

MINUTES OF THE EXECUTIVE COMMITTEE OF THE FACULTY SENATE

March 24, 2016

Present: Drs. Aaron, Ellis, Finley, Fridman, Kim, Lerner, Meert, Puscheck, O'Leary, Rossi, Thomas, Vaishampayan, and Welch

Absent: Drs. Rowley, Shisheva, and Wozniak

Also Present: Dr. Delaney-Black, N. McIntyre, and R. Cooper

- 1. Call to Order:** The meeting was called to order by Dr. Meert at 3:03 p.m.
- 2. Approval of the Minutes of March 10, 2016:** The minutes of the last meeting were approved as submitted. Dr. Sobel will review for possible additional redacting before posting.

3. Personnel Appointments:

The proposed appointment of Maha Elhassan, M.D. as Assistant Professor of Pediatrics (Clinician-Educator) was approved.

The proposed appointment of Raul Davaro, M.D. as Clinical Associate Professor of Medicine was approved.

4. President's Report:

Report from the EC Subcommittee on Factors and Guidelines for Promotion and Tenure: The Dean had asked for a requirement of a minimum of 25% of Research Educator faculty salary covered on grants for the P&T process. The Subcommittee suggested replacing "requirement" by "expectation." Dr. Sobel is coming to the EC meeting today to discuss this issue. The Subcommittee also had a question as to whether the funding had to be national or international or could be from the state or other significant sources.

5. Dean's Report:

a. Residency match: The match was not good. There has been no increase in residency slots, despite the increase in candidates from new medical schools, osteopathic graduates, and increase in international graduates, including those from Caribbean medical schools. Thus, there has been an increase in non-matching graduates from our medical school. A solution is to reduce the number of international medical graduates accepted into residencies. The DMC had the largest number of WSU SOM graduates this year. However, we still have a core of graduates who will not have a residency, but yet will have significant debt. We shall re-examine our admission and promotion policies. We should not admit to Year 3 a student who is not likely to get a residency position. We have to identify students early who are not likely to succeed. Repeating a course or a year is a bad sign.

b. Canadian students: In-state students pay about \$45K for annual tuition, and out of state students, \$64K. We also have 100 Canadian students, and they are suffering from the decline in value of the Canadian dollar, so that their tuition is now greater than CAN\$90K. Also, they are limited in the amount of borrowing they can take in Canada, and they are not eligible for Michigan funding. Dr. Sobel went to the AAMC

Deans Meeting to suggest going to the Canadian Ambassador about bank remedy, but there seemed to be no interest in pursuing this issue. Dr. Sobel will meet with the students to discuss it further.

c. Factors and Guidelines for Promotion to Associate Professor and Professor on the Research-Educator Track: Dr. Sobel presented a revised Factors and Guidelines document with indication of the respective suggestions by the EC Subcommittee and by Dr. Sobel. He asked that the EC consider these suggestions and vote on his suggestion. It was agreed by the EC that the members would review the revised document and vote by e-mail with a deadline of 3/28/16 as to whether to accept Dr. Sobel's version. Dr. Rossi pointed out that grant submissions could be discussed with the Chair, so the faculty salary coverage could be agreed upon. Mr. Hefner stated that if expectation is the terminology that is used, then there would have to be accountability for the outcome. Dr. Puscheck pointed out that some faculty members don't fit the role of PI on grants, such as biostatisticians and some members of the PRB. Dr. Sobel admitted that there would have to be some exceptions to the expectations of a minimum salary coverage.

d. Negotiation with Tenet: Mr. Hefner stated that he has been working to get Tenet to agree with principles that had been presented at the SOM Leadership Retreat, which are certainly reasonable for an academic medical center. The Tenet leaders believe that the DMC is an academic medical center, and, although they state that they want the DMC to be an academic medical center, they seem not to understand the principles of partnership between a medical school and a "for-profit" hospital owner. Thus, the negotiations are struggling. As soon as they reach actual planning, the Tenet leaders seem not to understand. Historically, the recruitment and hiring of Chairs was by the School of Medicine with support from the DMC, but that was derailed by Mike Duggan. Since then, we have been dependent on increased control by the DMC.

e. FTA vs. FTE faculty: Dr. Sobel wishes to get this distinction behind us as soon as possible. Among clinical faculty, there are three categories: i) Clinical Voluntary Faculty are voluntary faculty whose principal responsibility is teaching. Thus, they are evaluated for appointment and promotion by standards that rest primarily on teaching. ii) FTE (Full-Time Equivalent) faculty are WSU paid faculty, although some if not all salary support is provided by UPG and other practice plans which passes through WSU. Furthermore, some additional salary may be paid directly to the faculty member from the practice plan. iii) FTA (Full-Time Affiliate) faculty are employed by another entity, but function according to academic criteria as for FTE faculty. The FTA status limits privileges of faculty members, such as the ability to participate in some WSU activities such as Executive Committee membership. Like Clinician-Educator (non-tenured) members of the FTE faculty, FTA faculty would not be eligible to vote on tenure.

f. Other problems with clinical faculty appointments: i) For many Clinician-Educator FTE faculty members, Ken Lee reduced their WSU salary status to 0.5, and then paid the other half of the salary and benefits directly from UPG. Thus, "equivalent" faculty members working side by side had different status. ii) Other clinical faculty in the DMC were simply employed solely by UPG and thus were FTA faculty without the privileges and benefits of WSU employment. It was concluded that we need to restore FTE status for all of our SOM faculty who work on our campus.

g. Henry Ford faculty: Moving toward merging of our research efforts with Henry Ford Hospital (HFH) is being considered. We are already very dependent on HFH for teaching of our medical students. The FTA status of HFH faculty interferes with

their participation in University activities such as the Executive Committee. We need to consider how to have HFH faculty participate in the Executive Committee, and we have to develop guidelines to permit their election to the EC. Dr. Rossi also pointed out that the FTA status of HFH faculty reduces the consequence of their promotion, since they would not receive a salary increase, unlike their FTE counterparts here who receive a salary increase upon promotion.

4a. President's Report (continued):

There was further discussion of the issues on Factors and Guidelines. It was felt by some that the issue of grant support is administrative, rather than an academic issue for evaluation of scholarship, and that the inclusion of a minimum number for percentage of salary coverage is counter to academic standards. The e-mail voting to be carried out by EC members was again described.

6. Nominations of Candidates for Election to the Executive Committee and the WSU Academic Senate:

Nominations were generated for the vacant Tenured EC Member position and for two vacant Clinician-Educator Member positions in the Executive Committee for the upcoming election. Nominations were also generated for SOM representatives in the WSU Academic Senate. All of these potential nominees will be contacted regarding their willingness to be a candidate and to serve if elected.

7. Adjournment: The meeting was adjourned at 5:26 p.m.

Respectfully submitted,

Stephen A. Lerner, M.D., Secretary, Executive Committee of the SOM Faculty Senate