Minutes of the Faculty Senate of the University of Colorado School of Medicine

December 13, 2011

I. Welcome: The meeting was called to order by President Ron Gill, Ph.D at 4:32 PM. Dr. Gill asked any guests and/or members of the media to introduce themselves. There were no guests.

II. Approval of the Minutes: Dr. Gill expressed his thanks for the detail presented in the minutes of the November 8, 2011 meeting. These were then approved without comments or corrections.

III. Dean’s Comments:
   a. Dean Krugman provided an update regarding current chair searches and affiliate institutions.
      - Dr. Richard (Rick) Zane, currently at Brigham and Women’s Hospital, is coming to be the Chair of the Department of Emergency Medicine. His start date is April 1, 2012. He will visit the school several times prior to April 1st, including in February for the new Chairs and Division Heads orientation. He will be head of a Department that is integrated with Denver Health. He will oversee the academic development of both sides of that one department.

      - A letter of offer is being drafted for Dr. Richard Schulick, Professor of Surgery and Oncology at Johns Hopkins, candidate for Chair of the Department of Surgery. He runs the Hepatobiliary Program there. The hope is that his appointment will be announced early next year.

      - Dean Krugman stated that this will be the last chair recruitment that he intends to have over the next several years. He wants to initiate a strategic planning process for how we need to organize the School of Medicine. He discussed this in his recent State of the School address. It is time to ask, if we were to start over as a medical school today and the goal were to be maximally successful at each of our four goals of research, education, clinical care and community service, how should we do this? How should we be organized to be as successful as we will need to be in the future? This will be needed over the next decades as we look at state and federal funding. We need to think about the one time resources we need in each area, and ask how do we get where we want to be without destroying what we have built up? Dean Krugman stated that he envisions the planning as having two phases, and a duration of 18 months. He has spoken to the 24 chairs and at least 7 center directors, and nearly all are excited about this. Issues with respect to clinical work will need to be addressed with the hospitals.
The school will need to look at the life-span of medical education and at inter-professional interactions, e.g. with the School of Nursing. Dean Krugman also discussed the need to work with Lilly Marks who is working to draft a broader master plan for the campus, as plans were not necessarily cohesive or integrated initially. The campus was designed before we knew Children’s would be here, or that the VA would move here. We thought that we had lots of space. UCH, the VA, and Children’s are all independent; none of these collaborated as they began to do their planning. We need to think of a broader master plan. There will be new opportunities for thoughtful discussion in lots of committees by thoughtful people in the next months.

• Questions and comments: Chesney Thompson, MD, Faculty Senate Past-President. Could you provide updates on the hospitals? Dean Krugman stated that he has been going down to Memorial Hospital to discuss the offer made by UCH, and that he was told that on points UCH is the favorite to win the bid. UCH has agreed to provide 120 million dollars over 40 years, or 3 million dollars per year for forty years, to provide a branch of the medical school there; this would be mainly third and fourth year students. The community is very interested in this. The task force is to make a recommendation to the City Council by the end of the month. However, their recommendation has to be approved by the people of Colorado Springs. That vote will not take place until 11/2012. Therefore, we could make our arrangements and the voters could just say no.

• Regarding Poudre Valley the joint operating agreement is going well, except that the Laramie County Health District has not yet given approval for Poudre to join. The Regents and the Board of UCH have approved the agreement.

• Question: Could you comment on DU? DU is doing a feasibility study regarding starting a medical school to help the primary care shortage in Colorado. Dean Krugman said that starting a medical school is not the way to do this. The feasibility study is underway and three qualified outside individuals, including the LCME Secretary for the AMA, Henry James, are doing this. This is not a concern at this time, though if in three years they have a class, there could be pressure on clinical sites.

• Question: What if HCA gets the Colorado Springs contract, would we consider having a branch of the medical school there? It is in the mission of the SOM to support research, education, and community service. This is not true of for profit hospitals. It is not just money; it is the culture and climate of an academic hospital. HCA may not support our academic mission. There were no other questions for the Dean.

• President Gill asked Steve Lowenstein if the Blue Ribbon Task Force on Promotion and Tenure had had any more recommendations after the feedback from the Faculty Senate. They are still willing to consider the three options put forward, using Senior Instructor for clinicians, creating a clinical track, or taking out scholarship as a criterion for promotion. The committee members are trying to arrive at a consensus,
but it is very difficult. All know the advantages and disadvantages of each option. Their recommendation will go to the Rules and Governance Committee; this will then come back to the Faculty Senate for approval, and will then go the to the Executive Committee.

IV. Discussion Items:
A. Update on Profiles: Ron Sokol, Professor, Gastroenterology Hepatology and Nutrition, Children’s Hospital Colorado, Director and Principal Investigator, Colorado Clinical and Translational Sciences Institute (CCTSI). Dr. Sokol thanked the Senate for the opportunity to present information regarding Profiles, and to get input on this database that the CCTSI is in the process of installing. He explained that we are all faced with the challenges of initiating collaborations; other challenges on campus include finding a mentor, locating core lab services, and networking. There is no current system at UCD for finding collaborators either internally, or, more important, externally. As part of its mandate in the RFA for the NIH CTSA grant, the CCTSI must develop tools to connect researchers, trainees and core facilities for biomedical research. The CCTSI is now in year four of the grant, this project needs to be completed by year five. Various options were explored, and the Harvard “Profiles” tool was determined to be the best available, and the most economical to install. This will be installed by the CCTSI at UC Denver, and perhaps could be extended to the whole CU system in the future. It will link with the hospitals and other Affiliates. It will make UCD visible through the Internet, and speed the process of finding individuals with specific expertise.

Profiles Research Networking Software (RNS) is an NIH-funded, open source web-based tool to speed the process of finding researchers with specific areas of expertise for collaboration and professional networking. It imports and analyzes directory information from PeopleSoft, to create and maintain a complete searchable library of web-based electronic CVs. It includes directory information such as one’s address and building location. This requires that the information in PeopleSoft be correct. Therefore, faculty will need to update their information in the PeopleSoft database. Profiles will include all faculty, and can include faculty of interest at Affiliates, such as Denver Health and National Jewish Hospital. There will be a chance to include others as well. Profiles also has a direct feed from PubMed to update a database of publication history. It has a program called disambiguation that tries to eliminate similar names, for example. Faculty can add publications, take out others, and can add chapters. The PubMed feed occurs once a week. The PeopleSoft feed occurs every three months. This will be expanded to include graduate students and post-doctoral fellows. Passive networks are automatically created based on MeSH terms from an investigator’s publications, current or past co-authorship history, organizational relationships and geographic proximity. Profiles extends these networks by discovering new connections, such as identifying "similar people" who share related keywords.

Users can also manually maintain active networks by identifying advisor, mentor and collaborator relationships with colleagues – they can modify their
profile. Ours will be web-based and open to anyone in the world. Searches can be done via key words or MeSH terms. Dr. Sokol demonstrated a search related to stem cells on the Harvard Profiles site. One researcher’s information was used to demonstrate how information is displayed, and how it can be modified, to include student projects, and honors, for example. This is not all that Profiles does, it creates a social network of co-authors. It is possible to visualize co-authors, the thickness of the line connecting them shows the number of papers together. You can view the most common co-author. For Department Chairs, this tells you who your faculty are publishing with. You can see similar people; you can click on Google maps and find someone in Denver. The information provided in a search is: - Profile page for each faculty member: positions, contact info, publications (Pubmed), key words/concepts, & co-authors. Faculty can add more and edit if they wish (not required); - Network pages - researchers in common areas or that publish together; - Connection pages – why two people or profiles are linked. Boulder uses a different tool, and other institutions use other tools.

We are one of the few institutions at our level who do not have this. It is Open Source from the Harvard CTSA, and many improvements are expected over time. The national CTSA consortium (NIH) endorses and supports its use – it is relatively inexpensive. Other CTSA programs using it now include, UCSF, U of Minnesota, and a dozen other Universities are installing it. This will allow CU to link with a national CTSA network of 60 top biomedical research Universities. For example, one could get a ranked list of investigators at 60 CTSAs with the key word of “stem cells.” It is searchable from the outside. Profiles can feed in to Domino or FIDO. The Domino and Profiles folks meet regularly in order to prevent a duplication of effort. This is not competing with Domino. Profiles costs 60 K to install and 30 K per year to maintain. Installation is complete, and it will be beta tested next week and will be rolled out at the end of January. This will be available first at the SOM, then the whole Anschutz Medical Campus, then selected Schools at the UCD/Downtown campus, then perhaps Boulder, though they are using a different system, VIVO. This is a search engine that all those around the world can use to find us. Dr. Sokol will be presenting this talk in other forums in order to make faculty aware of this. Some people have privacy concerns, and Dr. Sokol explained that all of the information contained in Profiles is publically available, though it will be easier to find this information through Profiles. It is possible to turn someone off, but this will be the exception, if someone does not want to participate. The hope is that all will participate. Questions: Where is the portal for an outside student? The CCTSI will have a portal, and there will be an icon on the CU home page. Are there plans for interfacing with tech transfer? They could put a link to their website on this. This will not include patent information. Some of the upgrades do include clinicaltrials.gov and NIH Reporter. Does this troll for CVs online? This creates a CV, but you don’t upload a CV. This can be linked to a more robust Department website.

B. **Predictors of Early Faculty Attrition at the SOM**, Brenda Bucklin, Professor, Anesthesiology, Assistant Dean, Clinical Core Curriculum. Dr. Bucklin began
her presentation by stating the work she was about to present was done as part of a fellowship program, and she thanked several faculty including Dean Krugman and Steve Lowenstein, who were instrumental in this project. The background for this work is that a fifth of the nation's physicians are over 65 years of age. Faculty members in academia are aging as well, and many physicians work part time. As 30 million previously uninsured individuals will have health insurance by 2014, the projection is that there will be a shortage of physicians of more than 90,000 in the next decade. Therefore, physician and faculty retention have received increasing attention in recent years. There is a financial and a human cost to faculty attrition. This affects both the school and departments.

A study at the University of Arizona found that it costs $115,554 to replace a generalist, 286,503 to replace a specialist, and $587,125 to replace a surgeon. In one year at the University of Arizona the costs were 7 million dollars for this. Talented clinicians are sought by the private sector. The start up costs for basic scientists are 500 K to 1 million dollars. When start-up expenses and incomplete recovery of indirect costs are included, 40 cents to every grant dollar generated may be added. Physician and faculty retention have garnered increased attention in recent years, in part because academic medical centers are grappling with the lost human and financial capital associated with turnover. As Dean Krugman presented in his State of the School Address, the absolute amount as well as the proportion of revenue from the Practice Plan has increased with time, and this puts greater pressure on clinicians.

The Specific Aims of this project were to: -Measure the 3-year attrition rates of new faculty members who were hired in 2005-06, -Identify attributes, attitudes, experiences, and other factors associated with early attrition. Methods: A cohort of new faculty hired during 2005-06 was identified. A 40-question electronic survey was distributed. Survey questions addressed: general demographics; academic attributes, attitudes, experiences; career satisfaction; faculty responsibilities; and support for teaching, clinical work, and research. 3-year departure rates were measured. ORs (CI 95) were calculated to identify predictors of attrition. Results: 37 of 100 MD or DO faculty left within a three year period; of 8 MD,PhDs hired, none left; of 31 PhDs hired, 10 left. This is a 34% overall attrition rate. When broken down by Rank, more Instructors (27%) and Assistant Professors (26%) left. 27% of Associate Professors left, though the total number of these is small. 17% of recruited Professors left. When MD and DO hires are broken down by Rank, half of Instructors left, 26% of Assistant Professors, 20% of Associate Professors, and 13% of Professors. For PhD hires 43% of Instructors left, 27% of Assistant Professors and 33% of Associate Professors (6 total) and 33% of Professors (3 total). 38% of those who left responded.

The strongest predictors of resignation in three years were: extensive involvement in clinical care (> 50% of time), lack of recognition and support for excellent clinical care, lack of interest by Chair in faculty development, lack of recognition and support for excellence in teaching, absence of an "academic
community” in the faculty member’s department, lack of feedback by Chair regarding academic progress. These results are similar to those of Steve Lowenstein. Limitations of this study are that this was conducted at a single institution, the sample size was small, there was inaccurate contact information for faculty who had left, and the overall participation rate was 55% - unable to evaluate magnitude or direction of any non-participation bias. Conclusions: More than 1/3 of faculty members left within three years of hiring, the cost to the institution is greater than 5 million dollars, greater awareness of early attrition rates and factors associated with attrition may help to identify threats to faculty retention, departments should regularly monitor risk factors for attrition to foster faculty success and retention.

Questions: What is published at other universities? 10% attrition per year, but this is different. This is early attrition; only 16% left for career advancement. Dr. Lowenstein commented that attrition is always 8-10% per year. Lots of people go to private practice. Did people who left do so for more money? 50% went to private practice or industry. Some did leave for inadequate salary. Dr Lowenstein commented that it would be important to look at debt, this was not done. Comment: Some fellows stay on for a year after fellowship, they plan to leave. There is no way to find this out. UCSD did try a faculty development program; this increased the rate of retention by 66%. Dr. Lowenstein commented that not all attrition is an institutional failure. Comment: Some may not understand what an academic career is all about. Question: Do you know what proportion that leave do so because of failure of the institution versus fit of the institution and the individual? This is “failure of the institutional promise,” and we do not know the answer.

Dean Krugman stated that it is important to know if departments are not consistently mentoring faculty, that feedback needs to go to the section heads and department heads. Comment: Look at the Department of Pediatrics. Do more leave? Dean Krugman: They have 550 faculty, so that’s 55 per year. Dr. Lowenstein: We need to monitor the attrition rate. Question: who do we give this information to? We only scrutinize this at a 5-7 year review. Dean Krugman: This could be collected over time and monitored over time. Comment: our system is top-down; industry works differently, and is bottom-up. Dean Krugman: We don’t do that here, though we do it when there are formal reviews. We have acted on problems but have not asked all faculty how their Chairs are doing. Question: Was there a difference between support from the department versus support from the hospital for recognition of clinical care and teaching? This is an important point; physicians did not feel appreciated by the hospital. Comment: Look at what kept people here for 10 or 20 or 40 years. Dean Krugman: This brings up, should we have a non-compete clause for PhD and research faculty?

C. Overview of Ombuds Office Lisa Neale, Associate Ombuds presented an overview of this office, which is an independent, safe and confidential place to voice your concerns. The role of the Ombuds Office is to assist people with conflict. The office can help people with options and resources for conflict
resolution/management. Sometimes conflict cannot be avoided. The office does not tell anyone what to do, or manage conflict. People may have one thing they want to have happen, here they can think about their long-term goals. The office can provide conflict management and team building training. There have been increased requests for training, including for Crucial Conversations training, which is 16 hours. There are two Ombuds offices, one at the Downtown campus and one at AMC. There are four principles. First, information is confidential; the office does not disclose names or case information to anyone without permission. (Imminent threat of serious harm is the only exception). No conversations are taped or recorded; no files or notes are maintained. The office is neutral. The Ombuds office does not take sides, and sees faculty, students and staff. The office takes the side of fair process and access to resources. The Ombuds can let people know that there is an issue, and can mediate; all the Ombuds are certified mediators. The Ombuds cannot be called to testify, adjudicate, or participate in any legal action. Mediating parties make their own decisions; the Ombudsperson remains impartial. The Ombuds is informal. The office does not participate in lawsuits, or in discussions with supervisors. The Ombuds can coach ahead of time, and can get information that may be useful for specific issues.

The office operates outside of the formal review, appeal, or grievance process, does not maintain records for the University, does not accept notice of any kind on behalf of the University. Finally the Ombuds is independent. It is not part of any department, not HR, not Risk Management. The Ombuds can take information and does not report it. The office has no power can cannot take up a cause. Anyone can visit if they are an affiliate of UC Denver, e.g. students, staff, faculty, administrators. Only general statistics are given to the Provost’s office once a year. The Ombuds can help by listening, coaching, facilitating, mediating. The Ombuds can help with Working conditions, Sexual harassment, Interpersonal conflict, Disciplinary actions, Discrimination issues, Conflict resolution/management training, Options for reporting issues. Free training opportunities are: Understanding & Applying Conflict Styles, Conflict Management for Supervisors, DiSC Personality Profiles (*small fee for booklets), Teams: Utilizing Conflict Constructively, Basic Mediation Skills in the Workplace, Applying Principled Negotiation to Workplace Conflicts, Bullying in the Workplace, Crucial Conversations. There is a lot of research on bullying in academia. Contact information for the office is: Ansleutz -303.724.2950, e-mail is melissa.connell@ucdenver.edu, or lisa.neale@ucdenver.edu. Downtown Campus -303.556.4498, e-mail: mary.chavezrudolph@ucdenver.edu. Offices are: Anschutz Medical Campus – Building 500, Room 7005C. Downtown - CU Denver Building, Suite 107P. Dean Krugman thanked Lisa Neale for her presentation.

The meeting was concluded at 6:00 PM.

Respectfully submitted, Renata C. Gallagher, MD, PhD