

**Minutes of the July 2012 Faculty Council Meeting
Tuesday, July 10, 2012, 5 PM
Hugh Hill Conference Room**

Officers Present:

President –David Quillen
Secretary – Jean Cibula

Vice President – Kevin Brown

Officers Absent:

Past President – Marilyn Dumont-Driscoll
Treasurer –Frank Bova

President Elect –Nancy Hardt

Department Representatives Present:

Nicole Dobija - Anesthesiology
Sue McGorray – Biostatistics
Robyn Hoelle – Emergency Med
Kelli Komro – HOP
James Resnick – MGM
Jean Cibula – Neurology
Nashat Moawad – OBGYN
Kevin Raisch – Otolaryngology
Psychiatry – James Byrd

Kevin Brown – Biochemistry & Molecular
George Samraj – CHFM
Cindy Prins - Epidemiology
John Hiemenz – Medicine
Gregory Murad – Neurological Surgery
Susan Semple-Rowland – Neuroscience
Robert Matthias – Orthopaedics
Marguerite Hatch – Pathology
Scott Peterson – Radiology

Absent:

Steve Anton – Aging
Sanford Boye – Ophthalmology
Carolyn Carter – Pediatrics
Peter Sayeski – Physiology
Saleem Islam – Surgery

Maria Zajac-Kaye – Anatomy
Robert Bobilin – PA Program
Tom Rowe – Pharmacology
Judith Lightsey – Radiation Oncology
Philipp Dahm – Urology

Guests:

Michael Good, M.D., Dean, College of Medicine
Marian Limacher, M.D., Senior Associate Dean - Faculty Affairs & Professional Development

1. President David Quillen called the meeting to order at approximately 5:02PM

Announcement of new officers—President Elect is Nancy Hardt, M.D.; Secretary is Jean Cibula, M.D.; Vice President is Kevin Brown, Ph.D.; Treasurer is Frank Bova, Ph.D., and Past President is Marilyn Dumont-Driscoll, M.D., Ph.D.

Approval of the June minutes as corrected

2. Dean's Report – Dr. Michael Good

Stephen Baker, Ph.D., Chair of Pharmacology is stepping down and an Interim Chair will be selected. There was a chair search last year that combined searches for Pharmacology and the Institute for Therapeutic Innovations of Orlando at Lake Nona based Research Unit—that search committee has identified a candidate for Lake Nona but not a good candidate for the other. R. Whit Curry, M.D. is stepping down as the Chair of CHFM; however, he will continue to serve through the search process.

Dr. Good is starting to look at the information from Faculty Forward and he wanted to thank the faculty council for their efforts and input with the faculty survey. One of the biggest issues is the need for better communication—so the Dean will start a monthly conversation with the department chairs and a college wide faculty meeting. In the past, these meetings have been PowerPoint presentations, but the plan is to be more conversational. He has received several suggestions for topics and wishes to make these meetings more meaningful. The hours for these meeting will be moved around between mornings and evenings to make it convenient for all faculty members to attend at least some of the meetings.

The first year medical students will start early this year because the college is introducing the new revised curriculum.

Salary cuts –Prior to 2002 our clinical revenues went into the Academic Enrichment Fund (AEF) and a local option retirement program (ORP), and faculty received two separate checks. Now, both state and practice plans flow through Tallahassee and are taxed together and we participate in the state ORP, which has effectively increased the cuts. We are in the process of re-implementing the AEF/local ORP which means having different accounts setup for the clinical practice revenue from the state funds. Practice revenues would then be exempt from the tax. We will do the clinical practice revenue first (creating two employment/salary records). It is unclear if federal research funds are subject to the state taxation at this time or may also be exempt. The tax is currently 0.5% and will increase to 2% next year. There are about 150 Faculty that have already been shifted and on August 1, it will extend to 500 faculty members, affecting most of the COM clinicians. The affected employees (clinicians) will receive an email from HR advising them to meet with their retirement specialist or vendor to setup accounts for funds to flow appropriately. Each faculty will have separate accounts for state ORP and AEF/local retirement program. This would help increase faculty options for retirement funds.

3. Faculty Forward (see attached handout) –Dr. Marian Limacher

- The results from the 2011 survey were received and distributed to the department chairs. Plan is to identify 1-2 priority areas to focus on for improvement
- This year only 13 schools participated with the chosen peer group: University of Oklahoma, UNC Chapel Hill, UC Irvine and University of New Mexico
- Cohort response rate: 61.7% and UF response rate: 63.5%
- Where UF did well with the survey- physicians willing to do more, but overall, we were more dissatisfied with our jobs than our peers.

P&T Report:

- For promotion to associate: 6 promotions & tenure – 3 awarded/3 withdrew
- 6 tenure nominations – 6 awarded
- Dr. Limacher asked the faculty council for their input on the following items: structure of promotion committee, faculty handbook, and speed mentoring program.

4. Clinical Policy Board report – Dr. Robyn Hoelle

Dr. Hoelle summarized pertinent areas of concern involving EPIC, Access Center, and Clinical support staff. The policy board report follows:

EPIC:

While we recognize there have been significant errors made in the implementation and now headway in the improvement in EPIC, the CPB identified continued faculty complaints. In the interim an Assistant Dean was appointed as the lead person providing clinical direction for our EMR experience. The following are important points discussed and actions taken.

- The following are the priority issues identified by the CPB:
 - Faculty has requested *individualized, relevant* and *convenient* training.
 - There seems to be a significant disconnect between clinical faculty experience and the senior leadership's impression of Epic's performance. (Are the medical director's accurately reporting faculty experiences? Did the surveys provide enough faculty feedback?)
 - Faculty report low morale, lower productivity, decreased scholarly effort and monumental billing issues. How do we gather this information in a meaningful way?
 - There have been suggestions of serious patient safety concerns and a further fractionating of clinical services (Pharmacy and blood bank unable to override computerized orders even in life-saving situations). Is this being looked at? What is the most meaningful way to track, identify and then put a process in to address this?
- Don Novak has been appointed as the Assistant Dean for Clinical Informatics to "enhance recent implementation... liaison between the medical staff and IT senior leadership...and help clinical faculty deploy and customize Epic technology to provide the best experience to patients."
<http://News.medinfo.ufl.edu/articles/faculty-recognition/new-assistant-dean-for-clinical-informatics-named/>
- Faculty Council Concerns:
 - Patient safety
 - Clinical Faculty morale (i.e. retention)

- Actions taken:
 - Dr. Novak has responded to our questions—click on the following link: [..EPIC - Dr. Novak's response.pdf](#) and is very interested in coming to speak to us in person and get 'unfiltered feedback'. Are we interested?
- Actions considered:
 - Have Dr. Novak come and speak to the faculty council if there are still concerns.
 - Inquire about effort to assess Epic's effects on faculty's morale, productivity, scholarly effort, and billing issues. Dr. Novak referred this to FGP. (Dewar)
 - Ask the council if there are still unaddressed epic concerns we should pursue as a board.

ACCESS CENTER:

There have been complaints from patients and from faculty about the customer service aspects of the access center including...time to answered call, inappropriate scheduling, incorrect information about the availability of physicians who are present in the office, inappropriate routing of patients to the ED, etc....

- I contacted Kelly Kerr and asked her to address some of our concerns click on the following link: [..Access Center - Kelly Kerr's response.pdf](#). She is also more than willing to come speak if we feel this would help.
- Faculty Council Concerns:
 - Patient satisfaction and significant barrier to seeking care at UF
 - Patient safety
- Actions taken:
 - Interviewed Kelly Kerr and attached highlights of the conversation.
- Actions Considered:
 - Have Kelly Kerr come and speak to Faculty Council if there are further unresolved issues.

CLINICAL SUPPORT STAFF:

There have been complaints from clinical, as well as, basic scientist faculty regarding their ability to enact change and improvement among our support staff.

- Nursing, clerks, MA, CAN, etc... all work for Shands and have management supervisors. Their goals do not always align with faculty and their review or decision for renewal does not involve faculty input.
- There has been significant effort to encourage Shands & UF to work together toward similar goals. While there has been positive change in upper management this has not seemed to filter down to OR's, Clinics, or labs.
- Faculty Council Concerns:
 - Higher quality patient care
 - Faculty satisfaction
- Actions Taken:
 - Dr. Dumont-Driscoll has communicated directly with Dr. Marvin Dewar about some of the challenges with FGP staff. He has offered to personally take care of any reported events or visit individual locations.
- Actions Considered:
 - Encourage faculty to directly report any concerns with staff to direct supervisors or to Dr. Dewar himself.
 - Have Dr. Dewar come to speak to FC if needed.

5. Announcements, Reports, and Old Business:

President David Quillen gave a brief overview of several on-going issues/topics from the agenda that will be discussed in future FC meetings

6. The meeting was adjourned at 6:10PM

The next Faculty Council meeting will be held Tuesday, August 7, 2012 @ 5PM in the Hugh Hill Conference Room

Minutes recorded by Sonya Jones, Administrative Assistant and edited by Dr. Jean Cibula