

Medical Affairs Advisory Committee (MAAC)

Minutes of May 19, 2021

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Present: Lisa Low (Chair), Marschall Runge, Jill Cherry-Bukowiec, Rafina Khateeb, Jawad Al-Khafaji, Ivo Dinov, John Tranfaglia, Rachel Yu, Allen Liu (SACUA Chair) and MaryJo Banasik,

Absent: Ajjai Alva, Chandan Kumar-Sinha, Cormac Maher, Benjamin Moy, Krupa Patel, Soumya Rangarajan, Terri Voepel-Lewis

Guests: Anne Sales, Professor of Learning Health Sciences; Kanakadurga Singer, M.D., M.A., Valerie Castle Opiari Professor of Pediatrics

7:33 am: Chair Low called the meeting to order.

1. Welcome and Introductions

- Professor Low welcomed guests, and she asked the guests and committee members to introduce themselves.

Dr. Runge thanked the group for their efforts this year.

2. Presentation and Discussion: Faculty Governance: SACUA and mechanisms for faculty consultation

Professor Singer described the structure of faculty governance. She noted that communication back to faculty has been disjointed, but it's coming together this year. Professor Singer described Senate Assembly and the 14 slots for Medical School representatives and the executive arm of faculty governance, which is SACUA. She referred to the [Faculty Senate website](#) which provides information about the different faculty governance bodies.

The group of 14 Senate Assembly members from the Medical School wasn't meeting regularly, but now they are trying to meet quarterly. There are seventeen standing Senate Assembly committees. Volunteers are recruited in March and April. A SACUA liaison participates in each committee.

The Faculty Senate represents all three campuses. Other mechanisms in schools or colleges for faculty connections and communications may be described in bylaws. Departments may or may not have bylaws covering this.

Michigan Medicine is unique from other schools in its size and number of faculty who are spread out. There is a large clinical cohort.

There is not a formal mechanism that connects Senate Assembly and MAAC. They would like to establish this connection. Efforts have been made by providing updates in the Medical School via Michigan Wire.

Of note is that clinical track faculty don't have representation in Faculty Senate. A change would be need to be made to the Regents' Bylaws and to the University Senate Rules to expand representation to include clinical faculty. A rules committee will be established in the fall to investigate this issue.

It was noted that all three tracks participate in the Executive Faculty of the Medical School.

3. Committee Discussion on Current and Future Topics of Interest

Topics were discussed, including:

- COVID impacts on promotion and tenure and faculty satisfaction, and long term implications.

Professor Liu mentioned recommendations the Committee on Fairness, Equity, and Inclusion (CFEI) brought to SACUA on Monday concerning this issue. He hopes to meet with the Provost about this issue soon.

Professor Liu noted that many Senate Assembly committees are looking at COVID impacts.

Professor Sales noted that there is not consistency among schools and colleges. There has been a lot of discussion about impact on faculty of color and women. This also affects staff as much as faculty if not more.

Concerning COVID impact statements, the university can make a recommendation, but the schools/colleges make the final determination.

Dr. Runge noted that things come across differently in different settings and consistent communication can be improved.

Chair Low acknowledged the complexities of decentralization and how communication is navigated.

- Representation of clinical faculty in Faculty Senate

Dr. Runge noted that this topic is timely and appreciated. It is essential that clinical track have representation.

Looking at how other schools handle clinical tracks may be helpful. Chair Low noted that nursing and dentistry also have clinical faculty ranks. Promotion of clinical faculty has been discussed – this is more developed at the Medical School, and newly developed in the School of Education.

There are clinical faculty across campus and professional faculty as well. Professor Dinov advocated for better definition of faculty, and he expressed support for including all faculty titles in Senate.

It was also suggested to reach out to departments/divisions leaders to encourage their clinical staff to consider applying to participate in MAAC and exploring how we can diversify clinical staff representation on committees.

- Communication between SACUA, SA, and Senate.

SACUA Chair Liu noted that he plans to meet with groups of Senate Assembly members from schools/colleges over the summer, and this topic will be discussed at SACUA.

- Transitioning back to campus, use of Zoom

Dr. Runge noted that the pandemic has impacted lives in many ways we do not yet know. The Medical School is returning to work plans but decisions have not been made yet.

Mental health is also an issue.

Ann Arbor schools is not offering before and after care at school. The impact is very significant. Child care is a major issue – emergency care is not emergency care but must be scheduled weeks in advance.

Professor Singer expressed hope for more flexibility with virtual appointments.

Dr. Runge noted that Zoom has been great for some things, and he encouraged committee members to give some thought to how the use of Zoom has been positive, and how it has been negative. There has been some positive feedback about telehealth.

Chair Low described the benefit of staying with Zoom for larger groups when people are working in different geographic locations. Attendance has been higher with Zoom, but Zoom fatigue has also been mentioned.

Mr. Tranfaglia noted that Zoom has helped in some ways with attendance for students, but it was challenging for small group activities and hands on exercises.

Dr. Al-Khafaji noted Zoom's impact on medical education (for students), and how it's made it challenging especially where med ed requires more interactive environment.

Professor Cherry-Bukowiec described a hybrid model where going into the next year for first year medical students, the lectures that don't need much interaction will be recorded in Zoom, but those with small groups will have options. In evidence-based medicine and health sciences, there are times when topics needs to be discussed that can be reproduced in Zoom. Zoom is helpful for big groups (residents) when people are in different clinics. Smaller teams are better to meet in person.

Professor Sales noted that there had been a lot of time spent traveling for meetings. She advocated for people who are running the meetings to be able to make decisions concerning meeting format.

For remote work, it was noted that people who work remotely may need a home base on site. It was also noted that staggering staff would help with parking availability for employees and patients.

Professor Dinov noted that short, medium, and long term effects of decisions should be considered, such as ergonomics at home and zoom fatigue including lack of movement. He

suggested that external consultants may be needed to help with these decisions.

4. Closing

Professor Liu encouraged continued participation in faculty governance, and he asked members to encourage their colleagues to get involved.

Dr. Runge thanked Chair Low for her leadership, and he thanked the committee.

Chair Low shared the committee's specific charge, and she asked committee members to think further about topics for next year. She noted that Diversity, Equity, and Inclusion was part of the charge and presents an opportunity for next year. Topics that will likely be carried forward into next year include complexities of re-entry to campus and childcare, clinical faculty representation, and creative ways to reach out to clinical faculty, which could include communicating through department chairs.

Adjournment at 8:29 am

Respectfully Submitted,
MaryJo Banasik
Faculty Senate Office