

School of Medicine Faculty Senate
Meeting Minutes
September 12, 2017

I. **Welcome and Introductions** – President Kathleen Torkko welcomed the Faculty Senators to the first Faculty Senate meeting of the year. School of Medicine leadership were introduced, as well as the new Faculty Officers for the year. President Torkko outlined the responsibilities of the faculty senators, which included attending scheduled meetings and reporting back to the senators’ departments all topics and issues discussed at the Faculty Senate meetings. President Torkko also pointed out resources where senators could obtain information about the Faculty Senate, including agendas and minutes from previous meetings.

President Torkko announced a request from Richard Schulick, Chair of the University of Colorado Medicine (CU Medicine) Governance Committee. The Board is requesting that the Faculty Senate nominate someone for a director-at-large position with the Governance Committee. The individual nominated must be a full member of CU Medicine, and should be an MD. The individual must commit to attending monthly meetings of the board. Senators were asked to send nominations to Cheryl Welch by Thursday, September 14. The Faculty Officers will then discuss the nominations received and forward all qualified nominations to CU Medicine for consideration.

II. **Dean’s Comments** – Dean Reilly provided an update on the current status of searches and affiliations. Denver Health has a new Chief Executive Officer, Robin Wittenstein, EdD, who comes from Penn State Health. The search for the Director of the Anschutz Health and Wellness Center is in the final stages, with two finalists visiting the campus now through October. Five finalists for the Chair of the Department of Psychiatry will be visiting campus over the next four weeks, and the search for the Chair of the Department of Immunology and Microbiology has just begun. Dean Reilly also commented on the curriculum redesign process, which will begin with a retreat on October 30. The roster of working groups that will participate is being finalized.

III. **Update on the Office of Student Life** – Brian Dwinnell, Associate Dean, Student Life, provided an update on the Office of Student Life. Dr. Dwinnell began in his position a few months ago, and he applauded the Assistant Deans for Student Life, Kristina Tocce and Jeff Druck, for their excellent work during the transition. Dr. Dwinnell outlined the most recent student application process, which included 7,058 primary applications being submitted and 614 interviews being conducted to fill the 183 openings (one student is repeating the first year). Sixty-four of the incoming students are from Colorado, and 36% are from out of state. Eleven of the students are in the MSTP program, and 173 are in the MD program. Dr. Dwinnell comment on the diversity of the students, which include 28% under-represented in Medicine, which is an improvement over previous years. Fourteen percent of the students are from rural areas, and 29% are from low SES/Disadvantaged backgrounds. The average age of the students is 25.

The priorities for the Office of Admissions for 2017-2018 is a new IT infrastructure, with a conversion to Multiple Mini Interviews (MMI), which is now being used all across the country. Another priority will be the Presidential Scholarship Fund, which lost its funding this past year. A retrospective study will also be conducted.

The Office of Student Affairs priorities will include student support, and identifying a new office director. There are also plans to improve the Advisory College Program and implement the Masters of Science program. There will also be development of strategies for Step 1 preparation, and a new MSPE process. Dr. Dwinnell also mentioned that the Office of Student Affairs will be partnering in the effort to address student mistreatment, which had improved over the last two years, but had plateaued at 46%, with the most recent GQ indicating 50% of students had experienced some form of mistreatment during their four years. The Office will continue to look for ways to improve these numbers.

One senator asked whether the importance of Step 1 has increased? Dr. Dwinnell answered that every program uses it as a screening tool.

IV. Update on Student Professionalism Committee and Honor Council Reporting – Assistant Dean Jeff Druck provided an update on the Student Professionalism Committee and Honor Council Reporting. The Honor Council focuses on lying, cheating, stealing and taking advantage of others. All issues that are identified go to the Honor Council. The Professionalism Committee reviews all issues not related to the Honor Council, including professionalism violations.

Dr. Druck announced a change to the process for the Medical Student Performance Evaluation, which is referred to as the Dean's Letter. The Dean's Letter must now include information about the student's professionalism, both exemplary performance and deficiencies. One problem with the current process is that there may be issues that are reported to both the Honor Council and the Professionalism Committee, but no one would be aware that there are issues reported to both entities. In order to alleviate this issue, all Professionalism Committee and Honor Council issues requiring remediation will be reported to the Office of Student Affairs, where they will be stored in a secure electronic database with access limited to Student Affairs Deans. If there is more than one Professionalism and/or Honor Council issue requiring remediation, the issue will be referred to the Student Promotions Committee by the Office of Student Affairs. If a student is referred to the Student Promotions Committee for any reason, a review of the materials will be included in the information forwarded to the Promotions Committee for review. The Professionalism/Honor Council materials held in the Office of Student Affairs will be destroyed upon graduation. The following questions were asked by senators:

Q: If the student has a professionalism issue, and they remediate the issue, does it still go in the Dean's Letter?

A: Yes.

Q: Is this consistent with other schools?

A: Yes – 60% of schools use the AAMC templates.

Q: Will there be complaints if the student doesn't get the residency they want?

A: There will always be complaints; it is felt that the medical school evaluation is an evaluation, not a letter of recommendation. This allows us to be transparent in how we see problems.

V. Campus Update- Neil Krauss, Director of Inclusion and Outreach, provide a campus update. The Board of Regents and the Capital Development Committee approved funds for the Interdisciplinary Building, but they still need to raise additional funds. The total cost will be \$240 million, for 390,000 gsf.

The building will house the Center for Personalized Medicine and other centers and offices. Groundbreaking will be in the summer of 2018.

The following questions were asked by senators:

Q: Will a vivarium be included in the Interdisciplinary Building:

A: A shell space is being held west of R2.

The VAMC is nearing completion, and the research staff is moving in. However, they are not going to move the rest of the hospital until they move everyone, which will be later in the Spring or Summer.

With regard to parking, 241 paid parking spaces will be added to the campus, and 10 additional visitor spots, by rearranging existing spaces. In addition, they will be adding another 210 paid spots and 9 visitor spots. An additional 2,000 parking spaces will be added via a parking structure north of R2. They are in the early planning states. The increase in parking fees will help pay for the new structure.

The Light Rail Shuttle from A Line to Campus has been a growing success, from 5,813 rides in March to 9,018 in August. It is estimated that 180 people are getting on at the Light Rail Station per day. They are making progress towards improving ridership.

Two bike sharing companies have approached the campus, Lime Bike and UrBike, which could offer different programs. One program would allow the bikes to be taken anywhere, paying a fee per 30 minutes of riding. Another program would have a boundary where the bike can be taken, and would be primarily intended for campus use only. Mr. Krauss asked the senators to provide information to their departments and contact him with whether they feel that there would be interested in having a bike sharing program on campus. If one of the programs was adopted, it would require some capital outlay, but no additional costs.

The following questions were asked by senators:

Q: Would there be designated bike lanes on campus?

A: The sidewalks and roads would be used, with the possibility of share-rows being established.

Q: Would the bikes be available at the Education buildings?

A: They would be available throughout campus. However, one company would prefer that they bikes not be taken off campus, while the other company would allow the bikes to be taken off campus.

One senator commented that they didn't think that the campus was large enough to fully utilize a bike-sharing program. Another senator commented that they felt that some people do have very long distances to go on campus, and a bike-sharing program would be useful. Another senator commented that it would be helpful if there are lots of places to pick up and return the bikes. Another commented that this would be a great for individuals who want to exercise during lunch or during a break, or go to the Health and Wellness Center.

Q: What if someone had a long meeting?

A: Once you lock the bike, the meter stops.

Mr. Krauss then commented that the Community Campus Partnership has been developed and funded by the University and hospitals to help the community on a number of fronts. First, a job hub has opened in the Aurora Resilience Center just south of Colfax. The job hub connects people living in the near-off campus neighborhoods with various jobs that are available at both hospitals and the university. Individuals looking for a job can receive specialized counseling. The office has been open for four months, and more than 100 people have been counseled, with 8 individuals being hired. Additionally, University Hospital has hired more than 250 people from the neighborhood since the CCP was founded in 2015.

VI. Faculty/Staff Anti-Stigma Panel – Amanda Pennington, Best Practices Specialist with the National Behavioral Health Innovation Center, provided information on the faculty/staff anti-stigma panel that NBHIC is helping put on with IPE and Student Mental Health. The panel is based on a student model, which included 5 students with shared experiences and questions being answered. The panel will be held sometime in October or early November and will focus on de-stigmatizing those with mental health issues. Amanda asked for volunteers who would like to participate, or if the senators knew of someone who would like to share their story about being a health professional with mental illness. They already have two panelists from the Graduate School and Children's, so it would be great to get some diversity from the schools. There will be a student anti-stigma panel happening on October 3rd from 6-8 in Nighthorse Campbell, and it would be a great opportunity to hear stories from students with mental illness and their experiences in training to be a health professional with a mental illness. They are also co-hosting a series of events with IPE focused around mental health in health professions. A full menu of services can be found here: <https://magic.piktochart.com/output/24085297-clinical-discussions-open-campus-menu-ipe-ci-1-fall-2017>. The Center is also doing a Virtual Reality day that faculty can sign up for, which can be found in the above link. Faculty can contact Amanda, also, if they want to stop by and try out VR. Amanda can be contacted at: Amanda.Pennington@ucdenver.edu, or 720-777-7266.

With no further business, the meeting was adjourned at 5:25 p.m.

Respectfully submitted,

Cheryl Welch
Director, Faculty Affairs

Minutes

FACULTY SENATE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

October 10, 2017

4:30pm – 5:30 p.m.

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

I. Welcome :

Faculty Senate President Kathleen Torkko, PhD, called the meeting to order.

II. Approval of Minutes from September 12, 2017 meeting

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

III. Dean Reilly's Comments

A. Miscellaneous:

The Fall Faculty gathering is today.

CUSOM NIH budget is stable.

The effort to repeal and replace the Affordable Care Act (version 3) did not pass, thus Medicare will stay in place for now.

B. Status of searches and affiliations

1. Affiliations:

New Dean of the School of Public Health starts Monday.

2. Searches:

Psychiatry finalists will be determined shortly.

Negotiations are in progress with a possible PM&R candidate who returns for a second visit during the first week in November.

C. External Departmental reviews:

External departmental site visits are being conducted for four departments.

IV. Discussion/Approval Items

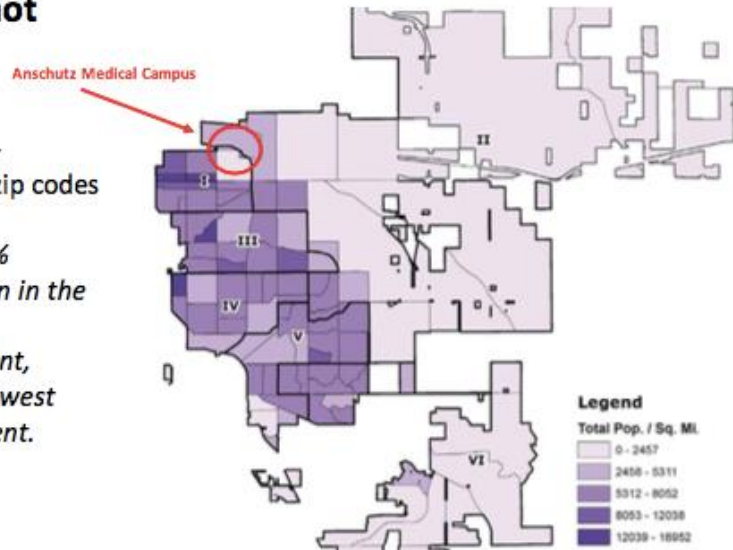
1. Community Campus Partnership

Robert McGranaghan, MPH & Director of the University of Colorado Community Campus Partnership presented

North Aurora consists of 125K people & 3 zip codes

North Aurora Snapshot

- North ("Original") Aurora - population ~125,000 in 3 zip codes
 - Youngest in the city*
 - Diversity index of 86%*
 - 130 languages spoken in the schools*
 - Highest unemployment, lowest income and lowest educational attainment.*



- Diversity index of 86% with huge numbers of immigrants and multiple dialects spoken in the schools
- Highest poverty and unemployment levels in the city
- Economic changes followed the development of Stapleton, Lowry, [and Anschutz]

Community Campus Partnership (CCP) was established in 2012

- CU Chancellor commissioned a team to create a framework for a community health partnership with local neighborhoods.
- Focus group & advisory group meetings searched for a sustainable strategic framework to facilitate these relationships
- CCP Coalition relied on grassroots level organization
 - Full time community organizer (liaison to churches & schools, informed community concerns and priorities)
- Emphasis was on *fostering relationships* (perception was that the campus community should be more reflective of the surrounding community diversity)
- Community engagement is woven into everything the CCP does
- Hiring local became a priority
 - Monthly networking meetings, an interactive website, and e-newsletters increased engagement
 - Community members wanted a way to talk to actual people (what do employers need etc)
 - Resulted in a Pilot Program with the Community College of Aurora (Healthcare Bridge Pilot Program) with 7 cohorts over 2 years & a

98% retention rate after 2 years

- 'Hire Local Job Hub'
 - includes job pathways, intake assessments, connection to hiring managers etc.
 - Huge demand for this service
- Learn Local Goals
 - Education is the number 1 social determinant of health
 - Local Learning became a companion to Hire Local
 - Long term goal of changing faculty promotion policies to incentivize and reward community engaged scholarship
 - Includes lunch & learn, career exploration, homeless outreach (via student population)

Questions:

1. Plans to work with VA? (on the horizon)
2. Is there training for higher paying jobs? (Work closely with the Community College of Aurora)
3. Have you reached out to affiliate campuses? (Focus in on Aurora community)

Community-Campus Partnership



2. Update on Curriculum Reconfiguration

Dr. Shanta Zimmer Interim Senior Associate Dean for Education, Associate Dean for Diversity and Inclusion presented.

Despite LCME visit curricular changes were made for 2017-18

- Longitudinal Culture, Health, and Equity and Society (CHES) thread implemented
 - Possible it will be transformed into a whole course moving forward
- Disability Curriculum was piloted at Co Springs branch (led by Associate Dean Erik Wallace)
 - Excellent early feedback
- Increased 'flipped classroom' techniques utilized in phases 1&2
- Competency Committee is taking a close look at how we assess our students
- Increased focus on student wellness
- Increasing support for Pass/Fail for phases 1 & 2
 - 10 years ago 40% of schools did this
 - Currently 67% of schools do this

- Phase 1 & 2 cumulative exams have been implemented
 - Adult learning theory says this leads to better retention of material
- Increased focus on integration of science knowledge over time
 - Matt Rustici is an open consultant for anyone who wants to go through questions and re-format
 - 2nd year students feel better prepared for Step exam
- NBME exam workshops for block directors

Questions:

1. What is the process for pass/fail grading?
(Honors/Pass/Fail for years 1&2, Honors/High Pass/Pass/Fail for years 3&4)
(Pass=>70%)
2. Does not getting a grade improve wellness? (Yes!)
3. Does this have a negative impact on USMLE scores? (No, SOM is taking a 'bundle approach with P/F implementation, cumulative exams, etc-> perhaps a cumulative effect. Also some consideration of moving Step 1 after Phase 3, or Steps 1&2 to right after Phase 3- UCSF and Vanderbilt have done this)

In addition to the 2017-18 changes and despite success with the recent LCME visit- full curricular reform is in progress.

- We should always strive for more
- Models of care are changing at a fast pace
- There are ways we can do better

Group reform goals: Leadership, Curiosity & Commitment

- Commitment
 - Not altruism anymore because of the ideas around wellness- more like 'nobility' which captures a better sense of what students believe they are
- Curiosity
 - Lifelong learning, wondering why
- Leadership
 - We are good at this, but what is happening nationally?

Asking faculty and students to inform these items:

10/30/17 retreat: 'Focus on 2040'

- 10 subcommittees
- 2-4 students on each committee
- Perhaps residents
- Steering Committee
- Consulting other schools that have recently done this

How to get involved?

- Attend the retreat 10/30
- Give feedback to education leaders
- Volunteer for sub-committees
- Participate in surveys
- Formally integrate basic sciences into the clinical years so it is not forgotten
- Attend visiting scholar talks: See AME announcements

3. Office of Professionalism, Dean's Perspective

Dr. Shanta Zimmer Interim Senior Associate Dean for Education, Associate Dean for Diversity and Inclusion presented

We are in the bottom 10th and 25th percentile performance of faculty towards patients and colleagues (AAMC GQ Survey)

AAMC GQ Survey

Please rate how often the following behaviors/attitudes are demonstrated by your medical school's faculty

- | | |
|---|-----------------------------|
| ◦ <i>Being respectful of house staff and other physicians</i> | 25 th Percentile |
| ◦ <i>Being respectful of other health professions</i> | 10 th Percentile |
| ◦ <i>Being respectful of other specialties</i> | 10 th Percentile |
| ◦ <i>Providing direction and constructive feedback</i> | 10 th Percentile |
| ◦ <i>Showing empathy and compassion</i> | 25 th Percentile |
| ◦ <i>Actively listening to patients</i> | 10 th Percentile |
| ◦ <i>Being respectful of patients' dignity and autonomy</i> | 10 th Percentile |

- Survey responders are 4th year medical students benchmarked against other medical students nationally
- Faculty don't seem to see this
- Dean believes there is a disconnect between what we feel and what others see
- Bothers Shanta that we are so low when compared nationally to other places

Office of Professionalism is meant to improve mistreatment and professionalism.

- Also provides remediation and resilience.
- Dr. Rumack is stepping down- so recruiting for a new Director (please apply if interested).

How do we prevent unprofessional behavior that is the result of something else?

- Targeted remediation resources (communication training etc)
- Highly targeted consequences

Office of Professionalism

*Eva Aagaard, Jean Kutner, Steve Lowenstein

Prevention: All Faculty

Communication Skills & Professionalism Faculty Development (Kirati Broadfoot & Rachel Seung)

Remediation: Targeted

Communication Skills Intensive Training or Crucial Conversations Referral

Professionalism Feedback, Coaching & Monitoring

Referral: CPHP, Physician Support Services

Consequences: Highly Targeted

Removal from Learner or Patient Care Environment

Non-renewal, Termination or Other Consequence (TBO)

History

Structure within academic affairs
Professionalism, Remediation, Resiliency
Consultations
Outreach
Mediation

- Barry Rumack, MD
- Josette Harris, PhD
- Abbie Beacham, PhD

Next Steps

- Accepting directorship applications:
- <https://cu.taleo.net/careersection/2/jobdetail.ftl?job=11268>
- Ongoing discussions to support culture of professionalism

Minutes

FACULTY SENATE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

November 14, 2017

4:30pm – 5:30 p.m.

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

I. Welcome :

Faculty Senate President Kathleen Torkko, PhD, called the meeting to order.

II. Approval of Minutes from October 10, 2017 meeting

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

III. Dean Reilly's Comments

A. Miscellaneous:

CU Annual Medicine Business Meeting takes place tomorrow night (November 15th). Come for drinks and updates on practice accomplishments from the last year. The news is going to look a lot like it has for the last 5 years year + a little Medicaid twist.

B. Status of searches and affiliations

1. Affiliations:

There is a new Ambulatory Health building at Denver Health

2. Searches:

Active recruitment for the Chairs of Psychiatry,

PM & R, and Immunology & Microbiology continues.

Candidates for the Director of Health and Wellness Center are being interviewed

IV. Discussion/Approval Items

1. GME Annual Review

Carol Rumack, M.D. and Associate Dean for Graduate Medical Education (GME) presented

GME is required to look annually at what we are doing in terms of resident and fellowship training:

- Increased by 20-30 residents/fellows (trainees) per year
 - Crossed over into the non- ACGME programs
 - Including subspecialty fellowships that are not yet board certified
 - ACGME wants to be part of certifying the residents and fellows
- We support 2400 CU faculty
 - Includes 140 Program Directors and 94 Program Coordinators
 - There are several major Program Director changes this year
- 30 CU med students entered our programs this year
 - Nationally competitive organization
 - Similar results for primary care and specialty care

- Same average x 5 years
- Int med peds is new and into it's first graduating class in June
- Under rep minorities we are not doing very well
 - Happy to have Dr. Zimmer help PDs with bias etc.
 - Any help from faculty is appreciated
- Housestaff reports of professional treatment are all above 90%
 - Much better than the med student survey on Professionalism -> they give very positive results
- If you want to stay in Denver- primary care is the best route
 - 72% of Primary care residents stay in CO
 - This has increased by 10% in the last 1 year
 - Job market is more saturated in specialties
 - This is good for us because we need Primary care
- Student debt:
 - Nearly 20% of fellows graduate owing >300K
- Housestaff BURNOUT:
 - 'Have you become more callous?'
 - ~50% say yes-
 - Similar to national average for question of 'burnout'
 - Working with allied health providers and EPIC seem to contribute to this rate

- Since 2011: ACGME has given no citations and we are accredited every year
 - Healthy strong institution
 - Some programs have citations & we track all of them until they are resolved.
 - KEY ISSUES that we monitor:
 - Fatigue (new requirements on wellness, burnout, managing fatigue)
 - Ways to transition care when fatigue is an issue
 - Education not compromised by service (higher than the Nat'l average)
 - Data about practice habits (complications, infections, etc.)-> Residents are supposed to be getting this data and learning how to use it (comparing complication rates to a national database)
 - Underperforming programs are tracked annually
 - Resident survey is the strongest trigger
 - Special reviews for 9 programs until all issues are addressed (duty hours, timely evals, service over education)
- Clinical Learning Environment Review (CLER)
 - It's not enough to review the program- need to review the learning environment
 - This acts as an early warning system-
 - Initiated 11/16 (Q2yrs) this was our 2nd visit
 - Includes:

- Efforts to engage in Quality & Safety
- Engage in improving pt care
- Opportunities for trainees and faculty to get involved
- Residents reported non-punitive and respectful environment
- Reporting safety events and Q and S training is variable
- Bonus Programs can be implemented
- Foundations of Patient Safety was MISSED

2. Review of Changes Considered for Regent Article 4 and Policy 5 (Attachment sent in previous email)

Micheal Lightner, Vice President for Academic Affairs presented

Regent decided it was time to review and update laws and policies

- Administration was charged with reviewing/suggesting changes
 - Motive was simply to update and improve
 - President Benson believes that less is more for rules and regulations
- Process was to look at laws and policies and categorize by HR, Academic, Regent/Legal
 - Each area had a subject matter expert group

Academic Affairs laws and policies must be consistent with:

- Federal & state law
- Regents

- Administrative Policy Statements (system wide guidance)
- Campus policies
- School or College policies
- Department policies (these are supposed to be consistent- although they can be refined)
- Faculty Senate bylaws are parallel

Approved Article changes will be made effective in by the following process:

- Subject matter group makes rec changes
- Goes out for public comment for 60days
- Campuses are notified by a variety of notifications-
- Comments can be made on a website
- Version 2 follows the same review process- but for 30 days
- Version 3 is meant to be brought to the regents- buffer is governance committee- can send directly to board- or ask for re-work
- Cycle around until approval rec to full board- then goes through 2 readings with the board

At each stage- all meetings etc.- anybody can come in and say 'We don't like this. There are many avenues for input because these changes are believed to be important.

