

MEDICAL SCHOOL FACULTY COUNCIL

**Dean's Meeting
Tuesday, June 26th, 2007
5:00 P.M. – 6:30 P.M.
SCCC Room 1301**

Members Present:	Members Absent:
Deshratn Asthana, Ph.D. & M.B.A. William Awad, M.D. Panagiota Caralis, M.D. Kermit Carraway, Ph.D. Elizabeth Fini, M.D. Mary Ann Fletcher, Ph.D. Orlando Gomez-Marin, Ph.D. Diana Lopez, Ph.D. Arnold Markoe, M.D. Abdul M. Mian, Ph.D. Rita Romaguera, M.D. Carl Schulman, M.D. John Thompson, M.D.	Fazal Ahmad, Ph.D. Sanjiv Bhatia, M.D. Nanette Bishopric, M.D. Jose Martinez, M.D. Mavara Mirza, M.D. Ernesto Pretto, M.D. Sean Scully, M.D.
Others Present: Dr. Richard Thurer	

The meeting was called to order at 5:10 p.m.

Dean Goldschmidt was not able to attend the meeting.

1.) Approval of Minutes – The May 29th Transitional Meeting Minutes were unanimously approved with minor revisions.

2.) Update on Tenure Process deliberations – Dr. Markoe

The Dean requested that the Council review the promotion and tenure process particularly as it relates to the Medical School because he feels that, particularly with the clinician educators, the current non-tenured track is not in the best interest of recruitment and retention of young talent. So he empowered the Council to appoint a subcommittee, which Dr. Markoe was the chair. The committee decided to focus primarily on the clinical educator track and having clinician educators promoted. There is no one category that is classified as clinician educator. In that group, there were people who functioned much more as clinicians; there were people who functioned most as educators; there were people who devoted a portion their time to research, but not necessarily a majority of their time; and then there were people who did clinical work as well as devoting a majority of their time to translational research work. Rather than attempting

to define all those, we discussed what needed to be done to facilitate being promoted. One of the suggestions was that there ought to be a clinician educator portfolio, similar to the education portfolio that is being developed for those people purely responsible for education.

Dr. Markoe thought there should be a **5 part portfolio**, the first part being **clinical activities**. There should be a **teaching component**, and the question is whether a separate portfolio for teaching is needed. There should be a **service component**. We have to be able to benchmark who attends meetings. We have set a goal of 70% attendance for campus committees.

We need an **academic section**. The academic section is a difficult thing, because academics for clinician educators consist of case reports and review articles. Clinical trials participation and publications should also be included. The final part of the portfolio should be **research**. Research can be looked at in terms of grants such as NIH, DOD, other national granting organizations, local organizations or foundations, industry support, and grateful patient support. These should go into the portfolio of clinician educators. One of the things the committee would probably like to do is give some guidelines to the Appointment, Promotion & Tenure committee for each sub-branch of what it is to be a clinician educator. What would be most important for promoting those people? He opened the discussion to the members of the Council.

It was mentioned that patient satisfaction surveys should go in clinicians' portfolios.

This is the first step in trying to define the clinician educator portfolio. The next step is how to guide the AP&T Committee toward recognition for each one of those subsets of what it is to be a clinician educator. The third step is going to be how to handle biostatisticians. Biostatisticians are very important not only for the preparation of grants, but potentially for the successful awarding of grants.

Statisticians are service people and don't have time to develop professionally. Potential recruits don't want to come here because there is no future for them – there is no commitment to help them develop professionally. We need to have protected time for them. The Council discussed asking the Dean to set aside protected time for faculty.

A culture change is coming. The whole point of this subcommittee is to iron out and delineate these various possibilities and then give instructions to the AP&T Committee that a world class clinician may not be involved in more than 50% research time, but that person is recognized for their achievements in their field and they should get tenure. This is what is being done at Duke and other institutions. The objective here is to define world class educator.

The Council wanted to add **administrative duties** as the 6th portfolio item. Most administrative duties can be quantified by service hours, attendance, and coordination of a residency program. It may be up to each department to set criteria for their faculty.

3.) Participation [or lack thereof] of Council Members in the Council Activities – Dr. Mian

Attendance at the meeting today is pretty good, but attendance at the transitional meeting was not. It is observed that the participation of some Council members is lacking. Thus, if a member doesn't attend the meetings and participate in Council activities, then his/her constituency is not represented here. In the Council bylaws there is nothing about the attendance or participation of Faculty Council members. Should we have a bylaw and ask a minimum participation requirement? Dr. Mian proposed to have a subcommittee meet and write up some bylaws to include a percentage of time for participation. Dr. Mian proposed that Dr. Lopez take the charge and form a subcommittee to look into this matter. Everyone agreed.

4.) Other Business

Dr. Mian asked for a volunteer to serve as chair for the Committee on Committees. Dr. Markoe volunteered.

Dr. Awad brought up an item that he has discussed with Dean Goldschmidt and Dr. Mark O'Connell. Dr. O'Connell has established 12 education societies for the students. The students are members for the 4 years that they attend medical school. Each society has their own banner and lapel badges. Very few faculty members are participating because they don't know about them. Information needs to be disseminated to the faculty. Dr. Awad proposed that we should make this more widely known to encourage some volunteering, especially the newer faculty members. It might be a good way to help develop relationships between faculty and students.

It was decided to bring it up at the next Dean's Meeting when the Council can make a resolution and pass it.

The meeting adjourned at 6:30 p.m.