

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

April 4, 2022

Call to Order

The meeting was called to order by the president, Dr. Burt Sharp, at 12:01 PM on April 4, 2022, on the Zoom online platform.

Attendance

The following members were present:

Penny A. Asbell, MD, Suleiman W. Bahouth, PhD, Dave Bhattacharya, MD, Mark Bugnitz, MD, Charlie Busby, MD, Mace Coday, PhD, Julio F. Cordero-Morales, PhD, Chris Ledbetter, MD, James McLoughlin, MD, F. Matthew Mihelic, MD, Haavi Morreim, JD, PhD, Lawrence Pfeffer, PhD, Crystal Pourciau, MD, Reese Scroggs, PhD, Burt Sharp, MD, Neena Thomas-Gosain, MD, Jerome Thompson, MD, MBA, Joe Willmitch, MPAS, PA-C, Thad Wilson, PhD

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

Peter Buckley, MD (here before noon!), Alicia Diaz Thomas, MD, Fruze Pourmottabed, PhD

Approval of minutes

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

Business

Dr. Buckley began by discussing what he sees to be his job as chancellor. The job is essentially the CEO with a statewide portfolio, directly serving with President Boyd and the other chancellors. This job is not bigger or better than a dean's job, or department chair's. Rather, it brings a different and broader focus. One must have a "finger on the pulse," yet not be too far "out in the weeds." It includes executive oversight for the major missions of the institution as well as outreach externally. Interdisciplinary research, optimization of resources, collaboration across campuses as well as intra-campus will be important, as well as communicating the results of UTHSC's research results. The chancellor is also the "backstop" for organizational finance and stability, as well as organizational and regulatory affairs. As a health sciences land-grant university, the chancellor also has responsibility to pursue appropriate outreach for providing healthcare services throughout the state and to secure appropriate partnerships and relationships, toward that end.

To date, Dr. Buckley has undertaken considerable focus on systems throughout UT and UTHSC – getting to know personnel, interactions among various components, and the like. Additionally, he has undertaken community outreach at the city, county and state levels. He has also met with CEOs of most of the hospitals in the community, and will meet with the others in the very near future. Additionally he has been meeting with donors and potential donors, as well as with alumni of various colleges at UTHSC. And then there's the "day job" of routine responsibilities . . .

Dr. Buckley went on to address questions posed by the DFAC.

From the Research Committee:

Currently, most of the research funds available for distribution from grant overheads are allocated to the Office of the Vice Chancellor for Research, and the programmatic priorities for expenditure of these funds office differ from COM research priorities. This situation has severely hampered the development of COM research programs that would ultimately enrich the entire campus. We recommend a restructuring of the distribution of campus-wide research funds and the responsibility for the expenditure of these funds to create a new balance between the office of the Vice Chancellor for Research and the administration/Dean of COM. This will provide the COM Dean with the requisite financial resources to support the growth of a range of targeted research programs in COM. Please comment on this dilemma and how you would plan to resolve it.

Ideally there would be substantial overlap between the institutional and the CoM research missions. But they don't. At this time he is trying to understand the situation further. He plans to meet with Drs. Strome and Griffith in the near future, to explore this issue further – "seek first to understand." Something needs to give, somewhere, as the current situation is not working well. It is likely things will be done differently in the future, but details need to be figured out. There is currently a "dis-synergy" that needs to be explored and remedied.

From the Policy Committee:

In your brief tenure on campus, what do you see as the most pressing challenges in the College of Medicine?

. How can CoM faculty and DFAC assist you in meeting your goals?

One challenge: overall research funding and integration. We also have substantial education challenges, with both LCME and GME. GME: 1400 residents under the aegis of the CoM, are now under probationary status. LCME has given us re-accreditation, which is very important and positive. Our response takes a much broader perspective because it requires full involvement and oversight of the institution. Problems must be fixed, and with urgency. LCME surveillance has moved from a yes/no format to detailed, time-bound requirements. Dr. Buckley will be learning more about the situation in the near future. Clearly, although affiliation with multiple hospitals brings a variety of experiences, their goals do not always match our goals and mission, hence those relationships can be challenging. He indicated that we can do better in telling our story – branding. The UT brand is powerful; yet UTHSC's stature and positioning needs to be raised. Memphis is under-recognized and too often out of sight, out of mind.

As for CoM faculty and DFAC contributions: Dr. Buckley indicated that his door is open, and he will be happy to respond to emails. He invites our collaboration.

From the Research Committee:

On a national level, the core research resources available to UTHSC research faculty are not competitive. For the research enterprise on campus to thrive, first-class core facilities are a prerequisite. How do you plan to address this issue?

Dr. Buckley was surprised to see that core facilities are not a line item in the budget. At VCU, regular polling helped to promote overall reviews of what facilities improvements would be most helpful, for instance. That appears to be missing here. It needs to be a statewide opportunity. We need funds to be competitive. He does not yet believe he has the details of just what needs to be refurbished, renovated, but seeks that information in the near future,

From the Policy Committee:

Please discuss the CoM's current and prospective relationships with other hospitals:

- a. Please update us on the progress and challenges as the CoM shifts from Methodist Hospital to Regional One as its most central Academic Medical Center partner.
- b. What are your thoughts about ongoing relationships with all our affiliated hospitals?
- c. What are your plans for those partnerships with various hospitals, moving forward?
- d. How do you feel about UTHSC having its own academic hospital and if you chose to have one, how would you plan to finance it? For patient care? For training of students? For research purposes?

Dr. Buckley noted, from his experience in Cleveland, the once-strong competition between Case Western and the Cleveland Clinic. In that location, a huge donation from the owner of the Cleveland Browns helped to resolve a number of issues. At Medical College of Georgia, the College had its own hospital. In Richmond at VCU, there was a tightly-knit relationship with a "health system authority" featuring a large practice plan and community hospitals as well as a major academic hospital. Dr. Buckley emphasized that each model has strengths and weaknesses. UTHSC has a partnership model, and each of our partner hospitals has major strengths. Thus, while some elements may be weaker in one area, they are stronger in other areas. We face something of a conundrum: how to make it work to its best, while addressing a significant shift as clinical care moves largely out of Methodist, toward Regional One. He indicated that he believes it may not be best for UTHSC to create its own hospital, separate from existing facilities. An additional hospital would not likely be able to garner a sufficient patient flow to survive – let alone locating the hundreds of millions of dollars required to build such a facility. Hence we will likely continue in a partnership model, however that may be reconfigured, going forward.

From the Research Committee:

What is your vision for integrating the research enterprise across the state?

Each campus should be considered in its own right. Each must be considered for the unique opportunities and challenges it brings, rather than expecting one campus to replicate another. The Knoxville campus, e.g., has strengths in autism and audiology. Erlanger in Chattanooga has strengths in clinical trials. The Memphis campus has a large presence in basic science as well as clinical research, bringing a broader and more in-depth portfolio. We need to seek synergies among the campuses, but not seek a copy-cat approach. We also need to create greater collaboration across town, with the University of Memphis.

From the Policy Committee:

UT/Knoxville has an ombuds office to provide "an informal channel to engage in problem-solving. The office can also provide opportunities for informal conflict resolution and allows graduate students, staff, and faculty to obtain access to impartial, honest, and empowered process to address conflict" (<https://ombuds.utk.edu/>). UTK's ombuds office currently has an ombuds director and an associate ombuds, and is about to add a second associate ombuds. UTHSC has never had an ombuds office. What are your thoughts about pursuing this option?

Dr. Buckley indicates that he met with the Ombuds Director in Knoxville. He is committed to learning more about ombuds - - it is a potential "early win" for gaining support of the community. He wants to explore more, to learn more about what we are doing in Human Resources etc. At the same time, Dr. Buckley expressed curiosity regarding what an ombuds might contribute regarding HR, Faculty Affairs, etc. Might there be trainings and other resources to explore. Hence he does not wish to be facile, but rather would like to learn more, regarding what spaces that option might fulfill.

Next Meeting

The next meeting of the committee will be held on May 2, 2022, at 12:00n CT / 1pm ET by Zoom.

Adjournment

There being no further business, the meeting was adjourned at 1:05 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary