I. **Welcome:** The meeting was convened by President Ron Gill, Ph.D at 4:33 PM. Dr. Gill asked those present at the meeting who were guests and/or members of the media to introduce themselves. A staff member of the University of Colorado Hospital e-newsletter UCH Insider was present. Other guests included Dr. David Thompson, President of the Faculty Assembly and Dr. Carol Rumack, Associate Dean of Medical Education, each of whom presented at the meeting.

II. **Approval of the Minutes:** The minutes of the September 13, 2011 meeting were unanimously approved. There were no comments or corrections.

III. **Dean’s Comments:**
   a. As Dean Krugman was absent, Dr. Steven Lowenstein, Associate Dean for Faculty Affairs, presented information regarding current chair searches and updates on our affiliate institutions.
      - The search for the Chair of the Department of Emergency Medicine is close to an end; the leading candidate is Dr. Richard Zane, currently at Brigham and Women’s Hospital. This search is expected to be finalized within a month or so.
      - The search for the Chair of the Department of Surgery is nearing completion. There were three leading candidates; the finalist is Dr. Richard Schulick, Professor of Surgery and Oncology at Johns Hopkins.
      - The search for the head of the School of Public Health is being conducted in the Provost’s Office.
   b. Dr. Lowenstein provided updates regarding Affiliation Agreements of the SOM.
      - There are ongoing discussions with National Jewish Hospital, though there is no current, active agreement with NJH.
      - There is ongoing negotiation between Poudre Valley Hospital and UCH. UCH is also in discussion with Memorial Hospital in Colorado Springs, this discussion includes a possible joint agreement between all three sites. Issues to be determined include leasing, management, partnership and oversight.
   c. Dr. Lowenstein invited Dan Meyers, Director of the Communications Office of the School of Medicine, to speak about the CU Medical School online magazine *CU Medicine Today*. Mr. Meyers requested ideas for the next edition of the magazine. He reported that the magazine had a readership of 200 several years ago and now has on-line readership of 22,000, with 11,000 copies of the magazine being printed each edition. Stories could include features as well as profiles. Mr. Meyers can be reached at Dan.Meyers@ucdenver.edu.
   d. President Gill asked about the future plans of NJH and if there was a ten year plan for NJH to move to the Anschutz Medical Campus. Dr. Lowenstein replied that discussions were ongoing, but that he had no details. Dan Meyers
added that this would be complicated, for example how UPI would fit in, but he had nothing new to add.

IV. Discussion Items:
A. **GME Annual Report:** Dr. Carol Rumack, Associate Dean for Graduate Medical Education, presented her annual report, which she had recently presented to the Executive Committee of the School of Medicine. This report will also be presented to the hospitals. The full report was sent to Senators via email prior to the meeting, and Dr. Rumack presented a shortened version today. Dr. Rumack reviewed that as the Associate Dean for Medical Education she is the Designated Institutional Official (DIO) for Graduate Medical Education issues, including problems with duty hours and other issues. Her role is to ensure that the GME programs on campus are in compliance with GME rules and regulations. She reviewed that there were 969 residents and fellows in 2010 - 2011, and that the majority of these were residents (680). Her office has been planning for the new duty hour requirements (interns have 16 hour days). Problems with compliance are being addressed.

For 2011 – 2012, there are 142 GME approved programs, 81 of which are ACGME accredited and 61 are not accredited by ACGME. Total enrollment continues to climb, though Dr. Rumack discussed that once a program is over its cap for residents, they do not get reimbursed for additional residents. Overall, the percentage of minorities (5-6% in GME programs) is not as high as in the CU SOM. This is expected to improve with a pipeline from the SOM, which has a higher percentage of minority students.

Seventy percent of GME residents/fellows are in primary care (Internal Medicine, Family Medicine and Pediatrics). Thirty percent are in specialties. Results of exit surveys of housestaff and fellows show improved satisfaction with their programs, improved marks regarding professionalism of attending physicians in their department, and improved satisfaction in professionalism by their programs, by nurses, and by other staff. Treatment of housestaff by patients was rated as less professional than in previous years.

Debt for students is rising. The average medical student in the US has a debt of 149K. One-third of residents go into academics, one-third into private practice, and one-third continue their training. In some cases, individuals have completed another fellowship as the job market becomes tighter. Sixty-five percent of primary care graduates and greater than fifty percent of non-primary care graduates stay in Colorado. The latter represents an increase from previous years.

Dr. Rumack’s office has been planning for the new duty hour requirements for over a year, and these requirements were implemented three months ago. The goal is to balance service and education, both of which are now truncated. In September 2010 there was a CU duty hour retreat. Discussions included an overall communication plan and rounding. It was suggested that residents not
come in early to pre-round on patients, though it was acknowledged that they like to check in on their patients. One program that has been successful is the use of resident liaisons or clerks. This was implemented at Children’s Hospital Colorado five years ago; Denver Health and UCH started this program this year. Clerks perform tasks which can be time-consuming for residents, such as scheduling appointments post-discharge. It was discussed that residents need a standard sign-out that is official and accurate in order to improve “telephone” problems.

