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Minutes of the Regular Meeting of the Academic Council

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November 19, 1998

The Academic Council of Duke University met in regular monthly session on November 19, 1998 from 3:45 until 5 p.m. in 139 Social Science Building, with Prof. **Robert Mosteller** (Law) presiding.

MINUTES

The minutes of October 8 were **approved** by voice vote as submitted without discussion or dissent.

ANNOUNCEMENTS

The **Chair** had several brief announcements to make: first, that the Provost, in consultation with the Executive Committee of the Academic Council has formed a new committee, a Retirement Committee, and it is charged by the Provost with a series of tasks. The first is data gathering to evaluate the impact of the likely aging of the Duke faculty and the increase in compensation costs as a result of that aging process, to evaluate what kinds of lifetime planning should be provided to faculty members at various times and at various stages in their career, and evaluation of retirement issues, namely to evaluate whether we should have an early retirement option at Duke University and to look at health and other benefits. One of the items that often keeps people working beyond the point at which they might wish to retire is whether health benefits are provided in adequate quantity and other kinds of benefits remain in place. Space and professional identity, the continuation of an association with the University, ability to have space and to maintain professional identity is one of the reasons that people decided to or not to retire, and then continuing to review the process. The committee has proposed to review the best methods to monitor faculty retirement issues, and to make recommendations in response to the impact that has occurred as a result of uncapping the mandatory retirement age. The committee should recommend how to circulate its report for review by the faculty and the administrators throughout the University. The committee is being chaired

by Angela O'Rand of Sociology. Other committee members are Jim Cox of the Law School, Clint Davidson, Human Resources, Allen Kelley from Economics, Margaret McKean from Political Science, Anthony Means from Pharmacology and Cancer Biology, and Eric Stallard from Demographic Studies. The second announcement is basically a reminder. The **Chair** wanted to make sure everyone noted that Judith White, special assistant to the President has accepted a new assignment for the remainder of the academic year. She has assumed the position of Assistant Vice President and Director of Residential Program Review. Judith has worked with residential life issues since 1993. In her new capacity, her main duty will be to direct and coordinate administrative efforts to review current residential facilities and programs, and to prepare proposals for consideration by appropriate campus groups and the Board of Trustees. She is going to be basically the point person with respect to residential life issues for the remainder of the year. The final item is that our next meeting occurs quite quickly, on December 3. We schedule the meetings to be in advance of the Trustee meetings. One of the interesting items at that point will be a report by Steve Kieran, who is an architect and a consultant. He has been hired to examine the use of residential space on West Campus. We had a preview of some of his ideas in our meeting with Tallman Trask yesterday in ECAC.

Turning to the third item on the agenda, the **Chair** called on Gordon Hammes, Vice Chancellor, Medical Center Academic Affairs, to introduce the primary speaker concerning the proposal to institute the degree of Doctor of Physical Therapy. He explained that this comes with the recommendation from the Council Executive Committee, hence it needs no second. It is an item that is a two meeting item. It will be discussed today, and voted on at the December 3 meeting.

Vice Chancellor **Hammes** explained that the new director of the Physical Therapy program, Jan Richardson, will do the primary presentation, but that he would like to indicate the support of the Medical Center for this proposal. She has come in with major plans for this program, it is already a top rate program, we want to make it the top ranked program in the country. She will describe what is happening around the country, which is basically a development which will create the Doctor of Physical Therapy as the primary advanced degree in physical therapy. We want to be at the front of this development. The resources are available, which you should have a major concern for. He thought the program will pretty much pay for itself when it's in full swing, but the space is in place, the additional faculty positions needed are being recruited for, the funding is in

place. It has the enthusiastic support of the Medical Center administration and MEDPAC, which is the advisor group consisting of all the chairs and some center directors to create this new degree. He then turned to Dr. Richardson to introduce the details of the degree itself.

Dr. Jan Richardson remarked that she has had the opportunity to present this and meet with many of the members in the audience and that she appreciated the opportunity to come and present her proposal to the rest of the Academic Council here today. What this is is a replacement degree. There currently is a Master of Science degree in place for Physical Therapy, and this is to be replaced with the degree of Doctor of Physical Therapy or what is called the DPT degree. As we looked at the thought of a replacement degree, we took a look at the graduate mission statement of the University, which was very much in concert with where the profession of physical therapy is heading from an educational perspective. The mission that is applicable is to prepare future members of the learned profession for skills in a life of ethical service for the advancement of the frontiers of knowledge, to contribute boldly to the international community and scholarship. Additionally, to foster health and well-being through medical research and patient practice, which is the keystone for the profession of Physical Therapy. To promote a sincere spirit of tolerance, a sense of obligation and rewards of citizenship. Citizenship and integrity are very keystone in our educational process for individuals who are going out to provide service to consumers in the United States. Also, a commitment to learning, freedom and truth, which is keystone here to Duke University. Along with the mission of the graduate program at the University, there is a rationale nationally that supports the replacement of the MS with the DPT degree, and that is the need to educate Physical Therapists at the DPT professional degree level. Currently, our national association, which is made up of 75,000 members representing a good portion of the 114,000 licensed physical therapists in the country, developed a consensus process over the past year, taking a look at the educational and curricular development as we go into the next millennium. It was agreed through the consensus process, that there should be a consolidation and a unified voice as reflected by a single degree that gives the same message both internally as well as externally, and that should be the Doctor of Physical Therapy degree, which is a clinician degree, a practitioner degree. Which is similar to a MD degree for physicians, a DVM for veterinary medicine, DO for osteopathy, and DDS for dentistry. PharmD has also moved to the professional degree at the entry level. Also, we want to make sure that we prepare graduates to exercise leadership in the advancement of clinical practice and

research and we have in our vision a very strong research agenda that we hope to propose. The scope of practice must be reflected in a very substantial way through the content of the curriculum and in the profession of Physical Therapy. We have a historic document which was developed and which was printed in our professional journal in November of 1997 and that is the guide to Physical Therapists practice. That is a document that for the first time in history has taken a look at the entire scope of practice within the profession. It is being used both internally to the profession as well as externally with regard to third party reimbursers, to educational programs, to help formulate a long term research agenda for the profession from an academic perspective. One of the things that Duke will be first at achieving at a national level with the implementation of the DPT degree is that we would be the first University in the country to develop a curriculum solely based on this new document, the Guide to Physical Therapists Practice. So that would put us in a pioneering mode again here at Duke which certainly is very traditional. Legislatively, the public now has direct access to Physical Therapists in the majority of states in the country, and North Carolina is one of those states. So there is not a need in neuromusculoskeletal problems for direct referral from a physician. So for instance if a child is born with Cerebral Palsy, direct access is afforded and that would be in concert with the medical diagnosis provided by the physician. Therefore, based upon the mission here at Duke University and the rationale based upon what is happening within the profession in the United States, it is our vision here in Physical Therapy that Duke University will develop a physical therapist's curriculum that will prepare Doctors of Physical Therapy to serve as primary clinical care practitioners for neuromusculoskeletal disorders and related movement from a preventive as well as wellness perspective throughout the entire continuum of care. This vision will include the DPT curriculum which will represent the design that is reflective of the practice pattern that is outlined within the Guide to Physical Therapists Practice. This pattern comprises four areas: integumentary, cardio-pulmonary, neuro-muscular, and musculoskeletal management. The vision also includes that the degree would be implemented, or projected to be implemented for the Fall of 1999. Currently, the MS program is a two year program which has 30 students in it and the projection of this vision would increase that number to 40 students over a 3 year period of time, so that the program in total number of students would actually double, from 60 students to 120 students. And again this would be a three year professional degree program. We have also proposed a strategic action plan and that action plan would be the approval and implementation of the DPT degree in concert. During the spring semester we would actively recruit for

doctorally prepared faculty to compliment those doctorally prepared faculty who are currently serving in the masters degree program and that we would also develop and foster a very aggressive clinical outcomes research agenda which we would hope to develop a task force for beginning in January of 1999. The admissions and registration process would stay intact, which has served the masters degree program very well. The admissions criteria would continue to be the requirement that students have a baccalaureate degree, and those baccalaureate degrees are usually in the basic sciences. They usually come to us with a BS degree in Chemistry, Biology, Physics, also some of the other areas that we have gleaned students from have been exercise physiology and athletic training, and occasionally nursing. They would also be required to have GRE scores and required minimum number of clinical hours of experience as a volunteer. The rationale for this is that they will have exposure to the entire profession at some level, so that they're not just believing that Physical Therapy is done in the Sports Institute, but they will also have exposure from pediatrics through geriatrics. There is also an essay requirement and then an interview process. What happens is that the applicant pool is evaluated and screened down by a paper screen, then the final 100-150 are brought here to Duke and go through an interview process with the faculty. The difference with the DPT would be that instead of the graduate studies department being responsible for the admissions process and the recording of student progression, this would move over with the DPT to the Medical School registrar, and we have been working with the Medical School to make sure that everything is in place and that they would be able to handle a seamless transition as we would move to the DPT in the fall of 1999. Our applicant pool has already been notified that there may be the possibility that Duke would pursue and have approval for this degree. We would see this program as providing opportunities for our current masters students. We have two classes in place right now, we have dialogues with those students to see what their interest is, that continuing on, they would be able to pursue the DPT if it should be approved, so that they would before graduation be able to matriculate into that program. There is a very high interest currently among the 60 students that are in place to make that transition to the DPT. Also, much further down the road as far as a vision for the program is concerned would be the possibility to transition those people who are licensed as Physical Therapists to allow them through some form of telecommunications, conferencing, Internet or some other projected types of study with the university to be able to obtain a DPT. But again, that is futuristic in nature and is not a part of this current proposal.

The financial plan which was included in the proposal that was presented does show from both a revenue projection and an operating expense perspective that this would be a positive budget the first year, and as the second year students and the third year students would be matriculated into the program, it would allow us additional revenue to be able to offer students a greater opportunity for scholarship and grants. Currently 78% of our class in the masters program do receive some form of financial aid, and the school currently does provide a scholarship program, but at a minimal level. With the increased number of credits and the increased number of students doubling, it would afford the program the opportunity to be able to offer to the student body that would come to Duke a much greater opportunity to obtain grants and scholarships in lieu of or in concert with the loan programs that we currently have. Are there any questions?

Before opening the floor to questions, the **Chair** announced the presence of David Bell, Chair of Academic Priorities to answer questions if any would be appropriate for his direction. Another matter he wished to draw attention to concerned the wording of the resolution. There was an item in the initial proposal— and Dr. Richardson referred to it as basically something that is possible in the future— having to do with distance learning. At the academic priorities meeting, there was recognition that there are substantial implications about approving distance learning with respect to any degree, and that is therefore being held to one side. This proposal is being approved separate from that part of the proposal, and that item will be dealt with further by APC if it is going to be approved. Just for reference, it is on page 10 of the proposal that came to you from the program and the part of paragraph 3, the third whereas of the three sheet proposal where it says "while holding for further consideration, the portion of the proposal calling for creation of fast track" etc. etc. — that is not part of this proposal and it is separate from that.

Discussion

Prof. **Knoerr** (NSOE) asked if a doctorate was needed for public relations? Are all the ancillary professions to medicine going to now have to have doctorates rather than masters? You are not talking about going through internship and residency beyond the academic portion. He was expressing some thoughts that went through his mind when he read this. Medicine is not his field.

Jan Richardson responded by saying that there is a significant increase over and above the current masters

program. Moreover, the masters program that currently is in place, and that program by the way is the oldest in the country dating back to the 1940's here at Duke University, is a very aggressive program and demanding of the student body in that to obtain a masters degree, the students are required to take 52 credits, which is only 6 from a PhD. This program is significantly elevated above that.

Prof. **Knoerr** interjected that one doesn't get PhDs just for credits.

Dr. **Richardson** agreed. This is a three year, full time program, including summers. And it does include a 10 month residency at the end, which is different from the current program. The current program does not include a year of residency for the students. And there are other differences in the program. There are differences in the area of the basic sciences, there is the inclusion of histology, embryology over and above the anatomy and neurological science that the students currently take with the Medical School. There is also scientific inquiry and maybe some of the titles may not reflect actually the rigorousness of the program but there is a three sequencing of scientific inquiry which are the research courses, which would be introduction to research, research design and statistical analysis. There is also an increase over and above in the area of administration and management so that the students from the beginning of their professional career are better prepared to handle the new health care environment with its rapid changes from a day to day perspective.

Prof. **Nathans** (History) wanted to know what would happen to the traditional technically based allied health care provider and is there still a role for that person to play?

Dr. **Richardson**: The technical? We do have Physical Therapists' assistants, just as physicians have physician assistants within our profession. We've had licensed physical therapists' assistants that physical therapists have routinely delegated appropriate parts of the intervention to. That will not change and that is at the associate degree level. That is a two year program. Also, there is one accrediting agency within the country for physical therapists' education and that is a group called the Commission of Accreditation of Physical Therapy Education, better known as CAPTE, and they have elevated their standards for accrediting programs, and the year 2001 marks the end of accreditation for baccalaureate programs. All academic programs for Physical Therapy education must be at the post-baccalaureate level. So, again we are hoping to be on the front of the wave as we move towards changing this.

Prof. **Nathans**: What does a person with a masters degree do when they get out into the working world that a person with an associates degree doesn't? What more does that bring?

Jan Richardson: Significantly. Well, for instance, a Physical Therapist, and this is also not just by academic preparation, but also by state licensure, the Physical Therapist examines, diagnoses, offers a prognosis, and intervenes and re-examines. The assistant at the associate degree level may not by law examine, diagnose, assess, revise a treatment program. They can only do delegated portions of the treatment regime that are appropriate by law, and those laws do differ among the 50 states.

Sydney Nathans: One last question, in what way would a person with a PhD under the program be better qualified?

Jan Richardson: It's not a **PhD**.

Sydney Nathans: Doctor of Physical Therapy.

Jan Richardson: It is a professional degree, it prepares them to better diagnose and intervene with the patient population than they are currently permitted by law to serve within the states. Well, right now the scope of practice of Physical Therapy is changing dramatically. It is broadening. So it is getting not only greater depth but greater breadth, and in order to be proactive, we need to stay ahead of the move as far as scope of practice is concerned and make sure that practice isn't driving education as much as education is driving practice, and some of that will be done also by the research agenda.

Prof. **Staddon** (Psychology-Exp.): thought that there are always two complementary problems with any new degree program. On the one hand, people are afraid that maybe this is an example of degree inflation. So it's the same thing that went before but with a fancier degree; it sounds from what you say that this is not going to be a problem.

Jan Richardson: Not at all.

John Staddon: Very good. The other is the sort of over-credentialing, which serves the very useful economic purpose of restricting access to the profession, thus increasing prices paid to the professors of whatever it might be. What would she say to this problem as far as her program is concerned? Will this, in fact restrict the access to this profession, given that bachelor's degree people can no longer apparently do what they used to do and get accredited for it?

Jan Richardson: No actually. And that's an excellent question. But the answer to that is really driven market-wise within the health care arena. In the past, there has been a significant supply and demand issue in Physical Therapy, with demand exceeding supply significantly. Just within the last three years.

John Staddon continued by asking if this meant that the supply is being restricted further?

Jan Richardson: No, absolutely not. It has nothing to do with changing the salary structure. To the contrary, it is better preparing those who will come out as practitioners, but their salary will be driven by the market, not by what degree they have. So, for instance, right now, it better arms our graduates to be more competitive in the market where the supply and demand are more equalized and therefore more competitive. If you were a buyer of these services and you know you have X number of dollars to spend to hire a Physical Therapist and everything else being equal, if you were to have three candidates, one who was baccalaureately prepared, one who was masters prepared, and one who was doctoral prepared, one would assume that you would believe your money would be best spent by buying that person who has been educated at the doctoral level versus the baccalaureate or the masters level. In a national survey of 7000 surveyed, 4000 responded, and that is exactly what their response was. That they have a much higher expectation for the doctorally prepared practitioner and the masters expectation was higher than that of the baccalaureate. But she thanked him for asking that question.

Prof. **Emily Klein** (ECAC/ Earth & Ocean Sci)) found it useful when Dr. Richardson had come and spoken to ECAC to mention the two programs that already have this DPT degree existing as well as the 15 or so that are gearing up for it.

Jan Richardson: For the past five years, there have been three universities that have had DPT degrees and they were replacement degrees, namely Creighton University in Omaha, Nebraska, Slippery Rock University outside of Pittsburgh, and USC in California. They were the first part of this initiative to move to the single DPT degree. There is, however, a national movement based on a general consensus that says 'if we have to make the transition in order to stay accredited, why take the time and energy to move to the masters when we can make a single move to a doctorate degree?' If they do not do this, they will probably have to turn around and make the transition again within a 5-6 year period of time; there are anywhere from a dozen to about fifteen who, within the next 24 months at universities, will be coming onboard with the DPT degree. We are ranked #2 in

the country right now with our masters program, and the #1 program is currently looking to make the transition in the next 24 months, and she would like to see Duke move ahead and be on the front part of this wave making the transition as one of the leaders nationally moving to the degree.

Emily Klein: And the number one was Washington U?

Jan Richardson: Washington University is number 1.

Emily Klein: And also NYU, she thought.

Jan Richardson: NYU is moving towards that, Indiana, Beaver College out of Philadelphia, Temple, Emory is talking about it.

Prof. **Joanne Wilson** (Clinical Sci.) had two questions or comments. She applauded Dr. Richardson's increasing the number of potential graduates [to benefit those] trying to get into these programs, and the second question has to do with the existence of a series of people with baccalaureates; will those people be grandfathered into continued certification since those people are certainly very highly skilled but face a challenge from any graduates that you have with the doctorate?

Jan Richardson: There actually will be no negative repercussions to those people who are currently licensed. There will not be a grandfathering where their degrees will automatically be updated, but licensure will not be affected. Right. Absolutely. The only requirement for sitting for the licensure exam in all the states is that you must have graduated from an accredited program. So, if your program was accredited last year at the baccalaureate level, that will not change. Licensure is being revisited at a state level through the federation of the state board of licensures which is a group to which all state boards belong. They are looking at continued competency for renewal of license, but again, that will be more in the area of continuing education, improving continued competence for relicensure, but degree-wise preparation-wise, they did graduate as the masters have done, and they will not be negatively impacted by this.

Joanne Wilson: The last comment concerns the comparison with the PhD program which isn't entirely valid, simply because most PhD programs do require some research and thesis work that this program does not require.

Jan Richardson: It does actually, namely the scientific inquiry. Now do understand that the PhD is preparing individuals for a life of scholarship, usually in an

academic environment, where this is the clinical degree which is preparing them to serve the consumer in the health care environment. So the research emphasis will be on the area of outcomes research. The students will be required to go through the process to the point where their research is presented at a national level or submitted for publication.

Joanne Wilson: Within their discipline?

Jan Richardson: Yes, within their discipline.

Joanne Wilson: One last point: are the number of credits awarded for practical experience as well? It seems some of the core courses are for this and those are always 'funky' numbers.

Jan Richardson: They are not of the same weighting as a didactic course would be, but there are credits awarded for the residency, for the intern and initial clinical experiences.

Joanne Wilson replied that she thought that in some of Dr. Richardson's support data it might be worthwhile to not juxtapose the credit hours for one with [the] other like comparing apples and oranges.

Carol Hamilton (Clinical Sci.): This is very familiar to anyone who has watched the clinical pharmacy going through the same process, and certainly in that group, there was bitter debate among the schools that went to the PharmD degree programs versus people who held back for a long time saying No, there are two things, there are people who are going to be pharmacists and there are people who don't want or need [?] extra training, but almost all the schools are Pharm D. schools; and now, to make a distinction, people go on to get residencies and then fellowships and there is still this move to continue on and trying to distinguish oneself; what made the most sense to her is Dr. Richardson's paragraph about having lost some excellent students to other places that have these programs. That speaks to her very clearly and she thinks we should go forward, but she wondered, whether there is this kind of debate among schools? Are there people who think this is really a mistake to do this and how does she address that?

Jan Richardson: pointed out in response to this that she is currently serving as the President of the American Physical Therapy Association, and hence has had the opportunity to be at many of these consensus conferences to hear that. Ironically, the debate and the conflict was more back in the 1970's when the transition was to go from the baccalaureate

to the masters degree. The academic programs that were at the baccalaureate level had some concern about that. At this point in time, there has not been as much debate, and certainly not conflict, and that was one of the things that the consensus conference attempted to identify right up front. So as part of the consensus conferences, not only practitioners, but a large portion of educators, and they were mostly the directors of academic programs in the country, were brought to the consensus table to discuss that, and even those programs that were baccalaureate were firmly committed to the concept that our degree should be moved to the DPT and that there should only be a single degree so that there would be the same voice telling the consumer that these are apples and apples, and not necessarily apples and oranges.

Prof. **George** (Engineering): First off, he felt that this is a very appropriate degree, considering it as the parallel to the Doctor of Optometry from a consumer's point of view. But the document itself he has had a little trouble with. One point on page 5 needs to be visited by a grammarian and what is a 'doctorally prepared faculty member' on page 11? What does this mean?

Jan Richardson: Doctorally prepared faculty member? Meaning someone with a terminal degree which historically in Physical Therapy has not always been the case.

Rhett George wondered if this meant that she has looked only for people with a 'doctor of something' as new faculty?

Jan Richardson responded that her department would look for those Physical Therapists who were licensed, practiced within the state, and who had a terminal degree, so the answer would be 'yes.'

Prof. **Shaughnessy** (Engineering) wished to pick up on the same point. He understood that she will have approximately five faculty who will not be doctorally prepared. He wondered what the future looks like for these five faculty if they are in a program which is basically a terminal degree program, what might life be like?

Jan Richardson: From a commission perspective with regard to the accreditation commission, there exist formulas for ratios or percentages of faculty, knowing that the number of doctorally prepared physical therapists in the country have not been as high as in some other disciplines, so they have always believed, as certainly we do, that there is a role for the practitioner as for instance in medical school. Not all the physicians who are on the faculty have MD's, PhD's. There is that role for the clinician, that MD who is

practicing who is treating patients who can offer his/her diagnostic and examination expertise to the students. We do not see this being anything less than parallel in that venue. Our non-doctorally prepared faculty in the PT program who are clinicians and who are serving on the clinical side (because we do have a very strong service in PT and MT here at Duke University Medical Center) would continue on. Ironically, there have been a number of [faculty?] who have discussed going on for either a DPT or a PhD program and at this point in time, the nearest Ph.D. program to Physical Therapy is at UNC, that is not a program here.

Ed Shaughnessy: Are these individuals tenured?

Jan Richardson: No, she didn't think so. One is.

Ed Shaughnessy: So the others are on term appointments?

Jan Richardson: Yes.

Ed Shaughnessy: So she doesn't anticipate replacing them?

Jan Richardson: No.

There being no further questions, the **Chair** said that the matter would be considered again at the December meeting.

At this point, President **Keohane** invited all present to join her in saluting Gordon Hammes as someone who has done an enormous amount to exercise leadership here. She thought that people were aware that Gordon Hammes will be stepping down as Vice-chancellor of Academic Affairs in the Medical Center later this year. He has served in that post since 1991 with great distinction. In going back over his resume which she will not summarize, she was struck by how many important institutions he had been associated with before he came to Duke ranging from Princeton, Wisconsin-Madison, the Max Planck Institute, Stanford, MIT, Cornell, Santa Barbara; and he came with both administrative and great scholarly experience. A double academician, National Academy of Sciences and American Academy of Arts and Sciences, more scholarly publications than one can count. The most important point that she would like to ask everyone to join her in recognizing today is that he has provided an extraordinary sense of direction both to the Medical Center and also to the university in helping us keep our eyes on our goals, his own work as a very clear-sighted vice-chancellor with high standards, very dedicated to what it is that he wanted to accomplish with a strong sense of purpose, but also very collegial who was able, as one of his colleague deans put it, to build bridges, and not silos, and

reach out to the rest of the University as a biochemist of great distinction, has been crucial to all of us. He has done as much as anybody to help break through what we used to call the gauze curtain. She has not heard that phrase in a long time and she thought that his leadership has been responsible for that to quite a degree. She simply wanted on Bob's [Mosteller] invitation to ask everyone to join her in thanking Gordon for the leadership he has brought and paying tribute to him for what he has done and in wishing him well in his new and continuing work as our colleague. Gordon Hammes. (Applause)

The **Chair** now called on Myrna Adams, Vice President for Institutional Equity, to come forward. He pointed out that Vice President Adams will be retiring from her current position at the end of two years, and that there is a process going on for reviewing the position now. A committee is in the process of being set up to determine what the office should be. The presentation today should not contain action items. This is a report on the Harassment Grievance Policy. The Academic Council heard a number of reports back in 1993-95 at the time the policy was put together. Since that time there really hasn't been an updated report, hence it was thought that this would be a good occasion for Vice President Adams to come to Council and to discuss what has been done in the recent past and what are some future plans. There is, however, no proposal that needs to be voted on coming out of this discussion.

Vice President **Adams** began by saying that this is actually the first opportunity she has had since coming to Duke to address this body. The assembly had before it a copy of third report that has been submitted since her coming to Duke on the Harassment Grievance Policy and its operation in her office. In order to introduce three members of her staff who actually administer that policy directly, she asked them to stand. Ellen Plummer, the new director of Harassment Prevention. Attorney Maggie Sloan who is the staff assistant, and Dr. Benjamin Reese who joined the office two years ago in the area of cross cultural relations. There are only two other individuals in the office who are not here today. Interdeep Chatrath who runs affirmative action efforts and reporting function[s?] and Rosemary Watkins Lawrence who heads up disability services. After some brief comments, she would be willing to entertain questions regarding the report.

The third report on grievance activity to the Executive Committee of the Academic Council does not show a wide variance in the total number of complaints handled by the Office of the Vice President for Institutional Equity. The total number of cases has ranged from a low of 80 in 1996-97

to a high of 107 in 1997-98. In the first year of its existence, we reported that there were a total of 90 complaints. Reporting that data on our client activity is a challenge, since clients who come to us with concerns about what they see as harassment are often describing situations that involve a constellation of issues. More often than not, after sorting out the issues presented to us, we label the complaint as falling within the realm of human resource issues: poor management, inadequate communication, disciplinary actions, diversity concerns, or a combination thereof.

In addition to the cases reported by her office, there is a much larger volume of complaints that are received and handled in relatively short order by advising, coaching, counseling, and referral to colleagues across the institution or to staff in Human Resources. The data collection system continues to be refined, so that we can paint a more detailed picture can be painted of how time is spent in her organization.

In October, 1998 Duke University had a work force of 20,016 of which 15,798 are non-faculty employees. When the grievance policy was drafted, there was great concern that the principle of academic freedom not be abridged. However, it has been her experience that fewer than half a dozen cases over the past three years have involved faculty members as respondents. The vast majority have been complaints of harassment by employees against supervisors or against faculty in their roles of supervisors. Student/faculty cases or faculty/faculty cases are for the most part handled by the deans, although at times, there is consultation during the process. A significant part of their charge is to prevent incidents of harassment from arising in the first place. The harassment policy is now printed in the school bulletins, in the faculty and staff handbooks, is available on our website, and is distributed in brochure form at new staff orientation. The result of this is that faculty, staff and students are made aware of the policy when they first come to Duke and have ongoing access to it thereafter. In addition, a long-term education program is being developed for the Duke community to supplement those printed materials.

We judge the policy and its attendant procedures as effective in resolving those cases which do reach the threshold of harassment as defined in the policy. But it must be noted that there are two principal functions to be served—first, to administer the Duke policy and second, to protect the institution from liability under the regulations of Title VII as interpreted by the courts. In short, her office answers to the Academic Council and to the Office of

Legal Counsel. And while the mandates do not conflict, they do reflect slightly different values. As noted earlier, the academic interest to be protected is academic freedom, which demands that the process is slow, deliberate and cautious. The legal interest, on the other hand, is in justice; the legal process is also deliberate, but swift and well documented. Since we work principally with employee complaints, it must be recognized that the culture of the workplace is very different from the culture of the classroom, and that solutions to employee problems tend to fall under our legal mandate rather than our academic one. Whether we do this by relying on the employee work rules – Work Rule 11 prohibits inappropriate conduct including sexual harassment – or by crafting another version of the policy or by drafting guidelines for employee complaints under the current policy, will be decided in the near future. It is her recommendation that a committee be formed to examine the need for a vehicle to provide for a simpler means of addressing the harassment issues that more commonly arise in workplaces far removed from the issues of academic freedom both on and off campus. The hostile environment created in those sites differs significantly from what was contemplated by the drafters of Duke's policy.

Finally, she felt compelled to say that the headline in yesterday's Herald Sun really had it wrong—she didn't 'police' harassment, or 'initiate' policy, nor does she serve as a 'watchdog.' She has reminded the editors of the Herald Sun of that. However, there was discussion of the issue of consensual relationships and the need for a statement of guidance for those who find themselves supervising someone with whom they are romantically linked, or for managing the difficult situations which arise from such relationships among people they lead or are responsible for. As new institutions are brought into the Duke constellation, the community is responsible for articulating our organizational standards of ethical behavior.

She thanked Council for the opportunity to share these observations with it. It had been her good fortune to work with outstanding faculty members of the Harassment Grievance Board. Duke is fortunate that some of them have stayed with the office longer than some of the people she has hired into the role of Harassment Prevention Coordinator! Their deep understanding of the policy and the attention of the faculty who crafted it is invaluable to her.

Prof. Mosteller wished to make one comment before taking questions. There had been preliminary discussions in the Executive Committee of the Academic Council and the issue that struck members coming out of this report as possibly requiring working on is the point with respect to employee-

employer relations and the statement that Duke's current policy does not fit that situation well. So a conversation has been begun to figure out whether it's appropriate to put together a committee. ECAC's tentative view is that it probably would be, and then figuring out the membership. There will be some faculty members on this committee although it is not principally affecting faculty. From the faculty's point of view, there will always be an intersection with the academic freedom issue (or not always), but frequently there are intersections and then faculty members also have expertise. There are some people who are on the faculty who should be members of this committee, because they know things about the kinds of activities that need to be policed, in their professional capacity be they members of the Business School, Law School or whatever. So, the process is underway and there has been an initial conversation with Vice President Adams on that. This issue will come up again in the coming months. He now invited questions from the floor.

Prof. **Staddon** (Psychology/ Exp.) said he noticed in the memorandum that everyone here received that there is the traditional anticipation for the need for additional staff. She now had seven staff, but she also mentions that the number of cases has been essentially flat over the past few years. So, he wondered as to why she feels she needs more staff rather than less.

VP **Adams** replied that she also mentioned that the number of cases is the slimmest tip of the iceberg of the volume of work that they do. The biggest workload comes in managing or assisting in management of a host of issues that are brought to her office involving unfair treatment, the number of which is really small as indicated in this report. Part of the reason for this is that simply not all of those incidents are tracked. Only those cases are tracked which emerge into significant workloads involving often other individuals. Short order to cases is given where we coach, advise, and assist people in managing. That takes the overwhelming bulk of our time, and it is that work which is in fact drowning us. In terms of the numbers we actually have, we have five professionals in the office and each one of those is overseeing an area which in many institutions is a separate free standing office on its own with a staff, the disabilities service area being one, as well as our compliance with regulatory schemes on equal opportunity, or handling of cases that do in fact involve allegations of discrimination and the work that we do in educating the community around issues of difference and diversity as well. So those functions which we also carry out also contribute to a fairly substantial workload which she was unable at this point—because of our system— to picture or paint for

him in detail. She intended to do so, however, as part of the review. So, at this point, she was not asking for additional staff. She was simply reporting to Council on this particular piece of the work with the expectation that the review committee will come to understand the rest of it and a way will be found to communicate that as well.

John Staddon: Did she as part of her thinking about this acknowledge that there is sort of a threshold. In other words, are there difficulties that people will have with one another which are below the threshold of action by some bureaucracy. And how does anyone decide what that threshold is?

Myrna Adams responded that that depended largely on the complainant and the degree to which the supervising or managing unit needs to have her office's assistance. For a great many cases they function as an ombuds office. Much of what is done is to help people get on track, use the systems and understand the mechanisms that are put in their way to work out difficulties. But there are very few mechanisms outside from the grievance process by which to address issues of complaint or feelings of injustice that may be done to them. The Herald Sun described it as the legislature of the university, but, in fact, apart from the Academic Council there really are no venues for employees to express their concerns, their needs, and they often come to the office because of that absence of forums. Much of what is done in the counseling, advising, educating, is getting people back into systems, seeing where systems in the bureaucracy are failing to meet their needs. This is quite a major part of what they engaged in. Is that an adequate answer?

John Staddon thought it very complicated.

Myrna Adams agreed.

John Staddon thought that if there is a place for people to go and complain, by golly they will go and complain there.

Myrna Adams felt she needed to point out to him that when we made a suggestion to Bob [Mosteller] about the composition of the committee to take a look at this process, that two of the people who could be very helpful are two of your colleagues: Blair Sheppard and Alan Lind whose text on organizational justice has provided for us a very real structural theoretical design for this work; and every corporation and every major organization realizes that one needs to take care of human concerns that often work in counter productive ways to diminish productivity and to create tremendous problems and wastes of energy. And so,

while there are some of us working in fact, the attempt is to enable us to be a more productive, more efficient and, in the long run, a healthier organization.

Joanne Wilson (Clinical Sci.) spoke to remind the Academic Council of the events that occurred when initially the predecessor of V.P. Adams was appointed. That was over ten years ago when actually relationships between people, primarily dominated by racial relations, came to a head and complaints from Duke employees went to people in the city and so forth. She sat on the original President's Discrimination Committee. The number of complaints and so forth were astounding, and it wasn't a very easy way of complaining. People wanted to come in with masks on because they feared retaliation; it was not a warm fuzzy environment. It was a very hostile environment in many of the workplaces, and she was not sure that it has changed substantially, because when considering 15,000 [employees?], it is just like many other plants and mills about the country. We would like to think of it as something different but it's really not, and so she thought for Myrna those are a lot of the complaints, and that certainly we as physicians, professors and so forth are part of that. Duke's bi-weekly employees are supervised in the same manner as those in any offices around the city, and those people have complaints, because they are not necessarily on the same page that we are.

Myrna Adams thought one measure that may turn out to be useful is a measure of the volume of complaints that have gone to external agencies or to the Durham Human Rights Commission prior to her office's interventions and what has happened with that flow since it has been open for business. Those things tie up the staff and the people involved in them considerably. And the extent to which her office has had any impact on diminishing the need to go externally and to build a constituency outside of the university to bring issues back to the university administration's attention, is an important function and to preserve our reputation as an institution [?] as well as to provide an opportunity to people to get them resolved in other ways.

Prof. **Len Spicer** (Radiology /Biochem.) wished to applaud her for doing just that. He thought that great progress had been made. One question he had was if there are parallel or intersecting efforts in Human Resources? Because, in fact, this is not solved from one single office but by working together.

Myrna Adams agreed and said that that would be taken up when the next opportunity comes to talk about the office and how it functions. Five people could never address the total

needs of an institution of 20,000 unless we were able to form good partnerships with people in Human Resources, faculty and deans, and other administrative offices across the institution and with those people across the institution who do work in ways connected to us, but do not report to us, i.e. those are people whose work we try to influence and try to build connections with so we are all cooperating. Collaboration is the only way it can be done, and therefore we do have collaboratives around mediation. We have collaboratives around diversity training, we have collaboratives on employee relationships and we clearly collaborate with every other part of the institution to make this a total holistic process. We are really looking at culture change in making the institution more responsive to individuals regardless of their status in the organization, whether cleaning floors or teaching classes. We are all part of the Duke family and need to be accorded the same amount of respect.

Prof. **Tom Spragens** (Poli Sci) wondered about the 107 complaints referred to on the 2nd page of the report, 2nd paragraph. Were any respondents Duke faculty?

Myrna Adams: No

Tom Spragens now made the suggestion that the language should reflect that... readers assume faculty members.

V-P **Adams** appreciated the correction. In their effort to obscure the case and the details of it, they were intentionally vague, but she respects his point.

Prof. **Ed Shaughnessy** could recall this policy actually being worked over quite a bit when it originally came about, in order to protect academic freedom and so forth and her report suggests that it is doing an excellent job. He wondered if she anticipated a possibility with any changes to have a two-pronged policy whereby we preserve what we worked hard to put in place that is clearly working. The number of complaints is low. Resolution is informal rather than formal. Are we going to be able to put a new policy in place to preserve that?

Myrna Adams replied that it was her desire that this should be done. She could see no reason why we should not. That is why she said there are several options to pursue. One is the crafting of an employee policy and the other is providing guidance to managers and supervisors on how to make use of this, and so there are a variety of approaches the committee can take, and none of them should substantially alter this policy, and particularly not to

offend that particular value.

Ed Shaughnessy asked to follow-up. He thought whether legally a policy can be written that applies in one way on an academic side and another way on an employee side.

V-P **Adams** thought this an interesting question and that the committee really needs to study that. There are probably some examples of institutions that have done that, but it's very difficult. She thought Bob [Mosteller] was right by drawing a real sharp line because some of us move back and forth. There are some of us who are employees at some point in our career and become faculty at another point and vice versa. Hence she didn't favor personally trying to make that a rigid demarcation because she didn't think we can. But I do know that we have to take into account the context out of which a number of these issues arise and the need to have the capacity to respond to them swiftly. To have it occur right now in a work rule without definition of process and procedure is a flaw which should be corrected.

Bob Mosteller said he couldn't answer about whether one can draw the line clearly and whether one can have two policies. However, he could give assurances that he was moving very carefully and that is what he was trying to allude to about why there will be faculty members on the committee and that this will not be done by back door method. It will be done with full light of day if necessary and we are going to try to avoid eroding any kind of positive things we have, so it's something that is clearly recognized.

Ed Shaughnessy expressed his approval of the fact that most of the cases were resolved informally. He merely wanted to suggest that we think about the fact that perhaps the policy is written to encourage people to resolve matters informally, and in an attempt to put in place a much more rigorously defined policy, the organization may end up creating more formal cases which, as has been pointed out, never seem to resolve no matter which way a decision goes.

Myrna Adams thought this good counsel and appreciated that.

Since there were no further questions, Myrna Adams thanked Council for its time and support and reminded the assembly that she had an outline available of how her office proceeds with complaints that are brought to it. There may be some questions about that.

There being no further business before the Council, the **Chair** invited and accepted its adjournment.

Respectfully submitted, A. Tilo Alt, Faculty Secretary