Faculty Senate Meeting Minutes

April 13, 2010

The minutes from the March 09, 2010 meeting were approved.

Dean Krugman provided an update on Department Chair searches that are still underway:

• Pharmacology – the position has been offered to the 1st choice, but that individual will be accepting another position. Dr. Krugman met with the department and 2 options were discussed, an interim for one year or a 2nd internal candidate.

• Medicine – the committee recently conducted airport interviews of 12 candidates, and they recommended 5 of those candidates for 2nd visits.

• Linda Crnick Center – they are in the process of the third attempt to recruit a director, and a search firm is conducting the search. Two of these candidates will be here next week for the visits.

Dean Krugman provided an overview of the Dean’s Office structure:

The immediate people are the Assistant Dean and Chief of Staff, the Communications Director, the Associate Deans for Health Affairs, the Endowed Chair in Rural Health, and the Associate Dean of Diversity and Inclusion. The next tier includes the Senior Associate Deans of academic affairs, Administration and Finance, Clinical Affairs, and Education. In turn, these departments are divided into smaller focused areas to be able to efficiently deal with their respective areas of expertise.

The second topic of discussion was the Student Climate Survey that was presented by Steven R. Lowenstein, Associate Dean for Faculty Affairs and Jasmeet Dhaliwal, medical student.

Dr. Lowenstein and Jasmeet Dhaliwal gave a Student Climate Survey presentation and discussed the following:

The objectives of the climate survey were to (1) identify current problems and concerns, as voiced by students, (2) collect baseline data for the evaluation of diversity efforts and (3) identify popular existing strategies and promising new strategies to strengthen the SOM’s diversity programs.

With the aims in mind, they sought to measure student experience and attitudes in 6 principal domains:

1. The general environment and culture on campus
2. Witnessed disparaging remarks or behaviors
3. Barriers to reporting witnessed incidents
4. Isolation of minorities on campus
5. The value of diversity in the learning environment
6. The effectiveness of SOM Leadership with respect to diversity issues

The survey was web-based, administered via zoomerang in May of 2008. The survey targeted students in the MD, PA and PT programs. There were 24 questions with 3 primary formats: likert scale, short-answer, and open-ended. Where possible, the questions were derived from published validated surveys. Individual responses were anonymous and confidential. Of the 980 eligible students, 261 participated, equating to a response rate of 27%. 58% of the respondents were female, the majority were from the MD program, and there was an even distribution with respect to year of study. A small percentage of students view our campus as homophobic (9%), racist (6%) or sexist (7%). Moreover, the vast majority of students describe the School of Medicine as welcoming to members of minority groups (83%) and friendly (90%). Only 37% perceive the campus as diverse. In the witnessed behaviors domain, we asked the following question “Have you ever witnessed fellow students or residents make disparaging remarks or engage in offensive or intimidating behaviors toward members of the following minority groups?” Looking at the frequency of yes answers, people with strong religious beliefs were the most common targets with 43% of respondents having witnessed remarks or behaviors directed towards this group. Other groups were also frequently targets. People of low SES, those who speak English as Second Language, and Women were reported as targets by at least 30% of respondents. Likewise, Racial and ethnic minorities, GLBT individuals, and people with disabilities were identified as targets by 28%, 25%, and 17% respectively. Students were also asked about witnessing inappropriate faculty behavior toward minorities. While the distribution of frequencies across minority groups was nearly identical to the previous question, it is important to note that the magnitude of the frequencies were only half those seen for fellow students and residents. Barriers to reporting witnessed incidents was another domain of inquiry. When asked about the likelihood that they would report disparaging remarks or behaviors toward minorities, students were least likely to report the event if the perpetrator was a faculty member, versus a resident or fellow student. An open-ended question asked students to share the reasons why they were reluctant to report incidents. The medical hierarchy and concerns about grades were the most common reasons mentioned – there were 95 related comments. A lack of a reporting system and skepticism about whether any action will be taken were also common reasons – with 28 and 21 comments respectively. As Dr. Lowenstein mentioned earlier, the current legal basis for minority recruitment efforts is grounded in the idea that a diverse student body and faculty enhance education. With this in mind, we asked students whether they thought their learning was enhanced by having a diverse group of students and faculty around them. The response was overwhelmingly yes, with 91% of minority and 89% of non-minority students agreeing. Students were given a chance to offer comments on effective ways to improve diversity on campus. Comments were generally supportive of current efforts and emphasized the importance of pipeline activities. In summary, the major results of the survey were that students think the campus is friendly but not diverse. Students are exposed to disparaging remarks and behaviors toward minority groups in all settings.
Perhaps most surprisingly, people with strong religious beliefs or conservative viewpoints were most often targets. Other groups such as the GLBT population, women, low SES and non-English speakers were also targets. Substantial perceived barriers to incident reporting exist, especially when the perpetrator is a resident or faculty member. Concerns about retribution and the lack of an anonymous reporting system were most cited. Lastly, students see value in diversity and generally support the effort to improve diversity on campus.