- Current Timeline:
 - A set of ideas & concerns has been out ~ 60d
 - Dec 8th = 1st revised version
 - Hope by the end of Spring semester to have 3rd revision- goal to have whatever changes we are going to be make to be completed by end of cal year 2018 (two very experienced Regents leave in 2018

and they will be replaced with very inexperienced Regents that do not know the system)

○

Changes to Policy 5 aim to separate 'freedom of speech' from 'academic freedom'. Freedom of speech is a federal and state legal issue that differs from academic freedom. Academic Freedom challenge lies in the concept of 'shared governance':

- The Regents laws recognize shared governance and the participation of '*the faculty*' in all of these things.
- '*The faculty*' is poorly defined, so some of the work is in further clarification of this definition.

Academic Freedom is assigned to each individual faculty member. Therefore we are challenged with individual faculty saying 'This is the text- syllabus-etc.- and that's my right under Academic Freedom.'

- This is relative to THE faculty who *oversee* curriculum etc.
- There is a need to balance *a* faculty vs. *the* faculty
- Becomes a real issue when we have the large coordinated courses (i.e. calc 2)

Question:

1. How will this impact the teaching of controversial topics like reproductive healthcare?

This is a great example- this is where academic freedom really plays out. I can't imagine the faculty of a dept saying we will not discuss X. In 4 different cases last year- on different campuses- when called out about controversial subjects- in every single one the board of regents said no- this is academic freedom. They have been very clear on this. If we don't capture this well- then we need to hear about it.

The next issue relates to Tenure. This is not necessarily a big issue- but where are you tenured? Dept? campus? University? It is simply ambiguous.

- If you are trying to move- do you have to change your tenure home?
- We are taking the position that you are tenured once
 - The regents tenure you as faculty of CU
 - The receiving unit needs to have a process by which the faculty would review the faculty coming- in whatever way deemed appropriate- then vote to see if the transfer of tenure makes sense.
 - Faculty do not need to ask for tenure twice.

Question:

1. What does that mean for financial responsibility?

You have a 'home' as a faculty member. For example, I'm an engineering professor- but I love theatre. I have a salary in engineering- but I publish in theatre. They say OK- they will pay you from the theatre salary line- not engineering. The receiving unit takes on the salary.

The next issue is Tenure Criteria. It's not clear with respect to 'Excellence in Teaching' and Excellence in Research.

- Research is common across every dept. in this institution. We look for impact and validation of impact.
- Teaching is treated differently in units across campus.

- Excellence in Teaching requires external impact that is validated externally; textbooks, protocols, pubs, & pedagogy- not just good ratings in a classroom.
- We want to understand that there is no different value assigned to Excellence in Teaching vs. Research.

Question:

1. Criteria for tenure are higher in SOM than anywhere else in the system- also require Nat'l and internat'l rep- much harder to establish a national reputation for teaching- lack of international of national forums for teaching- can qualify if known on campus- challenging if we have to determine external impact.

I don't think this will be hard- because there are asterisks everywhere for the SOM (exceptions for SOM bc it is a different environment- and there is a long history of doing this.

Changes suggested for Instructional Faculty (career faculty- critical to the function) vs. 'non-tenure track faculty' (broader bucket) have resulted in the largest number of comments.

- Concern is that the current state means that many Instructional Faculty have no particular rights or privileges
- >50% of student credit hours are taught by these members of our community
- The challenge is how to appropriately recognize and support them throughout their careers (they can spend their entire careers here) Each campus has different ways that they support these faculty
- Want to put in place some more general supports in lieu of each campus and sometimes

schools and colleges having different systems
This is a fact of life in modern universities and
how we incorporate them and provide them
connections and rights is a challenge

- Current rule is that they have whatever rights tenured faculty vote them to have and everyone is concerned about this and wants to improve this.

Question:

1. How will grant supported faculty in SOM be managed?

Research faculty have not complained because we are not using the term non-tenure track faculty. This is to keep things a bit clearer. Advanced practice providers etc. will not fall into this bucket. We are trying to look at broad categories and say general things about them.

Last issue! 'Dismissal For Cause' is the last place where changes are being suggested.

- This includes different types of faculty:
 - Many faculty have either limited or term contracts.
 - Tenured faculty have a continuous contract.
 - The regents give tenure. They don't hire you and they have little to do with you if you are not tenure- they simply provide framework for operation.
 - Tenured/tenure track or term faculty have a path for 'dismissal for cause' that takes you through the Regents
 - Tenured faculty can't be dismissed- they can have their tenure revoked for cause

- and then dismissed. This goes to regents
- Other faculty have a process that ends with an appeal to the president instead of regents.
 - For example, the Regents- not Provost or Chancellor- give degrees. This is based on the recs of X- they grant degrees- so they are the only ones that can revoke a degree.
 - We are aiming for the same type of parallel-ity on dismissal for cause

Question: SO HOW DO WE GET ACCESS?

It will be posted in CU Connections- Cheryl will have it and can share it.

Minutes

FACULTY SENATE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

December 12th, 2017

4:30pm – 5:30 p.m.

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

I. Welcome:

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II. Approval of Minutes from November 14, 2017 meeting

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III. Dean Reilly's Comments

A. Status of searches and affiliations

1. Searches:

- Very close to hiring a new PM&R Chair
- Psychiatry Chair interviews begin in January
- Invitations for the Chair Search Committee for Orthopedic Surgery are being prepared
- We are re-constituting the search for Immunology and Microbiology

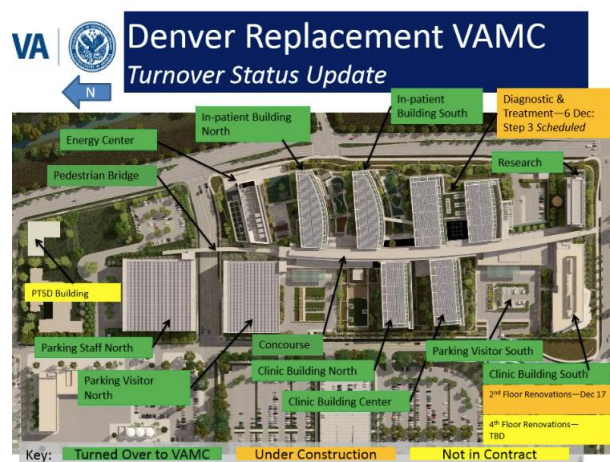
2. Affiliations:

- Denver Health has hired a new Director of Service for Orthopedics
- You will hear about the VA today

IV. Discussion/Approval Items

A. Status Update on VAMC Move to Anschutz Medical Campus

Shannon Newell, Project Coordinator, Denver VA Replacement Medical Center (Rocky Mountain Regional VAMC) presented



1. Turnover Status:

- Things are moving at a very fast pace right now
- Green buildings are turned over to us, mostly physically complete, but not yet ready for occupancy.
- Amber colored buildings are still being constructed

2. Clinical Patient Services

- Heart is diagnostic and treatment center (DAT)
 - Not yet turned over to us- so limited work can be done at this point
- January 2018 will be an important month for 'closing'
- When will the new VA campus be open to patients?
 - Many things are being done in parallel so that the whole campus can be relocated at once

- Campus wide transition will likely take place in July or August of 2018
- These are planning dates only
- Actual date will likely be firmed up after January progress is assessed
- We recognize that many are vested in this process, including providers and training programs.

3. Project Scope

- Unchanged
- Twelve buildings are on site
- The Post Traumatic Stress Rehabilitation Center was not in the original project design- and thus will remain at the Claremont Campus until an estimated completion timeline of 18mos.

4. Disposition of the Claremont Site

- This is prime real estate however the VA cannot sell it and make a profit
- There are rules and regulations around how this property can be used
- Hoping by next year to have recommendations about the Claremont site
- Several primary care teams will also remain at the Claremont campus because we have grown so much since the original plans were made

5. Construction Update

- Construction is 98% complete
- Low voltage IT systems remain
- Working towards the planned completion date of late January
- On site construction work will continue after care is relocated
- PTSD Rehabilitation Center will be located near Parking Staff North (see image above)
- The ariel has progressed since this shot was taken

- Much 'Punch Work' (Punch List: Document listing work that does not conform to contract specifications, usually attached to the certificate of substantial completion. The contractor must correct the punch list work before receiving payment.)
- being completed in all turned over buildings
- DAT (Diagnostic & Treatment Center) is running a little behind
- CBS (Clinic Building South) should be complete by the end of December
 - This will be the 1st building we bring staff into
 - 'Early' movers will move in the Spring
 - They will help test our processes etc. before we actually get into the patient part of the process

6. Construction progress photos



- This is the major entry point into the structure and there are three entryways that look like this
 - Individual structures are intended to work as an integrated campus via the 'concourse'
 - This is a unique design
 - Buildings are not built to stand alone
 - The first floor is patient facing

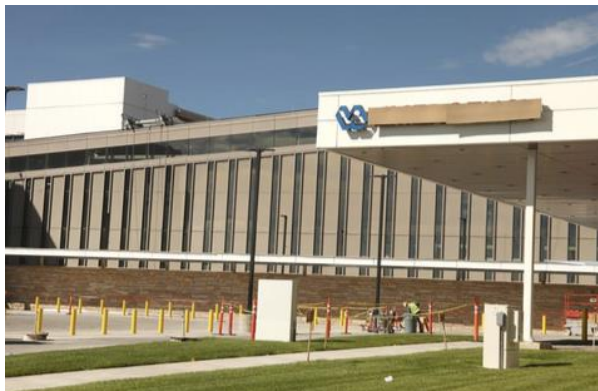
- The lower levels are not meant for patient interfacing
- Using 14ers to designate the clinic names
- There are five pharmacies on the campus



The chapel is a nook off the concourse



The canteen

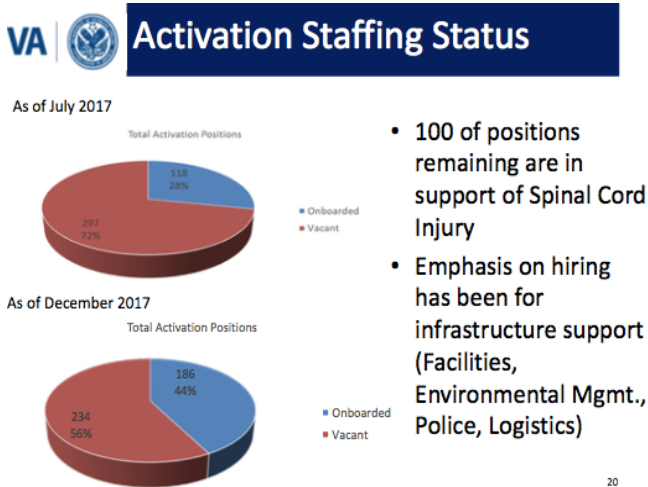


Signs are covered to keep people's interest abated!



MRI Interventional suites were all installed this month

7. Activation Staffing status:



Frontloaded this past year – still hiring

Emphasis on infrastructure hiring since we are running two campuses

Our goal is to get everything we have already running well- than add the new things

There is so much programmatic work to be done

We only have only a core team on board and plan to fill out later

8. Procurement



- Furniture packages awarded for all buildings in FY16.
Furniture installation % complete
 - ENC – 100% ; RES – 100%; CBC/CBN – 100%; IBN/IBS – 100%
- Procurement Plan being executed with planned award dates NLT 15-Aug-17. Equipment installation % complete
 - ENC – 100% ; RES – 100%; CBC/CBN – 65%; IBN/IBS <60%
- Besides Salaries, the majority of the this year's procurement (52%) will be in support of Services
- Emphasis on completing procurement with emphasis on Low Voltage / IT integration packages

9. Overall

There is much unrecognized or invisible work that existing staff has to do related to the move

Operational planning for the last year

Preliminary stages of move planning

Department by department move sequencing et.

We will have a complete plan by April

10. Questions?????

1. Primary care teams that are remaining at Claremont?

Trying to figure out the best options- but for now they will be there. The concern has been that we would lose a piece of the downtown presence if we left entirely- so some of it is intentional. We are trying to capture as many vets as possible.

2. Is there an estimate of how many people will come and go? Montview is already saturated.

Approximately 2600 staff will make the full move in shifts. Minimal people are there now and it is already congested. There has been talk about adjusting time schedules to offset traffic

flow- but this hasn't happened. There are 2200 parking spaces are available- so this many people will be coming and going.

B. Update on Curriculum Reconfiguration and the Curriculum Steering Committee (CSC)

Dr. Shanta Zimmer Interim Senior Associate Dean for Education, Associate Dean for Diversity and Inclusion presented.

1. CSC voted and approved to move our curriculum in the first two years to Pass/Fail.

CSC is a subcommittee of the faculty senate- this is not a re-vote, just informational

We moved to P/F for several reasons:

Most compelling related to the fact that the med students wanted and researched the impact on wellness and engagement. A literature review & discussion with other institution leaders demonstrated that we were in the minority. There was concern that residency programs look at grades for placement. We met with GMAC to get input and their thoughts were that the preclinical years don't really impact the program decisions. You are not comparing apples to apples. Transcripts are not easily translatable. For example, M2M is unique to CU Denver. Curricula are not comparable.

Criticism might be that there is now extra emphasis on Step 1 scores

National data support this for all students- not just pass/fail students.

From a curricular standpoint- this gives flexibility to basic sciences faculty for assessment etc.

Idea was presented to central core Block Directors then revised and

re-presented

This was also presented to med students

A survey of student body demonstrated that the majority were in favor of this change. V

This vote in CSC has not yet been announced- but we are moving forward with the decision.

C. Campus Update

Don M. Elliman, Jr., Chancellor, University of Colorado
Anschutz Medical Campus

“Thank you for allowing me to be here.”

There are five major points to discuss then I will answer any questions you may have.

1. Marketing

- We’ve never told the story of this campus very well- some schools have done better than others- but this is a project for this year.

- We have a merged ID from Denver- and we are now splitting again
- CUAnschutz.edu will be the new email address for our campus- not CUdenver.edu
- This seems minor- but not having our own ID was missing we are dedicating a team to find ways to tell the stories of this campus because they are remarkable.

2. Management Structure

- New Dean of Public health was a major addition to senior leadership groups. A search is underway for a new Dean for the College of Nursing. I think we'll get great candidates.

3. Philanthropy

- We will have a great year.
- Our goal is to raise over a billion dollars in 5 years (we are six months in) and I think that we are going to achieve this goal.
- This is rocket fuel for us and I think it's really important that we make progress in this way. We are ahead of schedule in the first 6 months.
- Related to this on the adult side- the hospital had it's own foundation and the campus had their own- we are trying to merge these because we can be much more effective if we work with our hospital partners.
- Regents of ten ask- what is the most important variable on campus- and I believe it is the quality of our relationship with our affiliate partners. We have a better relationship today with our hospital partners today than we have in the past

4. Space

- This is a MASSIVE problem.
- We grew by 7% every year since arriving on campus and we are trying to address the space problem
- We are looking at innovative office design that we hope will be attractive to folks (I just left a mtg w/ architects designing a new building that we hope to occupy in 2021) We need a signature design building on this campus- different than glass and brick boxes- The infrastructure of the campus has not kept pace with the needs of the campus.
- We got \$38 million last year for the TBI program and we showed them a simple chart with 6 metrics from 2006 to 2016 and one of the people in the audience was the former president of Tulane and he said that he didn't think there was another health community in the US that could compare with this growth.

5. What keeps me awake?

- Washington DC. I wish it would go to sleep. If we could get a predictable state out of the federal government it would be appreciated.

6. Questions???

1. I am concerned about Montview Blvd. it is DANGEROUS! Is there a plan?

There are a couple of answers: Fitzsimmons Commons is expanding with a hotel and retail. In the process of doing this there is conversation about changing the contours of Montview and how to divert traffic to the North. On the block where the apts are there will be street parking which narrows the street and slows things down. Aurora wants to re-design Montview- but no one has the money to fix it. Have added flashing lights- but it remains a concern. Perhaps some answers in the next 12 mos.

Really would like for Montview stop being the arterial to campus.

2. CU Denver and Anschutz were together- now apart- where will it end?

This is a very good question. We are going to separate more things than are together. We are trying to study the whole concept of consolidation and the goal was to look at things through one lens. We can share services and academic programs- but we are not the same. Pre-health is the biggest single major on the Denver campus. Whether we will end up with a remaining consolidated structure is not yet clear. We are going to come up with the plan that works best for everyone.

3. Any plans to start housing for students/residents/junior faculty?

Currently it is easier to recruit from CA and NY. I don't have the \$ for student housing. Fitz Commons is not really student housing. Others have come to us asking about affordable housing and if we can find a way to spur that on with a little bit of equity. Aurora public schools would like to put a Charter School on the land north of Montview (golf course- we own it now- it took 7 years). I would like to create a K-8 as a recruitment maneuver as well.

4. Any plans to provide more daycare services?

Working with hospital- but I look at K-6 as being part of the issue. DSST is interested in putting a

middle/high school there. We are willing to do this- but we need a K-6. So much went into building a academic campus- we want to create more of a contiguous home for people.

5. How about housing for patients that come from other places for treatment outside of the Hyatt etc?

What we need is an extended stay hotel. There is nothing going on about this currently- but we know that this is important. Spring Hill Suites is pretty cheap- but maybe we need programs to subsidize this. This is another example of why we need to get on the same page as our affiliate partners.

Minutes

FACULTY SENATE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

January 9th, 2018

4:30pm – 5:30 p.m.

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

I. Welcome:

Faculty Senate President Kathleen Torkko, PhD, called the meeting to order.

II. Approval of Minutes from December 15, 2017 meeting

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

III. Dean Reilly's Comments (made for Dean by Mark Couch, Communications Director)

A. Status of searches and affiliations

1. Searches:

- Dean is giving State of the School Speech tomorrow (January 10th)
- PM &R Chair has been named
- Department of Psychiatry position has been narrowed to two finalists

- Renewed Immunology and Microbiology Search Committee has formed
- The Orthopedics Search Committee has also been formed

2. Affiliations:

- No affiliate updates today

IV. Discussion/Approval Items

A. Overview of New SOM Faculty Directory

Michael Miller, Application Development and Business Intelligence Director presented

1. Why?

- Currently no *complete* public listing for all faculty and this would serve as one main directory for campus faculty
- The many profiles on department website are not accurate and difficult to maintain
- Profiles will be rebuilt with one framework for all profiles for all providers on campus
- This will be the framework for all of the profiles for all providers on campus

2. Timeline?

- Aim to go live in January 2018
- Much data was sourced from the faculty affairs database
- PRiSM access makes updating information easy
- Populated with data from SOM Faculty and Staff resources as well as PRiSM

3. Q&A

- Q: How about affiliates that don't do PRiSM?

- A: They will still have an opportunity to enter information via other avenues.
- Q: what if you only want limited information?
- A; It is limited thus far- pretty much like CU Doctors with some minimal rearrangement- willing to build things in or out- working very iteratively.
- Q: How about the picture?
- A: Privacy and safety issues drive our goal to be able to hide anything you'd like.
- Q: Can you embed videos- or lectures?
- A: Profiles support links but not embedded information.

4. Demonstration

School of Medicine Directory

Departments (23)

Anesthesiology	Biochemistry & Molecular Genetics	Cell & Developmental Biology	Dermatology
Emergency Medicine	Family Medicine	Immunology and Microbiology	Medicine
Neurology	Neurosurgery	Ob/Gyn	Ophthalmology
Orthopedics	Otolaryngology	Pathology	Pediatrics
Pharmacology	Physical Medicine & Rehabilitation	Physiology & Biophysics	Psychiatry
Radiation Oncology	Radiology	Surgery	View All

- Segmented by department- not division
- Recognize that divisional segmentation will be an ask
- Also did locations (Childrens, Denver Health, VA etc)
- Bare bones & utilitarian
- Emails used used are only 'safe' (official work) emails

- An A-Z filter exists
- No staff are listed- only faculty

5. Q&A

- Q: Does easy access to email addresses increase our risk for spam, or direct patient contact etc?
- A: Faculty will have option to OPT IN or OUT. One of the challenges associated with an all faculty database is that different faculty have different needs/wants. Researchers want to collaborate and be reachable. Faculty will be able to opt in or out of ANY ITEMS (including CV)
- Q: Is there an opportunity to centralize teaching evaluations from all schools?
- A: There is not currently an ability to centralize teaching evaluations from different schools.
- Q: Can we link to 'my NCBI'?
- A: We looked at Stanford and did lots of research- ultimately, you can add manually when necessary.
- Q: Can you highlight specific publications? (i.e major, within 5 years etc-
- A: Yes- this will be part of the new system.

6. Closing

- Give other feedback to Steve or Cheryl. Major concerns can slow the roll out. Just remember that much of this content is already available online- [just not in one location].

