

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

September 9, 2019

Call to Order

The meeting was called to order by the president, Dr. Burt Sharp, at 12:05 PM on September 9, 2019, in the Coleman building, Room A101.

Attendance

The following members were present:

Penny A. Asbell, MD, Iverson Bell, MD, Mace Coday, PhD, Julio F. Cordero-Morales, 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, Burt Sharp, MD, Claudette Shepherd, MD, Laura Sprabery, MD, Neena Thomas-Gosain, MD, Joe Willmitch, MPAS, PA-C, Ram Velamuri, MD, Thad Wilson, PhD, 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

For this first meeting of the 2019-20 academic year, DFAC welcomed new members and introduced themselves all around. Pres. Sharp previewed the coming year, emphasizing activities of the three subcommittees: Policy, Branding and Research.

Dean Strome likewise welcomed new DFAC members and then outlined some new developments regarding the basic 4 facets of UTHSC CoM's mission: education, research, service/community outreach and clinical care. The Dean's office is being restructured, with a new Associate Dean in charge of each of those functions.

Education: a major issue is the upcoming LCME visit and review governing our accreditation. A consultant has just been hired, along with analysts to graph our data. Currently a major challenge concerns clinical clerks' feelings about engagement in core clerkships, including the need for faculty mentorship. The Basic Science curriculum is also being reviewed. Student debt is additionally a focus. Current average debt is \$195k. Several schools, e.g. NYU, are now tuition-free, which means that the financial advantage of going to a state school is becoming attenuated. Many state schools, in response, are planning to reduce student debt, including to reduce or eliminate tuition. The CoM has now started an educational program to teach students about financial planning, including borrowing money and how to manage it. We also plan to help students reduce what they spend. Specifically, we are collaborating with

Henry Turley to develop student housing – affordable housing that will permit them to walk to school and not feel impelled to buy a car. Fundraising will also be a major issue, going forward, and will occupy a considerable portion of Dr. Strome's time. In addition, wellness for students (and for faculty as well) will include a Wellness Studio at the SAC.

Research: We may soon be able to sign a contract allowing us to sequence 100,000 patients on our campus, in collaboration with a major biotech company. We are working on hiring a Sr. Associate Dean of Research who will be responsible for leading our research effort on campus.

Service and Community Outreach: We are working on projects for sustainable farming – more details to follow. The CoM is also working on a project to ensure that every Memphian has a healthcare provider, whether or not that person is a physician. Another project is an outreach for youth who are at risk for violent crime, to address their concerns in ways that are independent of the Criminal Justice System. Most offenders have, at some point in their lives, been victims, hence a major focus of this effort will be to help these individuals explore their own experiences.

Clinical practice: We are undertaking efforts to build UTHSC CoM's own ambulatory surgery center. Architects have been hired, and land has been acquired. An upcoming retreat with ROH will plan our future with them, including the possibility for building a women/infants pavilion. The VA wants to become more integrated with UTHSC, including/especially for research, and a retreat is soon upcoming. The relationship with MUH is still evolving.

Dr. Strome highlighted some of the CoM's Branding efforts, including new lapel pins, new scrubs (hunter green, orange piping and drawstrings), department-specific patches for all white coats. For faculty engagement, a new course is starting re. things they might not be familiar with – from how to deal with a difficult colleague, to how to bill properly, to a variety of other very practical issues.

Dr. Terry Cooper then began to discuss recent work by the Policy Committee. At this time, a major issue as we prepare for LCME concerns peer review and improvement of teaching. Two of the key issues are: Time available for teaching; and Quality of teaching. If faculty lack adequate time for teaching, whether because of RVU requirements, grant pressures or whatever, it can be difficult to improve teaching quality. This issue will be discussed further at a later date.

Under the heading of Quality, Cooper identified two sub-issues: how best to get students' input, and how to get faculty peer input. Regarding the former Dr. Cooper invited DFAC input on how to increase the number of student evaluations. One option is to provide incentives, perhaps gift cards, or food/free lunch ("pizza and evaluations"). Another option is to require students to fill out evaluations prior to being able to see their grades. Just as faculty cannot see student evaluations until their grades are turned in, neither could students see their grades until evaluations are turned in.

Additional discussion noted that many students don't actually attend lectures, so it would be important to have an option of "Not Applicable" or to simply skip past a question. It will also be important to identify which faculty are actually teaching (not all do, and not all teach medical students), and focus evaluations only on those who actually teach. Important questions for student evaluations, eg, for clinical rotations will concern whether goals were presented at the outset, whether faculty spent enough time with them, etc.

Regarding peer review of teaching Dr. Cooper indicated that the goal is to make this an honest, high-quality review but also to streamline it to be as minimally intrusive as possible. For faculty who teach, it may make sense to do a rotation of peer evaluations, e.g. every three years.

Dr. Cooper identified several principles that might guide the peer review process, given that faculty may be teaching in classrooms, labs or in the clinical setting:

*faculty member will choose the evaluator, with chair's approval

- *faculty member will choose which lecture, case, lab, rounds etc. will be evaluated
- *faculty member chooses whether to invite live peer presence vs. provide a recording
- * feedback from evaluator should be contemporaneous (or nearly) upon conclusion of observation
- *faculty and chair/course director determine what questions should be asked, what should be observed
- *adverse evaluation can be challenged, e.g., by another review performed by a different peer
- *adverse evaluations can be followed by collaboration among faculty, peer reviewer and chair/course director, to develop improvement plan
- *student evaluations should be compared with and added to peer review, for additional insights to enhance teaching improvement

Other discussion noted that those whom departments assign to do teaching sometimes need to be coached. That said, an important question concerns what to do if a review is quite negative. The goal should be to help faculty do better, not impose punitive measures. The questions in the peer review form should be provided to faculty in advance, so that they know what will be expected. Opinions diverged on whether peer reviewers should use some sort of scoring system (eg 1-5 rating or P/F), or whether simply to submit a brief narrative with suggestions.

Next Meeting

The next meeting of the committee will be held on October 7, 2019, at 12:00 Noon in the Coleman building, Room A101.

Adjournment

There being no further business, the meeting was adjourned at 1:06 PM.

Respectfully submitted,

E. Haavi Morreim, JD, PhD
DFAC Secretary