MINUTES
FACULTY SENATE
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
October 9, 2012

I. Welcome and Introduction of Faculty Senators

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to
order. He reminds all faculty senators to please sign in every month when they
arrive at the meeting. He asked if there were any media or guests present (there
were none). He also emphasized that if any senator has a departmental issue, which
they think would be appropriate to bring before the Faculty Senate for discussion
they should email Dr. Larabee.

II. Approval of Minutes from September 11, 2012 Faculty Senate Meeting

Minutes from the September 11, 2012 Faculty Senate Meeting were unanimously
approved.

III. Dean’s Comments

Dean Krugman said there were no searches going on currently, and there wouldn’t
be until the Strategic Planning Process is completed.

The Dean mentioned several affiliations that are active currently. The Colorado
Springs acquisition made for a very busy September. The executive staffs at
University of Colorado Hospital and Children’s Hospital Colorado have been doing a
lot of work to prepare for the lease of Memorial Hospital in Colorado Springs that
took effect on October 1, 2012. Memorial Hospital employees are now employees of
UCH with the exception of pediatric employees who are now employees of
Children’s Hospital Colorado (about 110 of 500 beds at Memorial Hospital are
pediatric beds). The name of the pediatric portion of Memorial Hospital is now
Children’s Hospital Colorado at Memorial Hospital. Memorial Hospital is technically
not part of University of Colorado Health System yet because the paperwork and
certification approval by government entities is not complete yet. All paperwork for
the acquisition of Memorial Hospital was signed on September 28th, and the State
Health Department delivered licenses to the hospitals on September 29th. Of note,
the acquisition of Poudre Valley Hospital will not occur until January 1st.

Physicians employed at Memorial Hospital are now employees of UCH, however this
is an issue since UCH is not allowed to employ physicians (they are supposed to be
employed by the University of Colorado School of Medicine). To get around this a
special agreement was made where UCH is allowed to employ physicians specifically
for Poudre Valley and Memorial Hospitals.
The Dean met with leadership of Penrose and St. Francis hospital leadership in Colorado Springs. As part of this transition, the University of Colorado Health System is providing $3 million/year to help develop a Colorado Springs campus for the School of Medicine.

Other affiliation updates include the leadership transitions proceeding, albeit slowly, at National Jewish, the VA, and Denver Health.

*Question from a Senator:* Will Colorado Springs physicians get faculty appointments in the School of Medicine?

*Dean Krugman:* Physicians don’t have to join the faculty if they wish. They are not required to teach, although they are welcome to join the faculty through UPI if they want. It’s permissive, not required.

*Follow up question from a Senator:* What is required then?

*Dean Krugman:* They can continue their job as is. The School of Medicine is not their employer. They aren’t required to join us.

*Question from a Senator:* What departments are the Colorado Springs physicians in?

*Dean Krugman:* Many departments. There are pediatricians, surgeons, etc. If they want to come in and join the faculty, they can do so and stay within their own cost center as a practice group. They would have to pay the Dean’s tax, and we would in turn support their academic development. To this point 10-12 Colorado Springs physicians have joined our faculty, but we don’t expect the approximately 50 physicians at Memorial Hospital to all join.

*Question from a Senator:* Will Colorado Springs refer to UCH and Children’s Hospital Colorado if the patient needs a higher level of care? Can our faculty reach out to them?

*Dean Krugman:* Physicians will drive their own referrals; it is entirely their choice. We can reach out to them, but shouldn’t be overly aggressive in doing so.

**IV. Overview of Education and Community Engagement Task Forces of the Strategic Planning Process**

In the Faculty Senate meeting of September 11, 2012 there was an overview of two of the four Task Forces of the Strategic Planning Process, Research and Clinical Practice. At today’s meeting the other two Task Forces, Education and Community Engagement, were presented.

**Education Task Force**

The overview of the Education Task Force was presented by Celia Kaye, MD, PhD, and Senior Associate Dean for Education and Chair of the Education Task Force. She went over a handout which was distributed at the meeting, as well as a set of Power
Point slides. At the beginning of her presentation she emphasized that the four Task Forces aren’t in individual bubbles; rather they are all interrelated.

The Education Task Force is comprised of 7 Work Groups (Teachers, Educational Innovations, Business Issues, Curricular Design, Learners, Organizational Strategy, and Regional Programs). There is a handout that was given in the meeting with the major questions and topics for the Work Groups to work on answers to. The Work Group meetings have been taking place in August, September, and October. A Survey was posted on the SOM website August 27th and was completed September 30th. In October the Work Group reports are due to the Task Force Co-chairs, and on November 12 the Task Force Report is due to the Dean and Navigant. There will be a summit on November 27th where all the Task Forces get together to update their work. The Task Force will undergo a SWOT analysis (identifying Strengths, Weaknesses, Opportunities, and Threats).

Dr. Kaye presented examples of Strategic Options which will be addressed in the work of the Task Force. These issues run along the continuum of time, from short-term issues to long-term issues. Short-term issues include addressing possible budget cuts to GME funding by Medicare and coming up with a 10 year financial projection, working on effective e-learning and simulation innovations, and developing a faculty leadership and mentorship program. Medium-term issues include developing and marketing innovations and products that add value to the school, campus and community, expanding medical and post-graduate education beyond this campus, including future branch campuses, and working with clinical partners to ensure all learners have access to meaningful learning experiences. Longer-term issues to be addressed include assessing and addressing the shortage of healthcare professionals in Colorado, positioning the University to be a leader in that solution, and creating a national model of inter-professional education and lifelong learning.

There were no questions following Dr. Kaye’s remarks.

Community Engagement Task Force
The overview of the Community Engagement Task Force was presented by Frank DeGruy, MD, MSFM, Co-chair of the Task Force. Dr. DeGruy started with a statement that we must not neglect our community as an academic medical center. We need to define what is meant by community engagement. We need to look to the “triple aim” of better care for individuals, better health for populations, and reduced cost. Dr. DeGruy said he takes our responsibility to the community very seriously and energetically.

The Community Engagement Task Force is made up of three Work Groups, with two “threads” that run through all three Work Groups. The first Work Group deals with the immediate neighborhood and surrounding campus. There are more than 100 campus-community partnerships, and these are disorganized, underfunded, and not in communication with each other. This Work Group will be responsible for
working on creating an infrastructure for faculty interested in community
generation to be successful in doing it. The next Work Group deals with the state
of Colorado, and in particular rural Colorado. There are very different needs in the
rural parts of the state compared with the more urban parts, and this group first
needs to identify what the rural community is made up of and what its needs are.
The last Work Group is dealing with the community of healthcare providers.
Healthcare providers all use, abuse, need, fight, and cooperate with each other. This
Work Group will be difficult to figure out, but its goals are to determine how to best
provide for the healthcare provider community.

The first thread running through these Work Groups is how to bring together policy,
legislative, and administrative structures. We don't have a systematic, organized
relationship with legislatures, and we need this to get legislative support to help our
community engagement. The second thread is making our community engagement
sustainable by engaging with health plans, foundations, etc. Dr. DeGruy finished by
reaffirming that all Task Forces are interdependent, and nowhere more than in
Community Engagement. We need this interdependence to be synergistic. Anyone
is encouraged to participate.

*Question from a Senator*: Does Community Engagement address indigent care?
*Dr. DeGruy*: Yes, that's a big issue. We need a safety net for our community. This is a
very difficult task to accomplish; it will take time to develop new partnerships, and
to figure out financing options.

*Question from a Senator*: Do we reach out for basic science and research? For
example there are programs with the Denver School of Science and Technology to
get students to come to our labs, etc.
*Dr. DeGruy*: We don't know a lot of what's going on on this campus. We are trying to
find out, trying to inventory by department what programs exist.

