

**Minutes Faculty Senate
University of Colorado School of Medicine
September 9, 2014**

The meeting was commenced at 4:30 pm

I. Welcome

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

II. Approval of minutes from June 10, 2014 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

Status of searches – Tom Henthorn MD to step down as the chair of the department of Anesthesiology but will stay until a replacement is found. A search firm (same one that was used for Dean's replacement) is working with a search committee led by Dr. Naresh Mandava.

The Radiation Oncology department chair recruitment was not successful. Brian Kavanagh, MD, has agreed to stay as interim chair. A new search will start once the new Dean of the SOM has been selected.

The Dean of SOM search continues. Initially there were 63 applicants. The pool has been reduced to 6 candidates who have undergone initial interviews. The goal is to reduce the number to about 3-4 candidates for in-depth interviews. All are external candidates. The search committee will meet this week and select the 3-4 candidates who will be the finalists for the position. The anticipated selection of the final candidate will be at the end October.

Affiliated hospitals – The Dean provided an update on affiliates with the School of Medicine, including National Jewish, Denver Health, and VAMC.

Dean Krugman gave a powerpoint presentation on the **“Overview of SOM organization.”** The presentation reviewed the reporting relationships within the SOM. The organization consists of 9 elected Regents, President Bruce Benson, VP Health Affairs/EVC Lilly Marks, Chancellors (3) Elliman, Distefano, Shockley. The SOM Facts and Figures Book provides further details of 17 clinical departments and 6 basic science departments. Centers/Institutes have variable reporting relationships. SOM administration that report to the Dean include: Administration and Finance, Academic Affairs, Education and Clinical Affairs.

UPI was created by the Regents in 1982. It is a 501(c)(3) (IRS code), not-for-profit corporation. It serves the faculty of the SOM by providing management services organization. There is an operating agreement with the CU Board of Regents. Faculty membership is mandatory via member practice agreement for assignment of clinical income and delegation of billing/contracting. There will be new bylaws in the near

future. UPI does billing, collecting, compliance, commercial and third party contracting, health plan management, business development and investments. FY13 operating revenues are up and continue upward trend compared to previous years.

IV. Faculty Senator Orientation

Faculty Senate Secretary Rebecca Braverman, MD, gave a powerpoint presentation on the purpose and duties of Faculty Senators. Members of the Faculty Senate leadership were introduced and included: Dean of the SOM, Dr. Richard Krugman; Associate Dean for Faculty Affairs, Dr. Steven Lowenstein; Director of Faculty Affairs, Cheryl Welch; President, Dr. Jeffrey Druck; Past-President, Dr. Nichole Reisdorph; President-elect, Dr. Megan Dishop; and Secretary, Dr. Rebecca Braverman. Ongoing issues from the 2013-14 Senate session, including Faculty appointment survey analysis, Faculty professionalism and ethical treatment of Medical Students, were discussed.

V. AMC Faculty Assembly Bylaws

Dr. David Port, Chair, AMC Faculty Assembly provided a brief overview of the proposed changes to the Assembly bylaws. The Faculty Assembly represents all schools on the AMC including the SOM, School of Nursing, and School of Dentistry. Currently, the bylaws state that representative apportionment on Faculty Assembly shall be roughly proportionate to size of individual schools. However, the bylaws require changes to accommodate for the inclusion of School of Public Health in assembly. The changes will result in some reduction of SOM representation.

Dr. Lowenstein discussed that many important issues are brought to the Assembly and not the Faculty Senate. It is important for the SOM to have a voice in the Assembly.

President Druck suggested that, if anyone from the Senate was interested in being on the Assembly, they talk with one of the Senate officers. Unfortunately, SOM representation at meetings has been suboptimal.

A call for a vote for the approval of the changes to the AMC Faculty Assembly bylaws to reduce SOM representation from 11 to 10 representatives was commenced. The changes were approved unanimously, 36 in favor, none opposed, no abstentions.

VI. Reconsideration of the Apportionment of SOM Faculty Senators

President Druck reviewed the various proposals previously discussed by the Faculty Senate for the apportionment of Faculty Senators within the SOM. Twenty-five percent of Senators must be from Basic Science departments. There has been significant discussion of this topic in the past. Proposals discussed included Senator attendance as a factor in determining department representation. One formula discussed allowed for 1 senator per 40 department members with a cap of 7 senators. This formula was brought to 2 largest departments, namely Pediatrics and

Internal medicine, who did not object. Changes to reapportionment would take place in 2 years.

Discussion:

A Faculty Senator brought up the fact that proportion agreement shouldn't penalize past poor attendance.

Another Faculty Senator brought up that communication is the problem in large divisions. Some large divisions need representation.

Dr. Lowenstein stated that Senators need to be elected not appointed by Chairs.

A vote was proposed and seconded for Faculty Senator apportionment to be 1 representative per 40 department members with a cap of 7 per department. The Senate voted unanimously, 32 in favor, none opposed, and 1 abstention.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:45 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary

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

The meeting was commenced at 4:32 pm

I. Welcome

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

II. Approval of minutes from Sep 9, 2014 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments - Dean not Present

IV. Discussion Items

1. Office of professionalism update – Barry Rumack, MD

The primary goal of the Office of Professionalism is to help those that have been involved in an incident to return to being a valued and productive member of the SOM. The biggest shortcoming in promoting culture change may be the lack of timely feedback when lapses in professionalism occur. Efforts over the past 10 years led by Dr Steven Lowenstein began with the report “Enhancing Professionalism” in 2004. Privacy and confidentiality are ensured unless certain restrictions are present, i.e., potential harm to themselves/others. The Office initiates assessments upon meeting with a victim and collect information to understand all sides of the issue. Neutrality of the office is maintained during the investigation. The office makes recommendations for the resolution and provides remediation. Referrals are made to appropriate entities including: CPHP, psychiatry, remediation (Eva Aagaard MD). The office works with appropriate members of involved leadership such as Program Directors(PD), Program Coordinators (PC), Dean, Department Chairs among others.

87 cases of lapses of professionalism have been handled by the Office of Professionalism since March 2014. All validated cases are entered into a database.

The Ombuds Office provides a forum for prompt, impartial and confidential discussion for individuals to review options for informal resolutions of differences. Ombuds are not required to report sexual harassment and has no oversight body. Reporting consists of an annual statistical report to the Provost, and they do not do assessments or investigations.

Seven cases of inappropriate behavior were discussed. A review of Title IX as it applies to UC Denver was reviewed, which states “in order to establish a violation of campus rules within the scope of Title IX, the harassment must rise to the level that it limits or denies his or her ability to participate in or benefit from the education program.”

Conclusions:

1. Unprofessional acts are reported and managed with proportionate response.
2. Recent collaboration among many parts of the University and associated hospitals has resulted in a more unified approach to cases.
3. The last 6 months have been primarily reactive as cases come to the office of professionalism.
4. Proactive materials and interactive presentations are needed to raise awareness and provide methods for dealing with unprofessionalism.

Questions from Senators:

1. Are you surprised how busy the office is? Dr Rumack said he was not and that those at Vanderbilt have similar experiences.
2. Comments: no medical students have filed a complaint

2. Graduate Medical Education Annual Report – Carol Rumack MD

The University of Colorado SOM is the 27th largest institution in the US, the total number being 687 nationally. We train 76% of all residents and fellows in CO. There are 140 Program directors. The new system states that the next site visit will be in 10 years. The largest number of programs and residents are trained at CU SOM, followed by Exemplar and Denver Health. Fellows must enhance resident education – not compete with it and is the reason oversight is required. Program director turnover is low, but Program Coordinator turnover is higher. Enrollment – residencies and fellowship have remained relatively stable nationwide. 795 residency slots were lost over the past year nationwide. Primary care training is 30%, vs Specialty, which is 70%. Minorities remain poorly represented at the SOM. The Exit Survey completed in May by graduating Residents and Fellows. Only 6% would not recommend their training program, but overall satisfaction of training programs remains high. Nurses frequently report resident/fellow bad behavior.

Professional plans after graduation have not changed much over the last several years. Percentage of graduates staying in Colorado is declining over the past 5 years. Primary care graduates staying in Colorado is also declining. Graduates who report debt over 200k is increasing over the past several years.

2013-4 GMEC Actions – 2 new ACGME programs, 2 new non-ACGME programs. Three program site visits have occurred over the past year. Nine performance indicators for ACGME Program Performance were reviewed. Duty hour violations continue to be monitored. PD's are notified of violations and action plans to address them are required. IM and Peds frequently cited for work hour violations. Completion of "paperwork" a leading cause of duty hour violations. Overall, duty hour violations down by 23% across the institution.

CLER – Clinical Learning Environment Review site visit Aug 2014. Handoff of care is a major concern of CLER but is well addressed by EPIC. Protected time for handoff

and assessment of handoff important for patient safety. Poor handoff examples were the use of texting instead of in person communication.

Question by Dr Lowenstein: Can graduation survey questions be altered?
Dr Rumack's response: yes.

3. Curriculum Steering Committee report – Stuart Linas, MD

The Curriculum Steering Committee is a sub-committee of the Faculty Senate. It provides oversight of the curriculum and its evolution. It ensures the curriculum meets the goals and objectives set by SOM strategic plan and mission, competencies and program learning objectives derived from faculty knowledge and experience.

Process – ongoing review of program effectiveness data, annual continuous quality improvement plans for threads/courses/blocks/clerkships. Monitor new curricular elements/plans (Colleges, IPED, LIC at Denver Health, class size increase and CO Springs planning).

New Policies and Curriculum – moving towards competency based curriculum. SOM Competencies approved. MS/MD Bioengineering program approved. Approved First Course given to students during orientation.

CQI Action Plans – revamped evaluation processes during block evaluations. New benchmarks for blocks.

New Items – some complete and some in progress. Lecture attendance has declined from approx 80% of students to 40-50% of students. Issues with small group size are that they are larger than initially intended. Curriculum creep has resulted in increased hours of mandatory classes.

Program Effectiveness Data – Phase I and II report. Residency Program Director Survey report looks very favorable.

Task Forces/Ongoing work – Roadmap delineates where students learn about specific disease entities. Professionalism – students report high % of abuse. MCAT changes for admission.

Issues 2014-2015

Further work on curriculum management using curriculum map, class size increase challenges and branch campus in CO Springs.

Question by Dr Druck: Educational resources above the SOM, what's happening?
Answer: Dean is committed to addressing issues and financial support of increased class size, CO Springs branch and education in general.

Question/Comments by Dr Lowenstein: Any focus on inter-professional electives?
Dr. Lowenstein mentioned issues of scheduling amongst the different school members.

Answer: Dean is committed to pilot inter-professional electives to build teamwork which continues to evolve.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:39 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary

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

The meeting was commenced at 4:33 pm

I. Welcome

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

II. Approval of minutes from Oct 14, 2014 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments - See Dean's search.

IV. Discussion Items

1. Council of Faculty and Academic Societies Report – Drs. Pamela Peterson and Kevin Lillehei

The AAMC leads the academic medicine community to support education, research and patient care conducted by member institutions. It has grown to include 158 medical schools, nearly 400 teaching hospitals, and 90 academic societies. The University of Colorado SOM is an active member of the AAMC. The AAMC consists of 3 major councils: Council of Deans, Council of Teaching Hospitals and Council of Faculty (CFAS). The CU SOM has two member of CFAS, namely Drs. Pamela Peterson and Kevin Lillehei.

A Membership Survey was completed in October, 2013 and identified a list of top 10 immediate targets for action which include in part shifting emphasis from research to teaching and effects on promotion/tenure, changing roles of faculty due to health system aggregation trends and threats to sustainable research.

The Faculty Identity and Value Task Force is charged with developing CFAS programs and initiatives. Issues for possible action include: development of a definition of a Faculty Member in the light of expansion in academic health systems through acquisition of non-teaching clinicians, the mission of academic enterprise in the future, impact of assessing faculty productivity and faculty attrition. The group produced a *Statement of the Definition of Faculty* which is under internal review.

The Mission Alignment and Faculty Values Task force has a number of issues to address including: emerging classes of faculty, mentoring, balance between education and clinical responsibilities and career lifespan/maintaining value. Other miscellaneous issues to be addressed over the next year are the value of faculty as educators and value of educational product.

Future meetings of the AAMC are in November and spring CFAS meeting in March, 2015.

Associate Dean Lowenstein's comment: He feels that the AAMC is on track with the goals and needs of the SOM Faculty Affairs office and encouraged open and frequent communication.

2. Update on the Dean's Search – President Druck

Three finalists have been identified for the position of the SOM Dean/Vice Chancellor of Health Affairs. The final candidate's visit to the campus is scheduled for Nov 24-25, 2014. The CU Anschutz Faculty are invited to interact with the candidate during an open forum. The forum format will include a 20 minute candidate presentation followed by Q&A. The faculty forum will be held Nov 24 at 4-5:30 pm at the Nighthorse Campbell's Shore Family Forum. Information regarding the search is updated on a regular basis and can be found on the SOM Dean's web page at the following link:

<http://www.ucdenver.edu/acacemics/colleges/medicalschoo/administration/Pages/Dean%27s-Job-Description.aspx>

Dean Krugman's Comments: The Dean is hopeful that the selection process will be complete by March 2015.

3. President Druck requested Senators to submit nominations of clinicians for the UPI Board of Directors. Names should be submitted to President Druck by Nov 14, 2014.

4. Update on Completed Senate Business– Associate Dean Lowenstein

The At-will Task Force is having their final meeting this week. Some important changes to the SOM appointment rules are expected.

Past-President Nicole Reisdorph: commented that the appointment survey was very important in the development of rule changes.

Senator's question: Where's funding coming from?

Associate Dean Lowenstein: Indeterminate appointments cover the risk to a member's department if grant support is lost.

Speakers Bureau: Industry contracts for SOM speakers are reviewed by the Faculty Review Committee with a typical turn-around of approximately 3 days. Director, Faculty Affairs Cheryl Welch commented that approximately 80% of requests are approved. Past-President Nicole Reisdorph questioned if Faculty are aware of the rules for speaking contracts.

Student Mistreatment and Professionalism efforts are ongoing. Much time and effort has been put forth to date.

Discussion amongst senators about options for future communication of completed Senate business included distribution in an online newsletter, verbal communication with Faculty Senators at meetings and on the Senate website.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:20 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
Dec 9, 2014**

The meeting was commenced at 4:32 pm

I. Welcome

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

II. Approval of the minutes from Nov 11, 2014 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

Move of National Jewish programs to new St. Joe's is ongoing.

Searches – Dean's search is coming to a close and an announcement of the new Dean may be coming at the end of the month. However, an offer has not been officially made. The Anesthesia Chair Search Committee met recently with members of the Anesthesia Department to discuss their needs. There are roughly 70 applicants for the Anesthesia Chair position and about 30 viable candidates.

IV. Discussion Items

1. Update on Ebola Guideline Changes – presented by Dr Eric Poeschla, Professor of Medicine and Head, Division of Infectious Diseases. More people have died in this current Ebola epidemic than all other prior epidemics combined. Toll on healthcare workers in West Africa has been very high. 8 people contracted Ebola in West Africa and travelled to the USA. The mortality rate in current African outbreaks is approximately 75% and is in USA 20%. Poor prognostic indicators for survival are advancing age and higher viral load. The epidemic is expected to persist for a good portion of 2015. It is expected that there will be new waves and lulls in Africa with some importations into the US. Secondary transmissions in the US are unlikely if well prepared.

Main lessons learned by the CDC and everyone else:

1. Training and drilling are essential
2. Need for supervised PPE donning and doffing (buddy system)
3. Standard droplet precautions are not enough

How contagious is Ebola?

No risk of transmission from asymptomatic people. In current outbreak, most new cases are occurring among people have cared for sick relatives or prepared an infected body for burial. Risk increases with severity of illness (viral load). Corpses are very infectious. Bottom line, the critically ill (or newly dead) patient is the most likely to transmit Ebola due to their high viral load. No known aerosol or droplet nuclei transmission of Ebola.

The Colorado Department of Public Health and Environment (CDPHE) is monitoring for Ebola in Colorado. CDPHE monitors all individuals identified as having travelled to Sierra Leone, Guinea, Liberia and Mali. The CDPHE monitors these individuals whether or not they report contact with confirmed or suspected Ebola patients. The CDPHE will hand off monitoring to local departments.

University Policies (see Chancellor Elliman's Dec. 4 Communique) – 4 countries require travel appeal: Sierra Leone, Guinea, Liberia and Mali. Travel appeals require Provost and Chancellor approval when traveling on official University business. Students are unlikely to get approval for official travel. If faculty travel on their own, the University will not provide paid admin leave or worker's comp. Faculty will have to receive approval from their chair before taking vacation leave.

University policy regarding individuals returning from Sierra Leone, Guinea, Liberia and Mali requires 21 day ban from clinical care after return. 21 day hiatus is not only required for staff/faculty engaged in clinical care of Ebola patients, but also for any faculty traveling in risk countries for any reason. During the 21 days, faculty will be permitted into the hospital, labs, offices, but not allowed to see patients. The University is not planning to restrict returning faculty from regular job duties including classroom teaching and research. Salary may be affected by the 21 day hiatus and should be discussed prior to travel. There has been communication between the University and Children's regarding their Ebola policy. Children's has not made a decision on the 21 day ban. Both entities are likely to have changes in their policy as time progresses.

Senator question: What happens to University staff who treats an Ebola patient admitted to the University? Dr Poeschla 21 day ban would not apply.

Senator question: Will ECMO be done for Ebola patients? Dr Poeschla responded the answer is no but dialysis will be done.

President Druck question: Where are we on the diagnosis of Ebola? Dr Poeschla reports PCR test is sensitive and specific with a 24 hour turn around.

Dr Poeschla commented that he is confident that the tracking system will work well to monitor those individuals at risk.

Senator question: Is age a risk factor? Dr Poeschla - age is a risk factor, the higher the age and viral load, the higher the risk of mortality.

2. Update on At-Will Task Force – Past-President Nichole Reisdorph

At-will appointments have been discussed at numerous Faculty Senate meetings in the past by Associate Dean Lowenstein. At the SOM, there are 4 appointment types:

- Tenured
- Available only to CU employees
- Extraordinarily high standard for tenure

- Limited (1-year, 2-year, 3-year terms)
 - Notice required before ending appointment
 - Most common appointment type for SOM faculty
- Indeterminate
 - Continues indefinitely *contingent on funding*
- At-will
 - Can be ended at any time without notice or explanation
 - Not for illegal reasons
 - Mandatory only for non-tenure eligible faculty who are also not clinicians
 - Any faculty member whose duties are at least 50% devoted to direct patient care can hold a limited appointment --- *no matter what rank or faculty series*

Dean Krugman and Senate officers assembled the At-Will Task Force to examine the use of at-will appointments including their advantages and disadvantages.

Current trends – some departments within the SOM offer only at-will appointments for new hires.

The Faculty Appointment Survey conducted earlier this year. 681 SOM faculty responded. Interesting findings included: 1 in 4 people didn't know appointment type, nearly 40% were unaware of the 4 appointment types, and 44% did not review the specifics of their appointment upon being hired. In general, respondents had distaste for at-will appointments.

In response to the survey, the At-Will Task Force suggested changes to the SOM rules and made specific guidelines for departments to consider (see below).

For SOM RULES: *

• **Limited appointments** are for specified periods of time Instructors, and Senior Instructors AND ASSISTANT PROFESSORS will usually receive one year, RENEWABLE LIMITED appointments. ASSOCIATE AND FULL PROFESSORS WHO ARE NOT TENURED WILL USUALLY RECEIVE RENEWABLE LIMITED APPOINTMENTS OF 1, 2 OR 3 YEARS.

• THE DEAN'S OFFICE, IN COLLABORATION WITH THE FACULTY SENATE AND EXECUTIVE COMMITTEE, WILL DEVELOP SPECIFIC GUIDELINES FOR THE USE OF LIMITED, INDETERMINATE AND AT-WILL APPOINTMENTS.

**Legal context will be added --- that is, administrative titles and other situations where at-will appointments are required by law.*

SPECIFIC GUIDELINES*

As outlined in the Rules of the School of Medicine, Instructors, Senior Instructors and Assistant Professors will usually receive limited appointments of one year. Associate and full Professors who are not tenured will usually receive limited appointments of one, two or three years. Limited appointments may be renewed.

These additional guidelines were agreed to by the Executive Committee and the Faculty Senate [*state dates of approval*]:

- New faculty hires may hold limited, at-will or indeterminate appointments; newly hired faculty members who hold at-will appointments should be converted to limited appointments at the end of their first year of service.
- Faculty members whose salary is dependent solely or primarily on external grants or contracts, or where continued funding is uncertain, may hold indeterminate appointments for an indefinite period of time.
- Instructors and Senior Instructors holding advanced practice degrees (for example, Physician Assistants, Anesthesia Assistants and Advanced Practice Nurses) may hold limited, indeterminate or at-will appointments.
- Information about these appointment types, and these guidelines, shall be available to all new faculty members at the time of hire.

Discussion between Senators and Senate leadership was conducted regarding the SOM appointment rule changes proposed by the At-will Task Force.

President Druck made a motion to approve SOM rule changes and this motion was seconded. The vote to approve the rule changes were approved with 34 votes, 1 vote to appose, 0 abstain.

President Druck made a motion to approve specific guidelines and this motion was seconded. The motion was approved with only 1 apposed, 0 abstain.

3. President Druck deferred further discussion of future business until the next Senate meeting January 13, 2015.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:58 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
Jan 13, 2015**

The meeting was commenced at 4:32 pm

I. Welcome

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

II. Approval of the minutes from Dec 9, 2014 Faculty Senate meeting. A senator made a clarification that the minutes must reflect that the Research Professor Series must be at-will appointments. Subsequently, a motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

Status of searches and affiliations - John Reilly, MD, has accepted the position as the new Dean of the SOM and this appointment will be effective April 1, 2015. Dr Reilly requested a search for a Senior Associate Dean for Academic Affairs be commenced. The Anesthesia search committee met in December, has about 30 applicants and is going to schedule interviews soon. Dean Krugman will return to the Kempe Center and resume his study on child abuse upon the conclusion of his sabbatical.

Jim Shmerling, the former CEO of Children's Hospital Colorado, will now be the CEO of Children's Hospital Colorado Health System as of January 1, 2015. Jena Hausmann will be the interim CEO. A search firm for a new CEO will likely evolve over the next several months.

IV. Discussion Items

1. Student Life Steering Committee – A verbal presentation was given by Dr Robert Anderson. The Student Life Steering Committee (SLSC) bylaws were put to a vote for approval were unanimously approved.

2. Clinical Practice Series Update – Associate Dean Steven Lowenstein and Cheryl Welch

Associate Dean Steven Lowenstein gave a review of data from the Clinical Practice Series (CPS) from 2013-14. The CPS was designed for faculty members who focus on direct patient care. It rewards service to patients but does not require scholarship. Available ranks: Associate Professor of Clinical Practice and Professor of Clinical Practice.

In 2013-14, 171 total appointment, promotion and tenure dossiers were reviewed. 12 dossiers (7%) were reviewed for appointment or promotion in the CPS. Data were reviewed but potentially limited due to the small size. Eight departments utilized the CPS. A comparison between the CPS and the Clinician-Educators in Regular Series revealed a relatively equal distribution of men and women with a mean age of 51 yo in the CPS and 44 yo in the Regular Series.

Senator question – what are the ramifications of CPS?

Associate Dean Steven Lowenstein answer - Individuals have all of privileges of the Regular Series but are not tenure eligible and their title will have the word “clinical” incorporated in it.

3. Department Updates at Future Faculty Senate Meetings – President Jeffrey Druck gave a brief presentation on department updates to be given at future Faculty Senate meetings. Updates will be brief, about 10 minutes, be done by each department every 2-3 years, with 1-2 department updates per faculty senate session.

President Druck announced that President-Elect Meagan Dishop will be leaving the SOM. A special election will be held to elect a new President.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 4:57 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
Feb 10, 2015**

The meeting was commenced at 4:32 pm

I. Welcome

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

II. Approval of the minutes from Jan 13, 2015 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

Status of searches and affiliations - The Anesthesiology chair search committee has about 30 applicants and is going to schedule approximately 15 electronic interviews soon. They are hoping to have semifinalists by April 2015. Once the Chair of Anesthesia is selected, a search will be commenced for a Pediatric Anesthesiology Chair.

A search is underway to fill the late Dr. Chip Ridgway's vacancy as the Senior Associate Dean for Academic Affairs. CV's are being accepted.

An additional search for a UC Hospital or UC Health Chief Research Officer may be underway soon. The CEO search for Children's Hospital Colorado is set to get commence shortly and the hope is that it will be complete within 6 months.

Lynette Roff is stepping down as the Director of the VA Eastern Colorado Health Care System.

National Jewish update – they have affiliated with SCL Health system. There are no changes in faculty status of our physicians. National Jewish faculty do not refer to, or practice at, the AMC. In addition, National Jewish faculty are sending pediatric patients to Rocky Mountain Hospital for Children.

IV. Discussion Items

1. Immunology and Microbiology Department Update – John Cambier, Chair, Department of Immunology and Microbiology gave an update of his department. In June 2013, the University and National Jewish parted ways as plans to build a new National Jewish Hospital proceeded. In July 2013, faculty moved from National Jewish to the AMC campus RC1 building. Re-integration of the faculty resulted in the new Immunology and Microbiology Department. Current space allows for 3-4 new hires. Applications have been accepted, 8 interviews have been conducted but no new hires have been made. Eight additional interviews will occur over the next month. Joint recruitment efforts have been with Allergy/Immunology, Radiation/Oncology and the School of Public Health. Efforts to build relationships

with clinical departments aim to assist in the department to become more translational. They still need more laboratory space and are hoping for continued support from the SOM Dean.

2. Academy of Medical Educators Update – Eva Aagaard, Associate Dean for Educational Strategy; Director of Academy of Medical Educators and Center for Advancing Professional Excellence. The AME has been in existence for 5 years and is the home base for teachers and supports all educational programs and teachers at the CU SOM.

An impact report of the past 5 years was conducted to assess the impact the AME has had on the AMC. The AME has offered 250 Faculty Development sessions and 22 online modules to over 2000 persons. Most popular workshop is “Giving effective feedback”. The number of education programs has grown and include LEAP, iTeach, Teaching Scholars’ Program. Rymer grants have awarded nearly \$69, 000 to educational projects which has produced 15 new curricular or research resources, impacted 560 learners and resulted in 2 journal publications and 7 conference presentations. Clinical departments especially Medicine and Pediatrics by far represent the majority of participants and outnumber Basic Science participants. Additional achievements of the Teaching Scholars Program include 24 journal publications, 66 conference presentations, and 2 MedEdPortal products. AME is a symbol of institution’s commitment to education mission. Challenges – visibility on campus, many don’t know what the AME does. Time is another challenge as selected individuals are asked to serve.

Q & A – Dr. Aagaard answered various senator questions. She clarified that the Teaching Certificate program is about basic teaching skills in used in various settings such as the lab, classroom etc. The Teaching Scholars Program is a next step for those who want to take education as a larger part of their career. Workshops are applicable to all individuals on campus, including basic scientists, but this message has not gotten out. Discussion about how to engage basic scientists has been initiated and the AME is aware of the challenges basic scientists as educators face.

3. President-elect Megan Dishop – announced that she is leaving the CU SOM and that her position as Faculty Senate President – elect is open and nominations by Faculty Senators are encouraged.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:17 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
March 10, 2015**

The meeting was commenced at 4:34 pm

I. Welcome

Dr Jeffrey Druck, President of the Faculty Senate, called the meeting to order. He announced that this was Dean Krugman's last Faculty Senate meeting.

II. Approval of the minutes from Feb 10, 2015 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

Status of searches and affiliations - The Anesthesia search committee is close to making some announcements about candidates and is expected by April 1, 2015.

IV. Discussion Items

1. Retirement Investment Vendor Changes – Lisa Landis, Associate Vice President and CHRO, University of Colorado Employee Services. CU retirement vendor review was completed and TIAA-CREF was selected to be the sole service provider for CU retirement plans 401(a) and 403(b). There will be 3 tiers including: tier 1 Target Date Investment (Vanguard), tier 2 Core Investments (18 core funds) and tier 3 Self Directed Brokerage option. Tiers are not mutually exclusive. First paycheck to go to new investments will be July 31, 2015.

Lisa suggested individuals meet one on one for counseling with TIAA-CREF advisors. Additional information is available by calling TIAA-CREF at 800-842-2252 or visiting employee services website at www.cu.edu/nestegg.

Lisa answered Senator questions. One senator voiced concerns about mapping assets from former investment funds to new funds. TIAA-CREF is going to be paid via 7 basis points \$7 per \$10, 000 invested/year and TIAA-CREF fund expense ratios. 90 day fee waiver for brokerage window in August.

2. Pediatric Department Update – Bruce Landeck, Associate Professor, Department of Pediatrics, Section of Pediatric Cardiology. Faculty size has been increasing annually since 2008. Total full time faculty members 725 with 21 sections. Strengths include providing care at CHCO which is ranked # 6 nationally by US News and World Report. Faculty are very active in teaching SOM students. There are 5 different pediatric residencies and 29 intern-level positions offered annually. Resident Board pass rate is greater than 97%, half of graduating residents go into subspecialties, 25% primary care, 25% obtain positions such as hospitalists. Research at CHCO includes: 500 active research protocols, 60-80 new proposals per quarter, and 70 clinical trials managed by CHCO.

Department challenges include finances, faculty time, space and unfunded “academic” time. There is about \$11.9 million in unfunded time covered by Department or section. Communication remains a challenge between sections, community and with other departments. A self study of department done in 2014 by the SOM revealed challenges due to rapid growth, work environment pressures are building, mentorship needs improvement, synergy issues between CHCO and SOM, space and funding. An action plan response to the report will be given 3/11/15.

3. Overview of LCME Process and Update on Branch Campus – Robert Anderson, Sr. The LCME is the accrediting body for all US medical schools. The last LCME visit was in 2009 and usually occurs every 8 years. We received several citations at the last visit including medical student mistreatment and the financial status of the school. The next site visit is expected to be in late 2016 or early 2017. The SOM self study starts in May 2015.

Colorado Springs SOM Branch campus update – money has been committed for 40 years in order to establish the SOM Class size via the CO Springs Branch Campus. The first cohort of 24 third year students will go to CO Springs starting in 2016. There will be a longitudinal integrated curriculum and the majority of rotations will be centered at Memorial Hospital. Additional rotations will occur at Evans Army Hospital, Penrose, St Francis, and the VA Hospital. LCME requires equivalent curriculum. Just finalizing second cohort of medical students.

Robert Anderson’s responses to Senator questions:

Areas of vulnerability continue to be the financial status of the SOM and inadequate state support. There is a long history lack of state support of the SOM dating back to 1988. Diversity of the student body and faculty and student mistreatment remain a challenge, much work has been done and progress has been made. Mid-course feedback, direct observation of H & P’s and timely grading process are areas in need of improvement as well.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:20 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary

**Minutes Faculty Senate
University of Colorado School of Medicine
April 14, 2015**

I. Welcome

Dr. Rebecca Braverman, Secretary of the Faculty Senate, called the meeting to order.

II. Approval of the minutes from March 10, 2015 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

John J. Reilly, Jr., MD, the new Dean of the School of Medicine, was introduced to the Senate. Dean Reilly commented on the upcoming theatre shooting trial, which is set to begin on April 27th. Dean Reilly stated that while the trial is ongoing, the University will not have any official comments regarding the trial out of respect for the legal process. The trial is expected to last six months.

IV. Discussion Items

1. Department of Surgery Update – Dr. John Bealer, Associate Professor in the Department of Surgery, provided an update on the Department of Surgery. The department has 7 divisions, which all report to the Chair, Dr. Richard Schulick. The department services the four major hospitals, UCH, DHHA, VAMC, and CHC. The department has realized significant growth in the numbers of faculty in the department. In addition, the department trains over 100 residents each year. Of those residents, 8-12 become board-eligible surgeons, with the remainder going into other surgical disciplines. The residency program provides a robust research experience, between years 3 and 4, with the majority bench research. The program has a growing international experience, with 4-10 weeks experience in year 4. The elective rotations are in the 4th year, and they are tailored to the resident's needs. The Center for Surgical Innovation provides opportunities to use skill labs to foster the education process in surgical technique.

2. Campus Development Update – Michael Del Giudice and Neil Krauss updated the Senate on several development activities that are scheduled for this campus:

- **Campus Bookstore** - the Campus Bookstore will be relocated from Building 500 to the southwest corner of the 1st floor of Education 2 South. Construction is expected to be completed in September, with the Barnes and Noble Bookstore opening in mid-October. Student Life will then relocate to the former bookstore space.
- **Interdisciplinary Building** – Planning has begun for a new Interdisciplinary Building that will be located between the

Administration Office 1 Building and Research 1 South Building. The new 200,000-square-foot building, which is still in the planning stages, will house the Center for Biomedical Informatics and Personalized Medicine, a Simulation Center, a Data Center, and clinical affairs offices. The building planners are being made aware of concerns that construction could have an impact on sensitive laboratory equipment in Research 1 South.

- **Light Rail Shuttle Service** – Once the light-rail project is complete, a shuttle service will be made available that will meet all trains that arrive at the station and circulate continuously on a looping route through campus. The light-rail station is expected to open in 2016.

3. iLab Update- Tim Lockie provided information on iLab, which is a web-based system that was developed to manage the process of ordering services and billing. It integrates with Peoplesoft, and you can access it by logging in to Access Portal with University credentials. The advantage to the system is that it is an electronic interface to order from cores. It is anticipated that all 12 cores will be included later in the summer. In addition, there is enhanced financial control for cores, including advantageous billing. For the user, a nice calendar is included which allows you to look to see if an instrument is available. Additionally, there is instant visibility for the pricing structure. It complies with service center type rules with consistent charging.

Dr. Francisco Larosa, senator from the Department of Pathology, who is the faculty sponsor for campus religious organizations, appealed to the Dean to advocate for restoring the on-campus chapel to meet the religious prayer needs of employees and students. Additional funding needs to be secured to restore the chapel. Dean Reilly answered that he would look into the issue.

There was a motion to adjourn. The vote was unanimous to adjourn.

Respectfully submitted,

Cheryl Welch

Director of Faculty Affairs (for Rebecca Braverman, Faculty Senate Secretary)

**Minutes Faculty Senate
University of Colorado School of Medicine
May 12, 2015**

I. Welcome

Dr. Rebecca Braverman, Secretary of the Faculty Senate, called the meeting to order.

II. Approval of the minutes from April 14, 2015 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

Dean Reilly updated the Faculty Senate regarding the proposed Interdisciplinary Building 1, which is a new 200,000-square-foot building that is still in the planning stages and will house the Center for Biomedical Informatics and Personalized Medicine, a Simulation Center, a Data Center, and clinical affairs offices. Concerns have been raised regarding potential disruptions from the proposed new structure that will be built between Academic Office 1 and Research 1 South. A process has been agreed upon to quantitatively assess the impact of any possible construction on the technologies that are used in Research 1 South. While the building's planners are confident that there would be no disruption, it is a necessary step to assure researchers that their experiments and projects will not be affected.

IV. Discussion Items

Office of Professionalism – Dr. Barry Rumack provided an update of the Office of Professionalism. The Office has seen 164 cases to date. The new online reporting system is up and running, and they have received a handful of cases using that system. The cases are divided into three categories:

- (1) “Cup of Coffee” – single incident, no previous report, not egregious. 30% of all cases
- (2) “Espresso” – multiple incidents, not seriously egregious; dept Chair is contacted. 50% of all cases
- (3) “Carafe” – repetitive unprofessional acts failing interventions 1 and 2; Dean and other sr. admin staff may be informed, as well as chair. 20% of all cases.

Dr. Rumack added that cases that involve University Policy violations (e.g., sexual harassment, Title IX, violence, etc.) are referred immediately to appropriate individuals in HR, legal or risk management. Medical staff issues are referred to medical staff offices. And personal issues (e.g., depression, anxiety, etc.) are currently being handled in the Office of Professionalism for short-term crisis assistance. There have also been a decrease in CPHP referrals as all initial evaluations are being done in the Office of Professionalism, with those that are determined to be impaired being referred to CPHP.

There is now a single phone # and email to contact the Office of Professionalism: Professionalism@ucdenver.edu, and 303-724-4PRO (4-4PRO).

Council of Faculty and Academic Societies (CFAS) Report – Dr. Pamela Peterson, one of the SOM representatives to the CFAS, provided an updated on CFAS, which is one of three AAMC councils that was established in 2013 to represent the perspectives of academic medicine faculty to the AAMC. CFAS’s goal is to provide a broader representation of faculty in AAMC governance. Its mission is to identify issues facing faculty members.

CFAS has engaged a number of task forces, which focus on:

- (1) Advocacy
- (2) Basic Science
- (3) Faculty Resilience
- (4) Value of Faculty as Educators
- (5) Mission Alignment and Impact of Faculty Educators

Since 2014, CFAS has accomplished several milestones, including:

- (1) Focusing on faculty roles and expectations. A manuscript was published in *Academic Medicine*, which focusing on defining “faculty.”
- (2) Prioritizing the future of GME, including match risk and the shift to milestones and competencies.
- (3) Advocating for funding for NIH and biomedical research.
- (4) Providing guidance on trainee use of EHRs.

Dr. Peterson provided an overview of the Spring meeting, which included four plenary sessions, a “speed mentoring” session, and four networking functions. One of the featured spotlights during the Spring meeting focused on the future of education across the continuum, which addressed several important transformations impacting the medical education continuum, including integration of basic science education across all four years of medical school, evaluating the 4th year of medical school, competency-based education and essential professional activities, and extending the length of residency training. There was also a plenary talk on building faculty and resident resilience. Dr. Peterson can be contacted at Pamela.Peterson@ucdenver.edu for more information about CFAS, or ways to get involved.

Dr. Lowenstein added that faculty resilience is a critical issue that is currently being discussed in the School of Medicine, and plans are moving forward for the development of faculty resilience activities. It will be helpful to learn more about what CFAS is doing nationally with regard to faculty resilience, as it may help inform activities being planned in the School of Medicine.

Department of Ophthalmology Update – Dr. Rebecca Braverman provided an update on the Department of Ophthalmology, which included an update on the expansion of the UC Health Eye Center building expansion, which was a \$30 million

project, expanding its size from 48,000 to 135,000 square feet. More than two dozen new exam rooms were including in the expansion, with construction continuing on three new ORs in the surgical suite. Cameras that were installed in the ORs will project procedures in an auditorium on the first floor of the Eye Institute.

Highlights of the department's accomplishments include:

- Named national top ten clinical eye center by *Ophthalmology Times*;
- Doubled patient capacity by establishing four satellite clinics in Boulder, Cherry Creek, LoDo, and Park Meadows.
- Average patient satisfaction score of 93.74% (likely to recommend practice).
- Ophthalmology faculty have been named Anschutz Medical Campus Inventors of the Year in 2009, 2010, 2011, and 2013.
- Four patents have been issued and licensed by industry; eight biotech startup companies have been created.
- 65 invention disclosures/technologies have been filed; 38 provisional applications have been filed; >25 patent applications have been filed.

Dr. Braverman commented on the future for the department, which will include an Ocular Stem Cell and Gene Therapy Program which will offer new treatments for macular degeneration, as well as a Translational Research Program to promote faculty's patent protected devices and drug-delivery systems.

There was a motion to adjourn. The vote was unanimous to adjourn.

Respectfully submitted,
Cheryl Welch
Director of Faculty Affairs (for Rebecca Braverman, Faculty Senate Secretary)

**Minutes Faculty Senate
University of Colorado School of Medicine
June 9, 2015**

The meeting was commenced at 4:32 pm

I. Welcome

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

II. Approval of the minutes from May 12, 2015 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean's Comments

Status of searches and affiliations – Finalist for Chairman of the Anesthesia Department will be visiting the week of June 24, 2015.

New Senior Associate Dean of Academic Affairs to be announced soon.

Delegates from the SOM met with Rep Kauffman in DC regarding the state of Veterans Administration Hospital on the AMC.

Dean Reilly presided over his first SOM graduation.

IV. Steve Lowenstein MD offered thanks to Faculty Senate Officers

V. Discussion Items

1. Faculty Resilience Council – Jennifer Reese MD. Life events can result in burnout which is most commonly seen in FM, IM, and EM. Resilience is the capacity to respond to stress in a healthy way. There are other resilience programs around the US such as U of Virginia and Stanford. CU SOM Faculty Resilience Council recently formed and membership is steadily growing.

A network for resilience offerings is developing across the SOM campus. They will be building a peer-to-peer support program to provide a safe environment to share emotional impact of adverse events. It is separate from QI/M&M/therapy/remediation. The “Resilience Bundle” will provide resources, tools, workshops, lectures, and residency program curricula. There is overlap and coordination with Office of Professionalism, the office which is accountable for response, referral, remediation, and secondary prevention. In addition, there is on-going cooperation with CAPE regarding outcomes, research, and referrals.

Concepts:

Mindfulness involves attending to relevant aspects of the experience in a nonjudgmental manner.

Positive Psychology involves improving outcomes via “Three Good Things,” which can help with happiness scores as documented in multiple studies. *Heart math* biofeedback is a stress relieving tool and educates people on physiological effects of stress.

Upcoming changes: a survey of residency participation in resilience training will be sent out, and the Resilience website will be up in a month or so under Faculty Affairs.

Q & A – A Senator suggested that a centralized means to communicate workshops and dates be offered campus wide would be beneficial to individuals interested in participating in resilience training.

Dr. Reese clarified that Basic Scientists at the SOM are eligible, but SOM students are not.

2. Massive Open Online Courses (MOOCs) – Jay Lemery MD

Dr. Lemery provided information on Massive Open Online Courses (MOOCs), which are courses that are available on line with unlimited participation. Dr. Lemery provided an example of a MOOC entitled “Foundations of Global Health Responders,” which was developed through coursera.org. The course contextualized global health experiences, with the goal to keep health providers safe. The course was six weeks in length, with CU faculty and outside experts providing 29 10-minute lectures, Q&A sessions, and visual overlays. The discussion forums were described as “incredible” as participants from around the world conversed. The course attracted 2,531 participants from 136 countries, 28% from emerging economies. The feedback received was mixed, as they didn’t get as many participants as they had expected. However, it was believed that we are on the cusp of a new paradigm in higher education, and MOOCs may fit into that paradigm. There was discussion regarding whether MOOCs were a threat to traditional lecturers and teachers, and Dr. Lemery commented that they are a threat, and that we need to do a better job along those lines.

Q & A

Associate Dean for Faculty Affairs Steve Lowenstein MD - Is death of traditional SOM lecturer and teachers in Basic Sciences eminent?

A - It is threatened and we need to do a better job.

Senator John Cohen, MD, PhD, provided comments regarding the Mini Medical School online course, which is available through the Canvas network. This MOOC-like course here on the CU SOM converted the mini medical school to an online course, which uses very short courses (57 four-minute courses). Is not for profit, with no marketing.

Faculty Senate President Jeffrey Druck asked, Does Provost have a plan as to future MOOC's?

A – That is unknown.

Senator Curt Freed MD, How do tests get graded?

A - Corsera managed grading tests

Senator Michal Overbeck MD, What was the staff time commitment?

A – 1 hour a day to monitor chat rooms, but be aware that this is a very large time commitment.

3. Overview of Health Sciences Library Services – Melissa De Santis

Melissa De Santis provided an overview of the services that are available at the Health Sciences Library. She began by reviewing the [Health Science Library Website](#). Resources include links to articles, journals and the ability for patron suggestions for new items. Remote access to links available on the library's home page is possible using an employee ID number and last name. The library subscribes to over 35,000 journals. A professional literature search by a reference librarian is also available. Patrons can also consult with a librarian who will help with getting search service, which is free to faculty. The librarian can also come to an individual's office. The interlibrary loan service pilot project, which started July 1, 2015, will provide loan material for free to faculty. The interlibrary loan service is already free for students and residents. A biomedical search specialist was recently hired to help the data management plan and data repositories. A news blog is available to keep in touch with what's going on at the library. Patrons can also subscribe to the library newsletter. Access is available 24/7 to faculty, staff, students via ID at the front door. Lots of meeting rooms are available at the library, and groups can reserve a room online. The "Ask Us" feature is available to submit a question via email, text, phone or Facebook. Older library material items are available through a loan program. The Health Sciences Library recently contracted with CHCO to share access to resources. The library will pay for articles that are requested, with a 24- to 48-hour turnover for delivery of the articles.

Q & A

Senator question, Will library pay for articles?

A – Yes, and there is a 24- to 48-hour turnover.

4. Department of Emergency Medicine Update – Michael Overbeck MD

Dr. Overbeck provided an update on the Department of Emergency Medicine. The new ED space opened April 7, 2013. Since the opening, the clinical enterprise, acute episodic unscheduled care, emergent, urgent primary care safety net have been redefined. Important priorities must be data driven, accountable, set the standard

for emergency care, create/test a methodology for continuous process improvement, and maintain budget neutrality while increasing capacity. The patient is always the focus.

Evolution over the past 2 years

1. Eliminated Triage – “Left without being seen” metric has plummeted since eliminating triage and is now well below national average.
2. Implemented scribe system to accompany physician resulting in 10% increase in efficiency.
3. Clinical Decision Unit – data driven and evidence based treatment of “in between patients” in hours versus days.
4. Pathways – address how to evaluate and care for patients through evidence based algorithms. Examples cellulitis, CP, headache. Streamline process and reduce variability between providers.
5. Robust Case Review Process – each month cases are reviewed and involve all interested parties, i.e., OB, Surgery, ICU team.
6. Expansion across UCHHealth system .
7. Provider in Triage.
8. Clinical Decision Unit.
9. Uniform definitions of success.
10. Dashboard for metrics across the service line.
11. Improved flow at Memorial.

Sections

Toxicology – lead the department in educational offerings monthly.

Wilderness – trains nurses, MD’s in the field on how to meet medical needs in austere environments. Runs programs for undergrads for wilderness medicine course.

Ultrasound – point of care - US is part of ED MD daily routine. New technologies always coming forward. Raising competency of staff.

Focus – Smaller projects

Travel, Expedition and Altitude (TEAM) multidisciplinary clinic – counsel patients traveling to austere conditions.

Elderly Care in the ED – older patients require a unique approach via Multi-disciplinary team. New ED pathways have been developed to address and treat delirium.

Suicide prevention – hidden danger in ED population. Universal screening of all ED patients doubled ID of patients with suicidal intent.

High consumers – study done to clarify needs via regular home health screening visits via under-grad students and set up nursing line for patient questions. 8000 pts screened, 500 enrolled and decreased ED visit 20% and admission by 50 and \$2M charge reduction in 18 months.

World renowned residency in EM. Fellowships in wilderness medicine, US, EMS toxicology and admin/ops/quality.

Research

4 R01 level federally funded researchers, 5 K level federally funded researchers.

Next meeting is in September 2015.

The at-will appointments update was tabled until September, 2015.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:57 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary