

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

December 2, 2019

Call to Order

The meeting was called to order by the president, Dr. Burt Sharp, at 12:06 PM on December 2, 2019, in the Coleman building, Room A101.

Attendance

The following members were present:

Penny A. Asbell, MD, Iverson Bell, MD, Mark Bugnitz, MD, Mace Coday, PhD, Terry Cooper, PhD, Denis DiAngelo, PhD, KU Malik, PhD, DSc, Haavi Morreim, JD, PhD, Lawrence Pfeffer, PhD, Crystal Pourciau, MD, Larry Reiter, PhD, Ryan Rahman, MD, Reese Scroggs, PhD, Burt Sharp, MD, Claudette Shepherd, MD, Laura Sprabery, MD, Jerome Thompson, MD, MBA, Joe Willmitch, MPAS, PA-C, Peg Hartig, 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

Dr. Polly Hofmann discussed, pursuant to the November meeting, how to bring outlying campuses into DFAC representation. To achieve proportionate representation, Dr. Hofmann began by noting that 70% of the CoM's FTEs are in Memphis, hence 70% of DFAC representation would come from Memphis. Under this approach, this would mean that Memphis members of DFAC would number 27, Knoxville 8, Chattanooga 3, and Nashville 1. As part of this proposal, it was suggested that other campus members would join us via teleconference two times each year for an agenda affecting the CoM state-wide. Since DFAC meets around 10 times/year, the purely Memphis-focused meetings would be 8 per year, which is of less interest for other campuses to join in.

It was moved, seconded, and approved: representation will be proportionate as enumerated just above, with joint meetings twice per year, focused on state-wide issues (in addition to the annual meeting, which all faculty at all sites can join electronically).

Dr. Strome further noted that it is valuable, and would be particularly valued by our remote campuses, to have face-to-face communication and for those faculty to feel, and be, part of UTHSC's College of Medicine. Hence it was suggested and discussed, that perhaps it would be desirable for DFAC members actually to travel to our non-Memphis campuses for one of those 2 all-DFAC meetings per year. The travel idea will be further evaluated and discussed at future DFAC meetings.

The Research committee then reported. They have been developing a preliminary proposal to develop a new cadre of clinician-researcher. The concept would start small, with perhaps 5 people, with growth in ensuing years. The proposal is to address the relative deficit of clinician investigators here at UTHSC. The goal will be to identify committed clinician-investigators and provide a reduced clinical load, plus appropriate faculty mentors that, in time, would position them to eventually apply for research grants. These individuals would be trained in clinical research in all phases and, if needed, linked with appropriate research laboratories, epidemiologists, or any needed allied services for each given project. It was noted that in the past, hospitals that control significant amounts of clinicians' time may hesitate to reduce those commitments. It is hoped, in response, that for areas in which the hospitals have interest to expand translational research, they may be willing to provide funded release time.

Dr Strome noted that, realistically, a timeline for training a clinical investigator must be around 5-7 years. DFAC may want to consult with the CoM's chief financial officer, as it explores this concept. UTHSC CoM has a number of different pools of money, which need to be used in specified ways. Hence there will be limits on how such a program can be funded. The time allocated for research for these investigators must be at least 50%, or any such resources will likely be wasted. Additionally, mentors need to be carefully chosen. An important question is whether we have enough translational scientists to serve as qualified mentors.

Another suggestion is modeled after LeBonheur's program that trains faculty in how to write K-awards. That program has met with some success and might be replicated elsewhere in the CoM. That said, Dr. Strome also noted that K-awards are rarely financially beneficial, and because they do not provide adequate salary support. That said, another observation is that the K-awards is highly dependent of the achievements of the faculty mentor and less so on the research accomplishments of the applicant, In our growing relationship with the VA, Dr. Strome observed that the VA offers funding and space, and may be a fruitful avenue to develop further, perhaps by identifying mentors in the VA system. The Research committee will reach out to the VA to learn more about the possibilities. The VA can apply for VA-based research grants, which are not as intensely competitive as, e.g., NIH grants. VA grants need to apply to health issues relevant to veterans.

It was also proposed that such a program will need to be monitored so that if the clinician scientist loses motivation or interest, there can be an end-point. These contingency-points will need to be built in on the front end, rather than constructed later, ad hoc.

For the Policy subcommittee, Dr. Terry Cooper raised one last issue regarding the protocol for Informal Peer Review of Teaching, namely, the manner in which student evaluations will be available to, or used by, the peer reviewer. The final version of this statement was moved, seconded and voted to be accepted: "Anonymous student evaluations be requested and encouraged to gain their perspective. The student reviews, if available, will be provided to the peer reviewer prior to the teaching experience being reviewed." However, the approval was with a proviso, that the statement be adjusted to provide reviewers with information regarding how the student evaluations were gathered. This would help set the context of the review, so that reviewers will have a sense of what weight the student evaluations might carry. The document as a whole, with proviso, was unanimously approved. It will then go to the dean, then to VC Gonzales, and will then be voted on at the annual faculty meeting.

Dr. Cooper also noted that, although in the November meeting the DFAC voted on a concept for the ByLaws change regarding the Committee on Standing Committees, the actual Bylaw language was not proposed or voted on. Before final language is approved on this and other potential Bylaws changes, Dr.

Hofmann proposed, it would be good for her and Dr. Cooper to sit down together and review a large number of such changes, then see which ones need to go to the Policy committee.

Next Meeting

The next meeting of the committee will be held on January 6, 2020, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 1:01 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
Secretary