CU-SOM Faculty Senate Meeting Minutes (9/21/2021)
as noted by Amy Clevenger (Secretary 2021-2022)

June meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on October 19th, 2021, from 4:30 to 5:30 P.M.

Updates from the Dean:

- Status of searches and affiliations
  - Dr. Myra Muramoto from Tucson, Arizona, starts October 1st as the Chair of the Department of Family Medicine.
  - Dr. Vineet Chopra from the University of Michigan starts October 18th as the Chair of Department of Medicine.
  - Chair of Pharmacology and Chair of Department of Physiology and Biophysics - interviews for both are finished and we are starting to narrow the list and negotiate with finalists.
  - Senior Associate Dean for Faculty and Professional Development - second round interviews complete.
  - Chair of Radiology and Chair of Dermatology - we will be opening searches in the next few weeks (the current Chairs plan to step down June 2022).
  - Pediatric ENT and Orthopedic Surgery – we have ongoing searches with CHCO.
  - Palliative Care, Developmental Pediatrics, and Nutrition – searches will start soon.
  - VA: Dr. Jim Beck is retiring as Chair of Medicine and a search for his successor has started.
  - Denver Health: Dr. Ed Havranek, Director of Service for Medicine, is stepping down and the search has begun. There are also ongoing searches for Director of Service in Anesthesiology and Inpatient Pediatrics which are in final stages. Will be opening up a search for Medicine, Surgery, and Public Health; Dr. Bill Burman is stepping down from that position.
- We are within a week from moving in to Anschutz Health Sciences Building. There will be a subsequent schedule for movement into the spaces those moving into the building have vacated.
- September 1st was the deadline for SARS CoV-2 vaccine compliance. We are in the process of cleaning up the databases for this, but an overwhelming majority have been fully vaccinated and have attested to that fact. There are some exemptions filed and these are being adjudicated. The people who have done neither will then be subject to employment actions up to and including severing ties with the University of CO.
- This is a busy clinical time
  - University Hospital is full and taking care of a number of COVID patients.
  - CHCO is also very busy with the types of respiratory infections they typically see in January and February.
- Everyone is challenged to fill empty positions in their work force
- Class of 2024 students can come to campus this year.
- Class of 2025 is now two months into the new medical curriculum and this is proceeding well.
- Questions? (none)

Curriculum Steering Committee Updates (Tyler Anstett, Assistant Professor, Department of Medicine; Faculty Senate Representative on Curriculum Steering Committee)

- Trek Curriculum is live and active for the first years. A few learning opportunities have arisen, but overall both orientation and curriculum is proceeding smoothly.
- Note from Hybrid Director: It is important for the hybrid class that started last year that they do not feel forgotten. As faculty we need to reinforce this message – they are also getting a world class curriculum.
- The Fort Collins branch is now open and has medical students. These will be housed in Fort Collins for the first year, then clinical activities will be shared between multiple sites.
- There have been more discussions on how courses will be evaluated to avoid thematic oversaturation. For students on Anschutz Campus, not every student will be asked about every course they take. Students will

be randomized to different lectures, so faculty should know they are evaluated by fewer students. The promotions committee is aware of this. This is not true for the Fort Collins campus because they have a smaller cohort of students.

- AAMC Graduate Questionaire results
  - We have great faculty and residents.
  - We have a good diversity of patients.
  - Students appreciated the opportunity for individualization.
  - Opportunities for improvements
    - Address the variability of faculty, grades and assessments
    - Incorporate more advice and bias training to support underrepresented student groups
  - Nearly everything identified in strengths and improvements sections are being addressed by the Curriculum Committee.
- Questions:
  - Clarify "variability of quality of faculty" – Answer: This is difficult based on anonymity of responses, but the school is looking at ensuring faculty who receive subpar evaluations are updated on this result and are working to improve it.
  - How are we addressing Diversity, Equity, and Inclusion goals? Answer by Dr. Shanta Zimmer.
    - We have initiatives at all levels from premedical to medical student to resident to fellow to faculty to community.
    - For faculty, we have a number of programs that support and mentor of our minority faculty once they are here. We also have programs to support recruitment.
    - SOM finance office supplies 20% salary support from the Dean's Minority Supplement for the first 3 years for Assistant Professor and above. The SOM finance office works closely to make sure DFAs are aware of this – this can be put into place if someone was missed after they have been recruited.
    - We are working to establish best practices for search committees to improve DEI. Almost all departments have a representative now to monthy departmental diversity leadership meetings. About 5 years ago we had one representative from that committee. Now we have 12 representatives from various departments.
    - Minority and Allied Resident Council focuses on supporting minority house staff who come to our training programs – this can be used as a pipeline and has grown in size from 5 or 6 to 30 or 40 people meeting at least monthly. One strategy is to link that group up to faculty and link down to the pipeline to medical students.
    - The student body is doing pretty well at 25% diversity and house staff is around 15% diversity. Faculty is closer to 7% range.
    - On the faculty side, need to take advantage of all the steps in the pipeline. The other place to concentrate is at the leadership level, paying attention to diversity issues on each of leadership searches. There is an equity committee person on the search committees for all new chairs.
    - There is a Diversity Council that meets every 3rd Monday of the month.

CRIO Council (Melissa Haendel, Chief Research Informatics Officer, Marsico Chair in Data Science)

- Dr Haendel
  - Ph.D. Fellow of the College of Medical Informatics.
  - Started in April as CU-AMC Chief Research Informatics Officer
  - Helping to launch the Center for Health AI.
  - Ph.D. is in Neuroscience – molecular genetics, developmental biology, toxicology.
  - Led the first initiative that utilized model organism data directly in a clinical application for diagnostic application in rare diseases.
- CRIO office: dynamic interplay of multiscale effects. 21 person team is now here.
  - Aims to synergize interdisciplinary collaborations by supporting data standardizations and integration, enabling data dissemination for reuse and greater impact.
  - Challenges on campus: use of phenomics to improve variant interpretation, leveraging data from multiple sources to help learn about rare diseases.

- Will coordinate and integrate analytic and data capabilities to realize and advance operational success.
- Will coordinate workflows and infrastructure to promote translational science.
- Key mission areas:
  - Governance
  - Informatics assets
  - Innovation
  - Regulatory
  - Security - ensure we are securing data in a way that maintains privacy but also provides access to those who need it
  - Learning healthcare
  - Build talent - everyone should be able to learn data science, regardless of their role in University
  - Metrics – how are we integrating data and what do our metrics of success look like
  - Diversity / inclusion / empowerment.
- Advance partnerships and governance by creating a CRIO Council of campus stakeholders and partners (e.g., hospitals), creating governance structures and processes, and regulatory and security compliance status and goals for all campus stakeholders
- CRIO Council
  - Envisioned to be a governing body for how we manage our data science.
  - Includes an Operational Committee of about 12 members that make decisions, oversee projects, define metrics, and evaluate outcomes.
  - Will receive inputs and advice from other committees and units.
  - Will be accountable to senior CU and hospital leadership.
  - We are working to finalize members of this council.
- We will likely have open meetings or meeting minutes which are public / open.
- Coordinating analytics – we are interested in understanding what needs the campus has for analytics.
- The CRIO office coordinates the infrastructure.
- How do we improve EHR data / EHR analytics governance and implementation to coordinate key initiatives across campus and create a deeper coordinatioin across campus?
- CU Data Ecosystem creation to support discovery of data sets. Strategy for discovery and access to campus data and analytical assets. This is a great opportunity for partnerships across campus.
- Want to Partner with CU Innovations. Some of our greatest assets are data and people. We are interested in partnering with investigators to track data assets and informatic technologies.
- Initial projects include
  - ORCID Campaign – integrating ORCID into campus systems that help maintain faculty profiles and grant submissions. Reduce burden of maintaining ORCID information so information is brought in automatically to multiple formats.
  - Virtual Biobanking – coordinating the multiple biobanks we have on campus. Make sure we can find them and link them to clinical data to make them more useful.
  - Data Security - enable risk-aware security and compliance processes for research and data management.
  - Data Sharing Agreements – evaluating agreements with commercial partners.
  - Research Computing and high performance computing efforts are underway.
- Questions
  - What are you looking for to help determine members and what expertise are you looking for? Answer – We need different types of informatics expertise and infrastructure. We would also like to make sure all schools with different kinds of research are represented. We are trying to balance this with legal or regulatory expertise to help make good design decisions. This also needs to stay small so it can be productive. Emphasis is on data informatics expertise.
  - Proposal that we share a document communicating CRIO needs with our departments, programs, or colleagues. Answer – Dr. Haendel will share vision document that was created as part of her recruitment when notes are distributed.

Research Personnel Reclassification Initiative (Olawunmi "Wunmi" Ogunwo, HR Director, School of Medicine)

- Investment in our research personnel is critical as they are instrumental in scientific discovery.
- Why are we doing this? There are concerns regarding the lack of career progression, inability to identify the primary and distinct research functions, and inability to understand market salaries for PRAs and Senior PRAs.
- We are in Phase 1 of a project designed to expand the job classifications for PRA roles from 2 classifications (PRA and Senior PRA) to 6 or more. This includes identifying and transitioning all PRA and Senior PRAs into university staff titles and into one of three new sub-functions (Clinical Sciences, Information Sciences, and Laboratory Sciences).
- Currently there are 888 PRAs and 357 Senior PRAs in fiscal year 20.
- Annual turnover is being analyzed.
- Classification benefits
    - Titles will be based on job duties and descriptions.
    - Basic standards for career progression leads to more satisfaction and employee recognition.
    - Model allows for accurate compensation setting, equity, and market analysis.
    - Professional (entry, intermediate, and senior), principal professional, program manager, manager, program director, assistant director, associate director, and director will be new classifications.
- There is no difference in benefits between University Staff and Faculty. A document comparing the benefits between groups is published.
- Project Timeline:
    - Phase 1 (Fall 2021): develop job descriptions (done), classifying existing PRAs into new positions.
    - Phase 2: perform internal compensation equaity analysis, perform external market compensation analysis
    - Phase 3: Commercial Initiative Plan (communicate outcomes and develop implementation plan).
- Questions
    - Are we hiring under old or new process? Answer – We are hiring under the old process but we will be moving them over into new system. We anticipate implementation of new titles on Nov. 1 or Dec. 1.
    - What about salary bands for these? Are the classifications more about steps/titles than salary growth? Answer – The first phase will be classification and allocation to the appropriate job title. Phase 2 and 3 will be development of salary ranges and communication of that as well.
    - Our PRAs just had a meeting and were asked to fill out survey of job duties, but PRAs didn't know how to respond. How will you determine job duties? By response to survey or something else? Answer – The survey is probably something your department has initiated to gather data. We're requesting a description of duties and CVs of each individual. For each level there are also minimum requirements of experience and education.

Other Issues brought to attention of Senate

- What is the status of the vote for the new SOM promotion and tenure rules? Answer - The vote is still with executive faculty. They have until Sept 30th to vote, then we will share results.

CU-SOM Faculty Senate Meeting Minutes (4/19/2022)
as noted by Amy Clevenger (Secretary 2021-2022)

March meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on May 17, 2022, from 4:30 to 5:30 P.M.

Updates from Dean Reilly:

- Leadership recruitments on this campus:
  - Director of Colorado Center for Personalized Medicine: candidates coming through for third round interviews
  - 5 Department Chairs
    - Pharmacology: close to the finish
    - Physiology and Biophysics: close to the finish
    - Radiology: several second round interviews next week
    - Dermatology: similar to radiology
    - Otolaryngology - Head & Neck Surgery: just getting underway
  - President
    - Todd Saliman is the sole finalist. He has been acting in this role since July 2021
    - It is now in the public comment period for the Board of Regents to collect feedback
    - He will be on this campus April 21st for a series of meetings, including an open town hall. If interested, that would be the venue to ask your questions.
    - A vote will be completed on April 29th to decide if we will offer him a contract.
- Denver Health
  - Director of Service searches going on for Surgery, Medicine, and Family Medicine
  - CO search underway
  - Frank DeGruy, MD, MS, former chair of the CU SOM Department of Family Medicine, was confirmed 4/18 by the City Council to join the Denver Health Board of Directors. He will replace Dr. Reilly
- VA
  - Dr. Parmley and Dr. D'Arcy are both retiring. Searches are underway for their replacements.
  - Searches for Chief of Medicine and Chief of Anesthesiology in progress
- We have passed match day. Overall, the residency program and 4th year medical students thought this was a success. About 50 of our medical students are staying in Colorado, 31 in our residency program. 7-8 are in the Denver Health Emergency Medicine Residency Program.
- For those involved in research and who work with research technical staff: we underwent a major reorganization of our PRA work force and adjusted salaries as of April 1st to bring them closer to the market reimbursement rate, and to recognize their experience and expertise. This was an off cycle adjustment and does not replace the 3% merit raise pool that will occur on July 1st
- John Moore presented today to the department chairs to explain the new methology for allocating our state funding. Each of your departments will be getting your updated numbers for the upcoming fiscal year. The total amount of support remains unchanged or is slightly up this year, but there will be some variability and changes across the departments.
- Questions
  - If a young faculty researcher would like to inquire about the reallocation of physical research space, how should that person proceed? A - It depends on what they have a question about. If it is about the lab spring cleanout, they should contact Suzanne Ruedeman. If it is about space reallocation and undertulized space, they should contact Peter Buttrick. Of note, the laboratory cleanout is underway. To date, there have been 900 pieces of equipment that have been identified for removal / repurposing that are also too big for the dumpster. There will be an equipment swap set up by Suzanne and her colleauges so junior researchers can utilize this. We are filling a 20 yd^2 dumpster a day with items to be thrown out from the labs. Dr. Reilly anticipates this will significantly reduce clutter.

