I. Welcome:

Faculty Senate President Kathleen Torkko, PhD, called the meeting to order.

II. Approval of Minutes from September 12, 2017 meeting

Faculty Senate President, Dr. Kathleen Torkko, made a motion to approve the minutes. Minutes were approved as presented.

III. Dean Reilly’s Comments

A. Miscellaneous:

The Fall Faculty gathering is today.

CUSOM NIH budget is stable.

The effort to repeal and replace the Affordable Care Act (version 3) did not pass, thus Medicare will stay in place for now.

B. Status of searches and affiliations

1. Affiliations:

New Dean of the School of Public Health starts Monday.

2. Searches:
Psychiatry finalists will be determined shortly.

Negotiations are in progress with a possible PM&R candidate who returns for a second visit during the first week in November.

C. External Departmental reviews:

External departmental site visits are being conducted for four departments.

IV. Discussion/Approval Items

1. Community Campus Partnership

Robert McGranaghan, MPH & Director of the University of Colorado Community Campus Partnership presented

North Aurora consists of 125K people & 3 zip codes

**North Aurora Snapshot**

- Diversity index of 86% with huge numbers of immigrants and multiple dialects spoken in the schools
- Highest poverty and unemployment levels in the city
- Economic changes followed the development of Stapleton, Lowry, [and Anschutz]
Community Campus Partnership (CCP) was established in 2012

- CU Chancellor commissioned a team to create a framework for a community health partnership with local neighborhoods.
- Focus group & advisory group meetings searched for a sustainable strategic framework to facilitate these relationships.
- CCP Coalition relied on grassroots level organization
  - Full time community organizer (liaison to churches & schools, informed community concerns and priorities)
- Emphasis was on fostering relationships (perception was that the campus community should be more reflective of the surrounding community diversity)
- Community engagement is woven into everything the CCP does.
- Hiring local became a priority
  - Monthly networking meetings, an interactive website, and e-newsletters increased engagement
  - Community members wanted a way to talk to actual people (what do employers need etc)
  - Resulted in a Pilot Program with the Community College of Aurora (Healthcare Bridge Pilot Program) with 7 cohorts over 2 years & a
98% retention rate after 2 years

- 'Hire Local Job Hub'
  - includes job pathways, intake assessments, connection to hiring managers etc.
  - Huge demand for this service

- Learn Local Goals
  - Education is the number 1 social determinant of health
  - Local Learning became a companion to Hire Local
  - Long term goal of changing faculty promotion policies to incentivize and reward community engaged scholarship
  - Includes lunch & learn, career exploration, homeless outreach (via student population)

Questions:

1. Plans to work with VA? (on the horizon)
2. Is there training for higher paying jobs? (Work closely with the Community College of Aurora)
3. Have you reached out to affiliate campuses? (Focus in on Aurora community)
2. Update on Curriculum Reconfiguration

Dr. Shanta Zimmer Interim Senior Associate Dean for Education, Associate Dean for Diversity and Inclusion presented.

Despite LCME visit curricular changes were made for 2017-18

- Longitudinal Culture, Health, and Equity and Society (CHES) thread implemented
  - Possible it will be transformed into a whole course moving forward
- Disability Curriculum was piloted at Co Springs branch (led by Associate Dean Erik Wallace)
  - Excellent early feedback
- Increased ‘flipped classroom’ techniques utilized in phases 1&2
- Competency Committee is taking a close look at how we assess our students
- Increased focus on student wellness
- Increasing support for Pass/Fail for phases 1 & 2
  - 10 years ago 40% of schools did this
  - Currently 67% of schools do this
- Phase 1 & 2 cumulative exams have been implemented
  - Adult learning theory says this leads to better retention of material
- Increased focus on integration of science knowledge over time
  - Matt Rustici is an open consultant for anyone who wants to go through questions and re-format
  - 2nd year students feel better prepared for Step exam
- NBME exam workshops for block directors

Questions:

1. What is the process for pass/fail grading?
   (Honors/Pass/Fail for years 1&2, Honors/High Pass/Pass/Fail for years 3&4)
   (Pass=>70%)  
2. Does not getting a grade improve wellness? (Yes!)
3. Does this have a negative impact on USMLE scores? (No, SOM is taking a ‘bundle approach with P/F implementation, cumulative exams, etc-> perhaps a cumulative effect. Also some consideration of moving Step 1 after Phase 3, or Steps 1&2 to right after Phase 3- UCSF and Vanderbilt have done this)

In addition to the 2017-18 changes and despite success with the recent LCME visit- full curricular reform is in progress.

- We should always strive for more
- Models of care are changing at a fast pace
- There are ways we can do better
Group reform goals: Leadership, Curiosity & Commitment

- **Commitment**
  - Not altruism anymore because of the ideas around wellness- more like ‘nobility’ which captures a better sense of what students believe they are

- **Curiosity**
  - Lifelong learning, wondering why

- **Leadership**
  - We are good at this, but what is happening nationally?

Asking faculty and students to inform these items:

**10/30/17 retreat: ‘Focus on 2040’**

- 10 subcommittees
- 2-4 students on each committee
- Perhaps residents
- Steering Committee
- Consulting other schools that have recently done this

How to get involved?

- Attend the retreat 10/30
- Give feedback to education leaders
- Volunteer for sub-committees
- Participate in surveys
- Formally integrate basic sciences into the clinical years so it is not forgotten
- Attend visiting scholar talks: See AME announcements
3. **Office of Professionalism, Dean’s Perspective**

Dr. Shanta Zimmer Interim Senior Associate Dean for Education, Associate Dean for Diversity and Inclusion presented

We are in the bottom 10\textsuperscript{th} and 25\textsuperscript{th} percentile performance of faculty towards patients and colleagues (AAMC GQ Survey)

![AAMC GQ Survey](image)

- Survey responders are 4\textsuperscript{th} year medical students benchmarked against other medical students nationally
- Faculty don’t seem to see this
- Dean believes there is a disconnect between what we feel and what others see
- Bothers Shanta that we are so low when compared nationally to other places

Office of Professionalism is meant to improve mistreatment and professionalism.

- Also provides remediation and resilience.
- Dr. Rumack is stepping down- so recruiting for a new Director (please apply if interested).
How do we prevent unprofessional behavior that is the result of something else?

- Targeted remediation resources (communication training etc)
- Highly targeted consequences