

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
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FACULTY SENATE
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FACULTY SENATE
2005-06 TERM MINUTES

DATE: October 21, 2005
TIME: 1:00 PM
PLACE: D502, School of Dentistry
PRESIDING: Jonathan Fratkin, President

PRESENT:

Becca Pearson, Kathy Gregg, Binford Nash, Christina Barlow, Honey East, Cheryl Hardy, Carol Newcomb, Mahmoud Salem, John Kermode, March Ard, LaVerne Grant, and Jonathan Fratkin

Alternates present: Steve Magee for James Fitchie

Observers present: Jim Lynch, Roy Duhe

Invited Guest: Dr. Dan Jones

President Jonathan Fratkin called the meeting to order at 1:15.

New Business:

Dr. Dan Jones

Dr. Jones began by thanking the senate for the opportunity to come and speak. He stated the three aspects of our Mission: education, research and clinical care. The educational aspect is the most important. All of our schools are currently strong with our students doing well on national levels. Our research programs are growing with more grant applications and awards made last year than any other year. Positions have been made for Dr. Dzielak and Dr. Hall to grow our research programs. From a clinical standpoint, our programs have good quality and new buildings are being erected to help with clinical care. The national trend of covering the uninsured is affecting us financially. Some federal funds are available to partially compensate but it only covers part of the costs of care. Other states have additional funding but Mississippi has no such fund for assisting with uninsured care. We have gone from 40 to 75 million a year in un-reimbursed care. We, as an institution, lost money last year. We have to have a balanced budget and Dr. Jones is relaying the message to the state legislature that we are depriving our educational service because of caring for the uninsured. The state has not come up with extra money for 5 or 6 years to help with compensations for employees and faculty. He is looking at how to make compensation fair and has consultants working on a plan. We are currently

10-12% behind the marketplace according to inflation. He is asking the legislature to help us correct this. Other state institutions have moved to more self-sufficient modes. Over the next several years we will work to get a more fair compensation regardless of what the legislature does. He has asked the state for an additional \$56 million for next year. Given the Katrina disaster, he is unsure as to what the outcome will be. We will have to generate more money or cut costs on campus if the state does not give us more money. The deans and department chairs are involved in these decisions. These are difficult economic times.

Dr. Fratkin brought up the point of faculty morale. Dr. Lynch from the anatomy department is concerned regarding his faculty morale. His faculty has gone from 16 to 13 over the past few years. They are teaching 5 major courses and competing for faculty with departments that have 19 faculty members and only teach 2 major classes. He has raised \$50,000 privately. They are trying to hire new faculty but are not competitive with other places. He states that clinical salaries are around average while basic sciences are much lower than average.

Dr. Jones responded that we have more state dollars in each of our schools than many other places around the nation have. We are trying to transition to being more independent. Though our average salaries are lower, our productivity in research is much lower than regional or national levels. The new incentive program is a way for faculty to increase monies through research grants and not through base salaries. The transition is difficult to move from a high base salary to a lower one with incentive salary.

Dr. Lynch stated that it is not possible for him to compete for research given his teaching load.

Dr. Jones acknowledged that schools with stronger research history are more able to recruit faculty members. He hopes that the new program will recruit funded faculty members. He is trying to reinvest money from grants into the departments.

Dr. Kermode offered that since some departments are already productive in research, and others are not, there is inequality in who gets what. Is it possible to even this out?

Dr. Jones hopes that there are enough state dollars to keep the educational component going and the incentives would be there eventually, when the modes of operations are changed. This is the model that is used in most institutions in this country.

Dr. Grant expressed concern over increasing students and decreasing faculty in the school of nursing. There is no time or energy left to participate in incentive programs.

Dr. Jones stated that the extramural funding programs are not as available for nursing or health related professions. More state dollars would be directed towards these schools. Nursing schools across the county are under-funded. We must become more self-sufficient. We are not able to offer what it takes to get faculty nurses because market forces have pushed up clinical nursing salaries. One way to change the model is to

control costs. Institution-wide we are doing more with less. When we regain financial stability, we can make some positive changes including improving the faculty-to-student ratio. If we hire more faculty members right now, then it will take longer to reach the point that we can be fair to the faculty that we have now.

Dr. Fratkin asked Dr. Jones to address the specific questions provided to him:

A faculty dining room is still not available. The faculty senate was to get back with Dr. Jones re: our preferences for faculty dining. Discussion focused around what our preferences are for the setting. It was agreed upon that the faculty would be willing to pay for a nicer facility on campus. When and where can this be arranged?

Since we have not gained financial traction, we are not able to integrate this into our current building projects. The Guyton Building is going forward because of federal funds. We will have to raise private funds for the pediatric expansion. Years past we discussed undertaking fairly ambitious plans but with the financial situation now it is not feasible. In the next few years we will have to expand the dining services for all of campus. He will try to integrate a faculty area in future planning. He would like to know exactly what we want.

- Could a routine day care such as the one set up during the hurricane be arranged?

It is expensive to do day care because of the regulations. The real estate around campus has become too expensive for anyone to open one near-campus.

Dr. Ard stated that Dr. Conerly had discussed this. Why can't we have a private day care on our space?

Dr. Jones stated that Dr. Nelson discussed day care. He has discussed this with several interested persons. However, after investigation, it has not been financially feasible. The same problem is true for student housing. It is just not financially feasible. He has 8-10 meetings a year trying to get day care. St. Dominic's and Baptist have day cares and he will keep trying.

- Why can't times be arranged for faculty use the gymnasium facilities at the Student Union? If this is not a possibility, could faculty use the Pavillion Physical Therapy facilities or other area after-hours?

Dr. Jones stated that the accrediting agencies put pressure on us to do something for our students. It took a long time for it to be built and it is very nice as a result. The students do not want faculty there. The pavilion facilities could be available but there would need to be sufficient numbers of faculty who commit to it. The hours would have to be before or after working hours. Tom Skinner is open to discussions.

- Can we get easier and more consistent access to online journals?

Yes. Every year we are spending more money on on-line journals. Because of costs, a faculty committee was formed that votes on all journals before any are added or deleted. Usage is constantly evaluated.

Dr. Salem asked if the print issues would be maintained. The older issues on-line may be discarded.

Dr. Jones states that the view on that is changing and that journals are no longer going to do away with older electronic version. Many journals are considering halting all paper publications.

-Who is going to run the hospital? Can the President of the Faculty Senate sit on the search committee?

For 20 years we have had a management contract for the hospital. Over this time, issues have evolved. Now the typical hospital the management company has is a 50 bed hospital and we were the only academic hospital they had. A search committee has been appointed and the faculty is heavily represented. He does not want to have a representative from each faculty committee at this point.

- Why can't faculty leave over times when students are away from campus?

It is because this is a state organization. We have to be fair to everyone so we have a set number of holidays that all employees get. To give a holiday in a hospital, you must give time and a half- it costs the hospital about ½ million dollars for each holiday given. Other campuses work differently.

Dr. Kermode states that faculty often works overtime so why not give time off other times.

Dr. Jones states we do not need to go down the road of compromise but the road of fairness.

Dr. Newcomb stated that the question is more can we have flexibility?

Dr. Jones stated that there are people who want off whenever students are not here. There are two forms of compensation. The first is hourly and the second is salaried. There is flexibility built into the salaried compensations.

Why on storm day were we asked to take personal leave?

There was misunderstanding about that. The communication was interpreted in different ways. The intent was to give people the opportunity to take personal time. There was no intent to demand that people take personal leave. It was to let people take the day off even if they had not planned it in advance. The policy on weather holiday is if we close

the institution because of some emergency then people are on administrative leave. To do a day of administrative leave costs the same as a holiday.

- Given reconstruction and loss of revenue, will the financial situation of the State of Mississippi affect us?

Yes. The state will have excess costs for this year and many agencies will be asking for deficit appropriations in the spring. We do not know how much federal money will be given.

- The Clarion Ledger stated that administrators' salaries rose 14% last year, and hospital staff such as nurses got raises, yet faculty salary remained the same- why is this?

Dr. Jones stated that this started when our IHL voted to increase our administrators' salaries to $\frac{3}{4}$ the regional average. The Clarion Ledger was somehow informed about the possibility of our starting a co-pay and decided to run a story on the same day about administrators' salaries. He has tried not to increase administrators' salaries and been careful of what they are paid. He has not had a raise during this period of time, nor have any of the administrators who report directly to him. All of the new administrative positions he has added, he thinks will eventually bring more money into the institution.

Dr. Lynch asked that this be communicated on a bigger level.

Dr. Jones stated that one of the hardest parts of his job is not to respond to the press. However, it is best not to respond to any of it in a public way.

Dr. Salem asked if there was anywhere we could have a faculty dining area now.

Dr. Jones stated that we have had to borrow money to build most of what we have now. The last loan was done about 1.5 years ago. Since we are now in the red, we can not borrow money. Hopefully we will soon be able to borrow money again. We have about \$200 million in debt with about \$800 million budget. Usually you can borrow about $\frac{1}{3}$ of budget. Currently faculty dining room is not of the highest priority. The ophthalmology clinic is the next major need that will be met.

Dr. Salem stated that something needs to be done to improve morale, and that a faculty dining room would be a fairly easy and inexpensive way to give faculty something tangible to see.

Dr. Jones stated that priorities right now have to be made. One of the first things that need to be fixed is the pediatric and adult emergency rooms. Currently, we have the space to see about $\frac{1}{3}$ patients that we do see. Private patients do not want to come to the UMC emergency rooms.

Dr. Fratkin asked two questions from SHRP faculty members who could not be here:

-Can the half- tuition scholarship that UMC faculty members can utilize for their children at the Oxford campus be extended to full- tuition, and be utilized at other schools?

Dr. Jones: This is an IHL board policy, and the answer is no.

-Can we make improvements in human resources to help make hiring easier?

Dr. Jones: yes- however it will get worse before it gets better. We are currently reworking our human resources policies and a solution is in the works.

Dr. Fratkin thanked Dr. Jones for coming. Dr. Jones noted that many of the questions and proposals brought before him in the past few years have been resource-dependent. He invites us to also come up with non-resource dependent requests.

Minutes from September meeting approved.

Meeting adjourned at 2:45 PM.

Respectfully submitted,

Honey East
Secretary