The meeting was commenced at 4:32 pm

I. Welcome
Dr Jeffrey Druck, President of the Faculty Senate, called the meeting to order.

II. Approval of minutes from Sep 9, 2014 Faculty Senate meeting. A motion was offered to approve the minutes. The motion was seconded and the minutes were unanimously approved.

III. Dean’s Comments - Dean not Present

IV. Discussion Items
1. Office of professionalism update – Barry Rumack, MD
   The primary goal of the Office of Professionalism is to help those that have been involved in an incident to return to being a valued and productive member of the SOM. The biggest shortcoming in promoting culture change may be the lack of timely feedback when lapses in professionalism occur. Efforts over the past 10 years led by Dr Steven Lowenstein began with the report “Enhancing Professionalism” in 2004. Privacy and confidentiality are ensured unless certain restrictions are present, i.e., potential harm to themselves/others. The Office initiates assessments upon meeting with a victim and collect information to understand all sides of the issue. Neutrality of the office is maintained during the investigation. The office makes recommendations for the resolution and provides remediation. Referrals are made to appropriate entities including: CPHP, psychiatry, remediation (Eva Aagaard MD). The office works with appropriate members of involved leadership such as Program Directors(PD), Program Coordinators (PC), Dean, Department Chairs among others.

   87 cases of lapses of professionalism have been handled by the Office of Professionalism since March 2014. All validated cases are entered into a database.

   The Ombuds Office provides a forum for prompt, impartial and confidential discussion for individuals to review options for informal resolutions of differences. Ombuds are not required to report sexual harassment and has no oversight body. Reporting consists of an annual statistical report to the Provost, and they do not do assessments or investigations.

   Seven cases of inappropriate behavior were discussed. A review of Title IX as it applies to UC Denver was reviewed, which states “in order to establish a violation of campus rules within the scope of Title IX, the harassment must rise to the level that it limits or denies his or her ability to participate in or benefit from the education program.”
Conclusions:
1. Unprofessional acts are reported and managed with proportionate response.
2. Recent collaboration among many parts of the University and associated hospitals has resulted in a more unified approach to cases.
3. The last 6 months have been primarily reactive as cases come to the office of professionalism.
4. Proactive materials and interactive presentations are needed to raise awareness and provide methods for dealing with unprofessionalism.

Questions from Senators:
1. Are you surprised how busy the office is? Dr Rumack said he was not and that those at Vanderbilt have similar experiences.
2. Comments: no medical students have filed a complaint

2. Graduate Medical Education Annual Report – Carol Rumack MD
The University of Colorado SOM is the 27th largest institution in the US, the total number being 687 nationally. We train 76% of all residents and fellows in CO. There are 140 Program directors. The new system states that the next site visit will be in 10 years. The largest number of programs and residents are trained at CU SOM, followed by Exempla and Denver Health. Fellows must enhance resident education – not compete with it and is the reason oversight is required. Program director turnover is low, but Program Coordinator turnover is higher. Enrollment – residencies and fellowship have remained relatively stable nationwide. 795 residency slots were lost over the past year nationwide. Primary care training is 30%, vs Specialty, which is 70%. Minorities remain poorly represented at the SOM. The Exit Survey completed in May by graduating Residents and Fellows. Only 6% would not recommend their training program, but overall satisfaction of training programs remains high. Nurses frequently report resident/fellow bad behavior.

Professional plans after graduation have not changed much over the last several years. Percentage of graduates staying in Colorado is declining over the past 5 years. Primary care graduates staying in Colorado is also declining. Graduates who report debt over 200k is increasing over the past several years.

2013-4 GMEC Actions – 2 new ACGME programs, 2 new non-ACGME programs. Three program site visits have occurred over the past year. Nine performance indicators for ACGME Program Performance were reviewed. Duty hour violations continue to be monitored. PD’s are notified of violations and action plans to address them are required. IM and Peds frequently cited for work hour violations. Completion of “paperwork” a leading cause of duty hour violations. Overall, duty hour violations down by 23% across the institution.

CLER – Clinical Learning Environment Review site visit Aug 2014. Handoff of care is a major concern of CLER but is well addressed by EPIC. Protected time for handoff
and assessment of handoff important for patient safety. Poor handoff examples were
the use of texting instead of in person communication.

Question by Dr Lowenstein: Can graduation survey questions be altered?
Dr Rumack’s response: yes.

3. Curriculum Steering Committee report – Stuart Linas, MD
The Curriculum Steering Committee is a sub-committee of the Faculty Senate. It
provides oversight of the curriculum and its evolution. It ensures the curriculum
meets the goals and objectives set by SOM strategic plan and mission, competencies
and program learning objectives derived from faculty knowledge and experience.

Process – ongoing review of program effectiveness data, annual continuous quality
improvement plans for threads/courses/blocks/clerkships. Monitor new curricular
elements/plans (Colleges, IPED, LIC at Denver Health, class size increase and CO
Springs planning).

New Policies and Curriculum – moving towards competency based curriculum. SOM
Competencies approved. MS/MD Bioengineering program approved. Approved First
Course given to students during orientation.

CQI Action Plans – revamped evaluation processes during block evaluations. New
benchmarks for blocks.

New Items – some complete and some in progress. Lecture attendance has declined
from approx 80% of students to 40-50% of students. Issues with small group size
are that they are larger than initially intended. Curriculum creep has resulted in
increased hours of mandatory classes.

Program Effectiveness Data – Phase l and ll report. Residency Program Director
Survey report looks very favorable.

Task Forces/Ongoing work – Roadmap delineates where students learn about
specific disease entities. Professionalism – students report high % of abuse. MCAT
changes for admission.

Issues 2014-2015
Further work on curriculum management using curriculum map, class size increase
challenges and branch campus in CO Springs.

Question by Dr Druck: Educational resources above the SOM, what’s happening?
Answer: Dean is committed to addressing issues and financial support of increased
class size, CO Springs branch and education in general.
Question/Comments by Dr Lowenstein: Any focus on inter-professional electives?
Dr. Lowenstein mentioned issues of scheduling amongst the different school
members.
Answer: Dean is committed to pilot inter-professional electives to build teamwork which continues to evolve.
There was a motion to adjourn. The vote was unanimous to adjourn. President Druck adjourned the meeting at 5:39 pm.

Respectfully submitted,
Rebecca Braverman MD
Faculty Senate Secretary