SCHOOL OF MEDICINE EXECUTIVE COMMITTEE MEETING  
TUESDAY, SEPTEMBER 16, 2014  
8:00 AM – 9:45 AM MST  
ACADEMIC OFFICE ONE, 7TH FLOOR BOARDROOM

MINUTES

COMMITTEE MEMBERS


Absent: Chip Dodd, Randall Holmes, Allison Kempe, Richard Krugman, Kevin Lillehei, Marian Rewers

PARTICIPANTS


Absent: Ben Honigman, Ryan Murphy, Chris Nyquist, Michael Regner, John Repine

GUESTS

Present: Elizabeth Concordia

I. CALL TO ORDER

A quorum of members was present, and the meeting was ready to proceed with business at 8:00 AM MST.

II. APPROVAL OF MINUTES

The August 19, 2014 SOM Executive Committee Meeting minutes were unanimously approved as written.

III. DISCUSSION ITEMS

A. Dean’s Comments (Douglas Jones, MD, Senior Associate Dean for Clinical Affairs)

i. Dr. Jones welcomed Liz Concordia, president and CEO of the University of Colorado Health. She will hold a physician gathering on Thursday, September 25 from 5 PM – 6:30 PM in the Anschutz Inpatient Pavilion Conference Center.

ii. Allison Kempe, MD, MPH, professor of pediatrics, will head up ACCORDS – the Adult and Child Center for Health Outcomes Research and Delivery Science. This is the newly formed umbrella over COR (Children’s Outcomes Research Program) and COHO (Colorado Health Outcomes Program). Edward Havranek, MD, professor of medicine (cardiology) will lead the COHO program while continuing to practice at the Denver Health Medical Center.

iii. Marian Rewers, MD, PhD, has been named director of the Barbara Davis Center. He had been serving as interim director for the past year while continuing to serve as the center’s clinical director.

B. Education Quarterly Report (Ronald Gibbs, MD, Associate Dean, CME & PD and Brenda Bucklin, MD, Assistant Dean, CME & PD)

i. Drs. Gibbs and Bucklin provided updates on the Maintenance of Certification Portfolio Approval Program (MOCPAP) and the Office of Continuing Medical Education and Professional Development (OCME & PD).

ii. Dr. Gibbs stated that 19 of the 24 cognate boards of the ABMS (American Board of Medical Specialties) have signed on to the MOCPAP. There are 28 sponsor institutions, 12 being academic and 16 being non-academic. For the first 17 months (April 2013-August 2014), 39 program applications were received of which eight of them are ongoing pre reviewed projects, 30 of them are approved and one is unapproved.
iii. The Advisory Committee gave the green light to expand the program, and program participation has been offered to volunteer and clinical faculty in private practice in the School of Medicine as well as Denver Hospital, Veterans Affairs Hospital and National Jewish Hospital.

iv. For two years of the program (through June 30, 2015), UPI provided funding for the program. Currently options funding options are being explored for FY 2015-2016 from physician groups from participation.

v. Dr. Bucklin talked about the process for the ACCME accreditation and self-study. The self-study document is due December 2014. In September 2014, the self-study draft had been reviewed by Joanne Wojack (current ACCME surveyor and CMS Director of CME). Site review is expected February or March 2015.

vi. The new CME mission statement (approved May 2014) for the program can be found at this link: Mission Statement

vii. The purpose of the Learning and Teaching is to formally recognize and document the learning activity by the faculty member as a result of teaching and assessing the competence of students and residents. AMA has approved the awarding of AMA PRA Category 1 Credit™ for such activities (May 2013). Eligible sites/providers must have ACCME accreditation PLUS either (or both) LCME and/or ACGME accreditation. More information can be found at this link: Learning from Teaching.

C. Professionalism Response Team Update (Steve Lowenstein, MD, MPH (Associate Dean of Faculty Affairs))

i. Development of a professionalism response team is underway. The goal of the response team is to respond to and correct and also prevent the occurrence of unprofessional behaviors by faculty members and residents.

ii. A summary of the guiding principles of responding to mistreatment and unprofessional behaviors was presented by Dr. Lowenstein. The summary is attached below (Item 1).

iii. A draft of the operations flow chart of the response team was also presented. The composition of the professional response team and professional coordinating council were presented. A draft of the flow chart is included below (Item 2). The council would serve as the oversight multidisciplinary group and would be there to help counsel on outcomes and measures of success. How to report different types of cases were discussed, and Dr. Lowenstein helped clarify the difference between the professional response team and the other reporting of mistreatment units including the ombudsman office and human resources office.

D. Faculty Senate Report (Jeffrey Druck, MD, Faculty Senate President)

i. Dr. Drucker stated the Faculty Senate approved the By Laws of the AMC Faculty Assembly. The bylaws require changes to accommodate for the inclusion of School of Public Health in assembly. The Faculty Senate also approved the Faculty Senator apportionment to be 1 representative per 40 department members with a cap of 7 per department.

IV. EXECUTIVE SESSION

A. Approval Items

i. All faculty promotions committee actions were approved.

ii. The professor emeritus appointment was approved.

iii. The interim chair appointment was approved.

V. ADJOURNMENT

There being no further business to come before the meeting, the meeting was adjourned at 9:10 AM MST.

Minutes submitted by Nicole Ganley, Executive Assistant
ITEM 1

Responding to Mistreatment and Unprofessional Behaviors – Guiding Principles

- **Response Team**: Small, accessible and responsive (single point of contact)
- Trained professionals who are supported for their work
- Early identification of behavioral factors
  - Central role for psychiatry;
  - Problems in communication and stress and conflict management
  - Resources for diagnosis, referral, coaching and counseling
- **Positive approach - handling unprofessional behaviors with compassion and respect**
  - The importance of tiered responses - not just investigations, discipline, de-credentialing, punishment by chairs
  - Non-punitive feedback to faculty or residents after minor professionalism lapses
  - Sharing information helps faculty member or resident self-correct
- **Institution-wide commitment: clear statement about expectations for professional behaviors and predictable consequences if unprofessional behaviors repeat**
- Comprehensive approach – addressing unprofessional or disruptive behaviors that occur in clinical settings and that adversely affect quality of care, team work and patient safety
  - Collaboration with hospital leaders, medical staff offices, risk management,
- **Important role for department chairs and program and block directors**
  - Information sharing, collaboration, coaching and support
- **Data that are stored centrally and shared appropriately**
  - Maintaining aggregated data about reports (clearinghouse);
  - Eliminating silos
  - Safety of all reporters
- **Focus on prevention**
  - Outreach, coaching, communication training; recognition of burnout
  - Non-punitive feedback after minor professionalism lapses
  - Additionally, the program needs outreach, education, prevention
  - Addressing the workplace (environmental stresses that make communication difficult)

ITEM 2