New Biomedical Informatics Department Approval (Steven R. Lowenstein, Associate Dean for Faculty Affairs)

- This is a brief action item for the Faculty Senate to consider
- Last month a faculty committee met to review a proposal by Dr. Casey Greene and 27 other School of Medicine faculty members to create a new department, the Department of Biomedical Informatics
- If approved, this will be the first new School of Medicine department since the creation of the Department of Emergency Medicine in 2010. (There was also a merger in 2015 of two existing departments – Immunology and Microbiology).
- This new department was approved by the Executive Committee this morning
- If approved by the Faculty Senate, it would still need approval by the Chancellor and then forwarded to the Regents for approval
- The committee members agreed unanimously that the proposed new department met all criteria in the School of Medicine rules:
    - National precedent exists
    - Presence of established graduate degree program
    - Evidence that this new department will benefit the faculty and the school
- New department will integrate a range of disciplines to advance biomedical research and improve health care, including: biomedical and health informatics, AI, computer and information sciences, machine learning, cloud computing
- New department will provide a home for many principal investigators who are currently on our campus and also help us recruit and retain national leaders in diverse fields such as genomics, population genetics, epigenetics, pharmacogenomics, biomedical imaging, knowledge representation, public health informatics, etc.
- New department will be interdisciplinary with strong bridges and partnerships with other basic science and clinical departments as well as with affiliated hospitals and health systems.
- 45 faculty members are slated for probable primary appointments in this department. They have over $50 million dollars in current extramural funding and have published more than 300 peer reviewed articles in 2021 alone. They are also experienced educators.
- Highlights
    - Computational PhD program
    - Focus on graduate student training
    - Plan to create clinical informatics certificate programs and fellowships at multiple training levels
- Faculty leaders are aware of the costs involved in creating and sustaining a department. Their proposal includes concrete plans for financial stability and fundraising
- Strong committment to DEI as one of its core values
- Review committee voted 8-0 in favor of creation of this department and is recommending approval by the Faculty Senate
- Questions
    - How will a faculty member know if they are a candidate to move into this department? A - The primary faculty we expect to be drawn from units such as the following: 1) Department of Medicine – Division of Biomedical Informatics and Personalized Medicine. 2) Department of Pediatrics – Section of Informatics and Data Science. We do not want to draw all expertise on campus to this department such that it doesn't exist anywhere else. We are therefore being deliberate about primary appointments and also have a robust process for secondary appointments.
- Vote: 31 approved, none against

APP Request for Rules Change for Instructors and Sr. Instructors (Richele Koehler, Chair, Junior Faculty Promotion and Advancement for Advanced Practice Providers Committee)

- On behalf of the School of Medicine Junior Faculty Promotion and Advancement for Advanced Practice Providers Committee, we wanted to discuss the recent School of Medicine rule change that went into effect October 2021.
- This rule stated that the Faculty Senate members shall be elected exclusively from the rank of Assistant Professor and above.
- With this change, faculty with the rank of Instructor and Senior Instructor, which includes the overwhelming majority of APPs, are now excluded from the Faculty Senate.

- As of July 2021 in the School of Medicine, there were almost 2000 faculty at the rank of Instructor, which is almost 40% of the total faculty. Of that, 38% are advanced practice providers.
- The majority of APPs, almost 95%, have the rank of Instructor or Senior Instructor
- We as a committee propose a rule change that allows Senate Faculty members to be drawn from the rank of Instructor and above. This will allow for APPs to have more of a voice in the School of Medicine governing body.
- Because this rule change would take time, we also request that 1-2 APPs be appointed to nonvoting positions in the Faculty Senate in order to allow APP representation.
- Questions
    - Is the PA school part of the School of Medicine? A – the PA program is within the School of Medicine. They are faculty, most often in Pediatrics, but in other departments as well. They are faculty in the School of Medicine.
    - Is there a precedent at other medical schools to have non-physicians as part of a Faculty Senate for a School of Medicine? A – There are PhDs, PsyDs, etc. It is unknown whether people with nondoctoral degrees have positions.
    - Do we have a rule currently about degrees for Faculty Senate membership? A – right now it is just rank.
    - Why do APPs not hold higher faculty rank as a group? A - some do. It hasn't been common because they haven't been given the opportunities to lead and direct programs. We do have some APPs who have advanced to at least the Associate Professor rank. There is nothing stopping them in the rules, although they do need a path to promotion which isn't always clear before appointing them to assistant professor.
    - Many of our fellows hold the rank of Instructor. Is there a reason we wouldn't want trainees on the senate? A – This is Instructor / Fellow, positions that remain in GME. The Instructor / Fellow is utilized to allow them to act in clinical roles such as Internal Medicine attendings and to allow billing. They are not truly considered faculty. They are still under GME benefits and rules. It is unclear as to whether or not the proposed rule change would mean they would be eligible to be voting members. It had not been considered whether this group should be included – APPs and other doctoral degree folks that are at Instructor and Senior Instructor ranks are what we focused on.
    - What is the rationale to have senators at least hold the rank of assistant professor vs just saying any faculty? A – there was an old rationale. Some of the departments felt they had such large numbers of APPs that they became afraid that all of their department representatives would be APPs. This has not been brought up recently and it became part of the rules changes without a lot of discussion.
    - Is this saying that anyone holding the rank of Instructor or Senior Instructor could be part of the Senate? That is a very different issue from APPs being nonvoting participation members? A – the rules currently prohibit someone at the rank of Instructor or Senior Instructor from being a voting member of the Faculty Senate. The two questions at hand are as follows: 1) Do people agree that this in an appropriate requirement or is there interest in revising the rules? 2) Because that cannot be done in a timely fashion, in the interim, would people be willing to appoint some number of APPs as non-voting observers of the Faculty Senate?
    - Who is this body representative of? Is there a reason why we would say that Instructors would not be included in this group?
    - It is true that APPs can be members of the Faculty Senate now, they would just have to be appointed to the level of Assistant Professor or above? A – that is correct
    - Where would these APP representatives come from if their departments are already represented? Is there a separate group? A – no, they would come from their home departments.
    - What is the desire of the APP group? Would being a nonvoting member fulfill this desire?
- Other Issues / Thoughts Discussed
    - If this rule was based in discrimination, it may be different than if there were other reasons, such as thoughts on longevity.
    - There are some thoughts among certain specialties that APPs are replacing physicians. There are also concerns about APPs expanding roles.
    - Prior to this past October, all faculty members at all ranks were eligible. The rationale behind this portion of the rule change is unknown and was not extensively discussed. It is unclear how intentional this rule change was, although it is thought to have been somewhat intentional.

    - This may disproportionately affect APPs, but stating the rank of Instructor and Senior Instructor is not equivalent to stating APP
- Vote not completed secondary to time and to allow additional discussion

<u>Uniform Grading Policy (Shanta Zimmer, Sr. Associate Dean for Education and Associate Dean for Diversity and Inclusion)</u>

- We received a memo on February 22, 2022, notifying us of a plan to update the Uniform Grading Policy (UGP)
- This would apply to all of the campuses, both undergraduate and graduate
- Rationale for the change:
    - COVID caused many challenges for students across the 4 campuses
    - Undergraduate campuses opted in 2020, without an official change, to add a P+ grade to the usual P/F grading in order to comply with the Colorado Department of Higher Education requirement that P must represent C- or higher. Previously a D had also received a P, so the P+ was added to distinguish between the D grade and the C- or higher grade.
    - Satisfactory / Unsatisfactory was also added for experiential learning, which was happening mostly outside of the classroom
    - The SOM did not adopt any of these changes in response to COVID-19. The SOM did change some courses to P/F, which was already an option in the UGP
- Since April 1, 2009, the SOM has had an exception to the UGP which includes the use of H / HP / P / PR / F. This is in lines 106 and 107 of the policy.
- A vote is needed to accept the UGP (utilizing P+ and satisfactory / unsatisfactory) for the other campuses. We would not use these in the SOM and would continue to have the April 2009 exceptions.
- Questions
    - Would the graduate programs in which B is needed to be a passing grade be affected? A – the rules for a passing grade is set by the individual programs. This change would not affect what would be considered a passing grade for the individual graduate programs.
- Vote: approved

<u>Other issues brought to attention of Senate</u>

- None

CU-SOM Faculty Senate Meeting Minutes (12/21/2021)

Prepared by Cheryl Welch for Faculty Senate Secretary, Amy Clevenger

November meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on January 18, 2022, from 4:30 to 5:30 P.M.

Updates from the Dean:

- Status of Searches
  - Searches underway:
    - Chair of Dermatology: Dr. Richard Zane is chair of search committee.
    - Chair of Radiology: Dr. Neill Epperson is chair of search committee.
    - Director of the Colorado Center for Personalized Medicine (Dr. Kathleen Barnes stepped down), in first round of interviews. Dr. Peter Buttrick is chair of search committee.
  - Searches nearing completion / finalist stage
    - Department of Pharmacology Chair – finalists coming in January.
    - Department of Physiology Chair – finalists coming in January.
  - Searches in final stage of negotiation
    - Senior Associate Dean of Faculty Development.
- New Anschutz Health Sciences Building
  - Passed final inspections (fire alarm and smoke evacuation systems).
  - Move-in will begin after the new year and will occur over about four months, with vacated space being back-filled.
  - Remodeling of vacated spaces will occur later in 2022.
- COVID Update
  - Omicron variant is spreading rapidly.
  - 60% of COVID cases are now Omicron variant, which will likely go up.
  - Omicron variant is highly transmissible and highly infectious.
  - Anticipate a surge of cases in Colorado starting in January.
  - Reduction in number of cases in hospital over last week.
  - As of right now, 6 patients in CHCO with COVID, as well as many cases of RSV and other respiratory viruses.
- Medical Students
  - Second-year medical students will be rotating in early January.
  - First-year medical students are doing well, with positive reviews of the new curriculum.
  - The Fort Collins campus is also going very well.
- Questions:
  - Question: What is the status of booster rates?
    - Answer by Dean Reilly: There are
      - There are ongoing discussions about whether to mandate booster.
      - 48% increase in vaccinations of SOM employees, and everyone is encouraged to get boosters.
      - Clear that a booster is still providing more protection than no vaccination.
      - Worried about an outbreak in the near future among students after the holidays.
      - Also, clinical departments are allocating a portion of the Provider Relief Funds from Cares Act funds to interns and residents, which will amount to $4,500 and will be included in December paychecks.
  - Question: If an outbreak of COVID occurs with students, will they be going virtual again in the Spring?
    - Answer by Dean Reilly:
      - Everyone is concerned about the issue.
      - They have heard loud and clear from the current second year students that having a virtual learning environment was not ideal, and they will avoid it again if at all possible.
      - They will have to follow the data to make a determination.

- It will make a difference how disciplined people are on campus, as well as how transmissible the Omicron variant is and availability of testing.
- Everyone will need to be prepared to move to a remote learning environment if necessary, based on data related to the course of the variant.

Preparing for Afghan Refugee Arrivals (*Janine Young, Medical Director, Denver Health Refugee Clinic; Medical Co-Director, Denver Health; Human Rights Clinic Medical Advisor, Colorado Refugee Services Program*)

- Overview of program provided in attached slides.
- Arrival numbers are set by the US President, which has a ceiling.
- During the Trump administration, only 150 per year were allowed, which gutted the system.
- The goal this year is 164,000, and everyone is scrambling nationally to prepare.
- Refugee resettlement in Colorado is funded through the state CO Refugee Services Program/ORR.
- Screening sites include: Denver Health, STRIDE, Clinica, Peak Vista, and Sunrise.
- CO Refugee Services Program funds 3 local non-profit resettlement agencies to resettle refugees in a standard way.
    - Identifies housing, enroll families in insurance, WIC, schools, link arrivals to domestic medical screening, and link adults to jobs.
    - CDPHE works with agencies to link arrivals to screening sites and collects screening data.
- Refugee resettlement in Denver Metro area
    - Denver Health Refugee Clinic at the Lowry Family Health Center
        - Receives funding to perform CDC medical examinations and link to ongoing care in medical homes.
        - Population served includes: refugees, asylees, unaccompanied refugee minors, special immigrant visas, humanitarian parolees, those with trafficking visas, Special Immigrant Juvenile Status Visas.
        - The 2021 contract will screen approximately 850 new arrivals.
        - Residents, medical and pharmacy students have participated in refugee health clinics and immigrant and refugee health electives.
    - Denver Health is one of 5 sites in country that has received CDC's Newcomer Centers of Excellence grant awards.
        - Funding 2016-2025, partners include Children's Hospital of Philadelphia, Jefferson University, MN Health Partners, CDPHE.
        - Multi-site QI includes screenings, identification, linkage and retention in care.
        - CDPHE provides screening data from 14 states, including REAL and EMR standardization.
        - They have expanded ethnicity included to better identify subpopulations.
        - Education of medical providers occurs through webinars and conferences.
        - CDC domestic refugee guidelines are currently being writeen, includes clinical sections and health profiles.
        - Jessica Saifee, 3rd year medical student, father former refugee from Afghanstan, wrote Afghanistan health profile for CDC which will be posted in next couple weeks.
        - In-office screening tool developed to help decide what lab screening needs to happen.
        - Met with national EPIC diversity and inclusion data group to standardize REAL data system-wide.
        - EPIC assumes adults have all pediatric shots, so many don't get caught up on vaccines.
    - Afghanistan Humanitarian Crisis
        - Slated to receive 2000 humanitarian parolees by the end of February 2022.
        - Housing access has been an issue, and most are in temporary housing.
        - All will be assigned to resettlement agency to assist.
        - DH Refugee Clinic absorbing some Special Immigrant Visa holders. However, all humanitarian parolees need medical examinations.
        - Established that 900 arrivals will come on Saturdays, and will be doing abbreviated domestic medical examination.
        - Providers will all see these patients in their populations.
        - Medical students volunteering to help.

- Many untreated diseases being seen.
- Services for unaccompanied refugee minors will include screenings for this population.
    - Starting to see unaccompanied children from Chad, Central African Republic, North Korea, and others. Minors have to prove being trafficked or significant issues of abandonment or neglect and placed in foster case.
    - All specialties involved in seeing these children.
- Medical/legal partnership that provides care to asylum seekers. With legal representative and medical forensic exam, asylum gain rate about 80%, without 20% (meaning 80% will be deported).
- Educating providers and social workers determinant of health.
- Project with Devaro Behavioral Group Home in Westminster, houses unaccompanied children undocumented in Colorado, and is federally funded. Many are apprehended at the border, flown here, and we are trying to link to legal guardians. UCSOM involved for mental health issues.
- Another issue is that unaccompanied children from Latin America and Central America are being released in Colorado, with no tracking available. Unless we receive a reasonable social history, no one knows they are a former unaccompanied child. They need the same screening because they have the same risk factors.
- Significant funding available to build out work. There is currently only one inaugural lecture in Plains Curriculum in May 2022. Lots of policy and community engagement work happening, with more needed. Very important area, need to highlight work being done to recruit more health care professionals of color interested in this area of work.
- Immigrant/Refugee Health is a Field of Medicine, should not be housed in Global Health.
- Comment from Dr. Lowenstein: Call attention to essay written by Jessica Saffee. She writes of the grief she felt this last summer during Afghantan refugee crisis. Click link to view article: https://issuu.com/colomedsoc/docs/colorado_medicine_-_nov-dec-jan_2021-22/s/13992752.
- Resources: See attached slides.

<u>New Division of Medical Physics in Department of Radiation Oncology</u> (Discussion and Vote for Approval) Steven R. Lowenstein, Associate Dean for Faculty Affairs; Brian Kavanagh, Chair, Department of Radiation Oncology

- Dr. Lowenstein: In September faculty committee met to consider proposal for the new Division of Medical Physics in the Department of Radiation Oncology.
    - Committee members agreed unanimously that the proposal meets the requirements for division status, which includes having a nationally recognized training program, a national precedence for division status, and it will provide benefits to the involved department and the School. In addition, there was overwhelming support among faculty to create the division.
    - There was consensus that creating this new division will assist the department with recruitments.
    - The only potential risk that was identified was potential balkanization, discouraging collaboration among faculty members with similar clinical, research or teaching expertise. However, committee members felt the medical physicists have succeeded as a unified section for several years, and the ”architecture” for a new division is already in place.
- Dr. Kavanagh: This new division will provide internal recognition, as well as elevated stature on a national level. This group of faculty is already recognized as a coherent and highly functioning academic unit with a strong record of grant-funded research, peer-reviewed publications, applied technology development and other academic and teaching accomplishments.
- Question: Does it weaken groups being pulled from within department?
    - Answer: from Dr. Kavanagh: The groups are currently fully integrated, and they have a part in every treatment plan, including QI roles. There is no risk of “balkanization,” as they are a fundamental part of patient care. They keep the trains running.
- Faculty Senate vote on proposal: Unanimously in favor of approval of the new division.

<u>Emergency Medicine Promotion 201 Program</u>, Anne Libby, Vice Chair for Academic Affairs, Department of Emergency Medicine

- Video course developed by the Career Cornerstone Group through the Department of Emergency Medicine which gives an overview of the promotion process and a starting point to prepare a promotion dossier. The course was written specifically for Assistant Professors seeking promotion to Associate Professors, generally. Information may be transferrable to other schools. Videos were created to help faculty, in addition to written resources.
- Course was developed in Coursera to continue conversation about promotion process and elements, with examples provided. Sections include: CV, Promotion Narratives, Promotion Matrix, and Scholarship.
- If you complete the course and the assessment, you will get a certification. The course is open to everyone. Enrollment is free. They will also, in the future, build same platform for faculty seeking promotion from Associate Professor to Professor.
- Link will be posted on the Office of Faculty Affairs website.
- Link to access: https://medschool.cuanschutz.edu/medicine/faculty-affairs/faculty-advancement/career-cornerstones
- Comment from Tyler Anstett – thank you as it will assist the new Junior Faculty Subcommitee on Promotion.

Other issues brought to attention of Senate

- None

CU-SOM Faculty Senate Meeting Minutes (2/15/2022)
as noted by Amy Clevenger (Secretary 2021-2022)

January meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on March 15, 2022, from 4:30 to 5:30 P.M.

Updates from the Dean:

- Recent Leadership Announcements
  - Dr. Ron Sokol has been named as the Chief Research Officer for Child Health, a newly created position that will begin on May 1st (between now and May 1st he will submit the competitive renewal for the CTSA grant). Tasks include: reduce roadblocks for child health research, coordinate across programs, work with the rest of the campus on strategic recruitments, lifespan research, and allocation of research space. He will also remain as Director of the CCTSI. He will relinquish his long-standing role as section head for Gastroenterology and Hepatology in the Department of Pediatrics, and the search for his successor will start.
  - Senior Associate Dean for Faculty and Chief Well-Being Officer: newly created position to be filled by Dr. Liselotte (Lotte) Dyrbye, MD, MPHE, from the Mayo Clinic. She has a national reputation in this area and brings a rigorous and evidence-based approach to the position. She will begin on April 27th.
- 5 Active Leadership Searches
  - Chair of the Department of Pharmacology – home stretch
  - Chair of Physiology and Biophysics – fairly far along
  - Chair of Dermatology – early stages but has momentum
  - Chair of Radiology – early stages but has momentum
  - Director of Colorado Center for Personalized Medicine – 4 candidates advanced after first round of interviews. Two of these have completed their second round interviews, and the other two will be on campus in the next 2-3 weeks.
- Affiliates
  - Rocky Mountain VA has a search underway for the replacement for Dr. James Beck as the head of the Department of Medicine.
  - Denver Health
    - Robin D. Wittenstein, Ed.D., FACHE, the CEO, will retire in August and a search is underway for her successor
    - Director of Service searches open in Medicine, Surgery, and Family Medicine
    - Dr. Mark Chandler was named the permanent Director of Service for Anesthesia
- Anschutz Health Sciences Building
  - 98-99% complete
  - A number of programs have already moved in, including the Center for Personalized Medicine and Informatics.
  - Department of Psychiatry and the associated clinics will move this week and next
  - National Mental Health Innovation Center and the Johnson Depression Center will also be moving shortly
  - Simulation Center move in date has been delayed due to supply chain issues
- Research spaces will have “spring cleaning”
  - Tremendous amount of vintage equipment and empty boxes stored throughout our facilities
  - Research community will identify and tag pieces they no longer use to designate them for removal
  - Unused and underutilized research space will be reclaimed and redistributed in a centralized fashion as new faculty are recruited to the campus
- Questions
  - None

Graduate Medical Education Update (Carol Rumack, Associate Dean for Graduate Medical Education)

- This update was originally presented to the Executive Committee of the School of Medicine in November 2021
- This is an annual summary / review of the data from 2020-2021
- Basic CUSOM GME Data
    - 1254 residents and fellows
    - 65% of the total residents / fellows in Colorado
    - 22nd largest institution of 856 nationally
- The number under-represented minorities in our program is increasing, now up to 17%, thanks to Dr. Zimmer and others
- Professional plans post-graduation have not changed significantly, with ~7% entering government/industry jobs, 28% remaining in academia, 24% entering private practive, and 31% seeking additional training
- 2021 graduates are primarily practicing in Colorado, which is one of our big goals. California, Washington also received a relatively high number of graduating residents
- Debt at graduation has not changed significantly, and some continue to have very high levels of debt
- There has been some turnover of programs and program directors. We added 10 more programs in the past year. There is a higher degree of turnover in the program coordinators, which has been a stressful job during COVID.
- Accreditation status: 10 programs have initial accreditation and 103 have continued accreditation. 11 programs received a total of 21 citations and 12 programs received a total of 16 AFIs (which means if you don't fix some things, you might receive a citation next year). This is all great news.
- 2020-2021 GME special reviews occur when there are certain triggers such as specific concerns being raised on resident / fellow surveys, board pass rate, etc. We have a total of 11, which will be tracked every 3 months until all recommendations have been addressed.
- Clinical Learning Environmental Review occurs every 2 years. There was a very good response to this visit, which occurred in Sept 2021
- AIR Goals
    - Establish COVID surge plan – DIO created COVID workforce planning task force. This meets weekly / monthly depending on COVID surge activity
    - Resident Survey Issues
        - Well-being report on best practices at CUSOM GMEC – education subcommittee surveyed programs and report was presented 2/2021 to GMEC and posted on website
        - Resident ability to attend medical appointments had previously been lower than expected. Multiple program directors presented best practices at 2 GMEC meetings and we now have 90% and 96% compliance in 2020 and 2021, respectively
        - Mental Health Resources education – resources placed on CUSOM GME website and MedHub. We also have separate agreement since 2019 that offers 24/7 mental health coverage for our residents
        - Ability to raise concerns without fear / intimidation – point person / trusted advisor beyond program director and chief residents identified in many programs to hear concerns.
        - Reporting unprofessional behavior – consult with CUSOM Office of Professional Excellence for education. Compliance increased from 88% in 2020 to 91% in 2021
        - Interprofessional teamwork skills modeled or taught – our best example of this is the CUSOM GME Quality/Safety Academy which is available to all residents and faculty
        - Impact of other learners on education – each program includes options that decrease competition. Compliance has increased from 89% in 2020 to 90% in 2021
        - Participate in adverse event analysis – we created a CLER subcommittee and resident professional review QI process that Dr. Jeff Soohoo oversees.
        - Teaching about healthcare disparities - although we have no institutional citations, we need to be working to make sure all annual program evaluations (APEs) reflect action plans for teaching about healthcare disparities.
        - Participate in adverse events analysis (RCA) – collaborative case review system developed at UCH to involve residents in RCAs. CHCO and DHMC safety reporting also involved.
        - Resident diversity and inclusion training – toolkit for recruitment, and training the trainer is under development

        - Addressing loss of surgical procedures due to COVID – residents are now allowed to follow their patients in order to maintain ACGME procedural minimums
        - Patient Safety moderate sedation policy added to all 2022 GME program materials
- Questions
    - What constitutes citation vs AFI (area for improvement)?
        - The regulatory body that oversees our programs reviews every program every year (in January-February). They look at several indicators, including resident reviews and board pass rate. They send a letter to each of the programs each year with these notifications. If there is a citation, it means a program is not compliant with a major requirement of their speciality. The AFI, in contrast, is a message to a program (a comment / something you need to fix) to alert them that you are right on the border of being noncompliant and if things aren't improved, there may be a citation next year.
    - If citations and AFIs are not addressed, what happens?
        - It is a long process, including issuing a letter of warning. If there are a high number of citations, they can go to probation and ultimately withdraw accreditation. But this is a stepwise process and takes a long time unless something egregious happens (which is rare)
    - Is the addition of 10 new accreditations a traditional pace?
        - No, this is higher than usual and most of these are fellowships.
        - Almost every time that a board creates an exam to certify a discipline, then the ACGME begins to certify those programs.
        - We seek new accreditation to help the trainees be eligible to sit for these new board exams.

<u>Continuing Medical Education Update (Brenda Bucklin, Associate Dean for Continuing Medical Education)</u>

- This will be a brief overview of our activities over the past year
- CME mission – approved 2020 by Dean Reilly, prior to our site visit by ACCME
    - Improving knowledge, competence, and performance
    - "The Office of Continuing Medical Education is a strategic asset of the University of Colorado School of Medicine. Our mission is to enhance learners' knowledge, competence, performance, or patient outcomes through continuing medical education activities that are linked to practice and focused on health care quality gaps. We expect learners to apply new knowledge and skills in order to improve performance and patient outcomes in their practice settings."
- Education goals
    - Content is relevant for audience
    - Timely with intent to advance practice – this includes survey methodology or other scientific research topics that can be incorporated in addition to clinical medicine
    - Designed to improve patient outcomes
- Reaccreditation with Commendation was awarded to us in July 2021
    - Only 30% of institutions receive this designation
    - Core accreditation criteria, including alignment of our CME mission and program improvements with educational planning and evaluation
        - Standards for commercial support – should be free of commercial interest
        - Program analysis
        - Program improvements
        - Content should be designed to change, using educational formats, analyzing competencies, etc
    - Innovation in the office of CME includes
        - Electronic activity development
        - Electronic evaluations for claiming credit (previously outsourced)
        - Maintenance of certification points can be added to courses to help attendees meet these requirements
        - Use of zoom meetings to facilitate advisory committee meetings
        - Pearls for practice developed for the family medicine review course to engage our attendees so they will continue their learning and to engage with us at the School of Medicine
        - Live model simulation workshops
    - Response to COVID-19 pandemic
        - Certified courses that were live and migrated to virtual

        - Created enduring material for attendees to view and review
        - Increase in certified grand rounds activities
- Activity Update – aggregate course data provided to compare a course's results to a series of other activities that are also in aggregate.
    - Most of our courses are rated "very good to excellent" by attendees
    - 2020 Family Medicine Review Course is the only course developed and managed by the CME office (their academic year ends in December so 2021 numbers are being evaluated now)
        - National course
        - 300 attendees / year
        - Beginning in the fall of 2020 we pivoted to 3 virtual courses
        - This fall, we were also able to deliver 20 hours of zoom webinar material
        - 99% of course evaluators ranked it "very good to excellent," with 85% agreeing it met the stated learning objectives. 97% of respondents stated they would change their practice based on this course
        - Commercial bias was not detected (0%)
- Office Benchmark
    - AAMC SACME Harrison Report has been used since 2008 to provide goals, directions, and standards in CME
    - CUSOM vs Stanford – 2020 data
        - CUSOM exceeded the hours of instruction
        - CUSOM has fewer full-time staff and fewer part-time staff
- MOC Portfolio – has existed since 2011
    - CUSOM is a sponsoring organization
    - CUSOM is designated by the ABMS to award physicians part IV certification credit
    - We provide faculty with the documentation and reporting work related to QI activity participation, reducing cost and documentation effort for faculty
- Key Goals
    - Create value for school, faculty, providers, and patients
    - Promote adult learning theory (e.g. active learning)
    - Increase the number of CME activities designed to improve patient care and transform practice
    - Facilitate interprofessional learning opportunities
    - Ensure all relevant accreditation standards are met or exceeded
    - Provide training opportunities for planners, faculty, coordinators, and presenters
    - Contribute to a body a scholarship and incresase visibility nationally
    - Ensure funding free of commercial bias and consistent with CUSOM values
    - Foster an environment for continuous improvement
- CUSOM Office of CME Staff: Pam Welker, Carolyn Wieber, Ellen Boruch
- Questions
    - Why are we using Stanford as our benchmark?
        - We were fortunate enough to get specific Stanford data – this is the only reason. It can be difficult to get specific school data. Most of the data we get is from the Harrison report and is in aggregate.
        - This allowed us to drill down a little farther into some specific data
        - They have more enduring materials than we do and have a lot of uptake with these
    - Our school's success with enduring materials has not been great
        - We just certified a hospitlist enduring material. There were 17 participants and only 8 of them were physicians
        - We certified a heart failure transition to LVAD enduring material, and we only had 2-3 physicians who took advance of that opportunity
        - It may take a greater marketing effort with departments and course directors to sell those products because they are really fabulous

<u>Other issues brought to attention of Senate</u>

- None

CU-SOM Faculty Senate Meeting Minutes (1/18/2022)
as noted by Amy Clevenger (Secretary 2021-2022)

December meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on February 15, 2022, from 4:30 to 5:30 P.M.

Updates from the Dean:

- 6 leadership searches:
  - Senior Associate Dean for Faculty Development – fairly far along
  - Director of the Center for Personalized Medicine – has had first round of interviews and will be narrowing list to invite people to campus. Committee led by Peter Buttrick.
  - Chair of the Department of Pharmacology – fairly far along
  - Chair of the Department of Physiology and Biophysics – fairly far along
  - Chair of the Department of Dermatology – soliciting applications. Chair of search committee is Dr. Richard Zane (Emergency Medicine)
  - Chair of the Department of Radiology – soliciting applications. Chair of search committee is Dr. Neal Epperson (Psychiatry)
- Schedule to return to in-person on January 24th remains in place, so there will be more people on campus after that date. The School of Public Health students won't be coming back until February, but then will not have remote option after that point.
- Certificate of Occupancy for Anschutz Health Sciences Building – move in will start in about 2 weeks and will continue over the course of about 4.5 months. Backfilling the vacated space in Building 500 will then occur.
- Research space: last month, December 21, Dr. Peter Buttrick gave a presentation to the School of Medicine Executive Committee about the physical assessment of the research space. This assessment demonstrated that we have a lot of underutilized and unused space, as well as old equipment and clutter that could be moved out to free up substantial space. This research "spring cleaning" will happen over the next several months. LER areas will be cleaned out. They will also consolidate underutilized research space and take over control of that at the school level to use with new faculty recruits.
- Questions:
  - How will the freed up research space be allocated / distributed?
    - Space will be distributed to:
      - Programs that demonstrate significant growth that require more laboratory space, e.g. expansion for new research teams or initiatives
      - Departments needing space for designated faculty recruitments. Currently, three months of back and forth discussions are needed to free up space, which is the wrong message for new recruits. This will make space immediately available for those recruits.
    - Estimated 50,000 ft^2 of lab space that could be freed up.
    - Dr. Peter Buttrick will be in charge of space allocation, but if labs need to expand, they should start with their home department. If the department already has space in their existing footprint, they can move things around in their own space. If they need additional space, they can reach out to Dr. Buttrick who will work to reassign space according to the greatest needs.
  - Is there a time frame for the research spring cleaning?
    - This will hopefully be a rapid improvement event
    - Likely commence in March or early April
    - Factors / Steps affecting timing:
      - Evaluation by the researchers regarding what equipment and space is needed.
      - Then equipment will need to be decontaminated, processed, and removed.
      - We have 2 employees on campus to remove equipment, so we will need to hire up.

        - We have devoted a lot of valuable real estate to storing empty boxes and / or unused equipment.
        - There is also green tagged equipment that has been sitting there and not picked up for several months, so this will help free up space as well.

Curriculum Steering Committee Updates (Tyler Anstett, Assistant Professor, Department of Medicine; Faculty Senate Representative on Curriculum Steering Committee)

- There have been several conversations regarding the curriculum and which components will be virtual versus in-person. More on this from Dean Reilly.
- The students that started last academic year—the hybrid curriculum—have now finished their preclinical work and are moving into the clinical realm. With this transition, there will be an overlap of MS2-4 in the clinical space (which some refer to as "the bulge"). The increase in learners in and around the hospitals during this overlap will be short-lived, and we have plans in place to adjust. However, if you have concerns, please contact Jen Adams or any of the other curriculum leads.
- Questions
    - None

DPT-MPH Dual Degree Program Proposal—Discussion and Approval (Dawn Magnusson, Assistant Professor, Physical Medicine and Rehabilitation – Physical Therapy Program)

- Goal is to review and discuss the proposed DPT-MPH program and obtain approval for this dual degree program
- Represents a collaboration between 2 well-established programs already on campus: the 2.5 year Doctor of Physical Therapy Program and the 2 year Master of Public Health Program
- Physical Therapists' practice is trying to evolve to better meet societal needs, shifting from medical chronic disease management models toward population-based models of care, with an increasing focus on primordial and primary prevention.
- Physical Therapists are increasingly called upon to identify individuals at risk for poor health outcomes and to address some of those social and structural barriers to health.
- American Physical Therapy Association's (APTA) mission of building a community that improves the health of society will require transformative leaders who are capable of acknowledging the various and complex factors that affect health, as well as working alongside diverse community stakeholders to help dismantle some of the structural inequalities and systemic factors that contribute to poor health
- Dual degree program will:
    - Afford our graduates the unique opportunity to transform the health of our clinics and communities
    - Provide a competitive advantage to our graduates who will be entering an increasingly saturated market
        - Workforce surplus of more than 25,000 PTs predicted by the year 2030
        - Promising areas of expansion include population health, disease prevention and health promotion. The Colorado School of Public Health has several concentrations that could support us in these endeavors.
- Dual Degree Program Specifics:
    - Integrated experience where the Doctor of Physical Therapy (DPT) students would take a formal leave of absence after their 2nd year to complete their MPH, then return to their final didactic portion of their DPT program and final clinical rotations
        - Intention with this format is to fully integrate the concepts learned in both programs and to share this knowledge with their classmates during their final classes and clinical rotations
    - Other specifics located in program proposal document, including degree requirements, existing programs around the country, student interest, and approval process
- Questions
    - Will this be for all PT students or will they have the possibility of following the regular PT curriculum?
        - Answer: This opportunity will be available to students but will not be a degree requirement. We anticipate 4-5 students formally applying to this program in the first year.
    - How is expanding the program justified in light of the aforementioned 25,000 excess jobs as well as student debt?

        - Answer: Would not categorize it as expanding the program. The goal is to provide the students with an additional skill set that will increase their competitive advantage in some of these markets. We are currently underutilizing our knowledge and expertise – leveraging this knowledge can help us improve and transform the health of society.
        - If students gain knowledge and a skill set in population-based models of care, they will have additional advantages in many settings, including entry level positions but also managerial and leadership positions.
    - How many students have you had interest in getting an MPH in past few years? or have completed an MPH?
        - 16 students out of 70 expressed that they were "maybe" interested, and 7 students who were "definitely" interested on a recent survey.
    - As part of a dual degree program, will there be a practicum capsule component? If yes, would it be run through the DPT side or through the MPH side or will students be able to choose?
        - Currently both programs require a final Capstone project. Students will be able to integrate knowledge gained from both programs in the final Capstone project, with the goal of this project meeting the requirements of both programs.
    - Comment: The more people who want to expand their skill set and training to improve population health from various professions, the better. Understanding how it impacts their debt is important for them, and we should have good advising before they make this move, but this option will be nice for them. At The Dawn Clinic, there are a lot of students who would like to obtain an MPH.
    - Vote occurred via the Zoom Chat feature (45 individuals signed in as meeting attendees)
        - Approve: 35
        - Oppose: 1
        - Abstain: 5

<u>Faculty Annual Evaluation System (PRiSM) Updates (Steven R. Lowenstein, Associate Dean for Faculty Affairs)</u>

- PRiSM (Performance Reviews in the School of Medicine)
- Background:
    - Almost all U.S. medical schools require regular performance evaluations
    - There are no uniform standards for conducting these reviews, and practices vary widely
- Purpose:
    - Ensure that faculty members fulfill their assigned responsibilities and contribute in a positive way to meeting department and institutional goals
    - Provide a scheduled time and place for department chairs to clarify performance expectations
    - Provide a bidirectional conversation where faculty can clarify their own professional goals and articulate the resources they need in order to succeed
- State law requires that all state employees, including faculty members employed by the university, undergo an annual performance review and receive an overall performance rating that is of public record
- Features / Strengths / Advantages of PRiSM
    - Launched in 2014
    - Utilized by all University- and Denver Health-based faculty members
    - Facilitates data collection, storage, and retrieval
    - Ensures faculty performance reviews are comprehensive and standardized across the School of Medicine
    - Costumizable review routing
    - Compliance is virtually 100%
    - Real-time departmental dashboards allow administrators to track progress in review completion
    - Storage of prior years' performance reviews and documents, so faculty can incorporate this and update the information from the prior year (a great time-saving feature)
    - Teaching evaluations are automatically uploaded
    - Automatic retrieval of pubmed citations
    - Optional section to capture input by mentors
    - Allows us to monitor progress toward promotion
    - Records performance rating and provides information on how to appeal it
    - Link to CU Medicine Profiles

    - Required attestation boxes for professionalism, respect for learners, the teacher-learner agreement, conflicts of interest, and management of gift accounts. Contains links to key documents
    - Separate versions exist to allow the Dean to evaluate department chairs and other school leaders
- New guide to using PRiSM published in November
    - Tips and Reminders for Faculty
        - Identifies ways in which the review is more than just an exercise where faculty members receive their "grades"
        - Faculty can affirm and update their own academic and professional goals, as well as their one, five, and ten year plans
        - Faculty can communicate the challenges they face and the resources they need to achieve success
        - Reminder to faculty to document their achievements to demonstrate how they add value
        - Points out that a faculty member may add value beyond their formal job description:
            - Different ways to promote missions of department and institution
            - Ways to support the community through outreach
            - Support provided through mentorship of learners, coworkers, or peers
        - As faculty members being reviewed, we must identify strengths as well as shortcomings. The guide makes the point that we need to be prepared to accept criticism as well as praise. We should use PRiSM in a positive way to move forward with a growth mindset.
        - "A performance review done well applauds excellent work, delivers beneficial feedback, and inspires a feeling of forward momentum."
    - Tips and Reminders for Reviewers
        - Review a faculty member's professional plans
        - Ensure concrete goals, timelines, and deliverables
        - There are a lot of new recommendations added by Dr. Neal Epperson and Dr. Jenny Reese, including tips to ask a faculty indirectly about their wellness
            - Do they feel their career is on track?
            - Do they feel valued and supported by their department?
            - Do faculty feel their work has meaning, and a sense of purpose?
            - Are there systems challenges that stand in the way of achieving success?
            - Is there support they need that they have never asked for?
        - Be aware of power and privilege dynamics
        - One actionable step would be to renew their own unconscious bias training
- PRiSM is a way to ensure accountability and maintain a growth mindset through annual performance reviews but it can also help the school meet other important goals with respect to diversity, equity, and inclusion, as well as professionalism
- New section to PRiSM – DEI
    - Asks faculty how they are working to address DEI missions
    - This is an active step that will help us recruit all faculty to this mission
    - Performance reviews are an ideal time to discuss DEI, and everyone can contribute to some aspect of the DEI mission
    - Will encourage faculty members to consider and discuss broader institutional goals, including steps already taken or not yet taken to encourage a culture of respect, equity, and inclusiveness
    - This will also serve as a reminder that DEI service, leadership, advocacy, and engagement are also now recognized as part of the CU School of Medicine promotion review process
    - We are all on the journey together and we don't go from the fear zone to the growth zone overnight. As a supervisor, the goal is not necessarily to tell a faculty member what to do. Rather, it is to encourage them to set goals, push them to think about how they can do things that can move the department forward toward a more equitable and just culture.
- Questions
    - Is there anything in the works in terms of integrating PRiSM and faculty promotion matrices in general? (It seems like there is a lot of duplicity).
        - There is a dossier builder in the PRiSM so people do not have to maintain two documents. The problem is the promotion matrix did not work, and we were going to remove the promotion dossier building guide from PRiSM and put it somewhere else. We owe the junior

faculty a better platform for building, updating, and editing this year after year. This still needs to be done.

- What portion of PRiSM is public record?
  - State law says the overall performance rating (e.g. meeting expectations) must be of public record. So just the one Leichert scale rating is available to the public - none of the supporting documents are available. Everything else is protected in personnel files.
- If someone wants to provide feedback on the PRiSM tool or process, how would one go about that (either technical or other)?
  - Feedback can go directly to Cheryl Welch
  - We do take those comments, and every year in June we set about fixing things and making it better

<u>Other issues brought to attention of Senate</u>

- None

CU-SOM Faculty Senate Meeting Minutes (6/21/2022)
as noted by Amy Clevenger (Secretary 2021-2022)

May meeting minutes were unanimously approved.

The next Faculty Senate Meeting is September 20, 2022, from 4:30 to 5:30 P.M.

Updates from Dean Reilly

- University Hospital: hospital remains very busy. Staffing remains a challenge. The culture of safety survey identified 4 priorities for future focus: communication, closing the loop on feedback, safer hand offs, addressing staffing shortages.
- Children's Hospital: very busy. Staffing remains a challenge. Communication during handoffs was also identified on their AHRQ survey as an area needing attention/focus.
- VA: onboarding going smoothly this year.
- Denver Health: Donna Lynne has been advanced as the sole finalist for the CEO position. The board meets this Thursday to vote, then will likely offer her a contract (a 2 week waiting period is mandatory for public institutions in Colorado between the announcement of a sole finalist and offering a contract). Donna Lynne was the former Lt. Governor for the state of Colorado and before that worked for Kaiser, and most recently has had a leadership position at Columbia in NYC, leading their physicians' organization and clinical practice. There are also searches for the Director of Service for Family Medicine, Medicine, and Surgery that are underway.
- On our campus – 5 department chair searches in progress
    - Radiology – first campus visits were completed last week
    - Dermatology - first campus visits to be completed by end of next week
    - Otolaryngology / Head and Neck Surgery – 10 candidates will have zoom interviews to decide who to invite to campus
    - Physiology – we are in negotiations with the finalist
    - Pharmacology – Dr. Heide Ford, the new chair, started on June 15th.
    - Director for the Colorado Center of the Personalized Medicine – negotiations with finalist underway
    - About to start a search for the next director of the ACCORDS program, which is currently led by Dr. Allison Kempe
- Anschutz Health Sciences Building
    - All programs have completed moving in, including CAPE simulation lab
    - Restaurant / café on first floor due to open in August or early September
- Renovations starting on first floor of RC-2 where Etai's was previously located
- Third tower of University Hospital scheduled to be completed next summer, with occupancy in fall of 2023. Parking garage due to be completed in November of this year.
- For those of you in clinical departments, the quality incentives funded jointly by the SOM and UC Health are being distributed to departments.
- Questions
    - As some of us spend more time on campus, we are wondering if the school is going to do any kind of incentivizing to bring people back together? A – we have been talking about it at the school and at the campus level. No decisions have been made, but we will not make changes until the start of school next year so families can send their children back to school. In terms of how to incentivize people to return to campus, and given the space crunch, there is a proposal to advance a policy that would say unless you are campus at least 3 days a week, you do not get a dedicated office but instead use shared space. Whether this will entice people to return to campus, we will see. There are some advantages to remote work but it does make it hard as it changes the dynamic. It will be an ongoing area of discussion over the next few weeks among campus leadership but no changes will likely be made until after Labor Day.
    - Do you see those same conversations applying to faculty office space? A – if the policy is adopted, then likely yes. Dr. Reilly has been surprised that more people don't want to be back, so he is interested to see how this changes over next few months. He expects we will not reach steady

state until kids resume in-person school regularly. Additional comments from others involved potential "carrots" to bring people back to campus, such as gatherings once it is safe to do so, or a faculty club (a hub type space for faculty to gather).
    - Is there any consideration to raising graduate student stipends considering inflation? A – Dr. Reilly will discuss this with Dr. Angie Ribera, who took over management of those Ph.D. programs. He knows it is a concern. Stipends were increased two years ago because we had fallen behind. Changing the stipend would require our faculty and their grants or departments to shoulder this increase so it would need to be a shared decision.

<u>Research Informatics Data Inventory (Steven Andrews, Deputy Chief Research Informatics Officer, UC-AMC Research Informatics Office; and Jim Costello, Associate Professor, Department of Pharmacology, and Member of CRIO Council)</u>

- This is a follow up on a prior presentation by Melissa Haendel to discuss some of the items we have been working on.
- CRIO council was set up to be an advisory group, and to bring issues to the research informatics office.
- Michael Miller, from SOM IT, has also been very active in some of this work and also is a member of the CRIO Council
- People on this campus are excited about research.
- There is a lot of work to be done to simplify data analysis, handling, and compliance to make it easier for researchers to do their work
- In order to advance research informatics, we need to understand our data management needs and our assets. To this end, we are going to ask faculty to help us identify existing data sets, as well as idenfitying shareable or redundant sets. They will also work to identify special requirements, including needs for general data-management tools and particular storage requirements.
- There are a lot of people with unique data management problems, such as storing, annotating, and managing data in images.
- RIO will be gathering information about research data needs and assets from researchers. We do not want to control the data, just to better understand it. We will also work to assess the full range of data, from public to PHI.
- We are interested in a broad set of domains for data – including social determinants of heath data, streaming data, imaging data, etc. These are not easy sets of data to store in a single space or all the same way. We are working to understand the needs people have and to make storage available in a way that is easy to work with.
- We are also working to assess willingness or ability to share data with others.
- What is the value proposition for researchers? We aim to create strategies for easier and more effective data storage solutions. We want to improve data reuse. We want to think about ways to integrate data. We are hoping to provide a basis for people interested in bigger grant opportunities, such as people who are interested in data coordination centers.
- There is an upcoming change in January 2023. The NIH will require all people who are applying for grants to have a data management and sharing plan document in place. We want to help researchers figure out how to handle this new requirement. We are working with the Office of the Vice Chancellor (OVCR) and the libraries to facilitate this process
- We want to improve data accountability, and to help it remain safe in terms of protecting patient privacy.
- The survey will be distributed in a few weeks and takes approximately 10 minutes to complete.
- We are particularly interested in where we are now and what we need to move forward in working with data.
- In the SOM, we have a lot of CMS data. IT made an environment called SLICE to help you move through the process much quicker. The intent is to expedite the timelines and bring the cost down.
- The hope with this survey is not to take people's data, but to improve efficiencies.

- Questions
    - How is this different from the Health Data Compass? A – that is one source of data. They will be part of the survey we are doing. But we also want to understand what other sources of data people have (e.g. RedCap data, public data sets that we are using, etc). Health Data Compass is only clinically focused. CRIO can help by providing templates and technology infrastructures to help

you. We may also help identify data sets that are not well known about. We are trying to connect dots between data inventory.
    - Can you talk about what information you are (or will be) looking for regarding how data is validated? Anyone who has worked with data extracted from an EHR knows it is MESSY! A - Once we have an overview of the data that is out there, we can begin to think about data quality issues. But the two are separate as of now - we want to know about clean or messy data.

Faculty Senate Membership Eligibility Proposed Change (Tyler Anstett, Chair, Faculty Promotions Sub-Committee of the Junior Faculty Committee)

- There was a letter drafted by Dr. Anstett and Rochelle Koeller, the chair of the APP Subcommittee of the Junior Faculty Committee.
- Prior to our most recent rules change this past academic year, all levels of faculty (including instructors and senior instructors) were eligible to represent their departments on the Faculty Senate.
- The reason this rule was changed was unclear, but as of now, Instructors and Senior Instructors are no longer eligible
- We would like to reinitiate a discussion of whether this body, as a representative body, should revise the rules to re-allow Instructors and Senior Instructors to represent their department in the Faculty Senate.
- Questions
    - What is the process for a SOM Rules Change? A – any rules change first must be approved as consistent with all other rules through the Rules and Governance Committee. Then it has to go to the Faculty Senate, then the Executive Committee. So before we can vote on it in the Faculty Senate, it must go through the Rules and Governance Committee (next meeting in September).
    - Is there another committee that thinks about this? The Faculty Affairs Committee hashed over those drafts multiple times to help make them relevant and current. Wondering what is the analogous conversation. A – If there needs to be additional discussion before it goes to the Rules and Governance Committee, a smaller working group could be formed to more fully consider this.
    - In the Department of Emergency Medicine, there is increasing diversity of faculty. There are research faculty, clinical faculty, etc. There are very different concerns among these groups and we need to be caerful about our representation to think about getting all of our voices heard. This is an opportunity to broaden the goals of this discussion to improve the representation among the faculty senate.
    - How many faculty APPs are there total and how many are Instructor/Senior Instructors? A – this was originally framed as an APP vs not-APP discussion. This was not necessarily reflective of the importance of this discussion. There are 4992 faculty menbers and 1933 are Instructor/Senior Instructor. Most APP faculty are at the instructor / senior instructor level, although we don't know the exact numbers.
    - And just to confirm from the letter - prior to 2021 all faculty were eligible to serve in the senate, correct? This changed for unknown reason. A – that is correct.
    - We usually do rules changes every few years. We can do interim changes if we need to do something more frequently than that. There are no deadlines, so there is no harm in waiting until September.

Faculty Senator Elections – Cheryl Welch, Director, Faculty Affairs

- Every even numbered year, new faculty senate elections occur. So you have all served your 2 year term.
- Cheryl Welch will send emails to the Departments indicating the process for elections
- You can serve more than one term, so if you would like to do so, you can communicate that to your department
- The email for voting for the President Elect and Secretary was sent this morning, so look for that.

- Questions
    - Are there term limits? A – Cheryl doesn't think so but she will check with the SOM Rules
    - Are we staying remote next year? A – likely we will stay virtual next year for this committee

Other issues brought to attention of Senate

- None

CU-SOM Faculty Senate Meeting Minutes (3/15/2022)
as noted by Amy Clevenger (Secretary 2021-2022)

February meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on April 19, 2022, from 4:30 to 5:30 P.M.

Updates from Dean Reilly:

- Anschutz Health Sciences Building is open
  - People / programs are moving in and will continue to move in over the next few months
  - If you have a badge, you can get in. Feel free to look around
  - "Christening" program this Friday (Match Day will be held there)
- Legislative:
  - Bill authorizing University of Northern Colorado to open an osteopathic school has moved through both houses of the Colorado Legislature and is now on the governor's desk. Dr. Reilly anticipates the governor will sign this soon.
- Leadership searches:
  - 5 Department Head searches are ongoing:
    - Pharmacology – final stages
    - Physiology and Biophysics – final stages
    - Radiology – first round interviews completed
    - Dermatology – first round interviews completed
    - Otolaryngology – new search is just getting underway
      - Dr. Herman Jenkins announced plan to retire
      - Chair of Committee is Dr. Kevin Lillehei (Chair of Neurosurgery)
      - Dr. Todd Kingdom will be Interim Chair of Otolaryngology
  - Director of Colorado Center for Personalized Medicine – second round interviews complete. We will be inviting 1-2 finalists back for a second visit.
  - Senior Associate Dean for Faculty and Chief Wellbeing Officer
    - Newly created position
    - Dr. Lotte Dyrbye, a general internist from Mayo Clinic, has accepted our offer for this position and will be joining us on April 27
- Spring Cleaning of wet lab space in research buildings
  - Original site assessment by Dr. Peter Buttrick and Dr. Dean Reilly
  - Space needs to be cleaned up and stuff thrown out, as appropriate
  - 7th floor of RC1-N is the beginning pilot region. This will then spread through remaining facilities over next few months.
  - Environmental services is bolstering their crews to remove heavy equipment and items that are no longer needed
  - We will also reclaim under/un-occupied space within the research footprint to be given to newly recruited faculty. We are actively working with department heads on this.
- Approx 2 months from now, Dr. Jeff Soohoo will come to update us on the incoming medical school class of 2026. Offers of acceptance have been sent, so students will have to narrow their choices to one in April. After this we will have a reasonable view of our incoming class.
- Questions
  - Regarding the Osteopathic School – what are the fiscal implications for the state and for our School of Medicine?
    - In terms of our state support, there should not be fiscal implications
    - Part of UNC's marketing campaign has been that they will not ask the state for support; it was not part of the bill
    - They estimate they will need $150 million to get the school started. A local foundation will supply some of the money, and there are some donors lined up. Dr. Reilly does think we will incur some additional expense as a result of this, as Dr. Zimmer will need additional

resources to line up community rotation sites for our students. We will need to do a better job with stewardship and expressing our appreciation for the sites that take our medical students.
    - Planned class size is 150 students. So by year 4 of operation, there will be 300 more students rotating through Colorado.
    - There are also two new osteopathic schools opening in Montana, and they may need to leave the state borders for some of the necessary clinical experiences. So some Colorado regions, especially in the north, will be a crowded clinical environment for student placement.

<u>COVID Update (Brian Montague, Medical Director, UC Denver/CU Anschutz Occupational Health; Michelle Barron, Senior Medical Director of Infection Prevention and Control, UCHealth)</u>

- The exciting news is that the census across the UC Health System is the lowest we have seen
    - 30 patients in total across the system, 6 at University of Colorado Hospital
    - Hospital numbers are downtrending
    - Positivity rates are 3-4% in the state, with some variability from day to day (less than 5% is low transmission as delineated by the CDC)
- Based on low community prevalence, effective Thursday, March 10th :
    - Ending universal pre-procedure and admission testing (positivity rate over last several weeks was 0.8% for asymptomatic patients)
    - No capacity restrictions in conference rooms and break rooms
    - Specimen collection centers will gradually reduce their hours, with increased testing in clinics and other sites (similar to the flu).
    - PPE
        - Masks are still required in all clinical locations. Based on our degree of transmission, we could remove this restriction based on the state, but we continue to be required to do so in clinical areas based on federal regulations. This is regardless of vaccination status.
        - In non-clinical areas, fully vaccinated individuals are no longer required to mask
        - Eye protection no longer required
    - Ambulatory operations and cleaning will follow normal protocols
    - Patient education and support classes can return to in-person at full capacity. Attendees must were masks
    - Student observers and learners welcome
- Please continue to use your best judgement
    - Follow PPE requirements for individual patients
    - Order COVID-19 testing when appropriate
    - Wear a mask if you have any cold / flu symptoms
    - N95 masks are allowed for those who are more comfortable with this
    - Managers of individual units and teams may require masks if patients or staff members have weakened immune systems
- Upcoming changes – effective later this month
    - We are actively working on visitation, as this changed with the pandemic. Watch for details in an upcoming COVID-19 update
    - Likely new rules include:
        - Visiting hours 6am – 10pm
        - Unlimited visitors / day, but no more than 2 at once
        - Exceptions for end of life, birthing center, NICU, and other areas
    - Moving to passive screening at entrances rather than active screening
        - Patients and visitors expected to screen themselves
        - Staff and providers should continue using oneSOURCE app
- Campus COVID Policies
    - Refer to the website, which our communications team works really hard to keep updated: https://www.cuanschutz.edu/coronavirus
    - You must follow rules at the individual clinical sites, which may be stricter than the general campus rules

- Vaccination continues to be required (the primary series. Boosters are highly recommended but not required). This is also true for new hires.
- Masks
  - No longer required on campus for vaccinated and boosted individuals indoors or outdoors, unless in a clinical environment
  - Anyone who chooses to wear a mask is encouraged to do so at their discretion
  - Vaccinated individuals who have not received a booster are required to continue to wear a mask and maintain physical distancing.
  - Unvaccinated indivduals with approved exemptions are required to wear a mask and observe physical distancing. They also must take part in mandatory testing
- Events and meetings
  - To book an event or meeting, submit a request in EMS. COVID capacities are not in effect
  - Events and meetings of any size, on or off campus, are permitted
  - Event organizers are required to confirm that all attendees are fully vaccinated
    - Vaccinated and boosted individuals are not required to wear a mask
    - Vaccinated but not boosted individuals are required to wear a mask and observe physical distancing
  - Food and beverages may be served and consumed indoors

- Questions
  - What are your thoughts about the current COVID surge in several parts of the world?
    - This is not necessarily a surprise. Vaccination rates vary widely by country. Additionally, the vaccines used in different countries have varying degrees of coverage for the developing variants. Additionally, countries have variable population densities.
    - Degree of protection also varies based on duration of time from your last vaccine. As we get a larger population who are more distant from their vaccine, we may see an uptick in the number of cases. We have variable uptake of boosters and fourth doses.
    - This is a rapidly changing environment, so we are setting our rules based on our current levels but keeping an eye on everything so we can adjust policies as needed
  - Is there any plan to allow additional boosters for our employees at the 5-6 month mark?
    - We are not formally recommending it until we have further data, but if you set up an appointment it will not be denied.
    - This may develop into a situation like the flu, where there is an intermittent (e.g. annual) vaccination plan. However, this has not yet been developed.
  - My understanding is that employees are still required to self-report if they have any of the long list of symptoms. I had an employee who had only congestion, with a negative rapid test at home, but he was still required to stay home for formal (PCR) testing. Is there anything such as a normal sick day, or are we still required to self-report any and all symptoms and get formal testing?
    - The current policy is still self-reporting and testing. It shouldn't take 3 days as the University turnaround time is less than this (usually 24 hours or less).
    - The general policy is for 24-48 hours of symptoms prior to requiring testing, but this has not been established as a set rule yet.
    - It really comes down to what our suspicion is for COVID based on levels in the community. There is still some transmission in the community. If levels continue to decline, we will re-evaluate testing policies.
    - Other comment via chat: CHCO allows individuals to come to work with one symptom but mask required. Two symptoms gets a test.
    - Sensitivity of the rapid test is 70-75%, but better when the individual is particularly sick. So if you are early in the course with mild symptoms, it is recommended that you repeat the test. The PCR test has always been the campus policy for "return to work" due to the sensitivity issues
  - What defines a clinical area? Is it an area where there are actual patients, or does it include laboratories / pharmacies?
    - The CDC defines a clinical area as anywhere a patient can be encountered, so includes elevators, lobbies, etc.
    - Pharmacy and laboratories are considered mission critical areas, where the hospital couldn't function without them, so they were given the same rules.

- Have we moved forward with a centralized number where you call to determine what to do? People remain fairly confused about where to go to figure out what you should do for testing and coming to work.
    - If you are on the UC Health part of the campus, then you call Employee Health. This should be standardized. Outside of this area, it is just the self-report process to get guidance.
    - There has been a different standard for the clinical sites, reflecting the critical needs / infrastructure, staffing issues, etc.

<u>Planned Expansion and Collaboration with DPT Program and Colorado Springs Branch (Michael Harris-Love, Program Director, Physical Therapy Program)</u>

- This is a proposal to start a hybrid DPT program that is an extension of a currently existing partnership between the School of Medicine and University of Colorado, Colorado Springs (UCCS)
    - Best to think about it as an integrated University of Colorado PT program with a residential branch at Anschutz and a hybrid branch established at UCCS.
    - Cohort size = 40 students (decreased from the 80 students proposed in 2019)
    - Shared curriculum, admissions process, and clinical education system with CU Anschutz
    - 50:50 revenue / expense share agreement
    - SOM would continue to confer the degree
    - First cohort would start 6/2023 (if proposal approved)
- Current approvals already obtained: CU Anschutz and UCCS chancellors, Deans of CU SOM and UCCS College of Nursing and Health Sciences, Senior Associate Dean of Medical Education, Associate Dean of PT Education, PM&R Chair, UCCS Health Sciences Department Chair, CU PT and UCCS Health Sciences Faculty.
- Memorandum of Understanding built through multiple consultations and via Steering Committee Model
    - Input from community leaders in CO Springs, alumni, campus leaders, clinical partners, online education experts, and operations (registrar, bursar)
    - Reviewed by legal counsel
- Recent evolution of CU PT Program
    - We've been underdeveloped for the past 10 years. Among top 10 programs, there are multiple residency / fellowship training programs associated with an institution (e.g. #1-ranked U. Delaware has 4 training programs).
    - CU PT only has 1 residency program but is working to develop PT residency in Orthopedics and Faculty Development residency
    - DPT-MPH Joint Degree Track approved earlier this year in the Colorado School of Public Health
    - DPT Hybrid Degree Track has been embraced by leading programs and R1 universities
- Rationale for Partnership with UC Colorado Springs
    - We were not planning to start a new program during a pandemic, but this has been being planned since 2017 and there were external factors that affected timing
        - Colorado Springs started their own program in 2019 without discussing with us. We felt it was better to work together rather than in opposition
        - Three programs had plans to enter CO hybrid DPT market prior to COVID-19, including Evidence in Motion (EIM), AHU Orlando-Denver, and Regis-Hybrid
        - Changes in leadership on both campuses allowed us to reinvigorate some of these conversations in 2020
    - Arizona has three programs within the state that are not part of Arizona's University system, so this is a cautionary tale
- Benefits of a Partnership with UC Colorado Springs
    - We have tremendous resources that we are able to leverage between the two campuses (e.g. UCCS Hybi Center and CU SOM curriculum, faculty, reputation)
    - We currently underutilize our sites, so this collaboration will better allow us to address the rural healthcare needs in Southern Colorado
    - We avoid a legislative conflict regarding the exclusive authority statute for PT education
    - Mitigate risk through a shared revenue / expense model
    - Unlike the state program in Arizona, this hybrid model will allow us to counter for-profit companies entering Colorado
    - We caputure the "first mover advantage"

- Risk / Reward
    - The mountain region has been traditionally underdeveloped in terms of accredited program by region
    - We are turning away qualified candidates that want to study in Colorado, so this is not due to lack of qualified candidates (current CU PT acceptance rate is 7%)
    - Colorado Mesa University in Grand Junction, CO, is developing a PT program along the Western slope, with plans to open in 2023. We believe this will pose more of a risk to Utah rather than CU but we are keeping an eye on it
    - There is discordant data on the national employment outlook
        - APTA is estimating a surplus of PT between 2022 to 2030
        - The U.S. Bureau of Labor Statistics is anticipating 25,116 new job need over next 5 years
        - If you look at regions of need, the rural population definitely has need
- This program fits well with the current goals for intercampus relationships that make sense
- Making this relationship work
    - Executive Committee structure will have shared staff and distributed leadership across both faculties, including Dean Reilly and Dean Laudner.
    - Joint decision-making in multiple areas
        - Infrastructure decisions
        - Program expansion or contraction
        - Decisions relating to intercampus finances
        - Operational efficience
        - Curricular cohesion
- We will ultimately be stronger for developing this partnership
- The value proposition of an integrated CU PT program
    - This will help us maintain our reputation as a #1 ranked PT program in the mountain region and in the top 15 nationally
    - Among the lowest residential and out-of-state tuition among the top 25 PT programs. (we are 58% lower in tuition than Regis University, for example)
    - Positions CU PT and CU Anschutz to address obvious and significant digital education trends in professional education
- What's next?
    - Review of application for program expansion at the spring accreditation meeting
    - Secure all required approvals by May/June 2022
    - Initial faculty hires June – December 2022 (10 faculty at 7.5 FTE)
    - If approved, initial cohort would start June 2023
- Questions
    - With this increased capacity for training, what does the job market look like?
        - We saw some of the job market growth, at least for Colroado, being positive. But we did see some mixed data from the APTA, so we are careful. With the local numbers in Colorado and the gap we see in rural care, we believe building this program is worthwhile
        - We are a national program, so we have applicants from both in-state and out-of-state. We believe we will be able to continue to meet the Colorado need while addressing the national market
    - You mentioned the rural market. Do you have success in placing people in the less populous areas of the state?
        - We have had some success, primarily with people who come from rural areas who are then willing and interested in returning to these areas.
- Vote: 19 approve, no one against

<u>Other issues brought to attention of Senate</u>

- None

CU-SOM Faculty Senate Meeting Minutes (5/17/2022)
as noted by Amy Clevenger (Secretary 2021-2022)

April meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on June 21, 2022, from 4:30 to 5:30 P.M.

Updates from Dean Reilly

- School of Medicine Executive Committee approved the slate of candidates for the MD degree. Commencement for the entire campus will be Friday morning followed by the School of Medicine ceremony. The PA ceremony will be on Thursday.
- Leadership Updates
    - Senior Associate Dean for Faculty and Chief Wellbeing Officer, Dr. Lotte Dyrbye, started April 17.
    - Dr. Heide Ford has accepted the invitation to be the next Chair of the Department of Pharmacology.
    - Of the 23 current departments, 11 now have female department chairs (~ 50%).
    - Chair searches: Radiology, Dermatology, ENT – Head and Neck Surgery, Physiology, and Personalized Medicine. Latter 2 are fairly far along. ENT is just getting started. Dermatology and Radiology have a total of 7 candidates visiting campus in next few weeks.
    - UC Heath has a new Chief Operating Officer arriving at University Hospital in next few weeks. He is joining us from Seattle Children's Hospital.
    - New Pediatric ENT chief, Dr. Soham Roy from Houston, TX, started a few weeks ago.
    - Searches ongoing for a Chief of Pediatric Surgery and a Chief of Pediatric Orthopedics. These searches are both fairly far along.
    - At Denver Heath they have Director of Service searches for Medicine, Surgery, and Family Medicine. Additionally, a search is ongoing for the next CEO to succeed Robin Wittenstein, who completes her time in August.
    - At the VA there is a search for a Chief of Medicine to replace Dr. James Beck. Dr. Parmley is leaving in August, and a new chief of staff is coming in July. They will over lap for 6-8 weeks to smooth the transition. Dr. D'Arcy retired about 4 weeks ago.
- On our campus we had a dedication for the Bruce and Marcy Benson Atrium in the new Anshutz Health Sciences building last week. This building is completely occupied except for CAPE (CAPE will move in over the next few weeks). You can walk through here if you haven't seen it yet (Elleman Conference Center is on the 2nd floor, if interested).
- State legislature has adjourned without major surprises for the School of Medicine in its last few weeks
- You should be getting a Tabor refund in your mailbox in the next few weeks
- Many of you have seen the publicity around the draft Roe v Wade opinion that was leaked from the U.S. Supreme Court. You may have inferred that if this goes through, Colorado will be surrounded by states that will markedly curtail access to the full array of reproductive health services. We have had discussions with Dr. Santoro, the chair of OB/GYN, regarding how to gear up to meet the needs of patients coming from out of state. Of note, a law passed in Colorado preserving a woman's rights to a full range of reproductive services.
- Questions
    - None

Colorado Physician Health Program (CPHP) Overview (Sarah Early, Executive Director, Colorado Physician Health Program)

- The medical director, Dr. Scott Humphries, is also present at the meeting
- Goal: to educate the group about CPHP services
- There were concerns regarding confidentiality for individuals who came to the CPHP. Leadership supported our position for confidentiality and student advocacy, and helped us advocate with the governors and DORA. We appreciate the support to address these concerns
- We are a independent, nonprofit organization

- We provide peer assistant services for physicians, PAs, and anesthesiology assistants. We are governed by Colorado Medical Practice Act
- Our mission is to promote the health and wellbeing of physicians and physician assistants through evaluation, treatment referral, support, education, and research.
- The concept of the "sick physician" started in the early 1970s: a study came out in JAMA that said there were some health conditions that physicians have that are different than the general population. This encouraged people to start looking at physician health and wellness.
- We know that physician health starts early – habits are set in medical school and these habits persist throughout one's career. It is unlikely that better habits will develop later in someone's career
- Myth: we only help people with substance abuse or drug abuse / additiction. Fact: we help people with any problems that would affect somone's health, including emotional, physical, or psychological. We do assist with burnout, stress, family difficulties, etc, in addition to other areas.
- Our services are free to all licensed Colorado physicians, PAs, and anesthiology assistants. We also have contracts with 27 different training programs.
- We are a 501c3. We are governed by a board of directors.
- Our team consists of 5 psychiatrists (they serve as our medical directors) and 5 masters level clinicians (they do the primary work of our clinical team). We additionally have a support team: a public affairs director, finance manager, and fundraiser.
- What does CPHP do? It is primarily an assessment center. We provide very thorough evaluations and then provide a treatment referral. We do not complete treatment at CPHP – we provide referrals to providers who have expertise in physician health. We also provide monitoring and support over time (including family support), as well as documentation.
- What type of assessment do we do? We complete a review of documentation, review a self-reported history, then conduct a face-to-face interview. We additionally may conduct collateral interviews (e.g. people from the medical school, their current treatment providers, family members). We may perform laboratory tests or drug screens. Every intake is reviewed by our entire clinical team to utilize all expertise.
- We help determine what types of referral or resources could be useful for an individual
- We partner with organizations to help meet special needs
- We do research with other organizations as well
- We promote physician health awareness at conferences
- What happens when you refer someone to CPHP? First call our main line and give the information as to why you are making a referral. We will schedule an appointment with the individual and obtain a release of information as needed. That person will have an intake appointment with a masters level clinician and a physician, so there are always two people at CPHP to do the assessment. We will then provide treatment referrals.
- We will inform the referral source how things are going and monitor the progress over time
- We monitor more than just serial drug screens, such as how things are progressing at work and home
- Confidentially
    - CPHP does comply with HIPAA
    - The peer assistance program in the State of Colorado – we have to inform the same information required by any medical licensees (e.g. a violation of the Medical Practice Act, a DUI, etc)
    - With students – if we had major concerns about safety, we would be talking with school leadership
- We do receive referrals from the medical board if there is something on their application for licensure or renewal that indicates a concern, or if there are complaints. These account for ~15% of our new referrals.
- When might a referral be indicated? You are encouraged to just give us a call. You can talk with us anonymously about a case and we can provide you advice. When you do complete a mandated referral, you will need a signed consent at that point. There is a letter that you can download from our website that includes all of the parts for release of information.
- Who seeks CPHP help? Last year we assisted 700 people, 223 who were new referrals. 61% of the new referrals were voluntary, 39% were mandated. 41% were self-referrals. Primary reasons for referral are psychiatric (24%) and disruptive behavioral (18%). Top specialties were family medicine at 23% and Internal medicine at 13% of the referrals, which is in line with the prevalence in our state.
- How do you recognize there is a problem? The biggest sign is a change in mood or behavior. Impairment is typically a late sign, so the goal of CPHP is to help providers BEFORE they become impaired.
- Questions

- How long does it take between the first call to making the referral to the person getting an appointment for treatment? A – right now it usually takes 1-2 weeks to get in for an appointment at CPHP. We do also have the typical triage services if someone is acutely suicidal, for example, or if leadership calls and requests an urgent evaluation.
- Is it always in person, and are there locations throughout the state? A - right now we are doing all appointments virtually. On occasion we have brought someone in if we need to assess their cognition; otherwise we are doing it via zoom. Our office is in Governor's Park in Denver. Prior to COVID, we utilized donated space in a couple of different locations (e.g. Fort Collins, Durango, Colorado Springs). COVID has changed this but we can still see people in person if needed.
- Is there a connection between AMC Student Mental Health Services and CPHP? A - there isn't a direct connection. A lot of times student just want to be seen with this other resource, and we encourage that. If someone has a diagnosis or issue that will likely affect their career over time, that may be best served by CPHP because we can provide the record of treatment, etc. Our records could follow them along in their career, including to other states.
- How is the cost of this program covered? A - when people apply for licensure or license renewal, a portion of this fee goes to a peer assistance program. That fee does not cover all of our costs, so we do have contracts with individuals who don't have full licenses so we are able to provide those services as well.
- You had mentioned the issue of confidentiality. If one refers oneself vs if someone is referred by another individual, can you distinguish who might know the details depending on how the referral comes in? Can you do an anonymous referral? A – this is a complex question. If the person is referred by someone in the community, we can ask them if they want to report the person to the licensing board. We lack policing capabilities, so we may send a letter expressing the concern and asking the individual to call. If the person is someone we know, that we work with, we might report them to the licensing board or encourage them to make the report. At times we have had an individual come in, e.g. for stress, then we find out they have a different problem e.g. substance abuse with diverting medication; in these circumstances, they may be obligated to self-report this or be reported by CPHP, even if it was a self-referral. With medical students, we don't have any leverage with a licensing agency, so we would contact school leadership. However, if they don't sign a release to the school, then we are not allowed to talk with the school. This can make it hard for us to get the student the treatment that they need without the leverage of the school.

<u>SOM Admissions Committee Update (Dr. Jeffrey Soohoo, Assistant Dean of Admissions)</u>

- A lot of work goes into selecting the next medical school class, including work by the Office of Student Life, Office of Medical Education, Dean Reilly, Chancellor Elliman, Office of Diversity and Inclusion, Office of Inclusion and Outreach, Financial Aid, Scholarships, CU Medicine, Alumni Association, and Admissions Committee
- This is a year round cycle. We interview September to March and make acceptances on a rolling basis. Right now most students have made their choices but we are still making acceptances off the wait list so numbers for the incoming year may change slightly.
- Admissions staff: Karina Goodwin, Lamar Cherry, Isabella Jaramillo.
- 2021 applications numbers decreased 12% nationally and 23% in our school. This is a good thing because numbers had previously been increasing at an unsustainable rate over the prior 5 years.
- Our applicants: average MCAT score is 510, Average GPA 3.67. 7% are in-state, 89% out-of-state, and 4% have no state of legal residence
- There were 10,897 primary applications, 5,593 completed applications. 723 applicants were interviewed and 303 were offered admissions to date. 184 matriculants thus far.
- As of today, we have 50:50 in-state vs out-of-state.
- 51% identify as female, the rest as male or nonbinary
- 28% identify as underrepresented in medicine
- 16% were first-generation college students
- Average age is 24 years old
- Average student has taken at least a year off between undergrad and medical school
- 10 MSTP students this year

- We complete a holistic review, including their experiences (clinical, leadership, research, service) and attributes (geography, gender identity, sexual orientation, racial/ethnic background, values and beliefs, languages spoken, maturity, intellectual curiosity) and metrics (MCAT, GPA, CASPer, and grade trends)
- We do try to contextualize various contributing factors to evaluate someone as a whole person
- Entering competencies expected of medical students by the AAMC: service orientation, social skills, cultural competence, teamwork, oral communication, ethical responsibility to self and others, reliability and dependability, resilience and adaptability, capacity for improvement, critical thinking, quantitative reasoning, scientific inquiry, written communication, living systems, human behavior. We look for these competencies during the admissions process
- In our current system, we as applicants to complete an online situational judgement assessment called CASPer, followed by group activities, group interviews, and a traditional interview designed to help assess the competencies listed above
- How do we assess competencies? We do not complete 1:1 interviews as these may be biased. We ask our interview evaluators to speak specifically to specific competencies to try to reduce bias (we don't just want, "do I like this person?")
- The MCAT was historically 3 sections with a maximum score of 45. It was revised in 2015 - there are now 4 sections and scores range from 472-528.
- MCAT has a fairly bell-shaped curve, with a mean of 501. Our average applicant had slightly better MCAT scores (mean 510).
- Most attendees take the MCAT 1-2 times, and most do better the second time. Colorado uses the highest total score of the tests. Other places use the average, or the highest score on any individual section
- Some schools have moved away from MCAT as a criteria. However the data supports the fact that MCAT, combined with grades/GPA, are predictive of academic success in medical school (although correlation not perfect)
- MCAT alone and MCAT+GPA do not predict admissions decisions. For example, there are some students with a very high MCAT and GPA who are not accepted nationally to medical school.
- Strong relatinonship between MCAT scores and students' preclerkship, Step 1, clerkship, and step 2 CK performance
- Using MCAT + GPA provides a better prediction of medical student performance than using either one alone
- With new MCAT, they are trying to conduct a lot of research to understand the validity of scores in relationship to race/ethnicity, socioeconomic status, or gender. Thus far, the MCAT neither overpredicts or underpredicts the performance of students from these groups
- CASPer: online situational judgement test. This increases the diversity of the interview pool by decreasing reliance on cognitive metrics, and we therefore try to complete these assessment prior to deciding who to interview
- CASPer is a 12-section test, with video-based and word-based sections. The scenarios are scored by trained raters.
- CASPer has been shown to correlate with professionalism scores. It was developed in Canada
- Duet: a value alignment tool that is included in the Altus suite with CASPer. This tries to provide information as to how an applicant's values might align with any particular program.
- Scholarships: funding has continued to increase. Over 20 Dean's Distinguished Scholarships this year (1/2 or full tuition scholarships that help us recruit students). Additional funds have been donated by a number of benefactors, including George "Doc" Lopez (class of 73), UPL, CU Medicine, etc.
- Looking ahead: AMCAS opens in June. The first interview date starts in September. Interviews will remain virtual this year (and possibly beyond that as it may improve equity for applicants)
- This year we had days for accepted students to come visit for a ½ day. This provided them a low-stress environment to help evaluate the campus and evaluate their fit within the school.
- We are always looking for help. Most people start with interviewing – this is a ½ day time commitment and a great way to learn what students / applicants are looking for in a medical school. Some have very sophisticated / insightful questions and interviews can be a lot of fun. If you or other faculty members are looking to get involved, please reach out to Dr. Soohoo.
- Questions
    - How should someone get involved? A – you can reach out to Dr. Soohoo directly, or there is a box you can check in PRiSM stating interest in getting involved.

