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

Other issues brought to attention of Senate

- None