

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

December 20, 2018

**Call to Order**

The meeting was called to order by the president, Dr. Lawrence Pfeffer, at 12:00 PM on December 20, 2018, in the Coleman building, Room A101.

**Attendance**

The following members were present: Lawrence Pfeffer, PhD, Terrance G Cooper, PhD, Denis Diangelo, PhD, Mary Gupta, MD, Rebecca Krukowski, PhD, Claudette Shephard, MD, Laura Sprabery, MD, George A Cook, PhD, Mark C Bugnitz, MD, KU Malik, MD

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**

President Pfeffer began by thanking the members for taking time out of their busy schedules to meet right before the Holiday break; however, it was important for DFAC to meet. At the time of the last distribution of potential changes to the By-Laws, Dr. Strome asked members to give any feedback received from their faculty. Several members stated they had not really received any significant feedback. At this time, the president called upon Dr. Terry Cooper, who wished to discuss an important issue. Dr. Cooper stated that the Faculty Senate was reviewing concerns relevant to non-tenure track faculty appointments. Currently, while 70% of faculty at UTHSC are on the "non-tenure track," little of the Handbook is devoted non-tenured faculty. Many of these non-tenure track faculty are frustrated as there is no apparent path for advancement, causing them to feel unappreciated or underappreciated. In some cases, the College appointments are all one-year term appointments making it difficult to recruit. Therefore, a Senate Committee has been formed to review the non-tenure track appointments. Bill Callahan (DDS) is chairing this Committee. The charge of the committee is to come up with central points of commonality with all of the Colleges relative to the non-tenured faculty appointments and for advancement from Assistant Professor to Associate to full-professorship. The objective of the Committee is to develop a path and process for faculty we want to recruit and retain and yet maintain the flexibility of the University to terminate those who are not contributing to our mission. The document that DFAC put together earlier has some of this content in it.

One approach to a solution is to form a committee consisting of internal (DFAC) and external members of medical, research, and educational communities as these are the three main tracks for appointments. To that end, Dr. Cooper proposed using the format that was used in the development of the Education metric, namely, a sub-committee to recommend creation of paths for advancement. He proposed that this subcommittee have two co-chairs (one MD, one PhD), and suggested that the medical representative be

Jerome Thompson, MD - - whom he had earlier contacted and who had agreed to serve. Each track will have established accomplishments to be fulfilled for promotion consideration because clinical activities are different from those in the research track. These accomplishments needed for promotion should be clear and concise so that the appointee knows exactly what is expected and must be accomplished in the promotional process.

Not all of the accomplishments will need to be listed in the campus Faculty Handbook because each College has separate objectives and needs. For example, the College of Medicine has a very different set of objectives than the College of Health Professions. Bill Callahan and his subcommittee will look for what is common in all of these colleges with respect to the appointments and incorporate these elements into recommended changes in the Faculty Handbook. College-specific requirements would be recommended to be included in the colleges' respective by-laws rather than in the Faculty Handbook (by-laws, as always, can be more specific than the campus handbook). Also to be addressed are issues dealing with the various appointments. There are different ways to address the duration of different appointments, for example you can have term appointments, rolling appointments: one-year, three-year, five-year term appointments.

Dr. Cooper proposed that a subcommittee be formed consisting of a total of six people, two clinicians, two researchers and two educators as well as both junior and senior, as well as tenured and non-tenured faculty to come up with these recommendations and report them back to DFAC. There was then discussion on the proposal including recommendations for representatives to serve on this sub-committee that would be from each discipline.

The following individuals were recommended:

\*Mary Gupta -Clinical (Pathology)

\*Mark Bugnitz - Clinical (Pediatrics)

\*Jerry Thompson- Co Chair (ENT)

\*Terrence Cooper - Co Chair (Microbiology PhD)

Scott Herr (Anatomy PhD) Terry to check on his interest

\*Joseph Willmitch (PA Faculty) DFAC

\*members of DFAC

Polly Hofmann will participate as non-voting member to make sure recommendations are doable (through the Dean)

Haavi Morreim has agreed that, as DFAC secretary, she would attend as a non-voting member to provide secretarial services.

All agreed the subcommittee should be made up of six members: 2 from education, 2 from research and 2 from clinical and have a diversity of both junior and senior faculty.

Bill Callahan and his group are already reviewing how our peer institutions are doing this. Dr. Cooper summed up the proposal as this, "As 70% of the University's faculty is made up of non-tenured faculty, we need ways to:

1) make them feel appreciated

2) define pathways for advancement

3) define the objectives/requirements so each College would have their own specific requirements for their unique appointment track.

The consensus of everyone is to move forward with this plan with Drs. Terry Cooper and Jerome Thompson serving as Co-Chairs.

Dean Strome took the floor at this point. He recently reviewed a CV and looked at the number of publications for the individual (going up for promotion to Associate Professor). He is accustomed to 20-30 pubs for Associate Professor and 50-60 for Professor. He is not comfortable with someone going up

for promotion with only 4 or 10 publications. While DFAC is working on the promotion policy, when individuals are on an academic track, for those being promoted along the scientific/traditional pathway, he wants it to be more meaningful. Four publications or 10 publications is quite far from the national average, although a reduced number of publications may be acceptable on the Clinician/Educator track. To become an academic institution, we must begin thinking and acting like one.

Dean Strome therefore asked that DFAC look at the issue as part of this process and be consistent with our peer institutions, re-establish ourselves as thinking like an academic institution, i.e., Publications, Grants, Teaching, Institutional Service. If we want to be great, we need to up our game. Discussion followed regarding the number of publications for tenure-track in the past, that recently the bar has been set rather low at the Associate Professor and Professor levels.

It becomes incumbent upon all of us to mentor our young faculty, teach them how to write science. It is not an innate skill. Our faculty will need the support of mentorship committees, if we are to really drive ourselves to become an academic institution.

The Dean shared the following from his presentation on the flow of funds within the College of Medicine. He will ask Theresa Hartnett to share it with DFAC.

Over the last few years, since we have developed these Practice Plan Groups, the data indicates that what has happened over time is that, for our Clinical Faculty the number of "orange dollars" (money from the State to fund the Academic mission) has declined. At the same time, the number of faculty has dramatically increased. The answer to where the money is coming from to pay for these faculty is...The Practice Plan. When there are Faculty who have less support from the Academic side and more support from the Hospital side, it changes the dynamics. The Hospital's mission is RVU generation and Clinical Care. Therefore, it leads to a financially determined erosion of the Academic mission by support. It is a structural determinant of the Academic mission. We are academic, but people vote based on their taxes...this is how people get compensated. His concern is, because of the structure we are in, our Academic mission is at risk. On the Basic Science side, the dollars have remained flat, or slightly increased.

How do we fix it?

In some instances, we are in good shape. With hospital partners such as Lebonheur, the mission is well coincides with the structure of the Plan. That is because the CEO has the vision that it will truly be an Academic hospital. It is going up in national rankings and grant support, etc.

The problem with some of our other hospital partners is that the Vision is different. We have to make sure that everywhere we go people recognize that we are Teachers, Educators, Scientists, as well as Clinicians. That has to be our collective mantra, to make sure that we don't just maintain the status quo (which slipped structurally in the past).

The Dean referenced that at Mayo Clinic the clinical proceeds were dumped back into the Basic Science and the Research Mission. He will need support in creating a new structure where Clinical proceeds are put back into these missions. Unless our growth in our Clinical enterprises translates into increased dollars for Academics, we will be in trouble. He will need DFAC's support in pushing this. We have to change so that we can preserve who we are and grow.

Comments and some discussion followed about the practice in the past when Clinical practice supported Academics (conference attendance, etc.).

We need to appreciate our Clinicians and Educators and Researchers. Sometimes that goes a long way...beyond bonuses.

The Dean plans to change the structure of Graduation, so that more appreciation is demonstrated. There will be a separate time where clinical chairs and faculty leaders present the students with their awards in

front of friends and family; faculty will also be appreciated. It needs to start with us, just letting everyone know they are appreciated.

The Dean is asking DFAC to work on developing a curriculum for Junior Faculty (Basic Science and Clinical) to provide networking and mentoring. He gave examples from his experience at the U of MD (“How to be a Mom and a Surgeon,” “How to ask for more money,” “What does the Dean do,” etc.). As a result, changes happened as leaders listened and learned (example, pumping stations were put in place).

Comments: Pumping stations for nursing moms are needed throughout the Campus.

The Dean’s Memo issue will be tabled to the January Meeting  
The Mentorship program will be tabled to the January Meeting

### **Next Meeting**

The next meeting of the committee will be held on January 7, 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,

Claudette Shephard, MD, for  
E. Haavi Morreim, JD, PhD  
Secretary