

**School of Medicine Executive Committee  
Meeting Minutes  
Tuesday, February 18, 2014  
AO1 Building, 7<sup>th</sup> Floor Boardroom**

ATTACHMENT 1

**Present**

**Members:** John Cambier, Timothy Crombleholme, Bob D'Ambrosia, Stephen Daniels, Frank deGruy, Chip Dodd, Bob Freedman, Laurie Gaspar, Tom Henthorn, Jim Hill, David Barton for Randall Holmes, Herman Jenkins, Mark Johnston, Richard Krugman, Kevin Lillehei, Wendy Macklin, Dennis Matthews, David Norris, Angie Ribera, Ken Tyler for David Schwartz, Ron Sokol, Ann Thor, Ken Tyler, David West, Richard Zane

**Participants:** Robert Anderson, Tom Blumenthal, Brenda Bucklin, Terri Carrothers, Mark Couch, Ben Honigman, Richard Johnston, Doug Jones, Steven Lowenstein, Philip Mehler (DHHA), Nichole Reisdorph, Carol Rumack, Fred Suchy, Richard Traystman, Cheryl Welch, Sue West, Erik Wallace

**Guests:** Don Elliman, Lilly Marks

- I. **School of Medicine Dean Search** – Chancellor Don Elliman and Executive Vice Chancellor Lilly Marks gave an update on the SOM Dean Search. The goal is to ideally notify the search committee by the end of the month. The committee will be of about 15 people with 1 mandated position which is from Denver Health Hospital Authority. They have the opportunity to nominate or put someone on the search committee. We have asked for input from the school, and also from Faculty Senate for nominees. The desire is to assure that we get people that represents the mission of the school and have a real understanding of all the dynamics within the school.

We have decide to look at search firms with the expectation that we will have their responses by February 26 and make a selection within a couple weeks there afterwards. There has been lot of debate on do we use a search firm or not because it's a fairly define pool of candidates around the country. It will be a traditional academic search committee and is in the formative stages.

The next step will be to come up with a comprehensive job description with all the usual components of the job. We want to makes sure that we capture the fundamental principles that run the school, dynamics that make this school what it is today, express what it is we are looking for, and what we think is important to take this school into the next chapter, and with our feedback we will have the search committee compile this.

Chair Frank deGruy asked: Is this search for all the three positions or will it be split? Chancellor Elliman responded that at this time we are going into with the assumption that it will be a search for the Dean, School of Medicine, President of UPI and Vice Chancellor for Health Affairs. The Dean and the President of UPI are linked by the same position. The Vice Chancellor is a separate role.

- II. **Approval of the Minutes** – The January 21, 2014 SOM Executive Committee Meeting minutes were approved unanimously.

III. **Dean's Update and Discussion Items**

A. **Discussion Items:**

1. **Radiation Oncology Chair Search** – the search committee has meet with the Stake holders. The committee has received 7 applicants and one is internal. The Chair has had conversation with three of the interested parties. There are two more applicants that have expressed desire to apply. Search Committee will meet again reviewing applicants on-line and airport interviews are tentatively scheduled the end of March.
2. **SOM Gala** – We have moved the gala from November 1<sup>st</sup> to November 15, 2014 at the Marriott downtown.

**B. Welcome – Erik Wallace, MD**

Dean Krugman introduced Erik Wallace, MD who joined the School of Medicine as Associate Dean of the CU SOM Colorado Springs Branch.

Dr. Wallace stated that he graduated from Washington University School of Medicine and completed internal medicine residency training at University of Alabama at Birmingham. Has been a faculty member the last 10 years at University Oklahoma School of Community Medicine of Tulsa Oklahoma which is a branch campus of the main university in Oklahoma City. Could not be more excited to be here to bring my experience and ideas from working at a branch campus.

The Lane Center which will be our academic home on the UCCS campus will be officially dedicated on February 19<sup>th</sup> with a ribbon cutting ceremony. We have several priorities and they are:

**Priority 1 - student recruitment** - Right now class size expanded from 160 to 184 for this upcoming year. 24 of those students will begin their clinical rotation during their third year in Colorado Springs in 2016. We are actively recruiting the students - part of that will be really reaching out to the community to generating financial support for scholarships to really make this a really enticing opportunity for students

**Priority 2 - faculty recruitment** – This will be another big step we need to be working on or likely will need quite a few volunteer faculty. We plan on working with each of you and your department in terms of faculty appointment.

**Priority 3 - Curriculum** – The curriculum experience down there will be comparable to the experience on the Anschutz Medical Campus. We will have a lot of opportunity to innovate and do things new and differently down there to create an education model that will be the perfect fit for Colorado Springs in partnership with all the key stakeholders.

**Questions**

**Is it planned to hire full or part time faculty in enrollments that have been unsure? How do you develop an academic faculty to teach inpatient medicine as well as outpatient medicine in a place that hasn't seen this in many years?**

Dr. Wallace indicated that this will be a challenge there will certainly be a large number of volunteer faculty that will be working with the students we already have some full time faculty down there working in the department of Pediatrics at Children Hospital Memorial. There will be clinical block directors that we will need to appoint. They will be paid faculty so it will be a mixture of all the above.

**Can you describe the financial model?**

Dr. Krugman explained the financial model comes from two places. The School of Medicine will receive 3 million dollars a year for 40 years with no growth for inflation from University Colorado Health as a condition of the lease of Memorial Hospital. The additional revenue will come from the tuition dollars. From the presumably 24 then 48 students that are there.

**Are you going to wait two years or start taking students now?**

Students who are being accepted now will matriculate in August 2014 and they will be the first students to start their third year rotation in April 2016. This will give us a couple of years to ramp up. Hoping in the mean time to get some faculty on board to start taking some of our students – we struggle a little to identify our clinical preceptors even in the Denver area. Good opportunity to get some of Colorado Springs faculty involved early on, taking students down there and grow into 2016.

Dr. Krugman mentioned another opportunity that students will have down in Colorado Springs. It may be somewhat awkward from community prospect, but am hoping that students who are selected for the Colorado Springs program will do their Foundation of Doctoring in the Colorado Springs. It will be a little back and forth commute but that's the half day a week in a physician's office in the first and second year where they get to follow a patients for a full three years. It would be ideal to have them in the same practice over that period of time. There is also if not mistaken opportunity if any of you have blocks and clerkships now that you need more locations for, we ought to be developing opportunities for our current students and test drive rotations down there in the next coming two years.

**C. Space review updates** - No discussion at this meeting.

**D. Faculty Senate Report – Nichole Reisdorph, PhD**

Faculty senate approved unanimously the merger of the Department Immunology and Microbiology. It was unanimously passed. Also approved the name as stated above Department of Immunology & Microbiology.

The Senate approved the renaming of the Division of Hematology, Hematologic Malignancies, and Stem Cell Transplantation to the Division of Hematology.

Dr. Krugman gave us history and update on the status on the affiliation with National Jewish. Dr. Salem was also there and gave a response.

Dr. Krugman called an At Will Policy task force in 2013. The committee met last month and were charged with recommended changes to the At Will Policy that were provided guidelines regarding faculty appointments. The committee determined that they did not have enough information. We decided it would be a good idea to poll the faculty senate with a survey that they could take back to their departments and talk with them. The Senate unanimously asked us to consider a different strategy.

The senate recommended that we first have an educational period during which senators can disseminate information to their faculty via departmental meetings. So we are basically asking you to give your Senators time to talk about this at your next departmental meeting. Recognize that some of the departments are too big, that you encourage the Senator to attend divisional meetings, where appropriate. This educational period is because a lot of faculty are not aware of the different types of appointments and we want to make sure of clarity regarding all of this information.

Following the education period we want the senators to have the entire document and the opportunity to respond so this would be the SOM primary faculty, not to include 5,000 people but just the primary faculty. We are all asking that you all respond to the survey.

**E. Professionalism and Culture of Respect, Steve Lowenstein, MD**

Dr. Lowenstein presented a slide show on Creating and Sustaining a Culture of Respect. We have been developing a blue print that seeks to reinforce a culture of compassion and respect across the School of Medicine and across our affiliate institutes.

He asked that we first acknowledge once again that we have a problem.

The problem - a learner is publically humiliated, a retribution is threatened and others. The consequences of these disrespectful behaviors interfere with learning, lead to cynicism, erosion of professional values, and "moral distress" among learners and increase students' feelings of inadequacy and fear of making errors. Threaten patient safety and quality of care, increase burnout and loss of talented staff, erode teamwork, communication and trust etc. We have to address these concerns because they are a palpable indicator.

How do we know all this is going on? We have been monitoring the reports on the Graduation Questionnaire for years and years and numbers were not improving. We continue to receive a steady stream of reports from student evaluations, graduate school, GME, ombuds, medical staffs, and risk management. What have we done? We have been talking about it for more than a decade we have defined and redefined the professionalism and analyzed the causes etc.

We have outlined a blueprint that includes a number of strategies; Develop better avenues for safe reporting of mistreatment, want emphasize communication, compassion and non-punitive feedback. Thoughtful, tailored responses to every incident, streamline committees and eliminate the information silos, we have to invest appropriately and recruit experts for this work, develop tracking measures and holding all of us accountable for meeting our goals.

So one key committee will be the Faculty Professionalism Response Team. This is still open for feedback and suggestions for everyone. This will be the team which will include a variety of stakeholders. Most importantly will include at least one perhaps two experts of subcommittee that respond within 48 hours to any report the chair or any of those sources mentioned. The expert subcommittee will investigate context, identify patterns of misbehavior, conduct 360-degree evaluations, recommend and facilities responses (feedback, coaching, remediation, behavioral counseling). The committee will be able to

advise chairs, medical staff leaders, program or block directors with respect to “consequences”; identify workplace stresses that contribute to lapses and investigate reports of mistreatment of faculty.

We are looking at a new office derived, but not identical to the Ombuds Office. It’s the Office of Professional Conduct (title probably or most likely will change). This will be a free service for SOM Faculty, residents, fellows, students (including graduate) and it will assist in resolution of conflicts.

The plan is to support a variety of key experts, key players and resources for AME to develop education, outreach and remediation services and improve access to wellness, mental health and counseling services.

Providing feedback to faculty what we wrote in back 2004 is *Our biggest shortcoming (in promoting culture change) may be the lack of timely feedback when lapses in professionalism occur*. Direct, non-punitive feedback is important.

What can we do to promote feedback? The Expert Professionalism Response Team will help and so will the new Office of CU Conflict Resolution, they are set up to help give feedback. Feedback from the Medical Student Council was that the council felt they already know how to do the feedback. All the faculty have to do is tell us they encourage it and welcome it. Why couldn’t there be a five minute orientation among all members of the clinical team whenever a block begins.

In order to achieve excellence in education and patient care, we must: Respect learners, patients, professional and support staff and each other. Address disruptive behaviors no matter who is targeted, and no matter where they occur. Learn how to provide non-punitive feedback and challenge entrenched clinical & academic hierarchies, where learners and the less powerful are afraid to speak up. It is our shared responsibility to build a culture of compassion and respect

#### **F. Affiliation Update**

##### **VA – Thomas Meyer, MD**

Dr. Meyer reported that the Golden Community Based Outpatient Clinic opened on Feb. 18, 2014. The facility is 15, 000 sq. ft. and we are trying to get more patients seen who live on the west side of town. Relatively few faculty will be out at the clinic. The VA in collaboration with the SOM, the Center on Aging and Department of Medicine, is applying for a GRECC (geriatric research and education clinical center) here in Denver and have tried several times in the past. The VA, SOM and VISN have worked hard on gathering details/information for the GRECC. VA finally will have faculty in the SICU 24/7 including 6pm to 6 am and they are hiring several disciplines to cover patient care and teaching

#### **G. Chair Updates**

##### **Family Medicine – Frank deGruy, MD**

The education mission has 3 - 4 interesting things going on. The first is they have assumed administrative responsibility of two residency programs that were previously under the School of Public Health, Dennis Nelson, President of Residency Program of Occupational & Medicine. These are now administratively under the Department of Family Medicine mostly because of the infrastructure. To do that, it will be variations in the way we are advantaging the preventive curriculum in Family Medicine.

Addiction and Medicine fellowships is approved and basically lives in CeDAR and also administrated within the Department of Family Medicine. Fellows are likely to come from any medical discipline, which will operate parallel and concert in some ways under the spiritual leadership of the addiction side. Psychiatry option which is a long established fellowship this is basically the medical side it’s a one year fellowship that University of Colorado Hospital and CeDAR have set up. The new Director of that is Patty Hayen, MD is a very involved fellowship director

There are a range of non ACGME fellowships experiences that are occurring in Family Medicine. They are offering all our residency graduates a fourth year. Graduates are doing experience in Rural Health Policy, Public Health, and Community Health as well as ACGME Fellowships in Sports Medicine and Athlete Care.

### **Psychiatry – Robert Freedman, MD**

Dr. Robert Freedman described changes in Student Mental Health in the past year. Chancellor Elliman asked that the Service expand its coverage. Rachel Davis MD was recruited as Clinical Director under Vice Chair for Clinical Practice, Robert Feinstein MD. Other psychiatrists were added in supporting capacity both to Student Mental Health and the Care Team. They can now provide much more timely service to Deans of Students of all Anschutz Campus Schools, who are often the first to identify a distressed student. New signage to make the Service more visible is anticipated in Building 500, Floor 2. With Richard Zane MD and the Department of Emergency Medicine, they established a special student track in the UCH Emergency Department for students requiring the emergency care. They are initiating a program to train 50 students to become first identifiers and responders. Two hundred students asked to take the first round of instruction. They serve in a consultative capacity to the other three campuses. For the Denver campus, we provide faculty for direct service as well.

Dr. Freedman added that Psychiatry endeavors to serve the mental health needs of all faculty colleagues, their staff, residents, and students in the School of Medicine and the patients whom faculty in other Departments treat at the affiliated hospitals. Student Mental Health is an example of how underwriting from a larger entity, in this case the University, makes Psychiatry's care accessible for all students, regardless of their insurance coverage. UCH is working on a similar plan for patients in all outpatient clinics. UCH inpatients are now covered, as are all patients at the other three affiliated hospitals.

### **Dermatology – David Norris, MD**

Dermatology has grown significantly over the last few years to 35 faculty including 17 PhD's and 3 MD/PhD's. Their research program has three major focuses: Melanoma and non-melanoma skin cancer, immuno-dermatology, and stem cell biology/regenerative medicine. Departmental research ranges from basic to translational programs, supported by a strong portfolio of grants and awards. NIH-Funded Skin Diseases Research Core Program and 30-year NIH funded Training grant partner effectively with the Cancer Center and the Stem Cell Center. SDRC has recently founded a skin Diseases Research Consortium with 5 major resource universities around the world to organize a program of research collaboration and lab workshops on cutting edge research techniques

The Dermatology Clinic Program is preparing for the next decades by significant changes in leadership and facilities. Dr. Anna Bruckner recruited from Stanford as the new Director of Pediatric Dermatology and she specializes in Epidermolysis Bullosa. They expect to recruit a New Clinic Director at UCH and a new Director of Cutaneous Oncology in the near future. Dr. Whitney High has succeeded Dr. James Fitzpatrick as Director of Dermatopathology. They have recruited April Armstrong, from UC Davis for Vice Chairman Clinical Research in the Department of Dermatology. Dr. Robert Dellavalle is Chief of the Dermatology Service at the Department of Veterans Affairs Hospital and Director of Dermatoepidemiology. Dr. Cheryl Armstrong is the new Dermatology Division Head at Denver Health and Hospitals. The Dermatology Clinics at UCH are completing a Process Improvement Process that will improve efficiency, timeliness and satisfaction to our patients. Finally they have opened a new Cosmetic Services Clinic across Colfax Ave from the main campus, which will provide comprehensive cosmetic services, teaching and clinical research. Partners from other services are welcome to use these facilities for clinical and teaching programs.

## **EXECUTIVE SESSION**

### **III. Approval Items**

- a. All Senior Clinical Appointments and Promotion Committee actions were unanimously approved.
- b. All Faculty Promotions Committee actions were unanimously approved.
- c. The approval of Chair for the Department of Immunology and Microbiology was unanimously approved.
- d. The approval of name change for Department of Medicine – Division of Hematology was unanimously approved.

The meeting adjourned at 9:40 am