

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

May 6, 2019

### **Call to Order**

The meeting was called to order by the president, Dr. Lawrence Pfeffer, at 12:03 PM on May 6, 2019, in the Coleman building, Room A101.

### **Attendance**

The following members were present:

Mark Bugnitz, MD, Terry Cooper, PhD, Denis DiAngelo, PhD, Rebecca Anne Krukowski, PhD, KU Malik, PhD, DSc, Haavi Morreim, JD, PhD, Lawrence Pfeffer, PhD, Burt Sharp, MD, Claudette Shepherd, MD, Joe Willmitch, MPAS, PA-C, Thad Wilson, PhD, George Cook, 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 meeting began by considering whether proposed new ByLaws language should be accepted, establishing a new track for non-tenure track clinician educators. The DFAC approved the following language to be offered for faculty vote at the Annual Meeting of the CoM next week, on May 13:

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The Clinician Educator track recognizes clinicians whose area of academic excellence is in teaching, patient care, and service. The track encompasses the following non-tenured ranks: Assistant Professor, Associate Professor and Professor. Guidelines suggesting suitable activities for promotion to each level will be developed within the College of Medicine and promulgated to faculty and chairs; such guidelines will be reviewed and amended from time to time, as needed. For faculty who wish to seek promotion, progress evaluations can be undertaken during regular annual performance reviews of agreed-upon goals and objectives. Appointment at the Assistant level will be for clinicians who are board-certified/board eligible, if applicable, and who have begun a clinical service career involving patient care and dedicated teaching of students, residents and/or fellows. To advance to the rank of Associate Professor, the individual will provide documented evidence of sustained dedication and excellence in teaching and in patient care. He or she will also have developed a record of regional leadership or scholarship in clinical medicine and/or medical education. To advance to the rank of Professor, the individual will provide documented evidence of sustained excellence in teaching and patient care, and a national or international record of scholarly contributions and publications related to clinical medicine and/or medical education.

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The DFAC then turned to plans for the upcoming academic year. One project, which it was agreed should be sent to subcommittee, is to evaluate the currently temporary plan for peer review of teaching, to consider what changes, if any, may be needed for the longer term.

Dean Strome then offered a topic he would like DFAC to consider. An important question concerns the CoM's branding and the question how to make our own faculty - - and the community at large - - more aware that we are a College of Medicine. Our faculty are in 6 different practice plans, including ULPS, UTMP, UTMPG, UTROP, UCH, the VA. Many faculty think of themselves more as hospital employees, than as CoM members. In the broader community many people are unaware that, e.g., LeBonheur is largely a UT hospital, or that physicians at Regional One are almost entirely UT. More broadly there is limited understanding that the University of Tennessee's College of Medicine actually is here in Memphis . . . not in Knoxville. We also have not been clearly distinguished from our non-UT colleagues at these various hospitals. Indeed, clinical faculty's major paycheck comes not from UT, but from their hospital.

DFAC discussion noted that our physicians' white coats do not prominently feature a UT/CoM logo. Residents' and students' coats have UT's logo (though only on the shoulder), but generally not physician faculty coats. The situation offers room for improvement. Similarly, presentations by UTHSC faculty need to feature UT's logo plus department name. A suitable template slide should be easily accessible. Moreover, it was noted that when people search for a physician, the website often will take them to a site that prominently features the affiliated hospital, rather than UT. Partly because of this, and partly because UT provides care in many different hospitals, many/most patients think they are served by the hospital, not by UT. Another option might be to partner more closely with UTHSC's Development Office and with our alumni. On a different note, faculty members' misgivings about the institution need to be addressed, to enhance pride in the institution and in belonging to UT. Another important question concerns how faculty actually feel about UT. If faculty are asked to be proud of UT, the question was raised whether UT is proud of its faculty, and whether faculty believe UT is proud of them and supports them.

One part of the answer may concern the purposes of enhanced branding: is it to appeal to the public, to create greater internal cohesion, and/or other purposes. Discussion suggested that we must market internally, before we can realistically market ourselves better to the community. And another part of the answer may be to figure out how faculty can help to define the institution's culture better and more clearly.

### **Next Meeting**

The next meeting of the committee will be held on June 3, 2019, at 12:00 Noon in the Coleman building, Room A101.

### **Adjournment**

There being no further business, the meeting was adjourned at 1:00 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD  
Secretary