B. Update from Equity Office

Shanna Petersen, Coordinator of Remedies and Protective Measures, Office of Equity; and William Dewese, Deputy

Title IX Coordinator of Remedies and Protective Measures, Office of Equity presented

1. What we do

What We Do

- Stop, prevent, and remedy discrimination, harassment, sexual misconduct & any related retaliation
- Provide education on topics related to discrimination, harassment & sexual misconduct
- Design policy to make our campus safer and more inclusive

- Office of equity aims to stop, prevent, and remedy discrimination and harassment
- Education Arm
- Also involved with designing policies

2. Nondiscrimination Policy:

- 15 protected characteristics
- Folks that have them are protected against discrimination and harassment
- Discrimination is differential treatment and a failure to accommodate (pregnancy and disability)

Age	Color	Creed
Gender Identity	Gender Expression	Religion
Race	Sex	Sexual Orientation
National Origin	(Dis)ability	Pregnancy
Veteran Status	Political Philosophy	Political Affiliation

- Hostility (harassment) needs to be severe or pervasive. Not all insults are severe or pervasive- but if it is life altering (i.e. not coming to class, avoidance behavior etc.) then we get involved.

3. Terminology:

- Q: Gender ID vs. Gender Expression?
- A: Gender ID is how you feel inside; expression is how you present yourself (you can gender identify as a woman and also like to gender express by wearing a tie).
- Q: Does anyone have an idea about Creed?
- A: A belief system that you live by.
Rastafarianism is an example- or veganism.

4. Discrimination, Harassment, or Neither?

- An academic advisor tells a pregnant student that she probably isn't cut out for the science program.

- Could be discrimination or neither- depends on context

- The hiring manager for your department wants to project an "All-American" image, so they are not hiring anyone who speaks with a foreign accent.

- This is clear discrimination

- A research lab requires that men wear full length pants but women are allowed to wear skirts above the knee.

- Women and men should be allowed to wear the same articles of clothing

3. Sexual Misconduct Policy

What is Sexual Misconduct?

University policy prohibits all forms of sexual misconduct:

sexual assault: non-consensual sexual intercourse

sexual assault: non-consensual sexual contact

sexual exploitation: non-consensual watching or sharing of sexual acts (spying, sharing pics)

dating/domestic violence: abuse of any nature between intimate partners or ex-partners

stalking: repeated, unwanted contact that causes the subject to be fearful or intimidated

sexual harassment: *quid pro quo* and *hostile environment*

and any related **retaliation**.

Applies to all students, faculty, staff, contractors, patients, volunteers, affiliated entities, other third parties...

... regardless of sex, sexual orientation, gender expression, or gender identity.

- This applies to everyone on campus

4. Sexual misconduct or not?

- A boss frequently compliments only the women in the office on "how nice they look."

- Harassment maybe

- You overhear one of your coworkers telling another that their spouse doesn't allow them to access their joint bank account and has threatened to cancel their cell phone plan.

- Maybe a red flag for domestic violence

- A faculty member frequently stands very close to students, often putting their hand on a student's lower back when explaining a problem to them.

- Harassment

- A staff member asks their colleague out on a date.

- Depends

Being a "Responsible Employee"

Anyone who has the authority to...

Hire

Promote

Discipline

Evaluate

Grade

Formally advise or direct ... faculty, staff, or students

...also has the authority to take action to redress discrimination, harassment, and sexual misconduct!

- Please note name of victim, perpetrator, alleged witnesses, and relevant facts- includes word of mouth even off campus involving one of our people (i.e. can I turn this in late because...)
- Involvement can prevent re-victimization

and re-trauma- provides resources- etc.

5. How do we do this?

How do we do this?

Our process in a nutshell:

1. Report comes in
2. Initial intake
3. Small "i" investigation
4. Large "I" Investigation
5. Outcome
6. Sanctioning, if applicable



Informal Resolutions

- We can do a little or a lot after an initial intake and safety establishment etc.
- We need to decide if we can we reach out to the reporting party- is it safe?
- We do not want to put people in danger
- Small i- means we take statements and examine the evidence
- If a large I is warranted it may rise to a policy violation?
 - If yes- we have investigators come up with an outcome- based on evidence that it is more like to have happened than not-

7. Responding to a disclosure:

How to Respond to a Disclosure

Great things to say:

- Thank you for trusting me with this.
- You didn't deserve for this to happen to you.
- Can I connect you with someone who can tell you more about your options?

Things you may want to avoid:

- Why didn't you... ?
- You have to...
- I'm sure it was just a misunderstanding.
- I *know* they would never do that!

"Based on what you have shared with me, I have to tell the Office of Equity. However, it is up to you if you want to tell them more. I can also get you connected with a confidential resource."

- Important to say thank you for entrusting me with this information
- Also important to remind victims that they didn't deserve this
- DON'T try to be a fact finder
- See canned phrase on slide above

8. Q&A:

- Q: Can you dismiss a tenured faculty on these grounds?
 - We defer to the department chair- up to the department how they want to handle it.
- A: (Per Dr. Lowenstein) The University also has a stake- it depends on the nature of the offense Unprofessional conduct can allow for dismissal for cause against tenured faculty. It goes to President's office and Regents.
- Q: Where do we go at what time? Office of Professionalism? HR? We need more clarity around the process.
- A: Starting with us is a safe place. We have relationships with the other offices. (Per Dr. Lowenstein) Also- 'whistleblower status' is another protected status.

C. Dr. Kosnett & Campus Cannabis Research Update

Michael J. Kosnett, MD, MPH
Associate Clinical Professor of Medicine
Division of Clinical Pharmacology & Toxicology
Department of Medicine presented

1. Potential Policy Changes

- Last week Jeff Sessions issued a directive saying he would change the policy around involvement with states that have legalized marijuana.
- Bills are being written and debated soon on a bipartisan basis.
 - The primary question is whether we need to do things differently. Do we need to regulate differently based on this change?
 - I have a grant to do cannabis research and I am heavily restricted to use of only cannabis from DEA in powder form- 6-12% TCH. There is no provision for obtaining different strengths, oils, transdermal, or any other products. Several faculty members have created a sign on letter (See below) We'd like to ask university leadership to bring the perspective of faculty research to politics so our voice and presence is heard during this time of re-writing the rules.

*Cheryl will circulate to senators- look and then decide in the next week if you decide to support the letter

Minutes

FACULTY SENATE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

February 13th, 2018

4:30pm – 5:30 p.m.

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

I. Welcome:

Faculty Senate President Elect David Raben, MD, called the meeting to order.

II. Approval of Minutes from January 9, 2018 meeting

Faculty Senate President Elect, Dr. David Raben, made a motion to approve the minutes. Minutes were approved as presented.

III. Dean Reilly's Comments

A. Status of searches and affiliations

1. Searches:

- There is currently an active search for the Chair of Psychiatry
 - Finalists are being reviewed and hope to close this Spring

- The Chair search for Immunology and Microbiology- has re-convened and candidate application screening will be followed by interview selection
- An active search for an Orthopedics Chair is underway
 - The job description has been posted and applications are being solicited
- The finalist for the Director of the Health and Wellness Center is coming into town tomorrow

2. Affiliations:

- No affiliate updates today

3. New building Update

- Funding requests go from the Capital Development Committee to the Budget Committee, then to the Floor for a vote.
 - We are currently in the Budget Committee phase and we are hopeful for a fiscal committment.
- This building will be remodeled to house PM&R and a prototyptpe of mixed use office space. We hope to be off the ground in the next few months.

2. Affiliations:

- No affiliate updates today

IV. Discussion/Approval Items

A. Cannabis Research Regulations Discussion

Uwe Christians, Ph.D., Professor, presented

1. Background

- A letter requesting Faculty Senate endorsement of the request for expeditious revision of rules and regulations surrounding on-campus cannabis research was discussed.
- We were reminded of a problematic regulation that requires cannabis researchers to use TCH content of no more than 6-12% which is nowhere near what is distributed in the state of Colorado (18-20%).
- Currently researchers are at risk of losing research funding if they step outside of these boundaries.

2. Q&A

- Q: Department of Microbiology and Immunology are supportive but concerned that there isn't a clear description the exact desired result.
- A: Dr. Christians explained that the purpose of the letter relates to the push back from the federal government regarding cannabis research. We are hoping for either a bill or something that will contain a resolution for the conflict we are heading towards. It is important that our legislation includes research and makes it possible to do research on campus. There is a unique opportunity to now resolve this problem. So it is important to put *research* specifically in there. It is very important to be able to research this- particularly in the states in which it is legal. Surprisingly, little is known about long term effects etc. of cannabis. So this was the

motivation for the letter. We are happy to change it and make it more detailed- to give our representation in Washington more tools to get this right. The whole idea was to get the Senate and campus support.

- A: Faculty Senator: The letter can be re-written- it was meant to kick start the discussion. It has not hit the State legislature yet- so a good time to get more support.
- A: Microbiology & Immunology Senator: Our problem is not with support- it's about the content of the letter- it doesn't contain details about what is being proposed.
- Two things might help: 1. What would you like to see in such a letter 2. Find out what other states are doing to see if there is already a movement that can be included in your letter- to convince them.
- A: Dr. Christians: If we could get connected enough to answer these questions this would be great- but we are not there yet. I am not a politician. Politics is tremendously affecting research and science.
- A: Dr. Raben: Good suggestions to revise letter to be more specific. Perhaps this can be presented at the next meeting?
- A: Faculty Senator: Can we say that we agree in principal- in order not to drag things on?
- A: Microbiology & Immunology Senator: Microbiology & Immunology doesn't want to hold it up- just wants to make sure it's as effective as possible.
- Q: Dr. Raben: So do I hear a motion to endorse the letter?

- Motion passes

B. Update on Research Building

Peter Buttrick M.D., Sr Associate Dean for Academic Affairs presented

Introduction to CCPM +BH (RC3)

1. Overview

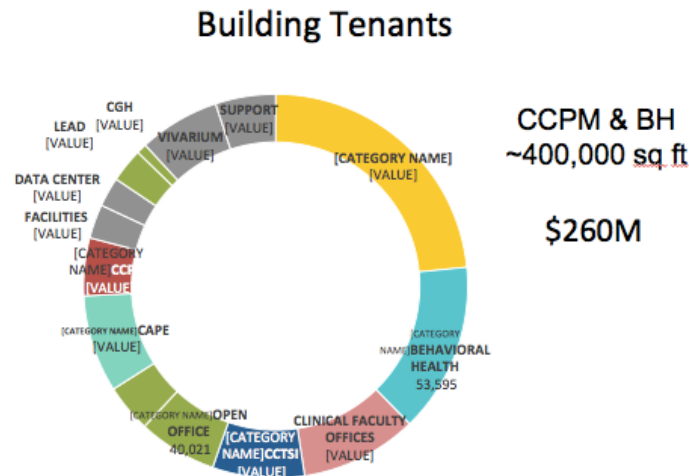
- Proposed site is to the west of RC2 (see image)



- Tower like RC1&2 or a tower that protects views is up for discussion
- Many things to many people: programming is ongoing and dynamic- changes from week to week – not yet attached to details
- Likely to be 400K square feet
- During this process we are questioning whether it's appropriate to have every single faculty member have a private office that they are never in.

- Will house much of behavioral health & clinical faculty offices (single most important need that will be addressed)

2. Who will the Building House?



- CCTSI & CAPE will likely move there
- CCPM (Colorado Ctr for Personalized Medicine)
- Vivarium (animal research/storage space)
 - This is very expensive & means we need a basement which adds cost as well
- Have retained architects- they've done a lot of buildings on campus
- We are speaking to user groups etc.
- Proposed budget is \$260million dollars
- There is a gap in funding that means that the building will not absolutely be built

3. Office Landscape

- Campus deficit of about 200 offices
- Projected to increase substantially over the next several years (largely clinical

faculty)

- Clinical faculty have different needs than research do
- Clinical faculty tend to be nomadic
- 1 person = 1 office is not efficient for everyone
- Some people do require an office with a door
- General estimated office occupancy is ~20% of the time
- How do you optimally meld these multiple functions”
- Administrative needs (chair division heads, DFA/education coordinator etc)
- Need for private space for research
- Need for space that enhances quality of life and improves productivity

4. Office Design

- Includes: Traditional/Open/Mixed:
- Traditional is private & personal as well as inefficient/inflexible



- Open is efficient & flexible as well as noisy, impersonal and thus can be counter-productive



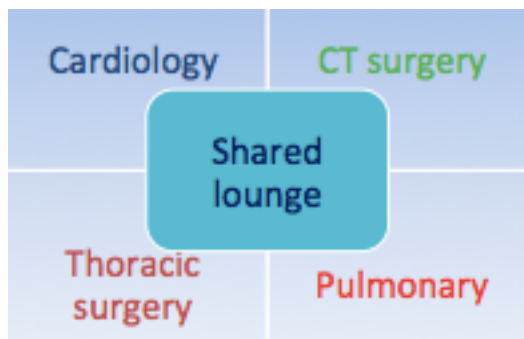
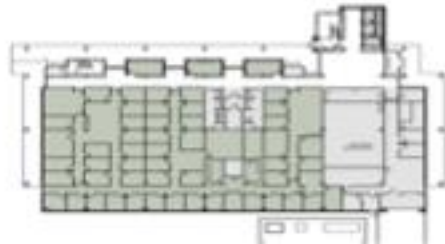
- Mixed spaces include some traditional as well as open and landing spaces



5. A01 Experiment

- We have solicited volunteers to learn how our faculty function (PM&R)

AO1 experiment



- Will commence within the next few months
- Plan to add offices & cubicle space
- The yellowish space is the 'red carpet club'
- Private offices of different sizes
- Lockers will be the extent of absolute

personal space

- There will be a concierge to reserve an office for the afternoon (your name will be on the door to have private space)
- Muffins and coffee available
- Dry cleaning drop off and pick up
- Approximately 30 PM&R people will be asked to participate along with other volunteers
- \$4-5million construction
- Has been approved with an architect hired to formulate
- We expect the project to be up and running in 6-7 months
- Our primary goal is to learn in anticipation of building the new building to see if we are comfortable with the more modern environment.
- We believe that the key is that it needs to be pleasant space

6. Q&A

- Q: IT infrastructure?>
- A: In theory you use your card and it becomes the same screen you might have in other places, computers vs laptops etc.
- Conferences would need screens etc.
- Q: Continuing budget to replace IT etc?
- A: Yes
- Q: Do volunteer faculty need to give up their offices?
- A: This is an experiment- not a permanent solution

- Q: Personal space- pictures etc- how about this
- A: A very challenging question- personalizing this space will be hard
- Q: What are your outcomes for success?
- A: It's an experiment- to figure out what makes people happy
- Q: How many medical centers have done this?
- A: Clearly has not worked everywhere- several known successes- the pictures are not necessarily indicative of what makes a success
- Q: How many offices will this free up?
- A: New building is fungible- maybe 60-70K square feet to play with- depends on who the occupants are etc-
- Q: Is there a plan for more parking?
- A: Yes!

- An excellent outcome MAY be that faculty find it useful to get certain specialties to interface etc.

Minutes

FACULTY SENATE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

March 13th, 2018

4:30pm – 5:30 p.m.

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

I. Welcome:

Faculty Senate President Dr. Kathleen Torkko, called the meeting to order.

II. Approval of Minutes from February 13, 2018 meeting

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

III. Dean Reilly's Comments

A. Status of searches and affiliations

1. Searches:

- Progress is being made in the search for a Psychiatry Chair
- Progress is also being made in the search for a Director of Health and Wellness
- Active searches continue for the Immunology and Microbiology and

Orthopedics

2. Affiliations:

- No affiliate updates today

IV. Discussion/Approval Items

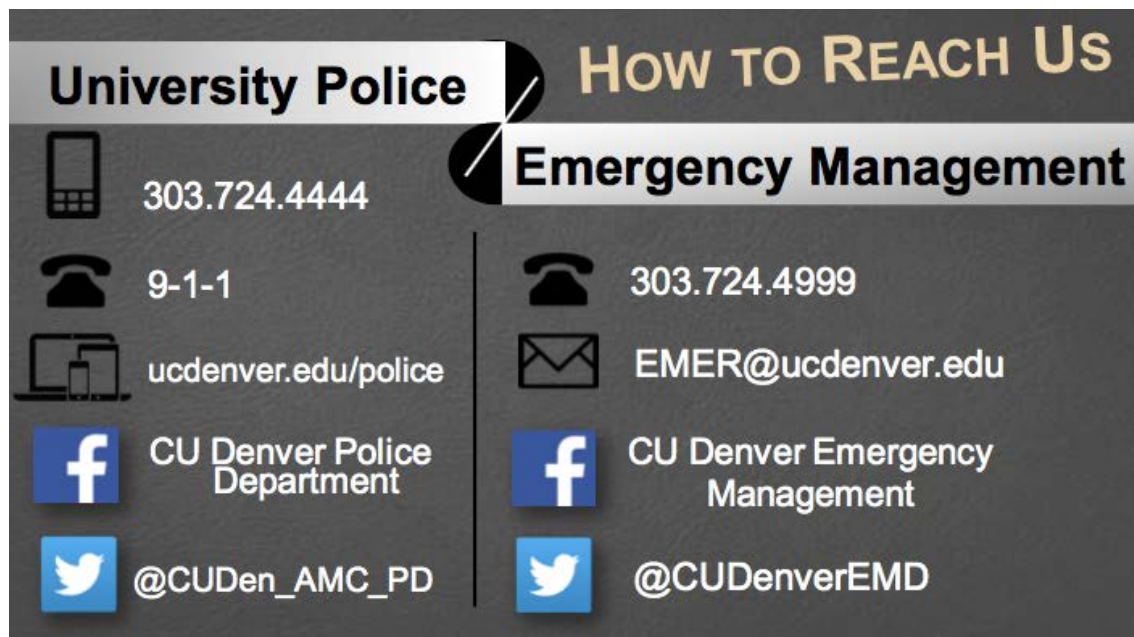
A. Campus Safety Update

Commander Steve Smidt and Essie Ellis, Emergency Managers, University Police Department presented










1. Background

- Emergency Management. Division Oversees:
 - Disaster recovery
 - Response planning
 - Training exercises
 - Emergency preparedness emergency guide

2. Contact Information



The graphic is a dark grey rectangular box with a white diagonal line. At the top left, it says "University Police" in white. At the top right, it says "HOW TO REACH US" in yellow. Below that, it says "Emergency Management" in white. The contact information is organized into two columns. The left column includes: a mobile phone icon with the number 303.724.4444; a landline phone icon with "9-1-1"; a laptop and smartphone icon with the website "ucdenver.edu/police"; a Facebook icon with "CU Denver Police Department"; and a Twitter icon with "@CUDen_AMC_PD". The right column includes: a landline phone icon with the number 303.724.4999; an envelope icon with the email "EMER@ucdenver.edu"; a Facebook icon with "CU Denver Emergency Management"; and a Twitter icon with "@CUDenverEMD".

University Police		HOW TO REACH US	
		Emergency Management	
	303.724.4444		303.724.4999
	9-1-1		EMER@ucdenver.edu
	ucdenver.edu/police		CU Denver Emergency Management
	CU Denver Police Department		@CUDenverEMD
	@CUDen_AMC_PD		

- From a cell phone call: 724-4444 from a cell
- Useful to program into your cell phone so you can reach the campus police department as quickly as possible
- Pass the word along to your colleagues and co-workers

3. ALERT Distribution

Social media sites

Quickest means of notification

Email and Texts (slower than social media)

Please enter you cell phone number in staff portals to facilitate notification of imminent threats

Desk pop-ups

4. Tests

Sent once per semester- otherwise only imminent threat warnings are distributed

5. FYI

No tornado shelters on campus

Tornado 'watches' are a less imminent threat

Warning status is considered an imminent threat

6. General safety tips

- Blue poles have buttons even if you can't talk
- Always wear your badge
- Remember that 'one propped door' can defeat our security system

It's important that we keep access to only the people that belong here

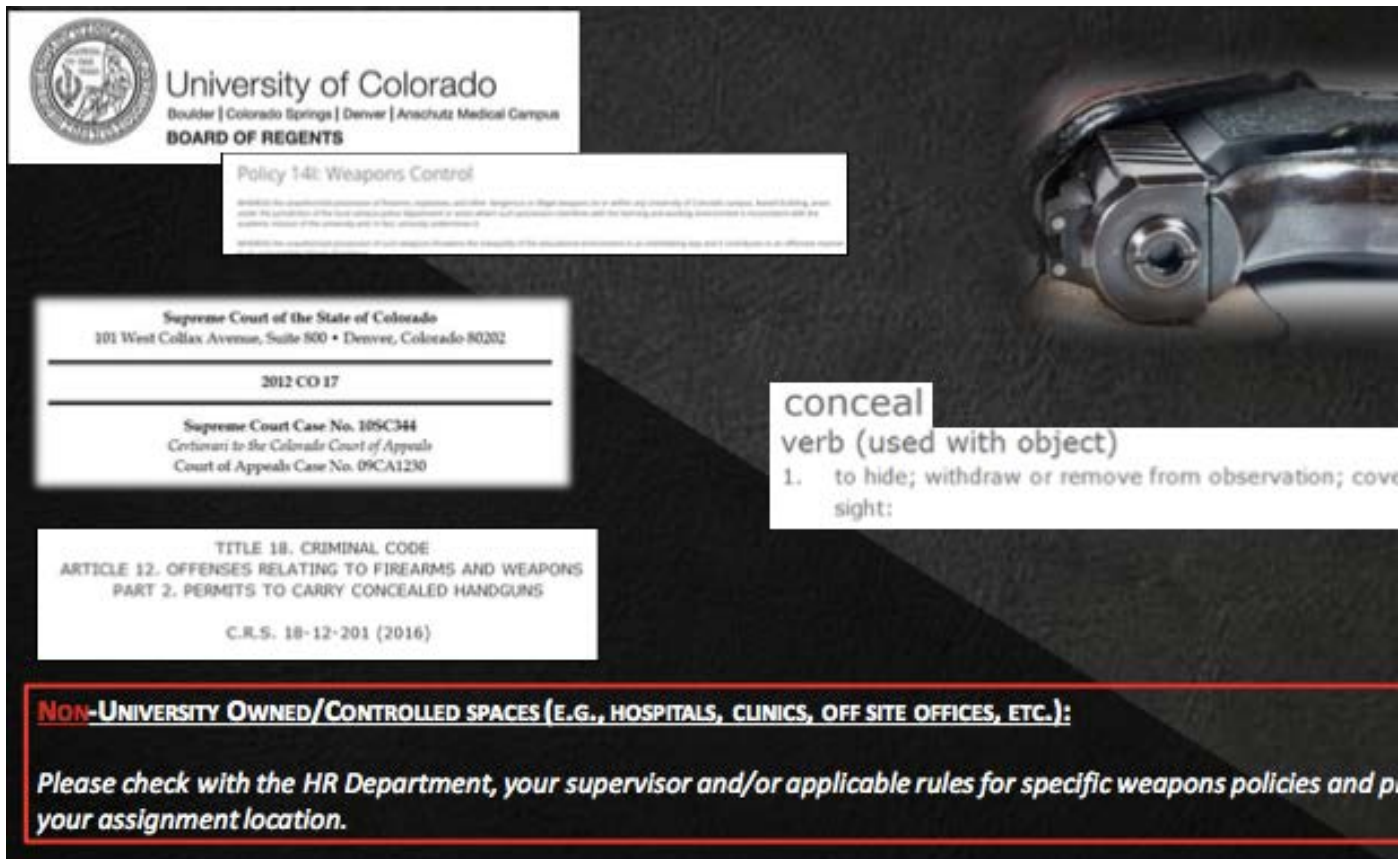
- Call this number or check this website for more detailed information when texts or other messages are limited:


877-INFO-070 (outgoing recorded messages)

ucdenver.edu

7. Conceal and Carry

- Allowed on all campuses
- Should not be visible to anyone else
- If you see someone with a concealed weapon that is not properly concealed- don't approach- call police to follow up



 University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus
BOARD OF REGENTS

Policy 14i: Weapons Control

Supreme Court of the State of Colorado
101 West Colfax Avenue, Suite 500 • Denver, Colorado 80202

2012 CO 17

Supreme Court Case No. 10SC344
Certiorari to the Colorado Court of Appeals
Court of Appeals Case No. 09CA1230

TITLE 18. CRIMINAL CODE
ARTICLE 12. OFFENSES RELATING TO FIREARMS AND WEAPONS
PART 2. PERMITS TO CARRY CONCEALED HANDGUNS
C.R.S. 18-12-201 (2016)

conceal
verb (used with object)
1. to hide; withdraw or remove from observation; cover
sight:

NON-UNIVERSITY OWNED/CONTROLLED SPACES (E.G., HOSPITALS, CLINICS, OFF SITE OFFICES, ETC.):
Please check with the HR Department, your supervisor and/or applicable rules for specific weapons policies and your assignment location.

8. Classroom Security Project

- Inside classrooms there are **emergency phone call instructions** (who and where to call)
- **Panic buttons:**
 - Locks all classrooms in affected building

- Locks all doors & prevents from going in or out
- Pushing button activates the strobe lights in each classroom and in the corridor
- Dispatch center tracks which strobe light is triggered first- this helps direct the next cohort of help where to go
- **Kits and Supplies:**
 - Inside cabinet next to panic button
 - Kits **set off alarm** as well
 - Severe bleeding control kits & first aid supplies
 - There are **NO BAND AIDS** (don't use for general supplies)
- **Windows:**
 - Shaded so you can't see inside
 - Shatter resistant

Classroom Security

Security Upgrades Include:

- **2 panic buttons**
- **Strobe light**
- **Severe bleeding control kit**
- **Electronic door locks**
- **Opaque film and reinforced windows**



PRESS THE PANIC BUTTON if threat exists

- University Police are notified immediately
- Blue strobe light will illuminate
- Doors will lock

If **YOU** have specific information about the threat, contact University Police
303.724.4444

Classroom Security

Emergency Trauma Kits contains:

- Tourniquets
- Nitrile gloves
- Compression bandages
- Gauze
- Scissors

Accessing the kit will notify the University Police Department **IMMEDIATELY**



9. CARE team

- For concerns regarding student's well being
- Resources to help students that may be having trouble
 - Tutoring, financial resources etc.

CU Denver | Anschutz CARE Team

Campus Assessment, Response & Evaluation Team (CARE) is a behavior assessment and referral resource for students.

Preferred method of reporting:

Online at www.ucdenver.edu/care

Other methods include:

E-MAIL: shareaconcern@ucdenver.edu

CALL: 303.724.8488

Jonathan Soweidy, Case Manager
303.724.8488



**For urgent or imminent safety concerns, contact University Police,
and follow up with a CARE report**

10. FAST

- For concerns regarding faculty's well being

A graphic for FaST (Faculty Staff Assessment Team) featuring three overlapping circles in shades of olive green and tan on a black background. The text is white and black.

FaST

Telephone: 303.315.0182

Email: FacultyStaff.Assessment@ucdenver.edu

11. Additional Resources/Training:

- Run hide fight video
- B-Con to help with rapid bleeding education (400 person waitlist)
 - Presentation done once a month on each campus and also take requests by depts. (if there is a big enough group)
 - System wide Skillsoft: active shooter
 - Ready.gov has many resources

12. Q&A

- **Q:** Question about conceal carry- VA is federal property- this is not allowed on VA right?
- **A:** Correct- no firearms allowed at VA- it will earn you a trip to the federal magistrates office
- **Q:** When emergency blood kits are opened the police department is alerted- does anyone notify hospitals of potential traumas?
- **A:** When a situation is considered 'hot'- police manage all aspects; when 'warm' (active threat is neutralized or cannot find) we engage emergency responders to address the injured. This is when hospital communication occurs. We are meant to have a quick response so those that are properly trained can manage ASAP. We do have a relatively quick communication process on campus.
- **Q:** Panic button locks doors of all rooms- what happens to people in hallway?
- **A:** They can find shelter in non-secure spaces. The best option is to leave the building. All exterior doors also lock to prevent people from coming back in to a space that might be harmful. We recommend that you go to the nearest exit- and go to somewhere you ID as

your 'safe spot'. We suggest you should always be situationally aware of where the exits are in any building so that you know how to leave rapidly and safely. We do recognize the challenges associated with the doors locking- this is problematic.

- **Q:** How about connections by bridge etc.?
- **A:** We are not allowed to lock egress connections. You'll get overhead communication- canned messages- ED1 and possibly nearby buildings depending on what the supervisor decides. You will get alerts through the building emergency notification systems as well. We are fortunate to have these systems in place.
- **Q:** This is a phased project?
- **A:** eventually all multi-use rooms will be equipped. We need the funding and the equipment. It's labor intensive. We also need to close down buildings to do the work.
- **Q:** Are there no more fire drills??
- **A:** Not often- we were just discussing today how can we conduct these. This requires more buy-in from students, faculty, and staff. If you are interested- please contact the fire and life safety coordinator.

University of Colorado School of Medicine
Faculty Senate Meeting
April 10, 2018

Minutes

I. Minutes from the March 13, 2018, meeting were approved.

II. **Dean's Comments**

A. Chair searches – The searches are nearly complete for the Chair of the Department of Psychiatry and the Director of the Health and Wellness Center. The search for the Chair of Orthopedics is in first-round interviews, with five candidates to visit. The search for the Chair of Immunology and Microbiology is going well.

Architects are moving ahead with the new building, directly west of R2. State appropriation of capital will cover 20% of the costs, and the project is still in budget. Designs and models are being reviewed, and it is believed that it will be a great addition to the campus.

UCHealth has gone to the Board to ask for funding for planning for a 3rd tower of UCH. That process will go on over the next 4-5 months, then a formal proposal for funding will be complete, which will go back to the Board.

We will be closing the Family Medicine Residency Program at Rose Hospital on July 1. Residents have spots now in other residency programs in the area. This was in the best interest of the residents, and they agreed.

Senator Question: What is the tentative location for the 3rd tower? Answer: The western part of the tower, with the exact location still up in the air.

III. **Discussion/Approval Items**

A. Institutional & Faculty Integrity and External Gifts – Matt Wynia
Dr. Wynia came to the Faculty Senate last year and spoke about this draft, and there have been a couple of modest iterations. Approximately 2 weeks after he got here, the Coca Cola story “broke,” and he was asked to look at a plan for determining if gifts are appropriate. The new policy does not address individual conflicts of interest, and it is not about faculty getting a gift to do something on their own, e.g., give a talk. This policy does not cover IRB-approved work.

A committee was then formed (PIIRC), which was appointed by the Chancellor. The group has expertise in law, conflicts of interest, ethics, institutional finance, fundraising standards and corporate relations. They were responsible for tracking and mitigating reputational risk related to external funding of non-research work by campus faculty and staff, along with making recommendations to the Chancellor regarding accepting, rejecting, or modifying proposed gifts to reduce risk and support receipt of appropriately structured gifts. The gift-size thresholds are:

- \$5,000-\$<50,000 – faculty member should complete attestation form.
- \$50,000-\$100,000 – faculty member and supervisor should sign form.

- \$>\$100,000 - \$1,000,000 – should receive PIIRC review and must have a written gift agreement.
- \$>1,000,000 – must receive PIIRC review, have written gift agreement and Chancellor/designee approval.

Senator Question: If the gift is legitimate, from Pfizer for example, wouldn't that imply endorsement of the company? Answer: Agreed. The point is to say, is this a lecture series that comports with the vision and intent of the University? The faculty member should attest to that. If it is a large gift, this would be set up so that people could say it is a good use of resources. If we had to defend in public, we could. The process makes sure it's not just one person making the decision, and then regret it.

Senator Question: Even with smaller gifts, can the committee help? Answer: Yes. The process trusts that faculty will think it through, and ask for assistance if needed. We will have ways to mitigate risk that faculty might not have thought of.

Question: If a gift starts out at \$25,000, and the faculty member "did good," and now they are offered \$75,000 - is it cumulative? Answer: One of the questions is, has this person given additional \$\$ before so as not to game the system? You can always fill out the electronic form, and someone will be reviewing as a second set of eyes. We have tried to set a dollar threshold to have maximum impact; you can always fill this out. We are trying to make this as simple as possible.

There was then discussion regarding the website, which will be available soon. The form currently exists on Red Cap, but it has not been made public. The intent is to implement at the beginning of next academic year, provided no "red flags" come up in the meantime.

B. New Exempt Honoraria Policy – Steven Lowenstein

Dr. Lowenstein reviewed the new Exempt Honoraria Policy, which addresses the common question of whether consulting agreements are assignable or exempt. There are only two places where the information appears: The CU Medicine Member Practice Agreement and the BSI Plan, which was last reviewed in 1998. The information is ambiguous with regard to one time versus occurring. The goal was to clarify definitions and to avoid confusion.

Clarifications: We will retain existing exemptions for editing, royalties, IP, one-time visiting professorships, lectures, articles, service on non-profit board, and add an exemption for governmental study sections, even if they are recurring. The policy will clarify that reimbursement from for-profit entities are always assignable, regardless of whether the activity is one-time or recurring. Industry-paid engagements will always be assignable.

An attempt was made to clarify grey areas, to make it easy to determine what's assignable. We will engage in as much outreach as possible to all stakeholders. We will

update the case studies document. We need additional resources to ensure rapid invoice tracking, as CU Medicine legal review of contracts will increase as more will be funneled there. Clarification was made that when you assign income to CU Medicine, you can still receive income. It comes back to the faculty member. Even though there is a tax and a low administration processing fee, compared to a 1099, it is nearly identical. There are advantages of legal review, indemnification, and retirement contributions.

The process for assigning income to CU Medicine was discussed. Instead of the company giving you an honorarium check, the process will start with a contract. The CU Medicine team will review and substitute "CU Medicine" for your name. The check for services will then be routed to CU Medicine. This will make it easier for you to track when the money is paid and when to see it. Question: After CU Medicine takes its share, does CU send a 1099? Answer: The funds come to the faculty through the University, not a 1099. It's a University paycheck, W2.

Question: At what point does it become recurring? Answer: Now it won't matter.

The meeting adjourned at 5:20 p.m.

Respectfully submitted,

Cheryl Welch
for Secretary of Faculty Senate

Minutes

FACULTY SENATE

UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

June 12th, 2018

4:30pm – 5:30 p.m.

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

I. Welcome:

Faculty Senate President Dr. Kathleen Torkko, called the meeting to order.

II. Approval of Minutes from April 10, 2018 meeting

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

III. Dean Reilly's Comments made by Dean Buttrick on Dean's behalf

A. Status of searches and affiliations

1. Searches:

- Two currently active searches include Orthopedics and microbiology and Immunology.
 - There are currently five orthopedic finalists and these will be narrowed down in the next two weeks.

- There are currently three finalists for Microbiology and Immunology, each has visited the campus and one has returned for a second visit
- The Director of the Health and Wellness finalist declined in lieu of a position at UCLA for personal reasons
- We will soon initiate a search for the leader of Biochemistry to replace the current lead that will step down in December 2018.
- The Cancer Center Director moved to Cedars Sinai and will be replaced by internationally recognized cancer surgeon Dr. Richard Schulick.
- Dr. Shulick will continue to be the Chair of Surgery as well- he will wear two hats

2. Affiliations:

- No affiliate updates today

IV. Discussion/Approval Items

A. Office of Professional Excellence Update

Drs Druck & Lara, Co-Directors of the Office of Professional Excellence presented

1. Background

- Having two Office of Professional Excellence Co-Directors maximizes breadth of expertise
 - Abby has worked as a pulmonary intensivist at the University since 2008 and she is a former Program Director

- Jeff is also a former Program Director and current Assistant Dean for Student Affairs.
- The Resilience Program also resides in the Office of Professionalism
 - This program is run by Jenny Reese & Abby Beecham

2. How to submit concerns?

- Phone, referral, email
- For each claim- we do a systematic evaluation
- Sometimes we refer to other places (HR, Crisis Mgmt., Counseling, Med Staff)
 - For example- if someone doesn't wash their hands- this isn't our office

Case Referrals

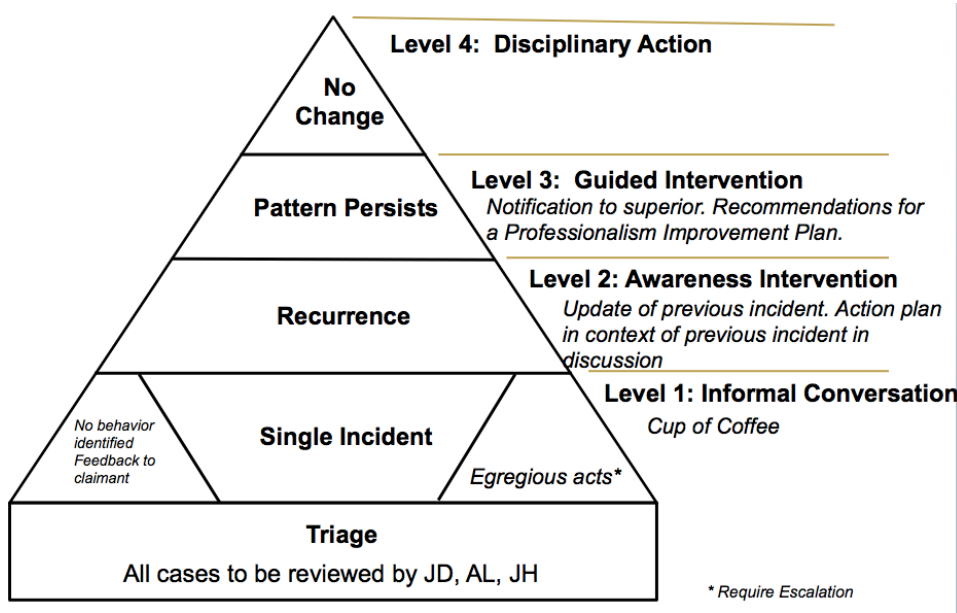


3. Confidentiality

- Protection is necessary so that people continue to report
- This is particularly true for residents/trainees

- We discuss this up front with everyone who reports
- Feedback needs to be specific which can eliminate confidentiality
- Alternate reporting methods exist
 - For example we had a student concerned about resident's behavior and we were able to recruit other witnesses to protect the student's confidentiality
- Mandatory reports are not optional

4. What happens when you make a report?



- Majority of cases are initially triaged as an 'Informal Cup of Coffee'-> time to reflect and self regulate
 - Focus rehabilitation and behavior change- interventions are not meant to be punitive
 - Our goal is respectful, collegial, and confidential feedback

- In this circumstance there is no investigation- we just want to provide opportunity for insight

5. Professionalism Executive Committee

- All cases are discussed here
- Sounding board, context, institutional memory

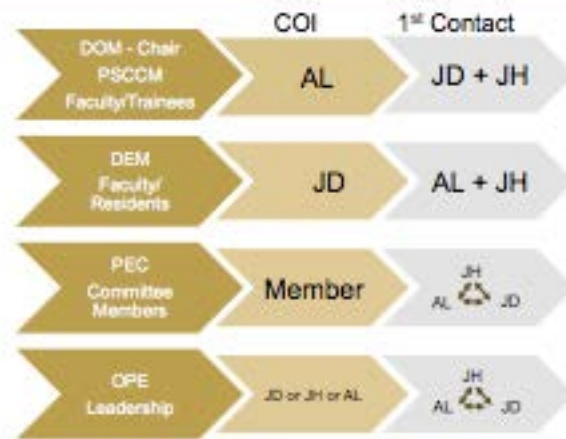
Professionalism Executive Committee

- | | |
|--|---|
| • Steve Zweck Bronner JD
– University Legal Counsel | • Peter Buttrick MD
– Senior Associate Dean,
Academic Affairs |
| • Sue West RN
– University Risk Management | • Doug Kasyon
– HR Director |
| • Ethan Cumbler MD
– University Hospital Medical
Staff President | • Dan Hyman
– Chief Medical Officer,
Children’s Hospital Colorado |
| • Anne Fuhlbrigge MD
– Senior Associate Dean,
Clinical Affairs | • Jean Kutner MD, MPH
– Chief Medical Officer,
University of Colorado
Hospital |

6. Conflict of Interest

- Individual members of the Professionalism Executive Committee (PEC) don’t get involved if the complaint falls under our purview
- Relationship disclosures are mandatory & relationships must be disclosed

Procedure for COI on claims submitted to OPE



***OPE Administrator will be first contact and use above for triage*

7. Our goal is 'Forward & Up'

- Culture change is the focus
- We'd like to ask the faculty Senators for input/advice on strategies for achievement of our goals

8. Q & A

- **Q:** Do you provide 'curbside' (no formal complaint) advice?
- **A:** Yes- as long as it is not an event that requires mandatory reporting/investigation
- **Q:** How many per month
- **A:** 8-12 (all comers)
- **Q:** I understand low performers- but how do we move medium performers forward
- **A:** We do a poor job of recognizing those who do a good job
 - Just feedback can be helpful and informative- leads to reflection
 - Professionalism award only recognizes 1-2 people annually

- ‘Gratitude wall’- a place to display this- goes to person- their supervisor- and then a board that reflects this
- Encourage peer to peer feedback- meaningful, all should be providing feedback
- Aspirational goal
- Repeat offenders- chairs are supportive about holding people accountable
- **Q:** Do faculty development opportunities exist?
- **A:** Not yet, exploring options. Considering optimizing use of Dr. Kneeland’s ‘Excellence in Communication’ course

9. Please fill out the survey!

- Anonymous- large scale reports will go to chairs- need high numbers to get accurate data

B. AAMC Council of Faculty and Academic Societies (CFAS) Meeting Update

Dr. Pamela Peterson, MD MSPH presented

1. Background

- University of Colorado School of Medicine has two AAMC representatives (Dr. Mona Abaza is the second)

2. CFAS

- CFAS is a council of the AAMC that was developed to broadly represent medical school faculty (previously relied on Deans for this

- Very large council (more than 300 junior and senior representatives from each institution)
- Most of the senior representatives are Chairs, Deans, etc.

3. Issues addressed are broad

- Medical Education Reform
- Faculty resilience and vitality
- NIH funding and support
- Faculty identity formation
- Equity and Diversity
- If there are issues you would like a national perspective on- please let me know

4. Spring Meeting Review

▪ Advocacy

- Needs to be a part of our academic culture _ working towards all of our academic missions
- Broad range of relevant issues
- Gov't officials want to hear from them- so moving this into our culture
- Data needed for effective advocacy
- Need frequent regular visits
- Need to relationship build
- Also involves educating the public
- Tips re: how to talk about things without getting into politics
- Grassroots groups within academic medical centers
- Local groups mixing faculty post-docs & students- in particular young researchers

- **Wellness**
 - There is a recognized evolving mental health crisis
 - Significant acknowledgement of clinician burnout
 - Inclusion of basic science faculty and learners
 - Evolving mental health crisis in UME, GME, faculty
 - Recognition that if learners are dealing with faculty and teachers that are burned out- it is hard to role model
 - >80% clinical learning environments exhibit signs of burnout
- **Prevention/Resilience**
 - Importance recognized
 - CUSOM seems to be doing a good job, but room for improvement (resources, infrastructure, creation of well-being team, leadership support)
 - President & CEO of Stanford presented
 - Facilitate positive interactions in the work environment (compassionate culture)
 - Emphasis on shifting the bell curve- not just low performers
 - Facilitation of work life balance and how people are valued
- **Trends in Medical Education**
 - Challenges
 - Precision education and how different institutions are engaging students

- Recognition that the process is individualized but standardized outcomes are important
- Professional ID formation
- Acknowledgement that there are five generations in our current workforce- so educators need to be culturally competent
- Emphasis on Step 1, complexity and volume of knowledge, time management, and the fact that there is no national core curriculum
- Possible solutions include: clinical integration early, flipped classroom models, integration of basic science and clinician educators, anchoring learning around clinical cases, leadership