

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

April 1, 2019

### **Call to Order**

The meeting was called to order by the president, Dr. Lawrence Pfeffer, at 12:05 PM on April 1, 2019, in the Coleman building, Room A101.

### **Attendance**

The following members were present:

Mark Bugnitz, MD, Julio F. Cordero-Morales, PhD, Martin A. Croce, MD, Terry Cooper, PhD, Denis DiAngelo, PhD, Mary Peyton Gupta, MD, Rebecca Anne Krukowski, PhD, KU Malik, PhD, DSc, Haavi Morreim, JD, PhD, Lawrence Pfeffer, PhD, Reese Scroggs, PhD, Burt Sharp, MD, Jerome Thompson, MD, MBA, Joe Willmitch, MPAS, PA-C, Thad Wilson, PhD, George Cook, PhD

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

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**

Pres. Pfeffer announced to the group that nominations are now open for DFAC President-Elect. Those who may be interested to run should contact him or the DFAC Secretary, Dr. Morreim.

Richard Smith, Chair of Faculty Affairs Committee for the Faculty Senate, described the "Faculty Feedback" survey coming online today for faculty to evaluate UTHSC administration. The current survey is designed to enhance privacy by removing requests for demographic information (e.g. gender, faculty rank, etc). A third-party entity is conducting the survey - - Qualtrics , which adds another layer of privacy. Participant privacy is also enhanced by the fact that any effort to trace the IP address of someone filling out the survey would require an extensive, complex and difficult process, including a requirement somehow to justify such a request to Qualtrics. That information, in turn, would have to be linked within UT between a specific IP address.

In the previous evaluation process, faculty participation for the College of Medicine was only 14%, which is relatively low compared to the other colleges at UTHSC. One concern DFAC members expressed is that faculty receive no followup or results from the survey. On one hand, state law forbids releasing information about evaluations of state employees. At the same time, the Faculty Handbook requires such evaluations. One proposed option was to label the survey something more generic. Still, such name changes might not satisfy the statutory requirement of nondisclosure.

Several DFAC members commented on the fact that the email inviting participation gives each faculty member a unique code, with strong instructions not to share it with anyone else. Some faculty see such a code as a cue that the institution intends to preserve the option of tracing that code back, to discover who-said-what-about-whom. Although Dr. Smith assured DFAC members that this would be nearly impossible to do, the persistence of such a code tends to perpetuate concerns about the trustworthiness of any promise of confidentiality or, beyond that, anonymity.

Ensuing discussion suggested that perhaps generic feedback to faculty regarding the broad results of the survey might be acceptable - - e.g.: "faculty expressed a hope that the College/UTHSC would improve on X, Y and Z. The following changes are contemplated in response . . . "

Per Dr. Terry Cooper, Chancellor Schwab has indicated that broad participation is important: it would be difficult to take faculty input seriously, if there were less than 33% participation, and that action would be warranted at a threshold of 50%.

The relevant section from the Faculty Handbook is 2.3.7.8:

Evaluation of Campus Administrators and Appointed Collegiate Faculty Leaders

The Faculty Senate Executive Committee is responsible for the **establishment** and **implementation** of a process to provide for faculty evaluation of the performance of the Chancellor, Vice Chancellors, Deans, Chairs, and Associate and Assistant Deans. The evaluation process should be developed in consultation with the Chancellor. (UTHSC Faculty Handbook)

The state statute cited by UT's in-house counsel is the Tennessee Public Records Act, T.C.A. 10-7-503:

(26)(A) Job performance evaluations of the following employees shall be treated as confidential and shall not be open for public inspection:

- (i) Employees of the department of treasury;
- (ii) Employees of the comptroller of the treasury;
- (iii) Employees of the secretary of state's office; and
- (iv) Employees of public institutions of higher education.

(B) For purposes of this subdivision (a)(26), "job performance evaluations" includes, but is not limited to, job performance evaluations completed by supervisors, communications concerning job performance evaluations, self-evaluations of job performance prepared by employees, job performance evaluation scores, drafts, notes, memoranda, and all other records relating to job performance evaluations.

In addition to (1) creating an exemption from the Public Records Act for job performance evaluations, the statute (2) states that such evaluations are to be "treated as confidential," meaning that the only people who see a job performance evaluation are those who have an official need to see it.

The DFAC then turned to updates regarding subcommittee work on the Clinician Educator track. Dr. Terry Cooper, who co-chairs the subcommittee, provided updates. One of issue concern was what these positions will be called. Because any guidelines the CoM creates must be concordant with the Faculty Handbook, a term like "Clinical Professor" or "Clinician Professor" could not be used at this time. At present, such terms refer not to UTHSC regular faculty, but to volunteer faculty. Other institutions do use terms such as "Clinical Professor" or "Clinician Professor." One option might be to include a contingency clause saying something like "the following terms will be used if/when the Faculty Handbook endorses their use."

Dr. Cooper then summarized results from a survey sent out to DFAC members and several others including clerkship directors, deans, a limited set of clinician educators, and a few department chairs. The

survey contained a list of activities together with a question which ones should be deemed appropriate toward promotion to Associate Professor, and which were particularly expected for full Professor. Thus far, 37 responses have indicated what sorts of activities each respondent would consider to support promotion from Assistant to Associate, and Associate to full Professor. Several respondents suggested activities that might be added to the list.

The purpose of the list is not to establish a formal COM matrix to be scored during promotion proceedings in the non-tenured context, but as a broad, non-exhaustive list of activities that could be used to support the candidacies of diverse faculty whose primary effort focuses on a wide variety of different activities as well as providing an informal way by which to collect one's relevant activities each year and monitor progress towards a positive promotion decision..

Further discussion suggested that the current description of the list of activities be revised and ultimately sent out to the entire CoM faculty for their input. Whether or not the response is high, it is important that faculty be, and feel, included.

It was then moved and accepted to approve, as a draft, an overall paragraph describing the purpose of the non-tenure track clinician educator faculty, plus the contingency paragraph described just above:

"In recognition of the essential role of non-tenure track faculty physicians in fulfillment of the educational mission of the College of Medicine, the clinician-educator track will be more fully described. This track will recognize clinicians whose area of academic excellence is in teaching, public education, and patient service. The track encompasses the following non-tenured ranks: Assistant Professor, Associate Professor and Professor. In brief, appointment at the Assistant level will be for board-certified physicians who have begun a clinical service career involving patient care and dedicated teaching of students, fellows and/or residents. The performance of dedicated clinician educators will be evaluated periodically and documented for review by the P&T committee at promotion. To advance to the rank of Associate Professor, the individual will demonstrate evidence of sustained dedication and excellence in teaching students, residents and/or fellows and in patient care. They will also have developed a record of regional leadership or scholarship in clinical medicine and/or medical education. This may involve public lectures on clinical topics or topics related to medical education. To advance to the rank of Professor, the individual will demonstrate evidence of sustained excellence in teaching or patient care, and achieved a national or international record of scholarly contributions and publications related to clinical medicine and/or medical education.

"The following terms will be used if/when the Faculty Handbook endorses their use: Clinician Assistant Professor, Clinician Associate Professor, and Clinician Professor."

### **Next Meeting**

The next meeting of the committee will be held on May 6, 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