

UNIVERSITY OF KENTUCKY
SENATE

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Regular Session

April 11, 2005

3:00 p.m.

W. T. Young Library
First Floor Auditorium
Lexington, Kentucky

Dr. Ernie Yanarella, Chair

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ERNIE YANARELLA, CHAIR

GIFFORD BLYTON, PARLIAMENTARIAN

REBECCA SCOTT, SECRETARY TO SENATE COUNCIL

ROBYN BARRETT, COURT REPORTER

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1 CHAIR YANARELLA: Good afternoon. I'd
2 like to call the meeting of the
3 University Senate for April 11th,
4 2005, to order. First order of
5 business is approval of minutes of
6 the March 7th University Senate.
7 We've already had one minor
8 correction. Are there any other
9 corrections to the minutes of the
10 March 7th Senate meeting? There
11 being none, may it stand as
12 approved, with that slight
13 correction. I would like to turn
14 first to the memorial and call Kaveh
15 Tagavi to the front to give him an
16 opportunity to read a memorial
17 resolution.

18 TAGAVI: Memorial Resolution, presented
19 to the University of Kentucky
20 Senate, April 11, 2005, Donald C.
21 Leigh, 1929-2005, Professor Emeritus
22 - College of Engineering. Donald C.
23 Leigh of Lexington, Kentucky, and
24 Hilton Head, South Carolina, died
25 February 26th, 2005. He was

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1 preceded in death by his parents,
2 Rebecca and Ernest Leigh. He is
3 survived by his wife of 52 years,
4 Anne; daughters Katherine Doss and
5 Cynthia Highland, son Timothy; and
6 sisters Barbara and Frances. On
7 behalf of the alumni, students,
8 staff and faculty of the College of
9 Engineering, I offer the following
10 memorial to Don Leigh. Don was a
11 naive of Toronto, Canada. He earned
12 a bachelor's degree in engineering
13 physics from the University of
14 Toronto. He then went to England on
15 an Athlone Fellowship, where he
16 earned a Ph.D. in engineering
17 mathematics, working in the field of
18 digital computations at Cambridge
19 University. Don was a member of the
20 faculty at Princeton University
21 before coming to the University of
22 Kentucky in 1965. From 1965 until
23 his retirement in 1996, he was a
24 Professor of Engineering Mechanics
25 with a joint appointment in

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1 Mathematics; he served as
2 Departmental Chairman on several
3 occasions. He also served as
4 Associate Dean and later Acting Dean
5 for the College of Engineering,
6 during which time he was actively
7 engaged in the development of Center
8 for Robotics and Manufacturing
9 Systems building. He was a member
10 of the UK Research Foundation, and a
11 longtime member and ultimately the
12 Chair of the University Senate.
13 Among his extracurricular
14 activities, Don was an avid tennis
15 player and a founding member of the
16 Lexington Tennis Club. He combined
17 this interest with his academic
18 expertise to mathematically model
19 tennis racket performance. Don
20 taught a variety of undergraduate
21 and graduate courses in engineering
22 mechanics, mathematics, and the
23 Honors Program. In addition he
24 wrote a highly regarded graduate
25 level textbook on nonlinear

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1 continuum mechanics. Don will be
2 well remembered by his colleagues,
3 with whom he had many
4 "philosophical" discussions about
5 the foundations of mechanics. He
6 was highly respected for his
7 technical achievements and his
8 ability to interface with all
9 members of the University
10 community. Above all, he was a true
11 gentleman in every sense of the
12 word. We have lost a good friend
13 and colleague. I ask that this
14 resolution be made part of the
15 official minutes of the University
16 Senate and that a copy be sent to
17 Professor Leigh's family.

18 CHAIR YANARELLA: I would approve that
19 request, and I would like us to
20 stand and observe a moment of
21 silence for our fallen colleague.
22 Kaveh, thank you. Kaveh, having
23 sent you back to your chair, I will
24 ask you if you will just stand and
25 offer an announcement with regard to

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1 the Board of Trustees Faculty
2 Representative election.

3 TAGAVI: If you recall, we had an
4 election that ended last Friday. We
5 had about 700 and something in
6 number of votes from the faculty.
7 If you also notice, we extended the
8 date and included paper ballots
9 because of some problems with some
10 faculty. Indeed, we received about
11 39 paper ballots. Six of them were
12 considered ineligible, but 33
13 official paper ballots were
14 received. And the two candidates
15 were Professor Kennedy and Professor
16 Dembo. The vote was 459 to 290
17 (inaudible) and Professor Dembo will
18 be the next representative to the
19 Board of Trustees.

20 CHAIR YANARELLA: Kaveh, thank you.

21 Jeff, if you wouldn't mind standing,
22 I would like to acknowledge you and
23 thank you.

24 (APPLAUSE.)

25 CHAIR YANARELLA: And Mike Kennedy, if

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1 you would please stand, we would
2 certainly like to acknowledge and
3 express our thanks for your
4 dedicated service over the last
5 several years.

6 (APPLAUSE.)

7 CHAIR YANARELLA: The next announcement
8 relates to the Senate Council
9 endorsement of the continuation of
10 the Winter Intersession. At the
11 last Senate Council meeting, a
12 motion was put forth to approve the
13 request for continuation of the
14 Winter Intersession with the
15 condition or on the stipulation that
16 some attempt be made to evaluate the
17 quality of the education for those
18 courses that are required in the
19 student's major and that are also
20 offered outside of the
21 intersession. Moreover, the motion
22 indicates that a report of those
23 evaluations be provided to the
24 Senate after the 2005 Winter
25 Intersession. This motion was

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1 seconded and was passed with seven
2 affirmative votes, so I bring this
3 to your attention. Yes.

4 JONES: A year ago when the Senate
5 endorsed the intersession, it was
6 called a pilot program at that
7 time. Is it still in a pilot phase
8 for this second year and these
9 reports are coming and then next
10 year the Senate will do something at
11 some point about it? I don't quite
12 understand.

13 CHAIR YANARELLA: It is my understanding
14 that this is still in a pilot
15 phase. I inquired of the originator
16 of the motion and the understanding
17 of various other Senate Councils
18 regarding our endorsement, and
19 especially given the new
20 stipulations that we have put forth,
21 I see this as a continuation of that
22 pilot, that pilot program. At the
23 juncture where the Provost's Office
24 should wish to initiate a permanent
25 institutionalization of this

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program, I am sure that the Senate

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Council would look forward to

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reviewing that and sending any

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recommendation on to the Senate.

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Thank you. Are there other

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questions bearing on this? Another

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announcement, and this relates to a

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discussion item which we had at our

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last Senate meeting, and that was

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with regard to the Academic Offenses

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Review Committee and its report and

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recommendations. As you recall, in

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the interest of time, this

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discussion was truncated and we had

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anticipated that the finalized

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report would come forth at this

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meeting. As a result of continuing

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discussion and fine-tuning and a

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concern with a legal issue relating

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to the -- at least one of the

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recommendations and the University

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Hearing --

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UNIDENTIFIED SPEAKER: Appeals Board.

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CHAIR YANARELLA: Appeals Board, thank

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you. We have postponed this and

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1 we'll have this return, very likely,
2 early in the fall semester after the
3 Board of Trustees clarifies issues
4 that would perhaps be in conflict
5 with certain recommendations made in
6 the upcoming Student Code, which it
7 is considering at a subsequent Board
8 of Trustees meeting. There may also
9 be other activities related, germane
10 to the report and its
11 recommendations, that we'll also
12 circulate and seek faculty opinion
13 before any report and
14 recommendations are forthcoming. So
15 that is the reason why we do not
16 have this on the agenda as an action
17 item today. Bob, is there anything
18 else you'd like to communicate to
19 the Senate that I have not?

20 GROSSMAN: Well, I guess just until the
21 Academic Offenses Policy is changed,
22 the current policy is in force. And
23 the current policy, as interpreted
24 by the Rules Committee, is that the
25 minimum penalty for cheating is an E

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1 in the course. And any instructor
2 who does not follow the rules of the
3 Senate is opening themselves up to
4 legal jeopardy if the student gets
5 wind of the fact that another
6 student was treated differently from
7 them under the same circumstances.
8 The rules of the Senate are
9 binding. They're not optional.
10 That's the only thing I'd say. I
11 mean, you know, y'all do what you
12 think you need to do; but the rules
13 are the rules, and they're not
14 optional. They're binding. That's
15 one reason why we're trying to
16 change the policy, to bring it to
17 conform to current practice. But
18 until it's changed, the policy is
19 what it is.

20 CHAIR YANARELLA: Thank you for that
21 reminder. I would simply endorse
22 your cautionary words and your
23 enunciation of the present policy.
24 Certainly one impetus to this
25 committee, one reason that I met

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1 late this summer with Bob, who
2 expressed a keen interest in this
3 issue, was because of, I think, a
4 pervasive sense on campus that
5 oftentimes the prevailing policy is
6 not being honored or it is being
7 honored largely in the breach when
8 faculty members believe that the
9 existing penalties are onerous; and
10 therefore, these informal
11 arrangements are worked out. We do
12 have rules on the books. They
13 should be enforced, and the purpose
14 of Bob's words and my echoing of
15 those is simply to reinforce the
16 nature of those rules and the fact
17 that they should be enforced.
18 Another announcement relates to a
19 special May 9th, 2005 Senate
20 meeting. This has been scheduled.
21 There are a number of action items
22 that are pending that will, over the
23 next couple of weeks, very likely be
24 embedded through the Senate Council,
25 and I believe that the Senate

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1 Council will be sending
2 recommendations on those issues. So
3 please, on your calendars, take note
4 of the fact that we are scheduling a
5 special May 9th meeting. Our next
6 agenda item is a discussion of the
7 Pre-Employment Drug Screening
8 Policy. As you may be aware, there
9 have been extensive communications
10 among Kim Wilson, Associate Vice
11 President for Human Resources, the
12 Senate Council Office and the Senate
13 Council regarding this policy. And
14 Kim was kind enough, at our last
15 meeting, to agree to have this
16 discussion postponed until this
17 meeting. I believe that Mary Ferlan
18 is going to lead us in that
19 discussion. Mary, please step
20 forward.

21 FERLAN: Thank you. Thank you for
22 having me today. I brought someone
23 to help me out, our Medical Review
24 Officer physician. His name is
25 Dr. Ray Garman, so I'm going to

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1 refer to him as we get into some
2 technical questions about it. He
3 works in the College of Public
4 Health and has also been able to
5 come over today. I think Rebecca
6 had sent forward sort of a quick
7 handout that I had done for a
8 different group this week. So what
9 I thought I'd do is just kind of go
10 over the overall process. It's
11 really not an HR policy. A couple
12 of things I'll go over, some
13 highlights, and you can ask
14 questions because I understand
15 that's really what you are
16 interested in. Basically we're
17 starting this May 1st, and we have
18 identified certain departments that
19 are going to be subjected to the
20 pre-employment drug screening for
21 new hires only. We are not testing
22 transfers at this point. We are
23 testing only new hires coming into
24 the university in these certain
25 areas. The areas identified, and we

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1 have been able to segment them out,
2 include areas that have hospital or
3 patient contact. So that includes,
4 and in the handout, we have the
5 hospital there; we have the
6 Executive Vice President for Health
7 Affairs Office in there, and also
8 the six medical colleges: College
9 of -- I'll try not to forget
10 anybody -- College of Dentistry,
11 Health Sciences, Medicine, Nursing,
12 Pharmacy and Public Health. Okay?
13 Any new hire that is presented as a
14 final candidate will be worked
15 through the pre-employment drug
16 screening process. The drug
17 screenings will be handled through
18 Human Resources. We'll coordinate
19 the efforts so you, as a hiring
20 official, basically work through
21 your HR representative that you work
22 with on your job postings. When you
23 get to your final candidate that is
24 selected, you'll fill out your
25 salary recommendation form, and this

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1 is more for staff positions.
2 Faculty, we realize you use a
3 different process, but they'll also
4 be going through the pre-employment
5 drug screens. I'm going to be
6 calling them PDS; when I say PDS,
7 that's what I mean. When you get
8 your final candidate, HR will
9 contact them and tell them to report
10 to Kentucky Clinic South where we
11 will be doing the screening. We'll
12 be doing urinalysis. We'll be doing
13 them Monday through Fridays, 2:30 to
14 4:30. At that point, we will also
15 be doing INIs. We're going to take
16 care of two things at one time,
17 unless you have somebody that is
18 coming fairly early, more than 30
19 days from their hire date. We'll
20 need to do an INI closer to their
21 hire date. The pre-employment drug
22 screening should not take very long.
23 We're allowing 30 minutes at this
24 point, but once we get things down
25 and more streamlined, we're thinking

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1 it will take no more than 15 or 20
2 minutes. The employee will leave a
3 sample there, and then they are
4 gone. HR will contact you within 24
5 to 72 hours on the results of the
6 test. Now, all you will really be
7 told is that your candidate has
8 passed the test or they are no
9 longer a viable candidate for the
10 position. At that point, as a
11 hiring official, you'll be given the
12 choice, then, to either go to your
13 second candidate of choice and move
14 through the process or if you want
15 to repost the position or start your
16 search again. Okay? The test will
17 cost \$45. Departments will be
18 charged for that through Human
19 Resources; and again, as I said,
20 it's 24 to 72 hours turnaround
21 time. Sometimes it might be a
22 little bit longer if a medical
23 review officer has some difficulty
24 contacting the applicant or if
25 they're verifying prescriptions and

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1 things; sometimes that can take a
2 little bit longer. But, again, it
3 should not hold up the hiring
4 process for very long. Okay? We
5 feel it's a very important part of
6 the process and very invaluable for
7 us as an institution, so really in
8 talking to different workers and
9 different colleges, the support has
10 been very favorable for this new
11 initiative. We have talked to the
12 deans that are impacted, the main
13 six deans. They've sort of talked
14 to their faculty about it. We've
15 talked to the business officers, who
16 are aware of how this is going, and
17 everyone's been very supportive and
18 we're looking forward to our May 1st
19 start date. And in terms of other
20 things in the process, we're
21 typically going to screen for a
22 nine-panel urinalysis for common
23 drugs of abuse, and when you have
24 specific questions about that, I'll
25 defer to Dr. Garman. The positions

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1 that we have, we have some language
2 that's been approved by Legal Office
3 that you can put into your postings,
4 either the ones that we use through
5 the online employment system or in
6 your faculty postings. Basically
7 there's just a single sentence that
8 says something to the effect that,
9 "In order to be offered this
10 position as a final candidate, you
11 will have to successfully pass a
12 pre-employment drug screening."
13 It's pretty brief. And HR will
14 contact people who test positive.
15 We will have our letters and
16 everything that go out, so we'll
17 handle all that part. When there
18 are issues of licensure boards, HR
19 will also contact those. For
20 example, licensed RN's, if we end up
21 with a licensed RN that tests
22 positive for an illegal drug, we are
23 then obligated to contact the
24 Kentucky Board of Nursing to notify
25 them. So there are some other

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1 notification procedures that will be
2 going on by HR if we do get positive
3 tests. Through the literature,
4 there's an average positive test
5 result of about three to five
6 percent. We anticipate that we hire
7 approximately a little over 900 new
8 hires a year, and that's -- so we're
9 going for about 1,000, is what we
10 think we'll do in this first year.
11 And we should be able to handle that
12 load at Kentucky Clinic South. For
13 those that are concerned about hires
14 that you make outside of the
15 Lexington area, we have a purchasing
16 agreement with UTC Labs, who have a
17 national agreement with Quest
18 Diagnostics. So if you have
19 somebody outside the area that
20 you've made an offer to and they've
21 accepted, you can work through Human
22 Resources and we'll make an
23 appointment for them anywhere in the
24 nation to get their pre-employment
25 drug screening done. Okay? We have

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1 a couple of groups that are not
2 going to start until actually
3 August, because all their hiring
4 waves have occurred. Nursing
5 Recruitment is one. They handle all
6 their students up front in the
7 spring and made their offers, so
8 they're not going to be part of the
9 screening process, and that's also
10 similar to the residents. Medical
11 residents, because of their
12 interview process and selection and
13 hiring on and they had their
14 official Match Day in March, we're
15 not going to tack this on because
16 that was not part of the conditions
17 of the agreement when they were
18 interviewed and selected. So that
19 group will start in August for the
20 next year, any fellows that come
21 on. What questions do you guys have
22 for us? We have sent out, as I
23 said, some information through
24 e-mail from Dr. Clark so that the
25 impacted areas will be made aware.

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1 CHAIR YANARELLA: Please, when I call on
2 you, indicate your name for the
3 people. Here, Bob.

4 GROSSMAN: Bob Grossman, Chemistry.
5 Just a moment ago you mentioned
6 nursing students. I don't know if
7 that was a misspeak.

8 FERLAN: Sorry, yeah, I misspoke. I
9 meant new nursing graduate students
10 who will be hired as RNs in the
11 hospitals. Thanks for correcting
12 that.

13 CHAIR YANARELLA: Yes, name?

14 JENNINGS: Oh, Darrell Jennings, College
15 of Medicine.

16 CHAIR YANARELLA: I knew that.

17 FERLAN: I didn't.

18 JENNINGS: Is there an appeal process
19 associated with this screening or,
20 in particular -- I'm not familiar
21 enough with the nine drugs that
22 you're particularly screening for,
23 so I don't know what the potential
24 false positive rate is for those
25 drugs; but, I mean, is there a

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1 mechanism for handling the
2 notifying? I mean, does the
3 individual know that they will have
4 been dropped off the top of the list
5 because of a positive drug screen?
6 And then is there an opportunity for
7 that individual to address that or
8 appeal that or in some way, you
9 know -- well, you know what I mean.

10 GARMAN: I'm standing here musing on
11 what it's like to present myself to
12 this august group as a guy who knows
13 how drug abuse gets into someone's
14 urine. But the answer is: The lab
15 results come to the medical review
16 officer, which basically is
17 (inaudible) experts are going to be
18 myself and Dr. Scott France. And
19 after a careful close -- very
20 careful closed collection, which has
21 to be done under very careful
22 procedures with lots of signatures,
23 and actually when someone gives
24 you -- you have to walk down the
25 hall until you can see -- where they

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1 can see it, and they have to initial
2 that it's their urine. Then it goes
3 to the lab, and on this multi-page
4 report that comes back, the actual
5 chemistry comes back to your medical
6 review officer, who reviews it. And
7 say we have an opiate in the urine;
8 then the medical review officer then
9 calls the patient, who is required
10 to give us a contact, and then we go
11 over how they may or may not have
12 done that because the issue is: Are
13 you impaired? And by definition, if
14 you've got enough of this stuff in
15 your urine, you may be impaired.
16 And it's my job to discuss with the
17 donor of that urine how that pot or
18 how that drug got in there. And if
19 there's a prescription, for
20 instance, I'll call the pharmacist;
21 I'll call the prescribing doctor.
22 If it's a friend's prescription, a
23 wife's prescription, that's a
24 positive test, and we send it
25 forward as a positive test. If I

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1 eat too many poppy seed bagels,
2 that's a positive test, because as
3 you well know, the way this is done,
4 it's so sensitive we'll pick up a
5 few parts per billion. So the
6 screening level is set well above,
7 so actually the one for marijuana
8 was raised back in the late 90's, so
9 we couldn't get passive inhalations
10 (inaudible). So the cut levels for
11 these are high enough so that you
12 really have dosed yourself if you
13 come out to the lab. If you're
14 below that cut level, you get to me
15 in the negative. I won't know it.

16 FERLAN: So anyway, if there is
17 something that turns up positive,
18 the tighter screen is run; then the
19 medical review officer will be in
20 contact with the applicant so
21 they're well aware they have some
22 positive results. Some are fine
23 positive. They have a scrip for it;
24 it's fine.

25 JENNINGS: An interfering substance.

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1 FERLAN: Right. But if it's a true
2 positive, you know, then they'll be
3 informed not only by the MRO but
4 also by a rep --

5 JENNINGS: But that decision of a true
6 positive versus a false positive or
7 interference is made in a
8 consultative fashion with the
9 physician advisors to this?

10 GARMAN: HR gets a yes or a no; that's
11 all they get. They don't have any
12 details, even though I have to
13 maintain these discussions we have,
14 which are often two pages, for
15 years.

16 CHAIR YANARELLA: Mike Cibull.

17 CIBULL: I'm not sure you've answered
18 the question. The question was:
19 What's the false positive rate? Is
20 there a false positive rate?

21 GARMAN: It depends on where you set the
22 cut level, and if you set it high
23 enough, I don't think there is a
24 false positive.

25 CIBULL: So the levels that we're using,

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1 there are no false positives; is
2 that what you're saying?

3 GARMAN: We're going to work at levels
4 at DOT standards or higher, so we
5 won't get any passive inhalation.
6 The typical response (inaudible)
7 poppy seed ingestion for opiates.
8 "I drove to work with three guys who
9 were blowing grass in a
10 Volkswagen." I've heard them all,
11 and we just cut higher than that, so
12 there's a true exposure at the
13 levels we use.

14 CIBULL: And we could set them lower
15 and --

16 GARMAN: Yes, and pick those up.

17 CIBULL: No, I'm asking what level
18 you're going to use, not what level
19 they could be set at. The other
20 question is: If a test is positive
21 in the laboratory, is it run on some
22 confirmatory platform to make sure
23 that it actually is positive?

24 GARMAN: The screening is an
25 immunoassay.

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1 CIBULL: And it's only done once?

2 GARMAN: No. And if it's positive on
3 the immunoassay, then (inaudible).

4 FERLAN: So there's an initial test and
5 then a more tight test.

6 CHAIR YANARELLA: Kaveh Tagavi.

7 TAGAVI: I have hopefully a quick
8 question and then a comment. Would
9 you give assurance to the donors
10 that they would not be tested for
11 anything else such as HIV? Would
12 that be part of the university
13 rule?

14 FERLAN: I'm trying to think. We have
15 a -- just so you're aware, the
16 applicants will be well aware in
17 advance that this is going to
18 happen. When a job summary is up,
19 they'll see that statement. In all
20 my application systems, there'll be
21 a certified statement that they have
22 to click on that says, "I guess I'm
23 aware this may require a
24 pre-employment drug screening." And
25 I'll get to your thing in a second.

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1 Then the hiring official will have a
2 script that tells them verbally, and
3 then they'll also get another e-mail
4 that tells them they're going to
5 have to get a drug screening. So if
6 they've casually used or sat in a
7 Volkswagen with somebody, you know,
8 everybody smoking, by the time they
9 get to the actual screening process,
10 they're well aware this is going to
11 be done. We have a contingency
12 letter that they will be given a
13 copy of that states: "These are the
14 following things we're testing
15 for." And they state: "Yes, I'm
16 agreeing to do this and understand
17 that this is a condition of
18 employment at the University of
19 Kentucky." So they'll be given a
20 copy of that letter that lists those
21 nine categories.

22 TAGAVI: My comment was that during the
23 Senate Council presentation, it came
24 to our attention that, for example,
25 cocaine has residency of two days in

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1 your body. So if you are a cocaine
2 user, all you have to do is just
3 stay away on Friday, don't do any
4 more cocaine, on Monday do the test,
5 and then you are free to use cocaine
6 after you are hired. So I'm just
7 questioning, what is the value of a
8 test like this, that all you have to
9 do is to stay away from drugs for
10 two days and then the test is going
11 to be negative?

12 GARMAN: Well, I mean, if you really
13 want to beat it, you can go to a
14 drug stop and buy dehydrated urine,
15 which is for sale, and put water in
16 it. This is --

17 TAGAVI: But that's illegal. This one
18 is not illegal. If they stay away
19 for two days, it is not illegal.

20 FERLAN: What is not illegal? Oh, just
21 not taking it in that time?

22 TAGAVI: Yes.

23 FERLAN: I guess the theory behind --
24 the philosophy behind pre-employment
25 drug screening is that we want to

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1 try to test people who have an abuse
2 problem, they are chronic abusers,
3 and they will not be able to come to
4 work in a nonimpaired state. Which
5 means if we tell them enough and
6 they can't stay off the drugs and
7 show up impaired, we're certainly
8 not going to hire them. Ideally,
9 yes, can people stop using in enough
10 time? I think the marijuana stays
11 in closer to 30 days, so could they
12 stay off marijuana for a month and
13 come in? Yes. If they're able to
14 stay off that much, there's really
15 not much we can do about that. We
16 can only test as well as we can. We
17 have to be above a certain level,
18 but it has to be a reasonable
19 approach to keeping people out. Can
20 they get stuff on the Internet that
21 busts these tests and they can get
22 through it? Yes.

23 TAGAVI: I didn't say that.

24 FERLAN: We can't control that. Well, I
25 know --

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1 TAGAVI: He said it.

2 GARMAN: Can you beat us? Particularly
3 with water soluble drugs. If you're
4 using angel dust, PCP, that's fat
5 soluble. If you're smoking a lot of
6 grass, it will get in your fat
7 stores and we can pick that up for
8 weeks sometimes. But, yeah, you're
9 right, we've set the test cautiously
10 enough so that we will miss some.

11 TAGAVI: Thank you. Let's have that in
12 the minutes.

13 CHAIR YANARELLA: I don't know whether I
14 view this information with joy or
15 concern, that you have such intimate
16 knowledge of this. Hans Gesund.

17 GESUND: Yeah. There doesn't seem to be
18 any appeals process. Now, I know
19 that even the FBI laboratory makes
20 mistakes. They've been all over the
21 news. These drug laboratories that
22 you're using, especially if you're
23 going outside UK -- UK's is perfect,
24 I'm sure, 100 percent accuracy. But
25 if you go outside, the chances are

34

1 that there are going to be errors
2 made, false positives that are true
3 positives but not of the person
4 involved or else the lab is totally
5 screwed up or there are some other
6 mistakes made. I think you need to
7 have some second appeal so that
8 (inaudible) say, "That wasn't my
9 urine that you used; I want another
10 test."

11 FERLAN: I think in other institutions
12 that I've looked at, so we can make
13 this part of it, and Dr. Garman, you
14 can respond to when people are
15 positive, how many really actually
16 appeal, but we should make it
17 optional. Most places will make an
18 appeal optional and a retest at the
19 cost to the applicant. So we can do
20 that. That's the standard that I've
21 seen in other institutions, but
22 that's a good option.

23 GARMAN: Typically you can do a
24 one-sample or a two-sample
25 collection. If you do the

35

1 two-sample, then that's available
2 for a retest, often sent to another
3 lab. On a one-test, they have to
4 store that for an extended period of
5 time, and the MRO can request a
6 retest. And that's done when we
7 have the interview with the positive
8 donor.

9 GESUND: I think there needs to be an
10 appeals process.

11 GARMAN: There's not an appeal for a
12 second sample. The sample we get is
13 the sample we work with.

14 GESUND: Well, that is wrong because, as
15 we all know, the FBI lab came out
16 with a whole bunch of false
17 positives on bullets and all kinds
18 of stuff. I think we cannot
19 guarantee 100 percent accuracy in
20 anything in this world, at least.
21 So I think it's very important that
22 there be a backup, that the person
23 whose test came back positive has a
24 way of getting appealed -- of
25 getting his test appealed, getting a

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1 retest completely from scratch, so
2 that -- it could have been that
3 there was something in the -- that
4 the sample bottle hadn't been
5 cleaned properly or that there was
6 something in there. Who knows
7 what? All I know is the FBI labs
8 screwed up royally in a lot of
9 cases. I'm sure that UK's lab is
10 100 percent. I don't trust the
11 commercial labs that far. They may
12 be 99.9 percent correct, but one in
13 a thousand is going to get caught
14 by, you know, the innocent
15 statistic.

16 GARMAN: Yeah. An e-mail I had this
17 morning said we will use the
18 hospital lab.

19 FERLAN: The hospital lab on the 6th
20 floor will be doing the actual
21 Lexington - Kentucky South
22 urinalysis. I understand what
23 you're saying, so we'll have to
24 consider that and think about it.
25 The other point is if you get

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1 somebody over here that tested
2 positive, they didn't quite wait
3 long enough, they're going to
4 appeal, drag it out, stay clean, and
5 do another test and come in. So
6 that's the risk you run by allowing
7 people to do a second visit with a
8 separate urine sample. But your
9 point is well taken.

10 CHAIR YANARELLA: Yes, please.

11 DEEM: My name is Jody Deem, Health
12 Sciences. Being from one of the
13 chosen units, you know, Kaveh, they
14 don't have to wait two days. If
15 you're a staff person, all you have
16 to do is say, "Well, I'm not going
17 to apply over in the medical
18 sector. I'll just go over and apply
19 in Arts and Sciences." I have this
20 vision in my mind, in a few years,
21 of the regular campus in La-La
22 Land. You don't need to worry; just
23 go over there and apply.

24 FERLAN: You can be creative.

25 DEEM: But I understand. I'm a

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1 clinician, and I understand what
2 you're getting at. But it feels a
3 little discriminatory, and I hope
4 there is a plan to phase in the
5 entire campus and not just continue
6 to single out the Medical Center.

7 FERLAN: At this point we're calling
8 this portion of the screening
9 Phase 1. Now, Phase 1-A is when we
10 bring in the hospital pool
11 employees. That's a very segmented
12 group. They're pool employees; they
13 tend to be on call, but a lot of
14 them work a lot. They might work up
15 to 40 hours in the hospital. We can
16 get a handle on them because we know
17 where they come through and how
18 they're hired and we'll be able to
19 sort of bring that group in because
20 we feel that's a better risk place
21 to start. Legally, basically, as a
22 public institution, we run into some
23 issues where just doing broad-based
24 pre-employment drug screenings can
25 create some issues with some of the

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1 employees at the site. So we're
2 starting now -- because of the
3 Fourth Amendment and all kinds of
4 things. So what's interesting is
5 that some of this was brought up --
6 not pre-employment drug screening,
7 but background checks a few years
8 ago. There's a lot of push-back on
9 it. What's interesting now is that
10 everybody's really in favor of this.
11 I think everybody's seen in the
12 literature that we don't want to
13 make bad hire choices; we want to
14 make sure we keep out the people who
15 have big issues that we can stop and
16 not let in the door. At this point
17 we do have other groups that are
18 interested that are outside the
19 groups that we're starting with. We
20 want to start where legally we can
21 defend it because of patient and
22 research -- patient research that's
23 being done. We can legally defend
24 that very cleanly. Now, how we move
25 forward on this, we'll have to

40

1 determine how we're going to do
2 that, what the university will
3 support, and what the law will
4 support. But at this point, we're
5 starting here because a lot of those
6 conversations came up, and people
7 kept wanting to get broader and
8 broader: "We want in, we want in."
9 And we'll never get started if we
10 keep trying to figure out the legal
11 issues behind this. But I really
12 can't tell you whether or not it
13 will eventually be the entire
14 campus. I think it would be very
15 nice because it gets kind of messy
16 when we are sort of carving out, but
17 at this point, our immediate Phase
18 1-A is the pool of people that we
19 need to get a handle of that are
20 actually in the hospital doing
21 direct patient care, and we need to
22 make sure that we get them
23 screened. I think our first point
24 of interest is to really get tighter
25 on this patient clinical area first

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1 because we sort of broaden out the
2 carved-out area, but that's under
3 consideration.

4 GARMAN: There is some published data
5 that suggests you self-select the
6 users if you don't test and your
7 competitors do. As far as
8 collection, typically the perfect
9 collection is you come in, you're a
10 candidate for (inaudible). We open
11 a drawer; there's probably several
12 dozen closed packages of cups. You
13 choose one. You go to the
14 bathroom. In the bathroom, the
15 commode water is dyed blue so you
16 can't give us that as your
17 specimen. You donate; you bring it
18 out, keep it in your vision. We
19 keep it in vision. We top it; we
20 seal it; you initial it as the
21 collector; donor initials it. Then
22 it's put in a sealed package, and
23 then it goes to the lab and the
24 donor has to initial the package
25 too. So it's a pretty clean sample,

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1 and in the lab, the lab is expected
2 to follow the same process. The
3 report that goes with this
4 accompanies the bag. And this
5 report carries all the way through
6 the level to -- it come backs to me
7 as a medical review officer.

8 FERLAN: So it's a classic chain of
9 custody transfer of the sample from
10 the donor all the way through the
11 process.

12 CHAIR YANARELLA: Do we have one last
13 question, perhaps? Yes.

14 JASPER: Sam Jasper, Dentistry. I'm
15 surprised that you -- I do agree
16 with the concept as stated before;
17 I really think you are singling out
18 specific units, and I have a problem
19 with that. The other thing, one of
20 the other areas that seems to me
21 that certainly should have been
22 considered was the police force. I
23 mean, I'm really amazed that that's
24 not on here, that of any other area
25 in the university, that that's not

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1 on here.

2 FERLAN: There are units that will be
3 working the clinical areas that will
4 be tested for new hires. Parking
5 and security workers that are
6 assigned over there will be tested.

7 JASPER: This just says "Medical" on
8 this, the copy I've got.

9 FERLAN: There's a second side. It
10 says: PS will also -- Parking
11 Security, Medical Center. If
12 they're working in the units that
13 we've defined above physical plant
14 division in the Medical Center. And
15 other contract employees, for
16 example, Sodhexo is working in the
17 hospital in Food Services and
18 Housekeeping. Actually, I think --
19 and I can confirm this, but the
20 police officers that are hired here,
21 they actually do full criminal
22 background checks. And I believe as
23 a unit they do that and they have
24 been doing the pre-employment drug
25 screens. I'll have to verify that.

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1 So as a separate unit, I think
2 they've always done that. But yeah,
3 that's another unit that would be
4 important that they work through.

5 CHAIR YANARELLA: Well, let me thank you
6 and indicate that if there are other
7 questions that Senators may have,
8 they should feel free to e-mail
9 either Kim Wilson or Mary Ferlan for
10 further edification. Thank you very
11 much.

12 FERLAN: Thank you for your questions.
13 They were all good.

14 CHAIR YANARELLA: Our next agenda item,
15 also a discussion item, an update on
16 the open enrollment benefits. Joey
17 Payne, I hope is here, and will give
18 us an overview. Thank you.

19 PAYNE: Okay. Thank you. I'm Joey
20 Payne. I'm from the Employee
21 Benefits Office and we wanted to
22 give you a brief update on open
23 enrollment for this year. This is
24 kind of the skinnied-down version of
25 this presentation. At the end, I

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1 will give you some contact
2 information. Well, you have our
3 phone number right here, but I'll
4 give you another person's name and
5 number if you'd like for us to come
6 out to your department. It
7 typically takes about an hour to go
8 through the entire presentation, and
9 we do, you know, questions and
10 answers. And I think last year we
11 did over 65 presentations, and our
12 goal is to always try to do more
13 each year. So we want to try to get
14 out to as many small groups as we
15 can to talk to people about open
16 enrollment and the changes that are
17 upcoming. So like I said, this is a
18 very condensed version of this.
19 What we're trying to communicate to
20 people is whether or not they need
21 to reenroll in the plans. We want
22 people to learn about changes that
23 we've made to the programs, and we
24 continually try to educate people on
25 the resources that are available to

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1 them from the university. Do you
2 need to reenroll? We have listed
3 the health, dental, vision, life and
4 AD&D plans up there. If you're in
5 those plans and you don't want to
6 make a change, then you don't have
7 to. I would place one caveat on the
8 dental plan. Last year we replaced
9 the Fortis dental plans with
10 MetLife. We sent out postcards,
11 packets, e-mails. The enrollment
12 book we had, it was mentioned on
13 four different pages, but we had a
14 number of employees and faculty
15 members that it just kind of went
16 over their head and they didn't
17 enroll. And so what happened is
18 they found themselves without dental
19 insurance this past year. So I
20 encourage you to make sure that you
21 have a dental plan if you would like
22 a dental plan. The thing to do
23 would be to look at your paycheck
24 stub, and you should see a deduction
25 for dental insurance if you have

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1 dental insurance currently through
2 the university. If you're not sure
3 or you find that not to be the case,
4 just call the Benefits Office. We
5 can pull your information up and let
6 you know if you are enrolled. If
7 you find that you're not or you want
8 to be, then you'll sign up starting
9 April 18th, which is a week from
10 today, through May 6th, which is the
11 open enrollment period, and your
12 coverage will begin on July 1. We
13 have an open enrollment each year
14 because many of the plans that we
15 offer, the premiums are taken out of
16 your paycheck on a pretax basis.
17 The IRS allows us to do that if
18 we'll conform with their rules,
19 which is basically: Let people
20 change once a year; and then outside
21 of that window, the only time they
22 can make a change is if they have
23 what's called change-in-status type
24 of events, like you get married,
25 divorced, have a baby, that kind of

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1 thing. So now's the time to make
2 those type of changes. The last
3 bullet point here, the Health Care
4 and Dependent Care Flexible Spending
5 Accounts, you do have to enroll in
6 them every year because they require
7 you to indicate a dollar amount that
8 you would like taken out of your
9 paycheck on a pretax basis. So, you
10 know, assuming you have a dental
11 plan and you're in the health plan
12 that you would like or you have a
13 vision plan or you don't want one
14 and you don't want to make a change
15 to your life insurance, then you're
16 okay as far as not needing to
17 reenroll unless you have the
18 Flexible Spending Account. And if
19 that's the case, you would need to
20 reenroll in those. Talk about
21 health plan premiums: The overall
22 premiums, I think this is very good
23 news, are only going up 9.3
24 percent. If you're in the health
25 care arena or you read the papers or

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1 are in the news, most health plans
2 are going up double digit. And I've
3 got a chart, I think, here in a
4 minute that will illustrate that
5 even more. So what does that mean
6 to you? The university is going to
7 increase its cost, as far as how
8 much of that is the health credit
9 that we get for each plan, by 9.3
10 percent, and that means that your
11 out-of-pocket cost will go up; your
12 monthly cost will go up
13 approximately 9.3 percent. It's a
14 little bit more if you're on the
15 Humana plans, but not much more. So
16 for example, if you have the UK HMO,
17 instead of paying 21 dollars for
18 single coverage, you'll pay 23
19 dollars. The 9.3 percent
20 contribution from the university is
21 5.3 million dollars, so that's a lot
22 of money for the university to put
23 forward. But, you know, I think
24 President Todd has made it one of
25 his key things to focus on, is

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1 health care. I know that when he
2 first took over, that was one of the
3 main issues on campus, and he's
4 continued to put that in the
5 forefront. This chart is kind of
6 interesting. The red line -- I'll
7 kind of walk over here. This red
8 line, this is the UK actual. The
9 yellow line is the national average,
10 and the green line is the state
11 employees health plan. And what I
12 mean by UK actual, the university
13 has a self-funded health plan. And
14 what that means is the university,
15 at the beginning of each year, we
16 set a premium based on what we
17 estimate our claims cost will be and
18 what the administrative costs are
19 going to be. So at the end of the
20 year, if the premium that was set,
21 if it was not enough and we had
22 extra expenses, the university would
23 make it up on the back end. On the
24 other hand, if we didn't spend all
25 the money, then our actual increase

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1 would be based on the dollars that
2 were actually spent. So in a lot of
3 these years, we did increase the
4 premium by maybe nine to ten
5 percent. But you can see, based on
6 the red line, that our actual costs
7 were actually much lower, which
8 means that we've had money left over
9 the last few years at the end of the
10 year, and that money has been
11 reinvested in the plan through
12 programs such as the Health Trac
13 Rewards Program, and I'll talk more
14 about that in a minute. You can see
15 the yellow line is the national
16 average, and it's pretty much hung
17 out above 9 percent, pretty much
18 around the 12 percent range during
19 this period. The green line with
20 the state employees, this is what
21 the public school teachers are in
22 and the government employees and the
23 state retirees, and you can see that
24 they've been over 14 percent and
25 maybe in the 12 to 13 percent

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1 range. They did have one year in
2 2004-2005 that Humana had a low bid
3 that year and it was about a 2.5
4 percent increase, I believe. And
5 then the following year Humana
6 didn't get the state business
7 because its offer was much higher
8 than everybody else, so that tells
9 me they probably lost money that
10 year. The point at the top of the
11 green line, that is this past year.
12 If you read the papers or watched
13 TV, you know the state employees --
14 I think it was a 42 percent
15 increase, is what I was told, so
16 they've had a number of issues down
17 there. And so, you know, we're not
18 saying that the cost of our health
19 care is much lower than everybody
20 else's with these slides. We're
21 just saying that our ability to
22 mitigate trend, you know, the
23 increases, that we've done a better
24 job than some of the national and
25 state averages. How we've been able

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1 to do that? Well, the university
2 has continued to put dollars in to
3 keep our costs down, and we've
4 invested dollars in programs such as
5 Health Tracs. The Health Trac
6 Rewards Program, we have over 5,200
7 employees and retirees participating
8 in that program. And this program
9 makes tools available to you to make
10 you more informed about your
11 personal health status. We've got
12 researchers here at the university
13 looking at that data, and what
14 they've found, in the early results,
15 that the participants in those
16 plans, that their medical claims
17 have gone down over the prior
18 years. And I think the proof is in
19 the long haul, whether that is a
20 sustainable amount. But in the
21 short run, early indications are
22 that that program is working.
23 Express Scripts, a couple of years
24 ago the university approached UK
25 HMO -- or I should say Human

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1 Resources approached UK HMO and
2 Humana and we said, "We don't want
3 prescription drug benefits from you
4 anymore; we're going to have our own
5 contract." So we went out and
6 issued an RFP, and we hired a
7 company called Express Scripts to
8 administer the program. So now we
9 have all employees and retirees,
10 regardless of which health plan
11 they're in, under the same
12 prescription drug benefit. So
13 that's given us a little more
14 leverage, and we've been able to
15 utilize this company to help try to
16 save money in the area of pharmacy
17 benefits. Finally, the last point
18 on this slide is Prescription Drug
19 Counseling. Human Resources has an
20 agreement with the College of
21 Pharmacy to supply pharmacists to HR
22 so that we can counsel employees and
23 their family members and retirees on
24 prescription drugs. We actually
25 have two pharmacists from the

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1 college that sit in our employee
2 benefits office 8:00 to 5:00 every
3 day. And I say 8:00 to 5:00;
4 they're typically in there much
5 longer than 5:00. But they're doing
6 a wonderful job in helping our
7 employees understand their
8 medications and giving them
9 information on cost. We are
10 expanding the Health Trac Rewards
11 Program, and I've been given a note
12 that I need to -- I've got just a
13 few more minutes, so I'm going to go
14 through this kind of quick.
15 Basically, we're going to allow
16 employees to earn up to 15 dollars a
17 month instead of 10, and we're also
18 going to allow spouses to
19 participate. So assuming that the
20 employee is in the health plan and
21 the spouse is in the health plan,
22 then they'll be able to participate
23 in Health Tracs and each one will be
24 able to earn up to 15 dollars a
25 month. So how do you earn the 15?

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1 The first five you get by just going
2 out to the Health Tracs page. You
3 know you can go directly there now;
4 you don't have to go through the CHA
5 or Humana sites anymore. So you go
6 directly to Health Tracs; you take
7 the questionnaire. You take it
8 anywhere from two to four times a
9 year, depending on your health
10 status. The second thing, to earn
11 the second five dollars, or a total
12 of ten dollars a month, is if you
13 will check yes to whether a health
14 educator can call you. And if you
15 do, then we have an area over in our
16 Health Literacy area now called
17 Health Management, and they'll get a
18 copy of your report. And this is
19 all protected under HIPAA; the
20 information is very confidential.
21 And they'll call you and say, "We
22 have programs at the university we'd
23 like to make available to you."
24 They're at little or no cost, too.
25 And all you have to do is be open to

1 the phone call. You don't have to
2 act on any of the information. And
3 then finally, there's a health
4 activity tracker that allows you to
5 track your healthy behaviors. It's
6 really two components. One of them
7 is healthy behaviors, like the kind
8 of foods that you eat and that type
9 of thing; the other part of it is
10 dealing with, you know, exercise,
11 and it allows you to track your
12 exercise. If you earn 500 Wellness
13 Credits, which you earn from the two
14 of those, then that gets you the
15 extra five dollars, or a total of 15
16 for the month. And I did mention
17 that spouses are going to be
18 eligible to participate.

19 Prescription Drugs, there's two
20 changes being made. The first
21 change on the far right hand at the
22 top, the maximum cost for a generic
23 prescription is going from 60
24 dollars to 50 dollars; and if it's a
25 90-day supply, it's going from 120

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1 down to 100. So we're trying to
2 make generic medications more
3 affordable to plan members. Now, in
4 the middle of the slide, we are
5 increasing the co-insurance on the
6 preferred brand from 30 percent to
7 40 percent. On the surface, a lot
8 of employees, especially the new
9 hires that we've talked to, when
10 they look at generics at 30 percent
11 and preferred brands at 30 percent,
12 they don't really see any difference
13 in the cost, when actually there is
14 a huge difference in the cost of
15 these medications. We're offering
16 dependent life insurance. This is a
17 new offering. You're going to be
18 able to purchase up to \$10,000 worth
19 of coverage, as long as the employee
20 is purchasing a supplemental one,
21 two or three times your salary in
22 coverage. You can purchase the
23 10,000 for either your spouse and/or
24 your dependent children, as long as
25 your children are under the age of

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1 23 and that you can claim them as a
2 dependent as defined by the IRS.
3 You can cover every one of your
4 kids, regardless of how many you
5 have, that meet the eligibility
6 criteria for \$1.30 per month, and
7 it's \$1.70 for a spouse, and there's
8 no medical questionnaires for either
9 one of these groups. This is a list
10 of open houses that -- and I think
11 this information was in the UK news
12 insert that went out the other day.
13 This is where we have the vendors
14 come out, and so if you have
15 questions for a specific company or
16 a provider, representatives will be
17 at these locations. And that's it.
18 And here's the gentleman's name, Tim
19 Buckingham, and here's his phone
20 number. So if you'd like for us to
21 come out to your department and do a
22 presentation, you can schedule with
23 Tim. Here's his e-mail address.
24 Like I said, it would typically take
25 an hour. There's more slides that

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1 we go through, and then we allow
2 plenty of time for questions and
3 answers.

4 CHAIR YANARELLA: We thank you very
5 much. It's obvious you're high on
6 health, and it has nothing to do
7 with our previous agenda item. I'm
8 sorry to cut you short on this, but
9 in the interest of getting to our
10 action items, I'd like us to move
11 on. If you do have any further
12 questions, I'm sure you -- I'm sure
13 the senators can contact either you
14 or the gentleman whose name and
15 other information appeared on your
16 last slide. Our next agenda item is
17 an action item. It relates to
18 proposed changes to the AR regarding
19 postdoc appointments. This too was
20 postponed from our last meeting on
21 the Senate agenda, and Richard
22 Greissman has consented to offer
23 some opening comments and perhaps to
24 offer any answers to questions you
25 may have concerning this. It comes

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1 to you from the Senate Council with
2 a positive recommendation.

3 Richard.

4 GREISSMAN: Thank you. This proposal
5 had not one, not two, but three
6 vettings with the Senate Council;
7 the first time, to simply deal with
8 the issue that the College of
9 Medicine put forward, which was to
10 change the limit of services of
11 postdoctoral scholar or fellow from
12 three to five years. That was
13 passed. Then we realized that we
14 had to change the whole reporting
15 structure with the advent of the
16 provost system and change -- a
17 notable change in the purview of the
18 Vice President for Research and
19 Graduate Studies to an Executive
20 Vice President for Research. It
21 didn't seem to make as much sense
22 that postdocs continued to report
23 and have authority given by the EVP,
24 our office. We made those changes,
25 had postdoctoral scholars and

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1 fellows come under the purview of
2 the Provost; in particular,
3 delegated responsibility to the Dean
4 of the Graduate School. It came up
5 yet a third time when folks in
6 Student Health and International
7 Affairs realized that this was their
8 opportunity to have changes codified
9 that they had already put in
10 practice for two years involving the
11 eligibility of postdocs for certain
12 health programs. So finally, we had
13 all three issues vetted. What you
14 see here on pages 20 through about
15 24, I think -- no, 20 through 26,
16 are the final versions. On page 21,
17 you'll see that the time was changed
18 to five years under number three,
19 Eligibility for Postdoctoral
20 scholars. Postdoctoral scholars
21 could now serve up to five years.
22 On page 22 -- that's 22 at the
23 top -- postdoctoral fellows likewise
24 changed to five years. Further down
25 in that same page, there's a caveat

1 that the Senate Council asked us to
2 put in that we gladly put in that
3 now makes it incumbent upon a
4 department chair to work with
5 postdoctoral fellows and scholars to
6 insure they spend as much time
7 needed in that capacity but do not
8 extend their service simply because
9 some faculty mentor would like to
10 get a few more years of cheap
11 labor. Finally, on page 23 and 25
12 is the new enrollment policy for
13 health plans. I'd like to point out
14 there that what postdoctoral
15 scholars and fellows are ineligible
16 to get is the student health plan.
17 They are eligible for the university
18 employee health plans, the plans
19 Joey just talked about. They are
20 better plans and less expensive.
21 The reason they're ineligible for
22 the student health plans is the
23 Student Health Service is
24 saturated. It cannot serve any more
25 students until a new facility is

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1 built, so a decision was made to
2 move their health insurance to the
3 university health plan, which
4 permits them to use the Kentucky
5 Clinic or other health services. So
6 that in a nutshell is what's
7 changed. I'd welcome any questions,
8 if there are. I think we have some
9 folks here from Student Health
10 Service if we need to have questions
11 addressed to them. I think at this
12 point, having been vetted three
13 times by the Senate Council, it's
14 about as uncontroversial as a change
15 can get. Having said that, I can't
16 wait for the questions. Please.

17 CHAIR YANARELLA: Any questions? Steve,
18 yes.

19 YATES: Steve Yates. I'm always a
20 little bit concerned when I hear
21 somebody say that you're bringing
22 the regulations or the rules into
23 accord with practice. Why did they
24 go in violation of the previous
25 rules?

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1 GREISSMAN: I'll start an answer, and
2 the Student Health Service will stop
3 me when -- they had to do triage.
4 It's simply a question of who could
5 they serve and who could they not.
6 The question went to former VP Nancy
7 Ray's office. The changes took more
8 time, and then she took an untimely
9 retirement, and it fell into that
10 abyss that is UK bureaucracy. So I
11 won't give you an answer that
12 sugarcoats the question, and it's
13 simply that we lost track of what
14 should have been a change that was
15 made two years ago, so here we are
16 making it now. That's the answer.
17 Pragmatism ruled, and sometimes
18 regulations catch up with a
19 pragmatic decision that has to be
20 made when too many students need to
21 be supported by a service that has a
22 limited capacity. I will add,
23 though, that the option the
24 postdoctoral fellows and scholars
25 were given was a better option for

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1 them and therefore I would say for
2 us, in that they had better
3 insurance that was more affordable
4 and allowed them to get on with the
5 business of their work for faculty
6 without having to worry about the
7 conditions of their employment; in
8 particular, insurance. So it was,
9 in the interim, a better deal.
10 We're simply codifying it now. Hope
11 that answer suffices.

12 CHAIR YANARELLA: Other questions? If
13 there are no other questions, I
14 would like us to have a vote on
15 this. All in favor of the
16 recommendation of the Senate Council
17 to affirm the proposed changes to
18 the AR regarding postdoctoral
19 appointments, please indicate by
20 raising your hands.

21 UNIDENTIFIED SPEAKER: Do you want these
22 counted?

23 SCOTT: No.

24 CHAIR YANARELLA: I don't think we need
25 to. Any opposed, please indicate by

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1 raising your hands.

2 UNIDENTIFIED SPEAKER: Zero.

3 CHAIR YANARELLA: Any abstentions? One
4 abstention. The vote carries for
5 the proposals. Thank you. Our next
6 series of proposals relates to
7 changes to doctoral programs. The
8 Graduate Council approved all three
9 or recommended all three of these
10 proposals. One -- Proposal 1
11 relates to Dissertation Research
12 Credit; Proposal Number 2, time
13 limit for prequalifying stage; and
14 Proposal Number 3, defining "good
15 progress" in the doctoral program.
16 Michael Braun, I hope is here. Yes,
17 Michael. Michael appeared before
18 the Senate Council and presented
19 these three proposals with a
20 positive recommendation from the
21 Admissions and Academic Standards
22 Committee. Michael, if you'd like
23 to say a few words about these
24 proposals, I would suggest we take
25 these in serial order.

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1 BRAUN: Okay. I'll just do a brief
2 summary of them. They're in your
3 meeting materials. The first
4 proposal has to do with the way
5 doctoral candidates enroll and pay
6 for their dissertation research
7 credits. As I said, the proposal is
8 in your materials. Currently,
9 candidates pay for their research
10 credits over two semesters, nine
11 credits a semester, for a total of
12 \$4,650. And then they have five
13 years to pass their qualifying
14 exams. Wait a minute. I had this
15 all written out here. Let me try it
16 again. Okay. Right now candidates
17 pay for their research credits over
18 two semesters, and that's nine
19 credits a semester -- that's
20 right -- for a total of \$4,650.
21 Okay. Then they have five years to
22 complete their doctorate. The new
23 proposal would have the candidates
24 continue to pay for research credits
25 over two semesters but only two

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1 credits per semester for a total of
2 \$1,260.

3 BLACKWELL: That's not right. It's
4 continuing, not just two semesters.

5 BRAUN: Okay. I'm coming to that.

6 Then, however, the candidates will
7 have to keep paying for two credits,
8 right?

9 BLACKWELL: Right.

10 BRAUN: Okay. Each semester, which is
11 \$630 per semester, until they have
12 completed their degree.

13 BLACKWELL: Right.

14 BRAUN: Okay? So right now it's the one
15 big payment as opposed to the
16 proposal that's being made, which
17 would be the smaller payment;
18 however, they have to keep making
19 payments until they receive their
20 degree. Everybody follow that? All
21 right. By doing this, the
22 candidates would have to
23 consistently stay in touch with the
24 university. There would be a
25 financial incentive for them

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1 completing their degree as soon as
2 possible. This is the way most of
3 UK's benchmarks do it, and the plan
4 is described as revenue neutral.
5 Yes, if everybody decides that
6 they're going to complete their
7 degrees real quickly, I suppose,
8 because of the financial incentives,
9 it could actually cost the
10 university money. As mentioned
11 earlier, the committee and the
12 council have agreed with the changes
13 as noted in the proposal and are
14 recommending that the proposal be
15 approved. And Dr. Blackwell is here
16 from the graduate council, if
17 there's any questions about the
18 finer points, which she could
19 probably explain a little bit better
20 than me. Yes.

21 CHAIR YANARELLA: Kaveh.

22 TAGAVI: Is this 767 a new course?

23 BLACKWELL: Yes.

24 TAGAVI: Maybe you have already done a
25 new course application; if you

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1 haven't done it, you should do it.

2 BLACKWELL: Here's what our plan was.

3 It is actually in that proposal.

4 TAGAVI: It is in the proposal?

5 BLACKWELL: Yeah. And if it is approved

6 today, we are going to assume that,

7 because it's been approved at every

8 stage, that we can move forward with

9 the creation of that course for each

10 doctoral program on en masse, and we

11 will --

12 TAGAVI: Okay. I didn't see a new

13 course proposal.

14 BLACKWELL: I haven't filled out the

15 actual form.

16 TAGAVI: Okay.

17 BLACKWELL: But we're working on the

18 assumption that, if it's approved,

19 then that course would be approved.

20 TAGAVI: Okay. Is the plan to give

21 letter grades for these or S grades?

22 BLACKWELL: This will be an S grade

23 course.

24 TAGAVI: The university rule says:

25 "Grade S may be reported as a

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1 permanent mark only in courses
2 carrying no academic credit or in
3 graduate residence courses." I was
4 surprised you are calling this
5 research. Why aren't you calling it
6 a residence course, which then would
7 be in accordance with the
8 university's rules?

9 BLACKWELL: We can call it a residence.

10 TAGAVI: You have to change your
11 proposal to do that. You want me to
12 make an amendment to do that for
13 you?

14 BLACKWELL: Sure. I regard that as a
15 friendly amendment.

16 TAGAVI: I am doing it as a friendly
17 amendment. Is there not any other
18 residence course? I don't want to
19 mess this up. I thought if there is
20 another course called a residence
21 course, you could call this course
22 "qualifying residence course," just
23 to be unique. Okay. If Dean
24 Blackwell agrees to this, I make
25 that amendment, I guess, to change

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1 the name to call it "residence" so
2 that you could give a grade of S.

3 UNIDENTIFIED SPEAKER: Second.

4 CHAIR YANARELLA: We have a second.

5 This is an amendment to the original
6 proposal.

7 CIBULL: It was a friendly amendment.

8 CHAIR YANARELLA: If it's been accepted
9 as a friendly amendment, then I
10 don't believe we need to vote.

11 CIBULL: Right.

12 CHAIR YANARELLA: Jim Albisetti.

13 ALBISETTI: I have a couple of comments
14 that extending the payment over nine
15 semesters is going to mean, for a
16 large majority of students, that
17 whatever sort of teaching
18 assistantship they have which
19 carries a tuition scholarship will
20 run out before their tuition
21 payments will run out; and in fact,
22 smaller tuition scholarships will be
23 given the first year after
24 (inaudible) has been qualified
25 because you're only paying for four

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1 credits instead of 18, and students
2 who later on might be a part-time
3 instructor while finishing their
4 dissertation or teaching part-time
5 at other universities are, in fact,
6 going to end up -- it's not going to
7 be revenue neutral for them.

8 They're going to pay more tuition.
9 I don't see any way within this that
10 that would not be true, and I also
11 suspect, given recent history, that
12 the amount of tuition being paid for
13 those credits is going to go up from
14 year to year. Is there any
15 guarantee that your cost the first
16 postqualifying year is going to stay
17 the same, or is that tuition going
18 to go up?

19 BLACKWELL: Yes, it could very well go
20 up. And if students continue after
21 the postqualifying time period, four
22 years, five years, six years, seven
23 years, then they will indeed be
24 paying more tuition, no question
25 about it.

1 ALBISETTI: How is it revenue neutral,
2 then?

3 BLACKWELL: Because for -- that's for
4 the TA's who want to stay in a TA
5 position and who take a long time to
6 finish their dissertations, then
7 that will not be, for those
8 individual students, revenue
9 neutral. However, for those
10 students who finish more quickly, it
11 will be a financial advantage. And
12 we tried to assess what this would
13 mean over the big picture. And over
14 the big picture, we think it will
15 probably be revenue neutral or
16 possibly that we will lose some
17 tuition dollars at the university.
18 That's what I'm hoping. I want to
19 lose this money because I want
20 people to finish their dissertations
21 faster. I want them to be finished
22 with a doctoral degree faster and
23 approve our degree productivity.
24 The way that students are supported,
25 as long as they have a TA or an RA

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1 or a GA, then that tuition will be
2 covered by the grant or by the
3 tuition payments from the
4 university. When they get further
5 out past that support, then, yes,
6 indeed, the students will have to
7 pay it. One of the things that you
8 will note in this is that everyone
9 is going to be paying the same
10 rate. There's no differentiation
11 between in-state and out-of-state.
12 And so the amount of tuition money
13 that anybody would have to pay is
14 still within the same amount of
15 money and within in-state tuition
16 rates for two credits per semester.
17 And so we're hoping that it's going
18 to be an incentive to finish more
19 quickly.

20 CHAIR YANARELLA: Jim --

21 ALBISETTI: Who will save money by only
22 paying for four credits instead of
23 18 of a tuition scholarship on a
24 TA-ship. Is that the colleges, the
25 graduate school?

1 BLACKWELL: The university who is now
2 paying their tuition out of the
3 general fund will save some of that
4 money. The real savings -- I think
5 the most important savings for the
6 university will come for people who
7 are supporting RA's on grants
8 because that tuition money comes out
9 of their grants at this point if the
10 grant will and can pay tuition. And
11 so it comes directly out of the
12 grant money and it is unpredictable,
13 then, depending on whether you hire
14 a student who is after the 18 hours
15 or before the 18 hours, exactly how
16 those tuition payments go. This
17 will even it out for people with
18 grants and make their lives easier,
19 more predictable, because the
20 payments will be the same. And the
21 other thing that I would say about
22 this is that because it's one course
23 instead of our current situation
24 where we have 769 and nine hours
25 769/zero hours, 749 and zero hours,

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1 it's a simpler system that students
2 will understand and that will be a
3 big advantage, to have it be a
4 streamlined system.

5 CHAIR YANARELLA: Bob Goldman. I'm
6 sorry, Bob Grossman.

7 GROSSMAN: Just a quick question,
8 because I'm not sure you got at the
9 essence of his question. Currently,
10 if a student has to pay tuition only
11 in the year after they qualify, they
12 can get a TA-ship for just that year
13 and all their tuition paid.

14 BLACKWELL: Right.

15 GROSSMAN: And after that, they don't
16 owe any tuition at all.

17 BLACKWELL: Right.

18 GROSSMAN: Is that -- and in this new
19 system, though, they'll continue to
20 pay tuition until they're done,
21 right?

22 BLACKWELL: Right, yeah.

23 GROSSMAN: I think that's what Jim's
24 question was aiming at.

25 BLACKWELL: Yeah.

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1 ALBISETTI: And she says I'm right.

2 BLACKWELL: Yeah.

3 GROSSMAN: So those particular students
4 who currently can get away with
5 paying no tuition themselves after
6 the first year postqualifying will
7 now have to pay each semester until
8 they graduate, just to make that
9 clear.

10 BLACKWELL: Right.

11 CHAIR YANARELLA: John Thelin.

12 THELIN: Even if you hold constant the
13 source of funding, whether it be TA
14 or grants, there's still incredible
15 differences in terms of amount of
16 time a dissertation takes across
17 disciplines. Berkeley Philosophy
18 Department, the average length of
19 time to write a dissertation is
20 something like 18 years. That's
21 their rate. So the regulation may
22 be standard, but there's an inherent
23 bias toward fields that tend to have
24 a very short period of time that
25 their tradition has been writing

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1 dissertations. So it's kind of like
2 laws that prevent both the rich and
3 the poor from sleeping under
4 bridges; it's standard, but it's
5 inequitable. Add that you
6 mentioned you've gone on the
7 presumption that most doctoral
8 students have some kind of funding,
9 either TA's, RA's, or grant
10 fellowships or whatever, which
11 certainly is, I think, not accurate
12 and probably in the future will be
13 less and less accurate. So I wish
14 those would be delved into, some of
15 the presumptions.

16 BLACKWELL: That could be the case. If
17 you look at time to degree, then
18 you're right. But what we're
19 talking about here is the time after
20 the postqualifying to the completion
21 of the degree. And if you --

22 THELIN: Well, I would think the
23 differences would be greater on that
24 or just as great. I don't know why
25 they would be any less.

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1 BLACKWELL: But the national average on
2 that time period in a degree
3 program, not the full doctoral time
4 period, but the period that's after
5 the qualifying exam to the
6 completion of the degree is, in
7 virtually every discipline, in the
8 range of five years. So --

9 THELIN: Or -- or -- but if not
10 completed, then what, dropped out or
11 dropped? See, look it, UK's problem
12 is that we don't produce enough
13 doctorates. We're on the cusp,
14 borderline, 220 a year. We are weak
15 on that. You may increase
16 effectiveness, you know, by having a
17 more rigid time limit, but you may
18 then forfeit a lot of potential
19 completions who then fall by the
20 wayside. So you will be more
21 efficient but less effective.

22 BLACKWELL: I guess I'll have to take
23 that risk. I'm not sure that
24 that's --

25 THELIN: Well, no, but that works --

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1 that works disproportionately on
2 fields such as my own, education,
3 where there is not a tradition of --
4 we certainly don't get a lot of NSF
5 grants or NOH grants and we have,
6 you know, fewer TA's and RA's than a
7 lot of other departments, and yet we
8 are a disproportionate provider of
9 doctoral students and doctoral
10 recipients.

