Paul L. Foster School of Medicine  
2nd Annual Faculty Governance Retreat  
February 16, 2015  
Executive Summary

**Attendees**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Nassim Akle, M.D.</td>
<td>Radiology, Faculty Council</td>
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<tr>
<td>Elmus Beale, Ph.D.</td>
<td>Curriculum and Educational Policy Committee</td>
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<td>David Briones, M.D.</td>
<td>Faculty Hearing and Grievance Committee</td>
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<td>Rona Fagan, RN</td>
<td>Orthopedic Surgery &amp; Rehabilitation, Faculty Council</td>
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<td>Juan Figueroa-Casas, M.D.,</td>
<td>Internal Medicine, Faculty Council</td>
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<td>Trent Filler, DDS</td>
<td>Surgery, Faculty Council</td>
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<tr>
<td>Laxman Gangwani, Ph.D.</td>
<td>Biomedical Sciences, Faculty Council</td>
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<td>Herb Janssen, Ph.D.</td>
<td>Student Grading and Promotion Committee</td>
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<td>Darine Kassar, M.D.</td>
<td>Neurology, Faculty Council</td>
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<tr>
<td>Naomi Lacy, Ph.D.</td>
<td>Committee on Evaluation of Educational Programs</td>
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<td>Rajkumar Laksmanaswamy, Ph.D.</td>
<td>Research Committee</td>
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<tr>
<td>Amelia Leony-Carrete, LCSW</td>
<td>Psychiatry, Faculty Council</td>
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<td>Heidi Lyn, M.D.</td>
<td>OB/GYN, Faculty Council</td>
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<td>Sitratullah Maiyegun, M.D.</td>
<td>Academic Council</td>
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<td>Armando Meza, M.D.</td>
<td>Graduate Medical Education Committee</td>
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<tr>
<td>Jennifer Molokwu, M.D.</td>
<td>Family Medicine, Faculty Council</td>
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<tr>
<td>David Osborne, Ph.D.</td>
<td>Academic Council</td>
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<tr>
<td>Jesus Peinado, M.D.</td>
<td>Pediatrics, Faculty Council</td>
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<tr>
<td>Janet Piskurich, Ph.D.</td>
<td>Committee on Student Affairs</td>
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<tr>
<td>Dale Quest, Ph.D. (President)</td>
<td>Medical Education, Faculty Council and Academic Council</td>
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<td>Gustavo Rodriguez, M.D.</td>
<td>Committee on Continuing Medical Education</td>
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<tr>
<td>Navkiran Shokar, M.D., MPH</td>
<td>CFAPTA</td>
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**Not Present**

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<tr>
<th>Name</th>
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<tr>
<td>Paul Casner, M.D., Ph.D.</td>
<td>Institutional Review Board (IRB)</td>
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<tr>
<td>Henry Weisman, M.D.</td>
<td>Committee on Libraries</td>
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<tr>
<td>Arthur Islas, M.D.</td>
<td>Committee on Medical School Admissions</td>
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**Purpose**

This faculty retreat served to engage faculty members who would not otherwise have a forum to come together to discuss such issues. The purpose of this retreat was to:

- Identify issues important to the faculty
- To offer recommendations and ideas to help solve the issues
- Provide faculty input to the leadership for strategic planning
- Present results to the leadership for discussion at the strategic planning leadership retreat

**Discussion Groups**

Participants were given a list of discussion themes in advance and self-assigned to one of four groups:

- Relationships with Hospital Partners – Dr. Dale Quest, Facilitator
- Faculty Recruitment and Retention – Dr. Navkiran Shokar, Facilitator
- Clinical Operations – Dr. Juan Figueroa-Casas, Facilitator
- Barriers to Scholarly Productivity – Dr. Susan Watts, Facilitator

Each group reported their summary of issues and potential solutions.
RELATIONSHIP WITH HOSPITAL PARTNERS

Currently, most clinical faculty members have limited information regarding relationships with hospital partners. Discussion was sparse, but raised more questions as it was apparent that faculty members are too far out of the informational loop to identify issues beyond the central issue of a lack of information.

University Medical Center
- Concern that the missions of UMC and the medical school are not in alignment with regard to the bottom line and the missions to provide services and education

Westside Hospital
- Will there be extensive hiring for the new facility?
- Will the new hires be adjunct or non-salaried faculty expected to act as preceptors and teachers for graduate and undergraduate medical education?
- Are adjunct faculty equipped to assume a faculty teaching role?
- If clinical teaching faculty will be assigned primarily to one hospital, how will faculty within a department function as a department when they are separated in that way?
- Given that residency programs will initially all remain at UMC, will clinical teaching faculty assigned to the Westside Hospital will not have a role in graduate medical education?

New WBAMC Facility and VAMC
- What is the potential for partnering as a clinical training site?

El Paso Children’s Hospital
- Concern regarding the financial solvency of the institution and its impact on the Department of Pediatrics and the medical school

Issues/Solutions:
- The clinical teaching faculties are stakeholders, but receive very limited information regarding the medical school’s relationships with hospital partners.
  - Include PLFSOM clinical teaching faculty in the administrative planning dialogue to address the teaching mission to ensure that teaching will not be constrained by a conflicting service-oriented hospital mission.
  - Activate the Clinical Affairs Committee
- Apparent lack of dialogue and transparency in planning how faculty will be assigned and distributed between present partner hospitals and the new Westside Hospital, and the new Army Medical Center.
  - Appoint clinical teaching faculty liaisons to participate in stakeholder meetings for faculty to inform TTUHSC and hospital partners’ policy decisions in meetings where medical staffing, clinical operations, teaching, and teaching resources are on the agenda
  - Consider giving clinical teaching faculty in some departments, for example Pediatrics, flexibility to move as seamlessly as possible between two or more medical centers to provide continued involvement in both residency programs, fellowship programs, and still support elements of the clerkships and 4th-year curriculum to be located at the Westside Hospital

CLINICAL OPERATIONS

The discussions focused on the outpatient clinics.

Poor Customer Service
- Impairs quality of care
- Operations not oriented to customer/patients
- No competitive enterprise mentality
- Patients with options seek care elsewhere
- Comments: telephone service very insufficient or unsatisfactory, major obstacles to getting appointments even with commercial insurance, insufficient staff or space in some clinic
Low Efficiency of Operations
- Under-utilization of resources
- Slow patient flow in some clinics
- *Comments*: large percentage of no shows/not seen patients, ineffective scheduling process, multiple task assignments/distribution slows work flow of staff

Suboptimal EMR Functionality
- Impairs quality and efficiency of physician work.
- *Comments*: Lack of direct communication with other EMRs (UMC, other hospitals or clinics, lack of customization to improve individual effectiveness by different clinics, no spelling auto-correction, multiple forms to display and go through

Suggestions
- Decentralize control of processes to individual clinics to meet their needs. Change to a more unit/compartment type operations to increase efficiency and accountability. Increase physician involvement in design and implementation of these processes
- Tailor EMR to individual clinics by systematically gathering input and feedback from clinicians impacted

**FACULTY RECRUITMENT AND RETENTION**

A range of issues impacting recruitment and/or retention was discussed.

Geography
- Initially, people don’t want to come here
  - Though we did not explore a solution, we recognize the following:
    - If we can get people to come down for a visit, they will feel more favorably towards it.
    - Educate them on safety of El Paso and the benefits of a small-town type of environment

Benefits
- Leave: Faculty don’t want to restart clock after losing leave accruals from a transferring institution.
  - Remove the six month waiting period for being able to take leave for new faculty members
- Health Insurance:
  - Reduce co-pays or deductibles
  - Offer a PPO option so you don’t have to see a PCP for specialist referrals
  - Establish a dedicated telephone line for faculty and their family members for streamlined clinic scheduling
- Tuition Support
  - Offer tuition assistance for faculty member’s children and family members
- Retirement
  - Provide better clarity on the guidelines for receiving health benefits once you retire and the limit of the time you have to serve to qualify

Improve IT
- IT support for faculty members needs improvement
- Develop a better website; Difficult for faculty to find information
- Digital Measures (DM) is not very popular with faculty
  - Concern regarding use of DM for tenure and promotion process
  - Should be more user-friendly
  - Need to be able to generate faculty CVs

Improve HR and All Other Support Departments
- Improve processes for hiring staff to be more timely
- Staff salaries are too low
Committee on Faculty Appointments, Promotion, Tenure and Assessment (CFAPTA) Process

- Prevent tenure bid failure
  - Use recent examples as case studies to assess process
- Review committee composition
  - Revisit the role of chairs and deans on the committee
  - Include basic sciences and medical education on the committee
- CFAPTA review is perceived as a “black box”
  - Increase transparency of the process
  - Review processes and guidelines to re-establish confidence in the process
  - Assess whether T&P Guidelines are understood and applied fairly and consistently at every step from orientation, pre-T&P reviews, annual reviews by department chairs, CFAPTA review, and comprehensive performance evaluation
  - Ensure that applicants and reviewers at every step in the process have the same understanding of what constitutes scholarly activity (Boyer concept)
- Eliminate pre-tenure and promotion review with CFAPTA (limit to department chair only)

Start-up Funds

- Should not lose funding if not used by end of fiscal year
- Use different funding sources
- Should be available for at least 6 years or for the entire time a faculty member is at the institution

Interfaculty Connections

- Need to improve connections of faculty within departments and across campus; create a sense of “WE”
  - Provide opportunities for relationship building
    - Hold a medical school retreat
    - Hold faculty mixers

BARRIERS TO SCHOLARLY PRODUCTIVITY

At this time, barriers preventing faculty from being as productive as they would like to be, include:

- Time, by far. Much scholarly work must be done on personal time (nights, weekends)
- Training in how to do educational research.
- Funding. Need start-up funds and annual maintenance.
- Not enough knowledge about what resources are already available and what research is already being done on campus.
- Lack of incentives to publish after presenting at a meeting.

Faculty identified the following training or support resources needed:

- Fundamental training in how to do research
- Help with writing
- Medical illustrator to develop original materials
- Website with info about existing research resources
- In-depth courses and workshops on writing and statistical methods

Communication

- Make existing research resources broadly known, to include the Biostatistics and Epidemiology Core Lab, listing of ongoing research in both clinical and basic science areas, description of services available from the Office of Research (IRB, technical writing, data from EMR).
- Create a website containing this information as first place to start and include single point of contact for information.
- Continue data blitz sessions on campus.
Time and resources
- Develop incentives and rewards for scholarly work.
- Encourage manuscripts after poster presentations.
- Develop a local tissue bank.
- Hire/contract a medical illustrator when original artwork required for publication.

Misunderstanding of what constitutes scholarly activity
- Clarify tenure and promotion guidelines. Ensure that reviewers and applicants have same understanding of what constitutes scholarly activity. Ensure consistency from year to year.
- Broaden understanding and perceptions among faculty of full breadth of types of scholarly activities.

Training
- Address need for short courses on numerous topics including:
  - Writing workshops (e.g. how to write an abstract; planning and writing a manuscript; choosing a journal to submit to; writing in your second language)
  - Podcasting
  - Clinical epidemiology
  - Educational research