The results of the survey support the following recommendations:
Continue efforts to improve diversity on campus, with a focus on pipeline activities.
Implement an anonymous and confidential incident reporting system – action in this regard has already been taken as plans for such a reporting system were approved by the faculty senate on January 12, 2010.
There is a clear need for a broader definition of diversity that includes political values and religious beliefs – on an institutional level. This means that we should modify both the student-learner contract and diversity mission statement to reflect this.
Lastly, one of the intentions of the climate survey was to provide baseline data to evaluate ongoing diversity efforts. Thus there is a need to periodically reassess the campus climate.

The third topic of discussion was an update from the Radiation Oncology department by Dr. David Westerly. He presented an overview of his department and their mission:

Radiation oncology is a discipline of medicine that addresses the causes, prevention, and treatment of cancer with special emphasis on the role of ionizing radiation. It is estimated that 60% of all cancer patients receive radiation therapy as part of their treatment. Rationale for radiation therapy is based on taking advantage of the therapeutic ratio Advancements in RT technology on several fronts: Linear accelerator development, Pulsed accelerator, Beam shaping (MLCs), Rotational delivery, On-board image guidance, Computerized treatment planning, Inverse planning and optimization, Intensity modulated radiotherapy (IMRT), and Advanced imaging techniques including MRI, PET/CT, 4D-CT, etc.
The Department of Radiation Oncology was officially formed in 1992 and its stated mission is therapeutic applications of radiation at UC under purview of Radiology through the 1980’s, to provide state-of-the-art radiation therapy services to the UCHSC and citizens of the Rocky Mountain region, to advance the knowledge of radiation oncology through basic science research, clinical studies, and education Faculty members are actively engaged in teaching and education. They have a facilitated ACGME accredited radiation oncology residency program since 2003 and currently have 6 residents. They participate in the NRMP with an Educational curriculum that consists of three components: Core clinical, Radiation biology, Radiological physics and radiation safety.
Research includes Molecular Radiobiology Research, Clinical/Translational Research and a Special focus on Stereotactic Body Radiation Therapy and medical Physics Research.
Looking to the future their plans are the following:
Equipment upgrades
   – 3 of our 5 treatment machines nearing the end of their life cycle
   – Proposal has been submitted to capital budget committee for replacement
     of 2 machines over the next 2 years

New Personnel
   – Currently looking to add 1 radiation oncologist
   – Next year will expand residency program, bringing total to 8

Cancer center expansion
   – Will add 1 additional treatment vault
   – Increased square footage will provide much needed clinical, research, and
     office space

In Summary, The department of radiation oncology is comprised of a diverse group
of specialists who work to diagnose and treat disease with ionizing radiation.
Advances in technology have led to more conformal treatment techniques which
improves their ability to treat complex lesions while minimizing normal tissue
toxicity. Research efforts aimed at better understanding the interactions of ionizing
radiation with both tumor and normal tissues and using that information to improve
patient care.

The meeting concluded at 6:00pm.

Fadi Nasrallah, MD
Faculty Senate Secretary