Minutes Faculty Senate
University of Colorado School of Medicine
October 8, 2013

The meeting commenced at 4:36 p.m.

I. Welcome

Dr. Nicole Reisdorph, President of the Faculty Senate for 2013-2014, called the meeting to order.

II. Approval of Minutes of September 10, 2013 Faculty Senate Meeting

Robert Breeze motioned to approve the minutes, which was seconded. Minutes from the September 10, 2013 Faculty Senate Meeting were unanimously approved.

III. Dean’s Comments

Dean. Krugman was not present and nothing was discussed.

IV. Discussion and Approval Items

The following items were brought up for discussion by Dr. Reisdorph. She first introduced Carol Rumack.

1) GME Annual Report

Carol Rumack offered a PowerPoint presentation detailing the statistics of Graduate medical education at CU SOM. This included sponsoring institutions, GME programs, both ACGME and Non-ACGME. She presented a fellows-to-faculty plan for Non-ACGME fellowships. The oversight of this will be transferred
to Departments. She discussed the reasons why accredited program director and program coordinator turnover rates (7 and 17% respectively) are what they are. GME total enrollment has increased over the last ~ 4 years. She presented enrollments for primary care vs. specialty. The under-represented minority enrollment of GME is 6%. The training program received high scores from graduate fellows with regard to recommendation and satisfaction. She presented data regarding professional treatment re: attendings, residents, nurses, and house staff. The majority of program graduates enter private practice. 49% of them form 2013-14 plan to practice in Colorado, down from 53% in 2011-12. These data were divided between primary care and non-primary care. Medical education debt is rising. GMEC accreditation actions were presented and included program performance indicators. The CLEAR (site visit) has 6 goals: patient safety, quality improvement, transition of care, professionalism, supervision, duty hours.

The report concluded at 5 p.m.

2) Approval of New Divisions in the Dept. of Ob/Gyn (5:00 p.m.)

Chesney Thompson offered some background about the dept. moving to divisions. The dept. was already operating in such a way. An additional survey was sent out to other dept. around the country and they were organized by divisions. Finally, it was thought the change would aid in recruitment and improve the reputation/status of the dept. The leadership of the dept. wanted to make
sure the change was a faculty directed move and not restricted to dept. management. A survey was sent around SOM and the feedback was positive.

Question from an attendee: Won’t this increase the dept. costs due to a need to hire of more administrative staff?

Thompson: For the most part, no new admin costs are anticipated. There is a financial plan to support any increased admin costs that may arise.

A side discussion was initiated by Dr. Reisdorph regarding the role of the Senate in the matter. Dr. Lowenstein provided increased clarity on the rationale for divisions in the dept.

A motion was made from the audience and was seconded. No abstentions or opposed votes were noted, approving the motion unanimously at 5:11 p.m.

3) Curriculum Steering Committee Report

Stuart Linas explained the changes in grading policy for basic science years. Honors grades will continue in phase 4 electives. A conflict of interest policy for voting members was described. The drug screen policy was changed for students to include other sites. A Masters of Modern Anatomy credit was described. The MSA requirement was upheld.
Dr. Braverman asked for clarification about the drug screen policy.

Dr. Linas explained the drug testing requirement in place at other work sites students may work at as the need to change the policy. The AMA grant proposal for LIC for Kaiser was submitted but not funded. CU SOM was one of five schools asked by AAMC to participate in the Education in Pediatrics Across the Continuum program. There will likely be changes in medical school admissions qualifications, as the MCAT is changing in 2015. A number of report summaries were presented: first course, master educators, LIC; REACH/IPE; USMLE Step 1 results; GQ survey-2012 graduates; Program Directors survey; Evaluation office; Basic Science blocks; task forces and ongoing work. Several issues for 2013-2014 were identified and included increased class sizes, as well as issues related to Colorado Springs expansion.

4) **Professionalism Code Discussion**

Steve Lowenstein presented a 5-minute summary of the professionalism code. The Senate had made it clear that 62% of students reporting mistreatment must decrease immediately. Students are afraid of reporting and they indicate that they believe nothing will change if they report. The code is about saying that something will be done. It provides clarity of mistreatment and consequences. The SOM community is looking to the senate for leadership. Those items with a strikethrough were considered vague or off-target.
Question from attendee: What do other institutions like Stanford do? Are there similar pledges that have been adopted and are they effective?

Dr. Lowenstein: I don’t know what institutions have them. I also do not know if they work.

Dr. Larabee stated that some of the schools that report numbers may not be the right schools to look for, if they have low rates of incidences.

Comment from attendee: This is a problem for all schools. We want to do everything we can, not just do one (some) thing.

Question from attendee: Do all clinical personnel have to take the pledge?

Dr. Lowenstein: I think the answer to the question is yes, but slightly different form the Domino pledge.

Comment from attendee: This is not just about a few people doing bad things. This is about the environment. Our faculty are very stressed, and we recognize this is not about people feeling nasty. The code will help us to plan training resources to provide faculty tools to improve. We need a standard first.
Dr. Lowenstein: The code and pledge represent a shared responsibility. Items that could be considered distractions have been eliminated.

Comment from attendee: I thought the focus seemed to be more on other issues not on the learning environment dynamics and the learners.

Dr. Lowenstein: You are absolutely right. Some items do relate to issues not about the learners.

Comment from attendee: If you add punctuality, scientific misconduct, etc., it does not seem like it will change the environment, especially if it has been established for ~ 25 years. Many of the behaviors have nothing to do with rectifying behavior towards students. They are important, but they may be more appropriate in a general rules of conduct.

Dr. Kelsay: It is hard to separate professionalism issues in the view of the medical students.

Dr. Rothberg: Modeling ourselves to students should be captured in the code, perhaps more broadly. Being too restricted means we may not capture as much as we need.
Dr. Lowenstein: That perspective has been part of the drafts over the last year and a half.

Comment from attendee: There is a discrepancy in the code vs. the pledge with regard to some items.

Comment from attendee: I am insulted as a faculty member to have to sign this pledge. We should not have to be told this. Signing a pledge is not getting at the root of the problem. Being able to report the problem without fear of retribution is the way to go. Enough criticisms of a faculty member will identify problem faculty. This is not going to be effective and is over the top.

Dr. Reisdorph: I felt different about it. I felt optimistic and proud about the school’s direction on this.

Dr. Lowenstein: Nobody thinks it will accomplish anything without the consequences, which are in enumerated in the code. Our goal is that we are not silent and that the feedback is brought to our attention on this.

Comment from attendee: I am in basic science so this may not apply. What if people don’t want to sign this? For example, punctuality. People did not have your (Reisdorph) reaction and wondered what happens if we do not sign it?
Dr. Reisdorph: This is pertinent to basic science students and labs as well. We have students in our labs.

Dr. Lowenstein: We have had heartbreaking reports about grad students and post-docs. However, most medical students do not experience this in the labs.

Comment from attendee: Yes, these are rarely occurring outside the clinical settings.

Comment from attendee: Do medical students and fellows have to sign or have a similar code?

Dr. Lowenstein: Yes, since 1919.

Dr. Nuccio: As a professional, I would sign this. But it is defined as a code of conduct when working with medical trainees. It should read as a professional code of conduct, this is how you treat your co-workers, not necessarily just students or learners in clinical settings.

Dr. Lowenstein: It includes all settings and all individuals, not just learners.

Dr. Reisdorph: It does include students.
Comment from attendee: Online modules may be more beneficial, especially if tied to performance, accreditation, etc. The pledge itself will not change behavior. Sounds too much like big brother.

Dr. Larabee: This school has a problem. 60% of the students, 5% were hit, it’s a big problem. This is only one arm. We need a baseline.

Comment from attendee: If you tracked these incidences over time, the individuals and atmosphere creating the problem would be identified. Then you could begin to solve the problem.

Dr. Kelsay: You can report anonymously and can identify the individual. We try to protect the reporter.

Comment from attendee: As a student my understanding is that I can maintain communication as well.

Comment from attendee: Yes

Comment from attendee: What I pledge not to do is what bothers me. I am pledging to not do something that is subjective to something else. I can get behind good behavior.
Dr. Reisdorph: What specifically about the behavior is bothersome?

Comment from attendee: I think trying to anticipate what can go wrong is subjective and where you wander into the weeds.

Dr. Lowenstein: Is it in code too or just the pledge?

Comment from attendee: I hate to wordsmith you but I think it needs a little work, maybe some generalization. The view that this will change the behavior is optimistic. But it could be a good start.

Comment from attendee: If we don’t sign a document, what message does that send?

Dr. Lowenstein: We could amend the language and come back.

Dr. Kaye: The GQ review is coming in 2016. We need to do something immediately. I am pleading with you to approve something today. We cannot wait. We are in trouble. We are in probation. We are in shut down the school mode. It’s a miracle we have not been shut down already. This is the regulatory environment we are in. Do something my dear fellow faculty, we have been waiting for 2 years.
Dr. Reisdorph: I am asking for a motion to approve in concept pending revisions.

Comment from attendee, interrupting Dr. Reisdorph: Can I make a different motion? Can we approve the code and not the pledge?

Dr. Lowenstein: We could do the code. We could add language regarding threatening or retaliating against students who report is also a violation of this code. We need to protect reporters. It must be crystal clear that it will not be tolerated. The pledge could be re-written and be an annual re-affirmation. We could avoid anticipating other behaviors.

A motion was made to approve the code of conduct. The vote was 26 for approval, there were no abstentions or nay votes.

A motion was made to adjourn. The motion was seconded.
Dr. Reisdorph adjourned the meeting at 6:13 p.m.

Respectfully submitted,

Michael E. Yeager, Ph.D.

Faculty Senate Secretary