

Dean's Faculty Advisory Council
University of Tennessee, College of Medicine

October 7, 2019

Call to Order

The meeting was called to order by the president, Dr. Burt Sharp, at 12:02 PM on October 7, 2019, in the Coleman building, Room A101.

Attendance

The following members were present:

Penny A. Asbell, MD, Iverson Bell, MD, Mark Bugnitz, MD, Mace Coday, PhD, Julio F. Cordero-Morales, PhD, Terry Cooper, PhD, Denis DiAngelo, PhD, KU Malik, PhD, DSc, Haavi Morreim, JD, PhD, Lawrence Pfeffer, PhD, Crystal Pourciau, MD, Larry Reiter, PhD, Ryan Rahman, MD, Reese Scroggs, PhD, Burt Sharp, MD, Claudette Shepherd, MD, Laura Sprabery, MD, Joy Steadman, MD, Neena Thomas-Gosain, MD, Jerome Thompson, MD, MBA, Joe Willmitch, MPAS, PA-C, Ram Velamuri, MD, Thad Wilson, PhD, Peg Hartig, PhD

The following guest(s) was (were) present:

Scott Strome, MD, Polly Hofmann, PhD

Approval of minutes

The minutes of the previous meeting were approved as written. Minutes had previously been distributed by electronic means.

Business

The primary focus of the meeting was to receive reports from the three DFAC committees: Research, Branding, and Policy

Larry Pfeffer and KU Malik reported on behalf of the Research committee with the following points:

A. New items

1. Greater alignment of research priorities with hospital partners (VA, Methodist, LeBonheur, Regional One) with the goal of improved funding by partners in research areas of mutual interest.
2. Seed funding for high qualified but unfunded wet lab researchers to partner with physicians for the development of collaborative research projects

B. Ongoing issues

1. A more balanced approach between funding for new hires and the support for present COM faculty in order to optimize their competitiveness.

Consideration of enhanced bridge funding to sustain the competitive effort of established investigators who have lost funding.

Establish protected academic time and resources to enable the success of physician-scientists in clinical departments, who were previously trained to do research.

2. Better engagement of *interested* physician-scientists in the effort to construct a highly competitive CTSI application

3. The frequent departure of “new faculty hires” after obtaining their first NIH grant has been a major problem. An important factor in these departures is the offer of an extensive start up package at the new institution. This and other factors need to be defined and addressed.

Dr. Strome offered several observations. The College is now hiring a new associate dean of research to oversee research strategies. As part of LCME accreditation, the CoM will need to develop a strategic plan, and DFAC will be involved.

Regarding A1 above, he indicated that the CoM is now working with the VA hospital to develop joint research projects. Regarding B1, Dr. Strome said that the CoM is trying now to ensure that PhD faculty are paid a minimum of 25% of national average. It is not clear whether this is entirely feasible, but the idea is being explored. As to bridge funding: we do this, especially for tenured professors (salary). Still, we need to use limited funds for research as effectively as possible, hence finite bridge funding will be used where it is expected to do the most good.

Dean Strome also noted that a clinical trials consultant is being brought in, to help us enhance our clinical research. One option may be to free up more time for clinical faculty by relieving some clinicians of some RVU expectations, given that productivity and bonuses are currently defined by RVUs.

Overall he considered the Research committee's report an excellent start. Going forward, a greater level of granularity would be helpful, e.g. concrete action steps.

Dr. Laura Sprabery then reported on behalf of the Branding committee.

Questions to consider include:

What is the purpose of the branding efforts?

What are the target groups? - patients, health care providers, general public in Memphis and/or elsewhere, potential new faculty, other groups

What are the priorities?

And, what metrics are we going to use to judge the success of the efforts? What outcomes are we hoping for?

General thoughts:

- must partner with our hospitals
- engage local politicians
- make certain our patients recognize our hospitals are staffed by UTHSC faculty, learners and graduates
- improve co-marketing with Semmes-Murphey and Campbell's
- develop a COM twitter account
- consider creating a podcast
- advertise in/submit articles for Memphis Health & Fitness Magazine, the Flyer, etc
- advertise in Airline magazines

- advertise at Grizzlies game
- conduct survey – what DOES the community know about UTHSC/COM
- give recognition to our volunteer faculty
- advertise the community service our faculty, residents and students provide (e.g., Clinica Esperanza)
- UTMG arranged radio or TV interviews in which faculty discussed medical topics. Could this be revived for the COM?
- It is important that the community know that we are Educators...so “we know stuff” and are a powerful resource for health information

<https://uthsc.edu/brand/index.php>

(This link contains UTHSC branding guidelines and other helpful information.)

Dr. Strome then commented on the purposes of branding: internally, it is done so that we know who we (and each other) are; and externally it serves to let others, including the community at large, know that we are members of UTHSC CoM. Additionally he noted that all the new white coats will be branded for UT, while various hospitals can then add their own logos. New scrubs will come out next year: they will be hunter green with orange trim, in a softer, more wearable fabric. Conversations are under way to Campbell and Semmes-Murphey clinics, to discuss co-branding possibilities. Another campaign will be "Do You Know," eg providing the number of students we educate, the percentage of physicians at various hospitals who are UT.

Discussion among DFAC identified other opportunities for branding, eg, health screens at various community events (wearing UT coats etc). Possibly the airport might be a good place to stage an exhibit showing UTHSC's accomplishments.

Dr. Terry Cooper then reported for the Policy committee. One initiative concerns peer review of teaching, and the other concerns a survey of faculty, to discern more closely how their responsibilities for teaching students fit with their other duties. The faculty survey will focus only on teaching of medical students, rather than teaching of other students.

With respect to peer review of teaching, Dr. Cooper identified several issues for DFAC input. Of note, this is not the same as the peer review that will be undertaken for those faculty who are applying for tenure. Also, it is not the same as the Peer Review of Tenured faculty that is to be undertaken every six years (this year is the first year for that process). Rather, per upcoming LCME expectations, this is to be a somewhat routine way of evaluating the teaching provided for our students.

Several structural questions were offered for DFAC consideration.

First, the proposal is a two-tiered process. For the first tier: as noted in a draft distributed to DFAC earlier, the process involves the faculty member identifying a suitable peer (with chair's agreement) and identifying a suitable time, place etc. If the reviewer deems the teaching to be satisfactory at that first level, then this evaluation will go into the faculty member's annual review portfolio.

If that first-tier evaluation finds the teaching unsatisfactory or "needs improvement," then such a review will not go into the faculty member's annual review file. Rather, a second tier activity goes into effect. It will have further review to discern whether quality of teaching is truly a problem for that faculty member, and what sorts of improvement may be indicated. As outlined in the draft document, the goal is to improve teaching.

Per DFAC discussion, the process seems fair, and appropriately protective both for the faculty member and for the institution.

A second question concerned how frequently these reviews should occur. Pre-tenure peer review, of course, ordinarily happens once. PTR/Post-Tenure Review is every 6 years, but does not involve direct peer observation of one's teaching. It was suggested that perhaps every 5 years might be appropriate, beginning with faculty who do more teaching of students, working then toward those who do less teaching. The 5 year number was not confirmed as a vote, but simply a number for initial consideration.

A third question concerns whether we need to identify criteria for what would count as "unsatisfactory" or "needs improvement" in someone's teaching. Currently the draft procedure has 3 one-page lists of items to guide such reviews: one for classroom teaching, one for lab teaching, and one for the clinical setting. It was proposed that such evaluations are highly contextual, and that what constitutes good/poor teaching in one setting might not apply to another.

Next Meeting

The next meeting of the committee will be held on November 4, 2019, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 1:12 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary