CUSOM Faculty Senate Meeting Minutes February 21, 2023

Lisa Marie Babayan, Faculty Senate Secretary

January's meeting minutes were unanimously approved.

Next Meeting is March 21, 2023

Updates from Dean Reilly

- Number of department chair recruitments – Dermatology, Neurology, Head and Neck, and Otolaryngology.
- Colorado State Legislature is in session and multiple bills are being followed as they relate to CUSOM –
    - Protecting providers dealing with reproductive rights and transgender care.
    - Regulating health care systems charging facility fees.
    - What health care systems can count as a community benefit.
- New chair of Physiology and Biophysics – David DiGregorio.
- Residency programs are completing match lists for this year – Match Day is March 17th
- Reaccreditation through ACGME via Bonnie Kaplan, MD of Emergency Medicine is underway. Dr. Kaplan will be reaching out if you are needed.

Department of Medicine Update - *Carey Candrian, PhD*

- More than 1,100 faculty – 188 residents and 139 fellows across 14 divisions.
- 255,235 outpatient visits and responsible for 17,807 hospital discharges (49% of all admissions).
- $114 million in research support - 2555 peer reviewed research publications.
- Graduated 58 residents and 72 fellows.
- Ranked 23rd nationally in NIH funding at $90 million.
- Challenges/Opportunities
    - Burnout/wellness: robust WellDOM.
    - Large dept = lack of cohesion and separation .
    - Academic appointment versus clinical worksite – some divisions struggle with identity between sites.
    - PhDs and tension around soft money – being able to support researchers as they are developing their careers without a clinical financial recapture.
    - Access to health system data – particularly on shared metrics of the incentive program

Overview of SOM/UCH Faculty Survey Results - *Lotte Dyrbye, MD, MHPH*

- Clinician Well-Being Survey administered in April 2022.
- Prevalence of burnout was higher than national benchmarks for both MDs and APPs.
- Professional Fulfillment – degree of intrinsic positivity derived from work including happiness, meaningfulness, contribution, self-worth, and satisfaction.

- Drivers of high workplace stress – complex, multi-factorial, interconnected, and straddle organizations. Word inefficiencies, workload, leadership, mistreatment, social support, and work life balance issues.
- Contributing factors – Value alignment, meaning in work, perceived gratitude, and peer support. The biggest discrepancy was value alignment and the lowest was deriving meaning in work.
    - 41% feel unheard
    - 52% want more mentorship
    - 40% do not feel like they belong
    - 29% feel as though bystanders do not stand up to intervene if they see mistreatment
- Operational Inefficiencies – Epic issues, inability to finish clinical workload on time
    - Sprints are having some positive impact.
    - Too much time on tasks others could be doing, getting outside records, and issues with timeliness of documentation given regulations from CNS.
- Clinician Well Being – How can we see this manifest?
    - Professionalism lapses.
    - Lower commitment to cost conscious care.
    - Exacerbation of racial bias.
    - Neg impact to quality of care.
    - Reduction in clinical FTE.
    - Turnover.
    - Etoh abuse.
    - Suicidal ideation.
- How Do We Move Forward? - With Impact
    - Lens of shared responsibility
- CU THRIVES – Creating a destination for top talent to discover, care, learn, and serve
    - Faulty affairs
        - Academic Promotions and Tenure – Dr. Sunita Sharma
        - Policies and Procedures – Dr. Annie Moore and Dr. Nicole Christian
            - Exit interviews
            - Parental leave, lactation, return to work
    - DEI – Dr. Amira del Pino-Jones
        - Pipeline programs – UME, PT, PhD, PA, AA
    - Faculty development, resources, and support
        - Faulty Development – Career Coaching, Academy of medical educations
        - Leadership development
        - Connection and support – peer support, mental health support, commensality groups
    - Culture and work transformation
- Dramatic increase in burnout during the pandemic
- Questions:
    - How are we defining burnout? - Trying to ask better questions to assess how our providers are doing. Are you feeling detached? Supported? Are you getting meaning out of your work? Using well validated measure and not necessarily one definition. Moving towards an all-staff survey.

- Are we collaborating with Children's? DH? - Yes, leaning into change here will impact other sites and overall satisfaction. Doing this by volunteering for committees which are trying to optimize team structure and outcomes. We need to collaborate with UCH, Children's, and DH to see change. It is hard to import solutions across specialties so this will need to be done at a department and even a division level.
- Did your findings look at demoralization and disillusionment with health systems? Not specifically, but we recognize there are system-wide improvements to be made and the need for advocacy through legislation.
- Is there any idea how to address burnout in clinical versus non-clinical faculty? Not much research looking at burnout in PhDs, but in the fall we are going to include them in the survey to tailor it more to them to get an idea of how to collaborate with this group.
- Who are we comparing ourselves to? Other academic medical centers and our counterparts in similar practices.