I. Welcome

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

II. Approval of Minutes from March 12, 2013 Faculty Senate Meeting

Minutes from the March 12, 2012 Faculty Senate Meeting were unanimously approved.

III. Proposed New Prerequisites for School of Medicine – Dimple Patel, Director SOM Admissions

Ms. Patel gave a presentation on a proposal to modify the prerequisites for applicants to the School of Medicine. A series of Power Point slides were given as a handout and a summary follows:

The admissions committee for the School of Medicine looks at both academic and personal competencies. The MCAT started undergoing its fifth review a few years ago. Final recommendations were to preserve what works best, eliminate what doesn’t, and enrich with concepts that future physicians are likely to need. They emphasize the need for using a testing format that has proven successful. Starting 2015 the MCAT will have four sections and will report four scores: 1) Biological & Biochemical Foundations of Living Systems, 2) Chemical & Physical Foundations of Biological Systems, 3) Psychological, Social, & Biological Foundations of Behavior (new section), 4) Critical Analysis & Reasoning Skills (new).

Our suggested new prerequisites include one semester of biochemistry, one semester of behavioral or humanities, or two semesters of additional non-science courses. To date the feedback we have received has been enthusiastic and varied in its content. Of note, the matriculating class of 2012 included the following: 95% took classes in behavioral and social sciences, 84% took biochemistry, and 55% took statistics. For academic majors, 37% were from biological sciences, 27% were from physical sciences, 20% were from social sciences or humanities, and 16% were from mixed disciplines.

Question from a Senator: Have you polled medical students to ask them what has been helpful?
Ms. Patel: We have asked student members from committees, but could survey them all.

Question from a Senator: Does the LCME have a standard? Have you asked struggling students what courses they should have taken?

Ms. Patel: There is no standard from LCME. Students who struggled in general didn’t take biochemistry or statistics.

Dr. Celia Kaye, Sr. Associate Dean for Education: In general terms, non-science majors have struggled more than science majors.

Question from a Senator: Isn’t it the undergraduate school’s responsibility to prepare students for the MCAT?

Ms. Patel: Yes, but we are interested in the MCAT so that we can get the best possible applicant pool.

Dr. Kaye: Right now our matriculating class is very diverse. It is challenging for our faculty to design courses that can serve both students who have not taken biochemistry alongside students who have a PhD in biochemistry. The bottom quartile of our students in the School of Medicine includes many who did not have biochemistry courses.

Comment from a Senator: I support your emphasis on writing, but I don’t think it has to be limited to English. It could come from humanities, scientific writing, and others.

Question from a Senator: Is the MCAT predictive of success?

Ms. Patel: Yes, but not always.

Question from a Senator: Does a certain score on the MCAT section overrule the requirement for a required course in that area?

Ms. Patel: Yes it does now, but we can refine this if desired.

Comment from a Senator: I support flexibility in requirements. We may be missing certain students who would be great for medicine but may not have taken a required course.

Comment from a Senator: You can still have academic diversity (different majors) but also be mindful of gaps that lead to struggling.
**Question from a Senator:** Has anyone thought about a cap for required credit hours to allow for diversity in course selection? For example keep it to a one-year maximum of prerequisites.

**Ms. Patel:** Great idea!

IV. **Education Task Force Update – Dr. Celia Kaye, Sr. Associate Dean for Education and Chair, Education Task Force**

Dr. Kaye presented an update on the Education Task Force for the Strategic Planning Process. She provided a Power Point slide handout to the Senators. That handout is summarized as follows:

We initially came up with about a dozen educational goals but realized we need to shave that number down to three. The three key educational goals are as follows: 1) Align educational expectations and clinical priorities and outcomes, 2) Build the nation’s premier interprofessional education program, 3) Optimize learner and faculty wellness and productivity.

For the first goal, our initial outcomes focus will be on health outcomes in Aurora in the Denver metropolitan area as well as the Front Range and Western Slope. We will survey the curriculum for current content. For the second goal of interprofessional education, the governing board leadership has agreed to add this goal of building the nation’s premier IPE program to their charge. For the third goal, the initial focus will be on learner mistreatment and faculty and resident professionalism standards. The interim report from our task force is due to the Senior Associate Deans in May 2013. The overall goal is a plan to achieve key educational goals by 2020.

**Question from a Senator:** Not all things needed for education are tied to patient outcomes, and students are responsible for patient outcomes.

**Dr. Kaye:** That’s true, I agree.

V. **Dean’s Comments – Dean Krugman**

I just spent five hours with the Clinical Task Force, and had a great conversation. We have had the same governance structure for the UPI board for 30 years. They meet monthly and have had the same make up for 30 years. But a lot of people think that times have changed and maybe this should change as well so that we can be “nimble” in the face of coming healthcare changes. Some people are questioning how the board should look, asking should it be delegated from chairs so they can meet frequently enough to be nimble? I have talked with other deans at the AAMC meeting recently about how structures that have worked for many years may no longer work. There is a need to focus on quality safety and measuring outcomes here.
Should we be looking as a School of Medicine and as UPI to have more “homogenization” of our incentive plans? We have never had this discussion. Every department has a different incentive plan. How do we build into an incentive plan quality, safety, academics, and citizenship? This was a truly fascinating meeting with the Clinical Task Force.

Regarding student mistreatment, I have met with the Council of Deans, and this is a highly discussed topic. One medical school every year asks graduating students (after the Match, before graduation) to name a faculty member or two from each Department who exhibited extraordinary professionalism and whom you want to be like. They also asked them to name one or two faculty who are the opposite of this. This could provide very useful information regarding student mistreatment.

There are no updates regarding searches and affiliations.

*Comment from a Senator:* We should ask faculty this from time to time as well (about colleagues who exemplify professionalism or the opposite).

**VI. Faculty Appointments – Dr. Steven Lowenstein, Associate Dean for Faculty Affairs**

Dr. Lowenstein provided a handout to the Senators with FAQ about the different types of faculty appointments and the implications of these types. He summarized the handout as follows:

Faculty Matters is an every two months newsletter to CU School of Medicine faculty. In March 2013 there was a FAQ about faculty appointment types. Faculty appointment types matter. There have been changes in state statutes, which have affected which type may be for you. Faculty type affects how much notice you get if you’re let go. There are four faculty types. Fewer and fewer faculty members acquire tenure. This is the same trend across the country. Indeterminate appointments can be dependent upon budget, grants and contracts availability. If funding from those sources ends, the appointment converts to at-will without a required notice to the faculty member. The most common appointment type for the School of Medicine is a limited term appointment. This is especially appropriate for faculty members who’ve been promoted. It affords the faculty member some protections in regards to notice of termination. At-will appointments are less frequent, but their continuance is at-will. These appointment times can be terminated with no warning.

*Question from a Senator:* Do you meet with Department administrators?

*Dr. Lowenstein:* I feel strongly at that at-will should be rare and that faculty understand the rules. We should not have a School of Medicine of at-will faculty.
Question from a Senator: What recourse does a limited term appointment faculty have if a contract isn't renewed?

Dr. Lowenstein: The Promotions and Tenure committee will review to make sure the process is been followed, but will not address the merits of the faculty member. That will be left up to the Department.

Question from a Senator: If you have a limited term one-year appointment and during that year you were let go, what happens to notice?

Dr. Lowenstein: You get one year from the time you're notified (if you've been here for three years at a minimum).

Question from a Senator: What is the process for a Chair to convert you to a different type of appointment?

Dr. Lowenstein: If you have a term appointment and have been here at least three years, you get 12 months notice of a conversion to an at-will appointment.

Question from a Senator: How do we compare to other Schools?

Dr. Lowenstein: Data exists by rank for Departments; we can get this for you.

Question from a Senator: How is rank tied to this?

Dr. Lowenstein: There are no rules on this, but I believe someone who has been promoted should have term appointments.

The meeting was adjourned at 5:50pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary