**School of Medicine Faculty Assembly**

**Minutes**

**1-5-23**

Attendance: Ali Z, Creel A, Hart J, Kamboj S, Reilly L, Nair N, Sarkar S, Wisner E, Farge A, Gajewski K, LeBlanc C, Martin A, Reinoso M, Scott H, Stuke L, Maness M, Prasad P, Holman S, Abreo A, Clement M, D’Souza J, McDonough E, Castellano T, Augustus-Wallace A, Cameron J, Taylor C, Primeaux S, Simkin J, Simon Peter L, Worthylake D, Alahari S, Athas G, Gardner J

Proxies: Liz Simon Peter for Bobby Siggins, Cameron for Crabtree

Absent: Tanner L, Mathews E, Morvant A

Called to Order: 1600

Guests:

Dr. English discussed work group which is discussing possibly a change in grading system.

For 1st 2 yrs of medical school, we have had H/HP/P/F grading system. National trend is to do P/F system. There is a work group to discuss this and present to the Dean. This will be a big conversation for the school. Will include program directors and course and clerkship directors. Includes 45 members on the work group. There are also students participating (19) from L1/L2/L3. One meeting has been held so far. This change will not be for this year or probably not for next year either (Fall 2024 at earliest if recommendation is to change). Dr. English says she is not advocating for this and has “no skin” in this game but wants to make sure this is a broadly represented conversation. Information at first meeting was to provide information given about other schools. About 80% of schools who report to AAMC have gone to P/F system. This entire conversation is for pre-clerkship and not for clerkship grading. Impetus behind this change varies by institution. Much of it has been done for student well-being and to enhance wellness of students. At first meeting, had good discussion about implications. For students, discussed well-being as well as what this means for residency applications. Meetings will be held monthly until group feels there is enough information to make a recommendation. Students will be brough into the next meeting. Still some unanswered questions such as do we do P/F and still keep ranking system or just leave P/F for residency applications etc.

Dr. DiCarlo:

* CALS move to start next week. Need to turn attention to how we will use the teaching space in this building. Lots of potential for more simulation and standardized patients. Looking into financing, structure, and organization of this which will take a lot of planning. Will have “open house” after the move which should be done in early February. Can have open house reception in late February or early March.
* MEB renovation could be transformative for research enterprise in the future. Although this renovation may cause frustration, this will be beneficial long-term. Demolition to start in June. Animal care annex building: some animals have been moved in. Not sure of exact timeline for opening. Laboratory space is settled. Goal is to get faculty who have lab in CSRB to also have office space in CSRB. Those without a lab there, looking at 7th floor of Lions building. Trying to avoid opening up 1542 building. Office space allocations will be likely announced in the next couple of weeks. Question asked about building integrity and safety for those staying in 1-4th floor of MEB. Air handling is separate for these floors. 4th floor will have some construction. Noise will likely be biggest issue during demolition (hopefully only 4-5 months). Some money will be invested for new seating etc in lecture rooms in 1542 if noise is disrupting for students in lecture rooms A and B. Team-based learning classroom can’t be re-created elsewhere so will have to decide if noise is tolerable or go to different space that isn’t as functional. Open labs are on outside and there are some labs to be used as cold rooms and experiments requiring safety for radioactivity. Also some potential for core labs on each floor. These labs have been decentralized typically but over time, would be nice to centralize these to have one system for billing, scheduling, etc so that they are a resource for everyone. These could be distributed strategically on each floor. Dr. DiCarlo thinks we need to look and rethink the structure of the research enterprise. There has been resistance and reluctance for department heads but need to think about what is best for the school over time. Have discussed this with other schools (shifting from discipline-based to more interdisciplinary structure). For graduate school, looking at interdisciplinary model currently. Over time, there will be a lot more collaboration which will benefit the research enterprise.
* Relationship between health science center and foundation has been rocky over the past couple of years. Will see better relationship due to efforts from Dr. Nelson.
* Security on campus is always an issue. Closing 1542 building will help. New chief of campus police is present and there will be a push to expand security.
* Some of the biggest issues we are facing are clinical contracts and how we work with our partners (LCMC). LSU is pushing hard to have our position at UMC clarified. There is a lot of uncertainty. Tulane Hospital will close in the next 12-24 months so what does that mean for LSU and how do we protect our programs and clinical operations. LCMC wants to work with us to incentivize faculty and create practice plan/model that is transparent for faculty. This will not happen overnight and will probably pilot some departments. Hoping have more clarity on this in the next 1-2 yrs. On research side, LCMC supports cancer research and goal for NCI designation.
* New CMO (Dr. Killinger) at UMC was announced. He is a CT surgeon from NC. From past 5-6 yrs, transitioned more into hospital administration system. He wanted to get back into academic environment as CMO.
* IT problems: Not just our IT but working hand-in-hand with police cyber crimes unit and FBI cyber crimes unit. Malware was in system but hackers were ready to “detonate” it which would have compromised a lot of data. Feel pretty confident that this didn’t happen since we realized we had been hacked prior to this “detonation”. After the shut down, firewall had to be reopened in a different way.
* LCMC purchase of Tulane was approved by the state last Friday.
* Question about possibly reducing cost of health insurance cost for graduate students? Dr. DiCarlo not sure about this and can bring this up to Ben Lousteau but not sure how much say LSUHSC has for this. Reduction in cost could attract more students.
* Question about limited number of visits for CAP. Could our psych departments give more mental health services for our students? Worked with foundation to create a fund to allow for more services for students who need more visits after free CAP visits. Not sure how large this fund is. Maybe psychiatric department can help and discuss what could be done/what is available. Hannah will ask Dr. Bishop-Baier and bring it up to their dept. 5 free visits are currently offered through CAP and then visits after that require students to pay.
* Strategic plan: Interim chancellor, interim dean, things put on hold during COVID, etc. Need to move forward with this. LCMC has site visit in next 3-4 yrs so will need to have strategic plan in place. Dr. Southerland will head up strategic plan for health sciences center.

1. **Approval of December Minutes**: (Motion: Kamboj, second: ?)
2. **Reports**:
   1. **Executive Committee**: Did not meet
   2. **SOM Administrative Council:** Not given due to members not present.
   3. **Faculty Senate:** No major updates. Old business/construction reviewed.
3. **Old Business:** Covered previously.
4. **Call for New Business:** Faculty Assembly Awards Committee: Liz Simon Peter, Allison Augustus-Wallace, Andrew Abreo, Colleen LeBlanc, Sanjay Kamboj. Chair will be Stefany Primeaux.
5. **Adjourn:** 1740 Motion: Kamboj