

## **Faculty Senate Meeting September 19, 2012**

In attendance: Edward Allen, Paul Anderson, Sharon Andrews, Daniel Bourland, Sheri Bridges, Kevin Cox, Carol Cramer, Sonia J. Crandall, Mary DeShazer, Candelas Gala, Michele Gillespie, Sam Gladding, Michael Green, Laura Graham, Martin Guthold, Duncan Hite, Michael Hughes, Sarah Jones, Kevin Jung, Leslie Kammire, Judy K. Kem, Hank Kennedy, Rogan Kersh, David Levy, Linda McPhail, Jack Meredith, Ken Middaugh, Gail O'Day, Cathy Seta, Gale Sigal, Susan Smith, Michelle Steward, John Stewart, Lynn Sutton, Lynn Wagenknecht

### **Agenda:**

- Updates, appointments, and requests from the President
- Dean Ed Abraham – Presentation and Question/Answer

### **Updates from the President:**

Website: Slowly adjusting website to include posting of minutes, updated membership which will also be e-mailed and organized by color-coded committees. There have been slight changes regarding committees.

Next meeting: October 17, 2012. Speaker will be Rick Matthews, Associate Provost for Information Systems and potentially a dialogue on the graduate school

Committees: Have received numerous requests from administration to fill spaces on various committees with members of the Senate.

#### *New appointments:*

Vice President of Campus Life search: Sam Gladding

Safety Committee: Paul Anderson (may need one more)

#### *Need:*

Parking Committee

Projects Planning Committee: Michelle Gillespie, Gail Sigel

Committee on Academic Freedom and Responsibility: Linda McPhail

## **REPORT FROM DEAN EDWARD ABRAHAM State of the School**

The presentation focused on where the School of Medicine (WFSM) has been over the past year and the challenges it faces for the year ahead.

Overall, the NIH and general healthcare reform have created struggles for the medical center. However, the goal of weaving together the two campuses (the medical school and the hospital) is proving to be exciting. Looking ahead, the prospects of a BA-MD program, biomedical engineering program with the Reynolda Campus, and the health and wellness initiative are promising.

### **Focus for WFSM**

- Three missions continue to be: education, research, supporting clinical care at med center
- Innovation through curriculum
- Analysis of core revenue streams in all domains
- Adoption of a new compensation plan

Major challenges that the pursuit of these goals may face include financial, recruitment and retention, and communication. Financial challenges will be both internal and external with NIH cutbacks being a large hurdle. Recruiting and retaining premier faculty who share the vision of the reconfigured medical school will continue to be a test as the communication of that vision is developed.

### **Major Initiatives to Reposition WFSM**

- Refinement of the Research Strategic Plan
  - Craft to be more targeted to WFSM areas of excellence: aging, cardiovascular, cancer, neurosciences, pediatrics
  - Opportunity to gain traction with metabolism and cognition and cell development
  - Trends over the past five years have shown decrease in NIH funding yet increase in applications. Also, largest funding has come from NIH and other government with a very small amount from industry
  - Diversify outside funding support
  - Establishing WFSM as a premier research institution will focus on highly productive faculty, bridge funding mechanisms, appropriate development of infrastructure, and pursuit of CTSA award
  - Anticipated/Completed major recruitments
    - New chairs of Radiology and Biostatistics hired
    - Recruiting Cancer Center Director and Cardiology, Epidemiology and Biomedical Engineering Chairs.
- Curriculum redesign to enhance idea of medical education

- Currently hold a 3% acceptance rate of the first year class yet scores of these students should be higher on Step One and Step Two exams due to raw material
  - Last year, study approach was altered which resulted in substantial improvements
- Future vision includes collaboration with the Reynolda campus, humanities program, graduate school, and possible developments of additional programs
- Goal: provide curricula nationally recognized for innovation, use of cutting-edge educational methodologies, technologic in-depth contemporary subject matter but tools for life-long learning
  - Creation of the WFSM Curriculum Reform Committee which will develop a 4-year integrated curriculum
- Diversify extramural funding
- Optimize development and use of endowment funds with help of capital campaign
- Optimize organizational structure
  - Organizational redesign includes new senior associate dean for administration and four directors for finance and budget, space and planning, academic affairs administration, and research centers, institutes and shared resources
- Revenue enhancement will include effective marketing of primate center, preclinical surgical services, imaging, CAL, and ARO
  - Peer mechanism to evaluate centers and cores to see if they are serving their goals
    - New centers?
  - Bridge funding, travel expense policies
- New Compensation Plan: General Principles
  - Targets AAMC median by rank and discipline
    - Components of salary to include clinical component, research component, educational component, administrative component
    - Incentives for teaching, research and teaching excellence, and clinical productivity

### **Question & Answer**

Q: Compensation plan is a concern especially for those with research, there is a great tension.

A: That is why we needed the robust bridge funding that other medical schools do not offer. We know these researchers will be productive, and we want to support them. There are going to be gaps, and we need to be there for that. There were/are only 10-15% of the faculty that were/are chronically underfunded. No one is 100% funded because need time to write grants and would then be in trouble with NIH

Q: Can the bridge continue?

A: Currently WFSM has four streams of revenue: indirect cost recovery, return on endowment, tuition (PA, med school, not grad school), return on intellectual property. This is a fixed pie and

we must figure out how to best spend it. Faculty said they will fully support bridge funding, including the \$2 million set aside this year.

Q: If faculty are not at 75%, are they considered to be unproductive?

A: Needs to be looked at in three ways:

1. Strategically: Philosophy of researchers being an island is not going to work. We need to weave together these and have more support for faculty.
2. Faculty have done very well in terms of meeting 75% threshold in past.
  - a. Q: But basic researchers tend to not reach this 75% threshold? If this is the requirement, they will look at other institutions so your retention will decrease.
  - b. A: Yes, some do not reach this 75% goal. However, they need to realize that at other schools, they are worse off and funding is expected to be 100%, not the 75% we are discussing.
  - c. Q: Is this a death sentence for faculty because those other institutions are larger?
  - d. A: New faculty are given a start-up grant spanning 2-4 years. If we're going to be research intensive, we have to do the research. We have to go across the board.

Q: Do EVUs (educational value units) not apply to graduate education?

A: Recommendation was to start putting a modest amount of graduate tuition into EVU awards (similar to over 90% of institutions). Supports this for graduate school faculty.

Q: What happens down the road when NIH funding priorities change and Wake is not diverse enough?

A: Unless you're involved and publishing at high-end journals, you won't be successful. You cannot have a 7-year-old article and rely on it. Must be at the higher-level.

Q: How do you make the change?

A: It's a team effort as evidenced by peer review for core and centers. The faculty must weigh in. This will be an evolution.

Q: Will the tuition increase go to merit scholarships?

A: Absolutely. We changed the process for admissions. Now we can look at a total pool of funding and decide how to use it (not limited) expect for endowed fund requirements (ie: NC residents). Increasing endowment that relates to scholarship is something we're looking at.

Q: Working with industry was good to see. Concerned about volatility of state and federal government funding going forward. Highly risky to depend on in future.

A: Only 5% came from industry with even less from clinical trial. We want these numbers to be raised by 15% this year. We must diversify (an example being biotech)

Q: Background of movement of departments from medical center to biotech place?

A: It is a rented space because of tax credits so it had to be. However, it is very long-term. Faculty love being down there so there is tremendous enthusiasm. Labs are open, which encourages interaction and multidisciplinary efforts. Public health sciences and PA programs will move to building across from biotech location (Inmar is also going there). Next step is to move medical school (years 1 and 2).

Q: Can you speak on the importance of CTSA and the informatics that needs improvement?

A: Yes, we do need improvement. King Li with that background in bioinformatics will help. As painful as it is, electronic medical record and warehouse together will call for a leader of those programs. There is a request for informatics to create this application for such a leader. As of right now, this process is not where it needs to be but there is optimism surrounding it.

Q: University integration such as biomedical engineering is interesting but what exactly does it mean?

A: Provost Kersh: Biggest surprise here is that these two campuses are talking now and not separated. The Provost and Dean of School of Medicine didn't really talk before but we've been in conversations. There is a well-elaborated proposal for a BME program; we have been discussing the notion of BA-MD degree which would hold a spot in medical school while the student is an undergrad.

A: Dean Abraham: Generically, I hope you heard that there are huge strengths. By weaving together as teams of faculty, there is so much possibility. That is the fundamental theme of this strategic plan.

Q: Speaking of revenue streams and budget, there are rumors budget for medical school needs to be cut even more in future years. Is it true?

A: We do need to decrease our spending but we can do this through either budget reductions or offset it by revenue enhancements. The latter is where the focus is. Last year: \$7M against \$100M, now \$17M, then \$24M. We need additional revenues to prevent the cutback.

*Adjourned: 5:34 pm*