Interfaculty Council Meeting Minutes  
FY 2017 – December 14, 2016 – UCT-1726

Present:  Dr. Gurur Biliciler-Denktas, Dr. Ryan Quock, Dr. Lanny Ling, Dr. Jake Chen, Dr. Joan Bull, Dr. Marie-Francoise Doursout, Dr. Adil Solaiman for Dr. Veronica Gonzalez, Dr. Syed Hashmi, Dr. Heidi Kaplan, Dr. Jessica Lee, Dr. Amber Luong, Dr. David Marshak, Dr. Donald Molony, Dr. David Volk, Dr. Trevor Cohen, Dr. Amy Franklin, Dr. James Langabeer II, Dr. Elmer Bernstam for Dr. Dean Sittig, Dr. Ashley Clark, Dr. Matthew Lewis for Dr. Myron Arnaud, Dr. Stacy Drake, Dr. Allison Edwards, Dr. Rebecca Tsusaki, Dr. Craig Hanis, Dr. Linda Highfield, Dr. Frances Lee Revere, Dr. Ross Shegog,

Absent:  Dr. Joseph Alcorn, Dr. Veronica Gonzalez, Dr. Dean Sittig, Dr. Cameron Jeter, Dr. Elizabeth Scott, Dr. Myron Arnaud, Ms. KoKo Tawaki Taylor, Ms. Brittany Jewell, Dr. Michael Blackburn, and Mr. Eric Solberg

Guest:  Dr. LaTanya Love, Ms. Crystal Parker and Dr. Mohammad Zare

Ex-Officio Attendees:  Dr. Kevin Morano and Dr. Anne Sereno

Administrative Personnel:  Ms. Terrie Schade-Lugo and Ms. Yuliana Nunez

I. CALL TO ORDER  

Dr. Gurur Biliciler-Denktas, 2016-2017 IFC Chair, called the meeting to order at 11:36 AM.

II. APPROVAL OF THE MINUTES  

Dr. Denktas polled the members for any objections or corrections required to the minutes for November 16, 2016. Upon motion made and seconded, the minutes were unanimously approved.

III. NEW BUSINESS  

Faculty Diversity Engagement Survey  

Dr. LaTanya Love, MD, VP of Diversity & Leadership Development and Ms. Crystal Parker, MS, MPH, Director Diversity & Inclusion Office, McGovern Medical School

Dr. Denktas advised that the McGovern Medical School Diversity Committee circulated a Faculty Diversity Engagement Survey and she invited Dr. LaTanya Love and Ms. Crystal Parker to attend the IFC meeting to share the survey results.

Dr. Love advised that one of the things that the diversity office does is climate assessment surveys. Her office does separate climate assessment surveys for faculty and students, as faculty and students have different issues. The plan is to be able to roll out the survey to the other five schools, every other year. Dr. Love expressed that having a benchmark across the health science center allows opportunities to talk about best practices when the results are widely different between the schools. The purpose for the surveys is to ensure that our culture and climate are inclusive and one that fosters innovation and diversity striving for institutional excellence. We are very proud of our diverse community appreciate all of our differences. What are the goals? To provide our leadership with evidence that there is specific recruitment retention strategies and data driven decisions may be made. The McGovern Medical School (MMS) survey had 542 respondents for an approximate 40% response rate of the faculty with more males than females responding. A frequent concern is anonymity of surveys; we do stress to faculty that it is an anonymous survey.
Ms. Parker discussed the overall results of the survey. A copy of the overview is attached and made a part of these minutes.

Some MMS Results:
- Concerns about the design:
  - The demographic questions made it difficult for some respondents to trust the anonymity of the survey (as expressed in comments);
  - Many respondents did not answer questions regarding LGBT, veteran, and disability issues;
- Overall responses between men and women were not significantly different;
- Many respondents felt that diversity and inclusion at MMS is palpable and adequate;
  - These sentiments were significantly different among African American respondents;
- A major area of concern:
  - African American faculty need greater recruitment and retention efforts.

How will we use the collected information?
- Share with leadership any areas of surprise (favorable and unfavorable), general trends and persistent trends (as compared to previous years);
- Discuss with various leadership committees to find ideas on how areas of concern might be improved;
  - What can be done quickly with limited resources?
  - How will the results impact the long term strategic plan?

Major areas of concern will be addressed by the creation of 2-3 SMART goals (specific, measurable, attainable/agreed to, realistic, timely) for each of the “lowest” scoring items.

Dr. Love advised that the survey would be customized for each school. She expressed that they need and appreciate the IFC’s support, stating that she encouraged the IFC members taking the information back to their school faculty councils and committees. They are working on distributing this survey early in January 2017.

Questions/ Discussions/ Information:
- Presentation was a summarized version of the whole survey results presented to the McGovern Medical School Diversity Committee.
- Dr. Love advised they are trying to do climate surveys to identify weak points across the health science center.
- How does McGovern Medical School compare to the other medical schools?
  - Dr. Love advised that we do not have the results from the other schools; however, we are working on developing a little consortium in Texas utilizing the same diversity benchmarks. It is useful to benchmark ourselves with sister institutions (e.g., UTMB, San Antonio, and Southwestern) because we are serving the same demographics and attracting similar faculty.
- Survey questions included the following:
  - Faculty shared that they were uncomfortable with some questions, for example: How do you think African Americans feel here in the medical school? It was requested that information be provided as to why these questions are being asked.
    - Ms. Parker advised that they were limited because they did not want to drastically change this survey so that they could compare to the previous survey.
Ms. Parker advised that the AAMC promotes the Diversity Engagement Survey that they do with the University of Massachusetts. It was used along with an old survey UTHealth did in the past when this survey was created.

- Faculty requested whether the survey could be provided to the IFC to review and comment.
- How well did the demographics of participants correspond to the overall demographics at McGovern Medical School? What does the participation and non-participation of certain groups say about diversity?
- Is there a faculty liaison or some liaison in each of the six schools that communicates with your office?
- Dr. Love advised that recently they provided a diversity inventory survey to all the deans asking:
  - Who is the point person?
  - What are we doing in each school to address the issues?
- Currently, three of six schools have responded.

Dr. Love indicated she would be willing to come back to the IFC to discuss the survey in greater detail; however, it is going to take several hours of discussion and possibly a small committee of IFC members would be a more efficient means for these discussions.

Further discussion included how the IFC could endorse their support.

**Understanding Physician Burnout in a Safety Net System and Possible Solutions**

*Dr. Mohammad Zare, MD, MS, Chief of Staff, Ambulatory Care Services, Harris Health System, Vice Chair of Community Affairs*

Dr. Zare provided a presentation on medical staff burnout in the Harris Health System. A copy of the presentation is attached and made a part of these minutes.

**Initial assessment:**
- Over 220 primary care faculty from two medical schools that work for Harris Health were studied over two years with two different kinds of tools.
- The first was a generic survey meant to capture areas needing immediate attention.
- The survey results led to many initiatives at the organizational level aimed to improve the work environment and work-flow design.

**Providers Concerns included:**
- Administrative Time
- Access to Specialty and PC services.
- Autonomy: Controlling templates, schedules, and panel management
- Provider input into practice, Respect.

**What is Burnout:**
- Exhaustion of physical or emotional strength due to prolonged stress or frustration;
- Burnout impairs judgment;
- Decreases physician’s ability to treat their patients; and
- Frustration, anger, and resentment have a personal impact.
Survey Retake:
- Study of physician burnout has changed from speculation to a real challenge.
- Burnout needs to be measured with valid instruments.
- This study aimed to stratify factors contributing to burnout and describe the leading trigger areas.
- A retake of this survey to evaluate the impact of the changes was augmented by an entirely new section targeting burnout and work-life balance.

Outcome of Study at HHS-ACS:
- The result of this study has led to an agreement with executive vice president of Harris Health for both UTHealth and BCM primary care physicians and nurse practitioners (family medicine, pediatric, internal medicine) to have 4 hours per week of their clinical time blocked from seeing patients. This time will instead be used as “clinical follow up time” to work on their charts documentations, refill requests, lab results follow up, etc., instead of doing this work at home.
- We realized from the survey that this additional work has contributed to physician burnout, dissatisfaction, and stress. We hope this will allow medical staff to balance their work and life wellbeing for themselves and their family.

Questions/ Discussions/ Information:
- Physicians need to delegate more. Has a study done been done on allied help, personnel, and nurses, and PAs? Before you can just delegate you have to have buy in from these other groups. Are there any plans to hire more staff?
  - Developed two models, one is the nursing model. There is a direct nursing and indirect nursing. Indirect nursing is responsible to managing the In-baskets.
  - We are asking our medical staff to have a 5 minute early huddle with direct nurses to discuss cases; and that information is provided to the indirect nurses to assist with preventing interruptions throughout the day.
- Are you using scribes?
  - No, we do not, that is another challenge. Harris Health decided from the beginning that there would be no scribes, the physicians have to type.
- Dr. Morano asked to hear from the other school representatives regarding burnout, is it being seen in research, teaching, or is it more clinically active?
  - School of Nursing: We are practicing, teaching, and developing curriculum; working on and off the clock and during weekends, which interferes with family.
  - School of Public Health: We have significant amount of pressure on the research side as well as now we need to increase student credit hours, which means class size is increasing and student demands are increasing.
  - School of Dentistry: With the retirement of senior faculty and non-replacement of those faculty, junior faculty trying to get established and are assuming a lot of teaching responsibilities, which they accept and will do well. However, the extra responsibilities take away from time that things need to be done and there is less incentive for staying inside this environment.
    - Has there been a comparison between Harris Health and a private environment to see what the burnout rates are there?
      - Dr. Zare advised that the comparison between national level and our level, is parallel.
  - School of Biomedical Informatics: We are experiencing much of what has been mentioned. We are supposed to bring in revenue through teaching and grants. Our student body has increased
and grant funding is hard to come by; however, even when we attain it, our teaching responsibilities do not necessarily decrease.

- Graduate School of Biomedical Sciences: Both representatives are based in the McGovern Medical School and stated their main job performance criteria is attaining research grant funding, which is a very stressful situation at this time.

IV. UNFINISHED BUSINESS

UTFAC

UTFAC has met several times and the Health Affairs Subcommittee is concerned with academic time. Short term plan is there is now a steering committee that is charged to work on faculty and administration issues being experienced; the long term plan is to lead the nation on solutions. Drs. Biliciler-Denktas and Sereno want to create an Academic Times Survey that would be distributed on our campuses to solicit feedback/suggestions from the faculty and administrators that may be useful to either reduce expenditures or, where to make things more efficient. The survey was in the meeting materials packet and Dr. Sereno requested feedback from each of the schools. A copy of the survey is attached and made a part of these minutes.

Last year, there was an initiative on shared governance. A White Paper was done and distributed to all campuses. Now the governance subcommittee of the UTFAC is planning to visit each of the campuses with other UT System officials.

HOOP 192 – Academic Titles

Regents’ Rule 31001- Faculty Appointments and Titles

The information provided was furnished after the Board of Regents’ approved the new additions to Regents’ Rule 31001. This topic will be brought back to the IFC scheduled meeting in January 2017.

V. ANNOUNCEMENTS

ASSOCIATE VICE PRESIDENT ANNOUNCEMENTS

Dr. Kevin Morano

Dr. Morano provided an update from Charles Figari regarding UTHealth employee’s utilization of care.com for the month of December 2016.

- Our internal goal was 6% enrollment by the end of the first year; UTHealth is at 5% enrollment to date;
- We have 326 employees enrolled at uthealth.care.com;
- As of December 14, 2016, there have been 25 days backup care either already utilized or reserved; and
- There are 10 people who have used or booked care for the month. This is great utilization of the services.

We did have a few bumps in the road at the beginning but this company is doing everything possible to make the inconveniences right with the individuals affected. Please let us know if there are any problems being experienced.
Regents’ Outstanding Teaching Awards notification was sent on December 1, 2016. We were notified that UTHealth may only submit half the number of applications from previous years; therefore, the number of applications have been cut in half this year for each school. The schools are conducting their internal selection processes and final nomination packets are to be returned to the UTHealth Office of Faculty Affairs & Development by February 3, 2017. The UTHealth university wide review committee will provide their recommendations to President Colasurdo and he will submit his nominations to Executive Vice Chancellor Greenberg’s office by March 17, 2017. UT System estimates that awardees will be notified on or before June 1, 2017, which includes an awards presentation dinner to be held in August 2017.

VI. MISCELLANEOUS DISCUSSION
None.

VII. ADJOURNMENT
A motion was made and seconded to adjourn the meeting. The meeting adjourned at 1 PM. The next IFC meeting is scheduled for Wednesday, January 18, 2017.

Respectfully submitted by Yuliana Nunez on 1/9/2017.
Approved by Interfaculty Council on 01/18/2017.