



EXECUTIVE COMMITTEE MINUTES

Tuesday, April 16, 2024

10:00 AM

Hybrid Meeting

ATTENDANCE

MEMBERS:

John J. Reilly, Jr., MD, Dean, School of Medicine, and Chair

Venu Akuthota, MD; Yuri Agrawal, MD, MPH; Maryam Asgari, MD, MPH; Leslie Berg, PhD; Evalina Burger-Van der Walt, MD; Vicki Callahan, MD; Vineet Chopra, MD, MSc; Stephen Daniels, MD, PhD; C. Neill Epperson, MD; Heide Ford, PhD; Casey Greene, PhD; Vesna Jevtovic-Todorovic, MD, PhD, MBA; Ihab Kamel, MD, PhD; Brian Kavanagh, MD, MPH; Kevin Lillehei, MD; Naresh Mandava, MD; Myra Muramoto, MD, MPH; Nanette Santoro, MD; Connie Savor Price, MD, MBA; Ann Thor, MD; Ken Tyler, MD; Richard Zane, MD

GUESTS:

Majik Abidzhanova, MBA; JD Ainsworth; Ryann Alarid; Kate Beatty; Jerica Berge, PhD, MPH; Suzanne Brandenburg, MD; J. Gary Brown, MA, MBA; Peter Buttrick, MD; Michael Cahill, MS; Thomas Campbell, MD; Karen Chacko, MD; Lauren Collins, MHA; Mark Couch; Katie Dean; Lotte Dyrbye, MD, MHPE; Ellen Elias, MD; Lauren Ford, MHA; Shelly Fortner; Anne Fuhlbrigge, MD, MS; Michael Harris-Love, PT, MPT, DSc; Patrick Henn, MD; Jimmy Loftin, MBA; Steven Lowenstein, MD, MPH; Bryan Lublin, MD; Venus Mann; Becky McGowan, MBA; John Moore; Liz Muscatello; Chanthy Na; Olawunmi (Wunmi) Ogunwo, JD; Steve Osswald, MBS; Beth Otis; Jason Owens; Miriam Post, MD; Marian Rewers, MD, PhD; Carol Rumack, MD; Nathan Schoppa, PhD; Brian T. Smith, MHA; Luciana Smith; Jeffrey SooHoo, MD, MBA; Alexander (AJ) Stein, MBA; Cheryl Welch, MPA

APPROVAL OF MINUTES

The March 19, 2024, meeting minutes were unanimously approved.

DEAN'S UPDATES

- The state is in the last three weeks of the Colorado State legislature session. The state budget is back at the Joint Budget Committee to reconcile the two versions that were passed by the House and Senate..
- The CU Board of Regents has completed the first two of a four-step process for the regents to vote on reinstating a ban on concealed carry of firearms on campus. The proposal is for a ban that would apply to all four CU campuses. The University Affairs Committee is scheduled to review it on June 4 and to consider it again at the next full meeting of the Board of Regents on June 20 and 21 in Pueblo.
- A bill in the state legislature would ban concealed carry in sensitive places. Institutions of higher education are on the list of sensitive places.
- CU Anschutz Medical Campus Commencement Ceremony will be held on Monday, May 20th. The full ceremony begins at 8:30 a.m. and the MD convocation begins at 10:15 a.m.

DISCUSSION ITEMS

Proposed Update to Faculty Reappointment Process

Cheryl Welch, Director, Faculty Affairs

See attached slides.

2024 Clinician & Scientist Wellbeing Survey Part 2

Lotte Dyrbye, MD, MHPE, Senior Associate Dean of Faculty & Chief Well-being Officer

See attached slides.

Faculty Senate Updates:

Patrick Henn, MD, Faculty Senate President and Assistant Professor of Pathology

- At the March meeting, Dr. Dyrbye presented the faculty survey results. Carolyn Walsh, a third-year medical student, also presented on the planetary health report card. The report card is a student-driven, metric-based tool to identify strengths and areas of improvement in the school in five categories: curriculum; research; community outreach and advocacy; support for student-led initiatives; and campus sustainability. The School of Medicine's grade in 2023 was a B. 2024 is also projected to score a B.

Affiliate Updates from VA and Denver Health:

Vicki Callahan, MD, Interim Chief of Staff – Academic Affiliations, VA

- Dr. Callahan introduced Bryan Lublin, MD, Associate Chief of Staff for Education.
- The VA is currently in its resident onboarding process and is also preparing for when the new residents start in June.

Connie Savor Price, MD, MBA; Chief Medical Officer, Denver Health and Hospital Authority

- The OB-GYN chair search is starting, and Brett Leggett, MD, chair of inpatient pediatrics, will chair the committee.
- Simon Hambidge, MD, PhD, chief ambulatory officer, is retiring this fall. Tom MacKenzie, MD, MSPH, will lead the search.
- The hospital-based department chairs are exploring new compensation models. The anticipated launch date is January 2025.
- The three-year strategic plan is from 2024-2026. The academic mission remains front and center.
- Affiliation agreements are being updated with the campuses and includes the School of Medicine and CU Medicine.

New Business:

- There have been a number of attempts to negotiate with the Colorado Trial Lawyers Association in hopes of preventing Referendums 149 and 150 from going on the ballot. Discussions are ongoing.

EXECUTIVE SESSION

APPROVAL ITEMS

- A. The full-time faculty appointments and promotions were unanimously approved.
- B. The clinical faculty appointments and promotions were unanimously approved.
- C. The emeriti appointments (2) were unanimously approved.



University of Colorado **Anschutz Medical Campus**

School of Medicine
Faculty Reappointment Process: Update Proposal
Executive Committee Meeting
April 16, 2024

Cheryl Welch
Director of Faculty Affairs



SOM Faculty Reappointment Process

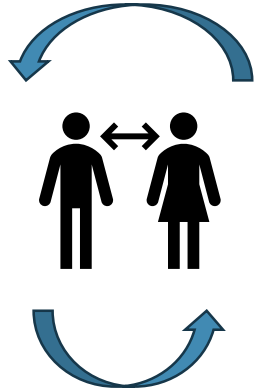
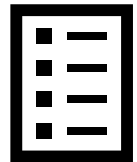
Current State

- Total number full-time faculty: ~5,500
- 967 have **limited** appointments (also called **term** appointments)
 - ~50% are 1-year appointments
 - Remainder: 2, 3, 4-year appointments

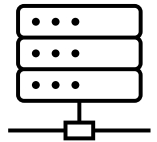


SOM Faculty Reappointment Process

Current Process



1. Renew
2. Non-renew (w/ proper notice), or
3. Notice of non-renewal already provided to faculty member



OFA distributes list with limited appts expiring soon

Lots of back-and-forth w. departments regarding next steps

Update appointment end dates in database (FIMS)

Prepare and send out reappointment letters

Upload all letters into OnBase

Repeats 4 times per year



SOM Faculty Reappointment Process. **Proposed Change**

Step 1: Standardize all limited appt end dates

- Currently: 2/3 limited appts have June 30 end date
- Update end dates to June 30 for remaining 1/3 (~300)

Appointment Length	Year Expiring	New Proposed End Date
1-Year	2024	June 30, 2024
2-Year	2024	June 30, 2024
2-Year	2025	June 30, 2025
3-Year	2024	June 30, 2024
3-Year	2025	June 30, 2025
3-Year	2026	June 30, 2026
4-Year	2024	June 30, 2024
4-Year	2025	June 30, 2025
4-Year	2026	June 30, 2026
4-Year	2027	June 30, 2027



SOM Faculty Reappointment Process. **Proposed Change**

Step 2. Automatic Renewal

- 1-year appts will automatically renew for 1 year *unless* we hear otherwise from the Departments
- **For discussion:** 2-, 3-, 4-year appts automatically renew for 1 year, unless non-renewal or longer term chosen
- **Note:** Existing appointments cannot be shortened

Appointment Length	Renewal Option	
	Automatic 1-Year Renewal	Automatic 1-Year Renewal Unless Longer Term Chosen
1-Year	X	
2-Year		X
3-Year		X
4-Year		X



SOM Faculty Reappointment Process

Additional logistics

- Renewal letters will be sent once to existing faculty who have a limited appt. with automatic renewal language
- New limited appts - use June 30 as end date
 - Hire with any start date
 - Automatic renewal language included in LOO
- Current policy re: notice of non-renewal will not change

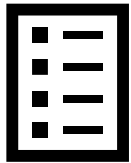
Wins !

- Standardization of end dates reduces everyone's administrative burden (annual process rather than 4 times/year).
- Automatic renewals (eliminating renewal letters) further reduces administrative burden.

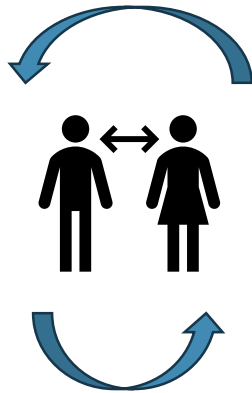


SOM Faculty Reappointment Process

Proposed Process



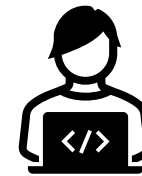
OFA distributes list with limited appts expiring in June, **once a year**



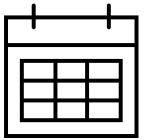
Departments have 30 days to notify OFA regarding #2 and #3.

Default: Automatic 1 year renewal (unless otherwise notified)

1. Renew
2. Non-renew (w/ proper notice); or
3. Notice of non-renewal already provided to faculty member.



Update appointment end dates in database (FIMS)



Repeat yearly







University of Colorado **Anschutz Medical Campus**

THANK YOU



Thrive: Offices for the Faculty Experience

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

University of Colorado
School of Medicine

2024 Clinician & Scientist Wellbeing Survey

Faculty Professional Fulfillment & Burnout

URiM

- Higher Professional Fulfillment score among URiM clinical faculty vs. non URiM clinical faculty
- No significant difference in Professional fulfillment score between URiM scientist vs. non URiM scientist
- No significant difference in burnout scores between URiM faculty vs. overall group

Gender

- No significant difference in Professional Fulfillment or Burnout by Gender

Defined as:
Black, African American,
African, Afro-Caribbean
American Indian
Alaska Native
Native Hawaiian or other
Pacific Islander
Hispanic

Clinical Faculty. Professional Fulfillment & Burnout

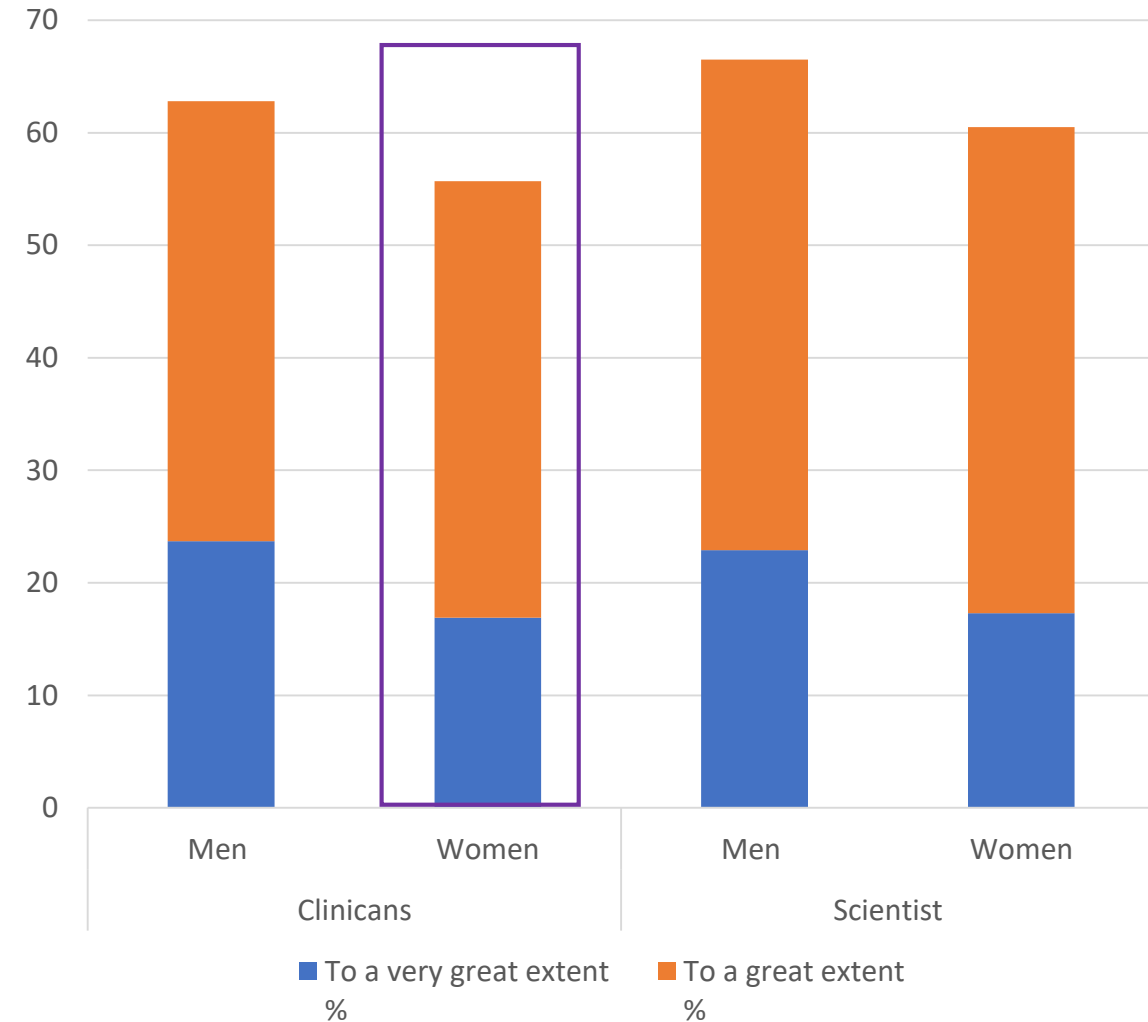
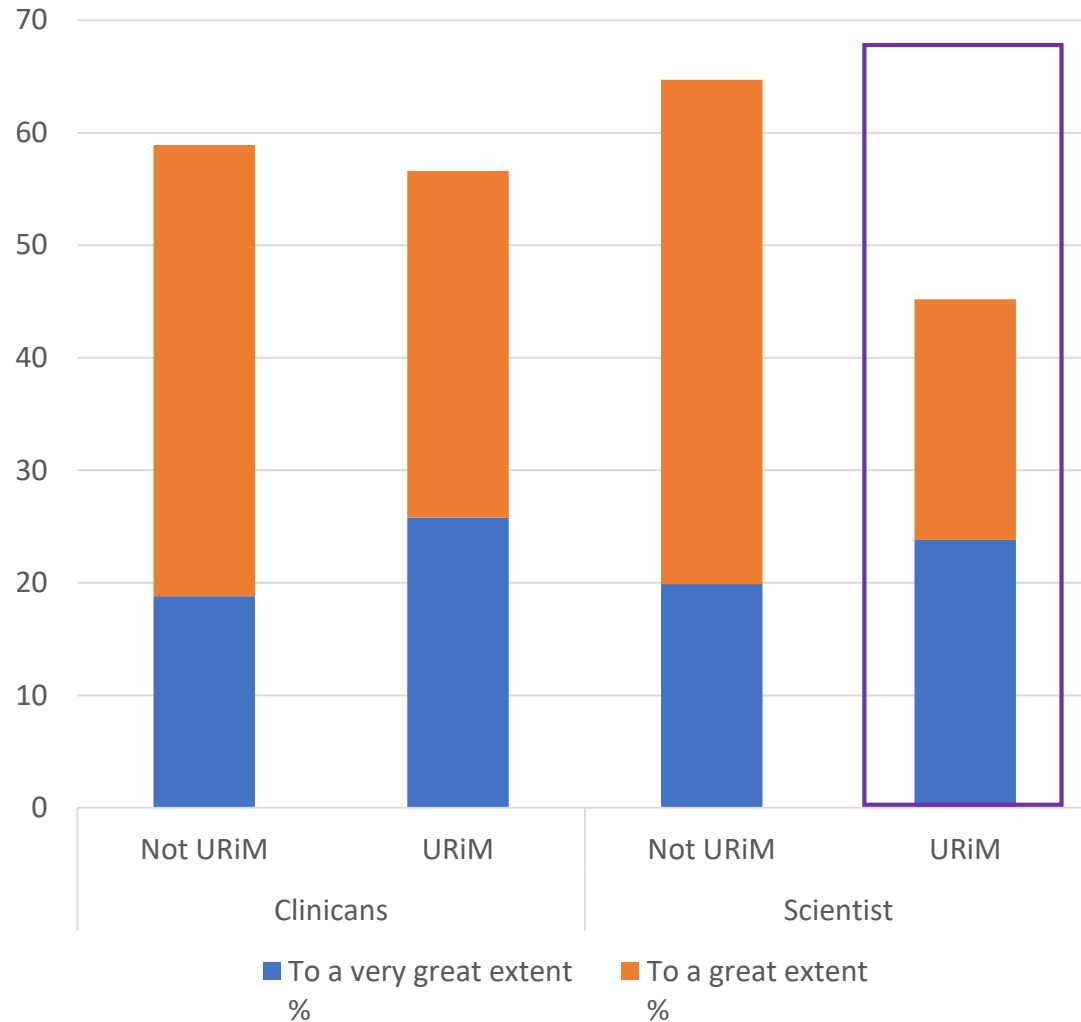
URiM

- Physicians
 - 3 Dept. URiM physicians had higher burnout scores
 - 1 Dept. URiM physicians had lower burnout scores
- APP
 - 1 Dept. URiM APPs had higher burnout score

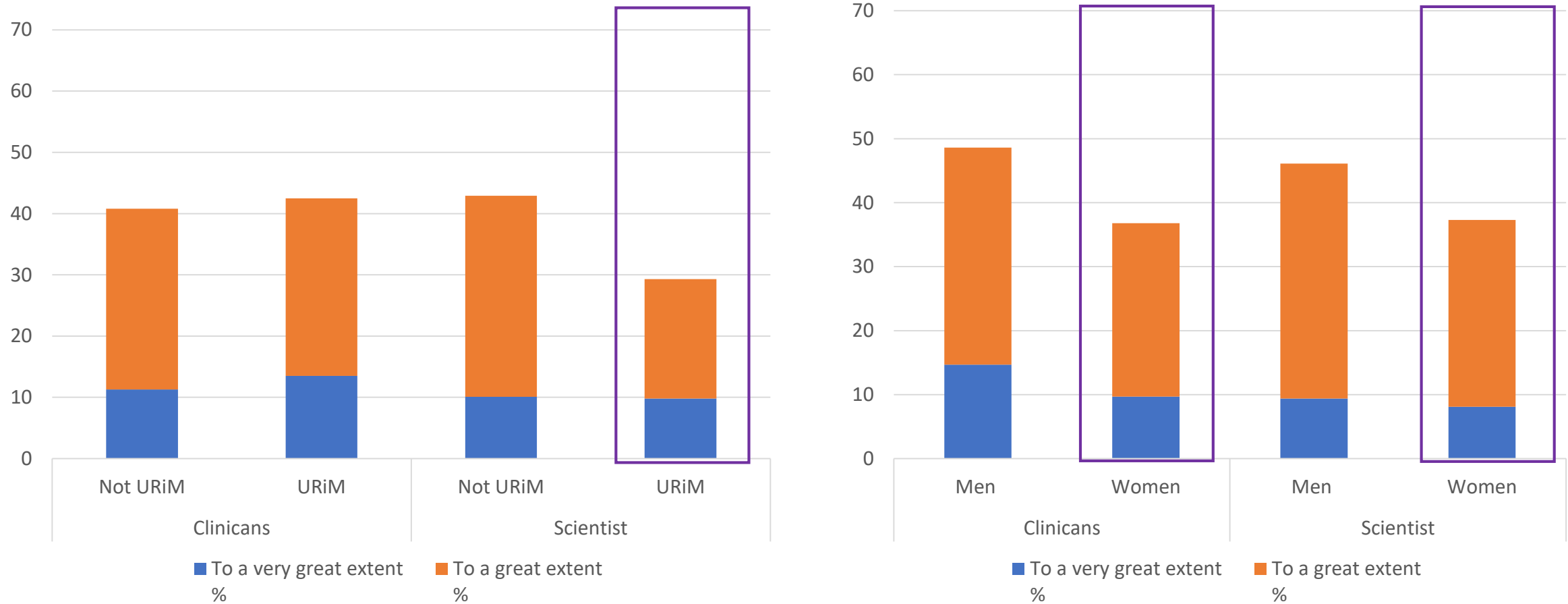
Gender

- Physicians:
 - 7 Dept. female physicians had higher burnout
 - 4 Dept. female physicians had lower burnout
- APP
 - 1 Dept. female APPs had higher burnout
 - 2 Dept. female APPs had lower burnout

There are good systems in place to ensure that I am treated with respect and dignity



Bystanders speak up or intervene if someone is mistreated



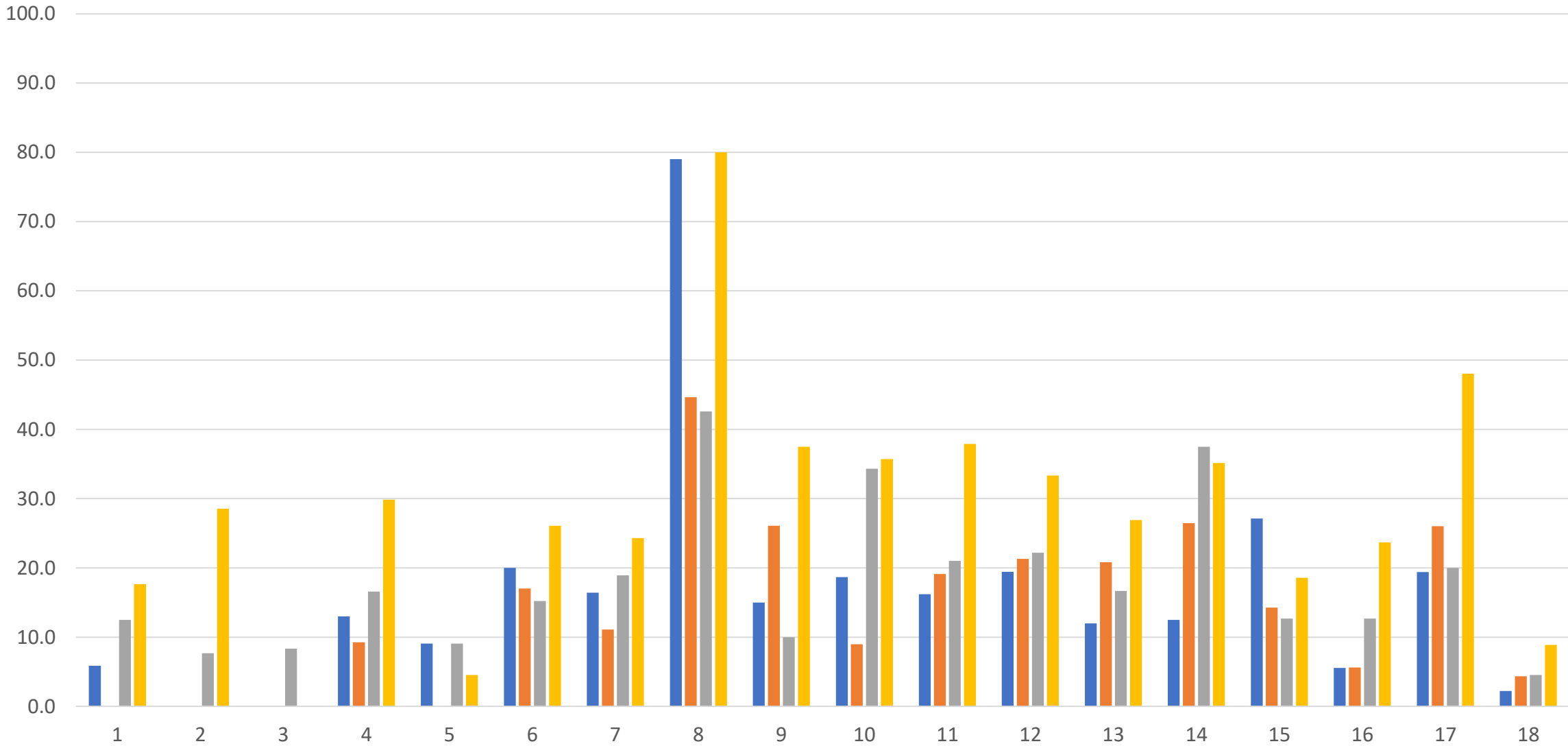
Mistreatment. Last Year by Identity

	Clinical Faculty			Scientist Faculty		
	All	URiM	Women	All	URiM	Women
Physically Intimidated	17.3%	16.7%	18.4%	2.0%	0%	3.2%
Sexual Harassment/Sexist Remark	14.7%	10.8%	16.3%	3.1%	0%	4.8%
Racial/Ethnic/Culturally Offensive Statement	16.3%	29.3%	14.9%	8.2%	20%	10%
Bullying/Verbal Abuse	28.0%	27.2%	30%	14.1%	17.4%	17.9%



Mistreatment. Physicians

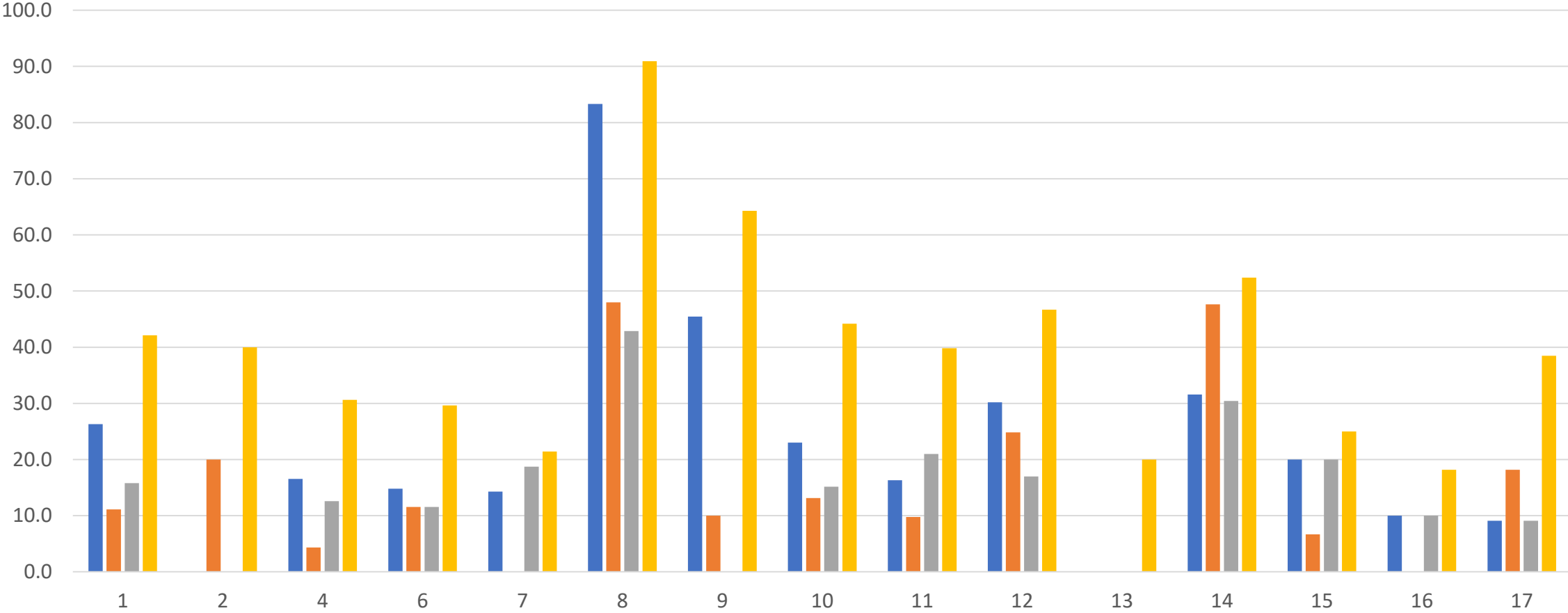
Percent of Physicians



■ Been physically intimidated (e.g., threatening gestures) at work ■ Been subjected to sexual harassment or an offensive sexist remark at work
■ Been subjected to a racially, ethnically, or culturally offensive remark at work ■ Been subjected to bullying or verbal abuse at work

Mistreatment. APPs

Percent of APPs



- Been physically intimidated (e.g., threatening gestures) at work
- Been subjected to sexual harassment or an offensive sexist remark at work
- Been subjected to a racially, ethnically, or culturally offensive remark at work
- Been subjected to bullying or verbal abuse at work

Comments related to equity, inclusion, and belonging at work

- Feel free to share comments related to equity, inclusion, and belonging at work.
- If in the past 12 months, you've been treated differently from either your colleagues or your supervisors at work because of an aspect of your identity (including age, disability, ethnicity, gender expression, gender identity, marital status, national origin, pregnancy/childbirth, race, religion, sex, sexual orientation, or another aspect of your identity), please tell us how.
- 542 comments



Sexism & inequities faced by women (142 comments)

Bias

- *There is always unconscious bias toward women (they speak too much -but men who speak same amount go unnoticed, ignoring women's good ideas, judgment when they speak up about family responsibility when male colleagues can do the same without that judgement).*
- *I am a younger female fellow and I have been questioned countless times by pharmacists when I ask for certain medications or treatments for our [removed] patients.The neuro pharmacist refused to order the dexamethasone in accordance with standard ITP treatment - questioning me, calling me by my first name instead of addressing me as Dr., etc.*
- *“I have never had an issue commanding a room I was in or had people question my clinical acumen - until I got pregnant. Once I started showing, the amount of sexist comments was unbelievable. When I had a clinically different opinion from a male colleague - he said oh do you have pregnancy brain - essentially mocking my suggestion as being ridiculous.”*

Sexism & inequities faced by women (142 comments)

Not being included / heard

- *I would repeatedly not be invited to meetings that I should have been in, was not welcome to speak up, recognized less than men in the division and given less opportunities than men (in terms of being asked to be on papers, mentorship opportunities, career advancement opportunities)*

Asked to do other tasks

- *As a female team member I note that myself and other female colleagues are often asked or assumed to take on tasks when male colleagues are not - examples include- taking on an extra trainee for mentoring, pitching in to join a committee that will not lead to promotion/advancement, reviewing extra clinic referrals, responding to patient advice requests*

Less respected or misidentified by colleagues and patients

- *i was running a resuscitation, a consulting fellow from a different service asked if i was the social worker. I believe this is because i am young and female, and do not dress in scrubs.*
- *I wear scrubs at work, describe surgeries in detail and still get asked if I am the surgeon.*

Racism & inequities (42comments)

Less respected or misidentified by colleagues and patients

- *As a minority faculty member, I am often mistaken for other faculty members of the same minority group*
- *I was specifically asked how it felt to be the “token Black”.*

Lack of inclusion & opportunities

- *It is tough being Black at this institution (maybe everywhere). I feel like people are mainly interested in the diversity of how I look but not the experiences, ideas and alternative ways of doing things that I bring to the table*
- *Women and minorities have a harder time ascending the academic ladder, tend to get fewer opportunities, and don't have the same worth.*

Interactions with patients

- *it is EXTREMELY annoying to be described by patients as "exotic" or "ethnic" and have the appointment time be consumed by the patient's interest in "where I'm actually from" instead of the reason for their visit, despite repeated efforts to redirect the conversation.*

Issues Pertaining to Parenting (27 comments)

- **Equity**

- Unfair requests to change schedule to accommodate those with children (vs. without children)
- Clocks on internal grants con't despite maternity leave
- Pumping at work & impact on RVUs, work hours, bonus
- Make up missed call/shifts after returning from maternity leave

- **Stigma**

- “not pulling weight” while pregnant or “on vacation” during maternity leave
- Not wanting to hire female colleagues due to possibility of maternity leave

- **Work – home conflict (meeting times)**



Issues Pertaining to Religion & Politics (29 comments)

- Anti-religious remarks from leadership
- Belonging for those with conservative views
- Antisemitism
- Desire for CU SOM to recognize non-Christian holidays
- Politics in the workplace
 - *I have seen repeated situations in which people are speaking openly against a conservative politician or conservative idea. I may privately agree, but I think it is inappropriate to discuss this at work. I believe we have to be more aware of this and give consideration to all members of our community, including those of all political persuasions, even if not our own.*



Diverse Community

- **FMG**

- Perception of others assigning them lower value
- Not called by their name / little effort made to learn their name
 - *“My name is hard.People consistently refuse to learn my name (now shortened to xxx). Would be nice if my direct supervisors [removed] would work on learning my name.”*
- Equity long vacation requests

- **LGBTQ+**

- Homophobic remarks
- Gender expression and identity and sexual orientation
 - *repeatedly compared to other queer residents (that have graduated and I've never met) in an always negative light -been told it's unprofessional to talk about sexual orientation at work*

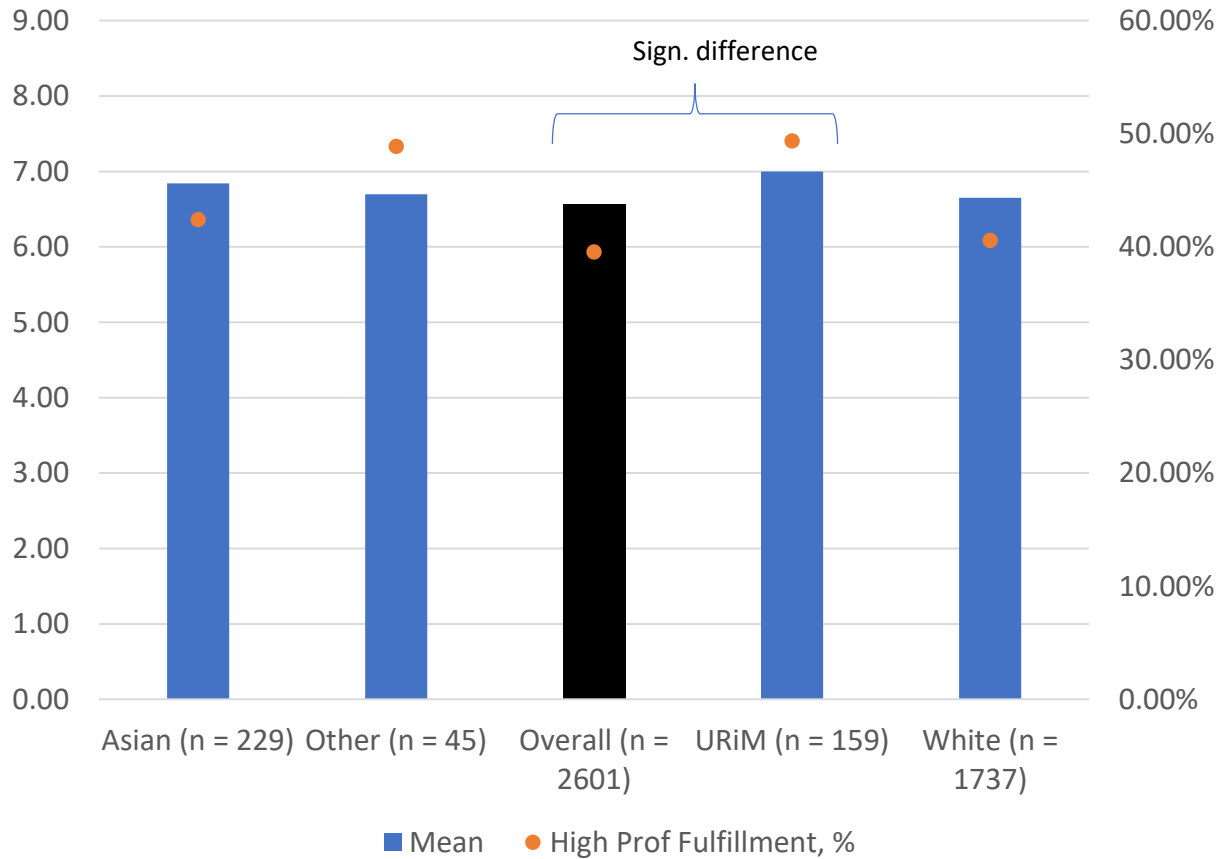




Additional Data

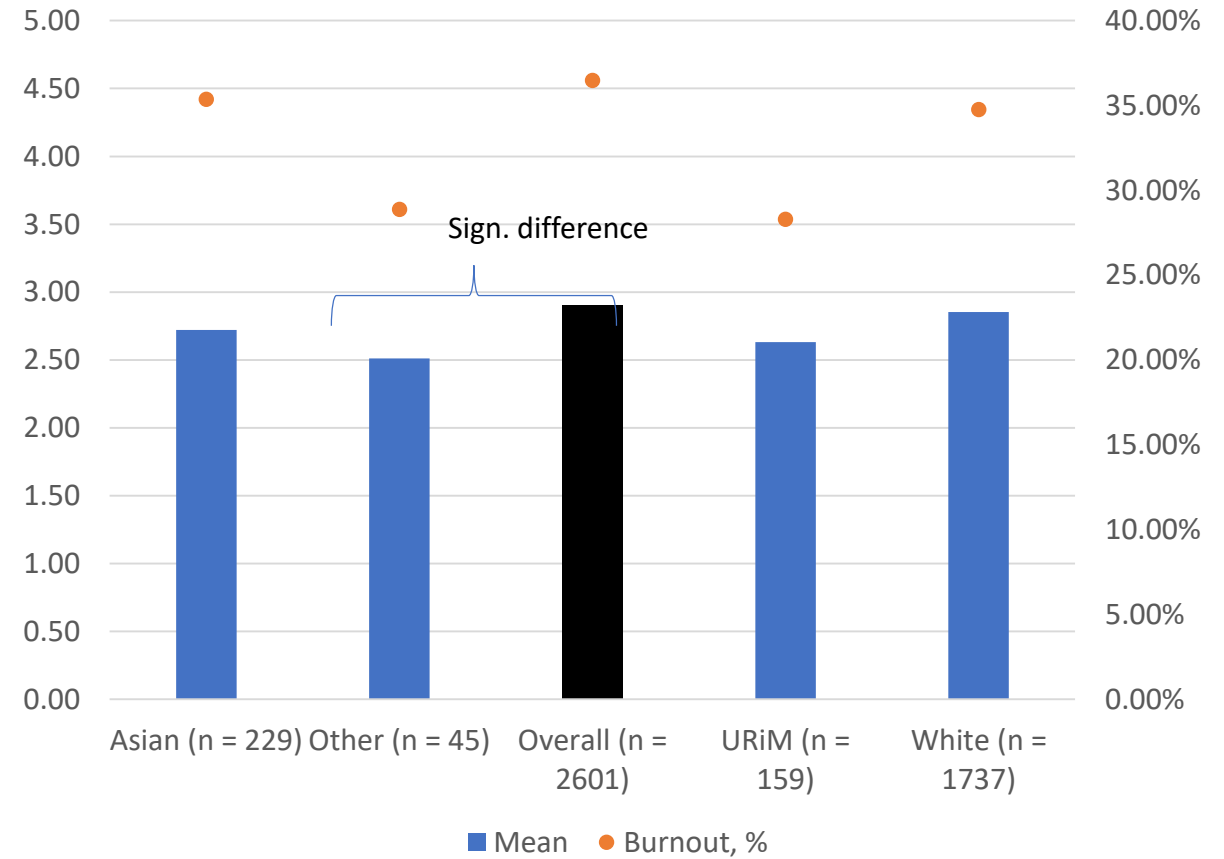
Clinical Faculty, URiM

Professional Fulfillment



Measured on a scale of 0-10 | Higher score favorable*

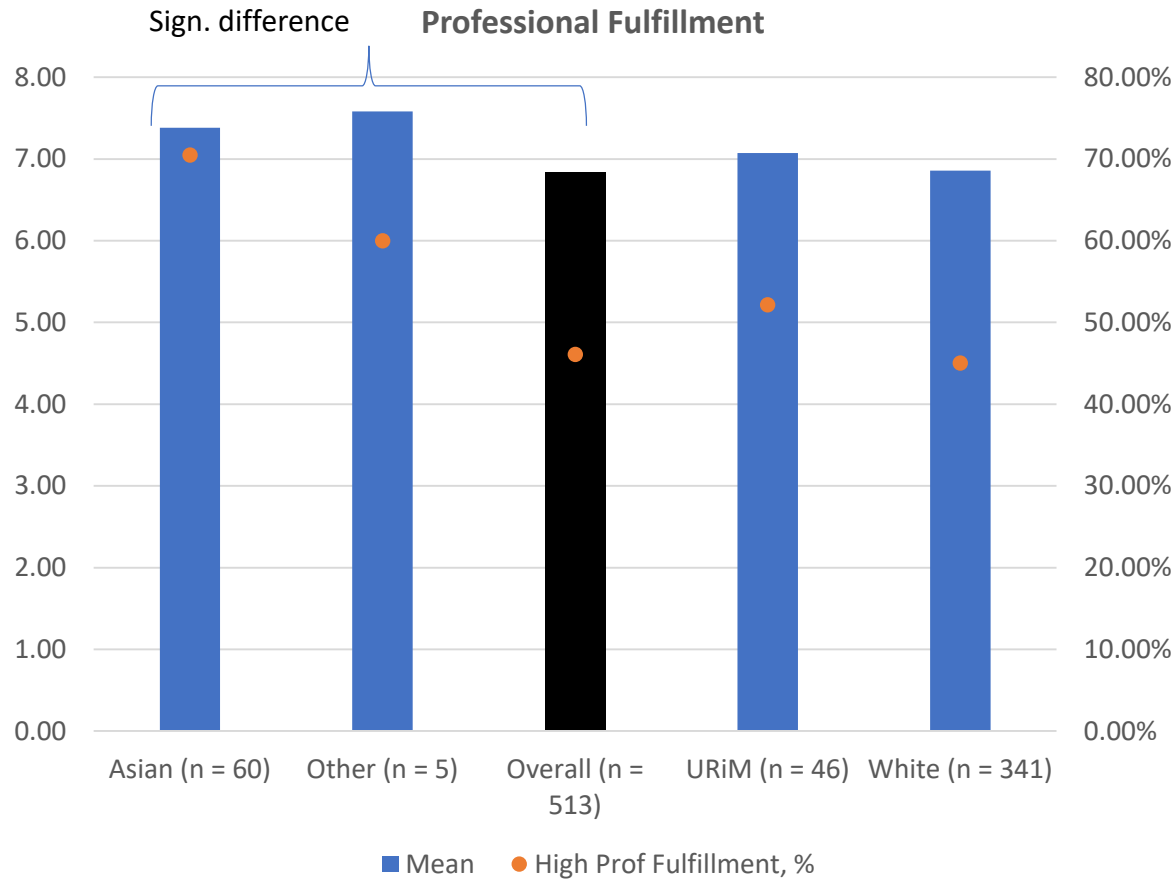
Burnout



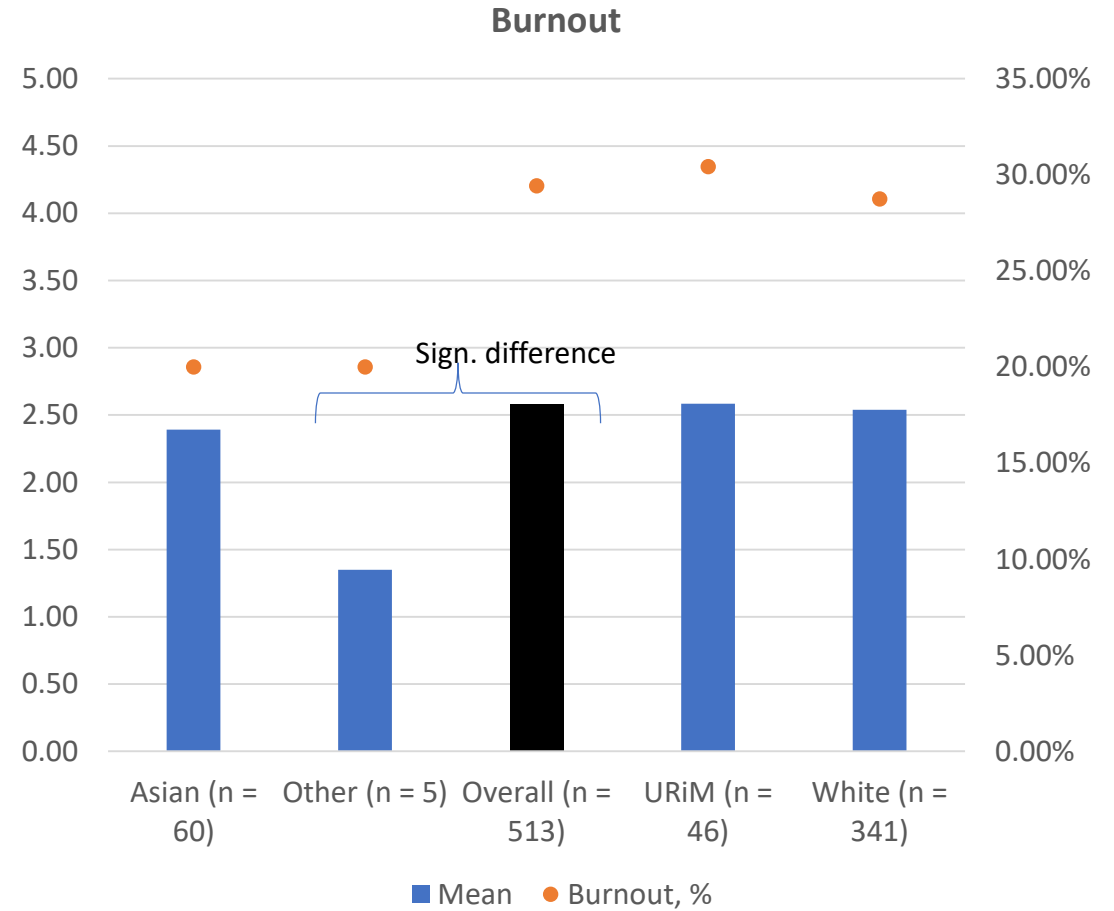
Measured on a scale of 0-10 | Lower score favorable*

> 0.2 SD

Scientific Faculty, URiM



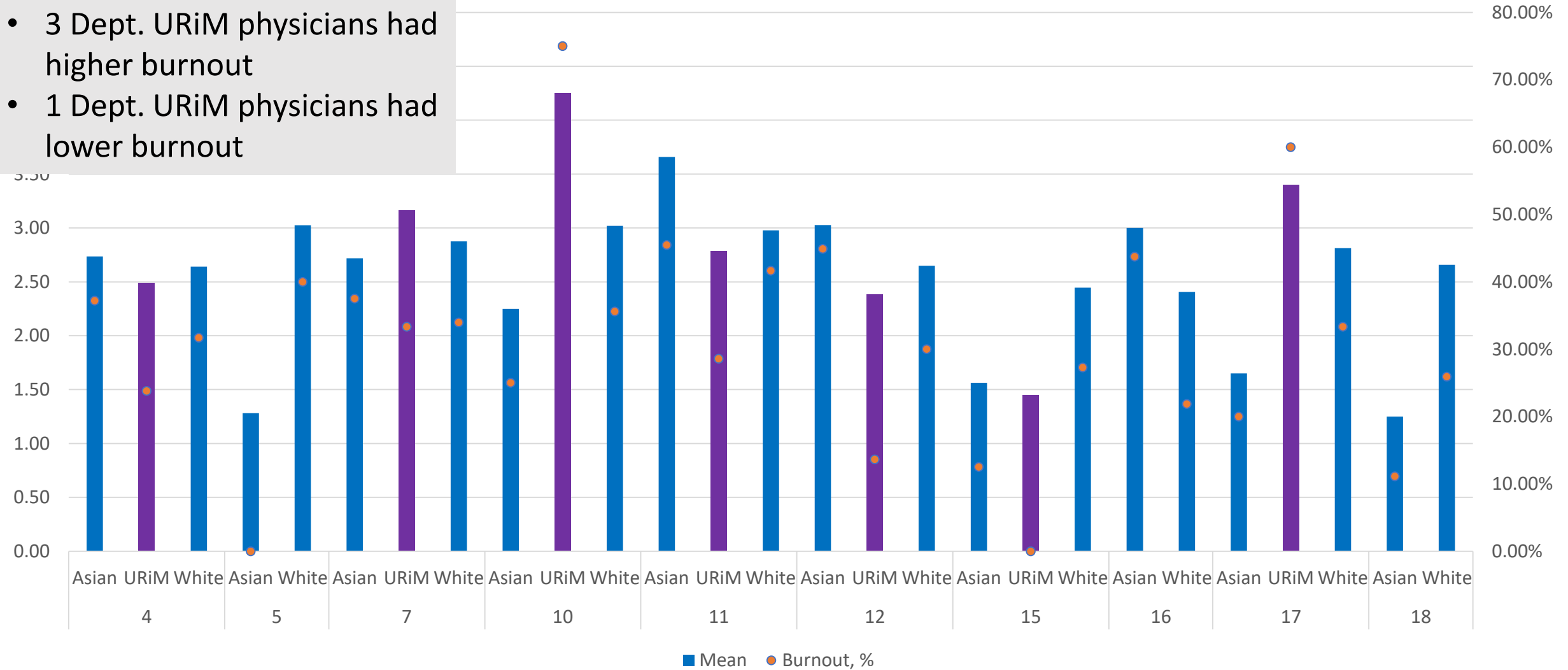
Measured on a scale of 0-10 | Higher score favorable*



Measured on a scale of 0-10 | Lower score favorable*

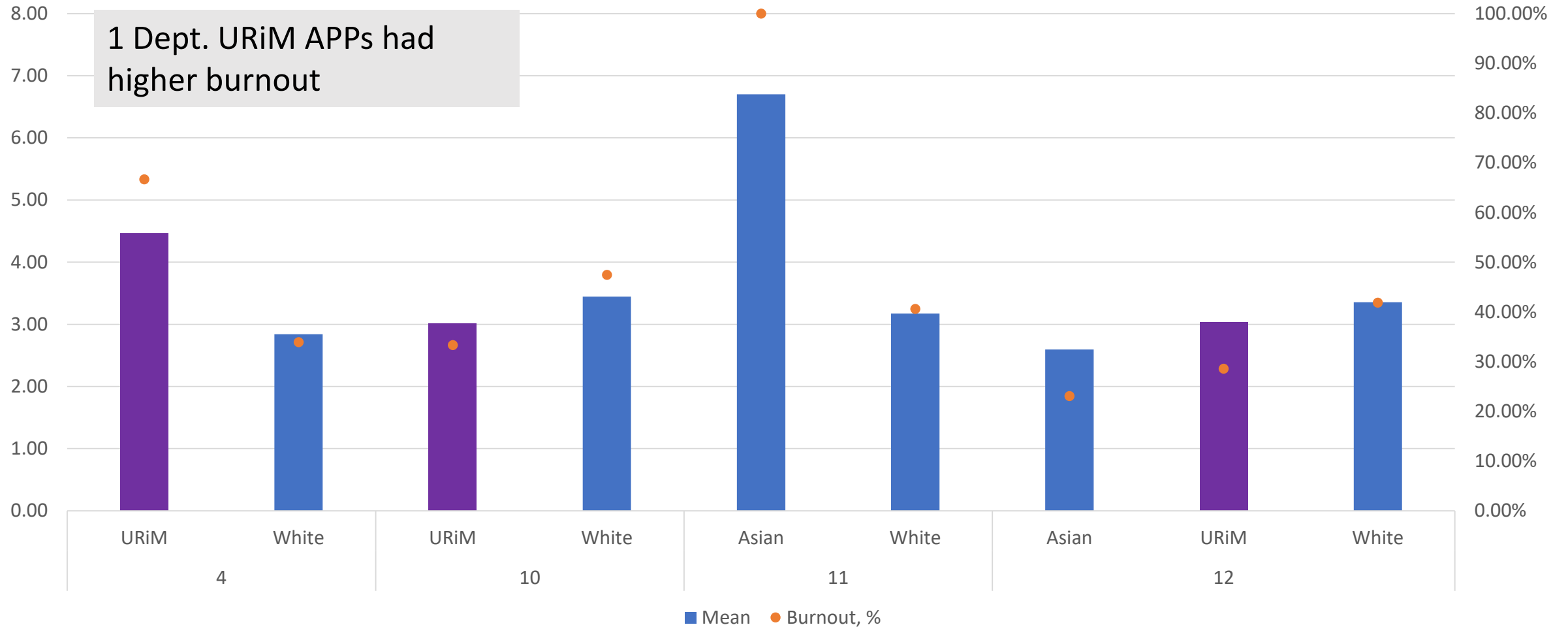
Physician Burnout, URiM

- 3 Dept. URiM physicians had higher burnout
- 1 Dept. URiM physicians had lower burnout



Measured on a scale of 0-10 | Lower score favorable*

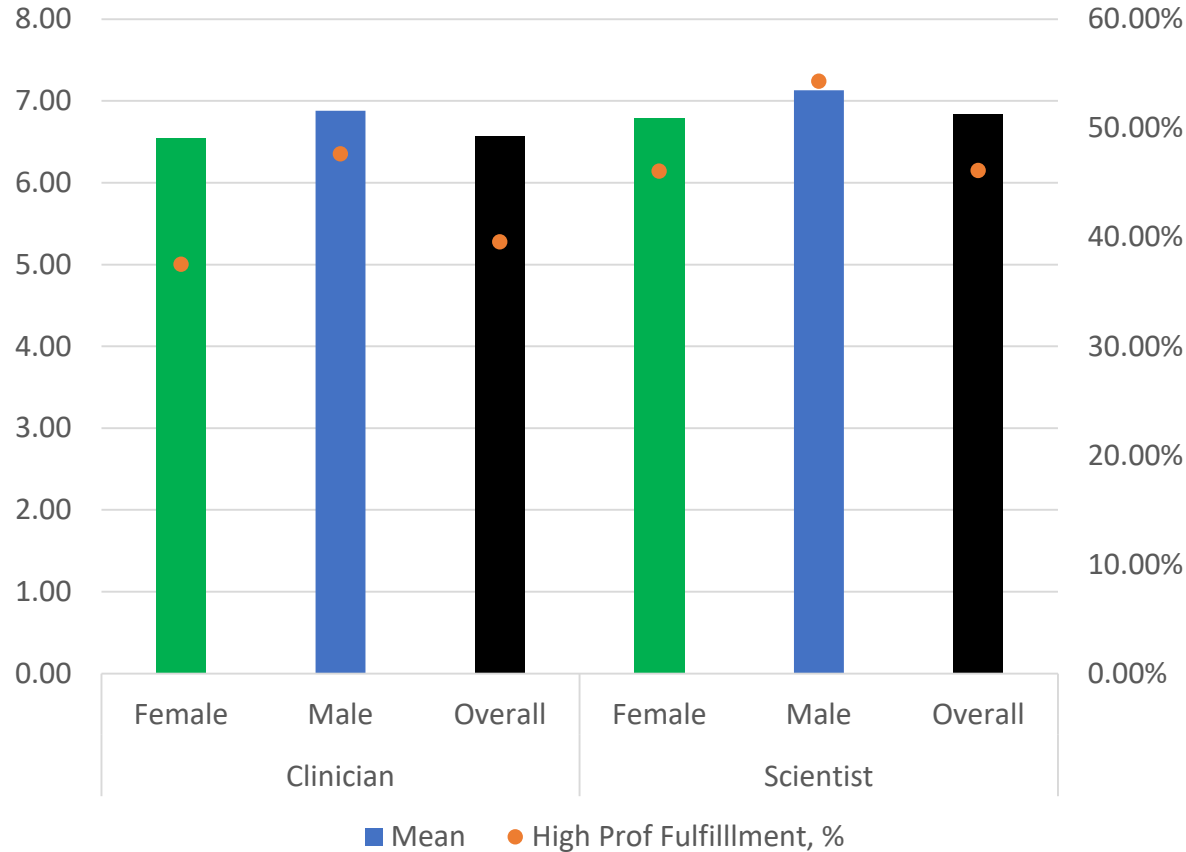
APP Burnout, URiM



Measured on a scale of 0-10 | Lower score favorable*

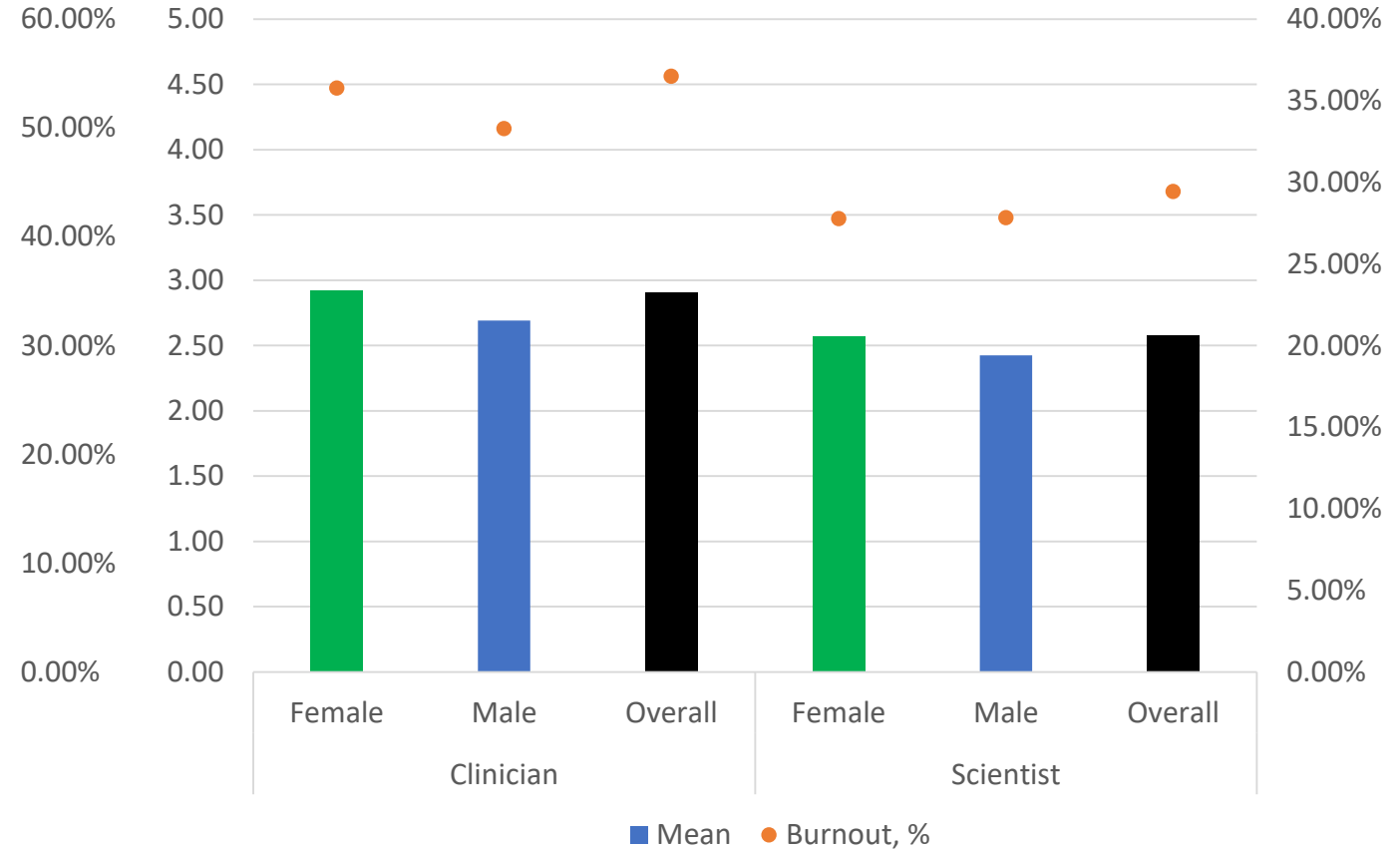
Faculty, Gender

Professional Fulfillment



Measured on a scale of 0-10 | Higher score favorable*

Burnout

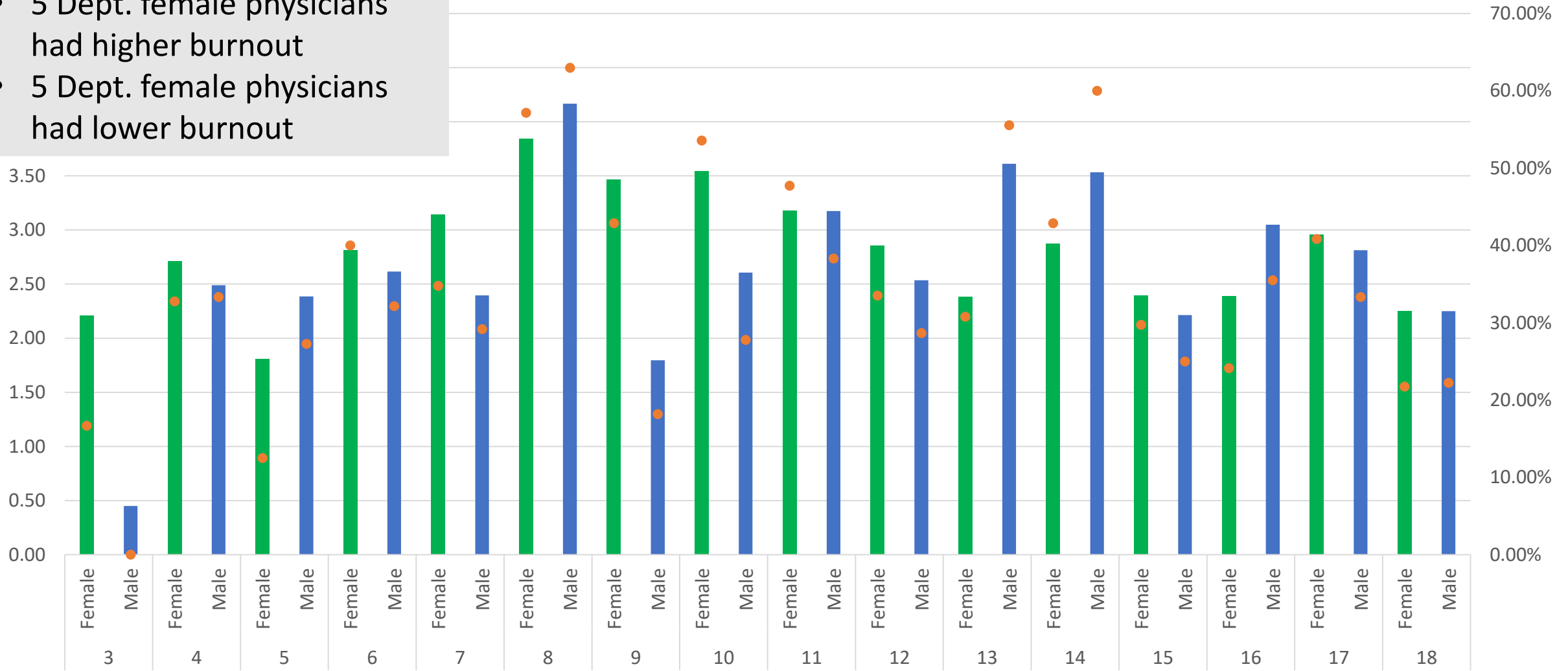


Measured on a scale of 0-10 | Lower score favorable*

No Significance Difference

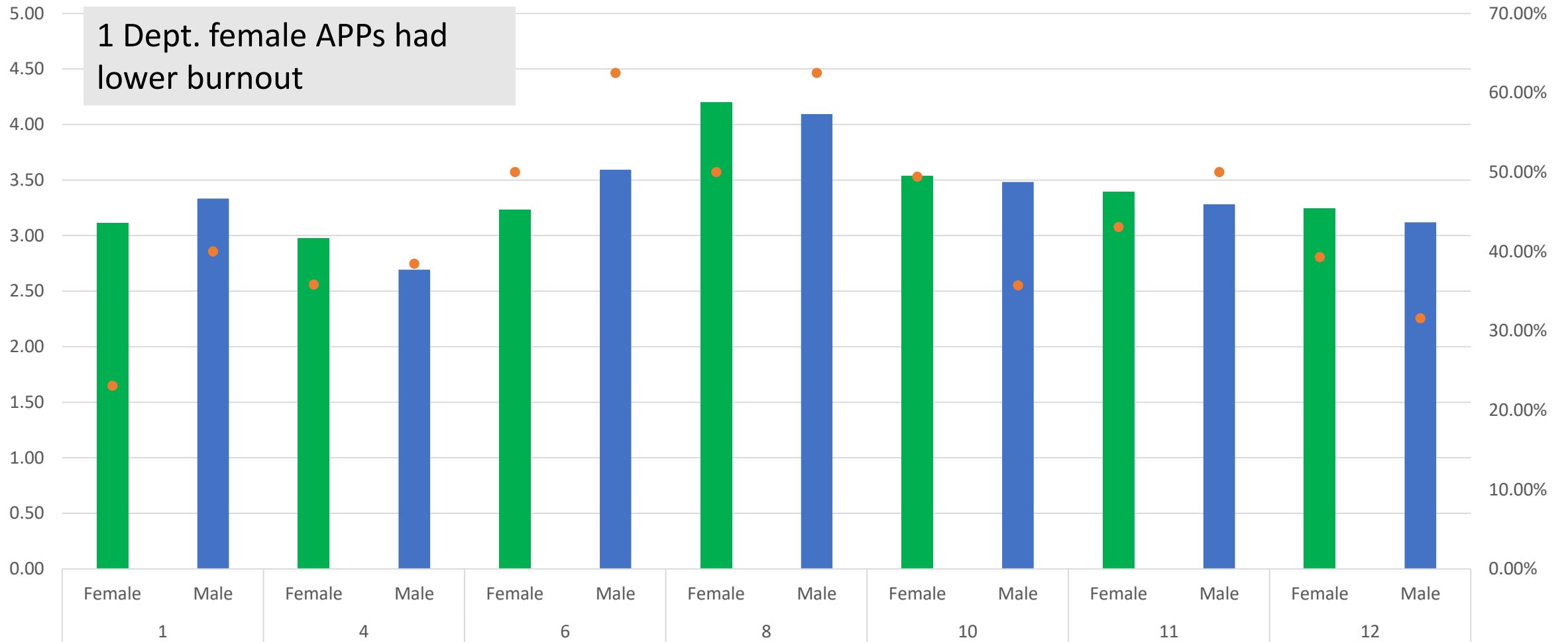
Physician Burnout, Gender

- 5 Dept. female physicians had higher burnout
- 5 Dept. female physicians had lower burnout



Measured on a scale of 0-10 | Lower score favorable*

APP Burnout, Gender



Measured on a scale of 0-10 | Lower score favorable*

Mistreatment. Last Year

	Scientist, %	Clinicians, %	Residents, %
Been physically harmed (e.g., hit, slapped, kicked) at work	0.20	5.51	5.66
Been physically intimidated (e.g., threatening gestures) at work	2.05	17.27	19.61
Been subjected to sexual harassment or an offensive sexist remarks at work	3.07	14.68	21.82
Been subjected to a racially, ethnically, or culturally offensive remarks at work	8.18	16.26	20.91
Been subjected to bullying or verbal abuse at work	14.11	28.01	28.41



By Whom	<u>Been physically harmed (e.g., hit, slapped, kicked) at work</u>							
	Patient, family, or visitor	Physician	APP	Faculty member	Leader (incl. supervisor)	Nurse	Staff	Other
APP	45	0	1		0	0	0	0
LMHP-LCSW/LPC/MSW	2	0						
LMHP-PsyD/PhD	5	0						
Other Clinicians	1	0						
Physician	77	1						
Resident	35	4						
Non Clinical								
Scientist-Doctorate				0	0		1	0
Scientist-NonDoctorate				0	0		0	0

As a clinician, patients yelling at me and threatening physical harm when they are unsatisfied with recommendations or clinical management. These patients are never to rarely dismissed from clinic; I think that these policies need to be revisited.

Number of times faculty reported patient/family/visitor, a physician, APP, leader, nurse, staff or other individual physically harmed them at work in the last year

Been physically intimidated (e.g., threatening gestures) at work

	Patient, family, or visitor	Physician	APP	Faculty member	Leader (incl. supervisor)	Nurse	Staff	Other
APP	133	18	2		5	2	1	1
LMHP-LCSW/LPC/MSW	3	0	0		0	0	0	1
LMHP-PsyD/PhD	11	1	0		3	0	0	0
Other Clinicians	5	0	0		1	0	0	0
Physician	232	20	2		9	6	3	4
Resident	133	6	1		1	8	5	0
Non Clinical				0	0		0	0
Scientist-Doctorate				4	1		0	4
Scientist-NonDoctorate				0	0		1	0

Number of times faculty reported patient/family/visitor, a physician, APP, leader, nurse, staff or other individual physically intimidated them at work in the last year

Been subjected to sexual harassment or an offensive sexist remark at work

	Patient, family, or visitor	Physician	APP	Faculty member	Leader (incl. supervisor)	Nurse	Staff	Other
APP	73	16	3		3	3	4	1
LMHP-LCSW/LPC/MSW	3	1	0		2	0	2	0
LMHP-PsyD/PhD	4	3	0		0	1	0	1
Other Clinicians	5	5	0		2	0	0	1
Physician	149	42	1		17	13	11	8
Resident	139	27	3		8	13	14	2
Non Clinical				0	0		0	1
Scientist-Doctorate				7	4		3	3
Scientist-NonDoctorate				0	0		1	0

Number of times faculty reported patient/family/visitor, a physician, APP, leader, nurse, staff or other individual sexually harassed them or made offensive sexist remark at work in the last year

Been subjected to a racially, ethnically, or culturally offensive remark at work

	Patient, family, or visitor	Physician	APP	Faculty member	Leader (incl. supervisor)	Nurse	Staff	Other
APP	62	23	4		7	9	6	4
LMHP-LCSW/LPC/MSW	6	2	1		2	0	3	0
LMHP-PsyD/PhD	12	5	3		5	3	2	3
Other Clinicians	5	3	0		0	0	2	4
Physician	174	46	10		24	28	18	17
Resident	120	47	11		10	29	25	4
Non Clinical				2	1		0	0
Scientist-Doctorate				23	8		7	11
Scientist-NonDoctorate				1	1		1	0

Number of times faculty reported patient/family/visitor, a physician, APP, leader, nurse, staff or other individual made a racially, ethnically, or culturally offensive remark

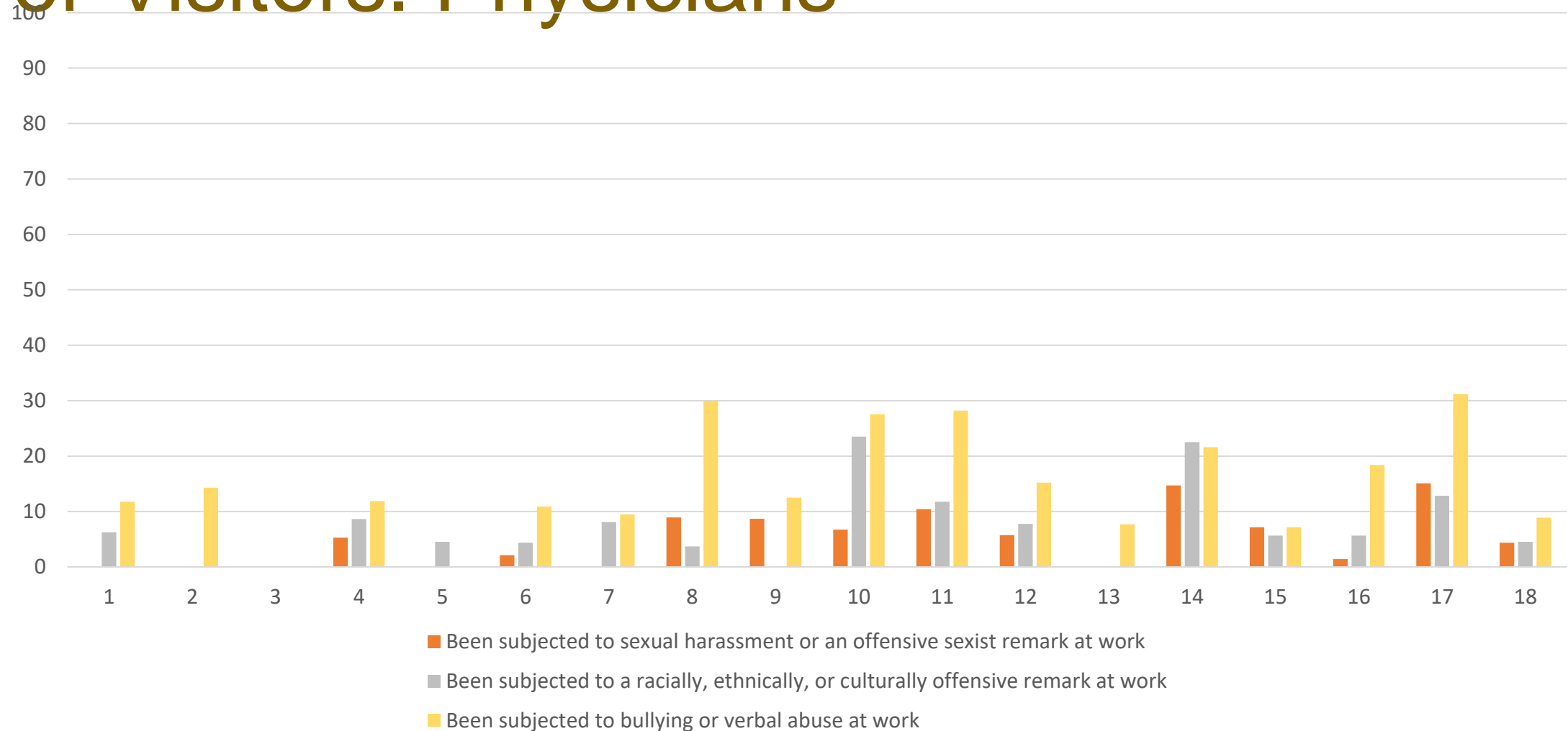
Been subjected to bullying or verbal abuse at work

	Patient, family, or visitor	Physician	APP	Faculty Member	Leader (incl. supervisor)	Nurse	Staff	Other
APP	132	81	23		24	22	18	14
LMHP- LCSW/LPC/MSW	3	2	2		4	1	1	0
LMHP-PsyD/PhD	8	5	3		7	1	4	4
Other Clinicians	8	1	0		2	0	0	4
Physician	261	108	12		73	37	23	13
Resident	128	73	20		21	56	18	4
Non Clinical				2	1		2	0
Scientist-Doctorate				30	19		12	9
Scientist- NonDoctorate				3	2		1	2

