. was already operating in such a way. An additional survey was sent out to other dept. around the country and they were organized by divisions. Finally, it was thought the change would aid in recruitment and improve the reputation/status of the dept. The leadership of the dept. wanted to make

sure the change was a faculty directed move and not restricted to dept. management. A survey was sent around SOM and the feedback was positive.

Question from an attendee: Won't this increase the dept. costs due to a need to hire of more administrative staff?

Thompson: For the most part, no new admin costs are anticipated. There is a financial plan to support any increased admin costs that may arise.

A side discussion was initiated by Dr. Reisdorph regarding the role of the Senate in the matter. Dr. Lowenstein provided increased clarity on the rationale for divisions in the dept.

A motion was made from the audience and was seconded. No abstentions or opposed votes were noted, approving the motion unanimously at 5:11 p.m.

3) Curriculum Steering Committee Report

Stuart Linas explained the changes in grading policy for basic science years. Honors grades will continue in phase 4 electives. A conflict of interest policy for voting members was described. The drug screen policy was changed for students to include other sites. A Masters of Modern Anatomy credit was described. The MSA requirement was upheld.

Dr. Braverman asked for clarification about the drug screen policy.

Dr. Linas explained the drug testing requirement in place at other work sites students may work at as the need to change the policy. The AMA grant proposal for LIC for Kaiser was submitted but not funded. CU SOM was one of five schools asked by AAMC to participate in the Education in Pediatrics Across the Continuum program. There will likely be changes in medical school admissions qualifications, as the MCAT is changing in 2015. A number of report summaries were presented: first course, master educators, LIC; REACH/IPE; USMLE Step 1 results; GQ survey-2012 graduates; Program Directors survey; Evaluation office; Basic Science blocks; task forces and ongoing work. Several issues for 2013-2014 were identified and included increased class sizes, as well as issues related to Colorado Springs expansion.

4) Professionalism Code Discussion

Steve Lowenstein presented a 5-minute summary of the professionalism code. The Senate had made it clear that 62% of students reporting mistreatment must decrease immediately. Students are afraid of reporting and they indicate that they believe nothing will change if they report. The code is about saying that something will be done. It provides clarity of mistreatment and consequences. The SOM community is looking to the senate for leadership. Those items with a strikethrough were considered vague or off-target.

Question from attendee: What do other institutions like Stanford do? Are there similar pledges that have been adopted and are they effective?

Dr. Lowenstein: I don't know what institutions have them. I also do not know if they work.

Dr. Larabee stated that some of the schools that report numbers may not be the right schools to look for, if they have low rates of incidences.

Comment from attendee: This is a problem for all schools. We want to do everything we can, not just do one (some) thing.

Question from attendee: Do all clinical personnel have to take the pledge?

Dr. Lowenstein: I think the answer to the question is yes, but slightly different form the Domino pledge.

Comment from attendee: This is not just about a few people doing bad things. This is about the environment. Our faculty are very stressed, and we recognize this is not about people feeling nasty. The code will help us to plan training resources to provide faculty tools to improve. We need a standard first.

Dr. Lowenstein: The code and pledge represent a shared responsibility. Items that could be considered distractions have been eliminated.

Comment from attendee: I thought the focus seemed to be more on other issues not on the learning environment dynamics and the learners.

Dr. Lowenstein: You are absolutely right. Some items do relate to issues not about the learners.

Comment from attendee: If you add punctuality, scientific misconduct, etc., it does not seem like it will change the environment, especially if it has been established for ~ 25 years. Many of the behaviors have nothing to do with rectifying behavior towards students. They are important, but they may be more appropriate in a general rules of conduct.

Dr. Kelsay: It is hard to separate professionalism issues in the view of the medical students.

Dr. Rothberg: Modeling ourselves to students should be captured in the code, perhaps more broadly. Being too restricted means we may not capture as much as we need.

Dr. Lowenstein: That perspective has been part of the drafts over the last year and a half.

Comment from attendee: There is a discrepancy in the code vs. the pledge with regard to some items.

Comment from attendee: I am insulted as a faculty member to have to sign this pledge. We should not have to be told this. Signing a pledge is not getting at the root of the problem. Being able to report the problem without fear of retribution is the way to go. Enough criticisms of a faculty member will identify problem faculty. This is not going to be effective and is over the top.

Dr. Reisdorph: I felt different about it. I felt optimistic and proud about the school's direction on this.

Dr. Lowenstein: Nobody thinks it will accomplish anything without the consequences, which are in enumerated in the code. Our goal is that we are not silent and that the feedback is brought to our attention on this.

Comment from attendee: I am in basic science so this may not apply. What if people don't want to sign this? For example, punctuality. People did not have your (Reisdorph) reaction and wondered what happens if we do not sign it?

Dr. Reisdorph: This is pertinent to basic science students and labs as well. We have students in our labs.

Dr. Lowenstein: We have had heartbreaking reports about grad students and post-docs. However, most medical students do not experience this in the labs.

Comment from attendee: Yes, these are rarely occurring outside the clinical settings.

Comment from attendee: Do medical students and fellows have to sign or have a similar code?

Dr. Lowenstein: Yes, since 1919.

Dr. Nuccio: As a professional, I would sign this. But it is defined as a code of conduct when working with medical trainees. It should read as a professional code of conduct, this is how you treat your co-workers, not necessarily just students or learners in clinical settings.

Dr. Lowenstein: It includes all settings and all individuals, not just learners.

Dr. Reisdorph: It does include students.

Comment from attendee: Online modules may be more beneficial, especially if tied to performance, accreditation, etc. The pledge itself will not change behavior. Sounds too much like big brother.

Dr. Larabee: This school has a problem. 60% of the students, 5% were hit, it's a big problem. This is only one arm. We need a baseline.

Comment from attendee: If you tracked these incidences over time, the individuals and atmosphere creating the problem would be identified. Then you could begin to solve the problem.

Dr. Kelsay: You can report anonymously and can identify the individual. We try to protect the reporter.

Comment from attendee: As a student my understanding is that I can maintain communication as well.

Comment from attendee: Yes

Comment from attendee: What I pledge not to do is what bothers me. I am pledging to not do something that is subjective to something else. I can get behind good behavior.

Dr. Reisdorph: What specifically about the behavior is bothersome?

Comment from attendee: I think trying to anticipate what can go wrong is subjective and where you wander into the weeds.

Dr. Lowenstein: Is it in code too or just the pledge?

Comment from attendee: I hate to wordsmith you but I think it needs a little work, maybe some generalization. The view that this will change the behavior is optimistic. But it could be a good start.

Comment from attendee: If we don't sign a document, what message does that send?

Dr. Lowenstein: We could amend the language and come back.

Dr. Kaye: The GQ review is coming in 2016. We need to do something immediately. I am pleading with you to approve something today. We cannot wait. We are in trouble. We are in probation. We are in shut down the school mode. It's a miracle we have not been shut down already. This is the regulatory environment we are in. Do something my dear fellow faculty, we have been waiting for 2 years.

Dr. Reisdorph: I am asking for a motion to approve in concept pending revisions..

Comment from attendee, interrupting Dr. Reisdorph: Can I make a different motion? Can we approve the code and not the pledge?

Dr. Lowenstein: We could do the code. We could add language regarding threatening or retaliating against students who report is also a violation of this code. We need to protect reporters. It must be crystal clear that it will not be tolerated. The pledge could be re-written and be an annual re-affirmation. We could avoid anticipating other behaviors.

A motion was made to approve the code of conduct. The vote was 26 for approval, there were no abstentions or nay votes.

A motion was made to adjourn. The motion was seconded.

Dr. Reisdorph adjourned the meeting at 6:13 p.m.

Respectfully submitted,

Michael E. Yeager, Ph.D.

Faculty Senate Secretary

Faculty Senate Meeting Minutes

November 12, 2013

- I. The minutes from the October 8, 2013, meeting were unanimously approved.
- II. Campus Master Plan Update – Mark Berthold presented an update of the Master Plan for the Anschutz Medical Campus. The first process involved a site-wide plan that involves 7 stakeholders, including the Anschutz Medical Campus; the Fitzsimons Redevelopment Authority; University Physicians, Inc.; Children’s Hospital Colorado; University of Colorado Hospital; Veterans Affairs Medical Center; and the City of Aurora. The site includes 578 acres, with 230 acres the Anschutz Medical Campus. The previous 40-year plan had included three zones: education, research and clinical. The goals of the previous plan were accomplished in 12 years, with continued interest in the campus. The new master plan was needed to provide a way for the different entities to talk to each other, to find out how and where to move forward. The goal is to transform the campus into a 21st Century “Urban Academic Health Center,” with one integrated community, collaboration, increased campus density, maximum utilization of facilities, improved access to transportation, and ability to adapt to changes to the hospitals and University.

Over the next 10 years, it is anticipated that there will be a 30% increase in population on the campus, and with the increase there is a need for more space. Currently, there is only an anticipated 20% growth in buildings, with better utilization of space making up the difference. The new master plan has looked at utilization and utility concerns, and a potential deficit in parking spaces was identified, if projected rates are realized. Roadway improvements and pedestrian walkways were also reviewed. The new master plan will address innovation, connectivity and stewardship, incorporating clinical care, research, education and community together to promote health and wellness, enhance the experience of all campus users, and create flexible, adaptable and multi-functional buildings and environments.

The campus organization will include four zones: Academic Village Zone, Urban Campus Zone, Hospital Zone, and Special Zone. Facility development will occur in two phases. Phase I (2012-2017) will potentially include Bioscience 2, an Interdisciplinary building (Phase 1), and a Research Imaging Center (CTRIC). Phase II (2018-2022) will potentially include Phase 2 of the Interdisciplinary building, Education Building 3, Vivarium Expansion, Auxiliary Services, Parking Structure 2, and an Inter-Professional Commons. The interdisciplinary building will connect AO1 with Research 1, with a bridge to the hospital. The Bioscience 2 building is on a fast-track to meet an August 2015 deadline. The CTRIC facility will bring animal and human imaging together. A Light Rail station will be built on Fitzsimons Parkway, with a shuttle to bring riders to campus. There was a question regarding the future of the Fitzsimons Golf Course; Mr. Berthold answered that the Fitzsimons Redevelopment Authority (FRA) owns the golf course, and it will eventually be developed as a technical park. The area might also include residential and research facilities. The golf course is currently being leased from the FRA for two more years; the time line of the development will depend on growth.

III. Strategic Plan Update –

- A. Dr. Ridgway provided an update on the Research Strategic Plan. There are 13 subcommittees, and subsequent to the retreat, faculty prioritized the following

#1 – Consultations – the most funding would be used on this part. It's unclear what recommendations will come out, possibly a whole new Grants and Contracts area. COMIRB complaints are way down, but there are still some problems in contracting. The Clinical Trials Office is in the hands of the consultants.

#2 – Personalized Medicine – recruitment has begun for the head of this area; two individuals have been identified, and both could run different parts in an excellent manner. The funding being committed is a testimony to people working together, which is very encouraging.

#3 – Best Science – there is a reorganization of the basic science departments that is underway, and there have been many meetings to discuss the issue. The departments will be reorganized into 4 “teams.” There is still a question as to which faculty will be placed in which area. Faculty want to have close, contiguous space next to their collaborators. Whole departments may move, and the hope is that the end result is better than the current state. Dean Krugman will outline in his State of the School Address how the reorganization will work, and how support will be increased. There is still more work to be done, but in the end the decisions will be made by the faculty, not administration. It is the hope that 10 years down the road, science will be better. There was then discussion regarding the process for creating and dissolving departments, which requires an ultimate vote of all faculty.

- B. Dr. Doug Jones provided an update on the Clinical Strategic Plan. Two goals of the strategic plan are to: 1) organize more around patients; and 2) reduce costs considerably. Although State funding has never been good, it is worse than before, and philanthropy is not big enough. So we are dependent on Grants and Contracts and Clinical activity. Thirty percent (30%) of the research budget is used to keep research operations running; therefore, funds must come from clinical revenue. One thing that is clear is that we work better together as faculty, and we are very successful as fee for service. Consumers care most about cost and least about being connected to academic medicine. We have been specialty-centered, and we must figure out how to do that differently. Each department has appointed a Vice Chair for Clinical Affairs, and they meet weekly. One year ago, the Strategic Plan outlined the following priorities:
- 1) Better integrate, delegate authority to make important decisions;
 - 2) More transparency;
 - 3) More standardized patient care.

We have been putting together a committee to implement these priorities. We currently have a governance committee, and we will be appointing a finance committee. This is an important process, and we can't move forward otherwise. The fundamental elements include patient safety, faculty caring about one another and the students. There must be clear standards, clear consequences for transgressions, as well as the ability to offer faculty services to help. The question was asked whether there are good

models at other institutions that do this better than us? Dr. Jones answered that one example is Virginia Mason, but we as a faculty have not taken much responsibility in the past, but we also have not had the structures in place to do so. We are the largest physicians group in Colorado, and this is a wonderful opportunity to become effective and efficient. The question was asked regarding translational medicine, and Dr. Jones commented that while COMIRB is more efficient, it may not be ideal yet. One disadvantage we have is that funding for infrastructure typically comes from State funds, and our systems are a little “clunky.” Dr. Ridgway added that every subgroup has a translational medicine thread, and that COMIRB and Grants and Contracts must be “glass smooth.” Dr. Ridgway also added that the computer system, ENCORE, manages the financial systems of clinical trials, and all the systems are the same.

- IV. Professionalism Promise – Dr. Lowenstein began discussion on the revised Faculty Promise. To summarize, the Faculty Senate was presented with the Faculty Oath and the Faculty Promise last month. The Senate approved the Faculty Oath last month, with the addition of wording “Retaliation is not permitted” and several other minor changes made. There was more discussion and rewording of the Faculty Promise (or Faculty Pledge) needed, and those changes have been made. Specifically, in the first “promise” section, there are two options, one which is worded as “I promise to;” the second option is worded as “I promise not to.”

There was then a request for action on the Faculty Pledge. One senator commented that she still has concerns that there isn’t a mention of due process or protection for medical staff and faculty. She suggested that the statement regarding removing from patient care environment be removed as it does not provide due process or protection for the faculty member if a situation has been misconstrued. Dr. Lowenstein commented that he wasn’t sure that these would be automatic triggers, and that appeals exist for faculty in the SOM Rules. Dr. Lowenstein then suggested revised language which includes “I also understand that faculty are entitled to due process before disciplinary action is taken.” The senator answered that that would go a long way to easing angst among faculty. A student representative commented that students do hold themselves accountable to the honor code, and Dr. Lowenstein commented that sometimes students don’t report faculty for unprofessional behavior because they are afraid that the faculty member will get fired. Dr. Jones added that every faculty member on the medical staff at CHC signs a document that says that they understand the consequences.

Another senator asked, What happens if faculty don’t sign the document? Some basic science faculty feel it is insulting and may not sign. Dr. Lowenstein added that the Faculty Promise will be included in their Annual Performance Review, and the faculty member must sign before they submit their review. They will be reminded annually of the Promise.

There was then further discussion regarding the need for change regarding professionalism, and that we need to start somewhere. There was discussion regarding ways to get students to report problems, and Dr. Lowenstein added that there is a Task Force that is addressing other aspects of the problem; there are many ideas that are being discussed and more information will be forthcoming.

There was then a motion and second to adopt the Faculty Promise in some form. The vote was 22 in favor, 2 opposed, and 1 abstention for this option. There was then a vote to add general language to the Promise about due process. The vote was 23 in favor, none opposed, and 2 abstentions for this addition to the Promise. There was then a vote on Option B to the Promise; the vote was 24 to 1 to 0 to strike Option B.

The meeting was then adjourned.

Respectfully submitted,

Cheryl Welch for Michael Yeager, Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
December 10, 2013**

The meeting commenced at 4:33 p.m.

I. Welcome

Dr. Nicole Reisdorph, President of the Faculty Senate for 2013-2014, called the meeting to order.

II. Approval of Minutes of October 10, 2013 Faculty Senate Meeting

Kimberly Kelsey motioned to approve the minutes, which was seconded.

Minutes from the October 2013 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dean Krugman was present and discussed 3 candidates to lead the ethics program. Matt Wynia's situation has changed and is talking with his employer (the AMA) and will have to be part time until his son completes school, about a year or so. Dean Krugman is waiting to hear from the AMA on the part time situation. Senior assoc dean for education search is also going but there is no update available. Chip Ridgeway is Chair and we hope to hear something soon. For President and CEO of University of Colorado Health (the health system), the Dean met with the search firm today, Witt Kieffer, with Karen Otto. Potential candidates for this important position would be important financially speaking. This represents real money, more than we get from the state of Colorado. We

benefit if they do better, but we get 3% if they don't do better. This will be a significant infusion into our overall operation.

With regard to affiliations, there are lots of rumors, information, and misinformation between the school and National Jewish. We are having monthly meetings with NJH. We are trying to manage the affiliation well. It is clear that our strategic planning to move immunology back to this campus has had an impact. National Jewish's decision to forge a relationship with Exempla will have an impact. The Dean's main goal is to reduce collateral damage. It will take much conversation and understanding, perhaps more than both sides have had to this point. Tomorrow at Hensel Phelps I will give the state of the school address.

IV. Discussion and Approval Items

Dr. Dennis Boyle was introduced by Dr. Reisdorph to talk about volunteer faculty.

1) Volunteer Faculty

Dr. Boyle explained the various duties and locations of the volunteer faculty around the state. He discussed benefits of library access and parking for volunteer faculty. There is a website for volunteer faculty that offers a full description. Crowd wisdom offers a series of modules for training and also offers faculty profiles. The common application is now digital, streamlined, and easy to do. It has a lot of triggers on it depending on your interest or type of teaching, medicine you want information on. We focus on "learning through teaching", and the website is marketing to and recruiting teachers, especially as we go down

south. We are making a large effort with regard to teaching at the Colorado Springs branch (list who we have, recruit, teach). We do have some hurdles. One is background checks.

Dr. Boyle: The 2 biggest hurdles are computers and RVU (Rocky Vista University). It depends on what level learner you are, the earlier students struggle with all of the computer stuff related to documentation, procedures, etc. The other hurdle is that RVU pays \$500/month/per student. We are trying to talk about UC name recognition as well as get some benefits as we all as training that we do to market to volunteer faculty. We are open for business.

Question from a Senator: Dennis how do you envision MOC?.

Dr. Boyle: We are working with Ron Gibbs now to get points for MOC through education. I think at some point in time that's a possibility.

2) Overview of Learner Mistreatment

Dr. Reisdorph introduced Dr. Lowenstein.

Dr. Lowenstein: A number of you have indicated that we need a broader conversation, that it's not about a promise. We agree. So to update all of us about learner mistreatment, our students continue to report a level of mistreatment that is higher than the national average. The most common issues are threats of retaliation, public humiliation, etc. This threatens our accreditation. Disrespectful comments about patients also potentially bring serious negative

consequences to the university. We recognize that this is a shared responsibility. The Faculty senate has taken a leadership role historically. In 2004 it approved an Enhancing Professionalism code, developed a Professionalism First outreach, made modifications of the teacher – learner agreement. In 2013 the professionalism code was expanded and included a faculty promise. These are intended to uphold a respectful learning environment, prohibition against retaliation, etc. But we agreed that this is not enough. We need more coordination, investment, and planning. The Faculty Professionalism Committee will be responsible for intake and response to reports of mistreatment. We will create an expert Faculty Care, Support, and Accountability team, which is an awkward name, but will focus on repeated and more serious episodes, guide evaluation of faculty. For the oversight of all of these activities, we have the Professionalism Coordinating Council. This committee will guide the Faculty Professionalism committee, and emphasize accountability for improving our culture. They will have a focus on reporting and responding.

This is our shared commitment, as passed by the Faculty Senate Nov 12, 2013.

Dr. Reisdorph: Is the structure that Steve just showed clear to everybody?

Dr. Lowenstein: This is a skeleton, so we are not ready to present an outline to you.

Question from Attendee: I have been asked if we have a transparent process that is easily available for faculty or staff to grieve a complaint?

Dr. Lowenstein: You mean a disciplinary action?

Question from Attendee: For any disagreement or action. Will it be transparent?

Dr. Lowenstein: For nearly every action against faculty there is a grievance process, but this is not clear for all actions. It may be more apparent once we finish the outline. But I hear what you are saying.

Question from Attendee: For any disagreement or action. Will it be transparent?

Dr. Lowenstein: Are you asking from the reporting side or the defending side or both?

Question from Attendee: Yes

Dr. Lowenstein: Yes

Question from Senator: How are you planning on presenting this to the general faculty?

Dr. Lowenstein: The real answer is that we don't know; you are reminding us that we need to do the groundwork.

Question from Senator: For example on the website there are examples of conflicts of interest, some were black and white some were not. Something like that.

Dr. Reisdorph: Would you suggest sending a report to chairs? I think it would help if Steve presented this.

3) *Faculty Professionalism Committee*

Dr. Kelsay offered a PowerPoint presentation highlighting the professionalism reporting statistics. Although the numbers are small, we are double from last year. We have to glean from the reports where these events are occurring but we hope to provide this functionality soon. We take all reports, and this is the reporting diagram. This system generates an email from us to the reporter asking if they would like to talk with us further. They get a number, an access code, but if they do not write the number down, the report is lost. Do you have any questions at this point?

Question from a Senator: Do you act on the first report from an anonymous reporter?

Dr. Kelsay: We have not done that.

Question from a Senator: So there is a process in 3rd and 4th year. Part of that hidden curriculum is culture of medicine. You might want to include this.

Dr. Lowenstein: That meeting has begun. It's a great idea. We are also looking at increasing use of ombuds office as well.

4) *Faculty Promise*

Dr. Reisdorph: If you look under the fourth bullet that was the language added for faculty action if disciplinary action is recommended.

Steve Lowenstein: What we tried to do with this is to respond to the important points raised about protecting faculty and due process. That's what we did. All those elements should be there in the context of action. You charged with me and we did that. Steve Zweck-Bronner is here as well.

Comment from Attendee: Was there any discussion that the shared responsibility included the learners?

Dr. Reisdorph: They have their own code of conduct, that is my understanding.

Dr. Lowenstein: My point is that this is our code-faculty. So I don't know if this is the place for assigning or placing blame. I hear what you are saying. It may not be the right place for that. We are trying to address systemic stresses, but I just don't know about putting the learners in there.

Shanita Punjabi: Are students going to get a copy of this?

Dr. Lowenstein: We do not have secrets here so we should make this available.

Question from Senator: Are there aspects of professionalism in the evaluation for the faculty?

Dr. Lowenstein: It is absolutely there, let me get it for you.

Dr. Reisdorph: I'd like to thank Steve for all of his work on this.

Question from Attendee: It is not clear how you are going to get his information from more than just a few students. How do you change this to get all 100 people reporting?

Dr. Lowenstein: We have talked about how to do this. We don't want to put the burden on the students. We are going to fix this and try to close this gap.

Dr. Kelsay: I don't know in the 60% are really bad things or just differences in opinion.

Question from Attendee: Rather than just filling in a bubble, the students could identify a department.

Dr. Lowenstein: We need information to faculty members for the reasons I keep bringing it up. If no one tells me, I can't improve and I can't apologize. This cannot continue. I don't think the faculty have a sense what these comments are like.

Question from Attendee: My perception is we don't really know what the students perceive as abusive. I don't know where the line is drawn between an offensive environment or a change in job duties. Some of these infractions might be more related to being asked to do something that they feel like is not part of their education, these days.

Dr. Lowenstein: There are so many grey areas, you might be right.

Question from Jeffrey Druck, President-Elect: Is it possible to have a summary of the type of reports or cases there are?

Dr. Kelsay: I think the data is there, but we still need to protect reporters.

Dr. Lowenstein: The examples are very useful. I think we can do that. We can do Hidden curriculum. They are detailed and hard-hitting. We need this information to improve our behavior, our culture, our approach.

Question from Attendee: I am puzzled why people are not confronting this.

Faculty are going to need to develop the skills to confront a faculty bully if that's what we are expecting them to do.

Question from Senator Nuccio: A procedural question. Since the senate passed a version of the promise, now that this is quasi-changed, do we need a vote of approval?

At 5:38 p.m., a motion was made to vote for approval the faculty promise and that was seconded. There were seventeen yes votes, zero no votes, and three abstentions.

A motion was made to adjourn. The motion was seconded.

Dr. Reisdorph adjourned the meeting at 5:40 p.m.

Respectfully submitted,

Michael E. Yeager, Ph.D.

Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
January 14, 2014**

The meeting commenced at 4:33 p.m.

I. Welcome

Dr. Nicole Reisdorph, President of the Faculty Senate for 2013-2014, called the meeting to order.

II. Approval of Minutes of December 10, 2013 Faculty Senate Meeting

Allison Heru motioned to approve the minutes, which was seconded.

Minutes from the December 2013 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dean Krugman was present and discussed his announced resignation and the process to do that. In the next 3-4 months he will help to coordinate the process of the search for a replacement. A search committee will be formed for the system director is ongoing and the Dean is helping. He indicated that he believes it is important to do this first and then initiate the search for the Dean. The search for the system director is at the point where the language for the job description is now developed by Witt-Kieffer. The goal is for finalists decided by end of April. So Dean Krugman speculates he will be around until the end of the year.

Mark Deutschman has agreed to be the director of AHEC, which will be an “interimectomy.” Dean Krugman will clear this with the AHEC directors around the state, but this should be fine. He holds the Thompson Chair for Rural Health. Please help Mark out with help at the Stock Show health screenings.

With regard to the affiliations, things are going fine. We will have a meeting next Monday with exempla and National Jewish. The joining of Exempla and NJ will have implications to CU; regular meetings have been ongoing.

The other search going on is to recruit the new head for Barbara Davis Center. Dean Krugman hopes to have more on that at the next faculty senate.

IV. Discussion and Approval Items

Dr. Reisdorph: Dr. Wolf will now give us an update on the Education Grant Program.

Dr. Wolf: I was asked at exec committee to update you on the Education Grant Program.

Dr. Wolf presented a powerpoint presentation. There is a changing education landscape at CU. There were several concerns related to this that were noted. The program goals were presented. The grant program design was presented and will be an RFA format. The review process for grants and for funded grant progress was outlined. Special emphasis will be on impact on students, both duration and quality. A range of funding requests will be entertained up to

\$175,000 with anticipated capacity for 10 grants. The overall goal is not to individually touch every student but to impact every student across each of the blocks. The RFA should come out by next week.

Dr. Reisdorph: We invited Dr. Wolf here so that you all could disseminate the information back to your departments.

Question from an attendee: Where is the money coming from?

Dean Krugman: From the School of Medicine.

Dr. Reisdorph: How will the RFA be sent out?

Dr. Wolf: By email to block directors and chairs.

Dr. Reisdorph: Dr. Traystman is going to give us an update on indoor air quality for RC1N.

Dr. Traystman: There are several people who about a year and half ago reported smells and poor air quality as well as adverse health effects including nasal irritations, skin lesions, and heavy breathing and heart palpitations, especially the 9th floor. We took these very seriously and we took measurements for a large variety of compounds. We were unable to find anything that could correlate to these health effects. All of the measures were within safe OSHA levels. Last month, there were continued reports. I commissioned Lee Newman from the School of Public Health to study the indoor air quality. He and his panel did a full study to make sure we monitored everything we should have and to interview the people involved to make sure we were doing everything right to get to the bottom of this. Dr. Newman's report you have seen. He has made recommendations and

we have already begun to complete these. He also indicated that toxicological chemicals etc. are at levels that are appropriate. However, smells from the vivarium did reach the 9th floor. A chase in the building was not sealed appropriately but is now sealed. We have spent \$800,000 so far to address these issues. For those few folks who report that they are still suffering these health effects, we will be moving them to other buildings. I want you to know that this only a small group of people with difficulties, in certain areas of the buildings. We are right on target within the next few months to fully address Dr. Newman's recommendations. Everything is in the report but if there are questions please email or call and I can take questions today.

Dr. Reisdorph: Dr. Lowenstein will now update us on the collaboration consensus statement and conflicts of interest.

A powerpoint presentation was provided by Dr. Lowenstein. Promotional relationships undermine the practice and teaching of evidence-based medicine. Calls for action come from everywhere-JAMA, AAMC, AMSA, IMAP, etc. There is increased media and government scrutiny on medical schools. Promotional speaking, especially by medical school faculty have been especially scrutinized. An example from the Denver Post was provided. Our national rating from AMSA 2007 PharmFree Scorecard was a D. Since then a CU conflict of interest policy has been written, revised, re-revised and adopted in 2008-2009. A number of bans were listed in the policy. The Denver Post has continued to print the names

and numbers of CU faculty who received outside contributions. In 2010 our grade was a B- by AMSA 2007 PharmFree Scorecard, and for 2013 we scored an A.

So we felt pretty good, but then we got an email from IMAP in Academic Medicine indicating we had much room for improvement and that we are ranked in the 37 percentile. Some areas of weakness were outlined. The first of these was continued medical education sponsored by pharma or vendors. The second was that vendor access to faculty, students, or trainees should not be allowed. IMAP found a weak, permissive or no policy found for CU for educational curricula as well.

Dr. Lowenstein introduced the 2nd slide campaign, which has been adopted at CU by the Senate in 2011 but has not been enforced. A “move to the middle” for managing conflicts of interest was presented. Given that IMAP/PEW/AMSA will continue to disclose COI policies of schools, we should continue to strengthen the policies, and make sure we do no “do nothing”.

Dr. Lowenstein then concluded the presentation and asked for questions.

Dr. Polaner: I have never heard of IMAP what is it and who are the people coming up with these policies?

Dr. Lowenstein: Your question is a good one. The webinar I participated in indicated that these ratings organizations are all moving together. I don't know how far it will go with regard to AAMC.

Dr. Polaner: Do they indicate that there cannot be any sponsored CME?

Dr. Lowenstein: Yes.

Dr. Breeze: I assume the 37th percentile study was unsolicited?

Dr. Lowenstein: Yes.

Dr. Breeze: Who funded the study?

Dr. Lowenstein: I don't know.

Shamita Punjabi: Who enforces student violations?

Dr. Lowenstein: We do not really have such an enforcement.

Dr. Spillman: I think there is a balance here and these organizations are pushing an ideal. We cannot control all the interactions we may encounter. We also have said that we need increased community participation and the lunch issue may seriously decrease this.

Dr. Lowenstein: I also agree that telling community-based clinicians what to do is not a good idea. At this point, overall I am not concluding much on the next steps we should be taking.

Question from Attendee: What about medical tech sales people. I work in echocardiography and we have reps that demo machines in our hospital. We need to kick the tires and it is very necessary to do this. Do you feel that this should be limited too?

Dr. Lowenstein: Our policy has not banned device reps but they are included in those contact lists. So I would say we are going to change something like that but this may be an example of an area to look at.

A motion was made to adjourn. The motion was seconded.

Dr. Reisdorph adjourned the meeting at 5:30 p.m.

Respectfully submitted,

Michael E. Yeager, Ph.D.

Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
February 11, 2014**

The meeting commenced at 4:35 p.m.

I. Welcome

Dr. Nicole Reisdorph, President of the Faculty Senate for 2013-2014, called the meeting to order.

II. Approval of Minutes of January 14, 2014 Faculty Senate Meeting

A motion was offered to approve the minutes, which was seconded.

Minutes from the January 2014 Faculty Senate Meeting were unanimously approved.

Dr. Reisdorph acknowledged the Michael Salem, CEO of National Jewish, as a guest to the faculty senate.

III. Discussion and Approval Items

1. Immunology/Microbiology Dept. Merger 4:37 p.m.

Dr. Reisdorph introduced Dr. John Cambier.

Dr. Cambier discussed the history of the issue of the Immunology dept. and the Immunologists vis-à-vis National Jewish and CU. 12 faculty will be moving to CU this summer. Dr. Cambier outlined the ways in which microbiology and immunology dept. being combined makes sense in terms of administrative efficiency. He asked for questions at 4:40.

Q: Will it affect the numbers of grad students and post-docs?

A: There will be no effect on students. They are looking forward to having more students around, on RC1N 9th floor.

Dr. Reisdorph: The only con seemed to be a reduction in dept. power?

Dr. Krugman: I can address that. The priority is to support the best science we can do, not necessarily all the science we can do. It just makes sense to try to bring people together along lines- immunology and microbiology just makes sense. Neuroscience is having these discussions so has biochemistry and genetics, and the pathology dept. About 25-30 of the over 100 faculty could fit into these combined areas. There needed to be an understanding about resources and space that might be available. July 1 getting everyone here and with the lease ending with National Jewish, we concluded that we should get on with these moves. If the other departments can get together we can put together what we have talked about by July 1, 2015 if that's what we want to do, before my replacement comes on.

Dr. Reisdorph: Those mergers would need to be voted on by senate and so senators please go back to your depts. with this information.

Dr. Lowenstein: What are the risks or implications to the medical school curriculum by this merger?

Dr. Cambier: The undergraduate medical course is heavy on immunology and microbiology. We intend to recruit teachers to fill those needs.

Dr. Nuccio: What kinds of collegial activities are needed to smooth the transition?

Dr. Cambier: We have done things like mountain retreats, research in progress, and other things. We intend to keep doing these to maintain ties between National Jewish and Anschutz.

Dr. Reisdorph: Are there any more questions? Then we will now take a vote to approve the merger.

Vote:24 approved; 0 against, 0 abstentions

IV. Dean's Comments

Dean Krugman was present and discussed the status of searches and affiliations. The search committee will select a group within the collective group for confidential interviews around end of March beginning of April. They will select 2-3 for finalists positions to be brought to campus for several days of interviews and conversations with stakeholders. By July 1st it should be concluded. Sometime on the next week Lily Marks and Don Elliman will pull together an RFP to get a search firm to search for my successor as Vice-Chancellor of health affairs and Dean. They are going to invite 506 firms to provide information and interview 2-3 of them. They will select a firm no later than mid-March at the latest. David Goff, the Dean of Public Health, to chair that committee. They hope to have finalists/semi-finalists at the time the UC Health System has made their decision, June or July.

I reported last time for the search of the Bioethics program. The selectee, Matt Wynia, will be part time at first, then come on full time. The radiation oncology search is underway.

With regard to the National Jewish relationship, I m glad Michael is here and I would like to give you my perspective. We have been struggling in the last 6 months. I have personally been involved in this affiliation since 1993. It is much looser than some of our other affiliations. It states that we should do what we can to work together, keep each other informed, and resolve out issues. We should be notifying each other of recruitments, and that we should do it together. The relationships in many departments and among many people over the years have been terrific. In the late 1990s when this campus became available we hoped to accommodate NJ on this campus. We had many discussions with NJ at that time. We felt bad that we were not able to have NJ be out here at that time. About 2 years ago, we began conversations about whether it was possible to create affiliations to have NJ be part of the hospital system. We had conversations with UH, Children's, and NJ about how to make this work. Over this past year the conversations broke down and ended. Different people describe differently how they ended, but basically, there was no agreement and they ended. NJ was having conversations with Mt. Sinai and others about an affiliation and clinical service. That's where things evolved to. We still don't know how all of this is going to play out. There have been rumors that the inability to get together around the clinical enterprise is going to end this affiliation. I would like to dispel that. I don't think we should end it, but there will be consequences. There is nothing going on in Immunology research relationships should be lessened. However, if patients move to St. Josephs as we believe will occur, this hurts our faculty and possibly some of our training programs. Michael and I and

David Schwartz and Greg Downey have been meeting to discuss this. That's where we are. The final thing I will say, Michael can say, we have heard that the clinical enterprise should not be interfering with the long-standing research affiliations. The problem is that that the bulk of our resources to support the research come from our clinical enterprise and UH, Children's, etc. For us to assume we can just ignore that and support NJ clinical practice at another hospital is difficult for us to deal with.

Michael Salem: I appreciate the Dean's comments. The academic and research affiliation with CU is important to NJ. We share a common history and vision. It is important to the citizens of Colorado. NJ will continue to support teaching and training of graduate students, medical students, fellows, residents, the common research programs between the 2 institutions. We invest about \$1 million in scholarship programs and \$6 million in subcontracts with CU. These programs are known worldwide and we plan to continue to invest in them and to do the work required to get through the difficulties the dean articulated. We have been supportive of the University program. It is 20 times the size of NJ clinical programs. We will provide any opportunity that anyone wants in these new affiliations. We will support the continued flow of patients to CU systems. We are committed to this relationship. The rumors are affecting faculty on both sides. We are committed to validating faculty on both campuses. I appreciate the senate for this opportunity to state how committed we are to this relationship. But

we understand the challenges with these clinical enterprises. In Boston and other places there are examples of clinical overlaps that work positively.

Dr. Reisdorph: Any questions or comments? Hopefully the message can trickle out from here that both sides are working hard and the relationships can continue to work.

Dean: I don't want my comments on the clinical enterprises to extend to the research enterprises, the clinical is the challenge.

III. Discussion and Approval Items (cont'd)

2. Hematology Name Change

Dr. Reisdorph introduced Dr. Schwartz.

Dr. Schwartz: Initially, we thought that it was important to recognize each component within the new division in the name. Certain recruitments have resulted in everyone working together and getting along. The feeling of the group is that they don't need such a cumbersome name for their division and they want to simplify it. We wanted to make the name consistent with other institutions. The SOM exec committee has vetted this. We are coming to the senate for approval.

Comments or questions?

Dr. Lowenstein: Yes all of the original members of the committee were consulted about annulling the cumbersome name. So this is a formality.

Dr. Schwartz: We wanted to make sure everyone was acknowledged on this name change.

Dr. Reidsorph: Ok so now we'll vote on the name change proposal.

All were in favor , 0 opposed, and 0 abstentions.

Dr. Reisdorph: Vote on the Immunology/Microbiology Dept. Name:

All were in favor, 0 opposed, 0 abstention.

3. Faculty appointment Type Task Force Update

Dr. Yeager presented a set of powerpoint slides (attached to these minutes) on the discussion of the at-will task force.

Q; What is the alternative to at-will?

Dr. Lowenstein: At-will will remain an employment type as there are state laws on some positions. We have been asked by chairs to come up with guidelines, but it has never been discussed. Faculty have a role in discussing the policies that relate to their positions, promotions, etc.

Q: Will some education go out with the survey? For example: some of my junior faculty will say “At-will as opposed to what?”

Dr. Reisdorph: This is the education and we hope you can educate your faculty and take the survey.

Dr. Lowenstein: There is a link to the 4 appointment types. We are convinced you are correct that most faculty do not reflect much on their appointment type.

Q: Is there an option for longer time periods for limited appointments?

Dr. Lowenstein: Yes. Since tenure has been disappearing, perhaps one best way to reward highly effective faculty is longer-term appointments based on success.

Right now we have very few appointments longer than 3 years.

Dean: Some of this is negotiable. It is unlikely that someone who is going to move here and uproot their families would take at-will.

Dr. Lowenstein: There may not be much discussion or negotiating that takes place.

Dr. Cambier: At NJ there is no tenure so we have a range of terms. People do pay attention to these terms. Through my years I have recruited at CU and NJ so I can directly compare. The faculty I have recruited are more interested in the long-term prospect of tenure. When you are recruiting the very best people who have alternatives, they respond to the offers of longer terms.

Q: A question on the survey should be added. How are you arriving at your responses; were there surveys, meetings, etc.?

Q: Part of the education and background, what is the turn-around time and cost for these contract renewals? Is there admin support for the constant renewals.

Dr. Lowenstein: There are no processing costs to do it and the admin time is minimal.

Q: Do dept. chairs know that the survey is going out to senators? The data may be better if you include faculty.

Dr. Reisdorph: We are asking chairs to complete a survey as well. We will put this on survey monkey so there will be plenty of room for comments. We are looking for summaries.

Dr. Lowenstein: The mechanics of this are difficult. There are many options about how to survey and who to survey.

Q: It would be nice if the chairs had a heads up that this was going on.

Dean: We can do that at Exec committee to give a heads up.

Q: My sense in some depts. is that there will be a more honest response if it is conducted anonymously.

Q: The dept. of medicine does not have dept. meetings, so the senators represent small parts of the department and divisions. So basic scientists in some divisions may not get as much heads up or discussion as needed.

Dr. Reisdorph: We are trying to get a balance to create guidelines for potential changes.

Dr. Lowenstein: We can ask questions that avoid heated rhetoric and get the information out that we need and get the information we need.

Q: Maybe it would be helpful to allow us time to educate and then follow up with a survey. We might get the best data that way. We also could benefit from hearing why the chairs prefer at-will appointments. Then we could appreciate their position as well as our own.

Dr. Lowenstein: One possibility is to provide the senators the appointment types document, allow 3-4 weeks for education and discussion, then prepare the campus for a survey.

Q: What happens at CU Boulder?

Dr. Lowenstein: All faculty are tenured who are associate or full professors. For new asst. professors, they get a 3 year term appointment have a mid course review another 3 year term, a review and then are tenured or gone.

Dr. Reisdorph: So to summarize we will send a bullet point PDF, we will give time for discussion, continue the task force, and revisit this again before the survey.

A motion was made to adjourn. The motion was seconded.

Dr. Reisdorph adjourned the meeting at 5:55 p.m.

Respectfully submitted,

Michael E. Yeager, Ph.D.

Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
March 11, 2014**

The meeting commenced at 4:30 p.m.

I. Welcome

Dr. Jeffrey Druck, President-Elect of the Faculty Senate, called the meeting to order.

II. Approval of Minutes of February 2014 Faculty Senate Meeting

A motion was offered to approve the minutes, which was seconded. Minutes from the February 2014 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dr. Druck acknowledged the Dean's absence and introduced Dr. Chip Ridgway to the faculty senate.

Dr. Ridgway: In June. The Dean's search has commenced. Lilly Marks is searching for a firm. National Jewish moving seems to be going forward as has space issues for the June 30 deadline.

Dr. Druck: Todd Kingdom was chosen for inclusion on the Dean's Search Committee.

III. Discussion and Approval Items

1. Feedback from Senators regarding At-Will Appointments

Dr. Druck: Our plan is to postpone the survey until more discussion in the departments is further along.

Dr. Peter Sachs commented about Radiology's at will appointments.

2. Campus Plan Discussion

Dr. Druck introduced Dr. Bob Sclafani.

Dr. Sclafani: There was not much discussion in the senate minutes regarding the campus master plan. We invited the campus planner Mike Del Guidice and the architect about the master plan, which alleviated a lot of anxiety. We discussed that the master plan is a required document. Phase I will go from 2012 to 2022. There are various focus groups that reported to the planning committee, which then briefed the Dean and others. The plan is flexible. Phase I will be the building of an interdisciplinary building between RC1 south and AO-1. There are various zones on campus, reflecting the various activities on campus, and this would be a mixed zone, or multiple character districts. In other words, education, research, and clinical mixed into one building. Phase 2 would include an expansion of the Vivarium. There are plans for a data center building. Some of the concerns we

had were as follows. We need to consult with the structural biologists regarding 900 MHz NMR and nearby buildings.

Dr. Hansen: Does the master plan discuss funding of these buildings?

Mike del Guidice: Not exactly. We put forward our priorities and they get mixed in with CCHE and other priorities. Sometimes we get funding for things and sometimes not. One of the problems with Anschutz, the state is paying back monies to build this campus, and getting more money from the legislature is difficult. Anything state funded, the decision to build is the legislature's. We received funding for the Bioengineering building, but it was not state funded, it was a cash fund source. But the Board of Regents had to approve that. Anything over \$2 million has to go to the Board of Regents and then the legislature.

Dr. Cohen: Did the NMR survive the pile-drivings for the building of the Lions Institute less than a block away?

Dr. Sclafani: I don't know, but I guess so.

Dr. Heru: What was the impact of the National Jewish folks coming back and space?

Dr. Sclafani: I don't know, but it wasn't in the master plan. Anything like that should be considered, it seems to me.

Dr. Wolfel: Did you say that the interdisciplinary building includes clinical? In the past, people haven't played together very well.

Dr. Sclafani: Yes.

Dr. Ridgway: What about the data center, is there any special consideration there?

Mike del Guidice: Yes, there are security concerns, like having the data center be on a secured 2nd or 3rd floor, and also some ideas about recycling the heat from such a facility. As we develop the plans further, we know who has space needs, but we can consult further as we go.

3. Student Life Steering Committee

Dr. Druck introduced Nichole Zehnder, Chair of the Student Life Committee.

Ms. Zehnder: I want to tell you about this committee and why we need one of you to be on it.

Ms. Zehnder then presented a PowerPoint presentation.

What is the selection process for volunteers for the committee?

Ms. Zehnder: Myself and Dean Garrity will choose from among those who submit a short letter of intent.

Dr. Cohen: Who was supervising admissions before all of this?

Ms. Zehnder: Admissions and Student affairs lived in two arms. Neither had a governing arm, so when decisions were made there was no organizing structure or centralized oversight.

Dr. Nuccio: Is student feedback going to be heard by this committee?

Ms. Zehnder: Professionalism will fall under this domain but is a complex mechanism. But they would go to other places and this committee would help with oversight of professionalism.

Dr. Wolfel: This committee looks like it handles a lot of diverse things? How will you manage this, and who will approve these activities?

Ms. Zehnder: Dean Anderson and eventually Dean Krugman. The committee is taking on a lot of diverse things. We can proceed with task forces within this committee to smoothly handle all of the various things to handle. But you're right, lots of arms.

Dr. Druck: Any new business to address?

Dr. Druck adjourned the meeting at 5:04 p.m.

Respectfully submitted,
Michael E. Yeager, Ph.D.
Faculty Senate Secretary

Faculty Senate Meeting Minutes

April 8, 2014

- I. Welcome – Secretary Michael Yeager led the meeting, filling in for President Reisdorph.
- II. Approval of Minutes of March 11, 2014 meeting – The minutes from the March 11, 2014, meeting were unanimously approved.
- III. Discussion and Approval Items

1. Clinical Trials Website

Dr. John Moorhead and Michael Miller provided background information about the new Clinical Trials website. Discussions to develop the website began two years ago. Currently, there are approximately 4000 open active research study protocols on campus, and 20% of those are clinical trials. The Clinical Trials website has been built, and many faculty are using it, with 91 advertised trials now included on the site. Additionally, clinical trial information is also coming directly from COMIRB and WIRB. Emails are now sent out regularly, and all faculty should be receiving the emails which list all of the clinical trials currently on the website. Information can be entered directly into the website by completing a form and sending to Brenda Crawford. Once the clinical trials are listed on the website, the data can be used in more ways. Additionally, the current process reduces the number of emails that are sent, with only one daily digest sent to faculty. COMIRB approval still needs to be followed. The website is now keyed into patients and community doctors, raising awareness of the clinical trials currently available.

The question was asked, is there a way to assess the efficacy of the website? Mr. Miller answered that he can see if there are more hits, but that's the only way to currently assess that information. Dr. Moorhead added that one of the driving forces behind this project was Dr. Ben Honigman, who said that physicians from outside the institution were demanding that something on campus be created to organize the clinical trials information. Now that that is done, Dr. Honigman has advised that the community physicians are very pleased with this website.

2. Search Committee Process for Dean of SOM

Dr. Yeager updated the senators on the Search Committee process for the SOM Dean. The firm conducting the search will be here April 14-15, and Dr. Goff has suggested that the faculty senate meet with the search firm principals. There was then discussion regarding the mechanism for conveying information to the search firm, and it was decided that information regarding the ideal qualities of the next Dean would be compiled from the Senators via email, and the list would be sent to the search firm.

There was then discussion regarding the role that the Senate should have in this process, and it was emphasized that it is important for the Faculty Senate to be involved in the whole process from start to finish. When the search strategy is decided upon, before they look for candidates, the strategy should be vetted by the senate. There is no clear time frame set for the process.

There were then questions regarding the entities and individuals that will have input and be involved in the search process, and Dr. Lowenstein commented that all relevant stakeholders, including students, residents, faculty and leadership at hospitals, will be consulted during the process. Not all stakeholders are represented on the search committee, but people will have to be responsive to be heard. Nichole Reisdorph was selected to represent the Faculty Senate on the search committee. Ultimately, the recommendations will be given to the Chancellor and Lilly Marks.

3. CCTSI Update

Dr. Ron Sokol, Director of the CCTSI, provided an overview of CCTSI. A renewal grant application was submitted on January 8, 2013, and it received an overall impact score of 14, which was 3rd best among 29 grants. The grant was then awarded on September 26, 2013, with funding in the amount of \$51,656,921 being awarded over 4 ½ years, which is a reduction from the previous CTSA grant of \$76 million over 5 years. NIH has developed a new formula for allowable funding, resulting in \$1.6 Million reduction in funding each year, with a total decrease at Year 5 of \$8.6 million. We will need to make up the difference by: 1) Increased institutional support; 2) New process improvement committee, increasing efficiencies; 3) Fee for service (charge backs); 4) Philanthropy with the foundation.

The individuals that are the most vulnerable to these reductions will be junior investigators who may not have the funds to pay for the services. However, a new MicroGrant program will be implemented that will provide up to \$10,000 per year to pay for the new chargebacks. This program will be available primarily for junior investigators, although occasionally it could be available to senior investigators. This funding will be available for up to 3 years. This is an important program so that junior investigators will be able to afford statistical consultations.

Additionally, the new BERD seed funding is a mechanism for junior investigators to receive biostatistical consultation, up to 40 hours per year, which currently costs \$25/hour. The application for receiving the BERD seed funding is simple, and thus far all applications that have been received have been approved. This information is very important to get back to faculty. REDCap is also no cost to all investigators and is completely subsidized by CCTSI. REDCap will be available shortly for quality improvement databases as well as for SOM faculty.

CCTSI now spans three universities, including UC Denver (both campuses), CU Boulder, and Colorado State University. In addition, it spans all of the professional schools on the Anschutz Campus, six hospitals, and 20 community-based organizations.

CCTSI reorganized for the new grant application. There are now five major programs, including Education and Training, Translational Informatics, Translational Pilot Program, CTR Resources and Services, and Enhanced Research Environment. All programs are organized differently, and each program contains multiple cores of programs. The new organizational structure aligns with the RFA. The leaders of the programs include: Wendy Kohrt, Mark Geraci, Marc Moss, Alison Lakin, and Michael Kahn. Each Associate Director oversees one of the five pillar programs.

With regard to translational research, there are now four steps that are recognized, which include Basic Scientific Discovery to Improved Global Health. CSU brings natural animal models that share diseases with humans, serving as investigators on this campus to go to before translating to humans. Veterinarians are already doing some in collaboration. They are setting up a clinical trials unit that will roll out this summer. This adds a lot of safety to humans, also decreasing costs.

The External Advisory Committee (EAC) meets annually and is presented information about the programs, progress, challenges and problems. They issue an 11-page report, which becomes a part of the Annual Progress Report to the NIH. The EAC consists of six national experts and a project officer. The Chair of the EAC is Rob Califf from Duke University.

With regard to the latest EAC Report, the CCTSI was reported as being an “unqualified success,” and the “CTSA has evolved into a major intellectual and economic engine for the University of Colorado and the state.” Four major concerns, however, were addressed in the report. Those concerns include: 1) Reduction of NIH funding; 2) The need to develop informatics more quickly; 3) Shortage of biostatistical collaborators; and 4) Leadership role at UC Denver. The fourth concern addressed the fact that the director of CCTSI does not have an official role in the Chancellor’s and Dean’s office. At other institutes, the director is a vice chancellor and a campus champion for clinical translational research.

Other concerns that were raised in the report include the effect of charge backs, specifically questioning whether the charge backs will result in a decrease in demand for and utilization of CTCRs. Dr. Sokol added that they will monitor this issue closely, on a monthly basis.

4. Feedback from Senators Regarding At-Will Appointments

It was decided that the discussion regarding the feedback received from departments about at-will appointments will be deferred until the next meeting. The question was raised regarding the departments that are currently making wholesale changes to convert faculty to at-will appointments, or only recruiting faculty into at-will appointments, and Dr. Lowenstein answered that the larger departments that are currently doing this are Family Medicine, Radiology and Orthopedics. However, recent information indicates that Radiology has decided

to convert their faculty back to limited appointments, and are recruiting faculty into limited appointments.

There being no further business, the meeting concluded at 5:30 p.m.

**Minutes Faculty Senate
University of Colorado School of Medicine
May 13, 2014**

The meeting commenced at 4:35 p.m.

I. Welcome

Dr. Nichole Reisdorph, President of the Faculty Senate, called the meeting to order.

II. Approval of Minutes of April 2014 Faculty Senate Meeting

A motion was offered to approve the minutes, which was seconded. Minutes from the April 2014 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dr. Reisdorph stated that the Dean was not present and would offer comments at the next senate meeting.

III. Discussion and Approval Items

1. Search Committee Profess for Dean of SOM

David Goff presented an update on the search committee process for Dean of the SOM. The marketing period will last ~ 6 weeks. Review of applications will occur in late June. Initial interviews will be conducted off campus and then finalists will be interviewed after that on campus. Any councils and committee across campus with interest in the process have contacted me about the process. We are doing our best to conduct the process to get the best person. Any questions?

Question from Attendee: What considerations will be given for how long the next to Dean is to serve? What is the normal tenure length for Deans?

Dr. Goff: That question has not yet come up. I would say the next 5-10 years is the outlook, but we have no idea about term limits. A 10-year run is a good one for most schools. It depends on what they are being asked to do when they come in. We don't have a "clear house" type of situation for the next Dean. You cannot rule that out, but it seems unlikely. It is an at-will position. After 5 years a comprehensive review will be conducted.

Attendee: Will there be an interim Dean if one is not selected in a timely manner?

Dr. Goff: We do not anticipate a failed search.

Dr. Reisdorph: Will the Senate be represented in the process or the search committee?

Dr. Goff: Not per say on the committee, but we welcome that input. Up to a certain point, the search is a very confidential process. Until we get to the public stage (around August at the earliest), the feedback can be input to us about

potential candidates, including actual names can be sent to us or to me. We pass those on to the search firm. Also, characteristics of a good Dean are also very welcome.

Dr. Reisdorph: Did you receive an email from the Senate about a list of qualities that we came up with?

Dr. Goff: I don't recall, but please resend it, I am getting a lot of emails and we may have incorporated those already onto the position description.

2. Approval of Graduation Level Competencies

Dr. Reisdorph introduced Dr. Eva Aagaard, who gave a PowerPoint presentation (slides attached). Dr. Aagaard then asked for questions.

Dr. Rothberg: Were there any controversies regarding the competencies?

Dr. Aagaard: We may need to modify them to make sure students can graduate through these competencies, and having a specific standard to hold people accountable to gives us the capacity to handle situations in which students are failing to meet competencies.

Dr. Lowenstein: What happens to the specific skill sets in some of the domains, for example, from surveys about successful skills for residencies, etc.?

Dr. Aagaard: There are two schools of thought on entrustable professional activity (EPAs), but we will incorporate both. We will map competencies to EPAs and to course specific goals and objectives and define hard stops. Then we can hold back those who are not making the competencies. We expect these changes to materialize in about 2 years in the context of the curriculum map.

Dr. Nuccio: Are there personal competencies such as mental health?

Dr. Aagaard: We did put in competencies of future clinicians, some of which were mental health related. These got modified into more health and well being after being vetoed somewhat.

Attendee: How are the competencies evaluated?

Dr. Aagaard: Great question, the answer is complicated. All the rubrics, evaluations, formative assessment, etc., will go into the grading scheme.

Dr. Lowenstein: Most faculty are not trained in content delivery or assessment.

Dr. Aagaard: True. Faculty development will be a big part of this as well.

Attendee: What will that faculty development look like, maybe a workshop?

Dr. Aagaard: We are toying with “just in time” faculty development. A video clip of what you should expect and what is expected of you. We think this is more convenient and more applicable to specific situations.

3. Senate Reapportionment

Dr. Reisdorph introduced Dr. Steve Lowenstein, who gave a PowerPoint presentation.

Dr. Lowenstein: Every 2 years the rules of the SOM require us to do a census and perform a reapportionment for representation. Every dept. will have at least 1 representative, there will be 1 representative for every 30 members of a dept., and at least 25% of the membership will represent the basic science depts. We currently have 68 faculty senators and over 3,000 faculty that are eligible to serve. We have gone through various models to meet these tests. We will in fact need a rule change because we simply cannot have a representative for every 30 members. We propose 1 representative for every 40, and for larger depts. to be capped at 7 (Medicine and Pediatrics), and then increase the number of basic science reps to 25%. When we do this model, we get 52 members with 25% basic science faculty. Some issues of attendance are also a factor. There are some winners and losers with any model. My overall recommendation is to make the rules more general, because whatever scheme we adopt it will not last as departments and sizes change.

Dr. Reisdorph: Is this something you all could take back- this discussion and the spreadsheet- talk to your constituents, and then we can have a future vote?

Attendee: What is the time period of the 3-step process of change?

Dr. Lowenstein: We just tried various models, but we first did the representation, capped depts., then made the 25% basic science by taking them off the largest depts., in that order.

Dr. Polaner: Because of attendance, I am not sure the random nature of the actual representation at votes will change that much.

Dr. Lowenstein: I am sure you are right.

Attendee: We need to make an increased effort to increase attendance otherwise this is a moot point.

Dr. Rothberg: Are we looking at different models?

Dr. Lowenstein: We are open to other ideas, now is the time. It is just a numeric puzzle really.

Attendee: Suppose some departments or sections are not represented, what happens? If say a rheumatology member is not present, would a cardiology representative update us?

Dr. Lowenstein: It's a good point, I guess it is up to departments to get the word out and spread the communication out.

Dr. Reisdorph: Is this something that should be brought up in Executive committee? Maybe the Chairs should be updated and weigh in.

Dr. Lowenstein: We have a number of other rules changes so yes we will report it to the Exec committee next week.

Dr. Reisdorph: Yes, and we will come back and give the Senate feedback from that Exec committee.

Dr. Lowenstein: And we will need something for Senate elections for the Fall.

Dr. Reisdorph: And we will send out the spreadsheets for the models as well, and they use the actual up to date numbers of faculty. Please discuss this at your faculty meetings and plan on a vote, not a rules change, at the next Senate meeting.

4. At-Will Appointment Update

Dr. Reisdorph presented data from a survey about appointment types (attached to these minutes). She highlighted the data as well as some of the written comments from the survey.

Attendee: Is there any data on At-Will appointments impacting on recruitment or retention?

Dr. Lowenstein: I am not aware of any. The data here indicate that many people may not be aware of this issue. This data is important. You never get over 600 responses for a faculty survey. Many issues came up with this survey.

Dr. Rothberg: Are departments firing people willy-nilly? How many people with at-will were fired?

Dr. Lowenstein: We worry about that, we don't know, we don't have the data. Some departments have moved towards limited appointments. The department of family medicine only hires at will. It would be hard to know who was actually fired and was at-will.

Dr. Rothberg: What is the fear behind at-will and getting let go?

Dr. Druck: The fear of just being fired for no real reason.

Attendee: What was the impetus to do this survey? Was there a concern that something negative happening?

Dr. Reisdorph: We had no idea, no data.

Dr. Lowenstein: The genesis probably came from me about 2 years ago based on conversations I had with many people in academia and the trend I was seeing for at-will hiring. There were issues about rationale for making at-will appointments. Some of the reasons chairs were giving were perhaps not really true. This is not about coddling poor performing faculty, we have many ways to remedy this.

Dr. Reisdorph: The Senate asked the Dean to form a task force to study this.

Attendee: were the Department chairs surveyed?

Dr. Reisdorph: They were included in the survey. We wanted to start by presenting the data, and we are having another meeting of the task force as well.

Dr. Rothberg: Are faculty afraid if they don't perform they will be fired?

Dr. Lowenstein: Faculty feel at risk for termination without notice rather than coaching and receiving help. There is also the issue of power struggles and bullying by being at-will.

Attendee: When people don't know what the rules are then you are vulnerable as well.

Attendee: Will this data be shared?

Dr. Lowenstein: Yes, after we do some additional analyses, but yes we owe a summary to the faculty-we HAVE to distribute this, it's the faculty's.

Attendee: So we can communicate the basics to our department, but after the task force looks at it again, but then what?

Dr. Reisdorph: Now that there is data, the task force will make recommendations.

Dr. Lowenstein: One of the things is do the Chairs still want to defend the use of at-will? Right now there are 4 types of hires.

Attendee: Isn't the biggest argument for its use is personnel and budget management? Can't an insurance policy be put in to help departments handle fiscal management issues?

Dr. Lowenstein: Yes, and there are options for handling poorly performing faculty, including remediation.

Dr. Burke: Sometimes it is complicated for the chair. For example, if the hospital welves on the clinical enterprise but the chair had hired 2 faculty to cover the service, then you need fiscal flexibility.

Attendee: Should we also reward the good faculty with term appointments, rather than solely focusing on bad actors?

Dr. Lowenstein: Absolutely yes. Especially since there is almost no tenure now.

Dr. Reisdorph: I will report back from Exec and form the task force.

There was a motion to adjourn. The vote was unanimous to adjourn. Dr. Reisdorph adjourned the meeting at 6:00 p.m.

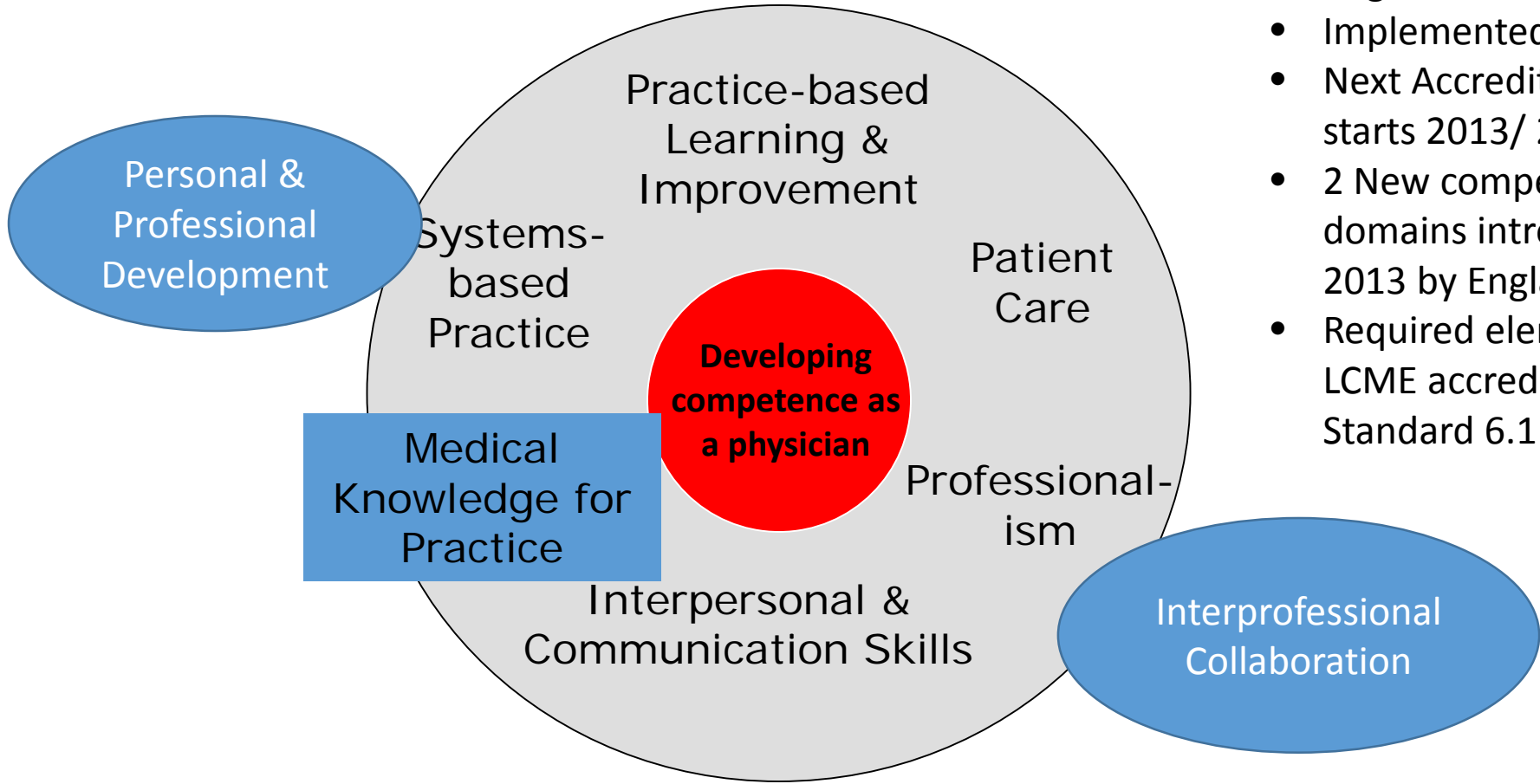
Respectfully submitted,
Michael E. Yeager, Ph.D.
Faculty Senate Secretary

Medical School Graduation Competencies

Eva Aagaard, MD

For the Competency Committee

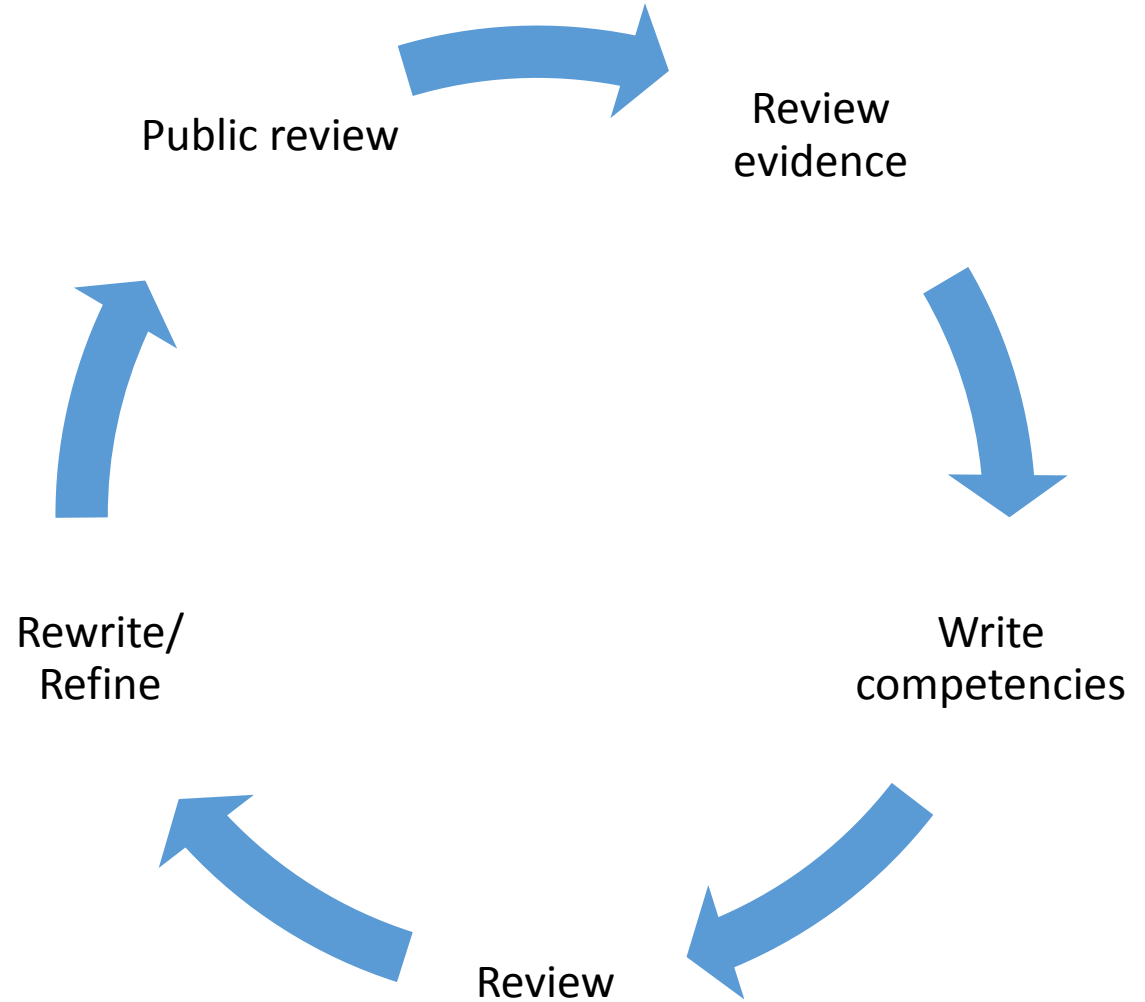
Competencies



- Began in 1994
- Implemented 1999
- Next Accreditation system starts 2013/ 2014
- 2 New competency domains introduced in 2013 by Englander et al
- Required element for LCME accreditation- Standard 6.1

One year ago....

Eva Aagaard	Mona Abaza	Jeanette Guerrasio
Andy Bradford	Kirsten Broadfoot	Gretchen Guiton
Brenda Bucklin	Jennifer Fisher	Lindsey Lane
Maureen Garrity	Wendy Madigosky	Tai Lockspeiser
Jennifer Soep	Adam Trosterman	Kent Voorhees
Stephen Wolf		



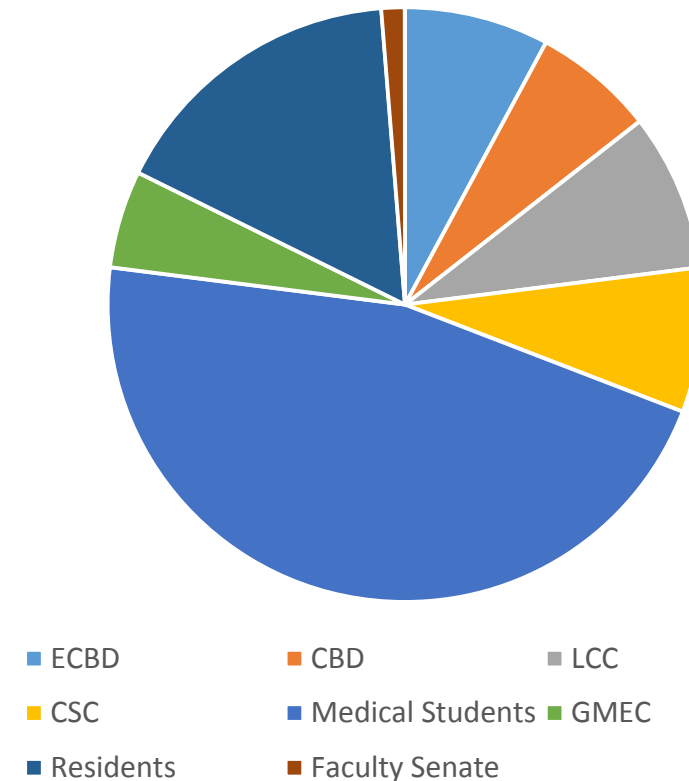
Public Review

- Modified Delphi Process
 - Individual competency domains sent to subset of total population for review and corrections
 - Prior to graduation, all students MUST be able to...
 - 4 point likert: strongly disagree (1) to strongly agree (4)
 - Reviewed and edited all competencies with mean score ANY strongly disagree
 - Modifications made- minimal suggestions from first rounds
 - Compiled list of all competencies sent to everyone including initial non-responders
 - Prior to graduation, all students MUST be able to... (same scale)
 - Anything missing?
 - Anything you would like to remove?
 - Other concerns/ issues
- Final competencies modified based on final survey results including comments

Final Survey Results

- Overall response rate 34% (n=138)
 - Medical Student Response Rate: 50% (N=70)
 - Resident/ Fellow Response Rate: 26% (n=25)
 - Faculty Response Rate: 35% (n=43)
- All departments represented except:
 - Dermatology
 - Microbiology
 - Neurosurgery
 - Pharmacology

Percent of Total Respondents



Results

- Competencies eliminated: 12
- Minor modifications made to wording: 25
- Final competencies circulated to approving authorities:
 - CBD
 - CSC
 - Faculty Senate

Request

- Approval of final competencies as written



Next Steps

- Curriculum Map
 - Map competencies to EPAs
 - Map competencies to course-specific goals and objectives
- Define “Hard Stops”
- Define competency levels for each hard stop
- Identify, refine, develop and implement assessment tools (or combinations of tools) across the curriculum with validity & reliability to make “high stakes” decisions i.e. hard stop
- Use competencies, EPAs, goals and objectives and data gathered from assessments to inform curriculum and refine assessment tools

**Minutes Faculty Senate
University of Colorado School of Medicine
June 10, 2014**

The meeting commenced at 4:32 p.m.

I. Welcome

Dr. Nichole Reisdorph, President of the Faculty Senate, called the meeting to order.

II. Approval of Minutes of May 2014 Faculty Senate Meeting

A motion was offered to approve the minutes, which was seconded.

Minutes from the May 13, 2014 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments

Dr. Reisdorph introduced the Dean to [provide an update on the status of searches and affiliations, and on the basic science departments.

Dean Krugman: The combined Immunology Microbiology departments-people are in the process of moving and a number have moved already into Research 1. About 14 of 24 faculty in the Immunology Department will be university-employed and be based here. There will be others that will remain National Jewish employed. The basic science chairs and 6 faculty have been asked to present a plan to the Executive committee at its August meeting, either as to how the consolidation and change should happen or to say it cannot be done and leave things unchanged. What has made the process a little slower and more difficult, some people are worried that there would or would not be national searches for chairs, neuroscience for example. A national search could be done and my successor could chair that search. So we expect that report by August. In the meantime, I have asked the chairs to provide us an idea of the resources to recruit faculty. If we are going to recruit nationally they should be done in a coordinated manner. Any questions on that before I move on?

Dr. Freed: What about the final decision on basic sciences for your successor?

Dean: It is fine by me either way, if people want to move faster I can and will participate, if not it is ok. I am not driving the train on this.

Dean: We have had a search for Radiation Oncology chair, and I have a list of semi-finalists. They will come in next week and will meet with faculty and various folks here. We will get feedback and decide if and how to proceed to make an offer for a candidate and go on. If things go well, we could have this done within a month or so. If things go poorly or not so well, we could restart a search so we will see how that plays out.

Let me say now thanks to this body for all of your work. It has been a pleasure to work with you.

My last paragraph in my email this week brought everybody up to speed on National Jewish. There is nothing new. We hope to have things wrapped up by fall.

Dr. Lowenstein: I also want to thank the senate. And I want to say thank you to 2 others. First two Nichole, Faculty Senate president, who has worked very hard and there is so much work behind the scenes. On behalf of all of us thank you. Also to Michael Yeager, Faculty Senate Secretary. Thank you for all of your time and hard work on behalf of the Senate and of the SOM.

Dr. Reisdorph: On that note, we need nominations for the Faculty Senate President and Secretary.

Dr. Krugman: Let me add to that, to be a faculty officer during this time of change is very important. I may be biased but for some of you this may be a unique opportunity and a potentially interesting year.

Dr. Lowenstein: I agree.

IV. Discussion and Approval Items

1. Faculty Senate Reapportionment

Dr. Reisdorph reminded the senate about the email with the attached reapportionment document. There was a strong input from the Senate that we needed to get this information and that it needed to be taken back to the departments for discussion. What you are now looking at is that revised document based on feedback, especially from Eugene Nuccio.

Dr. Nuccio: Alternatives 1-3 are essentially attendance models. Alternative 4 apportions about 1 in 60 and in agreement with the rules to include basic science. Alternative 5 is a mix between those who attended and department size. It ends up being similar to #4 but has a better rationale behind it in my mind. It does differ a bit, for example Pediatrics would go from 7 to 6 and Pathology would go from 3 to 4 in Model #4.

Dr. Reisdorph: This was very enlightening, particularly with attendance. We plan on talking about that more here and in Executive Committee.

Dr. Lowenstein: I had a question on whether the goals are right. One goal would be to increase attendance, especially those not recently in attendance. This plan would exaggerate those representation differences by penalizing those who currently do not attend. Is that fair?

Dr. Nuccio: It does recognize that non- attendance is penalized.

Dr. Reisdorph: But it would not give departments a chance to correct this once we decide on it.

Dr. Freed: And the attendance is individual based. I don't see any reason to cut apportionment in this way, it does not make sense.

Dr. Reisdorph: It is intended in part to be a way to limit the size of the Senate as the departments grow.

Dr. Freed: But not too many are attending, so is it a problem?

From attendee: A department like Medicine is different because it has so many divisions. There are many different interests as well. So we should be careful that when we cut the numbers because of attendance, you are affecting the faculty. You could penalize the individuals instead. The other thing is, can we as a group actually do this or does the faculty as a group need to vote on it?

Dr. Lowenstein: The rules will have to be changed because the ratio is in the language of the rules. We wanted to have a process that the senate is comfortable for now until we make the changes later next year. There is a provision in the rules for non-attendance. The faculty officers can remove a senator for non-attendance. It is maybe never happened, but the rules are there. Our job is to improve the knowledge of the rules regarding proxies, etc.

Dr. Reisdorph: We need to make a decision on this for this year. Is there more discussion on this?

Dr. Freed: To say that the clinical components should be reshuffled, the case hasn't been made yet. For example, Radiology has 94 people and 1 senator, who attends.

Dr. Druck: To increase to make better representation for them, we would have to increase the basic science to 25%.

Dr. Lowenstein: Yes, 25% is a mandate, but we can make sure we have that covered and do this next year.

Dean: I think to have some departments with zero is not an option. So that leaves either the proposed or #5 or #6 or table it.

Dr. Reisdorph asked for a short non-binding straw poll about how to proceed. There was a simple majority to table the proposal.

Attendee: I motion to table it until the next academic year. The motion was seconded.

Dr. Reisdorph: All those in favor of tabling this until the next academic year? All were in favor except for 2 votes of not in favor. There were no abstentions.

2. Medical Student Council By-Laws

Dr. Reisdorph introduced Timothy Ung, a 4th-year medical student. He have a PowerPoint presentation about the ratification of the medical student council constitution. He highlighted the pertinent changes by Articles.

Upon concluding, he asked for questions.

Dr. Cohen: Is there language for a group to die, if interests come and go.

Ung: In the by-laws, there are rules for transitions as groups come and go.

Dr. Reisdorph: We do have to vote, so we need a motion to approve the by laws.

A motion was made to vote in the approval of the medical student council by-laws. It was seconded.

The motion unanimously passed, and there were no abstentions.

Question from attendee: When are we going to hear about the at-will issue?

Dr. Reisdorph: We have not yet assembled the task force again. Once we have that meeting where we will discuss the results of the poll, we will make a series of recommendations given to this body at a later date.

Dr. Lowenstein: So around September. Cheryl is on a national subcommittee on this. They will be submitting a national survey on at-will appointments. So we will have an opportunity to present those results as well.

Dr. Freed: The reason at-will is not an issue is that they are already gone. My feeling is that it is a budget issue.

Dr. Reisdorph: There are many issues, according to the survey data we have.

Dr. Lowenstein: And not everybody that was at-will is gone. There are a lot of misperceptions on this and we need to really present the data; there is lots of it. You will be interested to see what those results are.

Dr. Reisdorph: Dr. Lowenstein will also update this fall on the professionalism issue.

There was a motion to adjourn. The vote was unanimous to adjourn. Dr. Reisdorph adjourned the meeting at 5:21 p.m.

Respectfully submitted,
Michael E. Yeager, Ph.D.
Faculty Senate Secretary