AGENDA
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

September 10, 2013
4:30 - 6:00 p.m.
Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

Please silence cell phones and pagers during the meeting.

I. Welcome – President Nichole Reisdorph
   • Reminder of role of Faculty Senators
   • Volunteer for COI Speaker Request Committee

II. Approval of Minutes of June 11, 2013 meeting – [Attachment 1]

III. Dean’s Comments
   • Status of searches and affiliations
   • Strategic Planning Update

IV. Discussion Items


   2. Faculty Evaluation System Update – Steven Lowenstein, Dalan Jensen, Michael Miller, Jonathan Lewis, Nik Levinsky

Executive Committee and Faculty Senate minutes are available on the web at:
http://medschool.ucdenver.edu/faculty at the Executive Committee and Faculty Senate links.

Please contact Cheryl Welch at 303-724-5356 or Cheryl.welch@ucdenver.edu if you have any questions.

Meeting Schedule for 2012/2013:
September 10, 2013
October 8, 2013
November 12, 2013
December 10, 2013
January 14, 2014
February 11, 2014
March 11, 2014
April 8, 2014
May 13, 2014
June 10, 2014
I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order.

II. Approval of Minutes from May 14, 2013 Faculty Senate Meeting

Minutes from the May 14, 2013 Faculty Senate Meeting were unanimously approved.

III. Dean’s Comments – Steve Lowenstein (in place of Dean Krugman, who was out of town)

Dr. Lowenstein said he had three things to discuss.

1) Update on the clinical practice series: This will be presented to the subcommittee of the Board of Regents tomorrow, a vote for final approval will be later this month. There has been some disagreement and discussion, but hopefully it will pass.

2) New professionalism code for faculty is being developed. It will need to be voted on and approved by the entire faculty. This will be coming over the summer and will cover student mistreatment and have a clinical practice tie-in between respectful treatment of colleagues and students and patient safety. The code has a clear list of expected faculty behaviors. It will provide clarity and coherence for faculty and will outline the remediation process. It will be a rule change, and therefore must be voted on. A faculty pledge will be reaffirmed every year during the annual review process. Cheryl Welch will send out a couple documents via email to all the faculty senators soon. We are asking the senators to review and will have a discussion at the first fall meeting in September.

3) Thank you on behalf of Dean Krugman to Todd Larabee (Faculty Senate President), Ron Gill (Faculty Senate Past President), Nichole Reisdorph (Faculty Senate President-Elect), and Bruce Landeck (Faculty Senate Secretary) for all their hard work this past year.

IV. Budget Update – Todd Saliman, VP and CFO

Mr. Saliman gave an update of the state of Colorado legislative session and budget update. This session of the state legislature was better than previous few years. We got $9 million ($2 million for Anschutz Medical Campus). We also got a small
We hired an analyst to forecast where the state budgets are headed in the future, focusing on higher education. In 1990-91, 19% of the state budget was for higher education. This year, it’s 8%. About 5.3% of the CU budget comes from the State of Colorado. Colorado is 48th/50 in the nation for state funding per full-time student in higher education.

**Question from a Senator:** Why are we ranked so low?

*Todd Saliman:* The state just doesn’t have the money; we don’t have enough money coming into the state to fund this better. Partially this is due to TABOR. The problem is the growth of the state general fund is slowing. Our state revenue structure is antiquated and doesn’t keep up with growth over time. The analyst believes that in one possible scenario, that in 10 years from now, state general fund allocation for K-12 education will fall from 40% to 37% and higher education will fall from 8% to 3%. Meanwhile healthcare will rise from 25% to 32%. This is based on the increasing age of the Colorado population over the next 10 years. The state constitution requires K-12 funding to increase each year by a modest amount. Medicaid caseloads will increase 87% over the next 10 years (much of this will be children). It’s projected for total Medicaid costs to increase over 100% in 10 years. The state budget picture worsens over the next 10 years, and by 2016-17 the state may not be able to pay its bills, unless the revenue structure changes. Therefore higher education is at risk, and by 2022-23, support for higher education could be gone.

The key is that revenues cannot meet expenses over time. The actual timeframe may shift based on many factors, but the money just isn’t there. To fix the budget, there will be a need to cut more (with higher education being at risk), or increase revenue. Many areas are difficult to cut due to statutory and constitutional requirements.

In conclusion, even with a healthy economy (not guaranteed) and continual growth revenues will be inadequate to meet state expenses. Specific to AMC, we may need a funding solution outside the general fund.

*Comment from Steve Lowenstein:* Students are adversely affected by this due to increases in tuition.

*Todd Saliman:* It’s a choice for the people of Colorado to decide how much support they want to give to higher education.

*Question from a Senator:* What are other states doing, can we learn from them?

*Todd Saliman:* We are the only state in the US that requires a popular vote to increase taxes.
**Question from a Senator:** How much would a specific K-12 tax increase benefit higher education?

**Todd Saliman:** There would be an indirect benefit to higher education, it may delay the inevitable, but it wouldn’t provide a permanent fix.

**Question from a Senator:** Could CU actually become a private institution?

**Todd Saliman:** It would require an amendment to the state constitution, and that wouldn’t likely happen.

**Steve Lowenstein:** It would instantly have an increase in malpractice costs.

V. **Legislative Update – Jerry Johnson, state lobbyist for CU**

Mr. Johnson gave a summary of the lobbying efforts on behalf of CU for the last legislative session. CU has a federal and state lobbying effort and office. This year we monitored about 100 bills at the state capitol. I will highlight some of the major ones that affect AMC.

Senate Bill 23 would raise the incident cap from $150,000 to $470,000, and include a consumer price index increase each year, and would allow for a pre-judgment to post-judgment interest payment. We helped get rid of the pre-judgment to post-judgment interest payment, and got the cap reduced to $350,000. We helped to kill a bill to allow community colleges to offer a 4 year degree. Senate Bill 101 helps to provide incentives for collaboration in research and development between industry and higher education in biosciences, and provides grant funding. Senate Bill 200 is a Medicaid expansion, which increases eligibility in Colorado, which includes up to 133% of the federal poverty line. We helped pass a prior authorization bill, which streamlines the process for prior authorization. We helped pass Senate Bill 264, which appropriates $500,000 to help establish family medicine rural residency program for at least 3 years. We helped kill House Bill 1275 which would have required AMC to do a fracking study. We worked on bills regarding pharmacy education, blocking chiropractors from injecting, and others.

We are facing a lot of challenges at the capitol. There is deep division in the state legislature, each side with a very different worldview of the role of government in our lives and our profession. For example the Republicans believe the free market should be at the center of healthcare. It is a contentious environment now, and there are fewer centrists focused on solving problems. Now we are caught up in social issues. We have many legislators not happy with CU. We are trying to fix that before the next session. We are reaching out to every legislator. We need to find a way to connect with every legislator to have them invested in us, so they can be proud of us, and can work with us as a team to educate the community about healthcare. We need to find a way to support President Benson’s desire to have a separate tax for CU.
**Question from Senate President Larabee:** What is coming up next year?

**Jerry Johnson:** Trial lawyers will try to increase caps more for malpractice. We are trying to get Democrats to vote against this (against their leadership). We will have a bill about professional review for malpractice suits. I think the next year will be much less contentious, since they will be focused on elections.

**Question from a Senator:** Is there an effort to distance AMC from Boulder?

**Jerry Johnson:** Possibly, we may push for a separate line item for AMC funding.

**Question from a Senator:** Will a combination of hospitals (incorporation of Colorado Springs, etc.) help your efforts?

**Jerry Johnson:** I think it will.

**Comment from Steve Lowenstein:** Thank you to Jerry for his broad vision and experience.

**Jerry Johnson:** This year we invited 9 legislators from Adams County for a tour of the AMC, and they were amazed.

Steve Lowenstein thanked President Larabee and Secretary Landeck again for their help over the past year, and presented them with a gift.

