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