

**School of Medicine Executive Committee**  
**Meeting Minutes**  
**Tuesday, March 19, 2013**  
**AO1 Building, 7<sup>th</sup> Floor Boardroom**

ATTACHMENT 1

**Present**

**Members:** John Cambier, Mike Dayton for Robert D'Ambrosia, Nancy Krebs for Steve Daniels, Frank deGruy, Chip Dodd, Laurie Gaspar, Tom Henthorn, Randall Holmes, Richard Krugman, Kevin Lillehei, Wendy Macklin, Naresh Mandava, Dennis Matthews, David Norris, Angie Ribera, Nanette Santoro, Richard Schulick, David Schwartz, Dan Theodorescu, Ann Thor, Andrew Thorburn, Richard Zane

**Participants:** Tom Blumenthal, Terri Carrothers, Mark Couch, Megan Dishop, James Hill, Ben Honigman, Steven Lowenstein, Thomas Meyer (VA), Chris Nyquist, Chip Ridgway, Carol Rumack, Jane Schumaker, Ron Sokol, Fred Suchy, Richard Traystman, Cheryl Welch, David West, Nan LaFrance

**Guests:** Barry Shur, Linas Stuart, Mollie Young, Amy Collins Davis, Mark Kochevar

**I. Approval of the Minutes** – The February 19<sup>th</sup>, 2012 SOM Executive Committee Meeting minutes were approved as written.

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

**A. Discussion Items:**

1. ***University of Denver Medical School*** – the Dean asked if there was any interest in collaborating with DU in their quest to establish a medical school. For example, contracting for basic science teaching. DU realizes they have a lack of Basic Science faculty and no Clinical network. The Dean would like feedback from the SOM Executive Committee before he has further discussions. Concern was expressed by a committee member that it would depend on what “collaboration” means, if our faculty taught at DU, DU should hire them and pay their expenses. We should not be paying for our faculty to teach at a competitive school.
2. ***Support for Graduate School*** – Barry Shur, PhD, Dean for the Graduate School  
One-third of graduate students do their lab work in Clinical departments and two-thirds do their work in the Basic Science departments. Dean Shur was charged with creating a self-sufficient, financially solid and state of the art graduate school. The reserve account for the grad school will be depleted after next year due to a need to support some of the first year biomedical PhD students which are housed in the PhD SOM programs whose mentors have lost funding. Additionally a large portion of the \$500,000 for two year Graduate School transition bridge support provided by the Dean of the School of Medicine has also been used in a similar manner. Dean Shur discussed how the biomedical graduate education is funded as the national model is the institution supports the first year class while they are basically free-agents. They train in a number of laboratories, do their rotations and during that time the institution supports those students in stipends, tuition, fees, insurance, etc., which runs approximately \$40,000 per student for their first year of graduate school. Once a mentor is chosen, everyone who is eligible (those who are not international), become an in-state resident and pays in-state tuition which is below the national average. The Graduate School tries to maintain a class-size of 50 students. The money that supports these students from tobacco funds, chancellor's office and that money has remained flat since approximately 2004. Due to increases in tuition, insurance, fees and stipends and maintaining a class of 50, results in an annual deficit of -\$500,000. The existing funds can only support 42-43 students.

The costs have increased due to the changing distribution of in-state and out-of-state matriculates, the addition of Rehabilitation Science PhD program, program training grants (previously used to support 1<sup>st</sup> year students) have been released to support advanced students per NIH guidelines (except Neurosciences) and annual increases in stipends, tuition, insurance and fees. Dean Krugman find out more and report back to the committee.

3. ***Space Issues*** – E. Chester Ridgway, MD, Sr. Associate Dean discussed space issues and how the space is delegated on this campus. The President delegates this to the Chancellor or Vice President of this campus who delegates it to each school at the discretion of the Dean. The School of Medicine space is managed by Sr. Associate Dean for Academic Affairs, Chip Ridgway, with support from Mollie Young, SOM Facilities Manager. Space is allocated with the approval of the Dean to the department. Once it is in the department or center, it is managed by that director or chair. In regard to the handout – the entire WET and DRY space is identified and broken down from there to funding/research productivity (wet/dry). Wet space is in RC I North and South and RC II. The dry is scattered around Building 500, UPI, A01, etc. The “wet” space price per square foot is \$268 with the goal of \$330, resulting in a deficit of 161,430 which is why nothing has been done about RC III. The “dry” space price per square foot is \$306 with a goal of \$500, resulting in a deficit of 90,576. This information has been broken down by department/ center and will be distributed to each department and center. Dean Krugman would like all chairs to see all space in keeping transparency throughout the departments. There are SOM initiatives coming up and we must figure out a way as a faculty/school to solve them. It was decided to have each chair/director review their space prior to releasing all the information to all departments/centers. Dr. Ken Tyler would like to see how many people per square foot instead of how much square foot per department. Dean Krugman clarified that the goal is to be relatively data-based, to be fair, to understand exactly what needs to be done (or not done) in the future and at the same time, accommodate the addition of 10 to 30 people over the course of the next several years in an environment where no more space will be built. The SOM Executive Committee needs to be the board to help advise on this decision, not on an individual basis. Dr. Thor discussed the rented areas in Biosciences East to provide archival storage for the hospitals, leased space in Stapleton due to the lack of space for the hybrid function that is clinical and research. In thinking long-term space, without the new research space, there may be an expansion need for Immunology and this hybrid space.

B. Affiliates Update

1. ***VA Update*** – Thomas Meyer, MD
  - a. Parking issues at the University have been solved.
  - b. VIP Badges – this is ongoing.
  - c. Sequester does not affect the VA at all.
2. ***National Jewish Update*** – John Cambier, PhD
  - a. The Beaux Arts Ball was a huge success.
  - b. The Department of Immunology currently has 9 faculty who have research labs at NJ who work for the University. He would like to move 3 or 4 of the faculty back to the AMC campus. It will likely require space that may cause a ripple effect on all departments. Support was expressed for having the entire Immunology department move to this campus. If all departments would relinquish space proportionately, it could possibly be beneficial however may require a committee. Dean Krugman feels that this may be something that the Research Task Force can look in to. Dr. Ann Thor has concerns regarding the electrical support difference between RCI and RCII and needs updating.

- C. Planning for the Sequester – a NIH grant worksheet was passed around and will be sent out to the committee with the minutes which shows possible impact of the sequester. At this time it is unsure which Federal institutes will receive the most cuts. The young faculty will likely be

affected the most. Dean Krugman will wait until after March 28<sup>th</sup> for Congress' report before any action will be taken. It was stated that if a plan for support isn't in place

D. CSC Presentation on Increase Class Size – Stuart Linas, MD

Currently the class size is 160 and with the planned requested approval from LCME, would like to increase it to 184, which is an increase of 15%. There is support from Colorado Springs community for a SOM branch campus with financial support from UCHealth. This can be done as early as the matriculating class of 2014, assuming resources are available for small group facilities, laboratory preceptors and faculty time for teaching. There will be shift schedules for anatomy labs, other labs and faculty support as needed. Consider extending hours of CAPE to evenings and weekends, increase faculty and staff for the laboratory instruction, IT, and educational support. Blocks 1 and 2 will be here and Block 3 would be in Colorado Springs and the 4<sup>th</sup> year they would have an option. This could happen as early as 2014 as long as the Colorado Springs branch development proceeded and clinical faculty can be identified and provided with development for about April 2016. The steps have been to present this proposition to the Curriculum Steering Committee, Faculty Senate, and to the LCME for their approval by April 15, 2013. There was a discussion about the increase in class size and the members did express some concerns, followed by requesting more detailed information in order to make a recommendation. It was agreed that more detailed information will be sent out.

## **EXECUTIVE SESSION**

### **IV. Approval Items**

- a. Faculty Promotions Committee Actions – all recommendations were unanimously approved for March 6<sup>th</sup>.
- b. Faculty Promotions Committee Actions were approved with one abstention.

The meeting adjourned at 9:40am