Minutes

FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

December 12th, 2017
4:30pm – 5:30 p.m.

Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

I. Welcome:

Faculty Senate President Kathleen Torkko, PhD, called the meeting to order.

II. Approval of Minutes from November 14, 2017 meeting

Faculty Senate President, Dr. Kathleen Torkko, made a motion to approve the minutes. Minutes were approved as presented.

III. Dean Reilly's Comments

A. Status of searches and affiliations

1. Searches:
   - Very close to hiring a new PM&R Chair
   - Psychiatry Chair interviews begin in January
   - Invitations for the Chair Search Committee for Orthopedic Surgery are being prepared
   - We are re-constituting the search for Immunology and Microbiology

2. Affiliations:
   - Denver Health has hired a new Director of Service for Orthopedics
   - You will hear about the VA today
IV. Discussion/Approval Items

A. Status Update on VAMC Move to Anschutz Medical Campus

Shannon Newell, Project Coordinator, Denver VA Replacement Medical Center (Rocky Mountain Regional VAMC) presented

1. Turnover Status:
   - Things are moving at a very fast pace right now
   - Green buildings are turned over to us, mostly physically complete, but not yet ready for occupancy.
   - Amber colored buildings are still being constructed

2. Clinical Patient Services
   - Heart is diagnostic and treatment center (DAT)
     - Not yet turned over to us- so limited work can be done at this point
   - January 2018 will be an important month for ‘closing’
   - When will the new VA campus be open to patients?
     - Many things are being done in parallel so that the whole campus can be relocated at once
• Campus wide transition will likely take place in July or August of 2018
• These are planning dates only
• Actual date will likely be firmed up after January progress is assessed
• We recognize that many are vested in this process, including providers and training programs.

3. Project Scope
• Unchanged
• Twelve buildings are on site
• The Post Traumatic Stress Rehabilitation Center was not in the original project design- and thus will remain at the Claremont Campus until an estimated completion timeline of 18mos.

4. Disposition of the Claremont Site
• This is prime real estate however the VA cannot sell it and make a profit
• There are rules and regulations around how this property can be used
• Hoping by next year to have recommendations about the Claremont site
• Several primary care teams will also remain at the Claremont campus because we have grown so much since the original plans were made

5. Construction Update
• Construction is 98% complete
• Low voltage IT systems remain
• Working towards the planned completion date of late January
• On site construction work will continue after care is relocated
• PTSD Rehabilitation Center will be located near Parking Staff North (see image above)
• The ariel has progressed since this shot was taken
• Much ‘Punch Work’ (Punch List: Document listing work that does not conform to contract specifications, usually attached to the certificate of substantial completion. The contractor must correct the punch list work before receiving payment.)

• being completed in all turned over buildings

• DAT (Diagnostic & Treatment Center) is running a little behind

• CBS (Clinic Building South) should be complete by the end of December
  o This will be the 1st building we bring staff into
  o ‘Early’ movers will move in the Spring
    • They will help test our processes etc. before we actually get into the patient part of the process

6. Construction progress photos

- This is the major entry point into the structure and there are three entryways that look like this
  - Individual structures are intended to work as an integrated campus via the ‘concourse’
  - This is a unique design
  - Buildings are not built to stand alone
  - The first floor is patient facing
• The lower levels are not meant for patient interfacing
• Using 14ers to designate the clinic names
• There are five pharmacies on the campus

The chapel is a nook off the concourse

The canteen
Signs are covered to keep people's interest abated!

MRI Interventional suites were all installed this month

7. Activation Staffing status:

Frontloaded this past year – still hiring
Emphasis on infrastructure hiring since we are running two campuses
Our goal is to get everything we have already running well-than add the new things
There is so much programmatic work to be done
   We only have only a core team on board and plan to fill out later

8. Procurement
9. Overall

There is much unrecognized or invisible work that existing staff has to do related to the move
   Operational planning for the last year
   Preliminary stages of move planning
   Department by department move sequencing et.
   We will have a complete plan by April

10. Questions?????

1. Primary care teams that are remaining at Claremont?
   Trying to figure out the best options- but for now they will be there. The concern has been that we would lose a piece of the downtown presence if we left entirely- so some of it is intentional. We are trying to capture as many vets as possible.

2. Is there an estimate of how many people will come and go? Montview is already saturated.

   Approximately 2600 staff will make the full move in shifts. Minimal people are there now and it is already congested. There has been talk about adjusting time schedules to offset traffic
B. Update on Curriculum Reconfiguration and the Curriculum Steering Committee (CSC)

Dr. Shanta Zimmer Interim Senior Associate Dean for Education, Associate Dean for Diversity and Inclusion presented.

1. CSC voted and approved to move our curriculum in the first two years to Pass/Fail.

   CSC is a subcommittee of the faculty senate - this is not a re-vote, just informational

   We moved to P/F for several reasons:

   Most compelling related to the fact that the med students wanted and researched the impact on wellness and engagement. A literature review & discussion with other institution leaders demonstrated that we were in the minority. There was concern that residency programs look at grades for placement. We met with GMAC to get input and their thoughts were that the preclinical years don't really impact the program decisions. You are not comparing apples to apples. Transcripts are not easily translatable. For example, M2M is unique to CU Denver. Curricula are not comparable.

   Criticism might be that there is now extra emphasis on Step 1 scores
National data support this for all students - not just pass/fail students.

From a curricular standpoint - this gives flexibility to basic sciences faculty for assessment etc.

Idea was presented to central core Block Directors then revised and re-presented.

This was also presented to med students.

A survey of student body demonstrated that the majority were in favor of this change. V

This vote in CSC has not yet been announced - but we are moving forward with the decision.

C. Campus Update

Don M. Elliman, Jr., Chancellor, University of Colorado Anschutz Medical Campus

“Thank you for allowing me to be here.”

There are five major points to discuss then I will answer any questions you may have.

1. Marketing
   - We’ve never told the story of this campus very well - some schools have done better than others - but this is a project for this year.
1. We have a merged ID from Denver- and we are now splitting again

- CUAnschutz.edu will be the new email address for our campus- not CUDenver.edu

- This seems minor- but not having our own ID was missing we are dedicating a team to find ways to tell the stories of this campus because they are remarkable.

2. Management Structure

- New Dean of Public health was a major addition to senior leadership groups. A search is underway for a new Dean for the College of Nursing. I think we'll get great candidates.

3. Philanthropy

- We will have a great year.

- Our goal is to raise over a billion dollars in 5 years (we are six months in) and I think that we are going to achieve this goal.

- This is rocket fuel for us and I think it’s really important that we make progress in this way. We are ahead of schedule in the first 6 months.

- Related to this on the adult side- the hospital had it’s own foundation and the campus had their own- we are trying to merge these because we can be much more effective if we work with our hospital partners.

- Regents of ten ask- what is the most important variable on campus- and I believe it is the quality of our relationship with our affiliate partners. We have a better relationship today with our hospital partners today than we have in the past

4. Space
• This is a MASSIVE problem.
• We grew by 7% every year since arriving on campus and we are trying to address the space problem.
• We are looking at innovative office design that we hope will be attractive to folks (I just left a mtg w/architects designing a new building that we hope to occupy in 2021) We need a signature design building on this campus- different that glass and brick boxes- The infrastructure of the campus has not kept pace with the needs of the campus.
• We got $38 million last year for the TBI program and we showed them a simple chart with 6 metrics from 2006 to 2016 and one of the people in the audience was the former president of Tulane and he said that he didn't think there was another health community in the US that could compare with this growth.

5. What keep me awake?
• Washington DC. I wish it would go to sleep. If we could get a predictable state out of the federal government it would be appreciated.

6. Questions???
1. I am concerned about Montview Blvd. it is DANGEROUS! Is there a plan? There are a couple of answers: Fitzsimmons Commons is expanding with a hotel and retail. In the process of doing this there is conversation about changing the contours of Montview and how to divert traffic to the North. On the block where the apts are there will be street parking which narrows the street and slows things down. Aurora wants to re-design Montview- but no one has the money to fix it. Have added flashing lights- but it remains a concern. Perhaps some answers in the next 12 mos.
Really would like for Montview stop being the arterial to campus.

2. CU Denver and Anschutz were together- now apart- where will it end?

   This is a very good question. We are going to separate more things than are together. We are trying to study the whole concept of consolidation and the goal was to look at things through one lens. We can share services and academic programs- but we are not the same. Pre-health is the biggest single major on the Denver campus. Whether we will end up with a remaining consolidated structure is not yet clear. We are going to come up with the plan that works best for everyone.

3. Any plans to start housing for students/residents/junior faculty?

   Currently it is easier to recruit from CA and NY. I don’t have the $ for student housing. Fitz Commons is not really student housing. Others have come to us asking about affordable housing and if we can find a way to spur that on with a little bit of equity. Aurora public schools would like to put a Charter School on the land north of Montview (golf course- we own it now- it took 7 years). I would like to create a K-8 as a recruitment maneuver as well.

4. Any plans to provide more daycare services?

   Working with hospital- but I look at K-6 as being part of the issue. DSST is interested in putting a
middle/high school there. We are willing to do this- but we need a K-6. So much went into building a academic campus- we want to create more of a contiguous home for people.

5. How about housing for patients that come from other places for treatment outside of the Hyatt etc?

What we need is an extended stay hotel. There is nothing going on about this currently- but we know that this is important. Spring Hill Suites is pretty cheap- but maybe we need programs to subsidize this. This is another example of why we need to get on the same page as out affiliate partners.