# SCHOOL OF MEDICINE

# GENERAL MEDICAL FACULTY

# FACULTY ADVISORY COMMITTEE AND FACULTY SENATORS

## QUARTERLY MEETING AGENDA

# 5:00 P.M., MONDAY, AUGUST 7TH, 2023 Dean's Conference Room 15<sup>th</sup> floor Murphy and via ZOOM

### **Members Present:**

Nakeisha Pierre, Louise Lawson, Kristin Bateman (taking minutes), Heather Machado (Zoom), Zongbing You, Jia Fan, Christine Bojanowski, Chancellor Donald (Zoom), Katherine Cox (Zoom), Erin Boh, Sarah Lindsey, Sam Landry, Aimee Aysenne, Rizwan Aslam

## WELCOME AND INTRODUCTIONS

CHAIR OF GENERAL MEDICAL FACULTY ......NAKEISHA PIERRE

Meeting called to order at 5:02pm. Welcomed by Dr. Pierre. Members present introduced themselves.

Dr. Pierre reviewed the responsibilities and duties of the Faculty Advisory Committee. The FAC consists of 12 elected members, including chair, vice-chair, and secretary, faculty in clinical and basic science roles. They recommend actions to the GMF when appropriate, provide feedback on GMF meetings, consult with officers on matters of policy, and review the budget. FAC members should also make sure colleagues are aware of who you are and your representation on GMF – try to solicit colleagues to bring up concerns and provide live feedback. Remind them that Dean Hamm is connected to addressing these issues. We can call special meetings if necessary.

## UPDATES FROM THE DEAN

DEAN..... L. LEE HAMM

FAC and Faculty Senate have overlapping responsibilities. FAC originated to have small conversations about things going on with the school; additional way to know what's going on with the school and communicate with faculty members – why, what, and so on. Senators – forums to discuss items appearing in senate. By having dual groups, it enlarges the group to have these conversations, or if issues within senate that can be discussed with school leadership and fellow faculty members across departments. The important role of faculty involvement directs

where the school goes, how we collect feedback, and the progress of GMF. Committees are excellent way to do that and we will be better school the more faculty are involved in individual work, department work, and school in setting an agenda. People come from very diverse perspectives (for example, basic vs clinical sciences – each department unique).

Education: year kicked off with residents/fellows on 7/1, have spent the past 3 days with new med students starting, BMS students start in a few weeks. Let's gear up and put on our best faces. Gear up for new challenges. ~40 residency programs – for most part all doing better. LCME visit last 3 years ago – did pretty well, always some things to monitor – security, student involvement in research. Just received graduation questionnaire last week – will be presented to executive faculty in few weeks. Always room for improvement. Part of the students who think we don't do as well as we think we do – quality of medical education (fewer 5/5s than natl avg, more that are straight in the middle). Students though say they're very happy. Next accreditation in 3-4 years, will start working on it next year.

Research: overall numbers doing great. Up 25%. Getting larger grants.

Clinical: working on integration and relocation to East Jefferson. Stage is mostly planning – still planning move for early 2024, still looks like bulk in January, then April. Physician integration is moving much slower than anticipated. UMC has new leadership – changing how doing different directorships – fit into category of unknown (operational, financial, educational). UMC is important to Tulane – about 60 people applied overall, with ~20 from Tulane – good Tulane representation. Children's hospital with new leadership, undergoing some changes.

This academic year will certainly be one of change, which emphasizes the critical role of communication. Plan for town hall in September with updates re: space, hospital, research. Downtown will remain ER, many clinics. Hutchinson 7<sup>th</sup> floor renovation in January. Dept of Medicine being moved from 7<sup>th</sup> floor Hutchinson to 7<sup>th</sup> and 8<sup>th</sup> floor of Murphy.

Dr. Azlam is interim chair of ENT. Interim director of Tulane cancer center is Stefan Grant (chief of heme/onc). Interim head of child psych. Recruiting for AAU positions.

University-wide updates:

• AI – university leadership studying it to figure out where it fits as a whole, and what impacts it will have.

## UPDATES FROM FACULTY AFFAIRS

#### SENIOR ASSOCIATE DEAN......MARIE KROUSEL-WOOD

From last FAC – Updates on Post-Doctoral contracts regarding term limits and at will employees verbiage – followed up with provost – it is 1 year contract. Reason language was added because faculty had gotten into situations where recruited and had 3 year contract and within 6-12 months it was clear relationship wasn't ideal, which led to needing to keep individuals here and pay them

when they weren't productive. Overall, very few contracts aren't renewed. But verbiage allows for a way out for faculty. Contracts have to be reviewed and renewed on annual base, which gives the post-doctoral candidates an opportunity to negotiate. The verbiage had been added at request by faculty.

Question from Dr. Azlam – He has been connecting with private physicians, who have expressed interest in Tulane faculty appointments. What goes into an adjunct appointment, and is it non-paid? What specifically can we tell them and we work to help build bridges?

- Scott to set up meeting with Dr. Azlam and Dr. Krousel-Wood re: ENT
- Over 1200 volunteer faculty as part of Tulane faculty currently they contribute to the Tulane mission
- For community-based faculty not engaged in scholarship, can be offered instructor level appt, which is a part time nonsalaried adjunct position, and does not require LORs. It can be reviewed and approved within 24hr to allow immediate effect. If they are engaged in scholarship, the adjust appointments require similar requirements as full time faculty for assistant, associate, and professor.
- Working on new track clinical professor of the practice allows to engage community faculty with clinical achievements without requirements for scholarship. Distinct title separate from faculty who engage in scholarship.
- Adjuncts go through full P&H review must meet same criteria as our faculty.

Do clinical POPs have opportunity for salary? Yes.

Any expectations for education tied with instructor role? (Dr. Pierre) Any faculty appointments should be at terminal degrees (i.e. MD, PhD, etc). Allow for instructor as non-terminal degree, (i.e. NP, etc) – can go from instructor to senior instructor. Require valid licenses and have completed training referenced on CV, verified by dept chair as contributing to faculty roles. We don't have honorific physicians at Tulane.

Dean Hamm – quick turn-around for instructor for when we need them to teach our students or residents (we don't do a quick turnaround just because they want it right away, but more so when Tulane requires it). Want to make sure not to de-value title that Tulane faculty have worked hard to get.

Dr. Boh – if non-Tulane physicians want to be quickly put on as adjunct, make sure it's not just to get residents to take their call (i.e. not to just get clinical coverage)

## FACULTY FEEDBACK

## SUPPORT FOR TULANE CLINICS DURING TRANSITION......ERIN BOH

• A lot of people coming up asking how this is going to work. We need more frequent communication. As we start planning, starting hearing what potential issues will be. Start talking about day-to-day operations to figure out where glitches will be. As we start to transition, will we have duplicate clinics (at

downtown and EJ? If both, who's supporting them?). If going to keep multiple places open, need to make sure multiple places work (i.e. if computer issue downtown, who to call)

- Will we have food at EJ? There is a faculty cafeteria at EJ now.
- Need to bring specialists at each facility together still
- So many unknowns
- **Need to make sure Tulane is still functional while we are still there**. Who to contact? Lisa Lodge? Problem is that LCMC doesn't know meditech or ecw. Lack of support becoming more and more apparent.

## MORATORIUM ON PREMED SHADOW STUDENTS......NAKEISHA PIERRE

- In high acuity settings (critical care, OR), historically premed students get credentialed to shadow. Had been told high acuity units were on moratorium. Per Dr. Mauldin, there were questions and concerns about process. There is a credentialing process in place all students and paperwork must be submitted to CMO for approval, anticipate no issues if documentation complete. Less streamlined than previously submit it well in advance (not same day)
- Required paperwork located in hospital staff office (2<sup>nd</sup> floor of TMC) Chanelle is super receptive. Paperwork to be forwarded and distributed to all (see Dr. Pierre's email). It is a hospital function, not the medical school. Finding way to streamline it.
- In process with being addressed more thoroughly
- $\circ$  Unclear if misinterpretation of bylaws by new medical staff or if bylaws need to change 1 of 2 will happen.

# OPEN GROUP DISCUSSION ......FAC AND SENATORS

Dr. Boh: regarding graduation survey responses

- Students don't really understand what ACGME requires. It would be useful to
  educate students on what happens with survey, what goals of survey are, and how
  we use the results. Many institutions educate employees on what questions are
  about. Communications about why's and how you answer are super important.
  Educating students on significant of answers and why we do what we do may help
  our survey responses.
- Survey responses from LCME get file of individual comments in addition to numerical score

Hutchinson  $7^{\text{th}}$  floor construction – primary purpose is to make more labs for research. There will be offices for those associated with the labs. Adds room for ~20 investigators.

- Not quite out of space in Hutchinson, on the edge. Space to be recruited into microbiology, pharmacology

- Hospital space is going to be saving grace to bridge to when Charity construction is finished
- Virtually no activity at Charity probably not until after 2026
  - Some of financing as interest rates shifted dramatically needed to get back on track. As of 6 weeks ago, they had a path to get it back on track
- Development of outdoor space plan for changes outside to Hutchinson, JBJ
- Hutchinson 6<sup>th</sup> floor construction delayed 1 year related to mass spec (loss of research space) email Dean Hamm and reach out to Dr. Delafontaine

Hurricane season

- Have temporary back-up generators for Hutchinson; JBJ has adequate back up; Murphy, Deming have back-up generators.

Legacy admissions to universities

- Senate proposal to have university motto examined by committees. Sounds like it's talking about legacy. Who is us and they? Uptown vs downtown meaning – makes sense downtown as giving back to the community, but can uptown campus make that claim?

CHAIR OF GENERAL MEDICAL FACULTY	Nakeisha Pierre
Adjournment	

Meeting adjourned at 6:17pm.

The next meeting will be held on Monday, December 11<sup>th</sup>, 2023 at 5pm.