



GEORGETOWN UNIVERSITY
Georgetown University Medical Center

Medical Center Caucus – Faculty Senate
Tuesday, March 6, 2018
Meeting Minutes

Attendees: Stephen Byers, Daniel Djakiew, Mark Danielsen, Rebecca Evangelista, Carolyn Ecelbarger, Bob Glazer, Bassem Haddad, Brent Harris, Stacey Kaltman, Jan LaRocque, Eileen Moore, Andrew Stemer, Carlos Suarez-Quian, Elliott Crooke (ex officio), Edward Heaton (ex officio)

Guests: *Wayne Davis, Rhonda Friedman, Mary Glasscock, Jeanette Hanna-Ruiz, Lisa Krim, Blair Marshall, Judd Nicholson, Jamie Padmore, Raphael Terranus, Miriam Toporowicz*

- I. Approval of February monthly meeting minutes
 - a. Request to add statement that leadership acknowledged faculty should be rewarded for academic promotion
 - b. Motion to approve minutes with minor addition
- II. Concerns of Interim Chair Appointment Process (Blair Marshall, Wayne Davis)
 - a. Dr. Marshall introduced and discussed the appointment of Dr. Watson as interim academic chair of the Department of Surgery. Dr. Marshall claimed that many department faculty have privately expressed concern, particularly as Dr. Willey is currently performing many of the duties of an academic chair without title or compensation
 - i. With the prior appointment of Dr. Johnson in the past, there was no input or guidance from the department's faculty body
 - ii. Department faculty have expressed that there should be precedent to have faculty included in the interim selection process
 - b. Dr. Heaton discussed the appointment of Dr. Watson as interim chair of Surgery with the group. Dr. Watson is currently the regional chair of Surgery for MedStar. With the coming regionalization and joint residency programs, Drs. Willey and Stahl have been appointed as the two site chiefs
 - i. In this setting, it's sensible for Dr. Watson to hold the role of academic chair as it has been proposed. Because of the residency program accreditation, he was appointed by leadership as interim chair
 - ii. Dr. Heaton is working closely with Dr. Boyle to consult with the faculty body in the department. If there is to be no search for a permanent chair, then a different method of recruitment will be necessary
 - iii. Leadership will evaluate any concerning issues raised regarding Dr. Watson as the academic chair
 - iv. Dr. Heaton stated that a similar procedure has been conducted with the departments of Family Medicine and Pediatrics in the past, where

leadership provided opportunities for individuals to consult and express any concern

- c. Dr. Davis mentioned that, per the faculty handbook, department chairs are appointed by the President based on the recommendation of department faculty and a search committee. In the College, departments can hold votes; cases do exist where department functions may not be suited for a faculty vote, to which a chair is appointed. Chairs have three (3) year terms that are renewable by the President
 - i. Dr. Danielson highlighted the “recommendations” clause in the handbook. Individually consulting with faculty does not necessarily fit within the guidelines as they are expressed. He suggests that a formal faculty vote does not seem to be the norm
 - ii. Per Dr. Heaton, Pediatrics will be having a formal vote in the near future. As of now, the current interpretation of the handbook guidelines does not require a faculty vote for appointment of chairs
- d. Dr. Marshall expressed that part of the issue around ambiguity is due to the loose interpretation of the handbook. Faculty within the department are seeking concrete guidelines for the appointment process
- e. To the question posed regarding whether a search committee is necessary, Dr. Heaton clarified that the decision is based on a joint discussion between MedStar leadership and the GUMC EVP
 - i. Dr. Crooke reminded the group that all clinical chairs are MedStar-employed faculty who do not receive any stipends from the University for their service. The goal is to have the MedStar service chair serve as academic chair in an effort to simplify the process
 - ii. Dr. Marshall inquired if the endowed chair is related to the academic chair appointment.
 - 1. Per Dr. Crooke and Ms. Glasscock, the endowment does not have a formal signed agreement for the endowed chair. They recommend that this be escalated to Counsel to define its true purpose moving forward
- f. Dr. Heaton expressed that this discussion is in line with the regionalization of the clinical service lines. He posed the question back to the caucus to seek recommendation on how leadership should include faculty in the process to ensure that their voice is heard
 - i. Dr. Marshall stated concerns that many may not be as willing to share their views publicly with Dr. Heaton as they might privately with trusted colleagues
 - ii. The voting process will be kept anonymous, and Dr. Heaton always welcomes one-on-one discussions. The goal is to create a process and model that encourages faculty buy-in as the health system evolves
 - 1. Dr. Davis stated that it is unclear how to measure recommendations from faculty without an aggregate faculty vote within the department
- g. Dr. Crooke expressed that the Department of Surgery is a credible example of MedStar’s service line regionalization and that this is likely to occur with other departments as regionalization spreads throughout the system. From an academic standpoint, it does make sense for the regional chief to serve as the academic chair, but there needs to be representation at the individual hospital sites where the faculty work

- i. Dr. Padmore agrees that more work needs to be done to define how this will work on across the region
 - h. Dr. Toporowicz expressed appreciation to Dr. Boyle in her help developing a voting mechanism for Pediatrics faculty to provide their input, but did reiterate that it is up to the President to appoint the chair. As the health system continues its regionalization efforts, the faculty must continue discussions around the effect on governance. If faculty do not feel informed to talk about rights and votes at the department level, then this dilutes the process and voice of the faculty body
 - i. With the ACGME accreditation for the combined residency programs and the upcoming LCME accreditation, Dr. Danielsen expressed the idea to document which mechanism will be used in the future for these kinds of appointments and the accompanying general procedure
 - i. Dr. Heaton mentioned that Dr. Davis' comment around equitable and consistent approaches should be considered as it relates to appointments of chairs
 - ii. Dr. Crooke reiterated that from a governance aspect, this procedure would be ruled by the School of Medicine constitution, and suggested that the constitution is referenced for guidance on procedure
 - iii. Dr. Davis described the process in the College, with departments establishing bylaws that guideline requirements for faculty votes. These bylaws are approved by the deans. The School of Nursing and Health Studies has language in their constitution for department faculty votes
 - 1. Dr. Marshall expressed the importance of putting a similar process in place as the health system continues to regionalize
 - 2. Per Dr. Heaton, if the department faculty are not in support of the recommended candidate for appointment as Chair, then a search is conducted
 - 3. Dr. Crooke clarified the general limits for interim terms: 60-90 days for acting chairs, with less defined limits for interims
- III. University Data Security (Judd Nicholson, Jeanette Hanna-Ruiz)
- a. Mr. Nicholson, joined by Ms. Hanna-Ruiz, UIS Deputy CIO, and Mr. Terranus, UIS Account Manager for GUMC, discussed the four UIS strategic priorities: value for academic enterprise, culture of service excellence, organizational optimization, and infrastructure modernization
 - b. With continuing change and evolution of cyber threats, the UIS strategy to optimize security includes implementing change assessment measurements in accordance with the NIST cybersecurity framework
 - i. Two-factor authentication (DUO) is the current best method for protecting credentials by providing a second layer of authentication to self-identify.
 - 1. The first phase of high risk implementation is complete, with phase II in the planning stages to identify other high risk populations across the University
 - ii. The University network is scanned regularly to identify vulnerabilities and improve protection measures
 - iii. DUO features were explained, including setting up a passcode, authentication via cell phone or desk phone, and the use of GoCard for password authentication
 - c. Verizon network upgrade is an ongoing project. Network upgrades at GUMC have been completed in Preclinical-Science building and DML. Basic Science Building

is scheduled to be completed mid-March with the Medical-Dental, Building D, and New Research Buildings next in process for upgrades throughout the next year

- i. Upgrades to the network include remediating fiber issues underground, upgrading the in-building network, and the Wi-Fi infrastructure
- ii. No connectivity zones are being identified. Wireless connections can be utilized to make phone calls. Faculty are urged to contact Mr. Terranus for assistance activating the Wi-Fi calling feature on phones

IV. Senate Elections

- a. Ballots for Faculty Senate voting can be cast electronically as in the past.
 - i. MedStar-employed faculty will need to use Georgetown NetIDs and passwords in order to vote
 1. Mr. Nicholson agreed to work with chairs and departments to create a process for disseminating NetIDs and passwords to those who have not activated their Georgetown credentials
 2. The Caucus will need to allow enough time to reset passwords and vote
 3. Voting is due by the end of the semester

V. Formation of a Caucus-Rules/Constitution Committee

- a. Currently, there are no formal written rules for the Medical Center Caucus or a process for changing rules
- b. Dr. Danielsen suggests creating a document that outlines how Caucus business is conducted. At the request to establish an ad hoc committee to develop the document, Drs. Luta, Glazer, Evangelista, and Toporowicz have volunteered
 - i. Dr. Danielsen to email volunteers with more details and guidelines. Any other Caucus members interested in volunteering are encouraged to email the group

VI. Other Business

- a. Call for nominations for the President's Awards for Distinguished Teachers-Scholars were disseminated via University-wide broadcast announcements. Nominations are typically closed at the end of March
 - i. The group was encouraged to nominate peers
- b. The President's Office announced the launch of the task force on gender equity
 - i. Currently in the outreach phase, seeking faculty to serve on the task force
 1. Send Ms. Lisa Krim, Dr. Jane Aiken, or Mr. Joe Ferrara names and nominations for potential task force participants
 2. The task force is expected to be composed of about 12-16 members, predominantly faculty