Other issues brought to attention of Senate

- We are looking for people who would like to take the next step and join the Executive Committee. This can be completed via self-nomination. We are particularly looking for nominations for secretary. According to prior secretaries: You learn a lot about how the university functions. It is a also a great bullet point for your CV and can benefit individuals getting ready to seek promotion. You need to be organized and take good notes.

CU-SOM Faculty Senate Meeting Minutes (11/16/2021)
as noted by Amy Clevenger (Secretary 2021-2022)

October meeting minutes were unanimously approved.

The next Faculty Senate Meeting is on December 21st, 2021, from 4:30 to 5:30 P.M.

Updates from the Dean:

- University Hospital has a lot of COVID and is busy
- CHCO has a lot of RSV and is busy
- Recognition
  - Dr. Judith Regensteiner and Dr. David Schwartz were both awarded distinguished professor titles by the Regents of the University of Colorado
  - Dr. Jay Lemery was inducted into the National Academy of Medicine
- New chair of the Department of Family Medicine has started
- New chair of the Department of Medicine has started
- Status of Searches
  - Searches underway – contact search committee chair if you have potential candidate
    - Chair of Dermatology: Dr. Richard Zane is chair of search committee
    - Chair of Radiology: Dr. Neal Epperson is chair of search committee
  - Searches nearing completion / finalist stage
    - Department of Pharmacology Chair
    - Department of Physiology Chair
    - Senior Associate Dean of Faculty Development.
  - Upcoming search
    - Director of the Colorado Center for Personalized Medicine (Dr. Kathleen Barnes stepped down). Dr. Peter Buttrick is chair of search committee
- New Anschutz Health Sciences Building
  - Opening delayed until December due to supply chain issues relating to COVID
  - Moving in will occur over months and vacated space will be back-filled
  - Last walk through was really spectacular
  - Still within original budget
- University of Northern Colorado planning to open an osteopathic school and they are initiating a search for the inaugural dean of that school. Dr. Zimmer and Dr. Reilly are worried about the impact of this on high quality clinical placement for our students, so they will work to strengthen our relationship with UCHealth to prioritize our students being placed into available teaching slots.
- Questions
  - Who is going into the new building and how will the back space be filled? Answer:
    - CAPE Simulation Center - although a simulation center will remain in its current footprint to be used by college of nursing. The new one will be configured differently and will be bigger
    - Clinical research facility (run by CCTSI and currently in 3rd floor Leprino) along with research pharmacy
    - Behavioral Health Programs
      - Johnson Depression Center
      - Department of Psychiatry
      - National Mental Health Innovation Center
    - Dissemination and implementation researchers – ACCORDS and Farley Center
    - Data science people, Center for Health AI
    - Research groups associated with the chief information officer
    - Colorado Center for Personalized Medicine and their biobank / biorepository associated with patient registry at UCHealth
    - 2nd floor is primarily a conference center with 1 very large room, a few medium size rooms, and then a bunch of smaller conference rooms

        - 1st floor lobby is public space, food service (both a café and a grab-and-go)
        - For backfill
            - UCHealth owns 3rd floor of Leprino. This may be converted to ambulatory space
            - Psychiatry and CCPM are currently in Fitzsimmons building 500. When they move out, the cancer center will be moving in from the modular units (aka Trailer farm) and these will go away
            - School of Public Health footprint is getting bigger
            - A few other moves also planned

Curriculum Steering Committee Updates (Tyler Anstett, Assistant Professor, Department of Medicine; Faculty Senate Representative on Curriculum Steering Committee)

- Things are going very well - 25% of the Plains curriculum delivered successfully without major hiccups
- Big shout out to David Ecker under the guidance of Dr. Zimmer
- Faculty are noting that they are being asked for Plains curriculum materials (slides and learning objectives) months in advance.
- Dr. Zimmer has received feedback from basic science departments that they are not experienced in preparing things months in advance because they are used to presenting cutting edge data at scientific conferences. Response:
    - For the curriculum, we are looking for the well-established content rather than cutting edge material.
    - Instructional designers, representatives from clinical sciences, and representatives from health systems sciences working together to make sure it is all integrated into a smooth, curated curriculum. This infrastructure necessitates earlier submission of materials.
    - Extensions have been made available as needed
    - So far it has been very successful.
- Questions
    - None

UCHealth Update (Tom Gronow, Chief Operating Officer, University of Colorado Hospital; President, UCHealth Diversified Services)(Jean Kutner, Chief Medical Officer, University of Colorado Hospital; Professor of Medicine and Associate Dean for Clinical Affairs)

- Updates relating to COVID-19
    - Impacts on this campus
        - 338 COVID-19 positive patients across the entire UCHealth system as of this morning
        - Univ. of Colorado Hospital has 90. 52 of those 90 are in the ICU (58%)
            - Previous waves had ~30% of patients in the ICU, so we have a higher proportion of critically ill patients.
        - Unfortunately this has driven the need for additional critical care medicine teams, including utilizing providers from pulmonary, anesthesia, surgery, emergency medicicine, and critical care
        - Decision to close 9 operating rooms on the East side of surgical suites (previously known as the AOP ORs) to free up anesthesia team to be able to deploy extra ICU team
    - Big marker is case positivity – anything above 10% is concerning
        - We are currently at 13.3%
        - We have been greater than 10% for over a month.
    - We do see some positive trends (e.g. census in the north is decreasing), so hoping for the best but continuing to prepare for the worst due to unknown impacts of upcoming holidays (group gatherings and travel), decrease in mask usage, and potential impacts of upcoming flu season.
    - Dr. Kutner expressed gratitude for tremendous collaboration across multiple departments, including departmental leadership, GME, and Dean's Office, to determine how best to provide support and care for this increasingly complex and difficult load.
    - Simultaneous efforts along parallel tracks ongoing
        - Collaborative efforts relating to surge planning, both for floor level and ICU level care.
        - State declared crisis standards of care for staffing - we are working through how that is playing out.

        - Working with a number of faculty leadership to update the crisis standards of care triage documents
            - Put into place with first surge and updated December 2020.
            - Originally written in case we had to triage a scarce resource of equipment such as ventilators.
            - Now updating them to include triaging patients due to a shortage of staffed beds.
            - Should have a plan ready for this by end of week.
- Updates on staffing
    - Working closely with Vizient Inc., our group purchasing organization. They have aligned with another organization to create Avia
        - Original company was driving some of the exorbitant rates for nurse travellers and respiratory therapists at the national level.
        - Crisis contracts for nurses are going above $200 / hr. This is not what the nurse receives but what the agency receives.
        - This is driving a lot of the national plight for staffing that is happening right now
        - We have locked in a rate of $160-$180 / hr.
    - Dr. Gronow spoke with our representative from the American Hospital Association who is working at federal level to ensure we do not create inflation rates that summarily ruin health care.
    - Working with lobbyists at American Hospital Association to discuss how to reduce price wars for nursing and respiratory labor across the nation
    - We have secured additional 51 resources in nursing and respiratory therapists, 39 of which will start this month. Now seeing more coming in than leaving.
- Highlights on Quality, Safety, and High Reliability (senior leadership team at University of Colorado Hospital met recently to discuss this)
    - Key themes to improve our journey to high reliability
        - Need to be more clear about our quality metrics and priorities
            - Aligned CU and Univ. of Colorado Hospital quality and safety incentive created this fiscal year is a step in the right direction
            - Focusing on mortality, readmissions, access, experience, as well as gateway measures regarding CDI response rates, query response rates, OPPE, and other things.
            - Focus on our top 3-4 priorities in terms of quality and safety, although this may differ between groups across organization.
        - Physician champion involvement: leadership restructuring across organization and working to simplify model to create more substantial and meaningful roles
            - Allocate time to key leadership roles to get more meaningful results.
            - Aligning resources with our goals and moving resources around to help meet the needs
        - Accountability
            - Goal to support a just culture and psychological safety
            - Principals of high reliability being implemented at the department level
            - Working on physician – manager – director culture in relation to errors.
            - Trust is a big component of how we work together as a team
            - Enable people to speak up, regardless of the level of training of the individual
            - Celebrate errors and look for opportunities for learning rather than condemn / blame. This will reduce culture of silence and will encourage people to speak up for safety.
            - Align around what is best for the patient
        - Training
- Summarizing Comments
    - Easy to get distracted by the day to day urgencies of COVID and its associated crises, but we need to maintain overall focus on providing the highest quality and safest patient care, supporting our missions of research and education, etc
    - Acknowledgement that it can be a tough leadership position of trying to balance COVID-related issues with our other critical missions

- We have a remarkable community of faculty, residents, and students. There is a lot of great work happening to identify innovative projects and solutions to better support each other.
- We can all have bad days, we just can't have them all on the same day so we can support each other though this.
- We are in this together and we will figure it out together, because that is what we do on this campus.

- Questions
  - Agency staffing is always a bad thing for lots of reasons, and of course we worry about burnout and people leaving health care and not wanting to do direct patient care. We are also watching the tower go up to increase patient capacity. How are you thinking about being able to meet that new resource as soon as it is available under these circumstances? Answer:
    - We did a number of market adjustments across key disciplines to make sure we are not just competitive but leading the market
    - Many travelers like it here: ~50% of people who are traveling intend to come back. They are just leaving in the short term for the money.
    - Key messaging for our front line: people are making decisions based on their personal life, and that is okay. We need to welcome people back when they choose to come back, not have words with them because we feel abandoned.
    - We have 40-50 patients that we are caring for in nontraditional spaces currently. These patients and the current staff caring for them can be moved out of these spaces and into the tower when it is ready.
    - We will not fill the tower immediately.
    - It will take time to recruit people to grow volume downstream, but we are already working to hire beyond our current volumes so we are ready to staff the tower when it opens in 18 months.
  - How are we doing with regards to vaccine booster efforts? Answer:
    - "A little dismal" in both community and our system
    - UCHealth employees – most were originally vaccinated in Jan-Feb time frame. Booster rate only 35-45% right now
      - Boosters not currently mandated - unclear whether we will mandate this in the future
    - Points of hope
      - Governor Polis made a statement on Friday that any adult can and should receive a booster – all are eligible.
      - School systems to get kids vaccinated.
    - Challenges
      - Difficult to get word out regarding benefit and importance of booster
      - Travelers from other states also increase risk
  - What is the process for allocating space / units in the new tower? Answer:
    - A lot of noise in the data because of COVID – so we will underpredict our demand if we look too far back
    - A lot of data right now favoring additional ICU needs
    - Quality piece relating to space allocation
      - How long do patients stay in ICU? If we had additional floor capacity, could some of these patients be decanted?
      - How much efficiency is there to be gained with the additional growth?
    - One goal is to separate MSPCU into medical progressive care unit and a new surgical progressive care unit
    - Net additional medical surg unit that will likely trend toward surgery.
    - Geographical cohorting to be more attainable
    - Current plan summary (all items subject to change)
      - 11th floor – surgical progressive care unit with both surgical and onc components
      - 10th floor – neuro critical care reallocation
      - 9th floor – a new additional ICU that will be blend of neuro and surgical critical care
      - 8th floor will be med or surg regular floor status
      - 5th floor will be 40 bed inpatient behavioral health unit

Campus Strategic Priority Update (Laura Borgelt, Associate Vice Chancellor of Strategic Initiatives)

- Most of this shared in State of Campus address by Chancellor Elliman
- Office of Strategic Initiatives
    - Newly established (~1 year ago) by Chancellor Elliman
    - Small but mighty group
    - Goals:
        - Implement a strategic vision
        - Design and execute key campus-level initiatives
- Completed a design and innovation process to create a strategic framework with campus priorities to guide future efforts
    - 4 key working groups – education, research, patient care, and community engagement
    - Feedback from over 700 stakeholders (campus and community) to develop priorities, initiatives, and recommendations.
        - 12 key priorities: 3 from each working group
        - 43 initiatives: 16 research, 10 education, 8 patient care, 9 community engagement
        - 19 other recommendations: 4 research, 5 education, 6 patient care, 4 community engagement
    - Themes identified among all groups, including:
        - How to leverage data better
        - Interest in student experience
    - Evaluated alignment of initiatives with the initiatives of the Office of Diversity, Equity, and Inclusion
- Narrowed to 5 key initiatives
    - Leveraging data – focusing primarily on research data. Will also be some business process data
        - Early in process, working to determine best path forward
    - Building a healthcare innovation institute – occurring with CU innovations group
    - Enchancing the student experience – partnership between OSI and ODEI&CE
        - Will rerun design and innovation process to better hone in on recommendations
        - Working toward implementation plan March – April 2022
    - Partnering in Patient-Centered Care – partnering with health affiliates and clinical affairs
    - Investing in Our People – partnership between OSI and ODEI&CE
        - 3 task force groups
            - Holistic hiring and campus climate
            - Staff initiatives around career pathways
            - Faculty initiatives around promotion and tenure processes
- Key components to the 5 key iniatives:
    - There is a complex ecosystem on our campus and we want to determine the best path forward, so working carefully to translate recommendations and strategic priorities into actions.
    - Maintain focus on diversity, equity, and inclusion
    - Maintain focus on mental health and holistic medicine
- What's next?
    - Looking to form groups for a "deeper dive"
    - Implementation as 5 year plan and priority setting
    - Think about key metrics and performance indicators
- Questions
    - None

Other issues brought to attention of Senate

- None