The meeting was adjourned at 5:56pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary
A climate of respect, civility and cooperation is essential to achieving excellence in clinical care, education, research, and university and community service. Therefore, the School of Medicine places the highest priority on professional behaviors.

Expected Faculty Conduct

In all educational, clinical, research and administrative activities, faculty are expected to demonstrate the core attitudes and behaviors that reflect the ideals of professionalism. Under the umbrella of professionalism lies an extended set of responsibilities, including, but not limited to: civil and courteous behavior; respect for learners, teachers, supporting staff and professional colleagues; and open and honest communication.

At all times, faculty will demonstrate respect for, and sensitivity to, all aspects of diversity, including, but not limited to: age; culture; disabilities; ethnicity; gender; language; political beliefs; religious and spiritual beliefs; sexual orientation; and socioeconomic status.

In all interactions with patients and their families, faculty are expected to adhere to the ideals of the profession of medicine. These include, but are not limited to: compassion; respect for patients’ privacy, autonomy and dignity; altruism in patient care and in the pursuit and application of knowledge; empathy; accountability; punctuality; and respect for diversity.

Teaching and mentoring are special privileges, and it is implicit that being a good teacher includes being a model of professional conduct for all learners, staff, colleagues and patients and their families. Unique elements of professionalism in this setting include: respect for all learners, including students, residents and clinical and post-doctoral fellows; humility; effective listening; active engagement in the teaching and mentoring process; and providing respectful and timely feedback.

Faculty members are also expected to exhibit the characteristics of good academic and institutional citizenship. This includes maintaining a high level of scientific or clinical competence and demonstrating a dedication to life-long learning. Faculty must adhere to the highest standards of academic honesty and integrity. For example, truthfulness and accuracy are essential elements in medical and scientific writings, in representations of effort and in medical record documentation. Additionally, faculty members are expected to critically analyze, and avoid, activities that suggest a conflict of interest with their roles as administrators, clinicians, scientists or educators. Finally, academic and institutional citizenship includes punctuality and accountability with respect to all commitments and responsibilities.

Consistent with the principles outlined above, all SOM faculty members are expected to:

Professional Responsibilities and Accountability

- Demonstrate behaviors that convey compassion, respect, empathy, caring and tolerance in all interactions with learners, patients and families, professional colleagues and staff.
- For health care professionals, uphold the primacy of patient welfare above all else.
• Demonstrate accountability to patients, families, learners, professional colleagues and society by maintaining scientific, clinical and educational competence appropriate to one’s role as a faculty member.
• Provide, accept and respond appropriately to constructive feedback and evaluations, in order to provide high quality clinical care and educational excellence.
• Recognize and respond appropriately to behavior by others that is disrespectful, disruptive or unprofessional.
• Demonstrate sensitivity and respect for learners,’ co-workers’ and patients’ ethnic, racial and cultural differences.
• Recognize and address one’s own personal, psychological or physical limitations that may affect professional performance.
• Recognize the scope of one’s abilities, acknowledge personal errors and ask for assistance when appropriate.
• Demonstrate professionalism through appropriate dress, grooming and behavior.
• Maintain appropriate confidentiality.

Additional Professional Responsibilities as a Teacher
• Appropriately prepare for, and actively engage in, all assigned teaching and mentoring responsibilities.
• Treat all learners with understanding, dignity, respect and tolerance.
• Evaluate learners equitably and fairly, using only criteria that reflect the learner’s performance, as measured by standards applied uniformly to all learners in the course or other learning activity, except where differentiation is required or permitted in the case of students with disabilities.

