

A REPORT: SHARED GOVERNANCE AT MEHARRY MEDICAL COLLEGE

DATE: August 13, 2004

Dr. Tammy L. Henderson

Virginia Polytechnic Institute and State University

Tammy Henderson, Ph.D. Virginia Polytechnic Institute and State University, Human Development, Wallace Hall 401-B, Blacksburg, VA 24061. She may be contacted at (540) 231-2701 [VT Office], (540) 231-7012 [VT Fax], or thender@vt.edu.

EXECUTIVE SUMMARY

In a collaborative effort, the Center for Excellence and the Office of Faculty Affairs and Development of Meharry Medical College [MMC] conducted a one-day workshop on shared governance, an event designed to discover the beliefs and needs of faculty members. The workshop, which also served as a self-study of shared governance at MMC, involved four sessions. The *Open Door Session* focused on faculty members' definitions of and roles in shared governance. The second session explored *Shared Governance and What it Means*. The third session involved a discussion of the topic *Why Faculty Choose to Teach at HBCU*. The fourth session focused on how the general faculty viewed "shared government" operating and functioning within the School of Medicine.

Outcomes

The overarching themes gleaned from workshop participants' views toward shared governance and improving shared governance at MMC involved:

- (a) **Addressing the Substantive Issues:** involves but is not limited to obtaining faculty buy-in, supporting a democratic institution, creating a climate of trust and respect, fostering commitment to the mission of MMC, and enhancing interaction between faculty and administrators.
- (b) **Revisiting the Operational Components of Shared Governance:** refers to implementing decisions handed down by administrators or carrying out mandates, making a commitment to follow the mission of the college, redefining the roles of shared governance, understanding the problems and offering solutions, addressing leadership and faculty needs, developing mechanisms of accountability, monitoring and evaluating achievements, and revising all governance documents.
- (c) **Fostering Effective Engagement of Faculty:** includes providing input and solutions, enhancing and promoting faculty participation, and increasing the involvement of clinical faculty.
- (d) **Enhancing Communication Processes:** refers to implementing effective mechanisms of communication, including tone, full disclosure and the impact of concerns, needs, and achievements, as well as compliance with ethical or legal standards. (See Tables 2 - 3.)

According to participants, the outcomes of shared governance can be conceptualized using these three themes:

- (a) **Substantive Concerns:** encompasses the perceptions of the institution, revisiting traditions that undermine shared governance, and recognizing faculty responsibility to revising and maintaining governance documents.
- (b) **Faculty Development:** involves both faculty and administrators roles in fostering effective communication; requires administrators' commitment to providing faculty development workshops on critical topics (i.e., grant writing, administration of grants, and administrative

training), adherence to governing policies, and further implementation of shared governance, including revising of the faculty handbook, promotion and tenure guidelines, and by-laws.

- (c) **Leadership:** refers to administrative leadership in addressing faculty needs; personnel recruitment, retention, and promotion, and the tangible need for merit raises; statisticians; and instructional and lab equipment; reorganizing or restructuring of the Research Office and Accounts Payable offices. (See Table 4.)

Recommendations

In order to support faculty development, needs, and goals, future meetings, workshops, conferences, or self-studies should devote additional attention to several key areas. The inconsistent acknowledgements and awareness of the history, contributions, and excellence at Meharry Medical College undermines the success of the college. Consequently, it was recommended that a marketing kit be created to revitalize, reshape, and promote the educational excellence, leadership and service provided by this historical institution. The target audience for the marketing kit should be alumni, potential investors, federal and state policymakers, foundations, local businesses, and government agencies. To ensure that shared government is fully realized at Meharry Medical College, the following recommendations are offered:

- (a) Hold town meetings on the mission and strategic goals of MMC.
- (b) Undertake a self-study, town meetings, or other processes as needed in order to revisit the roles and responsibilities of administrators, faculty, and students and shift the paradigm within the college.
- (c) Provide faculty awards to recognize ongoing achievements, including clinical and teaching excellence, extramural funding, and student advising.
- (d) Conduct a study on perceptions on the traditions, operations, and climate at MMC from the vantage point of administrators, faculty, students, and alumni. Use a task force and neutral party to assess the underlying incongruent beliefs and practices.
- (e) Hold a follow-up session on shared governance to complete the work faculty started in the *General Session* of the workshop.
- (f) Provide a course release for a faculty member to provide the leadership needed to revise the expected outcomes for promotion and tenure for teaching, clinical practice, service, research, and grant productivity.
- (g) Determine relevant work-life policies necessary to eliminate burnout by faculty members and to enhance overall productivity, such as securing a National Science Foundation grant for improving diversity on college campuses.
- (h) Develop faculty development initiatives, such as a conference on “shared government” and training workshops or opportunities, to support leadership development.

- (i) Conduct a needs assessment to determine the prominent infrastructural needs (i.e., basic, instructional, lab equipment, renovations of buildings, and more), faculty needs (i.e., merit raises, course releases, professional development opportunities, administrative training, and grantsmanship), and personnel needs (e.g., statisticians, development officer, editor, and other personnel).
- (j) Review the number of faculty and other personnel to determine the number of new positions needed to fully realize the teaching, research, clinical practice, and extramural funding outcomes.
- (k) Conduct a process and outcome evaluation necessary to implement effective restructuring of the Research Office, accounts payable procedures or office, and the procedures for indirect cost funds.

Additional information is offered in the recommendation section of this report.

Workshop participants perceived their role as multifaceted: defining the goals of the university through their governing bodies, creating mechanisms of accountability, and developing procedures for monitoring and evaluating achievements - items warranting additional exploration. Yet, at the end of the day, both the sponsoring administration and workshop participants understood that their collective efforts would enhance MMC's ability to solve the medical and educational needs of the local community and society at large.

A REPORT: SHARED GOVERNANCE AT MEHARRY MEDICAL COLLEGE

History

The Center for Excellence and the Office of Faculty Affairs and Development collaborated on a one-day workshop to study the issue of shared governance at Meharry Medical College. The objectives of this workshop, held August 13, 2004, were to meet with faculty, the Faculty Senate, and Faculty Council to review faculty governance and development. This workshop gave faculty members an opportunity to revisit their beliefs about shared governance and to ensure that shared governance was operationalized to promote the continued success of Meharry Medical College. The workshop also served as a self study on the overall quality assurance of Meharry Medical College, preparing the institution for the Liaison Committee on Medical Education (LCME) accreditation. (See flyer in Appendix A.)

Before delivering the outcomes of the shared governance workshop, this report will offer some general observations and reflections regarding the visit with the community of medical professionals at Meharry Medical College (MMC). The faculty members were gracious, professional, and open to having an outsider enter their community and learn about their experiences as medical professionals committed to teaching and to clinical excellence in a historical institution. More than any article or accreditation material reviewed for the workshop, the faculty members themselves provided the facilitator with the sorts of key insights and commentary vital to such a study. More importantly, the participants appeared genuinely pleased at having a concentrated amount of time to address, explore, and outline key aspects of shared governance; they volunteered their time to engage in critical discussions that have implications for the future success of the medical college. In fact, commitment to excellence and openness to continued professional growth and development were prominent characteristics of faculty

attending the workshop on “shared government.” In appreciation of their professional support, one name was randomly selected from the sign-in sheets of all four sessions. As a token of my appreciation, this person—Dr. Pilar Ahiunaga—was the recipient of a \$50 gift check.

In order to understand completely the implications of “shared governance” on an institution, one must first define the term. Shared governance is a governing process of active participation and collaboration. Trustees, administrators, faculty, staff, and students share roles and responsibilities, and decisions are made with input from faculty members at multiple levels (American Association of University Professors, 2004; Alfred, 1998). As Littlefield (1989) notes, the arrival of new administrators could prompt an assessment or reassessment of shared governance, an action that requires for its success on faculty input. Changes in administration and the administration’s commitment to shared government were embedded in the goals of the MMC workshop.

Reflecting on some readings regarding shared governance, as well as on observations made during the visit, the administration is (a) taking the lead in understanding the culture and climate of shared governance at Meharry Medical College, (b) investigating ways to increase faculty involvement, and (c) seeking to address faculty needs and expectations (Littlefield, 1989). This approach appears congruent with the findings of the American Association of University Professors [AAUP] (2004), which suggests that administrators are aware of the interdependence of administrators and faculty. Sponsoring the shared governance workshop is one indicator that the current administration is interested and committed both to improving the communication between themselves and faculty and to engaging actively in shared governance. Furthermore, this administration understands that shared actions and collective efforts will

enhance MMC's ability to solve the educational needs of the local and Black communities and to continue to make extraordinary contributions to society as a whole.

At the same time, faculty members are equally committed to the continued *success* of Meharry Medical College and to the revitalization of shared governance. Clearly, their participation in the workshop signifies their continued commitment to shared governance, but perhaps less obviously it also indicates an additional goal. When they were asked about the positive aspects of Meharry Medical College and why they chose to work at this institution, they stated that they were *committed to Meharry Medical College* and to a *patient population who is underserved*. Given the facilitator's work with medical, public health, and pharmaceutical programs inside Historically Black Colleges and Universities (HBCU), their responses were revealing, but not surprising.. Collectively, their responses indicated concern and care for the wellbeing of future generations and a focus on the future (Hooyman & Kiyak, 1999). MCC faculty members want to have an *impact* on their students and community; they seek to contribute *to the success of students*.

In preparation for the one-day workshop on shared governance, the workshop facilitator reviewed indicators of shared governance found in the by-laws of the Faculty Council and Faculty Senate, faculty handbook, and promotion and tenure guidelines. The Liaison Committee on Medical Education [LCME] (2004) accreditation standards, the American Association of University Professors (2004) guidelines on shared governance, and other articles were reviewed for comparability. With the assistance of faculty members, at the workshop the key areas of shared governance were revisited and participants were encouraged to suggest proposed changes to existing policies. Table 1 contains an outline of the tool used to examine governance materials for MMC. In this table, and for the purpose of this report, the primarily focus was on the

following LCME items: IS-4 on the organization structure of shared governance; FA-7, FA-10, and FA-11 related to faculty outcomes.

Beginning with the Faculty Council by-laws as an example, outcomes of shared governance focused on: (a) faculty, (b) student, and (c) accreditation. Based on an examination of readings on shared governance, the teaching, clinical practice, and student outcomes appeared to be the primary focus of the by-laws of the Faculty Council, a factor that could weaken the successful implementation and sustainability of shared governance. To be specific, a correspondence between outcomes for Faculty Council committees (i.e., Academic Freedom Committee, Appointments, Promotion and Tenure Committee, Faculty Development Committee, and Research Committee) and faculty members' duties as found in the faculty handbook, *Policy on Guidelines for Academic Freedom, Appointments, Promotion, & Tenure of Faculty*, was not fully realized. The outcomes of these committees are critical because they outline the grievance and Academic Freedom processes, as well as articulate standards of review for promotion and tenure. For these documents to be truly useful, they must be revised to reflect the changes in faculty expectations and outcomes, such as the focus on enhanced research and extramural funding productivity. In sum, faculty members are the foundation of a university and these governance tools influence their success in meeting the teaching, research, clinical, and service outcomes, outcomes crucial for the sustenance of any successful university.

Conducting the Workshop

With history as the backdrop to this report, a brief overview of the workshop follows. The objectives of workshop were to meet with faculty and faculty leadership to review "shared government" at Meharry Medical College, to revisit participants' beliefs about shared governance, and to ensure that shared governance is operationalized in a manner that promotes

the success of MMC. Four sessions were held (See Appendix A for the Flyer) to address these objectives. With questions to direct the session, basic and clinical faculty members were invited to the first session, the *Open Door Session*. To ensure that this was an interactive workshop, flip chart sheets were posted on two walls, each posing one of six key questions:

1. What is governance?
2. What is shared governance?
3. What is your role in shared governance?
4. How might we improve shared governance at Meharry?
5. How might you contribute to improvement of shared governance?
6. What should be the outcome(s) of shared governance?

Packets with articles and resources on shared governance were provided to participants. In an effort for them to gain a succinct understanding of shared governance at MMC, participants also were given a handout on which the six questions were asked. (See Appendix B for a copy of the handout.)

After gracious introductions, an enlightening discussion proceeded on the history, structure, and approaches taken to shared governance at MMC. To most of these six questions, faculty members rendered responses that will be discussed later in this report.

Along with the general faculty, the executive committee members of the Faculty Senate and Faculty Council were invited to attend the second session, *Shared Governance and What It Means*. Using the same six questions used in the *Open Door Session*, this session involved a brief discussion about shared governance, during which each participant received a packet of materials and resources on the topic. Following this discussion and based on a handout provided in Appendix C, the facilitator provided information regarding the key advantages and disadvantages of shared governance, after which the faculty placed their responses to the six questions on the flip charts posted on the walls. After all responses were thus posted, a discussion followed about the role of faculty members in the “shared government” of MMC.

During the third session (which was held over the lunch hour), deans, department heads, and the executive committee members of the Faculty Senate and Faculty Council were invited to a presentation and discussion on *Why Faculty Choose to Teach at HBCUs*. The findings used in this session were gleaned from a study conducted by the Public Health Infrastructure Team [PHIT], of which the workshop facilitator is a member. This presentation opened the pathway to a very insightful discussion about recruitment and retention of students. During this discussion, it became clear that faculty members were concerned about how their teaching excellence in the area of medicine could contribute to society as a whole. Within this context, the notion of *reshaping or reintroducing Meharry Medical School to external audiences* emerged as a viable means of addressing the ongoing concerns shared by all educational institutions: student recruitment, faculty retention and recruitment, and funding necessary for infrastructural enhancement.

In the fourth session, *the General Session*, faculty outlined approaches for revisiting the shared governance policies considered vital to sustaining the continued success of the Meharry Medical School. This session was designed to develop measurable outcomes or feasible goals for ensuring the successful use of shared governance. Flip chart sheets were posted with a question on each sheet; faculty members also were given copies of the Faculty Council and Faculty Senate By-laws. In the *General Session*, workshop participants were given the following topics on which to base their discussions regarding the outcomes of shared governance (see topics listed in Appendix D):

1. Shared Governance
2. Infrastructure of the Faculty Senate
3. Infrastructure of the Faculty Council
4. Faculty Role in Governance
5. Faculty Participation – My Role
6. Faculty Participation – The Role of My Colleagues

7. Voting –
 - a. Who has voting rights?
 - b. How do different members vote?
 - c. Who has the ability to vote?
8. Outcomes for Shared Governance
9. Strategies to Achieve Outcomes

Although faculty members discussed among themselves strategic changes that were needed within the governing structure of MMC, due to time constraints, the scope of the discussion was limited to Topics 8 and 9 in the above list. As a result of the fact that the discussion was not fully realized, any follow-up activities on shared governance should perhaps touch upon those topics the group was unable to discuss.

Outcomes of the Workshop Sessions

Of the four sessions, the remainder of this report provides summarized outcomes that represent faculty members' perceptions regarding shared governance at Meharry Medical College, with italicized items representing actual language used by participants. By necessity, the discussion began with an agreement upon definitions: to effectively engage in a discussion, participants required the development of a working definition of shared governance. Faculty members in attendance define governance as the *oversight and roles of operations* that involve *all components of the institution*. Effective shared governance requires a *clear knowledge of the goals for governance and specific roles within the governing body*. The other meanings attached to shared governance were (a) *shared responsibility in running the university*, including *structural oversight and rules of operations*, (b) *a process by which faculty can become involved in running the institution*, or (c) an *outgrowth of working together with administrators* to achieve *outcomes for all components of the institution*. Shared governance included *faculty and administrators interacting effectively* to accomplish the mission of the university; however, each party is *accountable* for the outcomes of those interactions. Governance also referred to the

totality of all resources used to achieve a goal. These definitions of “shared government,” along with their attendant connotations, are congruent with those established by the American Association of University Professors (2004).

What is the role of faculty in shared governance?

In order to facilitate a comprehensive and uniform understanding among faculty members regarding the “shared government” of MMC, an institutional history was provided to workshop participants. Additional goals of this history involved identifying the context within which suggested revisions to governance could arise and be implemented and articulating the potential responsibilities faculty members could assume in helping manage the school. Asked to define the roles they should play in shared governance, faculty members produced responses that consistently involved three themes: (a) addressing the substantive issues, (b) revisiting the operational components of shared governance, and (c) fostering effective engagement of faculty members and administrators. (See Table 2 on *Faculty Responses to Shared Governance: The Role of Faculty Members.*) Enhancing faculty buy-in to shared governance at MMC and supporting a democratic process were the two substantive concerns of workshop participants. Attendees agreed that lack of a supportive, democratic process and faculty buy-ins undermine the effectiveness of shared governance.

The second theme, revisiting the operational components of shared governance, can be explained via two subthemes: (a) achieving the university’s goals and (b) shaping the process. Participants perceived that they were responsible for implementing *decisions handed down* by administrators and that they were enjoined to *carry out mandates* which would achieve the university’s mission. Additionally, they believed that they were responsible for redefining and clarifying the roles of all governance entities; however, they recognized that administrators were

responsible for managing and supervising personnel and implementing initiatives focused on faculty development. Workshop participants also perceived that their role involved defining the goals of the university through their governing bodies: the Faculty Council, Faculty Senate, Advisory Committees to the Dean of Faculty Affairs and Development, and the Advisory Committee to the President of the University. Faculty members also believed that their shared responsibility involved creating mechanisms of accountability and procedures for monitoring and evaluating achievements, items that warrant additional exploration in a follow-up study or workshop.

Another aspect of faculty members' perceived roles in shared governance involved fostering effective engagement of faculty and administrators. Effective engagement - meaning active participation - was clearly an outcome desired by MMC faculty. They wanted everyone to participate in governance, which at a minimum would involve attending meetings but would also include serving and working on committees. Repeatedly, they articulated the need to involve more faculty members in the two general meetings of the Faculty Council. Additionally, they expressed the need to provide input and recommend solutions for any problems that might arise.

What is your role in improving shared governance?

When each faculty member was asked individually how he or she ("you") might improve shared governance, they provided responses that touched upon the same themes, but with one major difference: under this category or line of questioning, enhancing communication patterns also emerged as a prominent theme. (See Table 2 for a brief summary of faculty responses on this topic.) Participants' responses centered around taking *personal responsibility* and *laying the groundwork* for shared governance, ideas that demonstrate the strong sense of personal accountability and commitment embodied by MMC faculty.

With regard to the second theme—revisiting the operational components of shared governance—participants viewed their role in terms of making a commitment to the university’s mission and of reviewing the committee structure of governing bodies. Other responses regarding potential roles mentioned identifying and clarifying problems, as well as offering solutions to problems. Workshop participants desired additional information on identified problems so that they could make well-informed decisions.

Fostering engagement and enhancing communication were the third and fourth themes that arose from faculty perceptions about the roles they could play in shared governance. Engagement begins with *attending meetings*, followed by progression toward faculty members *joining committees*. Workshop participants believed that they should offer open communication to foster stronger engagement of faculty in the school’s governance. Open communication involves but is not limited to posting Faculty Council and Faculty Senate by-laws on the web, sending hard copies of pertinent governance documents to all faculty members, developing more effective ways of getting faculty to place items on meeting agendas, and finding effective ways of persuading faculty to attend the two critical, general meetings of the Faculty Council and Faculty Senate. With regard to the latter, one idea involves elections.

To ensure an environment of shared governance, faculty also perceived their role to include full disclosure of information without violating legal or ethical standards. As a component of this believes, they suggest that any relevant *problems, issues, or solutions*, as well as *the impact of each* (meaning problem, issue, or solution) should be openly disclosed to the MMC community. Faculty viewed their roles as being agents of full disclosure and colleagues responsible for making every effort to maintain open lines of communications, findings similar to those of Littlefield (1989). Consequently, it is believed that such approaches to improving

communication and faculty participation would encourage faculty members to participate in solving educational problems, meeting the educational goals of MMC, and ultimately increasing the buy-in of faculty members into shared governance.

How to improve shared governance at Meharry Medical College

As the questions asked of participants progressed in complexity, more themes naturally emerged. Six themes explained participants' perceptions regarding how shared governance might be improved at the school, themes that include specific references to Faculty Council:

- Addressing the substantive issues
- Revisiting the operational components of shared governance
- Fostering effective engagement of faculty administration
- Enhancing the communication processes and mechanisms
- Enhancing the educational resources
- Shifting the administration approach to shared governance

A summary of faculty responses can be found in Table 3.

Substantive issues. Faculty members were vested in improving shared governance within the MMC community. Their responses create a continuum of ideas ranging from substantive to tangible approaches for accomplishing this goal. The substantive concerns can be expressed as (a) commitment, (b) climatic awareness and shift, and (c) improved interpersonal dynamics. To improve shared governance at MMC requires a commitment to the university's mission by faculty; it means *standing up and being counted*. Nevertheless, the mission of the university may not be congruent with current expected indicators for faculty productivity that in a teaching institution relate to enhanced research and extramural funding productivity. Based on

participants' actions and comments, personal responsibility is a valued characteristic in the culture of MMC.

A second approach toward improving shared governance involves an increased awareness of academic climate (Littlefield, 1989). Faculty believe that an effective climate of shared governance is one in which *trust and respect* saturates the halls and walls of the institution. In other words, effective shared governance requires an environment where morale is high among faculty members, staff, students, and administrators. These factors not only shape the academic climate and characteristics of MMC but influence every member's ability to make successful progress toward collective and individual goals. During the workshop, continued attention to climate and morale emerged as a clear concern of and need for MMC faculty members. In sum, shared governance has the potential to create positive administrator-faculty interactions, shaping the way each individual interacts with another.

Participants from the Faculty Council likewise identified some techniques they could institute to improve shared governance, including improved interpersonal dynamics. As the *voice of faculty*, they seek to achieve *greater unity among faculty and the Faculty Council*, and to *foster faculty commitment to the Faculty Council*. Consistent with the general observations reported above, the Faculty Council wants to cultivate stronger professional relationships with administrators and to set up an Ad-hoc Committee to work on some of the governance concerns identified during the workshop.

Revisiting the operational components of shared governance. From the second theme of revisiting the operational components of shared governance, three sub-themes can be derived: (a) general components of shared governance, (b) leadership characteristics of shared governance, and (c) faculty development. Faculty perceived that in order to ensure that all aspects were

understood and all expectations and roles clearly defined, the general components of shared governance must be revisited. These general components refer to (a) building a clear vision for governance bodies, (b) developing the global issues for governance, (c) making critical documents available to faculty and to the MMC community, and (d) enhancing the shared responsibility of administrators and faculty members. Additionally, workshop participants wanted to add the faculty practice plan to the governance process and to reexamine the grievance process. Specific to the role of the Faculty Council, leaders wanted to enhance the operational components by (a) enhancing mechanisms of accountability as prescribed in the by-laws, (b) reviewing the by-laws, (c) using *Roberts Rules of Order*, and (d) developing a truly representative council.

With reference to the second subtheme, leadership characteristics, faculty believed some modifications were in order. To enhance shared governance requires that the Meharry community have a definitive faculty leadership complementing that of the administration. They would like to see the administration use flexible approaches to leadership. Consistent with Littlefield's (1989) findings, faculty at MMC believed that the actual decision-making was done by a few individuals; therefore, they suggested (a) integrating a model of co-leadership, (b) eliminating political appointments, and (c) rotating the leadership within key governing bodies.

The determination of faculty to ensure the success of Meharry Medical College quickly led to the development of solution-oriented ideas that focused on faculty development initiatives, programs, or policies. The faculty suggested:

- Holding a faculty development initiative to support the enhancement of shared governance at Meharry Medical College,

- Holding a conference on “shared government” with administrators and faculty members in attendance,
- Investing in continual leadership training and development for administrative positions, and
- Developing faculty development initiatives to do critical interim reports.

Their consistent return to a focus on solutions meant to enhance shared governance demonstrated the unified and consistent goals of participants attending the workshop.

Fostering effective engagement of faculty and administrators. Workshop participants explained that improving shared governance at Meharry Medical College would involve effective engagement of faculty members and administrators, the third major theme to emerge during the day’s activities. Suggestions for developing such engagement began with a persistent focus on strategies to involve the clinical faculty, a facet of the community that is often overlooked in an institution devoted to teaching. Assigning the best person for the task and the most appropriate individuals for specific decision-making processes were of concern to workshop participants. In general, they believed that political appointments were common and that often the least appropriate person was given critical tasks to complete, undermining the strength of the professional relationship between faculty and administrators. Once again, faculty members wanted to increase the percentage of their peers who participated in the shared responsibility of managing the school. The Faculty Council, specifically, wanted to focus on enhancing faculty involvement in council activities.

Enhancing the communication processes. Communication, the fourth theme, was repeated throughout the four sessions. In general, faculty members established that in order to engage more members of the MMC community in shared governance procedures and processes,

increased and more effective communication was needed. Yet, in the perspective of workshop participants, the tone and interpretations of communications made by administrators often undermined attempts toward shared governance at MCC and limited the engagement of faculty members. In fact, the tone of administrative communications is perceived by many to be dictatorial in nature. In their roles as faculty leaders, members of the Faculty Council suggested several specific goals that could improve communication at the institution:

- Improve faculty access to the by-laws.
- Write and make available annual reports.
- Create deliberate and new mechanisms to increase attendance at the two general meetings.
- Work to enhance faculty participation in voting.

Overall, participants identified several behaviors and perceptions that needed to be addressed by administrators and faculty leaders before an increased level of communication between the parties could occur.

Educational resources and administrative approaches. The last two of six themes – using educational resources and shifting the administrative approach – further illuminate faculty perceptions toward improving shared governance at Meharry Medical College. With regard to the first theme, participants suggested that optimizing available resources was critical to sustaining effective governance. With regard to the second, they focused on their desire to create an atmosphere of shared responsibility and collaboration with administrators. Participants suggested that sharing of information, publicizing agendas items prior to meetings, and creating agendas focused on outcomes could improve shared governance. These behaviors also serve as approaches to full disclosure of critical information. Additionally, participants proposed that a task force should be established to explore faculty issues and to address perceptions toward

administrators. Based on the workshop facilitator's observations, it may be useful to explore administrators' views toward faculty. Perceptions held by administrators and faculty members seem incongruent and appear to be a direct reflection of limited communications about decisions, problems, and the implementation of solutions to remedy these problems.

Desired outcome(s) of shared governance

Workshop participants provided numerous ideas regarding the responsibilities of administrators and faculty, particularly with regard to the institution's global agenda: have a clear definition of each governance entity, make joint decisions, and have focused priorities, all of which are consistent with the general models of shared governance (AAUP, 2004; Alfred, 1998). Yet, the depth and breadth of their comments emerge in the explanation of the other themes, which are briefly summarized in Table 4. Furthermore, three themes most clearly explain faculty views about the outcomes of shared governance at Meharry Medical College: (a) substantive concerns, (b) faculty development, and (c) leadership.

Substantive concerns. Administrators are characterized by some as *dictators* who give *mandates* that create polarization within the MMC community (Alfred, 1998). Clearly, such perceptions articulate a deep-rooted division between faculty and administrators; however, it appears that some less positive perceptions about administrators exist solely due to communication challenges, a situation that could explain why faculty members articulate an ongoing need for enhanced communication. These challenges are not unusual given the unique nature of the shared governance model (for examples, see Alfred, 1998) and the ongoing dynamic shift in expected outcomes for faculty and administrators. This challenge can be lessened by increased efforts to obtain faculty input and by the demonstration of ongoing efforts to enhance communication between faculty and administrators.

Other substantive issues included faculty members empowering themselves through revitalizing, restructuring, and reinstating their shared governance entities, such as the effectiveness of the Faculty Council and Faculty Senate. To make these changes, the faculty members need administrative support. For example, administrators might reduce the teaching load or other duties of the presidents of the Faculty Council or Faculty Senate, a situation that could allow them to engage more effectively in the “shared government” of the school. Some participants of the shared governance workshop believed that administrators needed to support the creation of new images of Meharry Medical College that could enhance recruitment and retention of both faculty and students. Additionally, some faculty members believed that they should work to dismantle or reshape traditions that undermine shared governance and the desired outcomes of shared governance. Unfortunately, time constraints did not permit full exploration of this topic; hence, the nature of these “traditions” is another item to be reviewed in future initiatives on the “shared government” of MMC.

Faculty development and administrative leadership explained the next set of outcomes necessary for enhanced shared governance. The overarching disposition of workshop participants focused on administrators and faculty members sharing in the success of collaborative governance. As expected, workshop participants repeatedly stressed the promotion and use of effective communication patterns. From the vantage point of faculty, administrators must be more involved in implementing faculty development programs or initiatives to support shared governance, such as a course reduction for presidents of the Faculty Senate or Faculty Council or for those persons engaged in revising the by-laws, faculty handbook, and promotion and tenure guidelines. These revisions of governance policies would enable faculty members to explore extramural funding and enhance their research agendas to the levels required by a research and

teaching facility – if that is the primary focus of MMC. Workshops on grant writing, grant administration, academic leadership and administration, and related issues were among those needs identified by faculty for helping them increase research and grant productivity without undermining excellence in teaching and clinical practice.

Yet, workshop participants felt that administrators also needed to address disincentives related to increased research and grant productivity. Changes are needed in the operations of the Research Office and in the dispersion of indirect costs funds, which often fail to go directly to departments. As noted, in other institutions (Henderson, 2004, June 29) course releases attached to grants need to be honored, removing critical disincentives to enhance extramural funding. Giving primary investigators some monetary incentives, including increasing their salaries, may remove the disincentives to increased grant productivity. Others have noted that if monetary incentives cannot be offered, then faculty awards and other forms of recognition could be viable alternatives (Henderson, 2004, June 29).

Additional research is needed to address shared governance. For example, a self-study or needs assessment on faculty, administrators, student, and staff satisfaction is needed to identify and to determine the depth and breadth of issues that may undermine the potential positive outcomes of shared governance. This self-study may include but is not limited to indications about the quality of media systems, the need for merit raises, securing basic and lab equipment, improving the building and physical infrastructure, securing grants and contracts, and improving accounts payable. Additionally, strategic goals and plans to address each of these items and other items as identified in the self-study could further promote a culture more conducive to shared governance wherein people's needs could be acknowledged in a safe, positive manner (Littlefield, 1989).

Faculty members share some responsibility in faculty development. They should (a) support and participate in shared governance programs and operations, (b) promote and use effective communication patterns, and (c) modify governance policies to ensure that grievance policies, academic freedom, standing committees, and faculty handbooks and documents support administrative-faculty accountability in shared governance. During the workshop, an initial discussion began on the topic of securing extramural funding, maintaining excellence in teaching and clinical practice, and enhancing research productivity. Participants desired flexible expectations for teaching and clinical faculty who help maintain the core elements of the mission:

True to its heritage, Meharry Medical College exists to provide excellent education and training in the health sciences with a special focus on providing opportunities to promising African-Americans and other under-represented ethnic minority students. Meharry is committed to excellence in the delivery of community-based health care services and conducting outstanding basic and patient oriented research with special emphasis on underserved communities and diseases and health conditions that disproportionately affect ethnic minority populations.

Faculty members were invested in increased research and extramural funding productivity, but not at the cost of excellence in clinical practice and teaching. They were keenly aware of being overextended and working with insufficient resources. To address the research and extramural funding goals, the college might need to hire additional personnel, such as statisticians, development officers, editors, and additional administrators. In addition, effective procedures by the Research Office and improved fiscal administrative procedures are necessary for the effective pursuit of the **school's new or modified goals** regarding research and grants. Additionally, in

order to fully determine needs and issues relevant to members of the school community, faculty recognized their responsibility as contributors to the self-study on faculty, staff, and student satisfaction.

Another topic that was broached at the workshop but could not be developed fully due to time constraints involved changing perceptions about or increasing the public's awareness of Meharry Medical School, primarily through contact with external organizations, agencies, and other entities. Participants agreed that there is a need to inform key groups—such as potential funding agencies and foundations, policymakers, and other schools—about the different, noteworthy facets of Meharry Medical College: its exceptional research and clinical practice, its excellence in teaching, and its “stars,” both students and faculty. To that end, the concept of a marketing campaign was introduced. Such a campaign has implications for the continued success of this institution and could very well shape and even solicit the future funding necessary to address the infrastructural needs of the school, such as endowments, alumni contributions, and donations from private citizens. It may even have implications for the maintenance of a historical cornerstone in the Black community in an era when “colorblindness” is used to ignore mechanisms that infringe on the rights of undeserved students and patients—such as those served by Meharry Medical College—to life, liberty, and the pursuit of happiness. Furthermore, if informational and marketing campaigns are not developed, unsung heroes, like faculty members and administrators at MMC, who are committed to underserved students and patients may remain unnoticed and unacknowledged.

Leadership by administrators and faculty continues to be an area of concern for any institution that has experienced or intends to undertake periods of renewal. Since such institutions are renewing and modifying their commitment to research, teaching, clinical practice,

and service, the role of leadership must also be reconsidered. For the purposes of this report, this renewal dynamics is called *professional renewal*. Meharry Medical College is experiencing its own professional renewal evidenced by faculty members' belief that administrators may support shared governance by (a) adhering to by-laws and other governance polices, (b) addressing faculty and personnel needs, and (c) recruiting and retaining faculty, statisticians, development officers, and others to promote the current expected outcomes related to research and grants. Another component of this renewal process involves the recruitment and retention of tomorrow's rising scholars, a practice that could pose a greater challenge to HBCUs like Meharry Medical College given the fact that White institutions are active engaged in recruiting Black "superstars" (Collison, 1999).

Furthermore, to arrive at the desired outcomes of shared governance, during the workshop faculty recognized their role in revisiting and revising the *Policy on Guidelines for Academic Freedom, Appointments, Promotion, and Tenure of Faculty*, the Faculty Council by-laws, and the faculty handbook. For example, participants in the *General Session* examined the structure of the school's governance structure, beginning with the Executive Committee and Faculty Senate's role of speaking to the President of the college on behalf of faculty. Participants in the *General Session* also identified some key foci for the Faculty Senate that included issues of accountability, checks-and-balances by faculty and administrators in shared governance, and faculty representation, items which ideally would be the focus of any follow-up activities on shared governance. Workshop participants also wanted to maximize the power and influence faculty members hold by increasing the number who attended the two general meetings of the Faculty Council. The initial processes necessary to increase attendance at these two critical

meetings involves (a) setting an effective agenda forth, (b) encouraging faculty participation, and (c) addressing grievances and sanctions.

Likewise, with regard to the needs of the Faculty Council, participants suggested that by-laws sent to all faculty members and that the roles of officers be revisited, including the Faculty Council Representative to the Faculty Senate. Workshop participants wanted an assurance that each department would send one representative with one vote to the Faculty Council, thereby ensuring a more representative government. Additionally, they wanted to ensure that the Basic Science faculty members were involved in the Faculty Council. More specifically, they argued that sending four pre-clinical chairs, four clinical chairs, and a representative from each of these groups to the Advisory Council of the Dean was critical to ensuring that faculty members in the Basic Sciences were involved in the Faculty Council and shared government of MMC.

Summary

In a collaborative effort, the Center for Excellence and the Office of Faculty Affairs and Development held a one-day workshop at Meharry Medical College in an effort to discover faculty members' beliefs, concerns, and needs with regard to shared governance. The workshop gave faculty an opportunity to determine how to ensure that shared governance was operationalized to promote the continued success of Meharry Medical College. The workshop also served as a self-study of shared governance at MMC. Four sessions were held to obtain faculty input on the state of shared governance within this institution.

The overarching themes that best articulate workshop participants' views regarding shared governance at MMC were (a) substantive issues, (b) operational components of shared governance, (c) engagement of faculty, (d) communication, (e) faculty development, and (f) leadership. Before briefly recapping some of these themes, faculty noted that optimal use of

current resources was critical to promoting shared governance, yet they noted that additional resources were needed, such as labs, educational facilities and equipment, and other infrastructural needs.

Faculty needs were substantive and tangible. Repeatedly, substantive concerns emerged about administrator-faculty relations, the process of leadership appointments, and communication challenges. Encouraging buy-in from faculty, supporting a climate that is perceived to be more democratic than dictatorial in nature, and revisiting traditions of MMC that may undermine shared governance are critical components in the effort to continue the success of the institution. The underlying challenges can be articulated in the form of several questions:

- (a) What are the precise expectations for teaching, research, clinical practice, and extramural funding?
- (b) What are realistic goals for faculty, staff, and administrators at Meharry Medical College?
- (c) How do faculty members effectively engage in teaching, clinical practice, research, extramural funding, and service without further risking professional burnout?
- (d) How is the administrative leadership going to support faculty efforts to meet these expectations?

Tangible needs are critical to building an infrastructure at MMC that supports excellence in teaching, research, clinical practice, and extramural funding. An insufficient number of personnel and the lack of basic, lab, and instructional equipment were among the tangible needs mentioned by faculty. Those attending the workshop agreed that hiring a statistician, editor, or other personnel would enhance their ability to achieve the outcomes expected of faculty members. Likewise, changing the operations of the Research Office and Accounts Payable are

important concerns. Giving merit raises, and acquiring basic, instructional, and lab equipment, and addressing other infrastructure needs also were among the concerns of faculty members. Regardless of the needs, however, the faculty's commitment to the institution and its students, as well as to overall excellence, continued to permeate their responses and they quickly moved beyond the discussion of problems to focus on potential solutions.

To operationalize shared governance requires modifications by faculty and supportive leadership by administrators. Faculty members recognized a need to revisit all governance documents and a need to revitalize their governing bodies, including the Faculty Council and Faculty Senate. Looking more at an outcomes-driven approach, faculty suggested that development initiatives and programs would ensure the full realization of shared governance. For example, workshop attendees proposed a conference on shared governance.

To reduce the polarized challenges naturally attached to the concept of shared government (Aldred, 1998; Littlefield, 1989), administrators may work on communicating with faculty about how they are adhering to governance policies and being responsive to faculty needs and concerns. Furthermore, communication and engagement, two related themes, involved a continuum of processes and issues, from concrete to substantive. A concrete approach, for example, would involve ensuring that every faculty member had copies of governing materials, while a substantive one would involve modifying the tones of communications, which may be an artifact of technology. Enhanced communication could be one way of engaging more faculty but keeping them involved requires a sustained and concentrated effort. At the end of the workshop, MMC faculty members concluded their discussion by renewing their commitment to the continued success of the institution. Both the sponsoring administration and workshop

participants understood that collective efforts and responsibility are vital to enhancing MMC's ability to solve the educational needs of the local community and society as a whole.

Recommendations

The outstanding history, contributions, and work done by Meharry Medical College may never be fully recognized if the college does not seek to obtain greater visibility. To that end, it is necessary to create a marketing kit for Meharry Medical College to revitalize, reshape, and promote the educational excellence, leadership and service provided by this historical institution. The target audience for the marketing kit should be alumni, potential investors, federal and state policymakers, foundations, local businesses, and government agencies.

In general, to support faculty development, needs, and goals, future meetings, workshops, conferences, or self-studies should devote additional attention to several key areas. To begin, the following recommendations are suggested to address some of the substantive concerns as expressed by participants:

- Conduct a study on perceptions on the traditions, operations, and climate at MMC from the vantage point of administrators, faculty, students, and alumni.
- Use a task force and neutral party to assess the underlying incongruent beliefs and practices in order to implement processes to remedy these incongruent or undermining beliefs.
- Undertake a self-study, town meetings, or other processes as needed in order to revisit the roles and responsibilities of administrators, faculty, and students and shift the paradigm within the college.

To enhance the overall climate with MMC, enhance recognition of faculty contributions, accomplishments, and commitment is in order. Faculty awards to recognize ongoing

achievements, including clinical and teaching excellence, extramural funding, and student advising is necessary.

In addition, a study and subsequent wellness program focused on supporting faculty to balance work and familial demands are important. Work-life policies necessary to eliminate burnout and to enhance overall productivity is vital to any effective institutions. Research and programs on work-life concerns may be funded by a National Science Foundation grant aimed at improving diversity on college campuses. Virginia Polytechnic Institute and State University was awarded a five-year ADVANCE grant from the National Science Foundation to enhance the participation of women in engineering and sciences, but this project also addresses inequalities faced by faculty of color and other faculty needs, such as work life issues. For an overview of work-life projects go to this website: http://www.advance.vt.edu/Project_Overview.html. For additional samples go to the following websites:

- http://www.provost.umich.edu/faculty/family_friendly/ff_2.html
- <http://www.ucop.edu/acadadv/family/welcome.html>
- <http://www.aaup.org/Issues/FamilyWork/index.htm>

To address communication discrepancies and to enhance the administrator-faculty relationship, consist or annual town meetings on the mission and strategic goals of MMC are necessary. This approach may be an initial step in obtaining *buy-in* from faculty members and provide a framework for operations of the Faculty Council and Faculty Senate.

The next sets of recommendations include issues of faculty development and infrastructural needs. To this end, the author of this report recommends the following:

- Hold a follow-up session on shared governance to complete the work faculty started in the *General Session* of the workshop.

- Conduct a needs assessment to determine the prominent infrastructural needs (i.e., basic, instructional, lab equipment, renovations of buildings, and more), faculty needs (i.e., merit raises, course releases, professional development opportunities, administrative training, and grantsmanship), and personnel needs (e.g., statisticians, development officer, editor, and other personnel).
- Review the number of faculty and other personnel to determine the number of new positions needed to fully realize the teaching, research, clinical practice, and extramural funding outcomes.

It is also necessary to conduct process and outcome evaluations necessary to implement effective restructuring of the Research Office, accounts payable procedures or office, and the procedures for indirect cost funds. Some restructuring may be necessary to effectively implement the **modified goals related to enhance research and grant productivity.**

To improve the overall leadership of the medical college and to demonstrate ongoing commitment to faculty it may be critical to provide a course release for a faculty member to provide the leadership needed to revise the expected outcomes for promotion and tenure for teaching, clinical practice, service, research, and grant productivity. Other recommendations include but are not limited to (a) developing faculty development initiatives to hold additional workshops or a conference n “shared government”, (b) to provide access to training workshops or opportunities on leadership development and administrative techniques, and (c) to hold workshop on grant writing and administration, scholarly publications, and more. After several studies and evaluations are completed in response to this report, annual evaluations of MMC’s strategic plans also are necessary to promote the continued success of this great institution.

References

Alfred, R. L. (1998). *Shared governance in community colleges*. Denver, CO: The Education Commission of the States (ECS).

American Association of University Professors. (2004). Statement on shared governance of colleges and universities. Retrieved on August 12, 2004 from <http://www.aaup.org/statements/Redbook/Govern.htm>.

Collison, M. N. K. (1999). The perks and perils of recruiting academic superstars. *Blacks in Higher Education, Special Report*. Retrieved on July 5, 2004 from

Hooyman, N., & Kiyak, H. A. (1999, 5th ed.). *Social Gerontology: A Multidisciplinary Perspective*. Boston, MA: Allyn and Bacon.

Henderson, T. L. (2004, June 29). *Faculty perspectives on strengths, challenges, & infrastructural needs*. Presentation given at the Building a Public Health Infrastructure Roundtable Discussion. Washington, DC: author.

Littlefield, V. M. (1989). Creating an administrative structure to support faculty governance: A participatory process. *Journal of Professional Nursing, 5*, 336-344.

Table 1 – Tool Used to Review Shared Governance Documents at Meharry Medical College

Indicators of Shared Governance	LCME	By-laws of Faculty Council
Climate & Environment		
<ul style="list-style-type: none"> ▪ Spirit of collaboration 		
<ul style="list-style-type: none"> ▪ Cooperation 		
<ul style="list-style-type: none"> ▪ Interdependence between administrators, governing board, faculty, students, & trustees 		
<ul style="list-style-type: none"> ▪ Morale 		
<ul style="list-style-type: none"> ▪ Tolerance of diversity 		
<ul style="list-style-type: none"> ▪ Participation 		
Governance & Administration		
<ul style="list-style-type: none"> ▪ Results in Measurable Outcomes 	IS-1 - ...planning process that sets the direction of the institutions and results in measurable outcomes	
<ul style="list-style-type: none"> ▪ Not-for-Profit 	IS- 2 – should be part of a not-for-profit university...	
<ul style="list-style-type: none"> ▪ By-law promulgate responsibilities, privileges of administrators, faculty, students,& committee 	<p>“There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university” (LCME, 2004, p. 1).</p> <p>“The dean and a committee of faculty should determine medical school policies. Schools should assure that there are mechanisms for direct faculty involvement in decisions related to the educational program. The full faculty members to have the opportunity to participant in the discussion and establishment of medial school polices and practices (LCME, 2004, p. 6).</p>	
<ul style="list-style-type: none"> ▪ Accreditation 	IS-3 - ... A U.S. medical school must achieve institutional accreditation from the appropriate regional accrediting body	

Table 1 – Tool Used to Review Shared Governance Documents at Meharry Medical College - continued

Indicators of Shared Governance	LCME	By-laws of Faculty Council
Governance & Administration		
	<p>IS-4 - ... medical school is organized, including the responsibilities & privileges of administrative officers, faculty, students, and committees must be promulgated in medical school or university by-laws</p>	<ul style="list-style-type: none"> ▪ Revisit the By-laws, faculty handbook, and <i>Policy Guidelines for Academic Freedom, Appointments, Promotion, & Tenure of Faculty</i> to ensure it is concurrent with current expectations of faculty ▪ Develop an organizational chart for the structure of shared governance at MMC
	<p>IS-5 - governing board responsible for oversight of the medical school must be composed of persons who have no personal or pecuniary interest or other conflict of interest in the operation of the school, its associated hospitals, or any related enterprises.</p>	
	<p>IS-6 - Terms of governing board members should be overlapping and sufficiently long to permit them to gain an understanding of the programs of the medical school.</p>	
	<p>IS-7 - Administrative officers and members of a medical school faculty must be appointed by, or on the authority of, the governing board of the medical school or its parent university.</p>	
	<p>IS-8 - The chief official of the medical school, who usually holds the title "dean," must have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the dean's office.</p>	
	<p>IS-9 - There must be clear understanding of the authority and responsibility for medical school matters among the vice president for health affairs, the dean of the medical school, the faculty, and the directors of the other components of the medical center and university.</p>	

Table 1 – Tool Used to Review Shared Governance Documents at Meharry Medical College - continued

General Indicators of Shared Governance	LCME	By-laws of Faculty Council
Governance & Administration	IS-10 - dean must be qualified by education and experience to provide leadership in medical education, scholarly activity, and care of patients.	
	IS-11 - medical school administration should include such associate or assistant deans, department chairs, leaders of other organizational units, and staff as are necessary to accomplish the missions of the medical school. [technical change adopted June 2002)	
Faculty Primacy		
<ul style="list-style-type: none"> ▪ Faculty status (i.e., hiring, dismissal, retention, tenure, & promotion) 	<ul style="list-style-type: none"> ▪ FA-1 – recruitment & development of medical faculty take into account... mission, diversity, & .. ▪ FA-3 – achievements commensurate with academic rank ▪ FA-7 – clear policies for faculty appointment, renewal, promotion, and dismissal..... ▪ FA-8 - ..policies that address private interests of faculty do not conflict with official responsibilities ▪ FA-9 – written information about their terms of appointment, responsibilities, lines of communication, privileges and benefits...the policy on practice earnings ▪ FA-10 – scheduled feedback on academic performance & progress toward Promotion/Tenure ▪ FA-11 – Opportunities for professional development must be provided to enhance faculty members’ skills & leadership abilities in education & research 	<ul style="list-style-type: none"> ▪ Revisit the By-laws placing more focus on faculty outcomes ▪ Revisit the <i>Policy Guidelines for Academic Freedom, Appointments, Promotion, & Tenure of Faculty</i> to ensure it is concurrent with current expectations of faculty ▪ Revisit the grievance process ▪ Make sure all governance documents are congruent
<ul style="list-style-type: none"> ▪ Clinical Practice 		
<ul style="list-style-type: none"> ▪ Teaching 	FA-4 – capability and continued commitment to be effective teachers	
<ul style="list-style-type: none"> ▪ Research 	FA-5 – commitment to continuing scholarly productivity	
<ul style="list-style-type: none"> ▪ Extramural Funding 		
<ul style="list-style-type: none"> ▪ Curriculum, subject, matter, & methods of instruction 		
<ul style="list-style-type: none"> ▪ Students’ educational process, including admissions 	FA-6 – decisions regarding student admissions, promotion, & graduation....	

Table 2 - Faculty Responses on Shared Governance: The Role of Faculty Members

Category	Role of Faculty in Shared Governance	Your Role in Improving Shared Governance
Addressing the substantive issues	<ul style="list-style-type: none"> ▪ Getting faculty buy-in ▪ Supporting a democracy in which everyone gets a voice 	<ul style="list-style-type: none"> ▪ Taking personal responsibility ▪ Inviting faculty to participate in laying groundwork
Revisiting the operational components of shared governance	<ul style="list-style-type: none"> ▪ Implementing decisions handed down ▪ Carrying out mandates ▪ Redefine and clarify the roles of each governance entity ▪ Recognizing the role of administrators: personnel, faculty development, and supervision ▪ Defining goals ▪ Addressing global issues ▪ Monitoring and evaluating achievements 	<ul style="list-style-type: none"> ▪ Making a commitment to the mission ▪ Reviewing committee structure ▪ Understanding the problems and offer suggestions to improve them ▪ Being clear on the issues in order to participant in an informed manner ▪ Highlighting problem and offering solutions
Fostering effective engagement of faculty/administrators	<ul style="list-style-type: none"> ▪ Enhancing effective participation ▪ Promoting participation and contributions ▪ Attending meetings ▪ Providing input and solutions 	<ul style="list-style-type: none"> ▪ Attending meetings ▪ Joining committees
Enhancing the communication processes/mechanisms		<ul style="list-style-type: none"> ▪ Supporting open communication ▪ Giving full disclosure of information <i>problems, issues, impact, and solutions</i>

Table 3 – Improving Shared Governance at Meharry Medical College

Categories	General	Faculty Council
Addressing the substantive issues	<ul style="list-style-type: none"> ▪ Fostering commitment to the mission of the institution ▪ Having a definitive leadership that complements the administrative leadership ▪ Stand-up and be counted ▪ Creating a climate of trust and respect ▪ Creating a mechanism for enhancing the morale of the institution ▪ Shaping the way we interact with each other ▪ Ensuring that the presence and voice of faculty are present ▪ Differentiating traditions that tend to rule the university versus outcome-driven goals 	<ul style="list-style-type: none"> ▪ Becoming the voice of the faculty ▪ Creating greater unity between faculty and Faculty Council ▪ Fostering faculty commitment to Faculty Council ▪ Cultivating a stronger faculty-administrator relationship that is focused on outcomes ▪ Setting up Adhoc Committee
Revisiting the operational components of shared governance	<p>General Components</p> <ul style="list-style-type: none"> ▪ Developing a clear vision for governance bodies ▪ Developing the global issues for governance (outcome) ▪ Adding the faculty practice plan in governance for 501-3C ▪ Enhancing shared responsibility administration and faculty working together on projects ▪ Making critical documents related to governance readily available ▪ Examining the processes related to personal grievances <p>Leadership</p> <ul style="list-style-type: none"> ▪ Having a definitive leadership ▪ Looking for flexible approaches to co-leadership ▪ Eliminating political appointments ▪ Rotating the leadership teams <p>Faculty Development</p> <ul style="list-style-type: none"> ▪ Investing in continued training and development for effective leadership (role) ▪ Holding faculty development initiatives to support enhanced use of shared governance ▪ Holding a conference on governance with administrators and faculty members ▪ Developing faculty development initiatives to do interim reviews 	<ul style="list-style-type: none"> ▪ Developing mechanisms of accountability as prescribed in By-laws ▪ Reviewing the By-laws ▪ Using Robert Rules of Order to effectively manage meetings ▪ Developing a true representative council

Table 3 – Improving Shared Governance at Meharry Medical College - continued

Categories	General	Faculty Council
Fostering effective engagement of faculty/administrators	<ul style="list-style-type: none"> ▪ Developing strategies to enhance the involvement of clinical faculty ▪ Assigning the best person for the task ▪ Including the appropriate individuals in decision-making process ▪ Increase the percentage of faculty participants 	<ul style="list-style-type: none"> ▪ Enhancing faculty involvement in Faculty Council
Enhancing the communication processes/mechanisms	<ul style="list-style-type: none"> ▪ Promoting effective means of communication ▪ Eliminating the dictatorial mode of communication (verbal and written) with faculty and staff members 	<ul style="list-style-type: none"> ▪ Improving faculty access to By-laws ▪ Writing and making available annual reports ▪ Creating deliberate and new mechanisms to get faculty at general meetings ▪ Working to enhance faculty participation in voting
Optimizing Educational Resources	<ul style="list-style-type: none"> ▪ Using resources to the optimal level to achieve our goals ▪ 	
Shifting the Administrative Approach	<ul style="list-style-type: none"> ▪ Enhancing the sharing of information ▪ Sending forth the agenda for meetings ▪ Creating agendas that focus on outcome objectives ▪ Creating a Task Force of members from Faculty Senate and Faculty Council and administrators to explore issues of concern, including myths and misperceptions ▪ Creating new approaches to shape the public’s views of Meharry Medical College 	

Table 4 – Outcomes of Shared Governance

Category	Administration	Faculty
Substantive Concerns	<ul style="list-style-type: none"> ▪ Shaping or addressing perceptions of administrative leadership that indicative of a dictatorship versus shared governance ▪ Addressing the negative images of faculty tasks that are viewed as <i>mandates</i> ▪ Revisiting traditions that may undermine shared governance 	<ul style="list-style-type: none"> ▪ Enhancing faculty empowerment through restructure and instituting shared governance entities, such as the Faculty Council and Faculty Senate ▪ Supporting the creation of new images and misperceptions related to the current administrative leadership
Faculty Development	<ul style="list-style-type: none"> ▪ Promoting and demonstrating effective communication ▪ Implementing faculty programs to support shared governance, such as course reductions for presidents of Faculty Council ▪ Adhering to shared governance operations via By-laws and other governance policies ▪ Holding faculty development workshops on grant writing, administration, and related processes ▪ Co-sponsoring self-study on faculty, administrator, staff, and student satisfaction on a continuum of needs 	<ul style="list-style-type: none"> ▪ Supporting and participating shared governance programs or operations ▪ Promoting and using effective communication patterns ▪ Modifying governance policies to ensure that grievance policies, academic freedom, standing committees, and handbooks support of accountability by administrators and faculty members ▪ Attending and committing to seeking extramural funding ▪ Co-sponsoring the self-study on faculty, administrators, staff, and student satisfaction
Leadership	<ul style="list-style-type: none"> ▪ Enhancing outcomes related to faculty needs, and personnel recruitment, retention, and promotion. ▪ Addressing the tangible needs of faculty, such as having the appropriate number of personnel, having access to a statisticians, and obtaining adequate basic, instructional, and lab equipment 	<ul style="list-style-type: none"> ▪ Revisiting and revising the <i>Policy on Guidelines for Academic Freedom, Appointments, Promotion, & Tenure of Faculty</i> ▪ Revisiting and/or Faculty Council By-laws ▪ Revisiting and/or revising the Faculty Handbook

Appendices

Appendix A

Flyer for Shared Governance

**In Cooperation with the Faculty Senate, Faculty Council
and the Center of Excellence a workshop will presented on:**

Shared Governance

facilitated by

Billy Ballard, DDS, MD
Director, Center of Excellence

and

Tammy L. Henderson, PhD, CFLE
Department of Human Development
Virginia Polytechnic Institute and State University

Friday, August 13, 2004
Learning Resources Center
(Auditorium Level)

AGENDA

- 8:00 to 10:30 a.m. Interactive Open Door Session
(all Basic and Clinical Faculty are invited)
- 11:00 a.m. to 12:30 p.m. “Shared Governance and What It Means”
*(Faculty Senate: Chair, Executive Committee
and General Membership; Faculty Council: Chair,
Executive Committee and General Membership)*
- 12:30 to 2:00 p.m. LUNCH – “Why Faculty Choose to Teach at HBCU’s”
(Deans, Department Chairs, Faculty Senate & Council Chairs)

ALL BASIC AND CLINICAL FACULTY INVITED TO ATTEND:

- 2:00 to 2:30 p.m. Mixer – Refreshments will be served
- 2:30 to 4:30 p.m. General Session
- ✧ Shared Governance
 - ✧ Infrastructure of the Faculty Senate and Faculty Council
 - ✧ Faculty Role in Governance
 - ✧ As a Faculty Member How Do I Participate?
 - ✧ Voting: Rights, Ability and How

All Basic and Clinical Faculty are invited to participate in the general session because shared governance is about you.

RSVP: Karen Williams at klwilliams@mmc.edu or ext. 6862

Appendix B

Questions for the Open Door and Interactive Sessions

**Interactive/Open Door Session
Friday, August 13, 2004**

**Facilitated by:
Dr. Tammy L. Henderson**

1. What is governance?
2. What is shared governance?
3. What is your role in shared governance?
4. How might we improve shared governance at Meharry?
5. How might you contribute to improvement of shared governance?
6. What should be the outcome(s) of shared governance?

Appendix C

Handout on Shared Governance



Appendix D

Questions for the General Session

**Shared Governance
General Session**

Facilitated by:

Billy Ballard, DDS, MD

and

Tammy L. Henderson, PhD, CFLE

Friday, August 13, 2004

Lecture Room 1

1. Shared Governance
2. Infrastructure of the Faculty Senate
3. Infrastructure of the Faculty Council
4. Faculty Role in Governance
5. Faculty Participation – My Role
6. Faculty Participation – The Role of My Colleagues
7. Voting –
 - a. Who has voting rights?
 - b. How do different members vote?
 - c. Who has the ability to vote?
8. Outcomes for Shared Governance
9. Strategies to Achieve Outcomes