The meeting was commenced at 4:32 pm

I. Welcome
Dr Jeffrey Druck, President of the Faculty Senate, called the meeting to order.

II. Approval of the minutes from Nov 11, 2014 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean’s Comments
Move of National Jewish programs to new St. Joe’s is ongoing.

Searches – Dean’s search is coming to a close and an announcement of the new Dean may be coming at the end of the month. However, an offer has not been officially made. The Anesthesia Chair Search Committee met recently with members of the Anesthesia Department to discuss their needs. There are roughly 70 applicants for the Anesthesia Chair position and about 30 viable candidates.

IV. Discussion Items
1. Update on Ebola Guideline Changes – presented by Dr Eric Poeschla, Professor of Medicine and Head, Division of Infectious Diseases. More people have died in this current Ebola epidemic than all other prior epidemics combined. Toll on healthcare workers in West Africa has been very high. 8 people contracted Ebola in West Africa and travelled to the USA. The mortality rate in current African outbreaks is approximately 75% and is in USA 20%. Poor prognostic indicators for survival are advancing age and higher viral load. The epidemic is expected to persist for a good portion of 2015. It is expected that there will be new waves and lulls in Africa with some importations into the US. Secondary transmissions in the US are unlikely if well prepared.

Main lessons learned by the CDC and everyone else:
1. Training and drilling are essential
2. Need for supervised PPE donning and doffing (buddy system)
3. Standard droplet precautions are not enough

How contagious is Ebola?
No risk of transmission from asymptomatic people. In current outbreak, most new cases are occurring among people have cared for sick relatives or prepared an infected body for burial. Risk increases with severity of illness (viral load). Corpses are very infectious. Bottom line, the critically ill (or newly dead) patient is the most likely to transmit Ebola due to their high viral load. No known aerosol or droplet nuclei transmission of Ebola.
The Colorado Department of Public Health and Environment (CDPHE) is monitoring for Ebola in Colorado. CDPHE monitors all individuals identified as having travelled to Sierra Leone, Guinea, Liberia and Mali. The CDPHE monitors these individuals whether or not they report contact with confirmed or suspected Ebola patients. The CDPHE will hand off monitoring to local departments.

University Policies (see Chancellor Elliman's Dec. 4 Communique) – 4 countries require travel appeal: Sierra Leone, Guinea, Liberia and Mali. Travel appeals require Provost and Chancellor approval when traveling on official University business. Students are unlikely to get approval for official travel. If faculty travel on their own, the University will not provide paid admin leave or worker's comp. Faculty will have to receive approval from their chair before taking vacation leave.

University policy regarding individuals returning from Sierra Leone, Guinea, Liberia and Mali requires a 21-day ban from clinical care after return. 21 day hiatus is not only required for staff/faculty engaged in clinical care of Ebola patients, but also for any faculty traveling in risk countries for any reason. During the 21 days, faculty will be permitted into the hospital, labs, offices, but not allowed to see patients. The University is not planning to restrict returning faculty from regular job duties including classroom teaching and research. Salary may be affected by the 21 day hiatus and should be discussed prior to travel. There has been communication between the University and Children's regarding their Ebola policy. Children's has not made a decision on the 21 day ban. Both entities are likely to have changes in their policy as time progresses.

Senator question: What happens to University staff who treats an Ebola patient admitted to the University? Dr Poeschla 21 day ban would not apply.

Senator question: Will ECMO be done for Ebola patients? Dr Poeschla responded the answer is no but dialysis will be done.

President Druck question: Where are we on the diagnosis of Ebola? Dr Poeschla reports PCR test is sensitive and specific with a 24 hour turn around.

Dr Poeschla commented that he is confident that the tracking system will work well to monitor those individuals at risk.

Senator question: Is age a risk factor? Dr Poeschla - age is a risk factor, the higher the age and viral load, the higher the risk of mortality.

2. Update on At-Will Task Force – Past-President Nichole Reisdorph
At-will appointments have been discussed at numerous Faculty Senate meetings in the past by Associate Dean Lowenstein. At the SOM, there are 4 appointment types:
• Tenured
  – Available only to CU employees
  – Extraordinarily high standard for tenure
•Limited (1-year, 2-year, 3-year terms)
  –Notice required before ending appointment
  –Most common appointment type for SOM faculty
•Indeterminate
  –Continues indefinitely **contingent on funding**
•At-will
  –Can be ended at any time without notice or explanation
  --Not for illegal reasons
  –Mandatory only for non-tenure eligible faculty who are also not clinicians
  –Any faculty member whose duties are at least 50% devoted to direct patient care
    can hold a limited appointment --- **no matter what rank or faculty series**

Dean Krugman and Senate officers assembled the At-Will Task Force to examine the use of at-will appointments including their advantages and disadvantages.

Current trends – some departments within the SOM offer only at-will appointments for new hires.

The Faculty Appointment Survey conducted earlier this year. 681 SOM faculty responded. Interesting findings included: 1 in 4 people didn’t know appointment type, nearly 40% were unaware of the 4 appointment types, and 44% did not review the specifics of their appointment upon being hired. In general, respondents had distaste for at-will appointments.

In response to the survey, the At-Will Task Force suggested changes to the SOM rules and made specific guidelines for departments to consider (see below).

**For SOM RULES:**

•**Limited appointments** are for specified periods of time. ... Instructors, and Senior Instructors AND ASSISTANT PROFESSORS will usually receive one year, RENEWABLE LIMITED appointments. ASSOCIATE AND FULL PROFESSORS WHO ARE NOT TENURED WILL USUALLY RECEIVE RENEWABLE LIMITED APPOINTMENTS OF 1, 2 OR 3 YEARS.

•THE DEAN’S OFFICE, IN COLLABORATION WITH THE FACULTY SENATE AND EXECUTIVE COMMITTEE, WILL DEVELOP SPECIFIC GUIDELINES FOR THE USE OF LIMITED, INDETERMINATE AND AT-WILL APPOINTMENTS.

*Legal context will be added --- that is, administrative titles and other situations where at-will appointments are required by law.*

**SPECIFIC GUIDELINES***

As outlined in the Rules of the School of Medicine, Instructors, Senior Instructors and Assistant Professors will usually receive limited appointments of one year. Associate and full Professors who are not tenured will usually receive limited appointments of one, two or three years. Limited appointments may be renewed.
These additional guidelines were agreed to by the Executive Committee and the Faculty Senate [state dates of approval]:

–New faculty hires may hold limited, at-will or indeterminate appointments; newly hired faculty members who hold at-will appointments should be converted to limited appointments at the end of their first year of service.
–Faculty members whose salary is dependent solely or primarily on external grants or contracts, or where continued funding is uncertain, may hold indeterminate appointments for an indefinite period of time.
–Instructors and Senior Instructors holding advanced practice degrees (for example, Physician Assistants, Anesthesia Assistants and Advanced Practice Nurses) may hold limited, indeterminate or at-will appointments.
–Information about these appointment types, and these guidelines, shall be available to all new faculty members at the time of hire.

Discussion between Senators and Senate leadership was conducted regarding the SOM appointment rule changes proposed by the At-will Task Force.

President Druck made a motion to approve SOM rule changes and this motion was seconded. The vote to approve the rule changes were approved with 34 votes, 1 vote to appose, 0 abstain.

President Druck made a motion to approve specific guidelines and this motion was seconded. The motion was approved with only 1 apposed, 0 abstain.

3. President Druck deferred further discussion of future business until the next Senate meeting January 13, 2015.

There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:58 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary