The Senate's Academic Organization and Structure Committee (SAOSC) is tasked by the University Senate with the review of proposals to change academic organization or structure. The information needed by the SAOSC for the review of such proposals is set forth in Senate Rules 3.4.2.A.5 ${ }^{1}$.

The SAOSC has developed a set of guidelines (from the Senate Rules) that are intended to ease the task of proposal submission (available at http://www.uky.edu/universitysenate/forms). As proposal omissions usually cause a delay in the review process, the individual(s) responsible for the proposal is (are) urged to familiarize themselves with these guidelines before submitting their proposals for review. In particular, the individual responsible for the proposal must fill out Sections I, II and III of this form, as well as include statements and documentation that provide a full accounting of the items a-i, below.
a. Disposition of faculty, staff and resources (financial and physical);
b. Willingness of the donating units to release faculty lines for transfer to a different educational unit;
c. Consultation with the faculty of the unit to which the faculty lines are proposed to be transferred;
d. Consultation with the faculty of educational unit that will be significantly reduced;
e. Summary of votes and viewpoints (including dissents) of unit faculty and department/college committees;
f. Ballots, votes expressing support for or against the proposal by unit faculty and staff and committees;
g. Letters of support or opposition from appropriate faculty and/or administrators; and
h. Letters of support from outside the University.

## Section I-General Information about Proposal

| One- to two-sentence <br> description of change: | Change the name of the Department of Anesthesiology to the Department of |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Anesthesiology Perioperative, Critical Care and Pain Medicine |  |  |  |  |

Section II - Educational Unit(s) Potentially Impacted by Proposal

| Check all that apply and name the specific unit(s). |  |  |  |  |  |  |
| ---: | :--- | :--- | :---: | :---: | :---: | :---: |
| $\square$ | Department of: | Anesthesiology |  |  |  |  |
| $\square$ | School of: |  |  |  |  |  |
| $\square$ | College of: | Medicine |  |  |  |  |
| $\square$ | Graduate Center for: |  |  |  |  |  |
| $\square$ | Interdisciplinary Instructional Program: |  |  |  |  |  |
| $\square$ | Multidisciplinary Research Center/Institute: |  |  |  |  |  |

Section III - Type of Proposal

Check all that apply.

[^0]A. Changes

Change to the name of an educational unit.
Change to the type of educational unit (e.g., from department to school).
B. Other types of proposals
$\square \quad$ Creation of a new educational unit.
$\square \quad$ Consolidation of multiple educational units.
$\square \quad$ Transfer of an academic program to a different educational unit.
$\square \quad$ Transfer of an educational unit to a different reporting unit.
$\square \quad$ Significant reduction of an educational unit.
Discontinuation, suspension or closure of an educational unit.
Other (Give a one- or two-sentence description below; a complete description will be in the proposal.

## Section IV is for internal use/guidance.

## Section IV - Guidance for SAOSC, Senate Council and University Senate

## SAOSC Review of Type A Proposals (Changes to Type of, or to Name of, an Educational Unit)

$\checkmark$ SAOSC review of proposal.
$\checkmark$ SAOSC recommendation for an additional or joint review by other Senate committee(s) (e.g. Senate's Academic Programs Committee).

## SAOSC Review of Type B Proposals (All Other Changes)

$\checkmark$ SAOSC review of proposal.
$\checkmark$ SAOSC recommendation for an additional or joint review by other Senate committee(s) (e.g. Senate's Academic Programs Committee).
$\checkmark$ SAOSC review of proposals for creation, consolidation, transfer, closure, discontinuation, or significant reduction and educational unit, or transfer of an academic program to a different educational unit (attach documentation).
$\checkmark \quad$ Program review in past three years (attach documentation).
$\checkmark$ Request to Provost for new program review (attach documentation).
$\checkmark$ Open hearing (attach documentation).

- SAOSC information must be shared with unit 10 days prior to hearing.
- Open hearing procedures disseminated.


## Voting by SAOSC, Senate Council and University Senate

$\checkmark$ Endorse (or do not endorse) the academic organization, reporting, infrastructure, etc.

- This vote is taken by the SAOSC, SC and Senate for every SAOSC proposal.
$\checkmark$ Approve (or do not approve) the academic status or content of academic program.
- This vote is taken by the SAOSC, SC and Senate only when the review involves an MDRC.


# Proposal for Department Name Change 

## Submitted by Department of Anesthesiology

Contact: Zaki Hassan, Chair
zhass2@uky.edu


#### Abstract

We propose to change the name of the Department of Anesthesiology to the Department of Anesthesiology Perioperative, Critical Care and Pain Medicine. The scope of anesthesia practice has evolved extensively and the new name encompasses the increased role and practice of anesthesia. Perioperative medicine reflects more extensively the role of the anesthesiologist during surgical procedures with the managing of multiple complex medical conditions during the perioperative period. The anesthetic critical care division and the practice of critical care is now an integral component of every anesthetic department in the United States. Anesthesia practice by definition is also the practice of pain management, which has evolved exponentially to state-of-the-art regional pain blocks, postoperative pain management and chronic pain management. The department name change also aligns us with other nationally recognized anesthesia departments and more clearly recognizes our increased scope of practice.


## 1) What is the impetus for the proposed change?

The scope of anesthesiology practice has evolved and expanded over the last twenty years. Perioperative, critical care medicine and pain medicine have expanded within the field of anesthesia as subspecialties and entities within anesthesia and are now an integral part of anesthetic practice. They are recognized as large significant components within the Department of Anesthesiology. Multiple anesthesiology departments within the United States are recognizing these as specialties in their titles. These subspecialties are offering ACGME accredited fellowships after residency reflecting the importance of recognition of these disciplines within Anesthesiology.
2) What are the benefits and weaknesses of the proposed unit with specific emphasis on the academic merits of the proposed change?

The name change recognizes the importance of services provided within the Department of Anesthesiology and accurately reflects our scope of practice. Recognition of these has implications in recruitment retention and visibility of applicants to the academic offerings of the department.
3) Describe the organization of the current structure and how the proposed structure will be different and better. Current and proposed organizational charts are often helpful in illustrating reporting lines.

These are currently recognized in the attached departmental organizational chart.
4) How does the change fit with department, college, and/or university objectives and priorities?

The name change is consistent with other clinical department names within the College of Medicine to accurately reflect scope of practice. It will also improve the visibility and the profile of the program to prospective faculty and residents nationally. There is a clinical division within the Department of Internal Medicine which has an activity related to one of the activities in the title. Although the titles are similar the clinical activity and scope of practice is not related. Categorically no substantive issue is created by this name change. We have contacted the Chair of the department and the relevant clinical division chief within the department about our proposal. Their feedback is entirely positive and supportive and confirmatory emails have been received.
5) How does this change better position the proposers relative to state and national peers, as well as University Benchmark Institutions? How does the change help UK meet the goals of its strategic plan?

The name change will improve recruitment of faculty and residents and improve growth of the department and these specialties, which is aligned with university and college strategic goals. All benchmark and Ivy League universities that have an Anesthesiology department recognize these specialties.
6) Who are the key personnel associated with the proposed unit? Provide qualifications of these personnel in a brief form. A complete curriculum vitae for each person is not needed, although pertinent information in tabular format is helpful.

Department organization and leadership is not being changed as result of this proposal.
7) Discuss leadership and selection process for appointing a chair, a director, or interim leader and search process, etc.

Department organization and leadership is not being changed as result of this proposal.
8) What is the function of the faculty/staff associated with the proposed change and how is that relationship defined? Discuss DOE, adjunct, full-time, voting rights, etc.

Faculty and staff organization within the department are not being changed as a result of this proposal.
9) Will the proposed change involve multiple schools or colleges?

No, the change will not involve multiple schools or colleges.
10) If the proposed change will involve transferring personnel from one unit to another, provide evidence that the donor unit is willing and able to release the personnel.

There are no changes in allocation of personnel as a result of this proposal.
11) What is the arrangement of faculty associated with the proposed change and how is that relationship defined? Discuss faculty DOE and status as adjunct, tenure track, or tenured. Describe the level of faculty input in the policy-making process including voting rights and advisory.

Faculty organization, policies and voting within the department are not being changed as a result of this proposal.
12) Discuss any implications of the proposal for accreditation by SACS and/or other organizations.

The current proposal to change the department name will have no additional implications for accreditation and will in fact enhance and improve the profile of the department.
13) What is the timeline for key events in the proposed change? Student enrollments, graduates, moved programs, closed courses, new faculty and staff hires, etc.

The department name change does not impact any timelines and better reflects the department offerings.
14) If the proposal involves degree changes*, describe how the proposed structure will enhance students' education and make them more competitive. Discuss the impact on current and future students. State assumptions underlying student enrollment growth and describe the plans for student recruitment.

N/A.
15) Include evidence that adequate financial resources exist for the proposed unit to be viable. A general description of the new costs and funding should be provided. A letter from the Provost, Dean, or other relevant administrators may affirm commitment to provide financial resources as appropriate. An exhaustive budget is not expected.

N/A.
16) The proposal should document any faculty votes and departmental or school committee votes as appropriate leading up to this point in the process. The SAOSC recommends that faculty votes be by secret ballot. Include in your documentation of each vote taken the total number of eligible voters and the number that actually voted along with the break-down of the vote into numbers for, against and abstaining. A Chair or Dean may appropriately summarize supporting and opposing viewpoints expressed during faculty discussions.

Preliminary balloting was conducted via Qualtrics and email. In each of these the majority of respondents supported the concept and nature of the proposed change. Further, the proposal has been discussed with eligible faculty members on whether they support the proposed change. The results are overwhelming in favor of support of the approximately 80 faculty in the department, 60 are full-time. All 60 of those faculty members support the new change emphatically and feel it reflects the role of the Department of Anesthesiology in current practice.
17) The committee will want to see evidence of academic merit and support from key parties. Letters of support (or opposition) are encouraged from the relevant senior faculty and administrators. Relevant faculty and administrators include those in units directly involved in the proposed change (including existing units from which a new unit may be formed.)

No other clinical department is affected.
18) Indicate how the new structure will be evaluated as to whether it is meeting the objectives for its formation. Timing of key events is helpful.

The proposal involves no change in department structure.
19) Letters of support from outside the University may be helpful in understanding why this change helps people beyond the University.

N/A.

Chair Zaki-Udin Hassan

| Vice Chair, Administration <br> Victoria Bradford |
| :--- |
| Chief CRNAs <br> Anderson, Buckler, Runkle |


| Vice Chair, Clinical Affairs <br> Dung Nguyen |
| :--- |
| Assistant Vice Chair, Clinical <br> Affairs <br> Brian Abiri |


| Vice Chair, Education <br> Laura Pinault |  |
| :--- | :--- |
|  | Associdency Program Director <br> Laura Pinault |
|  | Associate Program Dillenbrand <br> Bob Weaver |
|  | Director, Educational <br> Development <br> Amy DiLorenzo |


| Vice Chair, Research |
| :--- |
| Kevin Hatton |



## Medical Director, IPM

 Michael HarnedDirector, Community Affairs TBA

## Medical Director, Shriners

Kit Montgomery
Director, Diversity \& Inclusion Regina Fragneto

## Director, CAS

Rosalind Ritchie-Dabney
Director, Liver Transplant Zaki-Udin Hassan

| Director, GSH |
| :--- |
| Justin Wainscott |

Director, QAQI Syed Ali

$\rightarrow$| Co-Director, GSH <br> Matt Baker |
| :--- |
| Co-Director, GSH <br> Joe Cassis |



$\left.\rightarrow$| Assistant Program Director, |
| :--- |
| Simulation |
| Aric Johnson | \right\rvert\, | Assistant Program Director, |
| :--- |
| POCUS |
| Nathaniel Linville |

Clinical Specialty Liaisons

| Bariatric TBA | COVID-19 <br> Brian Abiri | Data Mining \& Informatics Tom Murphy | ENT <br> Bryan Hardin | Geriatrics TBA |
| :---: | :---: | :---: | :---: | :---: |
| GI/ERAS \& Hepatobiliary Brad Dwan \& Yan Pokrovskiy | Gyn Onc TBA | IT Machine Learning TBA | Orthopedics Allison Zuelzer | Plastics <br> TBA |
| Social/Media <br> Melinda Eshelman | Thoracic TBA | Trauma TBA | Urology TBA | Vascular <br> Johannes Dorfling |

Department of Internal Medicine Office of the Chairman goo S. Limestone Street 301 Wethington Building Lexington, KY 40536-0200 859 323-5025 www.uky.edu

January 24, 2023

To whom it concerns:
This memo is to serve as my approval to change the Department of Anesthesia's name to Department of Anesthesiology Perioperative, Critical Care and Pain Medicine. This has been discussed with Dr. Eric Bensadoun and the division of Pulmonary/Critical Care. There are no issues with the Department of Anesthesia proceeding with the change.

Sincerely,


Darwin L. Conwell, MD, MSc, FACG
Professor and Chair
Department of Internal Medicine


[^0]:    ${ }^{1}$ Items a-i are derived from Senate Rules 3.4.2.A.5. The Senate Rules in their entirety are available at http://www.uky.edu/Faculty/Senate/rules regulations/index.htm.)

