



UBC Department of Pathology and Laboratory Medicine Departmental Meeting Minutes

October 24, 2016 at 3:00pm

Videoconferencing sites:

UBC/LSC - LSC 1312 CMR (room capacity 40)
C&W - CSB V2-222 (room capacity 40)
Kelowna - KGH CAC 237 (room capacity 8)
Royal Columbian - RCH 017 (room capacity 16)
Royal Jubilee - RJH CA 122 (room capacity 4)
St. Paul's - SPH 4/5 (room capacity 24)
Surrey - SMH M-3.602 (room capacity 4)
VGH - DHCC 2267 (room capacity 65)
VJH 5-169 (room capacity 8)
MOVI/Teleconference: 1-877-792-2768, ID: 30203

1. Call to Order

The meeting was called to order at 3:01 PM by Dr. Mike Allard.

2. Approval of Agenda Items

The Agenda was circulated and approved, all in favour.

3. Approval of April 25, 2016 minutes

The minutes were circulated and approved at 3:02 PM.

4. **Department Head Report** – Dr. Mike Allard

• Administrative Personnel Updates – Aileen To

- **Kay Chu** our HR Assistant has moved to another position in Central HR
- **Samantha Miller** has joined us from the Dean's office and will temporarily be filling in Kay's position
- We also have **Sandra Izzard** from staff finders helping us in the interim, until we reorganize the HR team
- Graduate Program has recently relocated to UBC Hospital Koerner Pavilion. **Heather Cheadle**, Graduate Program Coordinator has relocated to the department's main Admin. Office room G227

• Space Updates

- **Changes Planned at JPPN 3**

- VGH's OR Renewal Project will force all of the units currently located in JPPN 3 to relocate
- The Pathology Education Center and the Ken Berry Reading Room will be amongst those impacted
- FOM has been engaged in an Academic Space and Location Review at all academic sites and facilities in VCH over the past few months to gather information about existing use of academic space; with the intention to find under-utilized space within our current academic footprint to accommodate the relocations
- **Impact on Pathology and Laboratory Medicine Programs and Personnel**
 - The Academic Space and Location Review has determined that the Pathology UBC Hospital Koerner Pavilion location will need to accommodate some of the relocations from Pathology Education Centre.
 - As a result, some individuals currently located at Koerner Pavilion may be impacted by these relocations as we need to relocate people to this location.
 - FOM has put together 2 options; which is currently being reviewed by Vancouver Coastal
 - Some capital improvement funds will be available to support the moves
 - It was noted that Section 45 of the Hospital Act, no. 2 in the Affiliation Agreement – statutory requirement for the Coastal Health Authority to provide facilities for the clinical instruction of the medical students.
- Faculty Activity Database
 - **What is Faculty Activities Database (FAD)?**
 - online faculty database built by our department in 2016
 - tool that assists faculty members to track all academic activities; including teaching, research and services
 - Will be used to generate reports such as annotated curriculum vitae, TD, annual activity reports
 - File attachment capabilities allow faculty to attach full-texts of their publications, teaching evaluations, grant funding/award letters, and more.
 - **Benefits to Users:**
 - FAD (if kept up-to-date) eliminates periodic, recurring requests for information on your teaching, research, and service activities
 - Option to generate reports for personnel review procedures such as promotion and tenure, biographical sketches, etc...
 - A single convenient easily accessible place to maintain activity data and generate reports
 - **Benefits to Administrators:**
 - Single point and place to access up-to-date activity data for various reporting requirements
 - Capability to produce and generate reports configured to users' requirements/needs
 - This is online web-based tool and system is now 'live'; with profiles for all of our faculty members

- Everyone should have received an email with their login credentials and information around how the system works; Login in is generally your main email address that we have on file and you can reset your password whenever you need to
- Database is separated into sections according to annotated CV; mainly Teaching, Scholarly, and Services
- Key sections to highlight under Teaching:
 - Clinically Integrated Teaching
 - Educational Leadership and Development
 - Other Teaching and Learning Activities

- Link to FAD system: <http://td.pathology.ubc.ca>
- Guidelines for entering information in the database: <http://ubc-pathology.sites.olt.ubc.ca/files/2015/04/Annotated-CV-Pathology-June-27-2016.pdf>
- Questions/help please contact Debbie at dbertanjoli@pathology.ubc.ca

- **Provincial Laboratory Medicine Workload Project**
 - **New Funding**
 - \$10M have been committed to address existing gaps and shortfalls in human resources in Pathology and Laboratory Medicine (Pathology) in BC, including:
 - Academic Pathology
 - Pathology Services and Patient Care Programs of provincial scope and impact
 - Clinical Pathology Specialties (Hemato-pathology, Medical Microbiology, Medical Biochemistry)

 - **Allocation Process**
 - Representative working groups were formed and submitted recommendations around human resource allocations in January 2016
 - Recommendations have been reviewed by Project Management Committee (Ministry of Health (MoH) and Doctors of BC) and submitted to MoH

- **Department Finances**
 - **General Purpose Operating (GPO) Budget**
 - Money that the department gets directly as a grant from the government via the university, referred to as “Department Controlled GPO”
 - Salaries + benefits represent the largest portion of what we have to spend,
 - Overall, our expense are greater than our revenue and thus we have a structural deficit. Fortunately we also have a carry-forward balance that has allowed us to manage the structural deficit. Some time ago our structural deficit was \$400k, now the forecast is well under \$100k. We will try to keep working in bringing it down, but it’s a challenge for the department to do that.

Question from Dr. Noble: New money discussed from previous section; will any of that apply to here? Mike Allard: No, the funds come from the Ministry of Health and don't come to our university budget. The funds are intended to go to Academic Centres not our GPO.

- **Faculty of Medicine Strategic Directions**
 - 2016-2021 UBC Faculty of Medicine Strategic Plan: Building the Future
 - Mission & Principles: Health through knowledge and innovation.
 - Key principles:
 - Excellence
 - Engagement
 - Equity
 - Effectiveness
 - Four transformative goals are outlined in the plan:
 - **Education:** Teaching, development, and mentoring of practitioner and scientists that can work together effectively in an evolving system
 - **Research:** Knowledge creation, translation, and exchange to gain insight and promote improved outcomes in patient and public health
 - **Organization:** Creation of a working environment that inspires innovation, strengthens academic and operational affiliation, and fosters agility.
 - **Partnership:** Collective system leadership to help shape practices and policies for improved care of the population across the province.

5. **Programs Reports**

MD Undergraduate Education Program – Dr. Michael Nimmo

- The new curriculum has been rolled out; the first year has been completed and those students are entering 2nd year. There are two pathology based themes: Pathology and neoplasia and Laboratory Diagnosis. These themes are incorporated into the weekly cases where relevant. The number of small group pathology sessions has been reduced; there are two small group sessions for the 2nd year medical students this term and there will be two in the next term. The only small group session in the first year is the congenital heart lab and this occurs in the first term of 1st year.
- One aspect of the new curriculum that has increased pathology exposure is the introduction of basic pathology into some of the histology labs. These combined histo-path labs seem well received by the students. The histology is made more relevant to the students when certain basic pathologic entities are presented in conjunction with normal histology. Dr. Pinder from Histology has been working with Dr. Nimmo on these combined sessions. Based on the positive responses from the medical students, more combined sessions will be introduced in the future. If there are members of the Department who have an interest in particular organs systems and who would like to be involved in these sessions, please contact Dr. Nimmo.
- Finally there will be a course in 4th year called “Transition into Post Grad Practice (TIPP)” which is intended to prepare medical students for residency training. TIPP will provide an opportunity to cover material not covered elsewhere in the curriculum and to provide additional training in certain key areas. It will be important to ensure that appropriate use of the laboratory is

reinforced during these sessions. If any members of the Department have suggestions for topics that should be covered during TIPP they should forward them to Dr. Nimmo.

- Dr. Hanh added that there is a need for additional CBL tutors. Anyone interested in participating in CBL should contact Dr. Hanh.

Bachelor of Medical Laboratory Science Program Report (BMLSc) – *Dr. Amanda Bradley* (provided report and presented report verbally)

Graduates

- To date the program has graduated 524 students.
- Post-graduation pursuits include:
 - **Health Professions:** Medical Doctor (Family Practice, Pathologist, General Surgeon, Radiologist), Dentist, Nurse, Cardiac Perfusionist, Optometrist, Chiropractor, Occupational Therapist, Physical Therapist, Medical Laboratory Technologist (requires further training from an MLT training program), Radiation Therapist, Occupational Health & Safety Officer
 - **Health Administration:** Health Services Planning and Administration, Laboratory Information Systems, Laboratory Quality Management, Public Health Professional
 - **Research:**
 - Technician/research assistant, study coordinator, technical service support associate - within academia, industry, or biotech companies
 - **Graduate School (MSc, PhD):** Pathology & Laboratory Medicine, Experimental Medicine, Craniofacial Studies, Pathobiology, Food Science, Medical Genetics, Pharmaceutical Sciences, Molecular Medicine, Microbiology & Immunology
 - **Other:** Lawyer, Medical Illustrator, High School Teacher, Biotech Sales Representative, Program developer

Enrolment and Student Recruitment

- Thirty-six students are currently enrolled in the BMLSc Program; 3 are students with Medical Lab Technology background.
- The Program will hold an information session in mid-November targeting second year UBC science undergraduates.
- Ongoing recruitment efforts:
 - Interviews with alumni (Alumni Relations)
 - Collaboration with UBC recruitment and FOM Communications to improve awareness of the Program
 - BMLSc 4th year students outreach to Science students

BMLSc Program Learning Outcomes (PLOs)

- PLOs state what our graduates will be able to know/do/value as a consequence of completing the Program; they communicate Program intentions and provide the roadmap for future improvements/changes.
- BMLSc staff, students, and Faculty envisioned the “ideal” BMLSc graduate
- Following the visioning session, a small working group (representative students, staff and faculty) produced a first draft of Program Level Learning Outcomes (PLOs).
- Feedback on the draft PLOs was sought from faculty and alumni via survey and was incorporated into “working draft PLOs”.

Vancouver Summer Program – July 2016

- The Program offered a package (two courses) to a cohort of 29 international students with diverse educational backgrounds from China, the Philippines, Taiwan, and Singapore.
- 4th highest # of students out of the 11 packages offered through FOM
- Summer students gave very positive reviews of our courses
- We will run these again in summer 2017

Teaching

- **Dr. Morris Pudek** has passed on the role of Course Coordinator, PATH 406 Clinical Chemistry to **Dr. Sophia Wong**. Morris coordinated and taught in the course for ~25 years and has won the Teaching Excellence 18 times.
- **Dr. Philipp Lange** has joined the PATH 301 course as section lead/instructor of the Physical Biochemistry section.
- We are very grateful to all of the BMLSc instructors for the time and expertise they provide to our students.

Graduate Studies – *Dr. Haydn Pritchard* (Dr. Helene Cote provided verbal report on behalf of Dr. Pritchard)

- Heather Cheadle moved from VGH to UBC Hospital Koerner Pavilion, quite convenient for both myself, Jacquie and others.
- 5 students started their masters and doctoral studies in September. Their bios and supervisors will be listed in our upcoming newsletter.
- The Graduate Studies Committee would like to express their thanks to Cheryl Wellington and Catherine Pallen who are stepping down from their positions in the committee. We thank them for their service for last 2 years. Their portfolio has to do with post-doctoral fellows and UBC affairs (between the Faculty of Medicine and us and between UBC and the Faculty of Graduate Studies). We are seeking people to replace them. For those who are looking for this type of contribution and service, please contact Helene, Haydn or Mike Allard.
- Haydn recently circulated a copy of the UBC Policy # 85 on Scholarly Integrity to all grad students, PDF's and supervisors. This is one of those must-read policy because if you ever are in a complicated situation later on, you cannot claim that you didn't know. It covers everything such as falsification of data, or what to do if you see somebody doing it. It's good knowledge to have, so we strongly encourage you to read it. It's also required knowledge by all trainees, it's part of the Faculty of Medicine's Responsible Conduct and Research course that is required by all our graduate students.



UBC policy85.pdf

Residency Program and General Pathology – *Dr. Mike Nimmo*

- Overall the Residency Programs are performing well. There is reasonable interest in pathology from medical students and those that have recently completed their residency training have performed well on the Royal College Exams. Recent graduates are gainfully employed in various institutions or pursuing fellowship training. The Programs have benefitted enormously from the addition of Shelley Berkow as the Program Administrator. The Programs are now very ably

managed and running efficiently. She is supported by Dan (?) in the role of finance. There will be some transitions in Program Directors as the terms of various program directors end.

Advertisements for new Program Directors will be coming out shortly.

- As always, one of the key issues facing pathology residency training is trying to attract medical students. UBC appears to fare better than other institutions with respect to this. During the last 2 months there have been many interested medical students completing electives and it will be interesting to see whether this interest translates into applications.

Medical Biochemistry Residency Training Program – Dr. Mari De Marco & Dr. Sophia Wong

Nothing to report from the medical biochemistry residency training program. Some changes happening but everything is up in the air for now, will have more update in the next meeting.

Medical Microbiology – Dr. Chris Lowe (was away but provided written report)

- We currently have a total of 7 residents in the program, with 2 writing their Royal College exams this spring.
- We would also like to welcome a new resident into the Department. Dr. Eric Eckbo, 2nd year resident, transferred into the Med Micro residency program last month. He completed his medical school at Western University, and finished 1 year of Pediatrics before transfer.

Neuropathology Residency Program report – Dr. Ian Mackenzie

Nothing to report

Genomics and Bioinformatics – Dr. Sohrab Shah and Dr. Stephen Yip

Nothing to report

Hematopathology – Dr. Suzanne Vercauteren

We have 2 successful candidates writing in July. Our programs slowly getting down because it was top heavy and we have internal review in January that we are preparing for. Nothing really new.

Pathology Education Centre – Dr. Maria Issa

PALS, SPROT, PATD, MDUG, Mentorship, Path Day & Arts Gala:

1. The PALS “producer” is now Dr. Tyler Smith who is doing an incredible job. Both Pat and myself are thrilled that Tyler has taken over.
2. The SPROT Committee is in session once again and anybody who is going up for promotion next year please let Rita or myself know if you need any evaluation for people to visit your classes.

Transfusion Medicine – Vacant position now

Nothing to report

Anatomical Pathology - Dr. Diana Ionescu

Dr. Ionescu was not able to attend the meeting. Dr. Mike Nimmo provided a brief verbal report. All graduating candidates were successful in their AP Royal College exams. Susanna is pursuing a fellowship in GU Pathology in Calgary, Gang is pursuing a GU fellowship in the states, Brandon is working at Abbots ford and Tyler is working in Edmonton.

6. **Site Reports**

C&W – Dr. Deborah McFadden (provided verbal report)

C&W got some of the positions we requested through the workload process. We didn't get everything that we wanted but it will be helpful so we are appreciative. The gap between what we received as part of the workload process and actual need will be probably again called out in the department review which was recently completed. This was the first external review since 2008 and it went well. Our department's micro grant research program is going well; Graham Sinclair has submitted a proposal for sustainable funding of the program through the CHIPS process of the BCCHF.

St. Paul's Hospital – Dr. Martin Trotter (provided verbal report)

No formal report. Reminding members of the department that if they do want to see what's going on at down St. Paul's that we have a website if they haven't been before, it's www.providencelaboratory.com and there's usually an update every couple of weeks on news often with academic achievements of the department. Invite people to look at the sight and keep up-to-date to what is going on down here.

Royal Columbian Hospital and Surrey Memorial Hospital – Dr. Arun Garg (provided verbal report for Dr. Sam Krikler in his absence)

We did get two position, one in chemistry and one in hematology. We are in the process of filling those and thank you everyone who put a lot of work into that. Mike who put a lot work in the academic side. This whole thing about pathology in the new program – maybe sometime we can get some feedback or some statement where that is and how that is affecting the teaching of pathology. Is there something formally organized? I have some concerns from what I have heard, the amount of exposure of pathology and the knowledge. I have heard from some of my teams here as well and wanted to raise that. The other thing in terms of the turnover in HR, our energy has been in trying to keep up with the retirements and new positions and we are close to 6 or 7 positions we have hired. Good news is that most of them are very keen on academic work and we are hopeful in terms of teaching, and maybe some research even, that we can participate on.

Dr. Mike Allard provided some explanation about the MD Undergrad program piece – it's not entirely clear what is going to be. They have year 1 done, they are working on year 2. There are 2 large elements related to Pathology – pathogenesis piece that we have always done and there is a moral laboratory medicine focus piece which is meant to educate students what the laboratory is all about, how to use intelligently and appropriately. Mike itemized some of the things that we are involved in, histopathology combined sessions, cpc's will continue although they are reduced in numbers at this point. Students will continue to do electives and there's also the program – flexible learning – flex program, it's an opportunity for students to do a longitudinal project through their entire 4 years if they choose to, they can spend a month at a time or longer in a

pathology setting doing a project. There are some opportunities but is not entirely clear exactly what it means for us. The sense is that our exposure is less in a formal way. Because medical students now have exit competencies in requirements to do things related to lab medicine, it may mean that our exposure to them in a more informal way in a clinically integrated kind of fashion may go up, but not entirely clear where it will all land.

Dr. Mike Nimmo said – the traditional method of didactic lecturing– the so called sage on the stage approach –is used less in the new curriculum. This change is not limited to pathology but applies to all areas of medicine. The new curriculum is now case based and spiralled. This means that the students receive some information prior to starting with a case at the beginning of a week. The weeks are no longer grouped by organ systems. The cases from week to week can vary greatly. For example the cases can range from normal pregnancy one week to breast cancer the next week to anaphylaxis the next week. The previous problem based system provided no information prior to the case however the cases were grouped by organ systems. As described, there are 2 pathology related themes; pathology and neoplasia and laboratory diagnosis. The laboratory diagnosis theme provides an opportunity to reinforce appropriate lab utilization, who to contact regarding which tests should be ordered, and how to interpret lab reports. The current educational leaders do not appear interested in increasing the number of lectures to medical students.

It was also commented that there has been a recent change to the entrance requirements for Medical School. The only prerequisite as of 2017 or 2018 will be English. This may necessitate the introduction of some short course to ensure everyone is provided with some basic information. It will be interesting to see whether this is necessary.

Dr. Hanh Huyhn explained further – the other justification is that I talked to Peter Choi, the Associate Director of Curriculum, he was involving with the Senate, when they approved this, based on all the studies that, by increasing this diversity of students they will get more graduates going towards family medicine practice, that's one of their goals. Even though students are not required to take these courses, they have to do well in the MCAT, they must have basic background knowledge in order to pass the MCAT level to get admitted for interview process. The other opportunity Mike mentioned is the flex learning program, it's a good opportunity for us Pathology involving Medical Students doing research to get our voice into the program. If you are interested in exposing your research to the med students, you can contact Alice Mui or myself to get more of our pathology exposure to the MDUP.

Dr. Arun Garg added – this is a real opportunity for our department, we need to make sure that the science and the pathophysiology which is the backbone of modern medicine stays together. We need to build in some of these opportunities or abilities to bring out where the gaps are. We are getting some very intelligent and highly skilled people now with diverse background but we want to make sure that the pathophysiology piece is not diluted.

VCH – Dr. Blake Gilks

We have started hiring for the allocated positions provided through the \$10 million one time funding provided through the Ministry of Health and are looking forward to working with the UBC department on the accountability framework. A major challenge we is the CST project which rolls out at Lion's Gate in May; the lab is having to upgrade LIS system-wide and although there's utilization management capabilities in the rollout, this capability is not enabled for May because of

the rush. As a result there may well be a significant increase in test volumes with CST rollout. We are sort of pre-occupied with that single overarching issue on the hospital front right now.

Dr. Dan Holmes added – Lion’s Gate going forward with CST, they will have to have SunQuest 8 running that means VGH, SPH and Children’s will have to have concomitantly running both SunQuest 8 and SunQuest 6 and some results will be file on SunQuest 8 and some results will be filed on SunQuest 6. The data innovation tool is supposed to route the traffic around that but for example you will to call pending logs in both systems. Be warned that before May we will have Data Innovations installed and running and SunQuest 6 and 8 installed and running concomitantly. The bench documentation at all the sites is set up for SunQuest 6 (and generally without DI). This means that to be compliant with DAP regulations, we will have to support parallel bench documentation for both processes.

BCCA – Dr. Dirk van Niekerk

Nothing to report

BC Centre for Disease Control – Dr. Mel Krajden

Nothing to report

Kelowna – Dr. Robert Coupland

Nothing to report

Victoria – Dr. Gordon Hoag

There are 2 items:

1. Because the island health did not get allocated academic positions we have no hiring
2. Dr. Christine Lee did get a health count approval for a clinical trial and now we have been able within our own space allocation defined research space associated with our island health clinical research centre so we will have our first sort of wet lab activity now fully funded and supported within island health and the laboratory.

Prince George – Dr. Justin Lo

Nothing to report

7. New Business

Dr. Mike Noble:

- UBC as a provincial institution is required to ensure the level of safety both in terms of reporting and prevention for all faculty, staff and students. In this department as most department, historically, that process has been distributed out to centres and the completed information has been dislocated. It’s impossible to have a larger picture of what is going on. In 2011, UBC Risk Management developed an in-house system called the Centralized Accident and Incident Reporting System or UBC CAIRS. That software compiles all reports of accidents, injuries and incidents into a single database, of which they are very protective to ensure the information

cannot be compromised at any level. We made the argument that it made no sense at all; why create such valuable information and not allow the department to see it and create a larger view. They have agreed with that, at least to the level of across Vancouver. We are able to look at a larger pictures of accidents and injuries that have occurred in our department.

- On the next slide, is a report that I was able to generate of the last 4 years of events that have occurred in our department on a year-by-year basis. You will noticed that in the reported events columns that each year from 2012 to until now there has been a steady increase in reported events. Part of that maybe because prior to CAIRS, information was gathered manually on paper. Now there's easy access, so the increase may be due to increased ease of reporting. The other possibility is that we are going through a process of marked increase in number of events. If you look at the faculty column, very few events reported by faculty. We have had 4 events reported by graduate students. I have some concerns about graduate students being harmed in the dept.
- The largest group is by staff. 12 events have occurred in this year. In our Annual Report, it is recorded that the total number of staff in the department across Vancouver is 40. If this is the case, that is a very high proportion of staff that are having accidents and injuries that are being reported. And of those ½ of them (15% or 1 in every 7) has had an event that require Work Safe BC injury claim being filled immediately. 15% in one year is a substantial number and something maybe we need to be concerned about.
- If you look across at the accident type, the largest is related to chemical and microbiology exposures and the last column the number of burns that have occurred. So these are laboratory acquired accidents, some resulted in an injury claim that implied some degree of significance. But at this point in time it's only 1 report out of 4 years from 1 location.
- I would like to see if we can extend this report to the whole of the department, throughout the province so we can get a larger picture so we can be aware if we are doing things that are creating harm to staff and students.

Dr. Mike Allard provided comments – the denominators for staff is much larger than that, we have more than 40 staff as that only represents the research techs across all the research centres and institutes. It's very important information to start. It's important to consider if this is what risk management has seen. It would be interesting to compare this with other units. Is that 15% in a per capita basis is standard level or are things truly going up?

Jennifer Xenakis added – thanks Mike for bringing it forward. Safety should be something we develop a culture out of and should be mentioned in every departmental meeting, that way if there's any area of concern, or specific region or any hospital site where there is an increase in incidents we can track that and find out what the root of the problem is to keep our staff safe.

Dr. Mike Allard then said –the department has an interesting role in safety; many of our department members spend their lives in research centres. Who have their own safety

committees, one perspective is that we need to pay attention to any concerns but by necessity we need to engage the safety people of each site and do it as a partnership.

Mike Noble added – Risk management by their nature are very acutely aware of confidentially and will not share info. We are the only department in the university that will compile this information. If this is the case, we are hope that this starts a trend of more departments becoming more aware of this issue. The reality in quality and safety is that things can happen in very distributed way but it's only when you get the chance to bring it all together that you can see the pattern and see what are the larger issue. There's value in looking at it in a larger perspective.

Gordon Hoag – is there any data that when compared this to the laboratory programs that are existing in the health care facilities that might be an interesting piece of data to share. If it's not deviant to it, then we wouldn't be too concerned, if it's markedly deviant then yes as it's not a trend that you want to continue.

Mike Noble – All the information is compiled ultimately by Work Safe BC. This information is solely at the university. Inquiries have been made to try to get access to the information at Work Safe. (Note: accessing information through Work Safe is not possible). Another interesting thing is that having contact with other people in Toronto, in Dalhousie, in Calgary, Edmonton and Winnipeg, no other university has created a software similar to CAIRS. Across Canada there are no other comparators to look at. Not sure if that's the case in the USA, but it seems this is unique in Canada. (Note: One Health Authority was asked if we could compare our information with that of a clinical laboratory, but this is not possible. It is relevant that historically, research laboratories have much higher accident, injury and infection rates than clinical laboratories)

Gordon Hoag – an item on the financial side of the equation, because there was some structural deficit that has been met from reserve funds, is this independent from the endowment fund that are held within the department/faculty? This is a carry forward that accumulated independently and not taken from our endowment. The endowment fund still intact.

8. Adjournment

The meeting was adjourned at 4:17 PM.