Additional Professional Responsibilities as a Member of the Academic Community
• Complete assigned tasks promptly.
• Evaluate the performance of others equitably and fairly, and without prejudice, harassment or intimidation, ensuring that such evaluations are based solely on criteria that reflect professional competence.
• Uphold the principles of academic honesty, including truthfulness and accuracy in medical and scientific research and writing.
• Understand and comply with University, School of Medicine, hospital and other policies governing conflicts-of-interest, performance reviews, credentialing and other matters.
• Recognize and manage conflicts-of-interest.

Unacceptable Faculty Conduct
Unprofessional behaviors have no place in any educational, research, administrative or patient care environment and will not be tolerated. Within the healthcare environment, unprofessional and disruptive behaviors interfere not only with learning, but also with communication and trust among health care team members; thus, such behaviors threaten healthcare quality and patient safety.

Unprofessional behaviors include, but are not limited to: disruptive behaviors; actions, words or behaviors that a learner, colleague, co-worker or patient would reasonably consider to be humiliating or demeaning; passive disrespect (including passive-aggressive behaviors and dismissive treatment of others); academic dishonesty (including falsification or fabrication of data or the misappropriation of the writings, research or findings of others); and discrimination against any learner, patient, co-worker or other individual on political grounds or for reasons of
race, ethnicity, religion, gender, sexual orientation or any other illegal or arbitrary reasons. Disruptive behaviors include, but are not limited to: verbal attacks or outbursts; profane language; bullying; throwing or breaking things; boundary violations; and comments that are personal, rude, disrespectful, threatening or belittling. Insulting or insensitive comments, jokes or behaviors directed toward learners’, colleagues’ or co-workers’ age, culture, disabilities, ethnicity, gender, language, political beliefs, physical appearance, religious or spiritual beliefs, sexual orientation or socioeconomic status also will not be tolerated.

Violations of this Professionalism Code

Although these qualities and behaviors may be more difficult to evaluate than research, scholarship, teaching and other traditional measures of academic performance, they are critical to the missions of the School of Medicine. Therefore, serious or repeated violations of these professionalism standards will be taken into account by department chairs and evaluation committees during performance reviews and at the time promotion or tenure decisions are made. Faculty members whose conduct departs from these precepts will also be expected to undergo professionalism or communication remediation, prescribed by the faculty member’s department chair, the President or Director of a hospital medical staff or the Dean of the School of Medicine. In addition, serious or repeated violations of these professionalism standards may give rise to other disciplinary actions, which may include removal from patient care or teaching environments, suspension or termination of employment.
Faculty Pledge

A culture of respect and compassion is essential to achieving excellence in patient care and education. The University of Colorado School of Medicine and its affiliated hospitals will not tolerate disrespectful, hostile or disruptive behaviors. Such behaviors threaten health care quality and patient safety and interfere with learning. Therefore:

I pledge to:

- Treat patients, students, residents, colleagues and co-workers with respect, compassion, empathy and tolerance at all times, even when we disagree.
- Maintain appropriate confidentiality regarding patients, residents, students, colleagues and co-workers.
- Respect the time of patients, students, residents, colleagues and co-workers by arriving on time for appointments, meetings and education activities.
- Dress, groom and behave appropriately.

I pledge not to:

- Make comments or exhibit behaviors that a patient, student, colleague or co-worker might consider rude, disrespectful, belittling, demeaning, intimidating or bullying.
- Make insulting or insensitive comments or jokes about the age, culture, ethnicity, gender, political beliefs, physical appearance, religious or spiritual beliefs, sexual orientation or socioeconomic status of patients, students, residents, colleagues or co-workers.

I understand that:

- Adherence to these standards will be considered as a criterion for continued appointment as a faculty member, academic promotion and tenure.
- Serious or repeated violations of these standards may result in mandatory remediation, removal from patient care or teaching environments or other disciplinary actions.
- My obligations as a faculty member are described in more detail in the Rules of the School of Medicine and the Teacher-Learner Agreement.
- Maintaining a culture of respect and compassion is shared responsibility between faculty members and institutional leaders.