Call to Order

The meeting was called to order by the president, Dr. Tiffany Seagroves, at 12:07 PM on September 8, 2014, in the Coleman building, Room A101.

Attendance

The following members were present:

Terry Cooper, PhD, Scott Jackson, DVM, Rebecca Anne Krukowski, PhD, Haavi Morreim, JD, PhD, William R. Morris, MD, Linda Myers, MD, Kaushik Parthasarathi, PhD, Larry Reiter, PhD, Renate Rosenthal, PhD, Tiffany Seagroves, PhD

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

Polly Hofmann, PhD, Susan Senogles, PhD

Approval of minutes

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

Business

In response to a question about the first trial of the Teaching Metric, Dr. Hofmann responded that for most people the metric worked well, although several changes will be made for clarification. When they are ready, she will bring them to the DFAC for discussion.

Pres. Seagroves informed the DFAC that Dr. Jon McCullars will be present for the October 6 DFAC meeting to explain the CTSA and related initiatives for translational research and cross-disciplinary collaboration.

Dr. Morreim reminded the DFAC that the November meeting will be on November 10 instead of Nov. 3, 2014.

Pres. Seagroves then provided the DFAC with a list of potential agenda items to work on during the upcoming academic year. That list is replicated here, with DFAC discussion summarized in blue under each item.

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Seagroves DFAC Agenda Items for 2014-2015

RESEARCH:
1. To support the COM in creating additional opportunities for internal funding/support of established investigators (internal seed money and grant incentive programs) and create new PI partnerships (across Colleges, or basic and clinical faculty, etc.).
   a. How will CTSA initiative address these concerns? – To be addressed by inviting Dr. McCullers to speak in October at DFAC (he has accepted).

   Dr. McCullers will address these issues.

2. Continue to brainstorm to generate new ideas of how to get faculty to interact on campus and with our clinical/hospital partners.

3. Address HR related issues that decrease research efficiency.
   a. Length of time to post a position by Business Managers, to hire a candidate and have them onsite
   b. Address recurrent HR issues among all departments:
      i. Loss of paperwork by HR that requires candidates to resubmit files
      ii. Delay in paying personnel (in several cases, personnel have not been paid on time and first paycheck was delayed).
      iii. Eliminate original signature PIF paperwork
      iv. Establish consistent summer student policies (these often change each year, often after summer started)
      v. Establish consistent set of hiring protocols and paperwork across Departments.
   c. The delay between arriving on campus and being entered into system to be able complete necessary compliance training (chemical safety, rDNA, CITI, OccHealth, IACUC) can be up to two weeks.

   The Personal Information Form (PIF) currently is still in paper and must be signed by all. If it is lost, the process must begin anew. Sometimes when a glitch occurs, the new faculty member will not be paid on time – particularly an issue for post-doctoral fellows and others with a more limited income than professors. Also there can be a lengthy delay between the date of hiring, and establishment of identity in the system, for purposes of doing training, getting keys, and other matters. One question is whether people in Knoxville must sign off at certain points in the process, something that might perhaps present delays.

   Another challenge arises when an undergraduate student graduates. At that point the person is no longer a student-employee, and a complex process must be undertaken to advertise a "new" job position and hire that person, simply to continue the same work. Additional challenges arise surrounding paperwork for summer employees.

4. Consider establishing a compliance burden sub-committee?
   a. This may be useful in determining whether a Director of Compliance position is necessary under the new VC for Research

   Dr. Seagroves also discussed compliance issues, e.g. surrounding recombinant DNA, animal use and the like. She suggested forming a subcommittee to identify problems that arise regarding compliance and then provide a report to the DFAC and the Dean.

5. Pilot test a DFAC voting web interface using your Net ID and password
a. Consult with IT department on this and make a demo

Several options may be available. For instance, the Upward Evaluation process already identifies faculty by department, rank etc. It has rigorous security, and only one person is allowed to see the final vote. That person would then forward the results to the DFAC Secretary. Dr. Terry Cooper will find out who is constructing this survey for this year and relay that information to Pres. Seagroves. As a transition to allow faculty to become familiar with the new process, the 2015 vote will permit in-person voting at the meeting, one last time, to make sure that paper-voting faculty are aware, going forward, that only online voting will be allowed henceforth.

6. Increase support of sponsored research “pre-award activities”.
   a. Not all depts. have ability to provide substantial “pre-award” support (drafting of budgets, coordinating subaward documents, letters of support, assembling Adobe packages).
   b. Establish an internal “pre-review” peer study section, as part of faculty mentoring strategic plan initiative?

7. Are there now new guidelines to address how faculty are to be evaluated by their Chairs in order to achieve a “meets expectations” rating in annual reviews?
   a. There is a teaching metric, is there a research or service metric in development?

Dr. Hofmann noted that a metric has been developed to address research. It was particularly designed to help chairs recognize that being a co-PI is valuable, not just being a PI. She will provide a copy for the DFAC.

8. Develop new research-tool or technology-based internal pilot project level grants to encourage campus use of novel technologies to generate preliminary data for grant applications (like former CTSI initiative, or CITG-sponsored grants in MRC, CITG may no longer be able to support pilot studies).
[There is primarily interest in next-generation sequencing, metabolomics, proteomics, single cell analysis, etc.]

9. Establish a centralized system for obtaining freshly isolated patient tissue samples (not fixed otherwise discarded tissues).
   a. There is interest, but a lot of confusion into how to organize this effort.
   b. How will our partners on the clinical side who want to contribute get past the IRB and compliance issues to make this happen – who will facilitate?

   A simple checklist of some sort would be helpful, so that people need not repeatedly 'reinvent the wheel'.

CLINICAL

1. Concern for specialty laboratory services for clinical specimens. The histology and immunocytochemistry services for clinical samples are now under supervision of private group (DPG) and will be moved soon to the Methodist.
What will replace this laboratory and these services once they are moved (as planned) to the Methodist network?

   Issue is that private business and academia have different expectations and philosophies.
2. How to streamline IRB protocols between UTHSC and St. Jude?

Discussion noted that St. Jude has its own IRB and that protocols involving both institutions will need to go through both IRBs. One option for simplifying this may be for the UT person to sign on to a St. Jude project, if it is suitable for the project to be at that one institution.

3. High costs of tests for clinical research when equipment is already paid for.
   a. MRI, DEXA, resting metabolic rates, pulmonary function among others
   b. Is there a way to have reduced costs when using internal funds (like startup or RIB funds, etc.) vs. extramurally funded projects?

   One of the challenges arising now that UTHSC CoM faculty are associated with one and only one hospital is that it is often no longer possible to send specimens to UT's Department of Pathology. Sending them to commercial labs via local hospitals can be costlier for researchers, and at the same time, the Department of Pathology has fewer specimens to process.

   Other issues for clinicians: Clinical faculty would like data regarding the impact on physicians regarding income, time expenditures, student and resident board scores (perhaps via less teaching time from faculty), etc. Faculty would also like data to compare us to similar institutions – e.g., data regarding research funding, numbers of submitted versus funded grants. Dr. Hofmann will assemble a variety of such data for dissemination to DFAC.

   Overall, Dr. Hofmann suggested that DFAC come up with a list of the most important priorities for the next Vice-Chancellor for Research – e.g. to be able to run a small number of samples at no cost, or to identify certain kinds of equipment that are particularly needed, etc. A position announcement should be issued soon, finding lower-cost approaches for doing various kinds of studies, or perhaps subsidizing them.

TEACHING

None Identified.

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Next Meeting

The next meeting of the committee will be held on October 6, 2014, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 1:03 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary