

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

Sept 13, 2016
4:30pm – 5:35 p.m.

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

- I. Welcome :**
Faculty Senate President Rebecca Braverman, MD, called meeting to order.
- II.** Minutes from June 2016 meeting were not included but will be available shortly.
- III. Dean Reilly's Comments:**

Affiliate News

- 1- SOM is in discussions with UC Health and Children's Hospital about participating in clinically integrated networks that they are putting together.
- 2- UCH closed their financial year at the end of June with a healthy operating margin. In October funds will be transferred per academic support agreement after the release of audited financial statements. Funds are substantial but less than last year.
- 3- Children's Hospital groundbreaking in November 2016 of new hospital in Colorado Springs.
- 4- UCH is building a hospital in Highlands Ranch. SOM is working with UCH on staffing plan for the facility.
- 5- Denver Health (DH):
 - DH identified Edward Havranek, MD, Professor of Medicine, as its new Chief of Service for Medicine. Dr. Havranek has been the acting Chief of Service and their cardiologist and has been faculty for many years and. Dr. Havranek has interest in health services research.
 - Mitchell Jay Cohen, MD, new director of surgery at Denver Health the hospital and professor in the School's Department of Surgery arrived on Aug 15 from the University of California San Francisco.

Search updates

- 1- *Denver Health:*
1st meeting of the search committee looking for a CEO to succeed Dr. Arthur Gonzalez has occurred. Dr. Bill Burman, director of Denver Health, is serving as interim CEO while search is going on for a permanent successor.

2- *National Jewish Health (NJH)*

NJH identified a new chief of Pediatrics, Pamela Zeitlin, MD, PhD, a pediatric pulmonologist from Johns Hopkins University with interest in Cystic Fibrosis that starts on Dec 1st, 2016. Her Husband is a pediatric anesthesiologist and he is meeting with people in search professional opportunities on AMC campus.

3- *Chair Searches:*

- Anschutz Health and Wellness Center
- Physical Medicine and Rehabilitation
- Immunology and Microbiology
- Psychiatry

Alison Heru, MD, was named interim chair of the Dept. of Psychiatry while the SOM conducts a search for a successor. All search committees are constituted and started their work. It is anticipated that in a month some candidates will start their interviews for each of these positions.

Faculty Climate Survey

Aggregate data from survey showed substantial variability in responses between departments. Some department chairs have already met with their faculty and shared specific data while others are examining the best way to do this.

The purpose of the survey was:

- Understanding current strength and weaknesses
- Development of set plans to identify areas that need improvement
- Implementations of plans
- Repeat survey to see if progress was made where problems were identified.

Positive responses:

Survey had 1,175 respondents which correspond to 40% of faculty. Overall positive picture of the environment emerged while some areas of improvement were identified. Most faculty feel good working at SOM. Example 78% of respondents agreed or strongly agreed that their chair is making an effort to create a collegial and collaborative environment. This was not shared across departments.

Substantial progress to improve mistreatment on campus was made. Rates of mistreatment are considerably lower than historical rates but still more work needs to be done.

Progress on inclusion and advancement of women's careers was made but still more work needs to be done. We are around the national average in proportion of women full professor.

Limitations and remediation:

- 1- -Did not ask for gender. It is not possible to differentiate what the women think about the atmosphere of employment vs. the men. The Dean noted that we need to provide a more extensive list of gender identity options. This will be rectified in the next survey.

- 2- In big departments, faculty feel disconnected from their chairs in terms of meaningful and individual feedback. Therefore, in some departments and divisions annual review needs to be a more meaningful exercise.

- 3- Substantial anxiety about a perceived lack of knowledge about promotion and tenure process at the University
Dean noted that we will need to educate faculty on the process while making sure that part of the annual performance review includes a discussion where faculty are on the trajectory towards promotion and career advancement.

Future directions:

Next survey will have enough similarity to the present survey to enable data comparison while correcting the limitations of the current survey. It will be administered after an appropriate interval of time. A period of 20-24 months after initial survey may be required to target culture and climate before the second survey and allow department chairs to address the identified issues.

Questions/Comments

In response to a question from a senator, the dean mentioned that as a group the basic scientists were happier than clinicians. This may be due to the nature of the work or the fact that basic science departments are smaller, fostering closer relationships with colleagues. Summary of comments were shared with department chairs to preserve anonymity. The main anxiety of basic science departments is around institutional support since hard money is limited ~1.8% of the budget so there is not much to go around. There are no differences in intramural fund distributions between clinical and basic science faculty. For research intensive faculty, more than 60% of salary comes from intramural sources and ~ 35-39% from extramural grants.

The department of family medicine has assigned Jodi Holtrop, a faculty senator with interest in large qualitative research studies to look into the stress that faculty feel in their work environment based on the climate survey. She is currently gathering data by interviewing each faculty of the department.

As a response, the dean proposed a rewording of the question in the next survey from "Is your job stressful?" to "Is your job more stressful than it should be?" The dean made an important distinction between inherent stresses from the chosen occupation to that attributable to the dysfunction of the work environment.

IV- Faculty Senate Orientation by the President Rebecca Braverman

President Rebecca Braverman provided an orientation and an overview of faculty senator responsibilities.

FS supports the mission of the SOM to ensure fair and consistent treatment of the faculty according to the Rules of the SOM. In the past, FS made important decisions including the curriculum for medical students, faculty professionalism policies and faculty evaluation processes.

Governance structure within the SOM:

- Executive Committee
- Dean of the SOM
- Faculty Senate

Senators are elected by their departments for a period of 2 years and the number of senators per department depends on its size. FS meets from September to June the 2nd Tuesdays from 4:30 to ~ 6 pm of each month. The responsibility of senators is to represent their department, participate in discussions and relay pertinent information back to their department.

Leadership is made of:

- Dean of the School of Medicine John J. Reilly MD
- Associate Dean for Faculty Affairs Steven Lowenstein, MD, MPH
- Director of Faculty Affairs Cheryl Welch

Officers for 2016-2017 are:

- Past-president Jennifer K. Richer, PhD not present at the time
- President Rebecca S. Braverman, MD
- President elect Kathleen Torkko, PhD
- Secretary Tamara Terzian, PhD

Dr. Lowenstein explained that FS is a faculty governance body and that the leadership staff the senate and are not voting members.

To check what was discussed in the last several years, please visit:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Governance/Pages/FacultySenate.aspx>

V- Campus update by Neil Krauss- Director of Inclusion and Outreach in the Chancellor's office

Light rail

Light rail will start by December 31st. Campus Shuttle will pick up at the northern stop at Fitzsimons Pkwy and drive through campus. Agreement was reached with both hospitals and VA for a start on Jan 1st with a 1st stop at 17th place and then 17th Ave with a drop off behind Children's hospital just north of the CHCO. It will go between the Research buildings and UCH then to the Health and Wellness Center

and across Montview. Whole loop will take ~ 9min, see map and RTD travel times (attachment) for various stops. For instance, Lincoln Ave. to Fitzsimons shuttle stop will take 45 min and to Downtown to Fitzsimons stop will take 30 min. University will offer Ecopass at a considerable discount \$25/month which normally costs \$144/month. Ecopass will cover all zones.

Questions/Comments:

The light rail will run on the traditional copper not electric therefore fewer troubles are anticipated than with the airport line. To go to the airport we will need to change trains at the Peoria/Smith Road stop.

Parking lot north of RC2:

The parking was designed for 190 spots. Initial soil testing was Ok but a big heating vault built in 1940-1950 was found after further digging. This vault was left from the Army and is made with asbestos. Expensive to remediate and Colorado Department of Public Health and Environment needs to approve the necessary steps needed for cleanup. Therefore the project is currently on hold but once work restarts, it will take 4 weeks to finish.

Block Party

From 11-2 pm, the block party tomorrow will feature a good a cappella group from CU Denver and the band "Pandas and People". They have been recently voted as "Best Folk Band in Colorado" by *Westword Magazine*.

Hotel

FRA Board of directors will be selecting a developer to build an Element hotel, which is Westin type hotel, by 2018 in between UPI and Cedar Pub.

Community Campus Partnership

Several SOM faculty and staff are involved in the Community Campus partnership, which is part of the Department of Family Medicine. One of the main projects is "learn local" where our students will be able to do service learning in Aurora Public Schools and bring students from Aurora Public Schools into the campus to learn about health sciences. Neil will be looking for faculty and staff that are able to offer shadowing opportunities and work with various community organizations.

Homeless shelter

City of Aurora has announced that it would like to transform the former police training facility on the south side of Montview into a homeless day shelter. It will offer assistance to homeless people that stay at Comitis, which is the city's largest homeless shelter. Initial plans have been approved but the city of Aurora will need to fund the rehabilitation of several buildings before opening. Neil will join a committee on behalf of the Chancellor to become involved in this process. City of Aurora asked the campus for input on perspectives about working in the city that is called "Aurora Places workshop".

Interdisciplinary building

The IB will be built in between AOC and RC1S. It is at the top of the list for state funding. Building has tentatively been named the “Interdisciplinary building”. University is asking the state for \$46 million dollars while setting aside funds and trying to fund-raise for the rest.

Questions/Comments:

What is the plan for the golf course? The University would like to house future buildings on this property. However, the U.S. Army holds a lien on the property because of costly asbestos mitigation. University would like to purchase 25 acres from FRA for future development. University leadership is working on a settlement with Army and Congressional leadership.

VI- Admissions Update by Nichole Zehnder, MD, Assistant Dean for Admissions

A record number of applications (7,324) were received by the medical school admission office despite the introduction of a new MCAT and an earlier application deadline. Applicants competed for 184 spots in the Class of 2020 and the interviewing committee spent more than 1,000 hours meeting with hundreds of applicants.

Dr. Zehnder outlined the details of the incoming class of MD students. The majority of the incoming students were from the state of Colorado (73%) with an average GPA of 3.7. The age at acceptance was of 24 years old, down from 27 in the past year (Figure 1). The incoming students were almost equally divided between men and women (49% female, 51% male) and 29% were from backgrounds underrepresented in medicine including 11% from rural background (Figure 2).

Accepted Applicants	From:
➤ 73% In State	Baylor University
➤ 27% Out of State	Duke University
➤ 49% Female and 51% Male	Rochester Institute of Technology
➤ Median GPA 3.7	Brigham Young University
➤ Median MCAT 32/511	Brown University
➤ 10 MSTP Students	Stanford University
➤ 174 MD Students	Williams College
	Ft Lewis College
	Smith University
	Johns Hopkins University
	Colorado School of Mines
	University of Northern Colorado
	University of Colorado
	Colorado State University

Figure 2

29% Underrepresented in Medicine (URiM)

- 23 Hispanic, 9 Vietnamese, 1 Native Hawaiian/Alaska Native, 9 Black/AA, 11 American Indian/Native American
- 11% Rural
- 21% 1st Generation College
- 36% Low SES/Disadvantaged
- Average Age = 24

Efforts for policy updates and processing have been employed as well as website updates.

Dr. Zehnder announced that President Benson agreed to continue his office's support for School of Medicine scholarships for another year, pledging \$2.5 million for the upcoming year which is \$1 million more than what was received last academic year.

Questions/Comments:

Students mainly make a decision to join a particular school over another based on their finances but also geography particularly for students with personal ties to a region.

Are students with disability included in the analysis? This information is only asked after acceptance.

Meeting adjourned 5:35 pm by President Rebecca Braveman.

Respectfully submitted,

Tamara Terzian, PhD
Secretary, Faculty Senate.

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
Oct 11, 2016
4:30pm – 5:17 p.m.

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

I. Welcome :

Faculty Senate President Rebecca Braverman, MD, called the meeting to order.

II. Dean Reilly's Comments: Status

of searches and affiliations

Searches:

Three search committees were constituted for the three open or soon to be open department Chair positions. The committees started putting together the list of candidates to invite for interviews. The three openings are in:

- Psychiatry Dept.
- Physical Medicine and Rehabilitation Dept.
- Immunology and Microbiology Dept.

Affiliations:

Denver Health:

The DH search committee is looking for a permanent CEO. Dr. Bill Burman, director of Denver Health, is serving as interim CEO while the search is going on for a permanent successor.

VA update:

Construction of new facility on track to be done by Jan 2018 and VA leadership anticipate opening and relocating the inpatient services 3-4 months later by late May.

III- Approval of Minutes from September 13, 2016, meeting

Faculty Senate President Dr. Rebecca Braverman made a motion to approve the minutes. Minutes were approved as presented.

IV- Emergency Department Updates by Dr. Bonnie Kaplan:

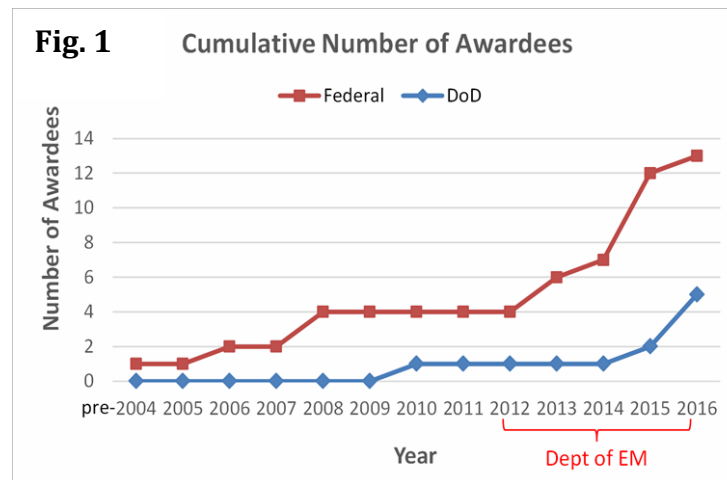
Bonnie Kaplan, MD, assistant professor of Emergency Medicine and associate program director of the Denver Health Emergency Medicine Residency, presented

an update and an overview of the Department of Emergency Medicine An amazing growth in recent years with 95 academic faculty that include 12 Professors, 23 Associate Professors, 40 Assistant Professors, 16 Instructors/Sr. Instructors.

Mission: To provide international leadership in emergency medicine through exemplary patient care, research, education, and innovation

Fast-growing research program (Fig. 1):

- 245% ↑ grant dollars 2016
- AMC (not DH): \$2.6 million
- 17 PI's, 13 federally-funded investigators, 5 DoD-funded



Leadership:

- Chair Richard Zane, MD
- Executive Vice Chair: Jennifer Wiler, MD, MBA
- (Interim) Director of Service DH: Eric Lavonas, MD
- Vice Chair for Academic Affairs: Anne Libby, PhD
- Vice Chair for Research: Adit Ginde, MD, MPH

Accomplishments:

The department has made significant commitments for faculty mentoring and development by:

- offering mentored research program for pre K and K to R submissions
- establishing affinity groups that facilitate departmental integration, collaboration, mentoring and innovation
- establishing the CARE Innovation Center for industry partnerships.

Initiatives:

The department has initiated strategies such as the Innovate EmergENCy Care Clinical Trials Network (SIREN), a U24 proposal and a search for a Director of Service at Denver Health. There have been some major clinical changes such as the integration of the Adult Urgent Care with Emergency Medicine at Denver Health and a joint venture with ED JV Adeptus Health to work in the community.

Challenges:

The department is designing strategies to overcome challenges they face such as EMTALA + Medicaid expansion. There are also major financial investments to support the growth in faculty at multiple clinical sites and the 6 K awardees that are now making K to R transition

V- Update on GME by Dr. Carol Rumack

Carol Rumack, MD, associate dean for graduate medical education, gave the 2015-16 annual institutional report to the Faculty Senate., the School of Medicine’s Graduate Medical Education (GME) program is the 19th largest in the country out of 792 institutions based on the number of residents. We oversee the training of 76 % of total residents and fellows in Colorado and provide support for 182 training programs (the majority are accredited), 140 Program Directors, and ~ 1,500 core faculty. Our Institutional Continued Accreditation of 2016 had no citations and the expected Self-Study date is October, 2025.

In terms enrollment, there is a stable trend of 30% primary vs 70 % for specialty care (Fig. 2).

Fig. 2

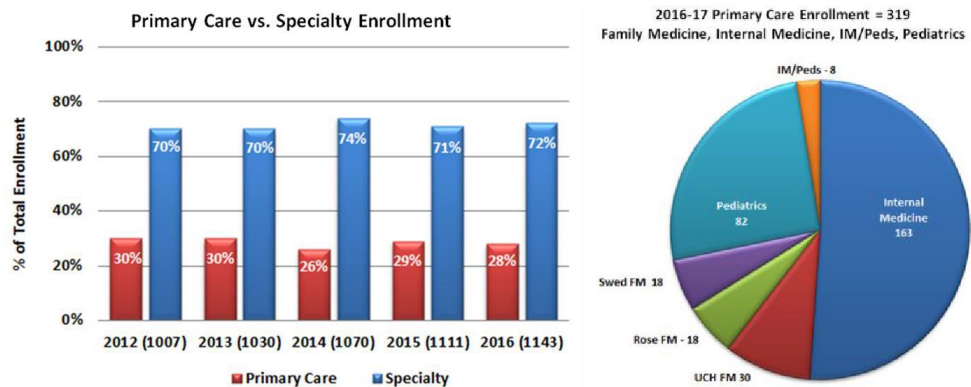
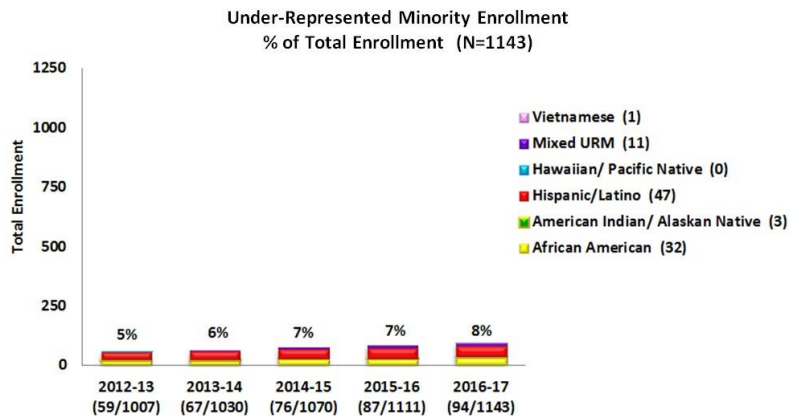


Fig. 3



The enrollment of underrepresented minorities remains low ~ 7-8% (Fig. 3) and more needs to be done to increase these numbers. With the help of a new

associate dean of diversity, we aim to design strategies to increase diversity in residency programs.

The 2016 Graduate Satisfaction survey found that overall satisfaction with the training program remains high (96 %; **Fig. 4**) and that 63 percent of graduates in primary care plan to stay in Colorado with most in the Denver metro area (**Fig. 5**). We now have a rural track that offers rural rotations supported by the state and as part of university programs to encourage primary care graduates not just to stay in Denver but also to practice in rural areas. While 49% of specialty graduates plan to stay in Colorado with 57% in the Denver metro area (**Fig. 6**).

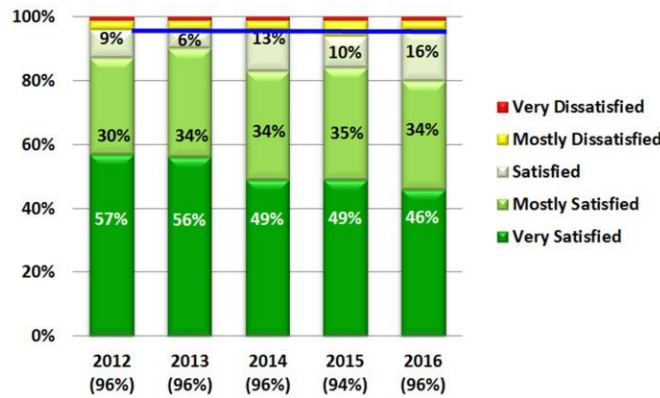


Fig. 4- GME Graduate Survey Overall Satisfaction with Training Program

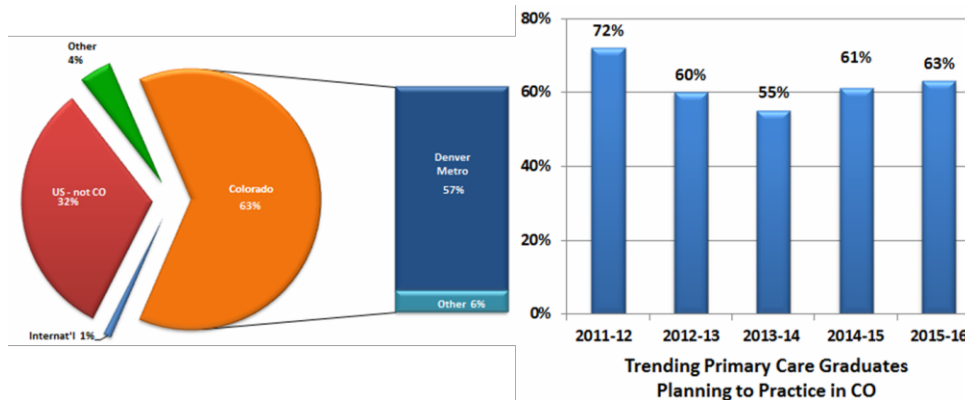


Fig. 5- 2016 Primary Care (93/337) practice locations after graduation

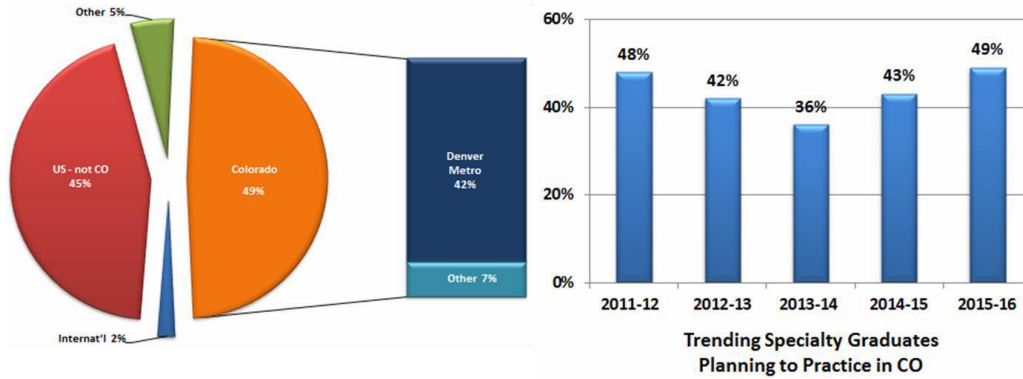


Fig. 6- 2016 Specialties (244/337) practice locations after graduation

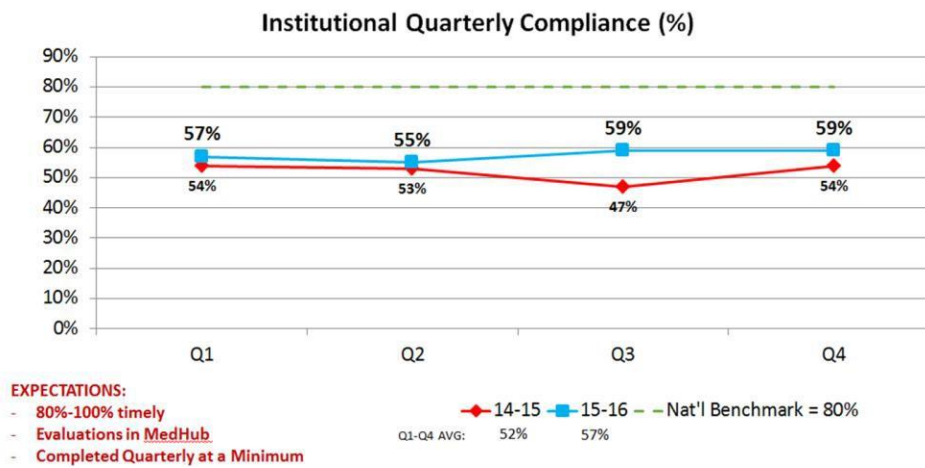


Fig. 7- Faculty evaluations of residents within 2 weeks following each rotation is required by ACGME and shows that we are not very high compared to national compliance that is around 80%.

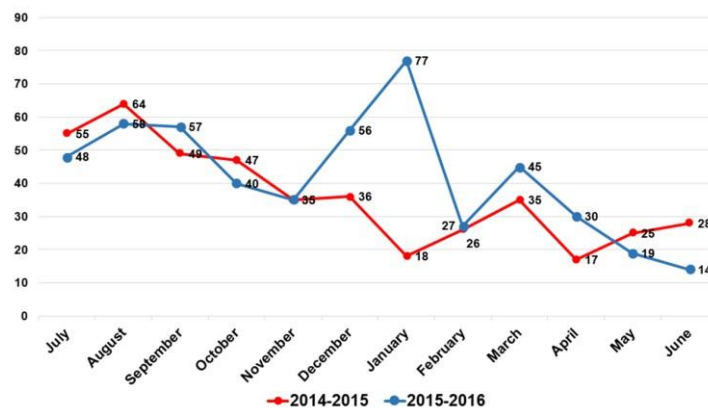


Fig. 8- Duty hour violations, a 2 year comparison for all residents at all sites. Data shows that December to January are the highest in violations.

As initiatives we offer intern and resident orientation that include experiential learning in the following QI/PS categories:

- practiced safety event reporting
- focused learning regarding safe and effective patient hand-offs
- professionalism interactive lectures by behavior/legal experts

Areas for improvement include enhancing nurse/resident communications, timely evaluations of residents, continued monitoring and assessing duty hour violations and increasing diversity.

VI- Update of CME report by Brenda A. Bucklin, MD

Brenda Bucklin, Professor of Anesthesiology and Associate Dean for CME presented an update on the CME and on the importance and value of CME for the SOM. Dr. Bucklin emphasized the importance of lifelong learning in today's rapidly changing healthcare system and the challenge to deliver a quality program and the best evidence in these programs for practitioners. CME adds value to the SOM and functions as a strategic asset for the SOM. CME addresses every medical specialty and covers the full range of topics crucial to health care improvement.

Mission is to link practice with CME and identify health care quality gaps in order to provide information to practitioners. CME supports maintenance of certification and of licensure, fosters collaboration in quality improvement and promotes interdisciplinary team practice. Our advisory committee includes nurses, pharmacists and other practitioners. To be in compliance with the accrediting body we assure independence from commercial interests by making sure that our course directors do not have commercial interests.

Opportunities provided and priorities:

Courses and Workshops:

CME offers live courses (e.g., symposia, workshops and conferences), regularly scheduled series (RSS) and enduring material (**Fig. 9**).

In 2015, we reached >20,000 MD/DO and other learners and certified 2,451 hours of instruction for AMA PRA Category 1 Credit™



Fig. 9- Example of a CME offered course. CME designs and executes this course. Dean Reilly will open this session offered on Oct 31.

The 63rd Fall Family Medicine Review provides 5-day continuing medical education on recent developments in patient management for primary care physicians, physician Assistants, advanced practice nurses, and residents. The Family Medicine Review is presented by 40 expert faculty members of the UCD Colorado SOM in a format of lectures and interactive workshops. This year registration increased by 40% over last years (**Fig. 10**).

Some of the results from recent survey conducted with ~ 86/198 respondents:

Overall rating of the educational activity... Likelihood of changing practice...

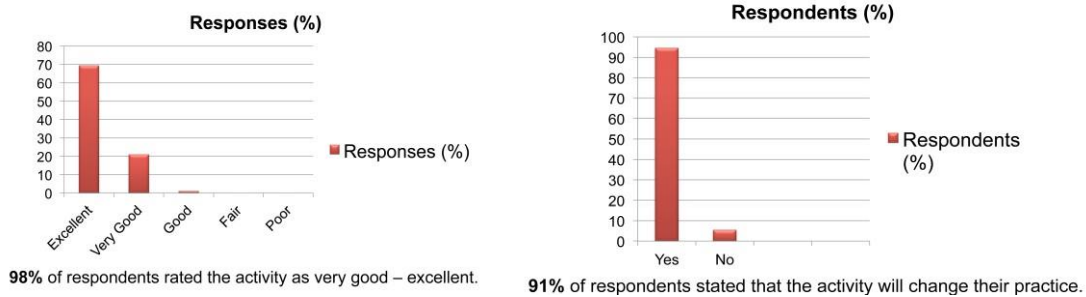


Fig 10. The survey is designed to look at physicians need when they have time-limited certificates to evaluate staffing requirements.

Outreach:

The School of Medicine’s Colorado Springs Branch welcomed its first group of 24 medical students to pursue their third year of education and training through the branch. These medical students will participate in an integrated clerkship model that gives them a patient-centered view of the health care system. Not many of the practitioners of this branch have experienced medical school teaching in recent times. Therefore, our office in conjunction with the associate and assistant Dean of University of Colorado Springs provided CME credit to more than 200 preceptors for faculty development so they can improve their teaching of medical students.

Other CME credit offered:

- CME credit for outreach education opportunities, internal performance improvement, certification of EPIC training
- CME credit for E&M modules that support medical billing for reimbursement.

Learning from Teaching:

Physicians with volunteer faculty appointments at SOM who are willing to teach medical students can claim CME credit for a variety of learning/teaching interactions. "Learning from Teaching" was developed to award AMA PRA Category 1 Credit™ for learning activities related to teaching medical students and residents. The credit recognizes the learning that occurs as physicians prepare to teach, but

the credit is based on the time spent using what they learned in preparation to teach. This is a great opportunity for volunteer faculty to earn CME credit while mentoring medical students.

Maintenance of Certification Portfolio approval program (MOCPAP)

Since opening in April, 2013, MOCPAP has approved 92 projects and awarded MOC Part IV credit to 253 physicians at CHCO and UCH. Program also available for DHMC, VAMC and clinical (volunteer) faculty. CU SOM ranked fifth in the nation for Physician Completion submissions and third among the academic institutions and survey demonstrate high satisfaction rate (**Fig. 11**).

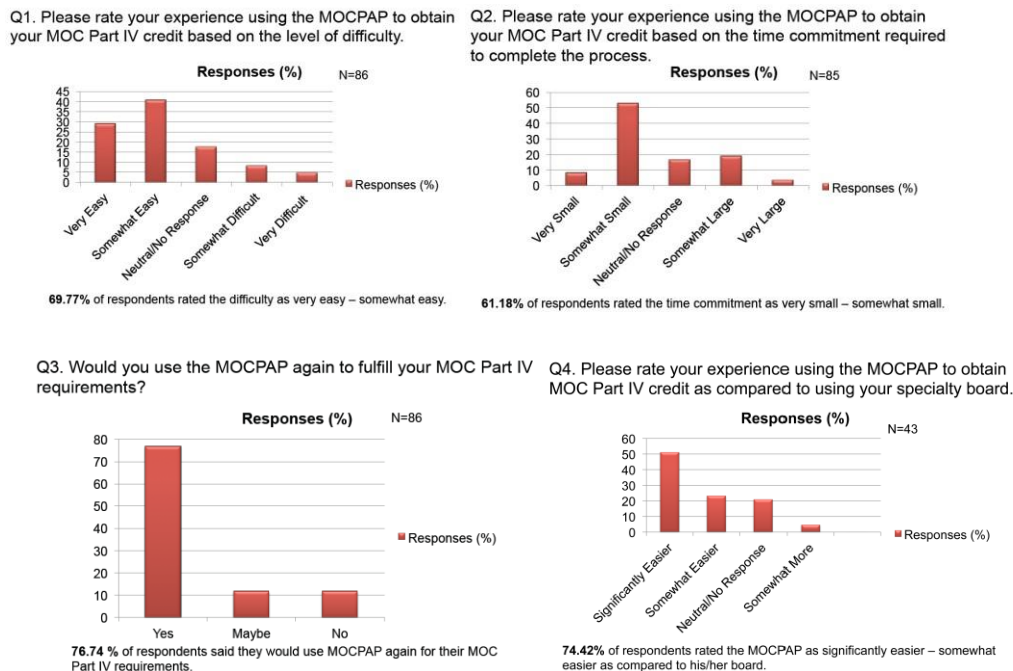


Fig 11. Satisfaction survey of MOCPAP

VII- Steve Lowenstein about health related ballot initiatives

Four health care related legislative issues are currently on the ballot:

- Amendment 69 known as ColoradoCare seeks a Statewide Health care System
- Amendment 70 which seeks to raise Colorado’s minimum wage to \$12 an hour, in steps, by 2020
- Amendment 72 increases Cigarette and Tobacco Taxes
- Proposition 106 (the Colorado End-of-Life Options Act) that authorizes access to Medical Aid-in Dying medication

Information regarding these ballot initiatives is covered in the Colorado blue book.

Dr. Lowenstein encouraged FS to share with colleagues from their department that, as part of a public institution, faculty and CU employees are prohibited from using their work time or university resources for election-related activities. The Fair Campaign Practices Act generally prohibits public entities, including institutions of higher education, from expending any public money from any source for contributions to a campaign for elected office, or to urge electors to vote in favor or against any ballot issue or referred measure.

Under the act, any person can complain to the secretary of state that a public entity or public employee has violated the law. The secretary of state may investigate any complaint and may impose monetary fines.

Therefore, faculty may not:

- engage in any activity during working hours designed to urge electors to vote for or against any campaign issues
- use office supplies or equipment, including computers, telephones, printers to create materials urging electors to vote for or against a campaign issue.
- use their university e-mail accounts, even if using personal time, to urge electors to vote for or against a campaign issue, or to forward materials that urge electors to vote for or against a campaign issue.
- use university web sites to urge electors to vote for or against a campaign issue.
- Faculty members should avoid the appearance of impropriety by clarifying that such activities are being conducted on personal time and not as a representative of the university.

Questions from senators:

Is it allowed to use or wear campaign paraphernalia items that demonstrate advocacy i.e. pins?

While there are no rules against it, Dr. Lowenstein recommends avoiding the appearance of advocating for any candidate on university grounds.

How to deal with media questions?

To answer questions from the media, faculty need to be clear that their answer represent their own personal views and that their position are not shared by the university administration.

Meeting adjourned 5:17 pm by President Rebecca Braverman.

Respectfully submitted,

Tamara Terzian, PhD
Secretary, Faculty Senate.

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
November 11, 2016
4:30pm – 4:55 p.m.

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

I. Welcome :

Faculty Senate President Rebecca Braverman, MD, called the meeting to order.

II. Approval of Minutes from Oct 11, 2016, meeting

Faculty Senate President Dr. Rebecca Braverman made a motion to approve the minutes. Minutes were approved as presented.

III. Curriculum Steering Committee - Dr. Robert Anderson

Dr. Robert Anderson provided information regarding the SOM Curriculum Steering Committee (CSC).

To comply with the accrediting body, the Liaison Committee on Medical Education (LCME), there is a need for effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for elected faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate. This would be accomplished, in part, by increasing the number of elected faculty senators serving on key SOM committee. The key educational committee for our school is the CSC. They meet once a month for an hour and a half to two hours and they review all aspects of the curriculum. There are 3 committees that report to CSC:

- 1- Committee that oversees the essential core basic science, the first 18 months
- 2- Committee that oversees clinical core, the next 18 months
- 3- Committee that oversees all the elements of the curriculum longitudinally

CSC has 25 voting members including 4 elected students, 2 basic science faculty, 2 clinical faculty and one member from the community. Only one elected faculty is currently on the committee. Therefore, Dr. Anderson proposes to increase the number of elected faculty on CSC to be compliant with LCME requirements. A package will be submitted to LCME on December 1st.

Summary of changes the senate will vote on:

- Increase number of positions of faculty senators on CSC from one to two
- Two new positions from volunteers from the Academy of Medical Educators to be voted on by the senate
- For current existing 5 positions (2 basic science, 2 clinical, 1 community), these positions will become elected with nominations to and vote by the Senate

Therefore, the number of elected faculty positions will increase from 1 to 9 (2 from AME, 2 from Senate, 5 from SOM faculty).

Effect of changes:

- Increase in size of the Curriculum Steering Committee by 3 positions
- Faculty Senate will vote on nominations to serve on CSC

Faculty senators unanimously supported the proposed changes by Dr. Anderson. These modifications will provide direct faculty participation in educational matters. While CSC has already faculty representatives, the LCME is looking for elected membership, a goal that will be fulfilled by this vote. All committee meetings are on our calendar and we encourage faculty participation.

Questions from senators:

- 1- What are the Pros?
This represents a great opportunity for faculty wanting to get involved in education to serve on the committee and have a role in the educational process.
- 2- What is the term? Term is 3years
- 3- Why increase senate position from one to two?
CSC reports to FS with a short annual report. In the past, there was not too much of oversight from FS. This proposal will make the interaction with FS meaningful. Committee would like to have faculty experienced/interested in education to serve such as AME members.
- 4- Would the elected faculty be voting members of CSC?
Yes, but non-voting members can also participate and give input.

Dr. Lowenstein stated that the SOM will change the rules that describe CSC. The rules are silent how the 5 faculty are selected. The current vote will give a structure to meet our mandate.

FS President recommended if interested in self nominating for FS representative on CSC email Cheryl Welch.

Meeting adjourned 4:55 pm by President Rebecca Braveman.

Respectfully submitted,
Tamara Terzian, PhD Secretary, Faculty Senate.

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December 13, 2016
4:30pm – 5:45 p.m.

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

I. Welcome :

Faculty Senate President Rebecca Braverman, MD, called the meeting to order.

II. Master's in Medical Science Proposal- Dr. Kristina Tocce

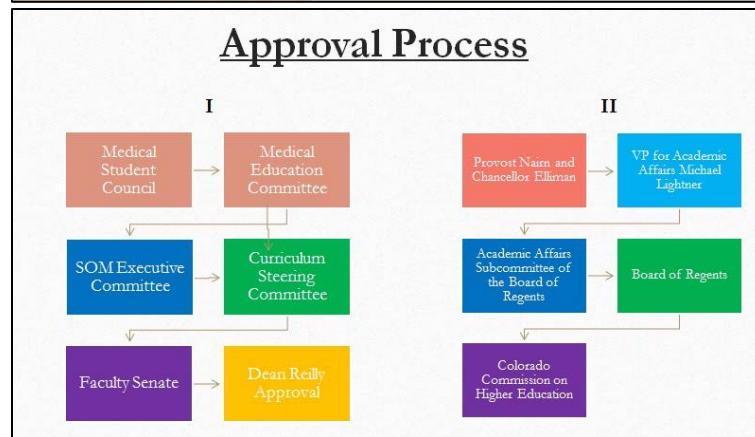
Kristina Tocce, MD, Associate Professor, Ob/Gyn-Family Planning, presented a proposal to establish a Master's in Medical Science degree. This degree would be available to the School of Medicine medical students who stopped pursuing their degree after successfully completing the first two years of the program. Some students quit due to personal career choice, family issues, illness or problems passing the licensing exams. These students will end up having a staggering debt and no degree. For example, after the end of 2 years, these students will have an average of \$195,000 worth of debt.

The students by finishing Phase 1 and 2 will have a discrete amount of learned knowledge accumulated. Therefore, by providing this Master's degree, their accomplishment would be recognized and will assist them in future endeavors when applying for other professional schools, educational programs and for jobs.

Other medical schools, including those at Harvard University, University of Michigan, University of Southern California, Tulane University, Temple University, among others, offer a similar master's degree to students who complete their pre-clinical coursework. All these Universities have different requirements. Our master's program will require:

- Successful completion of phases 1 and 2
- Completion of a capstone project
- Submitting a letter to voluntarily withdraw from Medical School
- Retroactive to a 5 year time frame

Others doing this?		
School	MD coursework	Additional requirements
Harvard	Pass first two years	No
Temple-Louis Katz School of Medicine	Pass first two years- 35 credits	Research paper-usually over one semester
Tulane	Pass first two years	Write 20-page paper
University of Michigan	Pass first two years	Executive Committee approval
USC - Keck	Pass first two years	capstone paper
Wayne State	Pass first two years with at least 3.0	Apply to and enter graduate school; essay and research requirements



Select questions from senators:

1- How many students drop out from the medical degree program per year?

Since 2008, on average one or two students per year were unable to finish their degrees. Most students have stopped after phase 2, but the Master's in Medical Science would recognize their effort, the completion of 2 years of graduate work, and allow them to obtain a degree that will facilitate future employment.

2- What are the reasons for a student to discontinue pursuing their medical degree?

Some students will have a change of career choice but the main reason is that the student is struggling to pass the USMLE Step 1. Some students will be unable to complete or to take the exam, or they will fail multiple times. They will then have to stop with no degree since they cannot progress to phase 3.

3- Are 3rd or 4th year medical student eligible for this Master's?

Yes, they will be eligible but will need to complete a Capstone project

4- Can a student come back after obtaining their Master's degree if their situation resolves?

No, they will need to reapply to medical school as a new student.

5- Does the graduate school at UCD have a similar master's of science program? What do you expect out of this other than a piece of paper?

Yes, they do. The Graduate School at the CU Anschutz Medical Campus offers a master's degree to students who completed all coursework and the comprehensive exam, but then decided not to complete the research and dissertation necessary for a PhD. The Capstone's project idea came from the Master's curriculum from the original PhD program. There is a model of it in many graduate programs including UCD.

As far as what this Master's will offer, we compiled a list of various health professional fields on our campus and if credit would transfer etc. We are also hoping that a recognized degree will give validity to their work and the time spent during the 2 years of Medical School that they can add on to their application to jobs or other educational programs.

6- Looking online for every Master's of Medical Sciences shows that the vast majority of them offer this type of Master's, are one year medical school prep courses. It is in most cases understood that this type of Masters may get them into medical school. I am afraid that our medical students will get a degree that confuses rather than enlightens them. For them it could be worse than useless and does not make them qualify to enter any specific job. What does this degree qualify them for?

It does not qualify them for any specific job but it demonstrates for potential hires in industry or health sciences that they followed a very intense curriculum therefore they must have developed organizational skills, deductive reasoning, or critical thinking that are viewed favorably by any industry. These are characteristics shared by students completing any Master's course.

7- Would this water down other Master's degrees in the eyes of prospective or enrolled students?

Based on our discussion it seems obvious that we need to carefully consider the name of this degree. We will also need to be transparent about what the students are getting and it should have no bearing on other Master's degrees that have their own requirements, set of criteria and career destinations.

Dean Reilly further explained that this degree offers a way to recognize the efforts of students that came in intending to accomplish more. Moreover, the knowledge that the students gained in the course of intense 2 years in various subjects such as metabolism, physiology, pathophysiology, and basic principles of anatomy would be valuable to some employers. We will not be admitting students to a Master's degree program but this is only to recognize the time and effort spent. Dean Reilly also added that he would stand the curriculum up against any Master's degree out there. If the Capstone project is implemented, we would have no qualm in saying that the Medical School will be delivering an equivalent program to what is provided by any graduate school.

After an intense debate, the Faculty Senate recommended a revision of the proposal particularly coming back to the Senate with a clarification of any degree name confusion and a better delineation of the Capstone project.

III. Dean Reilly's Comments: Status of searches and affiliations

Searches:

AMC:

Three search committees were constituted for the three open department Chair positions. The committees started putting together the list of candidates to invite for interviews. The three openings are in:

- Psychiatry Dept.
- Physical Medicine and Rehabilitation Dept.
- Immunology and Microbiology Dept.

Two of the search committees have met and the third committee is meeting tomorrow to decide who to invite the candidates for interview.

14 qualified candidates were identified for interview for the AMC leadership position of Physical Medicine and Rehabilitation Dept. and the search committee will soon decide which candidate to invite.

Denver Health:

The DH search committee is looking for a new CEO and made recommendations with a short list of candidates. Anticipated candidate's visits will be in January or February.

VA update:

Construction of new facility on track to be done by Jan 2018 and VA leadership anticipate opening and relocating the inpatient services 3-4 months later by late spring to early summer. Two to three programs will not relocate and will stay downtown.

Other item of discussion:

We are running out of space on campus, we are actively planning for a new building that can accommodate the needs of clinical education and research, vivarium and research space, etc. Discussions on where to place the building and how to pay for it are still ongoing.

IV. Student Life Steering Committee Update- Dr. Jennifer Soep, Chair of Student Life Steering Committee (SLSC)

Dr. Jennifer Soep gave the senate an update on the accomplishments of the SLSC committee during 2015-2016.

SLSC is a relatively new committee that was formed to address the non-curricular student life aspect of the Medical School.

SLSC updates policies, oversees Advisory Colleges of Medical Students, and oversees and provides the reporting structure for 3 committees: the Professionalism, Promotion and Honor Council to enhance compliance with LCME.

List of Policies that SLSC can make sure that the students are aware of:

- Phase IV Add/Drop
- New Transfer Student policy
- Updated the Education Conflict of Interest
- Technical Standards
- Uniform Standards that states that the standards of promotion and graduation are uniform for all branches
- COI by evaluators in the Teacher-Learner Agreement

Advisory Colleges formed 5 years ago focuses on:

- Increasing mentoring support for students
- Funding for 2 advisors per college to provide more support to the student
- Training sessions for advisors
- Providing clear expectations for advisors and students, and how to incorporate career advising in their time to lead them to the correct path

SLSC makes sure that students at the Colorado Springs Branch have the same level of Student Life support as the students of other branches. SLSC revised timing and wording of contract that the students sign when they become make members of a campus to make sure that it happens after the students have been admitted to the school. SLSC reviewed the procedures for leaving CSB and the potential changes to timing of selection in the future.

During our meetings, we reviewed how the 3 different committees work. We are looking to find out if there are students involved in more than one committee. We recommended a database maintained by Office of Student Life tracking all students that are required for any sort of action/remediation and we requested changes to the membership to the Professionalism Committee as well as their procedures.

Future plans for 2017

- Continued focus on policies and procedures related to non-curricular elements
- Updates to the Scholarship Committee membership and procedures
- Reviewing inaugural year of Colorado Springs Branch Longitudinal Integrated Clerkship
- New MSPE format that incorporates professionalism
- Evaluating impact of Advisory Colleges

The SLSC have two requests from FS:

- 1- To address LCME standards, we would like to request an addition to our bylaws, to include a bullet under "Reporting Procedures" that states: SLSC is prohibited from influencing decisions made by the Admissions Committee

(standard 10.2), Promotions Committee (standard 9.9 and 10.3) and Scholarship Committee.

- 2- The voting position for a Faculty Senate representative is vacant. Therefore, we would request a volunteer or nominee for this role.

Dr. Lowenstein clarified that the volunteer senator needs to self-nominate first to the President of the Senate.

The FS unanimously approved that the SLSC add to their bylaws under the reporting procedure: “the SLSC committee is prohibited from influencing decisions made by the Admission, Scholarship and Promotion committees”.

III- Stuart Linas, Chair, Curriculum Steering Committee (CSC)

The Curriculum Steering Committee (CSC) is responsible for the design, implementation, review and revision of the medical school curriculum. Recognizing the central role of the faculty in this process, the CSC is charged with oversight of the curriculum and its evolution, guided by systemic evaluation of the entire curriculum. The CSC is responsive to the FS.

Dr. Linas provided an update on the Curriculum Steering Committee. The Last academic year there were many accomplishments, including:

- Updating of the CSC charge in school rules
- Reviewing and updating policies in preparation for LCME
- To comply with the accrediting body, the LCME, CSC increased direct faculty participation in decision-making related to the medical education program, including opportunities for elected faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate. Therefore, CSC changed the membership list and added 4 new CSC voting members - 2 faculty nominated from the Academy of Medical Educators and 2 faculty nominated from FS. The nominated faculty will need to be voted on and approved by the FS. Also we modified the current existing 5 positions to 2 basic science, 2 clinical, and one community. These positions will also be elected with nominations and a vote provided by the Senate. Therefore, the number of elected faculty positions increased to 9.
- Updated multiple policies and processes were updated including clinical duty hours, timeliness of grades, and updated our informative feedback policy.
- Development of a searchable curriculum map that allows for a curriculum review. It is not perfect but it is very good and CSC continues to work on improving it.
- Improving curriculum integration horizontally across the phase and vertically through the 4 training phases. A competency committee is reviewing or assessing the effectiveness of this integration.
- CSC reviewed and approved a reflective writing component to our curriculum.

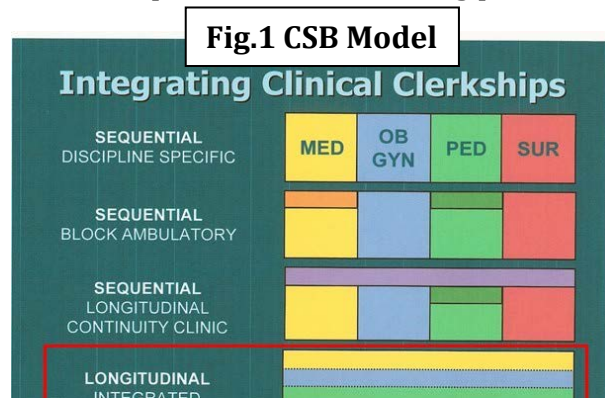
- CSC offers a new academic scholarship for students that would like to take a year off to do something scholarly. It is almost like an insurance program that provides access to University events etc.
- CSC charged a health disparity task force to check where we stand as far as disparities and where we need to go to address any deficiencies.

The curriculum is ~10 years old and CSC will work on enhancing it in 2017. CSC will ask for volunteers from FS to participate in different committees. CSC will also have a more formal review of the Colorado Springs Branch.

**IV- Colorado Springs Branch Update- Erik Wallace, MD, FACP
Associate Dean for Colorado Springs Branch**

Vision for Colorado Springs Branch is to transform and integrate health education and health care delivery systems to develop 21st century physician leaders who will deliver high value care to patients and improve the health of the community.

The first 2 years, all 184 enrolled students start at AMC, take the same classes, they get to the end of phase II and take USMLE Step 1. This is our starting point. We want that all of our students, as they work through their Phase III or IV, regardless of where they are, achieve graduation. They have the same goals, objectives, required clinical conditions and assessments but the pathway getting there is a little different. The main difference is in the clinical structure of Phase III. In CSB we adopted the Longitudinal Integrated Clerkship model (Fig. 1). It is a long established ~ 40 years, it is a growing and successful model for new Medical Schools and Campuses. Our version of this model is a mentored integrated clerkship where for ~ 2 months in Phase III, students are paired with one preceptor in each of the core specialties and they work with the same preceptor in the same clinical setting. The student




Colorado Springs Mentored Integrated Clerkship (COSMIC)

Fig.2- CSB Model


Session	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	7:00 - 8:00 AM Round on Inpatients / AM Conferences, Master Clinician, or Radiology						
8:30 AM - 12:30 PM	Internal Medicine	Psychiatry	Pediatrics	Clinical Enrichment	Periop/Surg OR		
1:30 - 5:30 PM	Clinical Enrichment	Clinical Enrichment	Family Medicine	Periop/Surg OR	Academic Half-Day		
Other	Three acute care shifts per month: EM, Pediatric Urgent Care, and Psychiatry (evening, or weekends) Additional IP Weeks: 4 Internal Medicine, 1 Labor & Delivery, 3 Perioperative, 1 Peds Nursery, 1 Psych LIC Specialty: 2 Palliative care, EMS ride, 2-4 Acute rehab, 4 Peds specialty, 4 Surg specialty, EEG, 4 NS						
Week 2	7:00 - 8:00 AM Round on Inpatients / AM Conferences, Master Clinician, or Radiology						
8:30 AM - 12:30 PM	Internal Medicine	Neurology	Clinical Enrichment	Clinical Enrichment	OB/GYN		
1:30 - 5:30 PM	Clinical Enrichment	Musculo-skeletal	Family Medicine	OB/GYN	Academic Half-Day		
Other	Three acute care shifts per month: EM, Pediatric Urgent Care, and Psychiatry (evening, or weekends) Additional IP Weeks: 4 Internal Medicine, 1 Labor & Delivery, 3 Perioperative, 1 Peds Nursery, 1 Psych LIC Specialty: 2 Palliative care, EMS ride, 2-4 Acute rehab, 4 Peds specialty, 4 Surg specialty, EEG, 4 NS						

spends anywhere from one half day every week to one half day every other week depending on the amount of time needed for that particular specialty. Mornings are dedicated for students to see their patients in the hospital that they have been following longitudinally and that may have been admitted for a variety of reasons. We have a dedicated academic half day every Friday afternoon where all our students come together around the same curriculum. Embedded within the week, there are clinical enrichment half days that allow the students to follow the patients longitudinally and pursue other specific areas interests and potential career options (Fig. 2).

CSB Leadership Team

			
Erik Wallace, MD Associate Dean, CSB	Chad Stickrath, MD Assistant Dean, Education	Sharon Marston Branch Coordinator	
			
John Frerichs, MD Dir Student Development	Christine Waasdorp-Hurtado, MD Dir Didactics/Longitudinal Curr	Heather Cassidy, MD Dir Community Engagement	Valerie Navarro, MEd Student Coordinator

CSB Specialty Liaisons

				
Brian Bain, MD Psychiatry	Jaime Baker, MD Internal Medicine	Caroline Hedges, MD Obstetrics/Gynecology	Rob Lam, MD Emergency Medicine	Travis Murray, MD Musculoskeletal
				
Brad Priebe, DO Neurology	Jean Reichelt, MD Family Medicine	Christine Waasdorp-Hurtado, MD Pediatrics	Tiffany Willard, MD Surgery	



On April 2016, we welcomed our first cohort of students to start Phase III. Picture taken at CSB. From each of the three classes we recruited more than 50% have connections to Colorado Springs or Southern Colorado. Therefore they have an interest in practicing in CS where there is a shortage of clinicians in every specialty.

These students are our best ambassadors for our program!

- 2018 – 21 students
- 2019 – 24 students
- 2020 – 24 students
- 2021 – Currently interviewing.

Once the students of class 2021 have been admitted to CU, they will be able to state their preference for their site of training (see CBS Participation form).

When a student is assigned, Dr. Wallace will be notified of any student interested in CSB, i.e. the student chose options 1-3 from the participation form (Fig. 3). Dr. Wallace will then contact the student to follow up and make sure that this represents the best fit for them and the best opportunity for their success.

CSB Participation Form	
Fig. 3	
1.	My first preference is the Colorado Springs Branch but I am willing to be assigned to the Anschutz Medical Campus
2.	My first preference is the Anschutz Medical Campus but I am willing to be assigned to the Colorado Springs Branch
3.	My first preference is the Colorado Springs Branch and I prefer NOT to be assigned to the Anschutz Medical Campus.
4.	My first preference is the Anschutz Medical Campus and I prefer NOT to be assigned to the Colorado Springs Branch.

During interview day, Dr. Wallace will present for ~25 min on CBS and why should they consider CSB. Most of the students like the Longitudinal Integrated Clerkship (LIC) model and its benefits: 1) patient continuity across specialties and the patient-centered approach to medical education, 2) preceptor continuity and mentorship (one-on-one) and 3) the self-directed learning. Students also like the small cohort size where they get to know each other better and have a feel of community and they enjoy the community engagement opportunity, particularly to those that have connections to CS.

To date, 5 students have presented scholarly work at regional or national conferences and we advertised for it in our community and to preceptors. As for the NBME shelf exams, the class has exceeded the national mean in OB/Gyn, Neurology, and Psychiatry. In Surgery, Pediatrics, Adult Ambulatory, and Internal Med, students will take the exam between February and April 2017.

As far as feedback from preceptors, since they have one to student to mentor, they were able to give more detailed feedback on the students.

A few quotes from preceptors:

“It has been amazing to see (his/her) growth as a student, and as an individual.”

“...has performed several office procedures, assisted in surgery (not just holding retractors) and has performed deliveries and participated in intrapartum management.”

“...is one of the best students I have worked with, and I have worked with many over the years. He/she easily establishes trust with the patients, and they are happy he/she is involved in their care. He/she individually learned our EMR and can navigate it better than I can...”

“We very much enjoy having (student) as part of our team in clinic.”

How are we doing based on our student feedback?

2018 Focus group in September 23, 2016 (5 mo.)

The students completed an 8-week immersion experience in the hospital setting across various specialties. Variations in experiences emerged based on the site and preceptors. The best experience was in IM, Anesthesiology, and surgery. Next year, we will provide experiences to develop the knowledge/skills to be successful in LIC.

In LIC, we are 4 months in, therefore the results are fairly preliminary but mostly positive comments from preceptors and not many negative comments from students. In didactics, we improved satisfaction moving from lectures to student-lead, case-based didactics. All students stated they would sign up again to participate in the CSB.

What are we offering as student support/advising?

- Academic Advising
- Office of Student Life (OSL) resources
- Career Advising
- Departmental Advisors
- Community Preceptors
- Confidential student concerns handling by the Associate Dean for CSB and the Director for Student Development or the OSL, ACP and other resources
- Financial Advising
- UCCS Health and Wellness Center
- Open doors on Fridays to meet for any reason
- Scholarships (**Fig. 4**)

Scholarships	Fig. 4
<ul style="list-style-type: none"> • 2018 - \$5000 each year for Phases I, II, III (so far) • 2019 - \$5000 each year for Phase I, II (so far) • 2020 and beyond <ul style="list-style-type: none"> • Pursuing a limited number of \$10,000 scholarships to be given only during Phase III 	

Faculty Development:

A Core Preceptor Training of 9x 3.5 hour sessions are offered, where 76% of the 174 physicians currently teaching students received training on:

- 1- How to integrate students in clinical settings
- 2- How to provide effective feedback
- 3- How to identify a struggling learner
- 4- How to provide assessment of students
- 5- Discussions about professionalism and mistreatment issues

In the future, we will implement a 2.0 version of the training sessions to improve performance of preceptors and provide what they need.

We also provide faculty development sessions on Unconscious Bias and immersion planning.

The Clinical Liaison faculty are key to recruit, maintain relationships with the preceptors and oversee the quality of student’s education. Quarterly meetings are organized to discuss mentorship with preceptors. The Office of Equity offers mistreatment and Title IX training. Periodic site visits by the Clinical Liaison faculty are scheduled to make sure that the preceptor have what access to the resources they need to perform well and answer questions.

For our community-based faculty, we offer non-financial benefits such as discounts. They would like to have closer connections to departments which poses a challenge since they are full-time clinicians with little time to visit the branch. We will need to better engage with these faculty.

We invite all the preceptors to several events: CSB Preview Day (April), CSB 1st Year Welcome Reception (August), Faculty Development reception with EPCMS (March), and winter Holiday gathering (December) to show our appreciation.

Community Engagement

Heather Cassidy MD, Director for Community Engagement, is connecting the CS community with our Medical School and medical students for their MSA projects. We are cooperating with PICOS (Poverty Immersion in Colorado Springs) and Urban Peak.

V- Approval of Minutes from December 13, 2016, meeting

Faculty Senate President Dr. Rebecca Braverman made a motion to approve the minutes. Minutes were approved as presented.

Meeting adjourned 5:55 pm by President Rebecca Braveman.

Respectfully submitted,

Tamara Terzian, PhD
Secretary, Faculty Senate.

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
Jan 10, 2017
4:30pm – 6:00 p.m.

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

I. Welcome :

Faculty Senate President Rebecca Braverman, MD, called the meeting to order.

II. Approval of Minutes from December 13, 2016 meeting

Faculty Senate President, Dr. Rebecca Braverman, made a motion to approve the minutes. An amendment of the November meeting minutes' approval date was recommended. Minutes were approved as amended.

III. Dean Reilly's Comments:

Status of searches and affiliations

Searches:

- 1- Three search committees were constituted for the open department Chair positions. The committees are well advanced in their work. The three openings are in:
 - Psychiatry Dept., search committee is chaired Dr. Frank deGruy
 - Physical Medicine and Rehabilitation Dept., search committee is chaired by Dr. Evalina Burger
 - Immunology and Microbiology Dept., search committee is chaired by Dr. Andrew Thorburn
- 2- A fourth search committee was organized to look for a Director for the AMC Health and Wellness Center Director chaired by Peter Buttrick. A number of candidates are coming through for interviews in the next couple of weeks.
- 3- An active search for the Associate Dean for Students Affairs, Maureen Garrity, who is retiring. Fifteen to seventeen applications were received. Four to five candidates will be invited for formal interviews.

Other SOM related searches:

An active search is well underway for a new Dean of Colorado School of Public Health. Twenty-seven applications were received. The committee will meet tomorrow to narrow down the list of applicants to be invited for interviews.

Affiliations:

Denver Health:

The DH search committee is in its 2nd stage of search for a permanent CEO to replace Art Gonzalez. The Board invited a small number of candidates that will come to town in ~ 6 weeks.

VA update:

Construction of new facility is 84% complete, to be finished by Jan 2018 and VA leadership anticipates opening and relocating the inpatient services by late summer to early autumn.

IV. Master's in Medical Science Proposal- Jeffrey Druck, MD

Jeffrey Druck, MD, is an Associate Professor of Emergency Medicine and Assistant Dean for Student Life. He comes back to FS to present a proposal to establish a Master's in Medical Science degree. This degree would be available to the School of Medicine medical students who stopped pursuing their degree after successfully completing the first two years of the program. Some students quit due to personal career choice, family issues, illness or problems passing the licensing exams. These students will end up having a staggering debt and no degree. Subsequently, they have problems repaying back their debt in a timely manner and difficulty finding employment because of the gap on their resume.

Therefore, by providing this Master's degree, their accomplishment would be recognized and will assist them in future endeavors when applying for other professional schools, educational programs and jobs.

Other medical schools, including those at Harvard University, University of Michigan, University of Southern California, Tulane University, Temple University, among others, offer a similar master's degree to students who complete their pre-clinical coursework (**Fig. 1**). All these Universities have different requirements. Furthermore, CU Graduate School also offers a master's degree to qualified students who did not complete their PhD.

The proposed Master's in Medical Science will require:

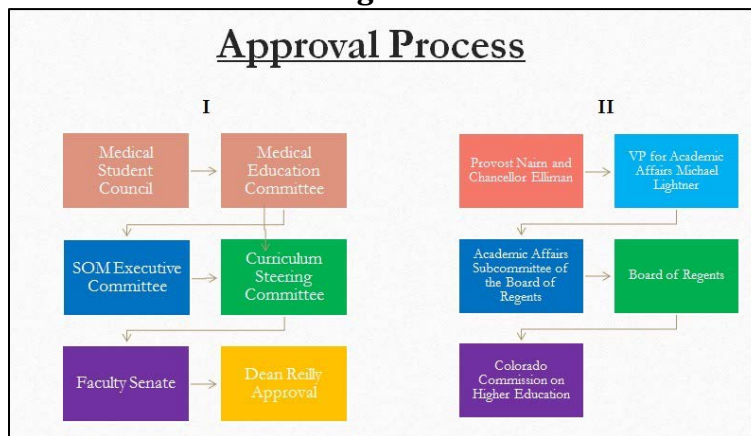
- Successful completion of phases 1 and 2
- Completion of a capstone project
- Submitting a letter to voluntarily withdraw from Medical School
- Retroactive to a 5 year time frame

Fig. 1

Others doing this?		
School	MD coursework	Additional requirements
Harvard	Pass first two years	No
Temple-Louis Katz School of Medicine	Pass first two years- 35 credits	Research paper-usually over one semester
Tulane	Pass first two years	Write 20-page paper
University of Michigan	Pass first two years	Executive Committee approval
USC - Keck	Pass first two years	capstone paper
Wayne State	Pass first two years with at least 3.0	Apply to and enter graduate school; essay and research requirements

The approval process is lengthy (**Fig 2**). Currently, it is at the FS level before submission to Dean Reilly. The proposal was positively received by every committee that the proposal was presented to.

Fig. 2-



Dr. Druck discussed issues that were raised at the previous FS meeting:

1) Issues with name:

There are other pre-med and after 2 years of medical school programs with this name. There is no standard to what these names encompass. For example, there is no real difference between B.S and B.A as far as the set of skills associated with these biology degrees yet they have 2 distinct names. Also, there is no difference in the type of jobs that these 2 degrees qualify for. The same rule that applies to these degrees, apply to the master's in medical science.

2) Capstone Project

Details on the Capstone Project were left intentionally vague because it depends on what the student is doing and where they are in their project. Other schools do not require a project, specifically Harvard makes their decision arbitrarily. A committee will decide if the Capstone project is adequate.

3) Financial Issues:

Prospectively, there are no issues since the students will receive their degree prior to leaving the University. Retroactively there may be a problem. However, Dr. Druck met with the head of finances that stated that there is a possibility to retroactively offer this opportunity.

Select questions from senators:

- 1- Is there a need for an accreditation process?
No.
- 2- What if the students drop out at the end of year 1?
They will not qualify. The student will need to complete successfully phase 2 and Capstone.
- 3- What do the students that drop out do after?
Mainly they go to Big Pharma and technical startups like E-companies that perform medical charting or billing. Also they apply to other professional schools such as nursing and pharmacy schools.
- 4- Are the students more successful after obtaining such a degree?
No data are available since these programs are relatively new. In addition, the situation of each student is unique and comparisons are hard to make.
- 5- Would a student think that this degree is their professional goal?
No.
- 6- What is the frequency of students dropping out?
2-3 students/year.
- 7- For those students whose circumstances change, like getting an inheritance, would they be able to go to another medical school later on after getting this degree? Would this degree help them to get back in to a medical degree easily?
Normally, having this degree does not factor in their acceptance to another medical school.
- 8- When a student drops out he potentially took the place of another qualified student that may have completed their schooling, any comments or concerns?
The SOM wants all the students to graduate as physicians and if they do not complete their education it is mainly due to life events. They have to leave and this situation was unavoidable.
Dr. Lowenstein explained that not a single student intended this outcome. These are unpredictable life events.
- 9- Does it make a difference to the students having this degree?
The schools that have this program as well as the students that dropped out indicated that having this degree made a difference in their lives since their time spent at the SOM was recognized. In addition, they consider this as an accomplishment.

President Rebecca Braverman made a motion to vote on the proposal. The proposal passed with the majority approving, and one rejection and two abstentions.

IV- Approval of Proposed New Divisions in Surgery- Andy Meacham, MD

A Proposal to create new Divisions of Vascular Surgery and Surgical Oncology within the Department of Surgery was presented by Dr. Meacham for approval by FS.

The committee members of the department considering this proposal were all in favor of creating the divisions.

Advantages:

- Will raise faculty recruitment and retention.
- Will allow opportunities for specialized educational fellowships (master's level research scholarships)
- Will enhance our investigational enterprise

There is a lot of enthusiasm from the faculty about creating these divisions.

Select questions from senators:

1- Any potential downside?

No. Currently recruitment for head of vascular surgical is ongoing; the profile is higher for the recruitment of the head position. The three finalists prefer to function as division heads. Administratively, it is better to act as division rather than sections.

Dr. Lowenstein explained that the only risk identified is "balkanization". General surgeons in GI tumor and Endocrine who will want to stay in this section but are able to provide care to GI oncology patients. Dual appointments are available.

FS approved the proposal with one abstention.

**V- Confirmation of Curriculum Steering Committee representatives-
President Rebecca Braverman.**

In order to comply to with LCME requirements, the Faculty Senate is asked to confirm nominees for the Curriculum Steering Committee (CSC), which were selected by the Clinical Block Directors and the Academy of Medical Educators. Vote will be taken to confirm the following nominees:

- Clinical Block Directors Nominee:
 - 1) **Ty Higuchi** Assistant Professor, Dept. of Surgery
- Academy of Medical Educators Nominees :
 - 1) **Lisa Lee**, Associate Professor, Dept. of Cell & Development Biology and
 - 2) **Tess Jones**, Associate Professor, Dept. of Medicine

At the recommendation of Dr. Braverman, the FS approved unanimously the proposed nominations. No concerns were raised.

VI- LCME update from Dr. Bob Anderson, Sr. Associate Dean for Education

Dr. Braverman presented the 2 senators that were elected to be on the Curriculum Steering Committee: Drs. Natalie Serkova and Adria Boucharel. The names of the

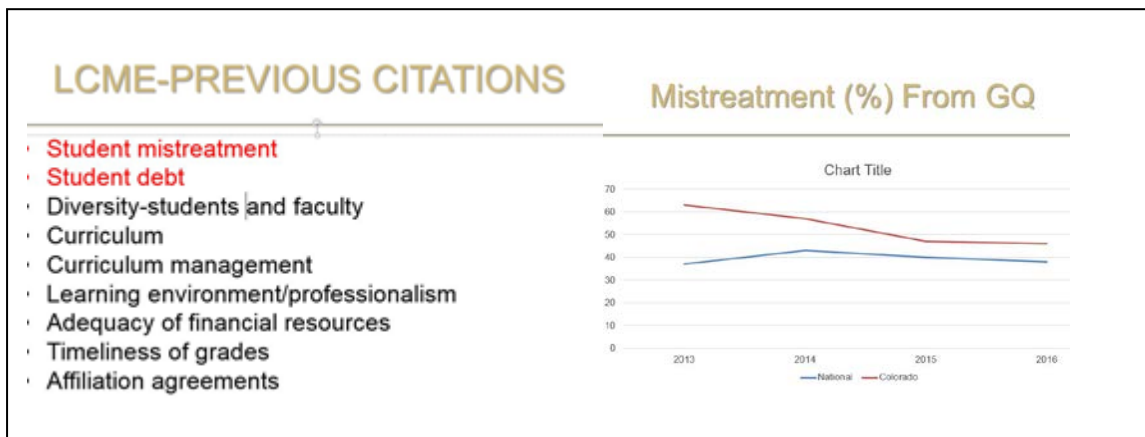
other 2 individuals interested in joining the committee were forwarded to Dr. Anderson.

The last time that the LCME visited, SOM had 9 citations, a repeat visit one year later and nearly lost accreditation. These citations are represented in **Fig. 3**.

SOM is currently in compliance with the need to monitor the 2 areas in red (**Fig. 3**) “Student mistreatment” and “Student Debt”. The SOM is doing better with diversity and is in compliance.

Student mistreatment in 2013 is 62% which improved to high 40%. The national average is ~ 40% over this period of time. This data comes from the graduation questionnaire.

Fig 3



1) Student Mistreatment:

Independent student analysis reported from 2016 graduates that 27% personally experienced mistreatment. The end of third year clerkship data found student mistreatment reported by 24.8% and 17.9% of third year students in 2014-15 and 2015-16 respectively. This demonstrates an improvement in the area.

Efforts to reduce student mistreatment:

- Establishment of an Office of Professionalism
- Many discussions with department heads
- Education with student body leaders

2) Student Debt:

Median debt is \$230,000 (national average \$180,000) based on the 2016 Graduation Questionnaire. This represents a significant “jump” from median debt reported for three previous years which was \$197,000-\$200,000. However, students with no debt increased from 11% to 24%.

Explanation:

- Atypically, more graduates >30 years old (33% vs 20% nationally)
- Have 1 or more dependents (16% vs 9% nationally),
- Lower parental income (35th percentile nationally)

- Relatively high cost of housing in the Denver market
- Many out of state students

The combination of these factors may be the reasons that contribute to student debt.

Efforts to reduce student's debt:

- Offering scholarships: \$5.2 million scholarships without service awarded in 2014-15 (75th percentile nationally)
- Have removed ceiling on scholarship awards and will increase scholarship amounts by \$1-\$2 million annually starting in 2017
- Eliminated all student fees for which we have power to do so (annual savings of about \$450,000 for the student body)
- Improved financial counseling and debt management services
- Tuition stability-current tuition in-state \$39,840, out-of-state \$65,470 at 2013 levels.
- Potential student housing in negotiations

3) Diversity:

Medical Students	Faculty	Senior Administrative Staff
Black/African American	Black/African American	Black/African American
Hispanic/Latino	Hispanic/Latino	Hispanic/Latino
American Indian/Alaska Native	American Indian/Alaska Native	American Indian/Alaska Native
Native Hawaiian/Pacific Islander	Asian	Asian
Vietnamese	Female	Female
Citizen raised in rural area		
First-generation college student		
Low socioeconomic status		

School-identified Diversity Category	2015 Entering Class			2016 Entering Class		
	# of Declined Offers	# of Enrolled Students [†]	Total Offers	# of Declined Offers	# of Enrolled Students ^{**}	Total Offers
Black/African American	5	7	12	4	9	13
Hispanic/Latino	17	23	40	18	23	41
American Indian/Alaska Native	4	6	10	2	10	12
Native Hawaiian/Pacific Islander	2	1	3	1	1	2
Vietnamese [†]	11	18	29	4	9	13
Citizen raised in rural area	12	20	32	9	20	29
First-generation college student	21	25	46	13	39	52
Low socioeconomic status	39	35	74	27	66	93

We are doing well with diversity among students and residents but for faculty it is still work in progress.

2016 CU SOM faculty:

2,819 self-identified race or ethnicity, 14.6% in one of the CU SOM's under-represented categories:

- Hispanic/Latino, n=124
- African American/Black, n=30
- Asian/Pacific Islander, n=253
- American Indian/Alaskan native, n=5

4) Other vulnerabilities

- Colorado Springs Branch:
Two focus groups; shelf exam scores
- Five years of low student satisfaction with biostatistics/epidemiology:
Good USMLE performance, course modifications
- Low marks on personal counseling:
Advisory Colleges, new assistant deans were hired
- Low marks on student insurance, health insurance and mental health services:
Several initiatives have been adopted like including students in our self-insured trust and mid-course feedback.
- Low marks for quality of mid-course feedback and direct observation

Mock site visit with 2 outside experienced individuals: Jan 22-24, 2017, Site visit: March 5-8, 2017.

Select questions from senators:

1. Asians or Pacific Islanders will no longer be considered as a minority?
Among students, Asians are not a minority. Asian faculty are a minority therefore the AAMC advised to place Asians as a minority. The Pacific Islanders remain a minority.
2. Students are complaining about mistreatment, please elaborate?
Students mainly complain about mild mistreatment in the 3d year medical and mostly due to public embarrassment or humiliation. The students match well, they have many clinical opportunities so its reporting is getting better.
- 3- What are we doing about housing?
Chancellor Don Elliman and Dean Reilly had some communications with the private sector about student housing, we are pursuing it but it will take more than 6-9 months of efforts.
Dean Reilly: The issue is where will the subsidy comes from. One source is tuition. It is a difficult issue with no great solution.
If we have the money we will build an additional research building. A Real Estate developer wants to build more housing around Cedar Pub for families

of patients. More apartments around the rail station, Colfax and Peoria will develop.

- 4- Mistreatment went down, what interventions did we conduct?
UCLA has an article in Academic Medicine about the efforts they have done over 30 years to diminish mistreatment but were not able to improve this area. It is a hard area to improve. Multiple interventions including defining which departments/hospitals/ faculty or individuals were involved in mistreatment. We shared the data with the chairs and showed it publically. Multiple individuals communicated with many faculty that non-threatening education works better than public humiliation which is not necessary. The office of professionalism was established as a primary reporting structure. It is the combination of efforts over several years that improved mistreatment.

Dr. Lowenstein stated: The Faculty Senate took a leadership role in this issue and approved the professionalism mission statement which refers to mistreatment and respectful learning environment. The Prism Promise, which faculty sign every year, acknowledges their understanding of the mistreatment issue and acceptance of certain obligations and responsibilities. There is leadership by the faculty as well and we thank them for it.

Meeting adjourned 5:30 pm by President Rebecca Braverman.

Respectfully submitted,

Tamara Terzian, PhD
Secretary, Faculty Senate.

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
Feb 14, 2017
4:30pm – 6:00 p.m.

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

I. Welcome :

Faculty Senate President Rebecca Braverman, MD, called the meeting to order.

II. Approval of Minutes from Jan 10, 2017 meeting

Faculty Senate President, Dr. Rebecca Braverman, made a motion to approve the minutes. Minutes were approved as presented.

III. Dean Reilly's Comments – Peter Buttrick Sr. Associate Dean of Academic Affairs, will attend in place of Dean Reilly

Status of searches and affiliations

Affiliations:

Denver Health and Hospital Authority

DH named a finalist as Chief Executive Officer Dr. Robin Wittenstein that will start in the next couple of months. She is currently an Executive Leader at Penn State Health. Previously, she served as president and CEO of University Hospital/University of Medicine and Dentistry of New Jersey which have a large safety net facility. She is familiar with and mission of DH and academic leadership position.

UCHealth

UCH has a new logo which was an expensive undertaking. Along with the new logo, UCHealth announced services like:

- online scheduling,
- updated patient-centered website
- new mobile app
- partnership with Uber to provide easier transportation to and from the medical center
- more transparency of medical record information through OpenNotes to allow patients can see their own medical record. This is a patient satisfier

Veterans Affairs

The VA is now 84% finished. A ribbon was cut on Feb 1st to officially open the Energy Center on its site in Aurora.

Children's Hospital of Colorado

CHC announced a care alliance with Centura Health that aims to coordinate medical care for children and their families. It covers Colorado and western Kansas, does not

include Centura Health's Penrose Hospital or St. Francis Medical Center in CO springs. It will also develop shared clinical guidelines and protocols and offer educational programs for nurses and physicians.

Searches

A search committee was organized to look for a Director for the AMC Health and Wellness Center Director chaired by Dr. Peter Buttrick. A number of finalists were selected and they will be coming through for their second interviews in the next couple of weeks. Their names are kept confidential at the moment.

Three other searches are ongoing:

- The Immunology and Microbiology Dept. search committee is chaired by Dr. Andrew Thornburn. They identified several candidates that will be invited for their first interview
- The Psychiatry Dept. search committee is chaired Dr. Frank deGruy
- THE Physical Medicine and Rehabilitation Dept. search committee is chaired by Dr. Evalina Burger

IV. Approval of DPT Program Master's of Science in Rehabilitation - Mary Jane Rapport, Student Services Coordinator, Physical Therapy Program

This is a proposal for a new M.S. degree that will recognize the achievement of students who successfully complete coursework in the first half of the curriculum but then elect to not complete the clinical experiences of the Doctor of Physical Therapy degree (D.P.T.) curriculum. Less than one student per year will complete a significant portion of the DPT curriculum and then be unable to continue with their physical therapy education. This student will then consider an alternate career path in the future and usually take a leave of absence initially but do not return.

UCD Doctor of Physical Therapy degree:

- 1st graduates with DPT in 2007
- Admit ~65 students each year
- 8 semesters = 2.5 years of didactic and clinical education
- 99% graduate
- < 1 student/year unable to finish

Who are the students that qualify for the M.S.:

- NOT students who are dismissed or leave after 1 or 2 semesters; students are not on probation
- Good academic, clinical and professional standing, successfully completed all courses and clinical education
 - an overall GPA above a 3.0 cumulative
 - with grades of C+ or better
- Complete 4+ semesters = 58 grad credits
- Leave for reasons of: Personal or family illness, Family issues or relocation

- Voluntarily withdraw from the PT Program, School of Medicine
- Able to complete a scholarly project
 Capstone project: successful writing of an independent scholarly paper that incorporates foundational science and concepts of movement and function that have been woven into courses throughout the PT curriculum and which are essential to rehabilitation. This paper will address: “The importance of movement as a determinant of health”. This paper will be reviewed by 2 faculty, will be 7-10 pages and include 5-10 references in AMA format. The student will pay for 1 graduate credit (Independent Study) to receive guidance on this paper and have the paper reviewed.

Together, these requirements meet the criteria to be defined by the Physical Therapy Program for the Master of Science in Rehabilitation. The student must also submit a letter voluntarily withdrawing from the Physical Therapy Program or have completed the withdrawal process within 5 years of granting this degree.

Similar Degree Programs: There are examples of other professional degrees including the Doctor of Medicine degree (here at the University of Colorado and other institutions), that currently offer, or are developing similar degree options. The development of a Master of Science Degree in Rehabilitation would help uphold the humanistic values of our campus and program by offering an option to students who fully intended to pursue and complete a DPT but for whom this goal is no longer possible.

Approval process is similar to MS in Medical Science. This proposal has been presented and discussed by the following committees, and their input has been incorporated:

- Physical Therapy Program Curriculum Committee (12/12/16)
- Physical Therapy Program Student Promotions Committee (11/22/16)
- Physical Therapy Program Director and Faculty (1/4/17)
- Dr. Dennis Matthews, Chair Department of PM&R (2/2/17)

Additional approvals requested:

SOM Faculty Senate, Dean Reilly School of Medicine, similar path to MS in Medical Science, Provost Nair, eventually to Board of Regents and the Colorado Department on Higher Education.

These students have invested a significant amount of time, effort, and financial outlay to acquire the knowledge that they gained during the first 4 semesters of the DPT curriculum comprised of 58 graduate credits. The average debt for our graduates has been calculated around \$100,000. Therefore, it is reasonable to assume that the average debt after completing at least half of the program is at or above \$50,000. Students who elect to not complete the DPT program have no formal recognition of this accomplishment. Without such recognition it is difficult for the student to convincingly demonstrate to others that they did in fact acquire significant scientific and rehabilitation-based knowledge during 4 intensive

semesters. This is a particular disservice for students who subsequently apply for entry into other professional or graduate programs or seek employment in health or rehabilitation sciences fields, where this experience and degree would be helpful. The awarding of a Master of Science in Rehabilitation would be helpful in a wide variety of potential careers including rehabilitation or health-related research, orthopedics industry, neurological industry, exercise and fitness industry, and teaching. Certainly for such students, having a Master of Science in Rehabilitation would facilitate their employment and provide further opportunities for advancement in many career areas.

Select questions from senators:

1- Can these students come back?

No, they should withdraw and if they want to come back they will need to reapply to the program and start over.

President Rebecca Braverman made a motion to vote on the proposal. The proposal passed with the majority approving and two abstentions.

V. Faculty Interaction with Corporate Sponsors- Matt Wynia, Director, Center for Bioethics and Humanities; and Alison Lakin, Assistant Vice Chancellor for Regulatory Compliance

Dean Reilly asked to develop an Anschutz campus policy on external support (“gifts”). This does not cover research sponsored by corporate money that already has many layers of protection to ensure that it conducted correctly.

Matthew Wynia, Steve Lowenstein, Alison Lakin, Steve Zweck-Bronner, Scott Arthur worked on this draft of a proposal. We are asking for feedback from faculty and we will return for a vote at a later stage.

Presently, large gifts for major programs on the Anschutz Medical Campus may be screened by the University Chancellor and/or the Vice Chancellor for Health Affairs, who have turned down some such gifts based on their belief that benefactors should not drive the mission of the University. But there is no formal or specific written guidance on which gifts/contracts should undergo this high-level review, nor is there guidance to help with this review when it takes place (apart from likely review for legal risk), nor is there any other review process that focuses directly on addressing the potential threats to the integrity of the University that such gifts might occasionally pose.

Similarly, there are no standard mechanisms to help manage potential institutional conflicts or risks over time after gifts have been received (i.e., development and implementation of tailored risk management plans for relevant gifts). For example, there is currently no requirement within the CU Foundation that all gifts be accompanied by a written “gift agreement” or that gift agreements, where they exist, be reviewed or signed by anyone in particular at CU – at the present time, many gift agreements are signed only by the donor and CU Foundation staff.

Finally, while individual University faculty members receive training in and must abide by policies regarding possible personal and professional conflicts of interest, there are presently no policies or guidelines intended to help faculty members who are involved in soliciting and using gifts to the university to anticipate and manage any attendant institutional or professional conflicts and risks.

The proposed policy is focused on ensuring adequate review of gifts to the university that have not previously been required to undergo a formal, structured review with a specific eye toward detecting and avoiding or mitigating potential reputational risks for the university.

An Advisory Committee will look at any large gift from corporate sponsors for non-research purposes. If we are dealing with an organization that produces a harmful to public health it might therefore pose particular threats to the reputational integrity of the university and its key role in promoting the health of the public. In this case, the advisory need to look at it. For small gifts, it is up to the faculty or his supervisor to assess that the gift is congruent with the mission, the vision and values of the University. Therefore, the committee will look at the size and source of the gift.

The committee will make recommendations to the Chancellor regarding accepting, modifying or rejecting proposed corporate gifts to the university and any associated risk mitigation plans. The final decisions of accepting, rejecting or attaching stipulations to the acceptance of any gift remain in the purview of the Chancellor.

Select questions from senators:

1- Can you address the ongoing evaluation and teaching feedback on this issue?
The committee may suggest ongoing management plans to help mitigate any risks associated with receiving and using proposed gifts, including developing agreements with faculty as regards periodic monitoring of the use of funds, or other aspects of managing the gift and carrying out the associated work the gift is intended to support. The mitigation can also include the continued training of the advisory group or the Advancement office professionals who know of every gift at the \$25,000 and above level and who may feel a gift might pose a reputational risk to the university.

2- Is it worth the time to file for a small gift?
Small gifts are not an issue and there is no approval. The process is not onerous. It is only for record keeping. It is just good for the University to know.

3- What is the process if Pepsi Cola offers a gift of \$25,000?
This will need to go to the advisory committee in a way that if it goes public we can defend it.

4- Where the liability falls? Would this protect the faculty?
Yes, this is to provide some level of protection. If the advisory committee approved it and it went to the chancellor it provides a greater level of protection. The primary goal is to be able to take a good decision that is defensible.

5- Do other institutions have something similar?

Other institutions failed the implementation of something similar because of push backs from faculty and the equivalent of our advancement office in these universities. We will be the first institution to have a policy and to implement it and other institutions can model after us. There is a great excitement in the bioethics community for this proposal.

6- What the timeline for review?

At AMA it took a month but we believe that it will get smoother with time and training. It will depend on many variables.

VI. Legislative Update- Jerry Johnson, CU Contract Lobbyist and Heather Retzko, Director of State Relations, CU Office of Government Relations

The primary goal of our office is to generating love and support for Anschutz Medical Campus.

Overview of the State Legislature:

- House
 - 37 Democrats
 - 28 Republicans
 - Speaker of the House Crisanta Duran
 - Majority Leader KC Becker
 - Minority Leader Patrick Neville

- Senate
 - 18 Republicans
 - 17 Democrats
 - President of the Senate Kevin Grantham
 - Majority Leader Chris Holbert
 - Minority Leader Lucia Guzman

Anschutz Legislators - Champions

Senator Kevin Priola
(R-Henderson)



Representative Dafna
Michaelson Jenet (D-Commerce City)



The Agenda of the New Sheriff in Town, Lt. Governor Donna Lynne:

Lt. Governor's 10 bill Healthcare Package will be unveiled during a press conference on February 22nd. This is a sneak preview:

Bill #1 – Would provide financial relief from the General Fund to families that pay an increasing percent of their family income for health insurance. The individual tax payer pays for the insurance up front and then gets cash back if they are in the 400-500% of poverty category.

Bill #2 – Would require health plans who sell products to State Employees to serve the entire State by being part of the Exchange or participate in the individual market.

Bill #3 – Would empower the DOI to select a common, standard set of quality metrics in order to reduce the burden on providers and allow “apples to apples” comparisons for consumers.

Bill #4 – Would require that pharmacies attach a \$ sign (or \$\$ or \$\$\$) to formulary drugs and alternatives so that patients could discuss lower cost options with their physicians. This would be similar to the star and cost system used by the Zagat guide for restaurants.

Bill #5 – Would require health plans to disclose the percentage of health care spending that goes to pharmaceuticals – with the percentage aggregated to the top 25 drugs.

Bill #6 – Would require Freestanding ERs to tell patients about cost and tie payment to care received EITHER Emergency Care or Urgent Care.

Bill #7 – Would require hospitals to report on the amount of uncompensated care with an audited financial report.

Bill #8 – Would limit the ability of physicians and APNs to prescribe opioids to no more than a seven day supply for non-chronic conditions.

Bill #9 – Would require mandatory participation in the Prescription Drug Monitoring Program (PDMP).

Bill #10 – Would require physicians and other prescribers to take an educational module on the effects of opioids and opioid abuse.

Anschutz Bills/Issues:

- SB17-003 Repeal of Colorado Health Benefit Exchange
- SB17-074 Create Medication-assisted Treatment Pilot Program
 - Creating a renowned center at Anschutz
 - Nursing pilot from AG
 - Making sure all of our players are at the table
- SB17-142 Dense Breast Notification
- HB17-1057 Interstate Physical Therapy Licensure Compact
- HB17-1094 Telehealth Coverage Under Health Benefit Plans

We aim to protect key funding victories in Alzheimer's research and cancer research. We got 10M in Medicaid reimbursement and we are looking for funding for Rural health.

We also want to protect the doctors from some practices of insurance companies and Health Plans through bills such SB17-088 Participating Provider Network Selection Criteria, HB17-1094 Telehealth and SB17-133 Provider Complaints.

Our goal is to build champions for our campus. We want legislators who understand our programs, who are excited about them and fight for us at the state capitol for funding and good legislators to support the research and clinical activities on our campus.

VII. LCME Update Robert Anderson, Sr. Associate Dean for Education

LCME site visit suggested working on:

- Diversity
- Student Debt
- Mistreatment
- Resident participation in student teaching
- Medical student advising (career, personal financial)
- Student insurance
- Student exposures

Have been
taken care of

Therefore, CU SOM is undertaking the following measures to resolve these issues:

1- On Diversity, these are the measures taken:

- New Associate Dean, Diversity and Inclusion 2016 who is very active
- Re-vitalized Diversity Council 2016
- President of the University contributed 14 \$ million over 8 years to enhance student diversity
- Current student diversity at or above national levels
- GME diversity increased from 5 to 8% last 5 years
- Dean has made this a priority area for the school and provided 2.5 \$ million to support diversity

2- On Student Debt:

- Increased amount of non-service scholarship \$ available
- Aggressive campaign to increase scholarships for students by CUF
- Kept tuition relatively constant for 3 years
- Eliminated all student fees for which we are able
- Increased the number of students with no debt from 12 to 24%

3- On Student Mistreatment:

- GQ from >60% to 47% over last 3 years, national average is ~ 40-44%
- ISA found 27% reported from MS4s
- End-of-clerkship reports at 17-20%
- Primary reporting for students is to the Office of Professionalism that have been very effective in remediating student mistreatment
- Multiple institutional and departmental educational efforts toward prevention and remediation
- Transparency in reporting results across departments at the executive meeting
- Effective strategies for reporting to PDs, Vice Chairs, Chairs and remediation strategies
- Mistreatment is a high priority issue with zero tolerance

VIII- ISCORE- John Sunnygard, Executive Director, International Affairs and Cristina Cenciarelli, Special Projects Coordinator, International Affairs

The International Scholar Collaborative Opportunity for Research Exchange (ISCORE) offers a unique friendly environment that teams undergraduate students in pre-health programs at the CU Denver campus with international researchers and scholars at the CU AMC.

For the pre-health Undergraduate student, the benefits are:

- Learning to be an English mentor
- Learning about research
- Cross-cultural engagement

For the International Scholar/Researcher, the benefits are:

- develop mentorship skills
- more comfort with English language
- Cross-cultural engagement.

We are hoping to find a couple of students and mentors to pilot the program. This program will start in fall 2017. To be part of the program, please contact Cristina Cenciarelli, PhD at cristia.cenciarelli@ucdenver.edu or John Sunnygard.

Select questions from senators:

1- What is the level of the student?

Any level but postdocs primarily as well as MD program.

2- Is there funding to support it?

We received a President's Diversity grant to train the students in ESL through spring 2017 and another small grant from College of Liberal Arts and Sciences on the Downtown Campus to buy coffee and bring people together. This way the researcher does not need to pay. The requested budget is very modest.

3- I there a counseling office for these international students?

We will be using counseling resources from the Denver and AMC. We will also focus on intercultural issues that we hope will help with their adaptation.

Meeting adjourned 6:00 pm by President Rebecca Braveman.

Respectfully submitted,

Tamara Terzian, PhD
Secretary, Faculty Senate.

University of Colorado School of Medicine
Faculty Senate Meeting Minutes
March 14, 2017

The minutes from the February 14, 2017, meeting were approved.

I. **Dean's Comments**

Dean Reilly thanked all who participated in the LCME site visit, also recognizing Bob Anderson for his tireless work and leadership. Three findings from the review include: 1) insufficient locker space at UCH; 2) the necessity of a report on the first Colorado Springs Branch students; and 3) inadequate efforts to minimize student debt. Barring no further issues identified in the final report which should come out in June, these findings are a dramatic improvement over prior site visits.

Chair and Director Searches: We are in the final phase of the search for the new director of the Anschutz Health and Wellness Center. Four finalists will be coming in the next couple weeks. The chair searches for Immunology and Microbiology, Physical Medicine and Rehabilitation, and Psychiatry are still working through the processes. With regard to the new Dean of the Colorado School of Public Health, the search committee has completed their work, and there is now a short list of candidates to be sent to the chancellor and provost.

II. **Transformational Research Funding Recipient – Jean Kutner, MD**

Dr. Kutner introduced the Data Science to Patient Value (D2V) project, which is a combination of two proposals, DASH and PIVOT. They were funded together and combined into one proposal. Drs. Michael Ho, Michael Kahn, and Lisa Schilling are also co-leaders of the project. The overall focus is around achieving high value health care and advancing the science from multiple perspectives that informs those discussions. Vision statement: To make the University of Colorado Anschutz Medical Campus, School of Medicine, national and global leaders in the development, implementation and dissemination of person-centered, high value health care by advancing innovations in data and health systems science to improve the lives of patients, families and communities.

Objectives: 1) Advancing cutting edge data science methods and applications of that data science; 2) Advancing the science of person-centered high value health care across the care continuum; and 3) Training the next generation of scientists who can advance and integrate the methods of data science and health systems innovation.

Transformational Features: 1) Creation of multidisciplinary, collaborative analytics and a computational research environment around multiple disciplines; 2) Looking at the inputs of patients; and 3) Collaborating between researchers and clinical operations to design and conduct care delivery interventions, translating evidence into practice and policy, and working with the health system as a real-world innovations laboratory.

Organizational structure: D2V consists of six cores, with program support from Kelly Burns. The structure sits within multiple stakeholders.

Data and Informatics: Focuses on a number of things, bringing together data from a variety of sources. They will try to figure out how to integrate multiple sources of data to inform health

care decisions, creating archives of data to be used by investigators to address complex issues. They will link closely with other campus resources, Health Data Compass, CCTSI. They will enhance, not duplicate, and recruit in areas that don't currently have expertise to add to the campus expertise.

Analytics: They will look at an innovative application of complex analytical approaches, developing novel analytic techniques.

Patient and System Value Core: They will look at the science of value from multiple perspectives.

Stakeholder Engagement and Governance Core: They will look at the science of stakeholder engagement, keys to finding value, enhancing science to effectively engage stakeholders to advance science. The goal is to not duplicate efforts, but to complement that expertise and provide technical assistance to understand approaches that effectively enhance stakeholders.

Dissemination and Academic Industry Collaboration: They will enhance internal and external collaborations and create academic-industry partnerships, communicating D2V opportunities and successes and improving mentoring opportunities.

They will train the next generation of scientists to integrate methods, hosting research seminars and visiting professor lectures as a way to advance knowledge on campus, get the word out more broadly.

Pilot grant program is open until tomorrow, March 15, which will fund projects utilizing resources of D2V and will obtain pilot data that best utilizes more extramural funding.

Question: With emphasis on large data sources and stakeholder engagements, is there a specific way to address vulnerable populations, health disparities?

Answer: That is a theme across various topics and projects in terms of making sure data is reflective of those populations. It is more of a thread.

III. **UCH Random Drug Testing Policy – Jean Kutner, MD**

The new policy applies to medical staffs at UCH, but no other hospitals. Why? We as faculty, medical staff members, are not protected from substance use. There is increasing public attention to issue. There have been high-profile cases in Denver, specifically the surgery tech at Swedish diverting drugs, exposing patients to infectious diseases. The policy is being put into place to protect patients and take care of each other. When drug diversion occurs, it usually puts patients at risk. There is increased scrutiny in this issue. UCHHealth has implemented random drug screening as of June 30 of this year, which is one small part of the activities going on across UCHHealth to mitigate drug diversion.

Over the last year, when the Swedish case came to light, we asked: Are we doing everything we can to not be in that situation? The answer was no. There are many activities related to HR around disclosure, reference checks, background checks, pre-employment drug screening for employees of UCHHealth. We are making sure anesthesia carts are locked and other infrastructure, including deploying badge-entry to anesthesia carts, installing cameras in pharmacy departments and ORs, and sealing sharps containers and draining fentanyl bottles. We started with pilot testing of the Random Drug Testing Policy to make sure we were not

disrupting patient care and that people felt safe. The Medical Board at UC Hospital approved random drug screening policy in January and February.

Principles of Drug Testing for Medical Staff: There is concern about false positive testing (we don't want to affect careers with false positives). The threshold is at low enough level to detect drug, but poppy seeds are okay. THC is not included in random drug testing, or alcohol. We are focusing on drugs of diversion. UCHealth does already test for cause. We are making sure that this is really something that should not be happening. The process is, if there is a positive on a screen, it is reviewed by an external medical review officer and they contact individual to see if they have a prescription for the drug. If they do, it is not reported as positive. It ends up being a medical staff issue. If someone is identified as having a substance-abuse problem, UCH has committed to evaluation through CPHP, connecting with the appropriate resources.

The Medical Board approved the policy January 20. Two volunteer departments are pilots: Anesthesiology and Emergency Medicine. We are working closely with departments to identify processes and procedures. We will work with each of the other clinical areas, where people are during the day, to see how testing will work during the middle of a clinical day. We will then expand the program. What about residents and fellows? Carol Rumack and Steve Zweck-Bronner are working on a policy to include residents and fellows.

Question: How is this being paid for? Who is paying?

Answer: UCHealth is paying for this for members of medical staff and residents. It costs about \$60/panel. We are the largest community academic health center, and this will likely create scholarly product.

Question: Are staff and providers being tested?

Answer: UCHealth employees who have defined safety-sensitive positions, providers, everyone is in the pool to be tested. Because of the 4th Amendment, they must be in safety-sensitive positions, and technically all are in safety-sensitive positions. Faculty who do not perform patient care would not be subject to random testing.

IV. **Campus Space Update – Peter Buttrick, MD**

Overview: There is general recognition that we have to think more proactively about where to house research programs. Historically, there have been guidelines, but they have been applied loosely. There are large amounts of research space that are underproductive. There is no incentive to relinquish unproductive space. We are unlikely to do a lot of major construction to include wet lab space, so we need to think about more appropriate utilization of space. Wet lab space, except vivarium, is the most expensive and must be optimally utilized. We are talking about wet lab, not office space, at this time.

There has been a campus-wide conversation – consultants were brought in to meet with senior leadership from across campus, along with department chairs. The consultants concluded that we have a huge problem, but nobody else in the country has gotten it right. We need to develop some kind of incentive-based methodology to encourage effective use of space. The task force had long discussions and decided to focus on research space in several different settings. The Task Force focused on Barbara Davis Center, Research Complex 1, Research Complex 2, and Skaggs School of Pharmacy & Pharmaceutical Sciences. Models were created

and applied to look at space using deidentified data, focusing on wet lab space. The nature of funding was linked to space, which is contentious. Productivity measurements are an important part of the conversation. The mean value was determined to be \$325/square foot. We are very generous compared to the rest of the country. Another recommendation was that if the goal is financial, charge people for space, which is an unattractive approach.

The Committee decided to focus on underutilized space. Offices, etc., were not formally included in analysis. With those recommendations, underutilized space was identified, which included 90,000 square feet. Dr. Buttrick was tasked to ask departments for mitigation plans. Those conversations are ongoing. A committee was developed to help Dr. Buttrick when he ran into difficulties. This is an urgent problem, underscored by the fact that there are large number of active recruitments. The Dean has invested in transformational grants, and the desire is to recruit new scientists to campus.

The progress that has been made over the last year includes more accurate space assignments in Webspace; offer letters now require geographic space commitments; proactive and meaningful engagements by departments; and identification of underutilized space to accommodate new recruits.

Moving forward, the data will again be evaluated by departmental leadership, and errors and other issues will be identified. Recruitments will need to move forward into underutilized space, and useable modules will need to be identified and consolidated. There is optimism that the benchmark will increase.

Question: Since the Department of Immunology & Microbiology is recruiting a chair, they will need space, yet there is no space in the immediate area. Will they have contiguous space?

Answer: There have been a number of conversations around the issue. Yes, we are aware of the recruitment of a chair, and the transformational grant has needs. The intent is to expand the Immunology & Microbiology footprint. It is a complicated problem, but they are working on it.

Question: How much of the 90,000 has been eaten up?

Answer: If you knock off 10,000 for cores, we have probably filled maybe 30,000 to 40,000.

Question: Any plans for RC3?

Answer: It is expensive to build new research buildings. One is in planning stages. Not sure if it will have wet lab space. We may have to retrofit into wet lab space. We should be able to recruit 30 people. It does require cooperation and commitment from all areas.

Question: With regard to the 119,000 ASF attached to support services, is there a soft spot there?

Answer: That includes conference rooms, offices, and educational areas. One could take conference rooms and turn them into wet lab space, but it is not easy.

The meeting was adjourned at 5:35 p.m.

Submitted by Cheryl Welch, Director of Faculty Affairs

Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

April 11, 2017
4:30pm – 6:00 p.m.

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

I. Welcome :

Faculty Senate President Rebecca Braverman, MD, called the meeting to order.

II. Approval of Minutes from March 14, 2017 meeting

Faculty Senate President, Dr. Rebecca Braverman, made a motion to approve the minutes. Minutes were approved as presented.

III. Dean Reilly's Comments

Status of searches and affiliations

Affiliations:

Denver Health has a new Chief Executive Officer Robin Wittenstein, EdD. She comes from Penn State Health.

External Departmental reviews:

External departmental site visits are being conducted for four departments.

Searches:

A Director for the AMC Health and Wellness Center will be selected in the next couple of months.

**IV. Faculty Resilience Program- Abbie Beacham, PhD, Associate Director,
Faculty Resilience Program
And Update on Office of Professionalism- Berry Rumack**

Faculty Resilience Program:

Dr. Abbie Beacham reviewed what is available in the program.

Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals “bounce back” after challenges while also growing stronger.

The program offers:

- an individual consultation availability that is confidential
- an online snap shot that includes an online survey which takes 15 min to complete. It will give a resilience score and a flourishing (satisfaction) ratio.

- A report will be generated that compares your resilience to others, points to the areas of satisfactions or less satisfaction, and a way to connect with some the programing that you may interested in.
- A mini-series, noon on Wednesday of 50 minutes length. Topics include
 - Finding Your Values Compass
 - Mini-Mindfulness
 - Putting Joy and Gratitude to Work
- KORU Mindfulness 1h15 min online class sessions- program developed by DUKE

Upcoming Mindfulness Activities



- **Koru 1.0**
 - 2 Sections (1 Day and 1 Evening - New sessions beginning May)
- **Koru 2.0**
 - 1 section (New sessions beginning May)
- **Koru half-day retreat**
 - 1 Saturday morning (Koru Participants)
- **Other meditation groups available as well**


Resilience Program
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Update on Office of Professionalism:

Since March 15, 2014 thru March 23, 2017 there have been 331 cases.

Oversight and consultation since June 2014 by the Professionalism Executive Committee composed of the Dean, SAD for Academic Affairs and Clinical Affairs, President UCH medical staff, CMO, UCH, CMO, CHCO, University HR, Risk Management, university Legal, Office of Professionalism Director and Associate Directors.

For first-time and minor-lapses in professionalism cases will be discussed without naming the involved individuals. Reporters (claimants) are protected throughout. All validated cases are entered into a database

We maintain privacy and confidentiality with the following exceptions (designed to protect reporters as appropriate):

- Potential for harm to themselves or others
- Permission is granted by the reporter
- Aggregate reports when sufficient visitors to protect identity
- Sexual harassment and Title IX which are mandated reports and referred to Office of Equity

NOTE: Parties involved are informed that while it is our desire to keep matters confidential it may be necessary to talk to other people within the school and campus in order to address the concerns raised. If we cannot do that we may not be able to resolve a case.

We collect and assess information to understand all sides of an issue and maintain neutrality. We make recommendations as to resolution and if appropriate provide mediation and advocate for a fair and equitable process involving all allegations. We provide referrals to CPHP, psychiatry, remediation, communication training and other programs as appropriate and provide short term coaching. We work with Program Directors, Block Directors, hospital medical staff leaders, and all levels of supervisors – Dean, Chairs, Division Chiefs, Section Chiefs and others.

The primary goal of the Professionalism office is to help those who have been involved in an incident to return to being valued and productive members of the Anschutz Medical Campus Community. It is NOT to provide discipline or to be punitive, but rather to help work through those things which will most benefit a full and realistic recovery from difficult situations.

- *Category 1: “Cup of Coffee”*

Single incident, no previous report, not egregious (not involving physical contact, racism or other protected class violations, etc.). If a 2nd cup of coffee the case will be upgraded to Category 2 or 3. Approximately 47.7%

“Cup of Coffee” concept with thanks to Gerald B. Hickson, MD et. al. Academic Medicine, November 2007.

- *Category 2: “Espresso”*

Multiple incidents, but not seriously egregious.

Department Chair and/or appropriate supervisor (Division Head, Section Head) is involved in the intervention after basic assessment. The case will be presented to the Professionalism Executive Committee. The Office provides recommendations and suggestions as appropriate (e.g. communication training, mental health, remediation, CPHP, Letter of Direction, etc.).

Approximately 41.9%

- *Category 3: “Carafe”*

Repetitive unprofessional acts which failed resolution in Category 1 and 2

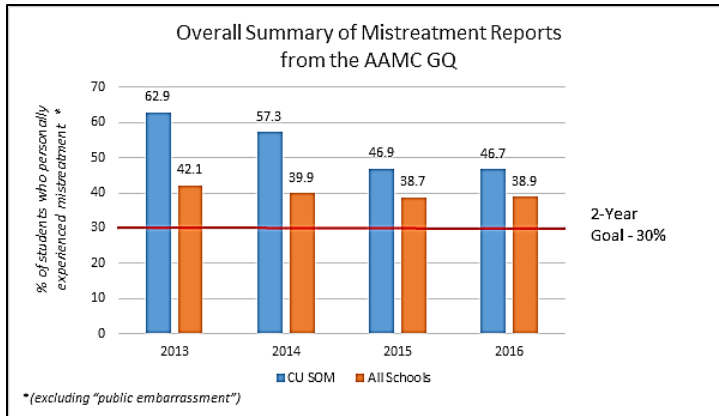
Egregious acts such as those involving physical or emotional abuse, racism, gender, sexual orientation. Complex, multifaceted or inter-related concerns are raised which include professionalism. Full presentation to the Professionalism Executive Committee is required. The Dean and other senior administrators may be involved in addition to the Chair or other supervisory authority.

Approximately 10.3%

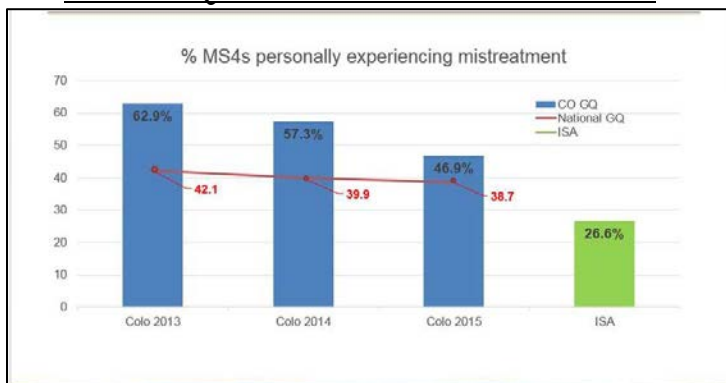
NOTE: Sexual harassment, Title IX, etc. referred to Office of Equity.

WHY THE CONCERN?

LCME has made clear that unprofessional acts affecting medical students are not acceptable and will be part of medical school licensure.



Data from the 2016 Independent Student Analysis (ISA)
ISA and GQ RESULTS FOR MISTREATMENT



Note 20.3% difference between the GQ and ISA

EFFORTS TO PROMOTE REPORTS OF MISTREATMENT

26 student claimants involved in 20 cases (NOTE: student respondents are referred to the student professionalism committee).

NOTE: These 26 are from the entire 4 years and represent a small fraction of those reported from the GQ or on the ISA which are only from the 4th year.

Efforts to ensure that students are aware of how to report mistreatment:

Multiple mechanisms for reporting complaints

- Presentations at student orientations and faculty grand rounds
- Direct referral to O of P if requested in course evaluation
- Student Mistreatment FAQ developed with students, faculty affairs, UME & Office of Professionalism.

OVERALL OFFICE OF PROFESSIONALISM DISCRIMINATION CASES:

215 Faculty Respondents

22 Staff Respondents

17 Resident Respondents (handled by colleagues rather than the director)

(Does not equal total since some are involved in more than 1 case)

Select questions from senators:

- Why no representation from faculty on the executive committee?

We do not vote or discipline but only recommend. The different members of the executive committee have distinct role to assure some oversight of our actions.

- Any experience with Category 3?

Two were suspended without pay for racist incidence. One suspended for 60 days for serving alcohol to a minor and was arrested by police. The rest receive whatever measure to get them back on track, like intervention or counseling. We do not fire nor discipline.

- Are Category 1 and 2 reported to the chair?

Cat 1 we do not contact supervisory authority. When we confirm the validity of the case, we meet with the individual privately and confidentially.

Cat 2 with multiple incidence, we assess the validity and meet with supervisory authority to share our opinion of what is the best way to proceed. The decision has to be made by the supervisory authority.

- Do you meet with the respondent before going to the supervisory authority?

Sometime we do. In some cases, after establishing the validity of the case we will contact the supervisory authority to discuss what the best way to proceed is.

- Do you have equal distributors between females and males reporting?

I do not have the data with me but I can get it for you.

V. Update on Curriculum Changes- Robert Anderson, MD, Sr. Associate Dean for Education

Medical Education: Moving Forward:

1. Re-organization of the office of medical education and student affairs
2. Developing and implementing a new curriculum which is a great opportunity

WHY ARE WE DOING THIS?

From recent LCME visit our curriculum was adequate with some very positive aspects. It was in place since 2005, we have more students, 184, and our scores on STEP 1 considered as an objective indicator, are slowly slightly going down over the last few years. Our scores are currently at the national average when we were 2-3 points above the national average a couple of years ago. For the STEP 2 of the national board clinical training, we were 3-4 points above national average and it did not change. We have more students with academic issues and students are voting with their feet. Even with our best lecturers attendance has declined a lot. Other medical schools are taking steps for a much more active learning experience. Therefore it is time to update our curriculum.

HOW TO DO THIS? - STEPS TOWARD A NEW CURRICULUM

- Develop a planning process-underway
- Engagement of departments, faculty and students
- Vision for what we want our student body to be (most medical schools have this and it informs the admission)
- Input from schools that recently developed a new curriculum
- Working out the details including outcome metrics
- Implementation

EXAMPLES OF MEDICAL STUDENT ADMISSIONS MISSION STATEMENTS

- Discovery and innovation to advance health worldwide-UCSF
- A diverse community committed to leadership to alleviate suffering from disease-Harvard
- Leadership in evolution of health care delivery-Michigan
- Diversity, innovation, critical thinking and life-long learning-Penn
- Diverse group of academically exceptional students whose attributes and accomplishments suggest that they will be future leaders and/or scholars in medicine-Vanderbilt

It is a great opportunity that will improve the level of our students.

Select questions from senators:

- Who will be working on the changes of the curriculum?

It remains to be determined. A group of 12 people including educational leaders and from departments led by Eva Aaggard is currently working on the mission statement of admissions. A broad input is required to foresee what the education will look like in the future and how it would be delivered. The content is adequate but the delivery of the content needs to be improved. There will be some organizational changes.

- When the change might be implemented?

Within a couple of months and we can conceptualize and implement in a couple of years. Hopefully by the time the LCME comes back, 8 years from now, we will have 2 years of experience with the new curriculum.

The Dean commented:

This is a big project that will have the same organizational structure as the preparation for the LCME with smaller working groups that will work around specific areas that we identify during the planning process, and they will have some recommendations to consider. This experience will require some discipline when it comes to the organizational decisions of shaping the curriculum to make more room for certain topics such as bioinformatics, team work and leadership training. Multiple constituencies may feel that their particular areas of expertise need better representation. This will need to be managed delicately.

- Would time, instruction and resources be given to instructors to help with the changes? We also hear from our students that the school emphasizes availability of online learning.

We are considering the first point. For the second point, we strongly recommend the students to attend the lectures since students attending regularly do better in general.

- Can we improve the connection between the department and the educational mission?

There was no integration and centralized curriculum and oversight. To comply with the recommendation from the LCME, we lost engagement of the departments in our educational mission and curriculum. Part of this process will be to re-engage the departments in our educational mission and enterprise.

- Is this the mission statement for the school or the admission committee or somewhere in between?

This will be a statement that will identify what we would like our students to be and it will override all and can be applicable to all areas. It will inform the admission process and will align with our educational mission.

VI. Campus Update (Light Rail, Parking)- Neil Krauss, Director, Inclusion and Outreach, Chancellor's Office

The light rail started to come to campus and we have a campus shuttle that has 6 points of drop off/pick up locations. On average 1,200 people are using the shuttle per day. We have 22,000 employees on this campus and 4,000 students on any given day, which corresponds to a 4.6 % usage; the goal is 10%. Many users complimented the service. The marketing communications team along with IT is developing an app that shows the time between trains or bus shuttles.

The expansion of the Breckenridge parking lot that was delayed because of the asbestos but is now getting ready for the pouring of the asphalt. The opening may be before commencement day.

If the new building moves to the design phase, we will have a plan for a 200 space parking structure by the Aspen lot.

Expansion of the existing apartment complex, Fitz 21, is discussed that will triple the number of rooms and beds plus adding a hotel. It is in the beginning stages.

Select questions from senators:

- Is there going to be a pathway between parking lot and RC1N? How about planning for traffic especially now that the VA is moving to campus?

There will be a pathway but not in the same place.

Montview and Victor Street may be expanded to accommodate the traffic. It is an expensive project (15 Million) and the city of Aurora does not have the money. If the

transportation bill or referendum passes, Aurora will receive several million dollars per year that will supplement this project. We want to get plans ready just in case. We plan to widen the roads on either end of Montview and narrow it down where the students tend to cross. We have plans but there is no money currently.

- Any discussion about adding new or renovated educational space?

There will be a small project on the 2nd floor of the library to open student gathering space. It will depend on the enrollment of students and there is a long term plan of a new educational building 10 years from now.

- Do we have plans an affordable housing option for students?

No activity by the university on this matter but there are developers who are interested. Stanley Market Place has now 50 different businesses and there are some plans to build very small efficiency units geared to our students. We were also approached by developers interested but the University does not have the resources to make a public-private partnership and our student population is also really spread out.

Meeting adjourned 5:30 pm by President Rebecca Braveman.

Respectfully submitted,

Tamara Terzian, PhD
Secretary, Faculty Senate.