The meeting commenced at 4:35 p.m.

I. Welcome
Dr. Nichole Reisdorph, President of the Faculty Senate, called the meeting to order.

II. Approval of Minutes of April 2014 Faculty Senate Meeting
A motion was offered to approve the minutes, which was seconded. Minutes from the April 2014 Faculty Senate Meeting were unanimously approved.

III. Dean’s Comments
Dr. Reisdorph stated that the Dean was not present and would offer comments at the next senate meeting.

III. Discussion and Approval Items
1. Search Committee Profess for Dean of SOM
David Goff presented an update on the search committee process for Dean of the SOM. The marketing period will last ~ 6 weeks. Review of applications will occur in late June. Initial interviews will be conducted off campus and then finalists will be interviewed after that on campus. Any councils and committee across campus with interest in the process have contacted me about the process. We are doing our best to conduct the process to get the best person. Any questions?

Question from Attendee: What considerations will be given for how long the next to Dean is to serve? What is the normal tenure length for Deans?

Dr. Goff: That question has not yet come up. I would say the next 5-10 years is the outlook, but we have no idea about term limits. A 10-year run is a good one for most schools. It depends on what they are being asked to do when they come in. We don't have a “clear house” type of situation for the next Dean. You cannot rule that out, but it seems unlikely. It is an at-will position. After 5 years a comprehensive review will be conducted.

Attendee: Will there be an interim Dean if one is not selected in a timely manner?
Dr. Goff: We do not anticipate a failed search.

Dr. Reisdorph: Will the Senate be represented in the process or the search committee?
Dr. Goff: Not per say on the committee, but we welcome that input. Up to a certain point, the search is a very confidential process. Until we get to the public stage (around August at the earliest), the feedback can be input to us about
potential candidates, including actual names can be sent to us or to me. We pass those on to the search from. Also, characteristics of a good Dean are also very welcome.

Dr. Reisdorph: Did you receive an email from the Senate about a list of qualities that we came up with?
Dr. Goff: I don’t recall, but please resend it, I am getting a lot of emails and we may have incorporated those already onto the position description.

2. Approval of Graduation Level Competencies
Dr. Reisdorph introduced Dr. Eva Aagaard, who gave a PowerPoint presentation (slides attached). Dr. Aagaard then asked for questions.

Dr. Rothberg: Were there any controversies regarding the competencies?

Dr. Aagaard: We may need to modify them to make sure students can graduate through these competencies, and having a specific standard to hold people accountable to gives us the capacity to handle situations in which students are failing to meet competencies.

Dr. Lowenstein: What happens to the specific skill sets in some of the domains, for example, from surveys about successful skills for residencies, etc.?

Dr. Aagaard: There are two schools of thought on entrustable professional activity (EPAs), but we will incorporate both. We will map competencies to EPAs and to course specific goals and objectives and define hard stops. Then we can hold back those who are not making the competencies. We expect these changes to materialize in about 2 years in the context of the curriculum map.

Dr. Nuccio: Are there personal competencies such as mental health?

Dr. Aagaard: We did put in competencies of future clinicians, some of which were mental health related. These got modified into more health and well being after being vetoed somewhat.

Attendee: How are the competencies evaluated?

Dr. Aagaard: Great question, the answer is complicated. All the rubrics, evaluations, formative assessment, etc., will go into the grading scheme.

Dr. Lowenstein: Most faculty are not trained in content delivery or assessment.

Dr. Aagaard: True. Faculty development will be a big part of this as well.

Attendee: What will that faculty development look like, maybe a workshop?
Dr. Aagaard: We are toying with “just in time” faculty development. A video clip of what you should expect and what is expected of you. We think this is more convenient and more applicable to specific situations.

3. **Senate Reapportionment**
Dr. Reisdorph introduced Dr. Steve Lowenstein, who gave a PowerPoint presentation.

Dr. Lowenstein: Every 2 years the rules of the SOM require us to do a census and perform a reapportionment for representation. Every dept. will have at least 1 representative, there will be 1 representative for every 30 members of a dept., and at least 25% of the membership will represent the basic science depts. We currently have 68 faculty senators and over 3,000 faculty that are eligible to serve. We have gone through various models to meet these tests. We will in fact need a rule change because we simply cannot have a representative for every 30 members. We propose 1 representative for every 40, and for larger depts. to be capped at 7 (Medicine and Pediatrics), and then increase the number of basic science reps to 25%. When we do this model, we get 52 members with 25% basic science faculty. Some issues of attendance are also a factor. There are some winners and losers with any model. My overall recommendation is to make the rules more general, because whatever scheme we adopt it will not last as departments and sizes change.

Dr. Reisdorph: Is this something you all could take back- this discussion and the spreadsheet- talk to your constituents, and then we can have a future vote?

Attendee: What is the time period of the 3-step process of change?

Dr. Lowenstein: We just tried various models, but we first did the representation, capped depts., then made the 25% basic science by taking them off the largest depts., in that order.

Dr. Polaner: Because of attendance, I am not sure the random nature of the actual representation at votes will change that much.

Dr. Lowenstein: I am sure you are right.

Attendee: We need to make an increased effort to increase attendance otherwise this is a moot point.

Dr. Rothberg: Are we looking at different models?

Dr. Lowenstein: We are open to other ideas, now is the time. It is just a numeric puzzle really.
Attendee: Suppose some departments or sections are not represented, what happens? If say a rheumatology member is not present, would a cardiology representative update us?

Dr. Lowenstein: It’s a good point, I guess it is up to departments to get the word out and spread the communication out.

Dr. Reisdorph: Is this something that should be brought up in Executive committee? Maybe the Chairs should be updated and weigh in.

Dr. Lowenstein: We have a number of other rules changes so yes we will report it to the Exec committee next week.

Dr. Reisdorph: Yes, and we will come back and give the Senate feedback from that Exec committee.

Dr. Lowenstein: And we will need something for Senate elections for the Fall.

Dr. Reisdorph: And we will send out the spreadsheets for the models as well, and they use the actual up to date numbers of faculty. Please discuss this at your faculty meetings and plan on a vote, not a rules change, at the next Senate meeting.

4. At-Will Appointment Update
Dr. Reisdorph presented data from a survey about appointment types (attached to these minutes). She highlighted the data as well as some of the written comments form the survey.

Attendee: Is there any data on At-Will appointments impacting on recruitment or retention?

Dr. Lowenstein: I am not aware of any. The data here indicate that many people may not be aware of this issue. This data is important. You never get over 600 responses for a faculty survey. Many issues came up with this survey.

Dr. Rothberg: Are departments firing people willy-nilly? How many people with at-will were fired?

Dr. Lowenstein: We worry about that, we don’t know, we don’t have the data. Some departments have moved towards limited appointments. The department of family medicine only hires at will. It would be hard to know who was actually fired and was at-will.

Dr. Rothberg: What is the fear behind at-will and getting let go?

Dr. Druck: The fear of just being fired for no real reason.
Attendee: What was the impetus to do this survey? Was there a concern that something negative happening?

Dr. Reisdorph: We had no idea, no data.

Dr. Lowenstein: The genesis probably came from me about 2 years ago based on conversations I had with many people in academia and the trend I was seeing for at-will hiring. There were issues about rationale for making at-will appointments. Some of the reasons chairs were giving were perhaps not really true. This is not about coddling poor performing faculty, we have many ways to remedy this.

Dr. Reisdorph: The Senate asked the Dean to form a task force to study this.

Attendee: were the Department chairs surveyed?

Dr. Reisdorph: They were included in the survey. We wanted to start by presenting the data, and we are having another meeting of the task force as well.

Dr. Rothberg: Are faculty afraid if they don’t perform they will be fired?

Dr. Lowenstein: Faculty feel at risk for termination without notice rather than coaching and receiving help. There is also the issue of power struggles and bullying by being at-will.

Attendee: When people don’t know what the rules are then you are vulnerable as well.

Attendee: Will this data be shared?

Dr. Lowenstein: Yes, after we do some additional analyses, but yes we owe a summary to the faculty—we HAVE to distribute this, it’s the faculty’s.

Attendee: So we can communicate the basics to our department, but after the task force looks at it again, but then what?

Dr. Reisdorph: Now that there is data, the task force will make recommendations.

Dr. Lowenstein: One of the things is do the Chairs still want to defend the use of at-will? Right now there are 4 types of hires.

Attendee: Isn’t the biggest argument for its use is personnel and budget management? Can’t an insurance policy be put in to help departments handle fiscal management issues?
Dr. Lowenstein: Yes, and there are options for handling poorly performing faculty, including remediation.

Dr. Burke: Sometimes it is complicated for the chair. For example, if the hospital welches on the clinical enterprise but the chair had hired 2 faculty to cover the service, then you need fiscal flexibility.

Attendee: Should we also reward the good faculty with term appointments, rather than solely focusing on bad actors?

Dr. Lowenstein: Absolutely yes. Especially since there is almost no tenure now.

Dr. Reisdorph: I will report back from Exec and form the task force.

There was a motion to adjourn. The vote was unanimous to adjourn. Dr. Reisdorph adjourned the meeting at 6:00 p.m.

Respectfully submitted,
Michael E. Yeager, Ph.D.
Faculty Senate Secretary
Medical School Graduation Competencies

Eva Aagaard, MD
For the Competency Committee
Competencies

- Began in 1994
- Implemented 1999
- Next Accreditation system starts 2013/2014
- 2 New competency domains introduced in 2013 by Englander et al
- Required element for LCME accreditation-
  Standard 6.1

Medical Knowledge for Practice

Interprofessional Collaboration

Personal & Professional Development

Interpersonal & Communication Skills

Practice-based Learning & Improvement

Patient Care

Professionalism

ACGME website
Derstine, 2006
England, 2013
One year ago….

Eva Aagaard  Mona Abaza  Jeanette Guerrasio
Andy Bradford  Kirsten Broadfoot  Gretchen Guiton
Brenda Bucklin  Jennifer Fisher  Lindsey Lane
Maureen Garrity  Wendy Madigosky  Tai Lockspeiser
Jennifer Soep  Adam Trosterman  Kent Voorhees
Stephen Wolf
Public Review

• Modified Delphi Process
  • Individual competency domains sent to subset of total population for review and corrections
    • Prior to graduation, all students MUST be able to...
    • 4 point likert: strongly disagree (1) to strongly agree (4)
    • Reviewed and edited all competencies with mean score ANY strongly disagree
  • Modifications made- minimal suggestions from first rounds
  • Compiled list of all competencies sent to everyone including initial non-responders
    • Prior to graduation, all students MUST be able to... (same scale)
    • Anything missing?
    • Anything you would like to remove?
    • Other concerns/ issues

• Final competencies modified based on final survey results including comments
Final Survey Results

- Overall response rate 34% (n=138)
  - Medical Student Response Rate: 50% (N=70)
  - Resident/ Fellow Response Rate: 26% (n=25)
  - Faculty Response Rate: 35% (n=43)

- All departments represented except:
  - Dermatology
  - Microbiology
  - Neurosurgery
  - Pharmacology
Results

• Competencies eliminated: 12
• Minor modifications made to wording: 25
• Final competencies circulated to approving authorities:
  • CBD
  • CSC
  • Faculty Senate
Request

- Approval of final competencies as written
Next Steps

• Curriculum Map
  • Map competencies to EPAs
  • Map competencies to course-specific goals and objectives
• Define “Hard Stops”
• Define competency levels for each hard stop
• Identify, refine, develop and implement assessment tools (or combinations of tools) across the curriculum with validity & reliability to make “high stakes” decisions i.e. hard stop
• Use competencies, EPAs, goals and objectives and data gathered from assessments to inform curriculum and refine assessment tools