Minutes
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
June 12th, 2018
4:30pm – 5:30 p.m.
Location: Anschutz Medical Campus – Academic Office 1 Building, Room 7000

I. Welcome:
Faculty Senate President Dr. Kathleen Torkko, called the meeting to order.

II. Approval of Minutes from April 10, 2018 meeting
Faculty Senate President, Dr. Kathleen Torkko, made a motion to approve the minutes. Minutes were approved as presented.

III. Dean Reilly’s Comments made by Dean Buttrick on Dean’s behalf
A. Status of searches and affiliations
1. Searches:
   - Two currently active searches include Orthopedics and microbiology and Immunology.
     - There are currently five orthopedic finalists and these will be narrowed down in the next two weeks.
There are currently three finalists for Microbiology and Immunology, each has visited the campus and one has returned for a second visit

- The Director of the Health and Wellness finalist declined in lieu of a position at UCLA for personal reasons
- We will soon initiate a search for the leader of Biochemistry to replace the current lead that will step down in December 2018.
- The Cancer Center Director moved to Cedars Sinai and will be replaced by internationally recognized cancer surgeon Dr. Richard Schulick.
- Dr. Shulick will continue to be the Chair of Surgery as well- he will wear two hats

2. Affiliations:

- No affiliate updates today

IV. Discussion/Approval Items

A. Office of Professional Excellence Update
Drs Druck & Lara, Co-Directors of the Office of Professional Excellence presented

1. Background

- Having two Office of Professional Excellence Co-Directors maximizes breadth of expertise
  - Abby has worked as a pulmonary intensivists at the University since 2008 and she is a former Program Director
Jeff is also a former Program Director and current Assistant Dean for Student Affairs.

- The Resilience Program also resides in the Office of Professionalism

  - This program is run by Jenny Reese & Abby Beecham

2. **How to submit concerns?**

   - Phone, referral, email
   - For each claim- we do a systematic evaluation
   - Sometimes we refer to other places (HR, Crisis Mgmt., Counseling, Med Staff)
   - For example- if someone doesn’t wash their hands- this isn’t our office

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### 3. Confidentiality

- Protection is necessary so that people continue to report
- This is particularly true for residents/trainees
- We discuss this up front with everyone who reports
- Feedback needs to be specific which can eliminate confidentiality
- Alternate reporting methods exist
  - For example we had a student concerned about resident’s behavior and we were able to recruit other witnesses to protect the student’s confidentiality
- Mandatory reports are not optional

4. What happens when you make a report?

- Majority of cases are initially triaged as an ‘Informal Cup of Coffee’ -> time to reflect and self regulate
  - Focus rehabilitation and behavior change- interventions are not meant to be punitive
  - Our goal is respectful, collegial, and confidential feedback
In this circumstance there is no investigation- we just want to provide opportunity for insight

5. Professionalism Executive Committee
   ▪ All cases are discussed here
   ▪ Sounding board, context, institutional memory

6. Conflict of Interest
   ▪ Individual members of the Professionalism Executive Committee (PEC) don’t get involved if the complaint falls under our purview
   ▪ Relationship disclosures are mandatory & relationships must be disclosed
7. Our goal is ‘Forward & Up’
   - Culture change is the focus
   - We’d like to ask the faculty Senators for input/advice on strategies for achievement of our goals

8. Q & A
   - Q: Do you provide ‘curbside’ (no formal complaint) advice?
   - A: Yes- as long as it is not an event that requires mandatory reporting/investigation
   - Q: How many per month
   - A: 8-12 (all comers)
   - Q: I understand low performers- but how do me move medium performers forward
   - A: We do a poor job of recognizing those who do a good job
     - Just feedback can be helpful and informative- leads to reflection
     - Professionalism award only recognizes 1-2 people annually
o ‘Gratitude wall”- a place to display this- goes to person- their supervisor- and then a board that reflects this
o Encourage peer to peer feedback- meaningful, all should be providing feedback
o Aspirational goal
o Repeat offenders- chairs are supportive about holding people accountable

▪ Q: Do faculty development opportunities exist?
▪ A: Not yet, exploring options. Considering optimizing use of Dr. Kneeland’s ‘Excellence in Communication’ course

9. Please fill out the survey!
▪ Anonymous- large scale reports will go to chairs- need high numbers to get accurate data

B. AAMC Council of Faculty and Academic Societies (CFAS) Meeting Update
Dr. Pamela Peterson, MD MSPH presented

1. Background
▪ University of Colorado School of Medicine has two AAMC representatives (Dr. Mona Abaza is the second)

2. CFAS
▪ CFAS is a council of the AAMC that was developed to broadly represent medical school faculty (previously relied on Deans for this
3. **Issues addressed are broad**

- Medical Education Reform
- Faculty resilience and vitality
- NIH funding and support
- Faculty identity formation
- Equity and Diversity
- If there are issues you would like a national perspective on - please let me know

4. **Spring Meeting Review**

-**Advocacy**
  - Needs to be a part of our academic culture _ working towards all of our academic missions
  - Broad range of relevant issues
  - Gov’t officials want to hear from them - so moving this into our culture
  - Data needed for effective advocacy
  - Need frequent regular visits
  - Need to relationship build
  - Also involves educating the public
  - Tips re: how to talk about things without getting into politics
  - Grassroots groups within academic medical centers
  - Local groups mixing faculty post-docs & students - in particular young researchers
- **Wellness**
  - There is a recognized evolving mental health crisis
  - Significant acknowledgement of clinician burnout
  - Inclusion of basic science faculty and learners
  - Evolving mental health crisis in UME, GME, faculty
  - Recognition that if learners are dealing with faculty and teachers that are burned out, it is hard to role model
  - >80% clinical learning environments exhibit signs of burnout

- **Prevention/Resilience**
  - Importance recognized
  - CUSOM seems to be doing a good job, but room for improvement (resources, infrastructure, creation of well-being team, leadership support)
  - President & CEO of Stanford presented
    - Facilitate positive interactions in the work environment (compassionate culture)
    - Emphasis on shifting the bell curve - not just low performers
    - Facilitation of work life balance and how people are valued

- **Trends in Medical Education**
  - Challenges
    - Precision education and how different institutions are engaging students
• Recognition that the process is individualized but standardized outcomes are important
• Professional ID formation
• Acknowledgement that there are five generations in our current workforce- so educators need to be culturally competent
• Emphasis on Step 1, complexity and volume of knowledge, time management, and the fact that there is no national core curriculum
• Possible solutions include: clinical integration early, flipped classroom models, integration of basic science and clinician educators, anchoring learning around clinical cases, leadership