I. Welcome:

Faculty Senate President Rebecca Braverman, MD, called the meeting to order.

II. Master’s in Medical Science Proposal - Dr. Kristina Tocce

Kristina Tocce, MD, Associate Professor, Ob/Gyn-Family Planning, presented a proposal to establish a Master’s in Medical Science degree. This degree would be available to the School of Medicine medical students who stopped pursuing their degree after successfully completing the first two years of the program. Some students quit due to personal career choice, family issues, illness or problems passing the licensing exams. These students will end up having a staggering debt and no degree. For example, after the end of 2 years, these students will have an average of $195,000 worth of debt.

The students by finishing Phase 1 and 2 will have a discrete amount of learned knowledge accumulated. Therefore, by providing this Master’s degree, their accomplishment would be recognized and will assist them in future endeavors when applying for other professional schools, educational programs and for jobs.

Other medical schools, including those at Harvard University, University of Michigan, University of Southern California, Tulane University, Temple University, among others, offer a similar master’s degree to students who complete their pre-clinical coursework. All these Universities have different requirements. Our master’s program will require:

- Successful completion of phases 1 and 2
- Completion of a capstone project
- Submitting a letter to voluntarily withdraw from Medical School
- Retroactive to a 5 year time frame
Select questions from senators:

1- How many students drop out from the medical degree program per year?

Since 2008, on average one or two students per year were unable to finish their degrees. Most students have stopped after phase 2, but the Master’s in Medical Science would recognize their effort, the completion of 2 years of graduate work, and allow them to obtain a degree that will facilitate future employment.

2- What are the reasons for a student to discontinue pursuing their medical degree?

Some students will have a change of career choice but the main reason is that the student is struggling to pass the USMLE Step 1. Some students will be unable to complete or to take the exam, or they will fail multiple times. They will then have to stop with no degree since they cannot progress to phase 3.

3- Are 3rd or 4th year medical student eligible for this Master’s?

Yes, they will be eligible but will need to complete a Capstone project

4- Can a student come back after obtaining their Master’s degree if their situation resolves?

No, they will need to reapply to medical school as a new student.
5- Does the graduate school at UCD have a similar master’s of science program? What do you expect out of this other than a piece of paper?

Yes, they do. The Graduate School at the CU Anschutz Medical Campus offers a master’s degree to students who completed all coursework and the comprehensive exam, but then decided not to complete the research and dissertation necessary for a PhD. The Capstone’s project idea came from the Master’s curriculum from the original PhD program. There is a model of it in many graduate programs including UCD.

As far as what this Master’s will offer, we compiled a list of various health professional fields on our campus and if credit would transfer etc. We are also hoping that a recognized degree will give validity to their work and the time spent during the 2 years of Medical School that they can add on to their application to jobs or other educational programs.

6- Looking online for every Master’s of Medical Sciences shows that the vast majority of them offer this type of Master’s, are one year medical school prep courses. It is in most cases understood that this type of Masters may get them into medical school. I am afraid that our medical students will get a degree that confuses rather than enlightens them. For them it could be worse than useless and does not make them qualify to enter any specific job. What does this degree qualify them for?

It does not qualify them for any specific job but it demonstrates for potential hires in industry or health sciences that they followed a very intense curriculum therefore they must have developed organizational skills, deductive reasoning, or critical thinking that are viewed favorably by any industry. These are characteristics shared by students completing any Master’s course.

7- Would this water down other Master’s degrees in the eyes of prospective or enrolled students?

Based on our discussion it seems obvious that we need to carefully consider the name of this degree. We will also need to be transparent about what the students are getting and it should have no bearing on other Master’s degrees that have their own requirements, set of criteria and career destinations.

Dean Reilly further explained that this degree offers a way to recognize the efforts of students that came in intending to accomplish more. Moreover, the knowledge that the students gained in the course of intense 2 years in various subjects such as metabolism, physiology, pathophysiology, and basic principles of anatomy would be valuable to some employers. We will not be admitting students to a Master’s degree program but this is only to recognize the time and effort spent. Dean Reilly also added that he would stand the curriculum up against any Master’s degree out there. If the Capstone project is implemented, we would have no qualm in saying that the Medical School will be delivering an equivalent program to what is provided by any graduate school.
After an intense debate, the Faculty Senate recommended a revision of the proposal particularly coming back to the Senate with a clarification of any degree name confusion and a better delineation of the Capstone project.

