CU SOM Faculty Senate Meeting Minutes 9/22/22
Lisa Marie Babayan, Faculty Secretary 2022-2023

June Meeting Minutes were unanimously approved

The next faculty senate meeting is October 20, 2022

Updates from Dean Reilly (provided by Mark Couch):

- Chair search updates:
  - Negotiating with finalist for physiology and biophysics
  - Radiology with two finalists
  - Dermatology with two finalists coming in October for interview
  - Personalized Medicine – final negotiations are underway
  - Otolaryngology – two candidates interviewed, two more to interview for first round
  - New Director for Accords launching soon

Faculty Senator Orientations – Merlin Ariefdjohan, Faculty Senate President

- Greg Bosci, DO, MS - Past president, Anatomic and Clinical Pathology
- Merlin Ariefdjohan, PhD, MS – Current President
- Patrick Henn, MD – President elect, Anatomic and Clinical Pathology
- Lisa Marie Babayan, PA-C – Secretary, Obstetrics and Gynecology, Emergency Medicine
- Still unable to meet in person, will plan for this year's meetings to be held by Zoom
- Zoom etiquette – muted while not speaking and have video on if possible
- Use chat to ask questions and provide comments
- The role of faculty senate is to be responsible for decisions of academic, clinical, scholarly, and administrative issues in the School of Medicine
- Not responsible for disciplinary actions, student promotion, interpersonal issues
- Duties are for us to receive updates from SOM policy committees and review, then vote and advise the Dean. Review and approve changes to SOM curriculum.
- Duties are to attend meetings and participate in discussions. We are to serve as a communication channel where we relay our discussions to our faculty departments.
- Meet and Greet – We plan on including brief updates from 2 departments at each meeting. We will be reaching out to senators to request volunteers.
- Relay of Information – Senators to forward the agenda and meeting minutes to the faculty each month. Senators present a brief update to the faculty at their department meetings.

Curriculum Steering Committee Updates – Tyler Anstett, Faculty Senate Representative of Curriculum Steering Committee, Department of Medicine

- Serves to oversee, guide, evaluate, recommend changes, and ensure changes are implemented for all curricular aspects of the MD degree program

- Recommend changes in governance and committee structures for undergraduate medical curriculum to the faculty senate
- Stimulate curricular review, integration, development, and improvement
- Review continuous quality improvement plans for each course/block/phase and review outcome achievement of program learning objective and competencies
- Establish and revise the requirements for MD degree
- Integrate into curriculum both vertically and horizontally with changes in organization content and sequences
- 2022 Planetary Health Report Card – Overall C+, we are in the top third of schools in the country
    - We are shining in research
    - Opportunities for improvement in community outreach and campus sustainability

<u>Graduation Questionnaire Results – Brian Dwinnell, Associate Dean of Student Life, Department of Medicine</u>

- Filed out by every graduating medical student in the country administered by AAMC
- Three surveys: one prior to starting the program, one in second year, the last just prior to graduation
- Student Mistreatment - Impact on students while in medical school and contributing to difficulties later in their education
- Does not have the word mistreatment in the survey
    - The rate dropped when the administrators used the word "mistreatment"
    - Students will say it has not occurred more often than faculty will when using that verbiage
    - 16 total questions in the index
- The GQ survey covers every aspect of their experience while in the SOM
- The mistreatment index has jumped up this year to >50% reporting perceived mistreatment (national mean is 39.4%)
    - Mistreatment only needs to be reported once in order to be counted in this tally
    - Some of the things that we do well is that students do report more often and that they are then satisfied with the response of their reporting which could possibly contribute to a higher index
    - We have stayed the same or improved in most areas – respecting diversity, respecting other health professionals, respecting other specialties, respectful interactions with students, showing empathy and compassion, advocacy for patients, and respecting patient autonomy and dignity
    - We have dropped in respect to other physicians/house staff
- Specific behaviors contributing to the index – excludes public embarrassment
    - Define humiliation versus embarrassment
    - Humiliation implied that there was intent to embarrass the student
- Areas where students are subjected to behaviors that we consider in that index
    - We have gotten worse in several areas per student reporting: denied opportunities based on gender, lower evals due to gender, and lower evals due to race/ethnicity
    - 31% experienced public humiliation from clerkship faculty in the clinical setting
- Where does the mistreatment occur?

    - The two highest are OB and Surgery
        - OB higher than national mean (44.7% vs 30.2%)– Working with clerkship directors and they are making the efforts to improve this
        - Surgery lower than national mean (50.6% vs 55.2%)
    - Interventions that we can make – education is a piece of this but not enough
- Questions/Comments
    - Since this is a survey that is done, is there investigative work when someone reports this? How do we know that it is truly mistreatment versus what they are just perceiving as mistreatment?
        - Answer: Office of Professional Excellence is where they can file reports on faculty and other students. The other avenue is that on their evals of their supervisors they can check off a box saying has someone behaved inappropriately and they will contact all students who check that box so a full report can be made, and they can decide if it was truly unprofessional behavior versus perceived injustice by the student.
    - Do you have or does GQ tell you where you lie in terms of the other metrics when compared to other programs? Is it always clinical rotation faculty or are there other things we can tease out to target?
        - Answer: Humiliation is most common nationally; the distribution is similar across the country in terms of source and the types of behavior. The percentiles tell us about our rank against other programs. Our index is >50% and the national mean is around 40%, so we went the wrong way this year.
    - OBGYN is working with LIC program and shifting towards faculty centered teaching as opposed to resident teaching program. A few sites have been LIC for several years (CS, DH) but now everything is LIC curriculum, and this was done because it is a core group of faculties who develop a longitudinal relationship as opposed to a changing team every six weeks. We do not have this data on LIC yet, however the satisfaction metrics have increased since switching to this model so we are hopeful the humiliation/embarrassment metrics will decline in response.
    - What might cause this trend in certain settings? Is it that OB and surgery are more fast-paced environments? Intergenerational communication issues? Communication styles?
        - Answer: When they do the index it only has to occur once for it to be counted towards the index and all these are possibilities. OB hired a consultant to investigate this, and they are addressing this. We know this is a very stressful environment so that could have something to do with it. There is a section for comments to be provided by students. They report not feeling involved or part of the team, not feeling valued. This contributes to their dissatisfaction.
    - Sex differences/Gender differences responding to the index?
        - Answer: Increase in gender related reporting, not a significant difference but it is hard to know on the comments because some of the written comments are from men in OB experiencing certain behaviors. In other environments it might be the opposite. No specific data that we have currently. We are considering focus groups in the future to tease out these issues.

- Was there a correlation between where mistreatment occurred and with the reports from the Office of Professional Excellence?
    - Answer: Yes
- Is there a place for students who enter the focus groups to realign us?
    - Answer: Yes – we want to understand why they feel they are being mistreated. We aren't focusing on the survey we are focusing on their experiences, so this shouldn't be considered "coaching" for the survey.
- Can we set up an informal committee so students feel like there is a place where they can safely and comfortably have an exchange where they bring these issues so they can be addressed early on? We don't want to imply that faculty, residents, nurses, etc. are intentionally harming students.
- Is there a breakdown for where the events occurred meaning inpatient versus outpatient?
    - Answer: No

<u>Other issues brough to the attending of the Senate</u>

- None