Number of times faculty reported patient/family/visitor, a physician, APP, leader, nurse, staff or other individual physically bullied them or was verbally abusive at work in the last year



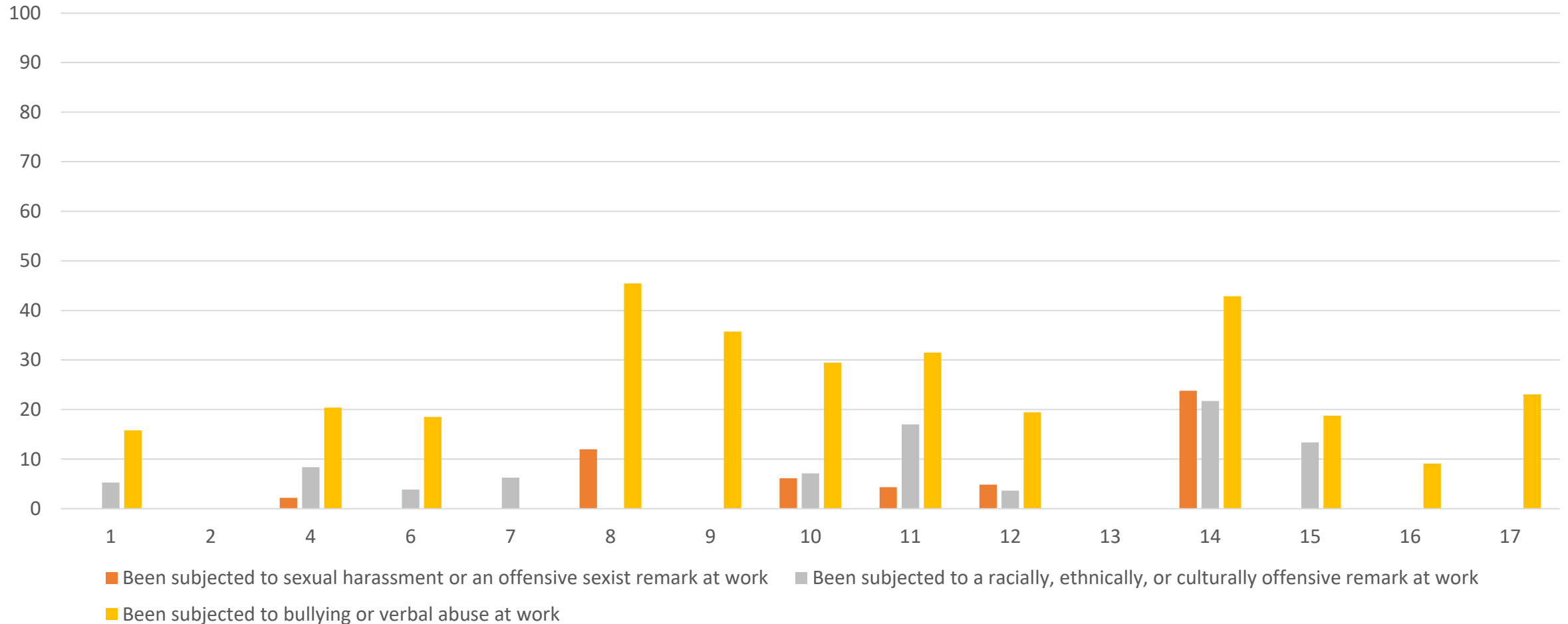
Mistreatment Not by Patients, Families, or Visitors. Physicians



By Physicians, APP, Leaders, Nurses, Staff, & Other

Mistreatment Not by Patients, Families, or Visitors. APPs

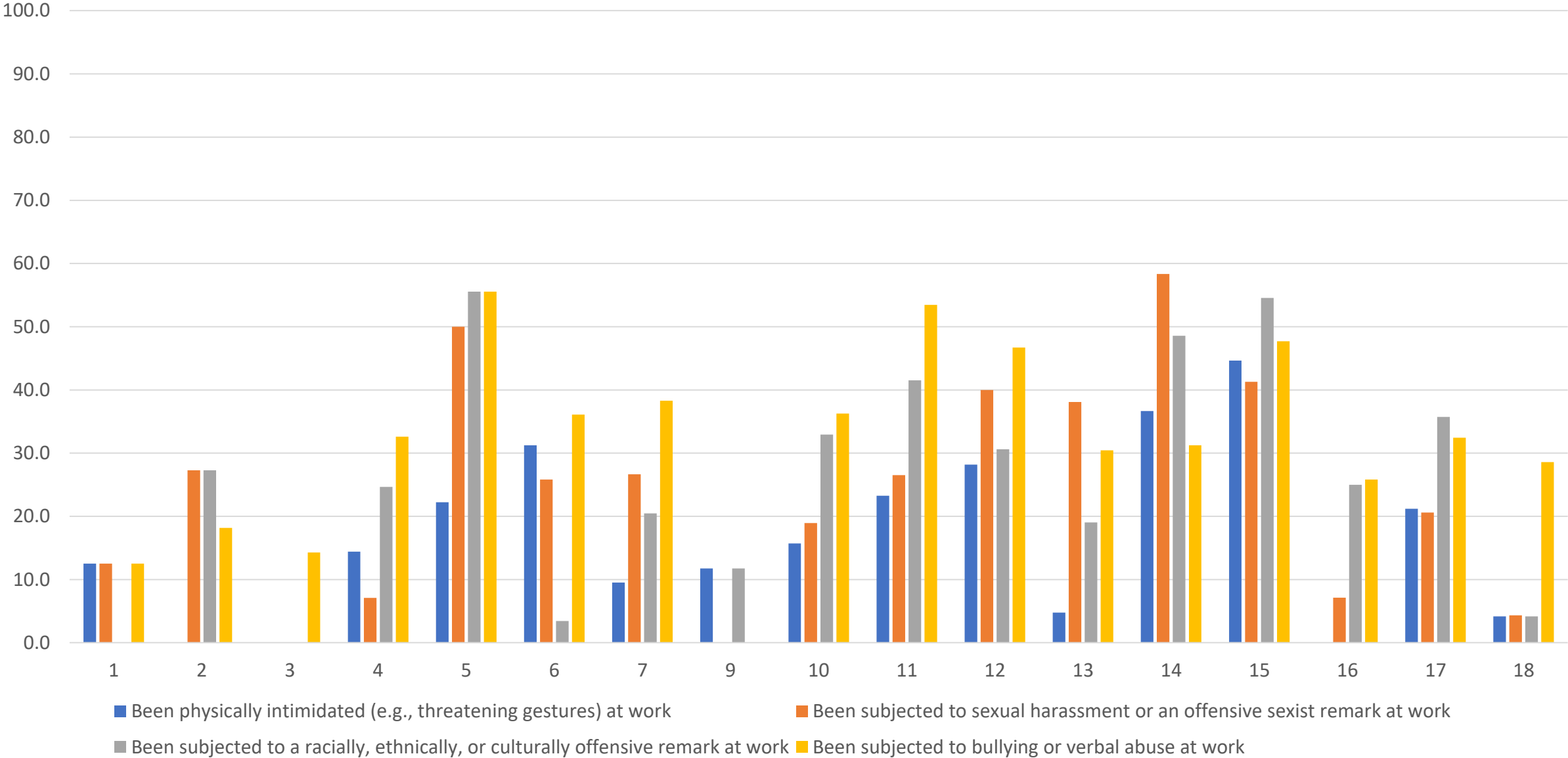
Percent of APPs



By Physicians, APP, Leaders, Nurses, Staff, & Other

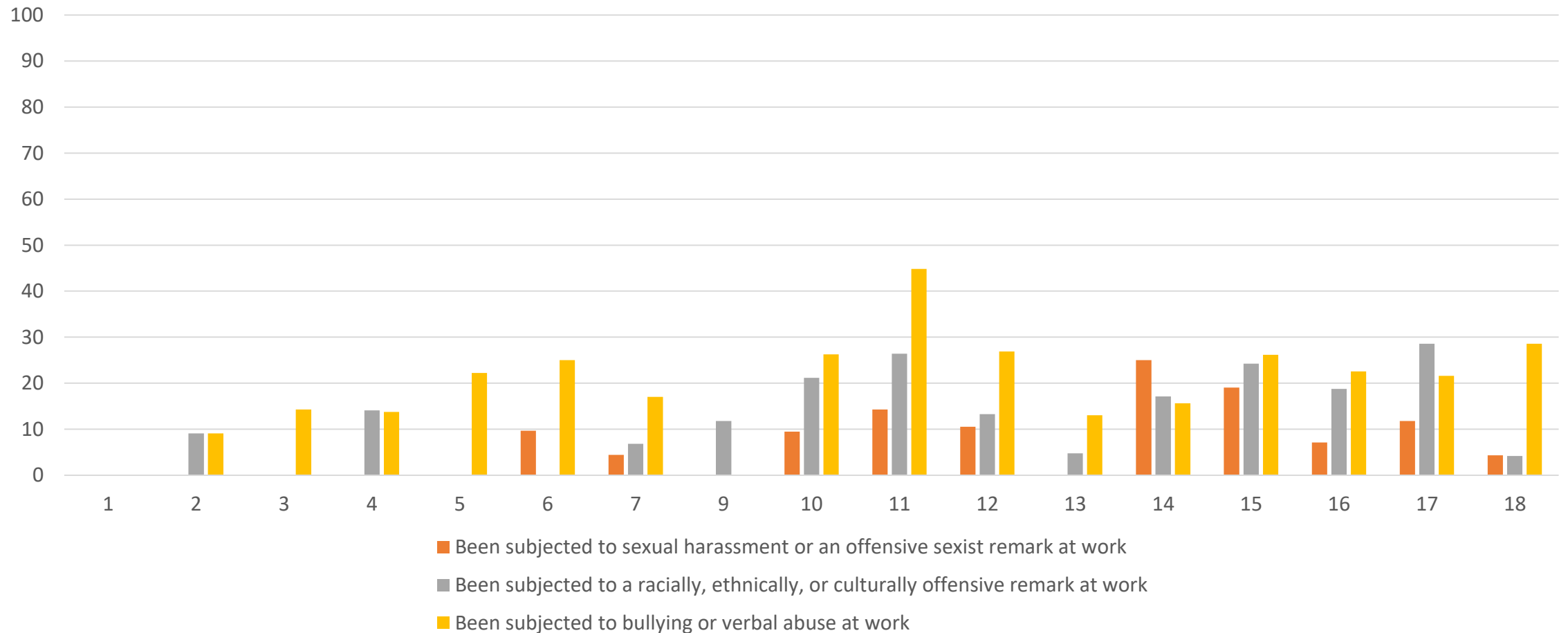
Mistreatment. Residents

Percent of Residents



Mistreatment Not by Patients, Families, or Visitors. Residents

Percent of Residents



By Physicians, APP, Leaders, Nurses, Staff, & Other