III. Dean Reilly’s Comments:
Status of searches and affiliations

Searches:
AMC:
Three search committees were constituted for the three open department Chair positions. The committees started putting together the list of candidates to invite for interviews. The three openings are in:
- Psychiatry Dept.
- Physical Medicine and Rehabilitation Dept.
- Immunology and Microbiology Dept.

Two of the search committees have met and the third committee is meeting tomorrow to decide who to invite the candidates for interview.
14 qualified candidates were identified for interview for the AMC leadership position of Physical Medicine and Rehabilitation Dept. and the search committee will soon decide which candidate to invite.

Denver Health:
The DH search committee is looking for a new CEO and made recommendations with a short list of candidates. Anticipated candidate’s visits will be in January or February.

VA update:
Construction of new facility on track to be done by Jan 2018 and VA leadership anticipate opening and relocating the inpatient services 3-4 months later by late spring to early summer. Two to three programs will not relocate and will stay downtown.

Other item of discussion:
We are running out of space on campus, we are actively planning for a new building that can accommodate the needs of clinical education and research, vivarium and research space, etc. Discussions on where to place the building and how to pay for it are still ongoing.

IV. Student Life Steering Committee Update- Dr. Jennifer Soep, Chair of Student Life Steering Committee (SLSC)
Dr. Jennifer Soep gave the senate an update on the accomplishments of the SLSC committee during 2015-2016.

SLSC is a relatively new committee that was formed to address the non-curricular student life aspect of the Medical School.
SLSC updates policies, oversees Advisory Colleges of Medical Students, and oversees and provides the reporting structure for 3 committees: the Professionalism, Promotion and Honor Council to enhance compliance with LCME.

List of Policies that SLSC can make sure that the students are aware of:
- Phase IV Add/Drop
- New Transfer Student policy
- Updated the Education Conflict of Interest
- Technical Standards
- Uniform Standards that states that the standards of promotion and graduation are uniform for all branches
- COI by evaluators in the Teacher-Learner Agreement

Advisory Colleges formed 5 years ago focuses on:
- Increasing mentoring support for students
- Funding for 2 advisors per college to provide more support to the student
- Training sessions for advisors
- Providing clear expectations for advisors and students, and how to incorporate career advising in their time to lead them to the correct path

SLSC makes sure that students at the Colorado Springs Branch have the same level of Student Life support as the students of other branches. SLSC revised timing and wording of contract that the students sign when they become make members of a campus to make sure that it happens after the students have been admitted to the school. SLSC reviewed the procedures for leaving CSB and the potential changes to timing of selection in the future.

During our meetings, we reviewed how the 3 different committees work. We are looking to find out if there are students involved in more than one committee. We recommended a database maintained by Office of Student Life tracking all students that are required for any sort of action/remediation and we requested changes to the membership to the Professionalism Committee as well as their procedures.

The SLSC have two requests from FS:
1- To address LCME standards, we would like to request an addition to our bylaws, to include a bullet under “Reporting Procedures” that states: SLSC is prohibited from influencing decisions made by the Admissions Committee

Future plans for 2017
- Continued focus on policies and procedures related to non-curricular elements
- Updates to the Scholarship Committee membership and procedures
- Reviewing inaugural year of Colorado Springs Branch Longitudinal Integrated Clerkship
- New MSPE format that incorporates professionalism
- Evaluating impact of Advisory Colleges
(standard 10.2), Promotions Committee (standard 9.9 and 10.3) and Scholarship Committee.

2- The voting position for a Faculty Senate representative is vacant. Therefore, we would request a volunteer or nominee for this role.

Dr. Lowenstein clarified that the volunteer senator needs to self-nominate first to the President of the Senate.

The FS unanimously approved that the SLSC add to their bylaws under the reporting procedure: “the SLSC committee is prohibited from influencing decisions made by the Admission, Scholarship and Promotion committees”.

III- **Stuart Linas, Chair, Curriculum Steering Committee (CSC)**

The Curriculum Steering Committee (CSC) is responsible for the design, implementation, review and revision of the medical school curriculum. Recognizing the central role of the faculty in this process, the CSC is charged with oversight of the curriculum and its evolution, guided by systemic evaluation of the entire curriculum. The CSC is responsive to the FS.

Dr. Linas provided an update on the Curriculum Steering Committee. The Last academic year there were many accomplishments, including:

- Updating of the CSC charge in school rules
- Reviewing and updating policies in preparation for LCME
- To comply with the accrediting body, the LCME, CSC increased direct faculty participation in decision-making related to the medical education program, including opportunities for elected faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate. Therefore, CSC changed the membership list and added 4 new CSC voting members - 2 faculty nominated from the Academy of Medical Educators and 2 faculty nominated from FS. The nominated faculty will need to be voted on and approved by the FS. Also we modified the current existing 5 positions to 2 basic science, 2 clinical, and one community. These positions will also be elected with nominations and a vote provided by the Senate. Therefore, the number of elected faculty positions increased to 9.
- Updated multiple policies and processes were updated including clinical duty hours, timeliness of grades, and updated our informative feedback policy.
- Development of a searchable curriculum map that allows for a curriculum review. It is not perfect but it is very good and CSC continues to work on improving it.
- Improving curriculum integration horizontally across the phase and vertically through the 4 training phases. A competency committee is reviewing or assessing the effectiveness of this integration.
- CSC reviewed and approved a reflective writing component to our curriculum.
CSC offers a new academic scholarship for students that would like to take a year off to do something scholarly. It is almost like an insurance program that provides access to University events etc.

CSC charged a health disparity task force to check where we stand as far as disparities and where we need to go to address any deficiencies.

The curriculum is ~10 years old and CSC will work on enhancing it in 2017. CSC will ask for volunteers from FS to participate in different committees. CSC will also have a more formal review of the Colorado Springs Branch.

IV- Colorado Springs Branch Update- Erik Wallace, MD, FACP
Associate Dean for Colorado Springs Branch

Vision for Colorado Springs Branch is to transform and integrate health education and health care delivery systems to develop 21st century physician leaders who will deliver high value care to patients and improve the health of the community.

The first 2 years, all 184 enrolled students start at AMC, take the same classes, they get to the end of phase II and take USMLE Step 1. This is our starting point. We want that all of our students, as they work through their Phase III or IV, regardless of where they are, achieve graduation. They have the same goals, objectives, required clinical conditions and assessments but the pathway getting there is a little different. The main difference is in the clinical structure of Phase III. In CSB we adopted the Longitudinal Integrated Clerkship model (Fig. 1). It is a long established ~ 40 years, it is a growing and successful model for new Medical Schools and Campuses. Our version of this model is a mentored integrated clerkship where for ~ 2 months in Phase III, students are paired with one preceptor in each of the core specialties and they work with the same preceptor in the same clinical setting. The student
spends anywhere from one half day every week to one half day every other week depending on the amount of time needed for that particular specialty. Mornings are dedicated for students to see their patients in the hospital that they have been following longitudinally and that may have been admitted for a variety of reasons. We have a dedicated academic half day every Friday afternoon where all our students come together around the same curriculum. Embedded within the week, there are clinical enrichment half days that allow the students to follow the patients longitudinally and pursue other specific areas interests and potential career options (Fig. 2).
On April 2016, we welcomed our first cohort of students to start Phase III. Picture taken at CSB. From each of the three classes we recruited more than 50% have connections to Colorado Springs or Southern Colorado. Therefore they have an interest in practicing in CS where there is a shortage of clinicians in every specialty. These students are our best ambassadors for our program!

- 2018 – 21 students
- 2019 – 24 students
- 2020 – 24 students
- 2021 – Currently interviewing.

Once the students of class 2021 have been admitted to CU, they will be able to state their preference for their site of training (see CBS Participation form).

When a student is assigned, Dr. Wallace will be notified of any student interested in CSB, i.e. the student chose options 1-3 from the participation form (Fig. 3). Dr. Wallace will then contact the student to follow up and make sure that this represents the best fit for them and the best opportunity for their success.

<table>
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<th>CSB Participation Form</th>
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<td><strong>Fig. 3</strong></td>
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<td>1. My first preference is the Colorado Springs Branch but I am willing to be assigned to the Anschutz Medical Campus</td>
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<tr>
<td>2. My first preference is the Anschutz Medical Campus but I am willing to be assigned to the Colorado Springs Branch</td>
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<tr>
<td>3. My first preference is the Colorado Springs Branch and I prefer <strong>NOT</strong> to be assigned to the Anschutz Medical Campus.</td>
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<tr>
<td>4. My first preference is the Anschutz Medical Campus and I prefer <strong>NOT</strong> to be assigned to the Colorado Springs Branch.</td>
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During interview day, Dr. Wallace will present for ~25 min on CBS and why should they consider CSB. Most of the students like the Longitudinal Integrated Clerkship (LIC) model and its benefits: 1) patient continuity across specialties and the patient-centered approach to medical education, 2) preceptor continuity and mentorship (one-on-one) and 3) the self-directed learning. Students also like the small cohort size where they get to know each other better and have a feel of community and they enjoy the community engagement opportunity, particularly to those that have connections to CS.

To date, 5 students have presented scholarly work at regional or national conferences and we advertised for it in our community and to preceptors. As for the NBME shelf exams, the class has exceeded the national mean in OB/Gyn, Neurology, and Psychiatry. In Surgery, Pediatrics, Adult Ambulatory, and Internal Med, students will take the exam between February and April 2017.

As far as feedback from preceptors, since they have one to student to mentor, they were able to give more detailed feedback on the students.

A few quotes from preceptors:
“It has been amazing to see (his/her) growth as a student, and as an individual.”
“…has performed several office procedures, assisted in surgery (not just holding retractors) and has performed deliveries and participated in intrapartum management.”
“…is one of the best students I have worked with, and I have worked with many over the years. He/she easily establishes trust with the patients, and they are happy he/she is involved in their care. He/she individually learned our EMR and can navigate it better than I can…”
“We very much enjoy having (student) as part of our team in clinic.”

How are we doing based on our student feedback?
2018 Focus group in September 23, 2016 (5 mo.)
The students completed an 8-week immersion experience in the hospital setting across various specialties. Variations in experiences emerged based on the site and preceptors. The best experience was in IM, Anesthesiology, and surgery. Next year, we will provide experiences to develop the knowledge/skills to be successful in LIC.

In LIC, we are 4 months in, therefore the results are fairly preliminary but mostly positive comments from preceptors and not many negative comments from students. In didactics, we improved satisfaction moving from lectures to student-lead, case-based didactics. All students stated they would sign up again to participate in the CSB.

What are we offering as student support/advising?
- Academic Advising
- Office of Student Life (OSL) resources
- Career Advising
- Departmental Advisors
- Community Preceptors
- Confidential student concerns handling by the Associate Dean for CSB and the Director for Student Development or the OSL, ACP and other resources
- Financial Advising
- UCCS Health and Wellness Center
- Open doors on Fridays to meet for any reason
- Scholarships (Fig. 4)

Faculty Development:
A Core Preceptor Training of 9x 3.5 hour sessions are offered, where 76% of the 174 physicians currently teaching students received training on:
1- How to integrate students in clinical settings
2- How to provide effective feedback
3- How to identify a struggling learner
4- How to provide assessment of students
5- Discussions about professionalism and mistreatment issues

In the future, we will implement a 2.0 version of the training sessions to improve performance of preceptors and provide what they need.
We also provide faculty development sessions on Unconscious Bias and immersion planning.

The Clinical Liaison faculty are key to recruit, maintain relationships with the preceptors and oversee the quality of student’s education. Quarterly meetings are organized to discuss mentorship with preceptors. The Office of Equity offers mistreatment and Title IX training. Periodic site visits by the Clinical Liaison faculty are scheduled to make sure that the preceptor have what access to the resources they need to perform well and answer questions.

For our community-based faculty, we offer non-financial benefits such as discounts. They would like to have closer connections to departments which poses a challenge since they are full-time clinicians with little time to visit the branch. We will need to better engage with these faculty.

We invite all the preceptors to several events: CSB Preview Day (April), CSB 1st Year Welcome Reception (August), Faculty Development reception with EPCMS (March), and winter Holiday gathering (December) to show our appreciation.

Community Engagement
Heather Cassidy MD, Director for Community Engagement, is connecting the CS community with our Medical School and medical students for their MSA projects. We are cooperating with PICOS (Poverty Immersion in Colorado Springs) and Urban Peak.

V- Approval of Minutes from December 13, 2016, meeting

Faculty Senate President Dr. Rebecca Braverman made a motion to approve the minutes. Minutes were approved as presented.

Meeting adjourned 5:55 pm by President Rebecca Braveman.

Respectfully submitted,

Tamara Terzian, PhD
Secretary, Faculty Senate.