I. Welcome and Introduction of Faculty Senators

Dr. Todd Larabee, President of the Faculty Senate for 2012-13, called the meeting to order and introduced himself, then asked everyone to go around the room and introduce themselves.

II. Approval of Minutes from June 12, 2012 Faculty Senate Meeting

Minutes from the June 12, 2012 Faculty Senate Meeting were unanimously approved.

III. Dean’s Comments

Dean Krugman was out of town, so the Dean’s comments were made by Dr. Chester Ridgway, Senior Associate Dean for Academic Affairs. Associate Dean Ridgway said the Colorado Springs public voted yes to lease Memorial Hospital to The University of Colorado Health System. This comes with a $3 million per year donation x 40 years for educational purposes.

The Fulginiti Pavilion for Bioethics and Humanities was dedicated and opened August 27th. This is a new building for ethics and humanities classes. No director has been identified to this point. Associate Dean Ridgway recommends visiting the new building – it is very nice.

Lilly Marks was announced as the winner of the 2012 Outstanding Women in Business award in Education, Government, and Nonprofits by the Denver Business Journal. Congratulations to her.

IV. Overview of Research and Clinical Task Forces of the Strategic Planning Process

Douglas Jones, Senior Associate Dean for Clinical Affairs, and Chester Ridgway, Senior Associate Dean for Academic Affairs, presented an overview of the Dean’s Strategic Planning Process the School of Medicine is undergoing during the 2012-13 year.

Associate Dean Jones said the reason for the process occurring this year, at the direction of Dean Krugman, is that although the School of Medicine has done very well in the past and continues to do very well in the present doesn’t guarantee it will
do well in the future. Therefore the Dean asked, during the November 17, 2011 State of the School Address,

“If we were starting over as a School of Medicine today – with 2,250 faculty and $1.0 billion in revenue – how should we organize ourselves to have the maximum success in each of our missions: research, clinical practice, education and community service by 2020?”

There are wide conversations happening now, and four Task Forces have been created, none of which are exclusive of each other. These include Clinical, Research, Education, and Community Engagement Task Forces. Associate Dean Jones emphasizes that this is to be a faculty-driven effort. Each Task Force is divided into multiple Workgroups.

The Clinical Task Force is chaired by Associate Dean Jones, and has two co-chairs, Eve Burger, MD (Orthopedics) and Adel Younoszai, MD (Pediatric Cardiology). It is composed of four Work Groups: Finance, Practice Model, Quality, and Relationships (between the School and the Hospitals).

The goal of the Strategic Planning Process is to involve as many faculty as want to be involved. Junior faculty are specifically asked to be involved in all Task Forces. The Dean emphasizes that he doesn’t have any preconceived ideas in mind about how the process should or will turn out.

Associate Dean Ridgway then discussed the Research Task Force. This Task Force is chaired by Associate Dean Ridgway, and has two co-chairs, Heide Ford, PhD, and Wendy Macklin, PhD. The Task Force is composed of 13 Workgroups: Bioinformatics/Personalized Medicine, Cancer, Cardio-Pulmonary, Career Development, Child Health, Emerging Science, Funding Strategies, Health Care Delivery, Immunology, Infrastructure, Metabolism/Obesity/Wellness, and Neuroscience. Many of these groups have over 10 members, and the Infrastructure Workgroup in particular has 43 members.

Associate Dean Ridgway mentioned that every Workgroup is open and people are welcome to attend. Each group meets weekly or every 2 weeks, and the expected length of the entire Strategic Planning Process is approximately 6 months. At this point the overview was opened for discussion.

*Question from a Senator:* Are there representatives from COMIRB, IACUC, etc. involved in the Infrastructure Workgroup?

*Associate Dean Ridgway:* Yes.

*Follow up Question:* Have they bought into the process?

*Associate Dean Ridgway:* Yes. The challenge will be to get other hospitals to buy-in. A major topic of conversation during the process is the need for introspection. What do we do good? What can we do better? Are there things or people we need in order to do better?
Question from Associate Dean Steve Lowenstein: How to we ensure we get faculty input for this process?

Associate Dean Ridgway: There are surveys for faculty which are being constantly uploaded to the School of Medicine website. There one can find information about the process, and any faculty member can participate in as many surveys as they want, based on the topics they want to give input on. The Dean will remind people about surveys in the “What's Going On” weekly email.

Question from a Senator: Is there any administrative involvement from the hospitals in the process?

Associate Dean Ridgway: Yes, from University Hospital and Children’s Hospital. The CEO's have indicated they want to be involved.

Associate Dean Ridgway said another method for input is faculty forum meetings, with times and dates to be announced. There is room for more people on the Task Forces and their Workgroups. The Faculty Senators are asked to encourage their faculty members to participate. Specifically junior faculty are encouraged to participate.

V. Discussion/Approval Item – Approval and Establishment of New Division of Hematology, Hematologic Malignancies, and Stem Cell Transplantation

Dr. David Schwartz, Chair of the Department of Medicine, presented remarks about a proposal to create a new Division within the Department of Medicine. He said the Bone Marrow Transplant Program is separate from the Division of Hematology, and is the only Program in the Department of Medicine not in a Division. This program has been expanded greatly, and the next step is to merge the BMT Program with Hematology to create one Division. Advantages would include better patient care and provide a continuum for research and education. If the proposed Division is created, there will be a search for a Division Chief. The topic was opened for discussion.

Question from a Senator: Are there any downsides to this?

Dr. Schwartz: Yes. This would impact certain people in their current positions. However the current leadership in the BMT Program have bought into the idea.

Associate Dean Lowenstein: This also would establish new collaboration with Pediatrics for childhood benign and non-benign hematologic diseases.

Dr. Schwartz: This new Division will help in teaching about BMT and hematologic malignancies for students, residents, and fellows.

VOTE: The Proposal to Establish a new Division of Hematology, Hematologic Malignancies, and Stem Cell Transplantation within the Department of Medicine was unanimously approved.
VI. Summary of Promotion and Tenure Rules Changes

Associate Dean Lowenstein provided a summary sheet to the Faculty Senators of what was done and voted on by the Faculty Senate last year. The process was started in February 2011. The Clinical Practice series is awaiting approval by the Regents, and this will take several months. It will likely be available next year. Associate Dean Lowenstein said it is crucial to have proper use of this series, and he will let us know when the Regents take action on this issue. The topic was opened for discussion.

Question from Senator Curt Freed (Medicine): There is concern that definitions are mushy, and that committees can put their own spin on definitions of these tracks. 

Associate Dean Lowenstein: There is a plan to engage in outreach meeting with each Department. This is intended for only a select number of faculty; a majority will stay in traditional tracks.

Follow-up from Dr. Freed: How will independence in research vs. team research be handled?

Associate Dean Lowenstein: The definitions of “independence” have changed, but will allow for co-authorship to be counted more (researchers will need to detail their specific involvement in a paper). As a reminder the Clinical Practice series will only be for Associate and full Professor. Junior faculty are required to start in the traditional pathway. Some faculty, however, may make an active decision not to do scholarship, and the Clinical Practice series may be best for them.

The meeting was adjourned at 5:20pm.

Respectfully submitted,

Bruce Landeck, MD
Faculty Senate Secretary