11 CHAIR YANARELLA: Jody.

12 DEEM: Jody Deem, Health Sciences. I'm
13 just curious about a couple of
14 little details. I get it; matter of
15 fact, I actually graduated a hundred
16 years ago in a system just like
17 this, and I think your point is
18 well-taken. It did make us stay in
19 touch. Every semester we had to
20 register. We only had to register
21 for one hour. I'm curious where the
22 two hours came from. If you just
23 want me to stay in touch and you
24 want me to keep paying my money and
25 it was an incentive to try to hurry

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1 up and graduate, why is two -- and
2 we have the issue of some degrees
3 taking longer than others, then why
4 not cut the students a break and
5 just make it one hour, if you just
6 want them to stay in touch?

7 TAGAVI: Then it won't be revenue
8 neutral.

9 DEEM: Yeah, good point.

10 BLACKWELL: Yeah. Basically the way
11 that we came to that number was to
12 think about the five-year limitation
13 and to make it, you know -- and 18
14 hours and to make it just a little
15 bit short of that, that you could do
16 it in four and a half years and
17 still get the 18 hours, so with a
18 little bit of an incentive on the
19 total number of hours that you would
20 have, assuming a five-year average.
21 However, that is not written in
22 stone. That was just the way that I
23 came to that number.

24 DEEM: Uh-huh (affirmative).

25 CHAIR YANARELLA: Mike Cibull.

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1 CIBULL: I believe you mentioned
2 something about our benchmarks?

3 BLACKWELL: Uh-huh (affirmative).

4 CIBULL: So this isn't -- we're not
5 exactly inventing the wheel here.

6 BLACKWELL: No. The only one of our
7 benchmarks that still does it the
8 old nine/nine and then zero hours
9 way is Penn State. The rest of our
10 benchmarks have moved to some sort
11 of a fee or charge or tuition credit
12 or something like that, that's a
13 continuing enrollment and continuing
14 payment model, the same amount every
15 year after the exam.

16 CHAIR YANARELLA: Bob.

17 GROSSMAN: I wonder if I could speak to
18 some of John's comments. First of
19 all, perhaps the new system may work
20 against those departments that have
21 a traditionally long time to a
22 degree, but the current system works
23 against those departments that have
24 a short time to a degree. So
25 whenever you change the system,

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1 there are going to be some winners
2 and some losers. But the second
3 point is that when a student pays
4 their credits for the first year and
5 then stays on two, three, four,
6 five, six years, every year that
7 they stay on, working on their
8 degree, they're using university
9 resources; they're using professors'
10 time, the library, and all that.
11 And one of the things about this
12 proposal that just makes sense is
13 that as long as the student is a
14 student and they're using university
15 resources, they should pay tuition.
16 And, yes, it will penalize people
17 who take a really long time, but
18 those people are also the ones who
19 are using a lot of time to get to
20 their degree and using a lot of
21 resources.

22 THELIN: Two responses. I think your
23 points are very good and very
24 clear. You didn't mention, though,
25 I think, the option -- let's say

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1 Chemistry, where I imagine most of
2 your students are on grants or are
3 PA's. They have that option of a
4 quick pay --

5 GROSSMAN: I don't think it's an
6 option. It won't be an option, will
7 it?

8 BLACKWELL: Pardon?

9 THELIN: Well, if they're on a grant or
10 whatever under the old system, they
11 pay up front.

12 GROSSMAN: Not "they," the grant does.

13 THELIN: Pardon?

14 GROSSMAN: The grant does. The
15 faculty --

16 THELIN: Right. So they pay the long --
17 you know, the balloon payment comes
18 early, so they're served well by the
19 older system.

20 GROSSMAN: Huh-uh (negative), because
21 we'll end up paying less money under
22 this new system by getting our
23 students out before four and a half
24 years are over, or by four and a
25 half years.

1 THELIN: The other point would speak to
2 the thing of why have a minimum of
3 one year? I mean, I think there is
4 something said -- see, I think at UK
5 we tend to treat dissertation and
6 dissertation advising as marginal --
7 as marginal, almost pro bono
8 activity, when in fact, for some
9 departments, that is where your
10 teaching time really, really goes
11 and it's never counted in your load,
12 really. (Inaudible) and putting in
13 an accurate estimate of your time
14 spent on dissertations, so I would
15 favor something that does reflect
16 more realistically the amount of
17 faculty time and, hence, student
18 payment. I can go with truth in
19 advertising. That's why I would
20 certainly -- I think two is too low
21 and one is certainly low, because
22 it's totally -- it keeps in touch,
23 but students do more than keep in
24 touch. You know, a morning goes
25 with one consultation. So I'd

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1 rather build those in.

2 GROSSMAN: The two was just set to keep
3 the money about the same,
4 considering what's charged now for
5 credit, so it's just a phantom
6 number. I mean, they're going to be
7 full-time students. They're going
8 to count as nine credits. The two
9 is meaningless, really. It's just
10 for purposes of charging stuff.

11 BLACKWELL: Yeah, these students will be
12 classified as full-time students,
13 even though it's just the two-credit
14 requirement. And that's for
15 purposes of extension of student
16 loans, for international students to
17 be in the country and be classified
18 as international -- as full-time
19 students.

20 THELIN: How about the faculty load?
21 How about funding the amount of time
22 that advisors spend.

23 GROSSMAN: It's a different issue.

24 BLACKWELL: That's a different issue,
25 and that has to do with your college

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1 dean and DOE and how those things
2 are counted in your college.

3 CHAIR YANARELLA: I think we've had a
4 very good debate. I must say, since
5 I have been involved at the Graduate
6 Council as an ex-officio member and
7 in the Senate Council as chair, some
8 new perspectives and interesting
9 nuances have been raised. We have a
10 positive recommendation on the floor
11 for this proposal as amended by the
12 friendly amendment that was
13 accepted. I'd like to call for a
14 vote. All in favor of the proposal,
15 please indicate by raising your
16 hands. All opposed? Yeah, one.
17 Any abstentions? One. The proposal
18 carries, motion carries.

19 BRAUN: Okay. The second proposal has
20 to do with placing a time limit on
21 the amount of time between the time
22 a candidate enrolls in a doctoral
23 program and the time they take their
24 qualifying exam. Currently there is
25 no time limit. The proposal calls

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1 for placing a time limit of five
2 years between the amount of time a
3 candidate enrolls and the time they
4 complete their qualifying exam.
5 They could have an automatic
6 one-year extension. Additions up to
7 two more years would be granted only
8 under exceptional conditions and no
9 extensions beyond three years. The
10 committee felt that it made sense
11 for a couple of reasons: First, the
12 current rules, a candidate can
13 enroll, take a few classes, and then
14 disappear and reenter the system a
15 number -- many, many years later at
16 a time when people are no longer
17 even familiar with who they are.
18 Second, things change over the years
19 and old ideas can become outdated,
20 so having some type of time limit to
21 assure that what the students are
22 studying is relevant in relation to
23 the degree they're earning also
24 makes sense. Again, the committee
25 has looked this over, the Council,

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1 both recommending passage of the
2 proposal, and Dr. Blackwell here can
3 answer some of the finer points.

4 CHAIR YANARELLA: Okay.

5 BLACKWELL: I'd also like to point out
6 that in the language for this
7 proposal, any program that, for its
8 own programmatic reasons needs to
9 have a different kind of a time
10 limit, either shorter or longer,
11 what they have to do is just bring
12 this petition to Graduate Council
13 for approval to have a different
14 time limitation for their program
15 that they explain to Graduate
16 Council. This would be, for
17 example, for programs whose students
18 are all part-time, fully-employed
19 professionals, for example. They
20 would need to bring that to Graduate
21 Council with the justification for
22 their specific program or for any
23 program that officially wants to
24 institute a shorter prequalifying
25 time program; for lock-step

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1 programs, for example, they may
2 indeed want to do that. I don't
3 know if they will or not. And so
4 those possibilities are there, but
5 not for individual students. That
6 will be a program-based decision
7 about the length of time that the
8 student -- that students in that
9 program have for completion, but the
10 general rule will be five years.

11 CHAIR YANARELLA: Okay. Other questions
12 that you'd like to raise on this
13 proposal? Ernie Bailey.

14 BAILEY: Ernie Bailey, Veterinary
15 Science. At the bottom of this
16 proposal you say that no extensions
17 beyond three years will be granted.
18 That's a very strong statement. Why
19 is that?

20 BLACKWELL: That is -- okay. That's
21 beyond the five years?

22 BAILEY: Correct.

23 BLACKWELL: Okay. So that's a total of
24 eight years.

25 BAILEY: Actually, the five years --

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1 student coming into something and
2 then ten years after they started
3 their study -- I mean, you know,
4 things move so fast, but this is
5 such a strong statement. I'm just
6 surprised that it's simply because
7 it's appropriate. I mean, what if
8 someone has a car accident? I don't
9 know. I mean, there's all sorts of
10 things that could happen, and you're
11 saying there will be no waivers
12 under any circumstances.

13 GROSSMAN: They could be readmitted.

14 BAILEY: Readmitted?

15 GROSSMAN: They could leave the
16 university and then be readmitted
17 and start over again.

18 BAILEY: They'd have to do the
19 qualifying exam again, which
20 actually --

21 GROSSMAN: No, they haven't taken the
22 qualifying exam yet. They'd have to
23 retake some courses, possibly.

24 BLACKWELL: This is before the
25 qualifying exam.

1 CIBULL: As a parent, I would support
2 that limit.

3 BLACKWELL: Yeah, definitely, tough
4 love.

5 CHAIR YANARELLA: Kaveh Tagavi.

6 TAGAVI: Actually, I want to propose the
7 reverse of what Ernie said. In
8 fact, this says, "We won't give you
9 an extension," but doesn't quite
10 say, "We'll kick you out." If that
11 was the intention, maybe it should
12 be written in there. It just
13 doesn't say, "After eight years, you
14 will be kicked out." In fact, it
15 used to be the tradition here that
16 the way you would lose is that we
17 would say, "Okay, no work longer
18 than eight years will be counted
19 toward your degree." So if you go
20 more than eight years, then you lose
21 the work that was longer than eight
22 years. I'm just worried that some
23 student might read this and
24 misunderstand it because it doesn't
25 say you are going to be kicked out

1 of the program. It just says we
2 won't extend it, but it doesn't
3 quite say it.

4 UNIDENTIFIED SPEAKER: Can we have a
5 guillotine erected in the main
6 building?

7 CHAIR YANARELLA: Jeannine, you think
8 that there is language in here that
9 makes this clear? I can remember a
10 case of a student in Political
11 Science who had a similar situation,
12 and I had to go to one of your
13 predecessors, Dan Reedy. And after
14 a half-hour of chitchat, he brought
15 out his yellow pad and managed to
16 work some magic that cut some hours
17 off and found some other hours that
18 the person had taken in excess that
19 gave the appropriate number of hours
20 that still kept this person in the
21 program. Is it your intent that,
22 after a maximum of eight years, the
23 student is terminated from the
24 program?

25 BLACKWELL: Yes.

1 CHAIR YANARELLA: Do we need language in
2 this, as Kaveh suggests, to show
3 that or so that intent is clear?

4 BLACKWELL: Okay. The language is
5 not -- is that: "At the end of the
6 eight years, the student will be
7 dismissed from the program."

8 GROSSMAN: How about: "If an extension
9 is not granted"? Because you may
10 refuse to grant a one-year extension
11 or a two-year extension. "If an
12 extension is not granted, the
13 student will be dismissed from the
14 program."

15 SCOTT: We're going to have to start
16 identifying ourselves, please.

17 GROSSMAN: I'm Bob Grossman.

18 SCOTT: It's not for me. We have a
19 virtual stranger among us.

20 BLACKWELL: Okay. If I could give you
21 the language for that: "At the end
22 of five years or at the end of all
23 possible time extensions, if
24 granted, the student will be
25 dismissed from the program."

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1 CHAIR YANARELLA: Ernie.

2 BAILEY: Ernie Bailey, Vet Science. I
3 think it's clear as it is.

4 BLACKWELL: I do too.

5 BAILEY: You know?

6 CHAIR YANARELLA: Well, we have this
7 additional language that's being
8 proposed. We need to vote on that
9 language to seal the deal in terms
10 of a --

11 JONES: Are you looking for a motion for
12 this as an amendment?

13 CHAIR YANARELLA: Yes.

14 JONES: Move.

15 CHAIR YANARELLA: Is there a second to
16 the language that Jeannine Blackwell
17 proposed to add to this? Mike
18 Cibull. Okay.

19 GROSSMAN: Can we hear the language
20 again?

21 SCOTT: "At the end of five years or at
22 the end of all possible time
23 extensions, if granted, the student
24 will be dismissed from the
25 program."

1 CHAIR YANARELLA: Okay. Are there any
2 questions? Tom.

3 GARRITY: Tom Garrity, Medicine. What
4 you just read said "if granted."
5 It's if those extensions are not
6 granted --

7 BLACKWELL: It's five years.

8 GARRITY: -- then the person is
9 dismissed.

10 CHAIR YANARELLA: Do we understand the
11 gist of the language? And assuming
12 that this passes, would the Senate
13 grant us the ability to sharpen the
14 language to make sure that the
15 intent is clear? Yes? Okay. We
16 have an amendment to a motion, so
17 I'd like us to vote on it. All
18 those in favor of that amendment,
19 please indicate by raising your
20 hands. Any opposed? Any
21 abstentions? One abstention.
22 Okay. The amendment is approved and
23 is now part of the overall motion.
24 All in favor of the motion as
25 amended, please indicate by raising

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1 your hand. Any opposed? Any
2 abstentions? Okay. That proposal
3 carries. Final -- third and final
4 proposal.

5 BRAUN: The final one is extremely
6 brief, and I think if I just read
7 through it quick: In the graduate
8 student handbook, a majority vote of
9 the graduate faculty of each
10 doctoral program will define "good
11 progress" to progress to completion
12 of the doctoral degree. Each
13 doctoral student's good progress
14 toward the degree will be reviewed
15 at least annually by one of these
16 bodies: The graduate faculty in the
17 program, the doctoral advisory
18 committee, or other graduate
19 education committee. Each student
20 will be informed in writing about
21 the results of that meeting by the
22 Director of Graduate Studies or the
23 chair of the advisory committee or
24 their designee. This policy will be
25 included in the Policies and

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1 Procedures Manual for Directors of
2 Graduate Studies. Programs may
3 include consequences of lack of good
4 progress in their graduate student
5 handbook. So there's just a more --
6 there's an effort being made here to
7 have each of the programs define a
8 little bit more clearly what "good
9 progress" is. Many of the
10 individual programs already do
11 this. There are good models out
12 there. I think the committee agreed
13 that it's an unhappy experience when
14 a student thinks they're doing what
15 is required, and perhaps technically
16 is, but the student's faculty
17 advisors see things differently. We
18 think it would be just a good
19 management practice that helps to
20 keep the numbers of
21 misunderstandings down. And again,
22 the committee and the council
23 recommended approval of the
24 proposal.

25 CHAIR YANARELLA: Davy Jones.

1 JONES: I want to offer some friendly
2 amendment language here. In the
3 Senate Council there was a
4 discussion that one of the things
5 that you want to accomplish by this
6 also is to introduce this term
7 "Graduate Student Handbook" that
8 each program is going to have. And
9 the reason for this underlying here
10 was to try to clarify that the
11 graduate faculty of the program will
12 approve that handbook. I want to
13 just change a little bit of
14 punctuation here because right now
15 it looks like this vote is on only
16 the part about what good progress is
17 and not about all the rest of this
18 handbook. So could it be, "In the
19 Graduate Student Handbook," comma,
20 "that is approved by a majority vote
21 of the graduate faculty," comma,
22 take out the "of," "each doctoral
23 program will define good progress"?
24 BLACKWELL: Fine, friendly amendment
25 accepted.

1 CHAIR YANARELLA: Davy Jones cuts the
2 Gordian knot. Kaveh Tagavi.

3 TAGAVI: Yeah, at the end of this first
4 paragraph it says that the chair or
5 the DGS or the chair of that
6 committee or their designee. I
7 always thought only the Provost and
8 the Dean and the Chair have
9 designees. I'm thrilled to know
10 regular faculty could have a
11 designee, so I'm happy about that,
12 but I have a serious comment. Where
13 it says that review -- it will be
14 reviewed annually by one of those
15 bodies, and there are three cases,
16 was the intent that you would allow
17 variation between programs or you
18 would allow variation within a
19 program? If it's between the
20 program, I think you should say, "by
21 one of these bodies as approved by
22 the program." If you are allowing
23 within the program, which I kind of
24 don't like it because then who
25 decides which way? Then it's like a

1 food that is going to have three
2 chefs. You know, it's going to be
3 salty or no salt at all. Somebody
4 might drop the ball and nobody will
5 do this. So what's the answer to
6 the first question?

7 BLACKWELL: The reason that -- that we
8 left it in this sort of "cafeteria
9 choices model" is that my assessment
10 of the situation is that it depends
11 on where the doctoral student is in
12 their program, which is the
13 appropriate body to deliver this
14 message. If they're in their first
15 year of the doctoral program, it
16 might very well be all of the
17 graduate faculty; it might be a
18 subcommittee. After the qualifying
19 exam, it might very well be their
20 doctoral advisory committee that is
21 delivering the message. And so
22 because the life of the graduate
23 student changes, I wanted to leave
24 as much flexibility as possible.
25 And also in different times of the

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1 year, if you have a nine or
2 ten-month faculty, it may very well
3 be that there's another subset of
4 the faculty that's delegated with
5 authority in the summertime or
6 whatever. So that was just to leave
7 program flexibility.

8 TAGAVI: Thank you.

9 CHAIR YANARELLA: Other questions?

10 Janet Eldred.

11 ELDRED: I have a question about time,
12 because I know that there's a
13 certain date by which I guess -- I
14 can never get it right, by March 1st
15 or 15th, by which we need to let
16 graduate students know if a TA will
17 be renewed. Is there a similar
18 time -- that's in the Graduate
19 Students' Rights and
20 Responsibilities. Is there a
21 certain time by which faculty need
22 to inform the students if they are
23 not coming back and we are not
24 making it (inaudible).

25 BLACKWELL: I'm sure within individual

1 programs that would be the case, but
2 we have such a variety of doctoral
3 programs, I don't think that we can
4 really set a calendar deadline on
5 when this needs to happen. For
6 those programs that have TA's,
7 clearly it needs to be before the
8 March 15th deadline.

9 CHAIR YANARELLA: I should think and
10 hope that the Graduate Student
11 Handbook that is approved by a
12 majority of the graduate faculty
13 would stipulate that and very likely
14 would simply formalize norms that
15 are being used in terms of
16 evaluating first-year students,
17 sometimes second-year students, and
18 so forth. Lee Edgerton.

19 EDGERTON: Lee Edgerton, Animal
20 Sciences. I'd like to suggest one
21 more picky but perhaps friendly
22 amendment. Instead of saying
23 "annually by one of these bodies,"
24 say "one or more of these bodies,"
25 so there's no -- I didn't sense that

1 you're trying limit the reviews, but
2 just to make sure that they get at
3 least one. And you suggested that
4 at a time that they might be going
5 through a transition, they have one
6 group review it or another, so
7 just --

8 BLACKWELL: I don't think there's
9 anything to preclude there being
10 more reviews if the program feels
11 it's necessary. This is the
12 minimalist version here. I don't
13 think that's necessary to put in.

14 EDGERTON: Well, I won't fight it if
15 nobody wants it, but since we were
16 being so picky about the others, I
17 thought we'd make it clear that we
18 weren't limiting it.

19 CHAIR YANARELLA: Thank you, Lee. Are
20 there any other comments or
21 questions before we vote?

22 TAGAVI: Was that adopted, that
23 suggestion?

24 CHAIR YANARELLA: No. There being none,
25 let's vote. All those in favor of

1 the proposal to define "good
2 progress in doctoral programs,"
3 please indicate by raising your
4 hand. All those opposed? Any
5 abstentions? The motion carries.
6 This concludes our agenda for
7 today. I'd like to close with,
8 again, a reminder of the special May
9 9th University Senate meeting, which
10 will be held from 3:00 to 5:00 here
11 in the Young Library Auditorium.
12 Thank you very much for your good
13 work today.

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1 STATE OF KENTUCKY)

2 COUNTY OF FAYETTE)

3

4 I, ROBYN BARRETT, CSR, the undersigned Notary
5 Public in and for the State of Kentucky at Large,
6 certify that the foregoing transcript of the
7 captioned meeting of the University of Kentucky
8 Senate is a true, complete, and accurate transcript
9 of said proceedings as taken down in stenotype by
10 me and later reduced to computer-aided
11 transcription under my direction, and the foregoing
12 is a true record of these proceedings.

13 I further certify that I am not employed by nor
14 related to any member of the University of Kentucky
15 Senate and I have no personal interest in any
16 matter before this Council.

17 My Commission Expires: November 24, 2007.

18 IN TESTIMONY WHEREOF, I have hereunto set my
19 hand and seal of office on this the 6th day of
20 May, 2005.

21

22

23

24

25

ROBYN BARRETT, CERTIFIED SHORTHAND
REPORTER, NOTARY PUBLIC, STATE AT
LARGE, KENTUCKY

