

Inside This Issue

- 1 About this newsletter
- 1 Message from the chair
- 2 Shared Governance: What it means to belong to the Academic Senate
- 3 Academic Failures in Clinical Clerkships
- 4 Mistreatment Policy
- 4 Faculty Forward Survey
- 5 The standing committees of the faculty
- 6 Faculty executive committee Summary of recent actions
- 6 Faculty Senate website
- 6 General faculty meeting

Faculty Executive Committee 2008-2009

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Colleen Sweeney, Ph.D.
Michael Syvanen, Ph.D.
Richard Tucker, Ph.D., *ex officio*
Jeffrey Uppington, M.B.B.S., *ex officio*

About this newsletter

The purpose of this newsletter is to provide the faculty of the UC Davis School of Medicine information concerning shared governance and the actions and future projects of your Academic Senate Standing Committees and the Faculty Executive Committee. The newsletter will be published twice each year just prior to the spring and fall meetings of the General Faculty.

Message from the chair of the faculty

Welcome to the spring issue of Faculty-to-Faculty, the newsletter of your Faculty Executive Committee (FEC). It has been an honor to serve this year as FEC Chair, along with a talented and dedicated group of colleagues who serve on FEC and the other standing committees of the School of Medicine. Now more than ever, faculty involvement is essential to maintaining a vibrant and dynamic School of Medicine, and you are encouraged to attend the General Faculty meeting on Wednesday, May 27, from 5:30 – 7:00 pm.

While FEC discusses a broad range of topics each year, I wanted to highlight a few issues of interest. You may recall that at the January General Faculty meeting, we had discussed changes to the structure of the Committee on Educational Policy (CEP). Faculty subsequently voted to approve bylaws changes incorporating the Block Council, Fourth Year Oversight Subcommittee, and Level Two Course Evaluation Subcommittee into CEP. This was an important step for insuring continued strong faculty oversight of the curriculum.

In March and April, FEC had engaging discussions with members of the Committee on Wellness and Health regarding how to improve the wellness of our students. A number of concrete changes were implemented to further student welfare, both by the Dean's office and within the Committee for Student Progress, especially for students who were facing academic difficulties. Members of the Committee on Student Progress played a key role in these discussions, highlighting their dedication to our students.

Most recently, FEC considered a medical student proposal to require disclosure of faculty conflicts of interest in the educational setting. As is done at Committee Medical Education conferences, faculty would disclose relevant financial relationships at the beginning of lectures to students, as well as report these relationships each year. Simultaneous discussions on this topic are underway at the Dean's office and UC Office of the President. At the upcoming General Faculty meeting, Dean Callahan will provide an update on this issue, and I encourage your attendance and feedback.

On a final note, it is clear that we are facing a number of challenges in health care, including budgetary pressures at the federal, state, and local levels, increased demand for our limited resources, and a complex process of health care reform. Each of these challenges also creates opportunities, and we can survive and even thrive in these times, as long as there continues to be faculty engagement and creativity. I encourage each of us to become more involved with shared governance, with our medical and specialty societies, and with legislative advocacy.

— Peter Sokolove, M.D., Chair of the Faculty

Shared Governance: What it means to belong to the Academic Senate

By Richard Tucker, Ph.D., *ex-officio*, Faculty Executive Committee

“Only Academic Senate faculty can develop admissions and curriculum policies and vote to admit students or change the curriculum.”

Faculty at the School of Medicine in the Ladder-Rank, In-Residence and Clinical X series belong to the Academic Senate, but surprisingly few members of the School’s Academic Senate understand the history of the Senate and its role in shared governance.

When the University of California was founded in 1868 its governance was modeled after the new public universities of Iowa and Michigan, with a non-secular Board of Regents and an Academic Senate composed of faculty and deans that was led by the President of the University (1). Until the 20th Century the university was micromanaged by the Board of Regents and the Academic Senate played only a minor role in issues of budget, policy and even curriculum. In 1920 the so-called ‘Berkeley Revolution’ led to an agreement between the Regents and the Academic Senate that gave the Academic Senate, still chaired by the President, the sole authority over admissions, curriculum and faculty welfare, and advisory roles in the hiring and firing of faculty, control of the budget and overall policy making (1). This revolutionized the relationship of the faculty to the university and gave the faculty many of the responsibilities that were entirely controlled by the administration of most other American universities. With the tremendous mid-century growth of the UC system a single Academic Senate, rotating between Berkeley and UCLA, became both cumbersome and unfair to the faculty of newer UC campuses. This was resolved in the 1960s by a standing order of the Regents to give significant autonomy to each UC campus, which now had the authority to establish their own Division Academic Senate, chaired by a faculty member, with control of admissions, curriculum and faculty welfare, in addition to the advisory roles mentioned above. Most professional schools, including our School of Medicine, were given the authority to create their own Academic Senate, operating under their own bylaws and under the oversight of the Division Academic Senate, to control admissions and the curriculum (2). Thus, the governance of the university is shared by the Regents and by the Academic Senate; the latter eventually split into a faculty-run group (still called the Academic Senate) and the university’s administrators. As members of the Academic Senate we help run the show, with our primary responsibilities lying in the domains of curriculum, admissions and faculty welfare.

What does this really mean? First, it means that members of the Academic Senate need to stand up and play an active role in shared governance—it’s our responsibility. Only Academic Senate faculty can develop admissions and curriculum policies and vote to admit students or change the curriculum. So please sign up for faculty committees and get involved. Also, it is important to be aware of the insidious trend to hire more and more faculty to series that are not part of the Academic Senate, and for faculty in the Academic Senate to move to non-Academic Senate series instead of the other way around. This leaves more and more responsibility for admissions and curriculum on the shoulders of fewer and fewer faculty. Other professional campuses have been paralyzed by this trend. Be a voice of reason in your department to encourage the hiring of Academic Senate faculty and support (and mentor) non-Senate faculty who wish to move to an Academic Senate series. Hopefully, this will keep faculty participation in shared governance strong for years to come.

(1) Douglas, J.A. 1998. Shared governance at the University of California. CRHE 1.98

(2) Simmon, D.L. 1995. Shared governance at the University of California, an overview.



Academic Failures in Clinical Clerkships

By James Bourgeois, O.D., M.D.

"The causes for this concerning trend are not clear, and the CSP realizes that the students who fail courses may not be representative of the student body as a whole."

In the last 3 AYs (2006-7 through 2008-9) there has been an apparent increase in students seen by the by the Committee on Student Progress (CSP) for academic failure in the clinical years. In earlier years, failures in the clinical years were relatively less common. Academic failures in the clinical years may be due to professionalism failure, examination failure, or failure at clinical performance on the training sites. In the last three academic years, the breakdown of students seen by the CSP breaks down as follows:

2006-07:

- 15 for pre-clinical failure
- 14 for clinical failure (42% of students seen by CSP this AY)
- 4 for USMLE failure

2007-08:

- 15 for pre-clinical failure
- 20 for clinical failure (59% of students seen by CSP this AY)
- 9 for USMLE failure

2008-09 (through April 2009)

- 11 for pre-clinical failure
- 18 for clinical failure (51% of students seen by CSP this AY)
- 6 for USMLE failure

The causes for this concerning trend are not clear, and the CSP realizes that the students who fail courses may not be representative of the student body as a whole. The period at hand has been one during which there have been major changes in the block curriculum of the pre-clinical years. Some students experience academic failures in both the pre-clinical and clinical curriculum. Some students experience academic failure due to distraction from external social issues such as family problems, while others experience academic difficulty as the result of personal illness factors.

More specific to the third year clerkships, failures may result from failure in performance on ward and clinic duties, failure at shelf-type exams (the majority of the third year clerkships require passing of such an examination), or for non-professional behavior in the context of learning their patient care role.

The academic remediation for clerkship failures are initially developed and proposed by the Instructor of Record (IOR) of the failed course, with coordination with the CSP. Common remediation models include four week reading electives followed by a repeat of the written examination in the case of failure of the written examination, repeating of four weeks (one half of a usual clerkship) for clinical skills failure, or, in more concerning cases, repeating of the entire clerkship. Students who repeat clerkship time for clinical skills deficiencies are usually assigned preceptors to closely monitor the development of clinical skills. Academic failures for professionalism reasons typically lead to specific monitoring for professionalism in future clinical clerkships.

Students and faculty are reminded of the gravity of an academic failure in the clinical years, as an additional failure before an initial clinical failure is remediated may result (based on the UCDSOM bylaws) in a CSP decision to recommend to the Dean that the student be dismissed from UCDSOM. Of particular concern to the CSP are a small group of students who fail and must then remediate multiple clerkships in the third year.

The CSP has increased coordination with Dr. Nuovo, the group of third year IORs, College Directors, and other faculty members in developing remediation strategies to assist students in overcoming these failures in the clinical years. The increased frequency of clinical years failures has led the CSP to change its scheduled meeting times to better coincide with the end of the MS3 clerkships, so as to expediently address these cases.



Mistreatment Policy

By Edward Callahan, Ph.D.

“The mistreatment policy was designed to operate along with other policies which seek to eliminate or prevent discrimination, sexual harassment and violence in the workplace.”

In response to allegations of mistreatment of medical students, Claire Pomeroy, M.D., M.B.A., UC Davis Vice Chancellor for Human Health Sciences and Dean of the School of Medicine, charged a committee to develop a policy on mistreatment that could be applied across all levels of personnel throughout the Health System. Upon receiving that report, VC/Dean Pomeroy has directed the implementation of a new policy of mistreatment that is accessible to all faculty, staff and students through a key website:

<http://intranet.ucdmc.ucdavis.edu/policies/hosp/2917.html>

The mistreatment policy was designed to operate along with other policies which seek to eliminate or prevent discrimination, sexual harassment and violence in the workplace.

Consistent with the University of California, Davis' Principles of Community, the Health System is dedicated to creating and maintaining a respectful and abuse-free environment. No mistreatment of any member of our health system community will be tolerated.

Importantly, the policy makes clear that holding students and employees to performance standards is not a violation of the mistreatment policy. The critical issue is that the same standards be applied to all personnel and that those standards be well publicized.

If you have a concern about mistreatment that you feel may be going on in our work environment, you may contact Stephen Chilcott of Human Relations, Staff Mistreatment Officer. Reports are confidential, but are not anonymous. Safeguards against retaliation are in place.

You can contact the Mistreatment Office at 734-2362. The entire policy is available as Health System Policy and Procedure 2917.

Faculty Forward Survey

Complete the Faculty Forward Job Satisfaction Survey – Your Opinion is Important!

Our goal is a 90% response rate

To complete the Faculty Forward survey:

- 1) Click on the link in the personal email you received from "Faculty Forward" coache@gse.harvard.edu. The only way to access the survey is via this link contained in the personal email.
- 2) Email reminders are being sent May 18-20 and June 1-3 to all faculty who have not yet completed the survey.



FACULTY FORWARD

The Alliance for Advancing the Academic Medicine Workplace

“Our goal is a 90% response rate”

The standing committees of the faculty

Admissions Committee: Composed of members of Admissions Subcommittees: Steering, Policy, Screening, Selection, Interview, and Rural-PRIME. Reviews previous cycle, discusses goals, priorities, and deadlines.

Chair: Don Hilty, M.D.

- **Admissions Steering Subcommittee:** Oversight of admissions process; reviews progress of Selection Subcommittees; advises Selection Subcommittees; makes final recommendation for admission. Meets as needed.
- **Admissions Policy Subcommittee:** Assesses, reviews, and enhances admissions process; develops policies for primary and secondary screening of applicants. Meets as needed.
- **Admissions Screening Subcommittee:** Conducts primary screening; prioritizes applicants for interviews. Meets 3rd Thursday of each month.
- **Admissions Selection Subcommittee:** Taking into account all available information, ranks applicants for acceptance and submits ranking to the Steering Subcommittee. Typically meets twice each month between November and April.
- **Admissions Interview Subcommittee:** Conduct interviews and prioritize applicants for the Selection Subcommittees by following the policies and procedures developed by the Policy Subcommittee.
- **Admissions Rural-PRIME (Program in Medical Education):** Will screen, interview and prioritize applicants for the Selection Subcommittees by following the policies and procedures developed by the Policy Subcommittee. Applicants will need to be accepted for MD and Rural-PRIME criteria sets, with the Selection Subcommittees determining the former and the Rural-PRIME Subcommittees determining the latter.

Committee on Education Policy: Defines and implements goals, objectives, and structure of the curriculum; oversees curricula and evaluates course content; establishes teaching and student evaluation guidelines; recommends criteria for evaluation and promotion of students; and consults with Admissions Committee on the academic prerequisites for admission. New volunteers are asked to provide a brief summary of teaching involvement.

**Chair: (Current) James Holcroft, M.D.
(Incoming) John Rose, M.D.**

Committee for Research Affairs: Reviews applications for research support awarded within the SOM and UCDMC; reviews and selects candidates from medical classes or from the medical faculty for research awards.

Chair: John Rutledge, M.D.

Committee on Student Progress: Reviews and evaluates student progress; certifies promotion into years two, three, and four. The Committee has the authority to place a student on probation, establish the duration of probation, prescribe steps for remediation of performance deficiencies, remove student from probation, and to recommend dismissal. Members shall have contributed to the teaching of medical students.

**Chair: (Current) James Bourgoies, O.D., M.D.
(Acting and Incoming) Paul FitzGerald, Ph.D.**

Health Sciences Library Committee: This is a joint committee with the School of Veterinary Medicine. The committee recommends on acquisitions, operating policy, capital improvements and personnel of the Loren B. Carlson Health Science Library.

Chair: William Vernau, B.Sc., B.V.M.S., D.V.Sc., Ph.D.

Honors and Awards Committee: Develops and maintains effective system for distribution of honors and awards to students; selects recipients from the medical classes or medical faculty for specifically defined awards; and advises on criteria for the establishment of new awards. Membership limited to Academic Senate faculty.

Chair: J. Anthony Seibert, Ph.D.

Research Space Advisory Committee: Advises the Associate Dean for Research on the setting of policy for allocation of research space to the Faculty of the School of Medicine, both preclinical and clinical, and advises the Associate Dean for Research regarding the implementation of these policies.

**Chair: (Current) Robert Berman, Ph.D.
(Incoming) Kermit Carraway, Ph.D.**

Research Space Allocation Appeals Committee: Hears complaints and appeals of individual faculty members with regard to intra-departmental assignment of research space, and transmits findings and recommendations regarding such appeals to the Associate Dean for Research and the department chair.

Chair: Carroll Cross, M.D.

Rules, Jurisdiction and Organization Committee: Upon request, reviews recommendations of Committees of the Faculty in order to assure consistency with existing rules and regulations of the SOM; assures due process for consideration and adjudication of requests for grade changes; and acts as a committee to evaluate and recommend action on formal appeals of dismissal. Membership limited to Academic Senate faculty.

Chair: Michael Syvanen, Ph.D.

Committee on Faculty Affairs: Acts as an ombudsman; advises on publication matters such as plagiarism, censorship and right of authorship; advises in matters involving academic freedom, including issues related to discrimination; considers appeals and special problems relating to faculty appointments and promotions; and considers other matters pertinent to faculty welfare. Membership limited to full professors.

Chair: Anthony Stone, M.D.

Faculty Executive Committee: Summary of recent actions

September 2008

- Review of support for Academic Senate Committee Chairs

October 2008

- Faculty input for compensation plans

November 2008

- Proposed changes on Education Policy
- Established General Faculty Smart Site
- Updated SOM Faculty Senate website

December 2008

- Proposed Committee for Honors and Awards bylaws changes
- Early discussion of possible inclusion of School of Nursing representatives on other School of Medicine standing committees

January 2009

- Ad hoc committee appointments
- Discussion of revised block organization policies
- Discussion of fourth year curriculum structure
- Membership appointment for the Committee on Education Policy

February 2009

- Discussion with the Committee on Wellness and Health
- Admissions waiver requests

March 2009

- Discussions continued with the Committee on Wellness and Health
- Admissions waiver requests

April 2009

- Discussion of proposed faculty disclosure policy
- Preliminary planning for medical school at UC Merced
- Appointment of Chair for the Committee on Student Progress
- Approval of faculty awards

May 2009

- Amendments to the regulations regarding student attendance and probation rules
- Performed standing committee chair survey
- Standing Committee appointments
- Discussion of academic failures and resource for students in academic difficulty
- Admissions waiver requests

Faculty Senate Website

The Faculty Executive Committee (FEC) has launched a new School of Medicine Faculty Senate website that can be viewed at:

www.ucdmc.ucdavis.edu/medschool/somsenate.

On this website, you will find an FEC roster, standing committee Chairs list, standing committee membership list, standing committee descriptions, School of Medicine Bylaws, and archived Faculty-to-Faculty newsletters.

In addition, you can access General Faculty meeting minutes and redacted FEC meeting minutes on SmartSite, using your Kerberos login and password.

General faculty meeting

Spring Quarter General Faculty meeting

Wednesday, May 27, 2009

5:30 p.m. – 7:00 p.m.

Fall Quarter General Faculty meeting

Wednesday, October 28, 2009

5:30 p.m. – 7:00 p.m.

Locations via videoconference

Education Building, Lecture Hall 1222
Sacramento campus
&
MS1-C, Room 130
Davis campus

Contact:

Bernadette Abucayan

Faculty Senate Office
UC Davis School Of Medicine
MS1-C, Room 108
Davis campus

Phone: 530-752-4781

Fax: 530-752-1532

Email: bernadette.abucayan@ucdmc.ucdavis.edu

Website: www.ucdmc.ucdavis.edu/medschool/somsenate