*Question from a Senator*: How are we looking into reimbursements for
disadvantaged people?
*Dr. DeGruy*: This is a complicated question. Departmental and hospital leadership is
looking at some provisions of the Affordable Care Act to find out what we can do.

V. Medical School Admissions Report

The annual Medical School Admissions Report was made by Rob Winn, MD,
Associate Dean for Admissions. Dr. Winn went over a detailed Power Point slide set
in his presentation. A summary of those slides is presented below.

We are the only medical school in a 500-mile radius. The matriculating class
starting in 2012 has 157 students, 58% of which are in state and 42% from out of
state (our largest out of state group ever). 48% are female (similar to last year).
The median GPA is 3.74 (up from last year), and the median MCAT is 33Q (all time
high). There are 8 MSTP students and 149 MD students. Our school compares very
favorably to other medical schools in the region, and in particular our underrepresented in medicine students and rural students are at the national mean – very competitive. This underscores that we aren’t sacrificing academic quality to increase diversity.

Over time the number of applications has risen tremendously, and in 2013 we are expecting almost 5,500 secondary applications. Some of this is due to increasing engagement of the admissions office with colleges around the nation. For the class starting 2012 we interviewed 707 students to get the 157 enrolled. Dr. Winn emphasized that with increasing numbers of interviews we always need more people to do interviews, both clinical and basic science faculty.

This year’s incoming class (the Class of 2016) has outstanding diversity in many ways. Geographically they are from 37 states. 39% are Underrepresented in Medicine (URM). This includes 5 American Indian or Alaska Native, 16 Asian Vietnamese, 13 Black or African American, 8 Mexican, Mexican American, of Chicano/Chicana, 2 Pacific Islander, and 17 Spanish/Hispanic/Latino/Latina. 22% are from rural areas. 28% are Other Asian American. The Class of 2016 has a median MCAT of 33 and median GPA of 3.74. The 61 URM students have a median MCAT of 31 and median GPA of 3.6. There were 16 Presidential Scholarship recipients, who had a median MCAT of 33 and median GPA of 3.77. 20% of enrolled students came off the waitlist, and 21% were re-applicants. There were 117 applicants accepted for admission who matriculated elsewhere. 33% of the incoming class attended a Top 50 School according to the US News & World Report. There were 10 Colorado colleges and universities who sent students to our incoming class.

Dr. Winn finished by mentioning that his office is working on written policies to allow for future employees of the office to understand their vision for medical school admissions. He also is working on a “Four Corners” initiative with medical schools in Utah, Arizona, and New Mexico to increase the number of Native Americans applying to medical school.

There were no questions.

VI. Curriculum Steering Committee Report

The annual Curriculum Steering Committee report was given by Stuart Linas, MD, Chair of the Curriculum Steering Committee. A set of Power Point slides was used. Dr. Linas reminded the Faculty Senate that the charge of the committee is to provide oversight to the curriculum and its evolution and to ensure the curriculum meets the goals and objectives set by the SOM strategic plan, and that it is derived from faculty knowledge, experience, and commitment. There are some new processes this year. One is that visiting students (externs) will have to pay a fee to rotate here. There is a new Alternative Pathway for part-time students who need to take a year off medical school for either personal reasons (health, caring for a sick family
Issues for 2012-13 include following through on priorities supported during the curriculum retreat, which include the longitudinal integrative curriculum, learning communities, the master educator program, and the “1st course”, which is the first medical school rotation in year 1. An additional issue that will require work this year is the planned opening of a branch campus in Colorado Springs. The hope is that the incoming class in 2014 will complete years 1 and 2 in Denver, then some students will move to Colorado Springs for years 3 and 4 starting in 2016 and graduating in 2018. Initially 25 students will start doing clinical rotations in Colorado Springs, and this may eventually increase to 40 students per class.

**Question from a Senator:** What is the longitudinal integrated curriculum?

**Dr. Linas:** The medical students in their third year have one of their rotations last the entire year and take place at a single site (for example at Denver Health).

The meeting was adjourned at 5:55pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary