

**School of Medicine Executive Committee**  
**Meeting Minutes**  
**Tuesday, December 18<sup>th</sup>, 2012**  
**AO1 Building, 7<sup>th</sup> Floor Boardroom**

ATTACHMENT 1

**Present**

**Members:** Bill Betz, John Cambier, Robert D'Ambrosia, Timothy Crombleholme, Bob D'Ambrosia, Steve Daniels, Frank deGruy, Chip Dodd, Robert Freedman, Tom Henthorn, Randall Holmes, Herman Jenkins, Mark Johnston, Richard Krugman, Bruce Landeck, Wendy Macklin, Naresh Mandava, David Norris, Nanette Santoro, Richard Schulick, David Schwartz, Mark Kochevar for Dan Theodorescu, Andrew Thorburn, Ken Tyler, Richard Zane

**Participants:** Tyler Anstett, Terri Carrothers, Ben Honigman, Richard Johnston, Doug Jones, Celia Kaye, Steven Lowenstein, Thomas Meyer (VA), William Neff (UCHealth), Chris Nyquist, Chip Ridgway, Carol Rumack, Jane Schumaker, Fred Suchy, Richard Traystman, Cheryl Welch, David West, Adam Williams, Nan LaFrance

**Guests:** Fred Grover, Cheryl Kisling, Christine Ahearn, Kim Benson

**I. Approval of the Minutes** – The November 20<sup>th</sup>, 2012 SOM Executive Committee Meeting minutes were approved as written.

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

**A. Discussion Items:**

1. Changes to the agenda, Dr. Philip Mehler was unable to attend this month.
2. The Dean thanked Dr. Bill Betz for his many years of service as the department chair for Physiology and Biophysics. The approval for the interim department chair will take place in January 2013.
3. Strategic Planning – the meetings with Navigant have been on hold and will be re-engaged on January 8<sup>th</sup>, 2013 due to the State of the School Address. An update of sorts was given at the State of the School address. The slides can be found on the website:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/administration/stateofschool/Pages/State-of-the-School-2012.aspx>

**B. Office of Grants and Contracts Update – Vice Chancellor for Research, Richard Traystman, PhD**

Dr. Traystman thanked the department chairs and administrators who visited with him in regard to the office of grants and contracts. He spoke with 34 department chairs, institute and center directors and noted the areas that need direction and fixing. He introduced Christine Ahearn as the interim director of OGC. She is aware of the issues, mainly the slowness and inefficiencies as well as individuals in OGC who are not as collaborative as they need to be. The relationship with Grants and Contracts and administrative group has been strained. Dr. Traystman will reorganize the G&C group into teams of pre/post award, sub-contract and closeout individuals who will be assigned to a specific

department(s) from the beginning to the end of the grant/contract. The departments will then know who to call for updates/statuses. Each department will know who will be assigned to their department as soon as the teams are organized. Each team will have a lead person who will keep the department/administrator advised of the status of the grant/contract money on a quarterly basis. PeopleSoft has the capability, but it has not been found to be user-friendly. Dr. Traystman also stated that he would enlist the help of Terri Carrothers and all the administrators to build a better relationship with the teams from the OGC. The department chairs asked about the metrics for evaluating performance. Dr. Traystman said that in the past the issues/problems with OGC were never addressed and they will be now. He has canvassed other institutions and has not found any 'metrics' as per se. The post-award has been the biggest issue and clinical trials should not be held up waiting for a speed-type.

Dr. Ridgway recommends that the faculty should be able to know how long it will take to get their grants and contracts back. Dr. Traystman said that one of the issues is that the grants need to be in the OGC at least 5 days before they are due. Many grants are brought to OGC on the very same day they're due. Dr. Schwartz asked if when Dr. Traystman looked at other programs around the country, was he able to find out if our institution was underfunded and/or understaffed? Dr. Traystman acknowledges that the OGC tends to lose many employees due to higher paying, less stressful jobs on campus. Dean Krugman also suggests that in addition to the dedicated teams, that there be a few trained as a 'utility' person who can jump in and help where needed in case of absence/vacation, etc. Dr. Daniels suggested that an oversight committee be formed to serve as an advisory body in helping with a campaign for better funding, relationships, and the metrics needed for performance.

#### C. Speakers Bureau Update- Associate Dean Steven Lowenstein, MD

Dr. Lowenstein outlined the Conflict of Interest policies, the key COI policies are 1) UCD: Annual disclosure of financial ties (consulting income, stock, travel reimbursement, royalties, board positions); 2) SOM policy on faculty-industry ties: (prohibition against speakers' bureaus, against free gifts, paid travel and meals, drug samples and ghost writing; and 3) UPI Member Practice agreement: which requires that external income must go through UPI. Problems have been identified from confusing & overlapping content of the three policies; multiple websites, brochures & fact sheets are available; the process can at times be challenging for chairs; and there is no Central SOM monitoring system. The department-level monitoring (to be monitored by the chair at time of approval) is to review appropriate policies and address faculty questions. These questions will eventually be imbedded in DOMINO-FIDO. Penalties are also outlined. The document will be sent out by Cheryl Welch during evaluation time which requires the faculty member to sign that they understand the policies surrounding speakers' bureau prohibition and an annual disclosure of conflicts of interest as well as an assignment of income to UPI compliance statement.

Dr. Traystman stated that InfoEd is up and running for the UCD conflict of interest forms needing to be signed, but there are approximately 365 people who have not completed their forms. There have been many attempts to reach them via email and voicemail, but with no response. After the first of the year, those who have not filled out the COI forms

will have their badges turned off in order to get them turned on, they must fill out their form.

D. Graduation Questionnaire 2012 – Sr. Associate Dean, Celia Kaye, MD, PhD and Associate Dean , Maureen Garrity, PhD

Questionnaires are given to all U.S. Medical students which relates to students' mistreatment. While the students are 'aware of the schools' policies regarding mistreatment of students and also the knowledge of procedures for reporting it, many do not for fear of retaliation. They do not disclose the abuse until after they graduate and are matched in a residency program. The sources of reported mistreatment are varied and the highest percentages in Colorado are the clerkship faculty in a clinical setting, resident/intern, and nurses. The mistreatment ranges from being publicly humiliated, threatened with physical harm and physically harmed, subject of offensive sexual remarks, lower evaluations because of gender, etc. Specific stories can't be shared because the students will be identified. Dr. Kaye stated that the block directors are aware of some mistreatment and have sat down with those involved to discuss the correct treatment and what is inappropriate. Dr. Schulick stated that a simple conversation with the offending faculty would help and to focus on exiting students/faculty to get specific details and go back to the offending person.

Dr. Kaye said that anyone witnessing offending behavior must take action immediately. If something is said to the offending party and it is not corrected, than it needs to be taken to the department chair for action.

Dr. Doug Jones informed the committee that the CLC (Clinical Leadership Council) has been talking about taking this particular problem on as a major project. A culture of disrespect creates harm to patients, mistakes made and it does relate to the quality of care.

It was also noted that those individuals who are disrespectful to students tend to have a much higher malpractice rate. Vanderbilt has metrics in place to where faculty who are reported pay a higher rate.

Dr. Kaye said that a pattern seen is that the students tend to feel neglected. Dr. Neff stated that it will take culture change. He would like to see the Department Chairs talk about the mistreatment of students to their faculty and staff as those who have been mistreated and become residents may go on to mistreat others as well.

The 'repeat' offenders need to be identified and have it brought to their attention. If that does not work, what resources can be used? The Academy of Medical Educators is working on a 'bigger' plan with on-line modules, communications skills training, and serious remediation for the repeat offenders. Dean Krugman said that they should be remediated, but the students must be protected. The faculty should be told that they are not teaching until they go through the remediation process.

Dean Krugman asked the department chairs to work with Dr. Kaye and Dr. Brenda Bucklin in talking to all staff/faculty, hospital staff, nurses, etc., so all are engaged. The more they are told to speak up and say something, the easier it will become to do so.

## **EXECUTIVE SESSION**

### **IV. Approval Items**

- a. All Sr. Clinical Appointments and Promotions Committee actions were unanimously approved.
- b. The Professor Emeritus appointment for William R. Brown, MD was unanimously approved.

The meeting adjourned at 9:45am