COMMITTEE MEMBERS


Other Attendees and Non-Voting members: Eva Aagaard, Robert Anderson, Evalina Burger (for Robert D’Ambrosia), Peter Buttrick, Will Cook, C. Conry (for Frank de Gruy), Mark Couch, Doug Jones, Allison Kempe, Anne Libby, Steven Lowenstein, Ellen Mangione, Sarah Miller, Judy Regensteiner, Jennifer Richer, Chris Smith, Linda Van Dyle (for John Cambier), Cheryl Welch.

Call to Order

A quorum was present and the meeting was called to order at 10:00 a.m. MST.

I. Greeting

II. Approval of Minutes

The October 20th, 2015, and December 15th, 2015, meeting minutes were unanimously approved as written.

III. Dean’s Updates:

1. Terri Carrothers accepted an appointment as the Senior Vice Chancellor for Finance and Administration | Chief Financial Officer of the University of Colorado Denver and Anschutz Medical Campus, as of January 1st. Chris Smith has replaced her as the Assistant Dean of Administration and Finance, and Mark Couch has assumed the role of Chief of Staff in the Dean’s Office in the School of Medicine. We are appreciative of Terri for her service to the School of Medicine.

IV. Discussion Items

A. Dean’s Comments: Implications for the Provider Service Fee classification in the State of Colorado on the state Medicaid budget next year. If the State Provider Service Fee is not re-classified, the School will incur a substantial financial hit on campus in two forms:
1. Legislative appropriation to support education for the School would decrease an estimated of $1.5 million to $2 million, which is the School’s share of $20 million total decrease for state-funded colleges and universities across Colorado; 2. Medicaid reimbursement to University Physicians, Inc., for provider services would decrease in the amount $14 million to $15 million. More than half of that Medicaid reimbursement would come from providers who provide services to children.

B. Brian Kavanagh, MD, appointment as Chair of Department of Radiation Oncology

C. Education Updates

I. LCME Preparation: Bob Anderson, MD, Senior Associate Dean for Education:

i. There are four primary constituents of an LCME visit: 1. The CU SOM needs to populate a Data Collection Instrument (DCI). This is data that deals with leadership, strategic planning, finances, faculty, educational curriculum, selection of students, etc., for the School of Medicine. 2. There are 13 standards, with multiple subgroups, considered by the LCME in an institutional self-study. 3. Independent student survey and analysis. LCME expects 70% or more from each class to respond to the student survey. At CU SOM, more than 90% have completed the survey. 4. AAMC medical student questionnaire given at graduation.

ii. Important dates in preparation for LCME:
   - March 2016: Completion of independent student survey results
   - May-June 2016: Responses to issues raised by self-study committees
   - August 2016: Responses to issues from medical student graduation survey
   - September 2016: Completion of data and self-study
   - December 2016: Submission of all data
   - February 2017: Mock site visit
   - March 5-8, 2017: LCME site visit

II. Colorado Springs Branch updates: Chad Stickrath, MD, Assistant Dean for Education, Colorado Springs Branch

i. Beginning in April 2016, 24 third-year medical students will begin clinical rotations through the Colorado Springs Branch (CSB). They will also continue through the branch for part of the fourth year of medical school. The CSB vision: Transform and integrate health education and healthcare delivery systems to develop 21st century physician leaders who will deliver high value care to patients and improve the health of the community. The Colorado Springs Branch students have the same goals, objectives, and required clinical conditions as students on the Anschutz Medical Campus.

ii. Immersions: CSB students are involved in 8 weeks of immersion experiences to expose them to specific competencies and objectives.
Immersion includes: 2 weeks of inpatient medicine, 1 week of surgery, 1 week of anesthesia, 1 week of labor and delivery, 1 week of pediatric nursery, 1 week of inpatient psychiatry. The students will do a few other immersion experiences throughout the year.

iii. Longitudinal Integrated Clerkship Model: Students are expected to do rounds in the morning followed by clerkships with preceptors in clinic in the afternoon. The students do morning and afternoon experiences and have evenings and weekends to do additional acute care experiences.

iv. Assessments and Didactics: The assessments are the same for CSB students as they are for students on the Anschutz Medical Campus and involve a shelf exam, simulations, projects, and write-ups. The grading is done with block directors in Aurora along with the team in CSB. Didactics: Academic half days on Friday afternoons and didactics are brought in across all specialties in a developmentally longitudinal method. The students also have early morning learning experiences at the hospital.

v. Mentoring: Students meet quarterly with a Colorado Springs mentor, participate in Integrated Clinicians Course throughout the year; participate in career exploration sessions in Aurora with departmental leadership; and educational leaders are encouraged to hold office hours at the Colorado Springs Branch to meet with students.

vi. Preceptors: The CSB has recruited 230 preceptors, but still needs 3-6 OBGYN preceptors; 1-3 neurology preceptors; and 2 rural preceptors. All preceptors or new faculty are required to complete core preceptor training.

II. Doris Duke Grant Announcement: Judy Regensteiner, PhD, Professor of Medicine and Director, Center for Women’s Health Research and Director, Women in Medicine and Science; and Anne Libby, PhD, Associate Professor, Department of Emergency Medicine, and Vice Chair for Academic Affairs:

i. University of Colorado Anschutz Medical Campus School of Medicine fund to retain clinical scientists (CU-SOM FRCS), a program funded by the Doris Duke Charitable Foundation, 2016-2020. First round of applications are due February 5th.

ii. General requirements: Scientists must have MD or DO degree, an active medical license, or a full time junior faculty member; candidates must have external research funding and strong research training; show strong commitment to pursuing career as a clinical scientist; have a primary mentor with extensive research experience; be able to demonstrate compelling need for funding related to being a caregiver.

iii. Application: Excellence of training/evidence of high level of scholarship; Funds must be used to support research and training and not salary; Clarity of vision to career goals and commitment to research; strong letters of recommendation; Clear evidence of career support from Department/Division Head.
iv. Selection Process: Committee will review all applications; required elements must be present and applicant must meet Doris Duke criteria; excellence of proposal and letters of recommendation will be key criteria.

III. Faculty Senate Updates: Jennifer Richer, MD, President: Updates from the last Faculty Senate meeting:

i. Lauren C. Frey, MD, Associate Professor, Neurology, discussed the Peer to Peer Network, which was created in recognition of physician surveys completed at different hospitals identifying peer recognition and support for job fulfillment. This is a volunteer-based peer support program and will match campus providers who have experienced a negative clinical event with a peer supporter. There are 32 trained peer supporters and 15 departments involved to date.

ii. Steven Lowenstein, MD, Associate Dean, Faculty Affairs, discussed the student mistreatment data from the AAMC graduation questionnaire, which involved school specific data from 134 accredited medical schools. There was an 85% response rate at the CU SOM. The responses indicated a narrowing gap between the national average for students reporting they have experienced mistreatment, compared to experiences here. The CU SOM was 20% above the national average in 2013, and 8% above national average as of 2015. The goal is to get below the national average.

iii. Steven Lowenstein, MD, Associate Dean, Faculty Affairs: University of Colorado SOM malpractice coverage for community volunteer activities—does a physician at the university have malpractice coverage when they volunteer clinically in the community? CGIA, or the Colorado Government Immunity Act, provides malpractice coverage for employees at the University of Colorado, including faculty members, however the CGIA only protects clinicians or faculty against claims or lawsuits that arise out of acts or omissions that occur during the performance of that employee’s duties and are in the course and scope of the employee’s employment. Employees of the University of Colorado who participate in community-based clinical volunteer activities will be covered by the University of Colorado Self Insurance and Risk Management Trust if two conditions are met. First, faculty must get approval by the chair through a formal letter or email or other document signed by the faculty member’s chair, setting forth that the volunteer work is within the course and scope of their job responsibilities. Second, the volunteer clinical work must be performed at a site that is approved by the UPI Sites and Practice Committee. It is also helpful if there is a formal affiliation agreement or contract between the volunteer site and the University. Examples are the Colorado Coalition for the Homeless, DAWN Clinic, and the Stock Show. Examples of community activities that are unlikely to be covered are participation at a community health fair that is not a CU activity and providing medical supervision for a high school sports team.
Executive Session

IV. APPROVAL ITEMS

i. All Senior Clinical Appointments and Promotions Committee Actions were approved.

ii. All faculty promotions committee actions were approved.

iii. All Professor Emeritus/Emerita appointments were approved.

V. FYI ITEMS

i. Personnel action FYI Reports

VI. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:53 a.m. MST.

Minutes submitted by SOM Dean’s office