

**THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER**  
**The College of Medicine**

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Dear Colleagues,

August 4, 2008

This month I have been asked to present the COM policies and long term plans for space allocation to departments and individuals.

Policy

Campus space is allotted to the COM by UTHSC. Last year a space committee was convened by the Chancellor with the Vice Chancellor for Research acting as its chair. This committee drew up guidelines for the allocation of research space to Colleges based on College accreditation requirements, indirect fund generation, and campus priorities. These guidelines were accepted by the Chancellor and will allow UTHSC to fairly adjust space allocated to the Colleges on a yearly basis. This same committee also proposed minimum standards for allocation of space to individual faculty based on indirect funds obtained. I enthusiastically support the College based allocation guidelines and the recommendations regarding space for individual faculty.

Using a similar framework, the COM allots space to the Departments, Institutes, and Centers. Within these units, apportionment of office and research space to individual faculty members and to core group activities is the responsibility of Chair, Chief, or Director. Space allocated to individual faculty in COM follows the UTHSC space policy (see Office of Research webpage). Continued occupancy of space is contingent upon effective use as determined by metrics such as funding and publications. Finally, it should be noted other priorities such as fostering multidisciplinary science, redressing previous space inequities, or commitments to newly recruited faculty also guide the allocation of space.

Allowances are made for faculty to retain space with interruptions in research funding. These allowances follow the UTHSC space policy and, for what that policy does not cover, COM relies on the discretion of Chairs. Faculty need to demonstrate good-faith efforts and progress in resecuring support. If faculty are unhappy with decisions related to space, they should discuss it with their Chair. If faculty feel they are prejudicially targeted for a change in space, they may appeal to me in writing.

Plans

Since relocation for many faculty in Internal Medicine will occur shortly, let me begin with their transition from swing space in the Madison Buildings to Coleman. I'll go on to touch on what is happening with the Cancer Building, Nash/Crowe, Wilson, and potential new space.

The College of Medicine has limited claim to space in the 920 Madison building. UTHSC has long term plans for most of this building to generate revenue from leases. Our current occupancy of the building was granted only as temporary swing space while renovations were completed. The COM and the Department of Medicine will retain some space in the 920 building, but the majority is not ours and we must move.

A number of years ago it was clear that Internal Medicine needed a consolidated home and planning began for renovation of Coleman. Currently the Coleman capital maintenance renovation of 2<sup>nd</sup> and 3<sup>rd</sup> floor office space and hallways is near complete. COM, working with UTHSC, also has money escrowed to renovate 1<sup>st</sup> floor conference rooms, auditoriums, and offices, and to do minor repairs / make functional all lab space. I hope that within 2 years the state freeze on significant capital maintenance will be lifted and Coleman lab space with attendant HVAC will be fully renovated as originally planned. We are moving into the third floor of Coleman now and anticipate the 2<sup>nd</sup> floor will be ready for occupancy in 3 months. Since 90% of Coleman is now assigned to Internal Medicine, they have had a significant increase in square footage. This increase in square footage was intentional in anticipation of their expansion in faculty and research endeavors. It should also be noted the Medicine consolidation was made possible by many of the surgical specialties, that were in Coleman, agreeing to move to newly renovated space.

The consolidation of Internal Medicine into a renovated Coleman presents a number of advantages which we may ultimately want to apply to all departments in COM. First, Coleman was renovated into modules which are ideal for placement of divisions (or by theme if we were discussing basic research). Second, by bringing together clinicians, educators and researchers in one building we are setting it up for synergy between these various faculty experts to give us a broader perspective with concomitant innovative alliances and solutions. Finally, logistically it makes sense to have Internal Medicine faculty consolidated near the VA and MED while Methodist based Internal Medicine faculty will be on the Methodist Campus in the renovated Wilson Building (former Methodist Nursing School).

The Wilson Building on the Methodist campus is also a key part of our space plan. COM is in the process of negotiating a long term lease for this building from the Methodist system. The building is ideally located and connected both to the Eastmoreland Ambulatory practice building and to MUH proper with its own parking and classroom space. Thus, it is my intent to house our Methodist based faculty from all departments in the Wilson.

With regard to the Cancer Building, funded investigators with expertise in hematology, cancer, and related sciences are in place. The goal is to maintain this as a thematic research building. Many of our new investigators are moving into this space as thematically appropriate. Since this building was not built with state dollars, indirects are used to support the building. Hence, there is a driving need to keep it full of funded investigators. Finally, with regard to the Cancer Building, we are also aggressively seeking private funding to build out the final floor that is unfinished.

Nash and Crowe renovations were put on hold by the state freeze. In part, this worked in our favor as it allowed Vice Chancellor Brown to develop, articulate, and sell a campus space plan as part of the campus strategic plan. To that end, we are moving forward to build another thematic research building and perhaps a clinical building without waiting for state funds. There are several locations for this building under consideration. After the new research building is complete, Crowe will be converted to office space at a significantly lower cost than renovating it for research purposes. The renovation of the Nash, given its connection to the new Regional Biocontainment Laboratory building, is still under active consideration.

**Steve J Schwab, MD**

Executive Dean, College of Medicine

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The e-mail address to send in concerns, questions and comments to Dr Schwab is [COM@utmem.edu](mailto:COM@utmem.edu). Further, the Dean's Faculty Advisory Committee (DFAC) has set up a discussion on Blackboard, open to all COM faculty, on this and other Executive Dean columns.