I. Welcome

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order and made a couple announcements. In an update on the campus gun bill issue, Dr. Larabee said the state legislature did not pass a proposal to disallow concealed carry on campus. Therefore concealed carry will continue on campus. Additionally a coordinating committee on Faculty Professionalism has met once. This committee aims to coordinate all the various campus efforts on this topic. There has been little progress to this point, but they will continue meeting. Senator Rebecca Braverman (Ophthalmology) has worked on this committee to come up with an acronym, NO HARM, which will be printed on a card that can be worn on a name badge as a reminder of our culture of professionalism.

II. Approval of Minutes from February 12, 2013 Faculty Senate Meeting

Minutes from the February 12, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean's Comments – Dean Krugman

Dean Krugman had nothing to report on at this time.

IV. Update on Strategic Planning Process – Community Engagement Task Force – Frank deGruy, MD, Chair, Department of Family Medicine and Co-Chair of Community Engagement Task Force

Dr. deGruy reported progress of the Community Engagement Task Force. There are three communities to engage with; the immediate neighborhood, the health care worker community, and the State of Colorado.

For the State of Colorado, we are focusing on rural Colorado. No specific plan has been formulated to this point, but will likely wait until the next School of Medicine Strategic Planning Retreat. Then communication and discussion will happen with the faculty-at-large, likely in a few months.

For the local community, the School of Medicine has a local neighborhood initiative. There is a lot of partnership going on, but very little communication between programs, and no central strategy or prioritization of what to focus on. Task Force member Dr. Robert McGranahan, MD, MPA, Family Medicine, is working on coordinating all the individual efforts into a community partnership steering
committee. There are over 30 community leaders engaged in different efforts. We want to come up with a simplified strategic plan to be good neighbors, to engage with the community in a non-threatening way to improve the healthcare of our community.

*Question from Faculty Senate President Larabee:* What kind of programs are you talking about?

*Dr. deGruy:* As an example, there are medical students teaching in local schools about health. This is a pipeline for local kids to learn about healthcare careers on this campus. Right now this is fragmented, and there are many similar programs running in parallel that aren’t aware of each other’s existence.

*President Larabee:* For the indigent population, primary care access is a big issue for those of us working in the ER.

*Dr. deGruy:* That will be a centerpiece for this initiative, but it is a very complicated issue, and we have to move forward carefully. We can’t have conversations about the community without addressing that issue.

*Question from a Senator:* Will the farmer’s market come back? Why was it closed down last year?

*Dr. deGruy:* Yes, it will be back. I don’t know many details about this except that we need to respect the interests of the businesses of the surrounding community.

V. Proposal for Increase in Class Size for the School of Medicine – Stuart Linus, MD, Chair, Curriculum Steering Committee

Dr. Linas presented a series of slides explaining the rationale for wanting to increase the class size of the school of medicine from 160 to 184 per class. In summary, there is a physician shortage in the State of Colorado and the United States. The AAMC has recommended that the US increase its allopathic graduates by 30%. The recent move to expand the School of Medicine to the Colorado Springs area has allowed for the possible increase in student presence in Colorado Springs. The Essentials Core Block Directors Task Force on Class Size Increase has determined an increase could be accommodated as soon as the matriculating class of 2014, assuming resources are available to support increased small group facilitators, lab preceptors, and faculty time for teaching. There been other needs identified, such as the need for increased student locker space and using the computer labs in shifts. This increasing class size would depend upon the Colorado Springs branch proceeding with development of faculty by April 2016. A longitudinal integrated clerkship model for phase 3 students would be closely related to this increasing class-size. To increase the class-size, the Faculty Senate would need to approve this proposal.
Comment from Dean Krugman: The Colorado Springs community supports this, and want this to be done now. There is someone a disconnect between Colorado Springs community's perception of what will happen versus what we are planning to do. My view is that we need to phase in all 24 students at one time and not in steps. The Colorado Springs community is ready for this. I think the University of Denver will probably go ahead and start a school of medicine, so our opportunity to have a satellite campus in Colorado Springs is important.

Question from a Senator: How many students are in the Rocky Vista School of Medicine?

Dean Krugman: 160.

Question from a Senator: I understand the basis of a clinical curriculum. However I am concerned about the preclinical curriculum resources, such as lab space and faculty time.

Dean Krugman: we already have money flowing. University of Colorado Health has committed $3 million per year for 40 years to help facilitate this.

Dr. Linas: We have a business plan for this put together, it is reasonable and can be paid for by the $3 million per year. It looks pretty good right now.

Question from a Senator: What effect will this have on the incoming class? Will this dilute our quality?

Dr. Linas: The admissions office says the difference between applicant number 160 and applicant number 184 is miniscule on paper. They are confident it will not water down quality.

Dean Krugman: We may find 24 more out-of-state applicants of high-quality.

Question from a Senator: I am concerned about the workforce assumptions from AAMC. There's a disconnect between medical school needs and residency positions available nationally.

Dean Krugman: The single greatest driver in the need for physicians is population growth. I suspect the longitudinal curriculum will allow for development of a six or seven years combined medical school and residency program and the South Colorado and Colorado Springs area.

Question from a Senator: Are the AAMC assumptions on numbers correct?

Dean Krugman: I don't know, but I think we need more physicians in Colorado. I think it would be bad for the School if we don't increase class size. This takes advantage of educational and financial opportunities.
Dr. Linas: Colorado Springs is the largest city in the United States without a significant housestaff presence. This is a way to drive Colorado Springs to begin primary care housestaff programs.

Dr. Brenda Bucklin, MD, Anesthesiology: We cannot fail Colorado Springs on this. We are currently developing a 12 month longitudinal integrated curriculum at Denver health and a 16 month longitudinal integrated curriculum for rural Colorado. This experience will help us in developing programs at Colorado Springs.

President Larabee: Where are we with selecting preceptors in Colorado Springs?

Dr. Bucklin: We are working on it, working with El Paso County Medical Society.

Question from a Senator: Are these private preceptors paid?

Dr. Bucklin: No, but the longitudinal integrated curriculum experiences has shown more benefits than burdens on preceptors in their practices. The general mood of the Colorado Springs preceptor community is very positive.

Dean Krugman: support from the Colorado Springs community is extraordinary. 83% of voters supported leasing Memorial Hospital to UC Health. The Colorado Springs citizens want this.

Question from a Senator: Is there enough breadth of experiences for students?

Dr. Bucklin: Memorial Hospital does more procedures than University Hospitals. However one area of resistance, oddly enough, is in the ER from ER physicians.

Dr. Linas: Phase 4 students will have options to return to Denver for some rotations.

Dr. Ron Gill, Past President of Faculty Senate: We need to confirm that money will be available to run courses in the first two years of class by fall 2014. Some basic science faculty are skeptical about the ability to handle the increase in class size.

Dr. Linas: everyone shares your concern. We are being assured that money is available to do this.

VOTE: The Faculty Senate voted 24-0-2 to approve the increase in class size.

VI. Update on Campus Master Plan – Michael Del Guidice, Director of Planning, Office of Institutional Planning

A detailed series of slides was presented to update the Senate on the campus master plan. University is working with the city of Aurora to develop this plan. By June 2013 we hope to bring this plan to the Board of Regents for approval. This process is
focused on transportation to set the framework for future growth, and the concept is to build for capacity now instead of being reactive. Our three main goals are connectivity, innovation, and stewardship. We need a 20% growth in work space by 2022, and we expect a 77% growth in total inpatient and outpatient encounters by 2022. We expect a lot of people will arrive by the Light Rail system. We are looking into a satellite parking lot on the north end of campus for students, staff, and employees that would be free or very reduced costs, with a shuttle to hospitals and research buildings.

For details on this plan, including conceptual drawings, please go to http://www.ucdenver.edu/about/departments/InstitutionalPlanning/Pages/Master-Plan.aspx.

**Question from a Senator:** Is the Site-Wide Community Core for all faculty, staff, and students?

**Mr. Del Guidice:** yes. It’s not realistic for the only place for new stores, restaurants, etc. to be on Colfax or Peoria.

The meeting was adjourned at 5:59pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary