

MEMORANDUM

TO: President Edward T. Foote

FROM: Dr. John Knoblock *JK*  
Chairman, Faculty Senate

DATE: November 18, 1986

SUBJECT: Faculty Senate Legislation #86002(B)-  
Department of Family Medicine Name Change

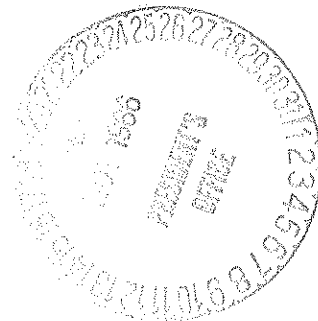
The Faculty Senate, at its meeting of November 17, voted to approve the proposed name change for the Department of Family Medicine to the Department of Family Medicine and Community Health.

This legislation is now forwarded to you for your action.

JK/b

Attachments

cc: Provost Luis Glaser  
Dr. Lynn Carmichael



CAPSULE:

Faculty Senate Legislation #86002(B) -  
Name Change for Department of Family Medicine

RESPONSE BY THE PRESIDENT:

DATE: 12/20/86

APPROVED: Yes [Signature]

OFFICE OR INDIVIDUAL TO IMPLEMENT OR PUBLISH: Provost

EFFECTIVE DATE OF LEGISLATION: \_\_\_\_\_

NOT APPROVED AND REFERRED TO: \_\_\_\_\_

REMARKS (IF NOT APPROVED):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SCHOOL OF MEDICINE

MEMORANDUM

TO: Dr. Eugene Provenzo  
Chairman, Academic Planning Committee

FROM: Nancy L. Noble, Ph.D.  
Associate Dean for Faculty Affairs

RE: Name change, Department of Family Medicine,  
School of Medicine

DATE: August 28, 1986

On 05/19/86, the Executive Advisory Committee of the School of Medicine approved the request of Dr. Lynn Carmichael, Chairman, Department of Family Medicine, to change the departmental name to Department of Family Medicine and Community Health. (See the enclosed copy of Dr. Carmichael's 05/14/86 letter to Executive Advisory Committee members and the attachment that states the rationale for the proposed change.)

On 06/04/86, the School Faculty Council approved the proposed change in departmental name. (See enclosed copy of page 2 of the Faculty School Council 06/04 minutes referring to this action.)

We request please that the Academic Planning Committee consider the proposed departmental change at its next meeting and that the Committee's decision be carried forward to the Faculty Senate Council, the Faculty Senate, and the President in due order to permit this name change.

If you have questions for me or Dr. Carmichael or will require his attendance at your meeting, please contact us.

Please keep me posted on the progress of this matter.

Thank you.

A handwritten signature in cursive script, appearing to read "Nancy Noble".

NLN:xp

cc: Dr. B. J. Fogel  
Dr. L. Carmichael (Encl.)  
Acad. Plan. Comm. file (Encl.)  
Sch. Council file (Encl.)  
Dept. of Fam. Med. file (Encl.)  
NLN files (Encl.)  
Files xp

Associate Dean for Faculty Affairs  
Room 2017A Sewell Building (D 2-6)  
P.O. Box 016960, Miami, Florida 33101  
Location: 1475 N.W. 12th Avenue  
(305) 547-6551-6458

c) Promotions and Tenure Committee

The terms of Drs. G. Irvin (Surgery), W. G. L. Kerrick (Physiology and Biophysics), D. Lopez (Microbiology and Immunology), A. Serafini (Radiology), E. Smith (Biochemistry), and D. Tamer (Pediatrics) expire this year.

Of the six tenured professors approved for membership, Drs. R. Duncan (Oncology), E. Lee (Biochemistry), L. Page (Neurological Surgery) and R. Thurer (Surgery) accepted the appointments. Two additional new members will be approved for appointment at the next Council meeting.

Dr. M. J. O'Sullivan accepted the approved appointment as Chairperson.

d) Scientific Advisory Committee

Dr. S. L. Hsia (Dermatology and Cutaneous Surgery) was approved for appointment as the fourth new member (action deferred from the April 30th Council meeting).

The membership of the 1986-87 Scientific Advisory Committee is attached (Appendix III).

4. Name Change, Department of Family Medicine

Dr. Lynn Carmichael, Chairman, Department of Family Medicine, presented the proposal that the name of the Department of Family Medicine be changed to the Department of Family Medicine and Community Health.

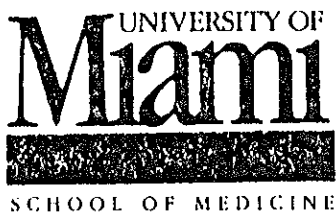
The proposed change was approved by the Executive Advisory Committee at its May 19, 1986 meeting.

The proposed name change would provide: a more complete expression of the mission of the Department/faculty; an acceleration of the development of community-oriented health care, and an enhancement of the ability of the Department to attract grants/contracts.

Dr. Carmichael stated that 48 of the 126 U.S. medical schools have departments with similarly combined titles; and he presented a reprint that provide a rationale for the name change.

After discussion, Dr. Russell moved, seconded by Dr. Irvin, to approve the change of the name of the Department of Family Medicine to the Department of Family Medicine and Community Health. The motion passed.

This proposal will be presented to the Academic Planning Committee, the Faculty Senate Council and the Faculty Senate for recommendation to the President.



May 14, 1986

William Burkhalter, M.D.  
Professor and Acting Chairman  
Department of Orthopaedics  
and Rehabilitation  
303 Rehab. Center, D-27

Dear Dr. Burkhalter:

At the meeting of the Executive Advisory Committee next Monday May 19, 1986, you will be asked to consider changing the name of the Department of Family Medicine to the Department of Family Medicine and Community Health.

This request is based on the following:

- To more completely express the mission of the department and its faculty
- To accelerate the development of community oriented health care
- To enhance the ability of the department to attract grants and contracts

Presently, 48 out of 126 U.S. medical schools have departments with similarly combined titles. The enclosure provides a rationale for this relationship. It is recognized that several clinical departments have important community activities, and the proposed name change contains no implications of exclusivity in the community domain.

I appreciate your consideration of this matter and hope you will support the motion.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lynn P. Carmichael". The signature is fluid and cursive, with a large loop at the end.

Lynn P. Carmichael, M.D.  
Professor and Chairperson

LPC:ac

cc. Dr. B. Fogel

Encl.

Department of Family Medicine (R700)  
P.O. Box 016700  
Location: 1044A Medical Research Building  
1600 N.W. 10th Avenue  
Miami, Florida 33101

### III. Similarity between Preventive/Community Medicine and Family Medicine as Academic Disciplines

Both disciplines appear to derive their principal support from outside the medical center, especially from the public. The legislative support that has led to the funding of family medicine departments and residencies has come from small communities without access to medical care. The public emphasis on wellness, plus concern about the rapid escalation of medical care costs, have combined to cause greater legislative interest in preventive medicine. In both cases, increased funding has tended to be thrust upon medical centers, rather than actively sought by the faculty.

Both disciplines tend to be integrative in their approach to problem solving. Both have strong roots in other disciplines, and use techniques and knowledge from other areas in performing their functions. This characteristic has led critics to question the validity of both disciplines on the basis that the essential knowledge used is not "original" to that discipline. The information taught medical students by preventive medicine departments, for instance, may be derived from studies done by specialists in hypertension, while the information taught to students by family medicine departments may be derived from studies by psychiatrists; but the point is that both have combined and integrated information from many sources into a unique viewpoint which undergirds and guides their practice.

Another similarity is found in the fact that each discipline complements the other. Family medicine, with its emphasis on the delivery of comprehensive personal health care, needs the methodological strengths of the preventive medicine department to make its research and patient care observations "respectable" within the medical school environment. Preventive medicine, with its emphasis on academic studies, needs the clinical sites and role models of family medicine to make its activities visible, relevant, and attractive to medical students.

Still another point of similarity which needs to be emphasized is the tendency of both disciplines to move from the individual to the group as the center of attention and intervention. This was evident early in preventive medicine because of its emphasis on community water and food supplies, community waste disposal, etc.; and it has been substantially broadened with the addition of community medicine responsibilities and attention to such areas as access to medical care, quality of care, cost of care, and cost effectiveness. Family medicine has recognized the value of family and other components of a larger support system in protecting the patient against various stressors. The importance of work, the workplace, and the social system in sustaining the individual is widely appreciated by family medicine practitioners.

The two disciplines merge when the effects of socioeconomic status, environment, nutrition, habits, lifestyles, and other variables are considered. Preventive measures that must be controlled at the community level are of urgent concern to the individual as well. Both disciplines have a great stake in actions and attitudes at the community level.

As a final point, many individuals, both within and without these two disciplines, have pointed out similarities in their status, position, and influence among their peer groups. As academic disciplines within a medical school environment, both tend to be low in the power hierarchy. Power and influence in most academic centers flows from access to or control of resources. Among basic science departments, the chief external source of funds in recent decades has been grants for biomedical research, with the National Institutes of Health as the chief source. The clinical departments have received such grants also, as well as increasing funds from patient care activities.

Most of the funds for research have been directed at problems relating to basic biochemical and physiologic mechanisms, acting at a cellular or subcellular level, rather than at problems relating to individuals or populations. In the clinical area, mechanisms of disease, improved diagnostic and therapeutic measures, and technologic development have received the greatest share of funds.

Preventive/community medicine and family medicine are both heavily invested in activities at the level of the individual, the family, the workplace, and the community, which have not been areas of heavy research investment. Those few research programs at this level, such as long-term clinical trials of drugs or other interventions, have generally been directed by representatives of specialty disciplines, such as cardiologists.

In the flow of patient care dollars, highly technical procedures have been most generously rewarded. Only in recent months has there been a major plea for equity in paying for cognitive as well as technical and procedural skills. Preventive activities remain outside the covered benefits of most insurance programs, and Medicare rewards only a few specific preventive measures, i.e., pneumonia immunizations.

Thus both disciplines find themselves as have-nots in an environment in which resources often govern access to faculty slots, space, and curricular time.

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Budget Committee's Recommendations for Fiscal 1987-88

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Dr. Steven Green, co-chairman of the Senate's Budget and Compensation Committee, reviewed the committee's recommendations and explained the rationale for each of the goals presented. It was moved by Dr. Zaller, seconded by Dr. Zollo, to accept the recommendations of the committee, to authorize its members to discuss with the administration the recommendations, and to make such adjustments as are necessary to create a balanced budget. The motion carried. It was noted that graduate stipends are included in the faculty salary figures. Dr. Glaser stated that he was committed, in principle, to the goals proposed by the committee.

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Proposed ~~Name Change~~ for the ~~Department of Family Medicine~~

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Dr. Knoblock presented the Council's motion to change the name of the Department of Family Medicine to the Department of Family Medicine and Community Health. Dr. Lynn Carmichael, Chairman of the department, gave an oral rationale for the proposed name change. The motion carried unanimously.

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Proposed Name Change for the Department of Drama

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Dr. Knoblock presented the Council's motion to change the name of the Department of Drama to the Department of Theatre Arts. Discussion followed. The motion carried.

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Revision of Bylaw on Faculty Titles, Status, Qualifications, Appointments, Promotions and Tenure

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The Chairman explained that the purpose of distributing the draft in sections, rather than as a whole, was to allow discussion of a reasonable amount of material. He reviewed each section of the proposed draft, explained the rationale for each change, and requested comments and suggestions from the Senate. The Senate Council, at a special meeting held today, recommended adding "appointment, reappointment" to paragraph 2, Section 1.7. Discussion followed regarding "educator faculty". New language for section 2.5.4 will be drafted by Drs. Sowle and Swan. After discussion, it was moved by Dr. Zaller, seconded by Dr. Zollo, to consider items 4, 5, & 7 as separate agenda items



Proposed Program for Classics

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Dr. Randolph presented his committee's report for the proposed program in classical studies. Discussion followed regarding the committee's recommendations. It was moved, and seconded, to require all proposals to include comparisons with programs comparable to the institutions which would be indicative of the levels of achievement expected of the program. The motion carried unanimously. It was moved, and seconded, to return the proposal to the College of Arts and Sciences with the following comments: 1) as presented, it does not appear to be a Program in Classics; 2) the Council regards a Program in Classics to be highly desirable at the University; 3) the Council is not prepared to approve any program which is not designed and funded at a level which will make it competitive, and conspicuously superior at its inception, with corresponding programs at comparable private universities; and 4) that the Council does not regard a second major as a plausible procedure. The motion carried unanimously.

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Proposed Name Change for the Department of Family Medicine

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It was moved, and seconded, to approve the proposed name change for the Department of Family Medicine to the Department of Family Medicine and Community Health. The motion was unanimously approved.

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Dean's Evaluation

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It was suggested that the Council meet with the Academic Deans to clarify the process of faculty governance and to discuss the particular content of the questionnaire. Dr. Knoblock was instructed to write a letter to the Provost inviting the Deans on his committee, and any other interested dean, to attend a Special Senate Council meeting on November 17.

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Discussion of Proposed Revisions to Bylaw 3.11

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It was agreed that the Council would meet at a special meeting to discuss the proposed revisions to Bylaw 3.11.