

Present: Drs. Becker, Burnett-Bowie, Burstein, Connelly, Dunn, Khoshbin, King, Kohane, Mehrotra, Morton, Nagler, Nour, Pomahac, Poussaint, Rexrode, Sieberg, Stone, Struhl, Tarbell, Weinstein.

Guests: Drs. Dienstag, Golan, Hundert, Silbersweig, Westlund; Ms. Lewis

Staff: Mss. Hecht and St. Louis; Dr. Lensch

Dean Tarbell called the meeting to order at approximately 4:05 p.m. She asked for and received acceptance of the minutes from the February 14, 2018 meeting, as submitted.

She reviewed the meeting agenda and introduced Dr. Hal Burstein, Faculty Council Vice Chair.

Dr. Burstein thanked those who have volunteered for the burnout/wellness Task Force. A Doodle poll will go out to schedule the first meeting. The hope is to have three meetings before the last Faculty Council meeting of the academic year, with the hopes of reporting back at the June 13, 2018 meeting. If there are other who would like to participate, please reach out to him.

Next, Dr. Burstein gave an update on the Faculty Council Vice Chair election. There are three candidates for the vice chair. Everyone will receive an email ballot with their statements and deadline for responding. The announcement of the new vice chair will be done at the April 11, 2018 Faculty Council meeting.

Next, Dean Tarbell introduced Dr. Maureen Connelly, HMS's Dean for Faculty Affairs and Ms. Aili Lewis, HMS's Executive Director of Institutional Planning and Policy to discuss a review of the school's by-laws. Following their discussion, the Council will need to make and approve a motion to amend the by-laws.

Ms. Lewis stated that previously HMS did not have by-laws and working towards the LCME accreditation the school is reviewing all areas of compliance and areas where we were not compliant in the past. The intent of the by-laws is to lay out responsibilities and privileges of its administrative officers, faculty, medical students, and committees, and that these by-laws are made available to the faculty.

Faculty Council is the monitoring and approval body, with the Office of Faculty Affairs in partnership with the Office of Institutional Planning and Policy acting as administrative leads.

Dr. Connelly discussed gaps identified including:

- Clarity around appointment of clinical department heads
- Language describing the "final authority" of the Admissions Committee and Educational Policy and Curriculum Committee (EPCC) was missing – key LCME requirements

- The governance structure for graduate programs was out of date – new Program in Graduate Education
- Other small clarifications

Two documents, a clean version and a track changes version of the suggested edits were sent to the Council in advance of the meeting.

Dr. Connelly and Ms. Lewis lead a brief discussion.

After some discussion, Dean Tarbell said, “I call for a motion that the Faculty Council accept the proposed revisions to the by-laws. So moved?”

The motion was seconded by Dr. Burstein.

Dean Tarbell then asked by a show of hands:

All in favor: 18

Opposed: 0

Abstained: 0

The records show there was not a quorum due to the low attendance caused by the day’s storm, and it was decided that given the circumstances, an electronic ballot would be sent to those who were unable to attend, to vote on this motion.

Electronic Ballot Votes:

All in favor: 16

Opposed: 0

Abstained: 0

The results of the electronic ballot in combination with the in-person votes provided a quorum. With a total vote of 34, all in favor, the Faculty Council voted to accept the proposed revisions to the by-laws.

Dean Tarbell introduced Dr. David Silbersweig, Department Head and Stanley Cobb Professor of Psychiatry at BWH and chairs the Faculty Sub-Committee (Standard 4) of the LCME Institutional Self-Study (ISS) Taskforce to discuss this taskforce.

Dr. Silbersweig discussed the timeline for the 2019 LCME accreditation. The ISS is due in October 2018 and the taskforce meets on a monthly basis. Dr. Silbersweig went on to briefly discuss the 5 different elements that need to go into the LCME report.

LCME Standard 4- the overall Faculty Preparation, Productivity, Participation and Polices.

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1- Sufficiency of Faculty

- *Evaluate the current and anticipated adequacy of faculty numbers, specialty and discipline mix, qualifications, and availability to support the medical education program and the other missions of the medical school.*

Dr. Silbersweig explained that given size of the HMS faculty and diverse distributed nature of our faculty and affiliated institutions, we have to show how things get coordinated and how these relationships work.

4.3- Faculty Appointment Policies

- *A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve the faculty, the appropriate department heads, and the dean, and provides each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.*

Dr. Silbersweig mentioned that this was an area HMS was cited on last time, so it is flagged as a risk.

4.4- Feedback to Faculty

- *Comment on the adequacy of the policies and procedures related to provision of feedback to faculty about their academic performance and progress toward promotion and tenure (if relevant).*
- *Is there evidence that faculty are regularly receiving such feedback?*

To this point, Dr. Silbersweig stated that members of the Faculty Council and Faculty Subcommittee will be asked.

4.5- Faculty Professional Development

- *Evaluate the adequacy of opportunities for professional development to enhance the teaching, assessment, evaluation, and research skills of the faculty and their knowledge of their disciplines.*
- *Is faculty development accessible/available to faculty at all sites and is faculty participation supported by the institution, including providing sufficient resources for faculty development efforts?*

Next, Dr. Silbersweig proposed the following focus group questions for the Faculty Council to discuss. The following is a summary of the questions and discussion brought forth by the Faculty Council.

1. Do faculty understand the paths to promotion and other faculty policies? (Element 4.3)
 - What can be done to improve the dissemination and understanding of faculty policies?
 - The Faculty Council members raised concerns regarding those who do not come for promotion. The members discussed whether there is a mechanism to reach out to those who have not reached promotion/progression in their academic career? This may warrant a need to capture the rank and file of faculty and durations at rank.
 - Several members remarked that this does occur during annual career conferences reappointment. This data is in its first year of collection for assistant and associate professors and assessment of time at rank. This is not being done for Instructors.
 - The council also remarked that those who teach locally as instructors are not necessarily on the path to assistant/associate professor.
 - There may be a “dead end” feeling among faculty who do not wish to advance to full professor.
 - How should the medical school approach this from the LCME perspective? Should there be differentiation between the clinical and teaching versus research tracks?
 - Distinguished clinicians who are not Professors may feel alienation and dissatisfaction in their role at HMS. What can be done to integrate and recognize their accomplishments?
 - Suggestion for a special rank designation (such as “Clinical Professor”, which is done at other medical schools). However, this may be too complicated for HMS to address before the 2019 LCME site visit.
 - The council also inquired whether there is a sufficient understanding of the differentiation between Assistant and Associate Professor.
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2. How do faculty feel about mentorship opportunities and annual career conferences (ACC)? (Element 4.5)
 - Do instructors and other ranks have appropriate mentorship resources?
 - The HMS Office for Faculty Affairs has robust ACC data from departments. Should the medical school validate the conduct of these ACC with a direct survey to faculty?
 - Among the Council, the general consensus is that AACs are conducted, but there may be some outliers in particular departments
 - There is scarce data on whether Full Professors receive regular feedback. These data exist for Assistant and Associate Professors.

- Should the Faculty Subcommittee consider asking faculty directly about mentorship and other development opportunities, and compare this data with that reported by the departments?
 - MGH, BWH, DFHCC faculty regularly receive surveys on mentorship.

- 3. What is your opinion on the state of diversity of HMS Faculty?
 - What can be done to improve recruitment of URiM faculty?

 - Largest LCME concern of HMS students is the lack of diversity among the faculty (as evidenced in the 2018 Independent Student Analysis)
 - The Council suggested preemptively engaging students in faculty diversity discussions to assess student perspective of the faculty. A lack of student engagement may translate to an impression that HMS is not concerned with issue of faculty diversity.

 - The medical school's leadership should be involved in creating environments where there is more exposure of all students to URiM faculty.

 - Increased group mentoring sessions involving diverse faculty members. Perhaps the medical school can create library of videos featuring URiM faculty who share their career advice with students.

 - Diversity discussions regarding URiM should include students and faculty with disabilities and those who identify as LGBTQ .
 - Can the medical school call on underrepresented faculty to increase their visibility among students?
 - Faculty events for URiM populations at HMS should be held frequently and integrated within curriculum. From the LCME perspective, this can help to be inclusive and invite students as well.
 - Understanding of Assistant Professor versus Associate Professor ranks– are there more pronounced URiM gaps within these ranks?

 - Women faculty: Do HMS students (~ 50% women) see a 50% representation of women instructors and faculty in class and in the wards?

 - Percent of clinical effort and percent of teaching effort can be looked at in more detail by stratification of data by gender
 - This data is known for a subset of faculty who have clinical teaching hours at promotion.

- Women may be more likely to identify themselves as clinicians and teachers. How can we look into these gender differences?
 - Perhaps during PCE rotations, we can ask students to report who is teaching?
 - Ask clerkship directors who they ask to give key sessions and interactions in clerkships with students. What about the composition of ward teams? This can also affect the perceptions of students.
4. Other HMS Faculty concerns or issues which warrant further discussion with the Faculty Subcommittee?
- Faculty wellness and burnout
 - BWH has conducted an anonymous wellness survey among their faculty and residents
 - Sexual harassment reporting – any areas for focus? For faculty, Title IX policies and procedures, and reporting? Where are these policies and how are they disseminated to faculty and instructors?
 - Title VII in hospitals and sharing of information across hospitals
 - Lack of consistent data sets for faculty across institutions.
 - Can we establish a standard set of questions to compare institutions and make this a scheduled task conducted over defined time periods?
 - Career Counseling by faculty – The ISA has rated HMS career counseling as unsatisfactory
 - Opportunity to appoint specific groups of faculty to attack ISA issues in collaboration with students
 - Suggestion for mentoring of students interested in specific research areas with mentors outside of their disciplines, which may lead to more open discussions with diverse faculty (these programs exist in the medical school).

Poorly rated clerkships - The institutional learning environment initiative will collect this data and report to CEOs for quality improvement.

After some discussion, Dean Tarbell adjourned the meeting at 5:27pm.