Miller School of Medicine Faculty Council  
**Speaker’s Meeting**  
June 7th, 2017  
Gordon Center Auditorium- 1st Floor

<table>
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<th>Members Present:</th>
<th>Others Present:</th>
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<td>Alvarez Gonzalez, Gemayret, M.D.</td>
<td>President Frenk</td>
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<td>Barret, Ellen, Ph.D.</td>
<td>Dr. Steve Altschuler</td>
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<td>Bhattacharya, Sanjoy, Ph.D.</td>
<td>Richard Fain</td>
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<td>Eshragi, Adrien, M.D.</td>
<td>Dr. Steve Cohn</td>
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<td>Gardner, Laurence, M.D.</td>
<td>Dr. Stephen Nimer</td>
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<td>Jimenez, Joaquin, M.D.</td>
<td>Dr. Francesca Diaz</td>
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<td>Lebwohl, Nathan, M.D.</td>
<td>Dr. Milena Pinto</td>
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<td>Lee, Richard, M.D., Ph.D.</td>
<td>Dr. Nipun Merchant</td>
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<td>Levy, Robert, Ph.D.</td>
<td>Dr. Shanta Dhar</td>
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<td>Lopez, Diana,, Ph.D.</td>
<td>Dr. Bonnie Blomberg</td>
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<td>Mandel, David, Ph.D.</td>
<td>Dr. Robert Marcovich</td>
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<td>Muller, Kenneth, Ph.D.</td>
<td>Dr. Eugene Schiff</td>
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<td>Namias, Nicholas, M.D.</td>
<td>Dr. Omaida Velazquez</td>
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<td>Nares, Michael, M.D.</td>
<td>Dr. Gary Beecham</td>
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<td>Potter, JoNell, Ph.D., ARNP</td>
<td>Dr. Anthony Griswold</td>
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<td>Rowe, Cynthia, Ph.D.</td>
<td>Dr. Jacob McCauley</td>
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<td>Schulman, Carl, M.D.</td>
<td>Dr. Keyvan Nouri</td>
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<td>Smith, Bryon, DPT</td>
<td>Dr. Tomas Salerno</td>
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<td>Stein, Alecia, M.D.</td>
<td>Dr. Ashok Saluja</td>
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<td>Dr. Radka Stoyanova</td>
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<td>Dr. Anne Burdick</td>
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<td>Dr. Eva Widerstrom-Noga</td>
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<td>Dr. Tulay Sengul</td>
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<td>Dr. Vlad Slepak</td>
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<td>Dr. Samita Andreandly</td>
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<td>Dr. Carmen Gomez</td>
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<td>Dr. Xue Liu</td>
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<td>Dr. Bradley Goldstein</td>
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<td>Dr. Carlos Santa Cruz</td>
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<td>Dr. Teresa Glynn</td>
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<td>Dr. Cristina Pacheco</td>
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<td>Dr. David De La Zerda</td>
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Meeting commenced at 5:30pm by Dr. Carl Schulman, Speaker of the Faculty Council.

Introduction- Dr. Carl Schulman

Dr. Carl Schulman thanked everyone for attending the meeting. He notified the attendees that the meeting was requested at a previous Faculty Council meeting, where issues related to services provided to faculty were discussed. The purpose of the meeting is to go over those issues. He made the clinicians in the room aware that the focus of the meeting is not the clinical enterprise, but of the academic side.

Opening Remarks- President Frenk

President Frenk thanked Dr. Carl Schulman and was pleased to see such a great attendance. The main reason for him being there is to listen. He knows that there’s a lot of changes going on at the University. He introduced the new Executive Vice President for Business and Finance, and mentioned that they just announced that they have a new Provost and a new Dean, both starting on July 1st. There are many changes going on in which healthcare is structured, research is funded, and the way education is organized, paid for, and delivered. He is aware that the University’s needs to change internally. He appreciates the opportunity.

Faculty Issues- Dr. Carl Schulman

Dr. Carl Schulman likes to always start a meeting on a positive note. He and Dr. Bhattacharya showed a couple of examples that are happening at the Medical School, as follows:
Dr. Sanjoy Bhattacharya believes that new medicine is regenerative medicine. Many are experiencing significant loss of their functions. He showed a video courtesy of Drs. Vance Lemmon and Kevin Park that shows a mouse’s brain. He announced that they were actually able to get an U01 grant, which is centered around this type of study. The ultimate goal of research is to improve quality of life, alleviating disease and ailment of disorders. Expanding the boundary of knowledge is automatic and embedded in basic research and intervention tools are either by-product or designed as a consequence of knowledge. An aim of basic research is to provide intervention tools to clinicians to achieve the goal of improving quality of life. A new frontier in this goal is regenerative medicine. At the Miller School of Medicine we just do not think about regenerative medicine, but we are often at the forefront of it when loss of function (nothing can be done) is taken for granted.

Dr. Carl Schulman spoke on the Global Telemedicine program. They host the Pan American Trauma Society International grand rounds once a week. They have 20+ countries connecting with them. They have been able to take a highly funded sponsored project and be able to use the resources to do something like this. The Global Telemedicine program supports the US State department. They also have civilian contractors working in the Middle East, who go to diplomatic support hospitals. There is a trauma surgeon in the Department of Surgery, Division of Critical Care on call 24/7/365 whose response time is 15 minutes. They offer specialties that the University offers.

They’ve done things from foodborne illness outbreaks to psychotic breaks in small understaffed, under resourced areas.

A video was shown on remote telesurgical mentoring where Dr. Gregory Zych, Chief of Orthopedic Trauma Surgery, was directing a general surgeon in the Middle East in real-time.

A presentation by Dr. Carl Schulman with explaining “Why are We Here.”

Dr. Carl Schulman reflected his sense of the state of the faculty. In general, the faculty feel they are not supported.

Support:
- Financial
- Compliance
- Administrative
- Human Resources
- Information Technology
- Research Grants and Contracts

The morale is low, but the faculty members are engaged and committed. Instead of trying to figure out how to get things done, the response they get is “no they can’t do it”. Risk aversion is too high and it stifles innovation, slows all processes, and consumes faculty time.

Administrative

- Lean staffing
- Faculty doing administrative tasks
- Administration felt to be “crowded at the top”
- Time away from academic & clinical productivity
Side note: Most of the leadership in the room are new. Feedback from the faculty is that the mantra is “it’s tough times, but they will get better”. The faculty have heard this for the past 10 years. The leadership announcements are counterproductive and are not always perceived in a positive way.

Office of Research Administration

- 70% of research expenditures from UMMSOM
- ORA is not located on Miller campus
- Local presence and expertise is needed
- Process is not transparent or trackable

Several years ago, certain services were centralized and shared, and the Office of Research Administration was moved to the Gables One Tower. Dr. Carl Schulman suggested some form of local presence, and they need people locally that have the expertise to help the faculty.

Research Grants and Contracts

Turnaround Time Unacceptable

- > 140 days Baseline
- Goal of 100 days is still long
- There is a Culture of Risk Aversion
- Losing money because they can’t initiate trials and contracts

Catch 22: Must invest in resources to bring I more trials to support ORA Operations/Expansion

Research Compliance & Quality Assurance (RCQA)

- Lost several faculty due to RCQA
- Some have hired their own compliance to balance our internal compliance
- Over reporting to FDA, not collegial, and investigators told not to be present when audit occurs
- Not enough physician oversight of the compliance process (esp. clinical trials)

Some departments have hired their own internal compliance staff to help mitigate our own Office of Compliance.

Should:

- Provide support promoting best practices and adherence to policy, protocol and practice.
- A collaborative process, working towards the greater goal of compliance, mitigating institutional liability whenever possible.
- Engage the Investigator and study teams in exercises focused on awareness, accountability, comprehensive action items and fluid communication.
- Looked upon as a resource.

Current:

- Unfortunately, this is not what is practiced here.
- The auditing arm requires control of information to leadership and external auditors, not fluidly allowing neither Investigator accountability nor active participation in the audit process, response or communication of outcomes.
- Their involvement and presence is often perceived as punitive and obstructive.
Communication and dialogue with external agencies such as the FDA, are seriously hindered and extensively vetted, rather than promoting an avenue for expert guidance and support.

Human Resources

- Hiring process is too lengthy
- Salaries are not always competitive
- CFB rate for staff is too high
  - 35.3/38.4% eats up grant/contract dollars

The CFB rate is exceeding high compared to our competitors.

Information Technology

- Systems integration still lacking
  - Integrate Research Systems: InfoEd, Velos, Workday, Epic
- Website management

Dr. Carl Schulman introduced Dr. Ashok Saluja. He is a new recruit who came from Minnesota in 2016. He is currently a Professor, Vice Chair for Research & Faculty Development, the Senior Associate Dean for Research, and the Director of the Pancreatic Cancer Research Institute. He developed a new drug for pancreatic cancer that just completed Phase 1 trial, and he is one of the largest NIH funded faculty at the University.

Dr. Ashok Saluja thanked the President, Drs. Carl Schulman & Steve Altschuler. He spent 10 years in Minnesota and before that he spent 25 years in Boston.

He has had eight faculty members who have also transitioned to the Medical School from Minnesota, so there has been a large increase.

He described his transition to Miami including the positive and the challenges and opportunities.

Transition to U Miami:

- Great minds
- Committed individuals
- Resources
- Philanthropic support
- Feeling of being valued
- Positive experience
- Diversity

Challenges and Opportunities

- ORA
  - Grant transfer
  - Grant management

Dr. Ashok Saluja submitted a $2.2M grant last year for the Department of Defense. Grant management made a mistake and sent the wrong grant with the wrong email.

  - Material Transfer Agreement (MTA) process
In Minnesota and Boston it took only 24 hours to get an MTA done. At UM, it takes much longer. At UM there are fundamentally two different processes of MTA sign off. The incoming MTA's are handled by ORA, which is where the bottlenecks are. The outgoing MTA’s are signed off by Ulinnovation or OTT, which are quite efficient and working much better than a decade ago.

- Research space

There’s not enough research space and the distribution is not right. There are labs that are actually empty. The lab that Dr. Ashok Saluja is in has mosquitoes and mold. The mold issue set them behind four months. Research can’t be done when there is mold growing in the research space.

- Conflict of Interest management

It took ORA four months to review Dr. Ashok Saluja’s conflict of interest documents.

- HR
  - Recruitment

Dr. Ashok Saluja has recruited over 100 people in his career and he’s never seen anything like it. The recruitment process at the University takes too long.

Dr. Carl Schulman then opened the meeting for comments from the faculty members. He advised the faculty members to please refrain from talking about the clinical enterprise, and to keep the comments brief to allow as many people to respond.

Comments from the attendees

IRB issue- Project was sent out to a very high level journal. The faculty member just wanted some human tissue on slides that are unidentified with no patient information. The IRB approved it and he reached out to Jackson, who then advised him to reach out to their Human Subject Research office. He had to complete additional paperwork. He was so disheartened that he just wanted to get rid of the problem all together.

Dr. Carl Schulman also brought up this issue. When clinical research is done at Jackson Memorial Hospital, you have to go through a second infrastructure.

Faculty Comment - A clinical trial of antibiotic phase 3 trial for ventilator associated pneumonia. By the time other centers got the contracts, signed, approved, and completed the study, UM had just gotten the contracts. Another product for phase 3 trial for wound irrigation. The company knew of UM and wanted to work with them. After a year of trying, they finally gave up.

Faculty Comment- There’s been talk about cutting the funding for the Center of Computational Sciences. High performance computing is essential for modern medicine.

Faculty Comment: Faculty had to file a no cost extension because after 15 months, he wasn’t able to hire anyone. He found the recruits through other people that work for the institution. Human Resources did not do anything for him.

Faculty Comment: One of the issues is that HR and UM lawyers are very risk adverse. It’s nearly impossible to let go of an employee as it is to hire an employee. They’d rather retain the employee so they don’t have to deal with the aftermath. The lawyers do the same thing by sitting on the contracts instead of approving them.
Faculty Comment: She’s been with UM for 22 years and every one of her grants has gone into a no cost extension because of this hiring issue.

Faculty Comment: Asked the leadership if the information they are hearing is something new or not. They responded it is not new, but it is beneficial to hear it firsthand.

Faculty Comment: Medical school education is part of everything that the faculty members do here. It’s not perfect.

Faculty Comment: Information technology is very fragmented. They don’t always know the information. HR also has internal fragmentation issues. The required culture transformation with an 8 hour lecture does not work. We need to create a seamless user experience for the Faculty like that exists in other outside industries.

Faculty Comment: Lack of support for junior faculty.

Faculty Comment: what junior faculty need to do well is a stable environment in which they can grow. Unfortunately, over the past five years, the medical school has been very unstable with the layoffs in 2012, hiring freezes and constant changes in all levels of administration. Especially, we saw Sherri Keltz leave who was the head of faculty affairs. Junior faculty have been left to fend for themselves in a very hostile environment where they are constantly attacked as opposed to being supported.

Faculty Comment: Services and infrastructure needs to be improved. There is massive inefficiency and over bureaucratization.

President Frenk then thanked the faculty members for coming. He’s grateful for the opportunity to listen to all of the comments. Dr. Steven Altschuler has been bringing all the issues to the President’s attention. He tries to meet as much as he can with every faculty. He is aware of the issues and is renovating all of the leadership at the University. They are committed to addressing all of the challenges.

Mr. Richard Fain is aware of the issues. Everything he heard today, he’s heard before, but he was actually able to feel the passion. Usually what he hears in his own company are personal issues (i.e. not being paid enough), but he didn’t hear any of that today. He heard that UM has a professional problem, which is very encouraging to him. It’s easier to change a private enterprise than a public one. The issues that he’s heard are process driven.

Dr. Carl Schulman thanked everyone for coming.

Meeting adjourned at 6:43pm by Dr. Carl Schulman, Speaker of the Faculty Council

Next meeting scheduled to take place on June 27th, 2017 at the SCCC- 1301 Conference Room.