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.