Dr. Rumack discussed the involvement of faculty through required on-line modules such as the module on sleep deprivation, and the need for monitoring and adjusting of resident and intern schedules. There are several instances of duty hour violations, and these are being addressed. A goal is to decrease the emphasis on service over education for trainees.

Dr. Rumack closed by stating that the results of the site visit in June 2011 will be available in December, and that overall the site visit went well. In 2010 – 2011, there were 21 ACGME program site visits. Nine await Residency Review Committee status, 9 are accredited on a five-year cycle, 1 on a four-year cycle, and 2 on a three-year cycle. In 2010 – 2011, two new ACGME programs were added, and two closed voluntarily; three non-ACGME programs were added and two closed voluntarily. Fourteen programs conducted internal reviews. The question was asked whether this duty hour change will require a lengthening of residency programs. Dr. Rumack replied perhaps, and that options include using the last part of the fourth year of medical school to begin training. She added that after Match Day, some Surgery programs are training incoming surgeons, and in Pediatrics some medical students are starting earlier.

B. Faculty Assembly Overview: David Thompson, Ph.D., presented an overview of the Faculty Assembly. Dr. Gill introduced Dr. Thompson by stating that this group handles important issues, and needs more representation from the School of Medicine. Dr. Thompson is an Associate Professor in the School of Pharmacy and is the Chair of the Faculty Assembly (FA). This group meets in the 7th floor boardroom of the Academic Office Building 1 (AO1-7000) from 11:30 AM – 1:30 PM on the last Tuesday of every month. Lunch is provided. The number of voting members of the FA is based on school size, and includes representatives of the schools of Nursing (2), Dental Medicine (2), Medicine (11), Pharmacy (2), Public Health (1), the graduate school (1), Denison library (1), and retired faculty (1). Chairs of each school’s faculty senate are also voting members. The SOM, therefore, has twelve voting member slots. Non-voting members are the Chancellor, the Deans from each school, and an elected representative from the student council. Representatives of the FA must be at the level of instructor with more than two years’ experience, or any rank higher instructor. Terms are for four years, and the selection process is determined by each school.

Faculty Assembly meeting agendas include the report of Provost Nairn, which
is an update on issues at AMC and the downtown campus; invited presentations; and the Chair’s report, which consists of updates of Dr. Thompson’s meetings with the Chancellor, Lilly Marks, and the Faculty Council. He meets with each of these individuals once per month. During the Faculty Assembly meetings, schools are asked to provide reports, and Dr. Thompson added that it is desirable to have more faculty representation from the schools in order to provide information regarding the schools. The duties of the FA are to provide a conduit to the Chancellor and University administration, especially Provost Nairn, regarding issues of broad interest to AMC faculty and Schools. Examples of issues considered by the FA include internal and external relations, educational policy, faculty responsibilities and privileges, and academic ethics. Recent issues that have been considered by the FA include formation of the Day Care Center on the AMC campus, tuition waivers (still being discussed – 9 credits), and AMC budgetary priorities (still being discussed).

In addition, the Faculty Assembly represents the AMC campus to the University by participating in the CU Faculty Council and its committees, and addressing policy matters related to interprofessional education, research, and service. The FA reviews and provides a forum for discussion and makes recommendations regarding University policies that affect AMC faculty, such as conflict resolution, promotion, tenure and benefits. The FA also helped establish a part-time ombudsman. They also make recommendations regarding AMC budgetary policies and priorities.

The Faculty Council is the executive body of the faculty assembly and makes recommendations to the president for submission to the Board of Regents related to educational policy, internal and external operations. Committees of the Faculty Council have greater than or equal to two representatives from each of the four campuses: Boulder, Colorado Springs, Denver, AMC. Multiple members of the SOM have been active on committees of the Faculty Council. A recent issue that was brought before the Faculty Council dealt with severance pay for tenured faculty dismissed for cause. Comment was made that it is important for the SOM to have adequate representation on Faculty Assembly in order for the School to have a voice in important issues that are discussed and decisions that are made throughout the University.

There was then discussion regarding the plan for SOM to fill its complement of Faculty Assembly representatives. Dr. Thompson commented that if the SOM was not able to provide a total of 11 representatives, then we should request that the number of SOM representatives be reduced to a more manageable number, such as 5 members. He also suggested that the meeting time could be changed to accommodate SOM members. Dr. Lowenstein stated that this is the second time that Dr. Thompson has come to the SOM Faculty Senate to make a plea, and that it is necessary to have support from the Dean’s office to get this done so that the SOM can be properly represented. The Faculty Officers will discuss this issue at their next meeting, establishing a selection process to fill the open positions. Anyone interested in serving on the Faculty
Assembly should let one of the Faculty Officers know. The Dean offered to include a request for nominations of representatives in his next weekly email.

C. **Update on Promotion and Tenure Blue Ribbon Task Force.** Nancy Zahniser, Ph.D. presented this update. Dr. Zahniser reminded the Senate that she and Harley Rotbart (co-chairs of the BRTF) had attended the June 2011 Faculty Senate meeting, and they had presented the initial update of the work of the task force at that time. The BRTF committee consisted of eighteen faculty members from both clinical and basic science departments. The task force recommended retaining the current definitions and types of scholarship using the Boyer definition and expanding the examples within each type. In addition, the following recommendations were made by the BRTF:

Education: further emphasize mentoring and leadership contributions.
Research: distinguish intellectual and financial independence for promotion to associate professor; better recognize “team science” contributions.
Clinical: clarify excellence in clinical effort and productivity; expand examples of scholarship; expand Senior Instructor Series for clinicians who opt not to do, or to document, scholarship.

The BRTF presented its recommendations to the Executive Committee of the SOM (EC) in July, and concern was raised regarding whether scholarship should be required of everyone in a professional track, despite the fact that the BRTF had voted 17 – 1 to retain the criteria for scholarship. Three options have been discussed since then, which include:

(1) The first option, which was recommended by the BRTF, is that clinicians who do not engage in scholarship may remain in, or revert to, Senior Instructor rank, with the possibility of offering modifying titles for this rank (e.g., Master Clinician). The argument for this option is that scholarship is the core definition of a professor, that it distinguishes us from our colleagues who are not in academic medicine, and that this current system works. The argument against this option is that this diminishes the importance of the busy clinician and that this may hurt recruitment and retention. However, if this option were adopted, the title of Professor would then be available to our volunteer faculty, but not to our own full-time clinicians.

(2) The second option is to utilize a different naming scheme for faculty who do not engage in scholarship, e.g., Associate Professor of Clinical Pediatrics. The argument for this option is that this matches the job description. The argument against this option is that the title is ambiguous since our volunteer faculty currently hold titles such as Clinical Professor. Another argument against this option is that this would be a return to a two-track system.

(3) The third option is that the promotion requirements for Associate Professor be modified so that scholarship is not required for promotion, e.g., a faculty member would have to be excellent in one area, teaching, research, or clinical service; and meritorious in two areas, rather than three: Service, Teaching, or
Scholarship. The argument for this option is that this is a compromise and retains the requirement to participate in one additional core mission, and that clinician-teachers would be eligible for promotion to Associate Professor. The argument against this option is that scholarship will not be required for promotion to Associate Professor. These three options seem the most feasible and realistic.

This was then opened for discussion. Todd Larabee commented: We have a simple system now, and it would be difficult to change the system to accommodate a small number of individuals. The response was that the Chairs of Pediatrics and Medicine are concerned about a need to have more clinicians, and they see this as becoming a bigger problem.

There was then extensive discussion regarding the three options, including potential issues that would arise if the options are chosen, e.g., devaluing the achievements of those faculty who have done scholarly work, by promoting faculty who have not engaged in scholarly activity to the rank of Associate Professor. It was suggested that the current level of scholarship activity that is required for promotion to Associate Professor is not too high, and that if a faculty member did not want to engage in scholarship, they should not expect to be promoted through the academic system. It was also suggested that the requirement that Assistant Professors be promoted within 7 years be eliminated; Dr. Lowenstein commented that this issue has been discussed, and it was felt that allowing that option without a deadline would mean a faculty member may not get chair or mentor support.

There were also comments regarding the option to allow faculty to remain as, or revert to, Senior Instructor. There was concern raised about this option. As an example, this could result in a faculty member who had been here for 30 years having the rank of Sr. Instructor, while a volunteer faculty member who is also not required to engage in scholarship would have the title of Professor.

There was also discussion regarding the amount of work it will be to fix this problem, for a seemingly small number of faculty who aren’t engaged in scholarship. It was asked if there is a group of junior faculty that do not engage in scholarship who are upset that they cannot become Associate Professors. There was also a comment that we need a clear definition of scholarly activity. The question was asked whether any of these issues applied to tenure, and there was confirmation that the requirement for scholarship will still apply to tenure. Dr. Lowenstein added that he presented this information, with these options, to faculty at Denver Health, and that the consensus there was that a modest requirement for scholarship be preserved. President Gill closed the discussion by stating that there was no proposal to vote on currently, but Senators were encouraged to discuss the options with their faculty, and that this would be discussed at the next meeting.

D. Curriculum Steering Committee Report. Due to time constraints, Dr. Linas was not able to present the Curriculum Steering Committee Report, but
encouraged everyone to read through the report and send any comments or concerns to him via email.

The meeting was adjourned, the next meeting is November 8, 2011.

Respectfully submitted, Renata C. Gallagher, MD, PhD