

## AHC FACULTY CONSULTATIVE COMMITTEE

September 16, 2011

Minutes of the Meeting

[In these minutes: AHC Forum Update, Provostal Search, Academies for Excellence Awards Ceremony, AHC FCC/Collegiate Chairs Luncheon, Third Thursdays, AHC Review Report]

*These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate; none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the Senate, the Administration, or the Board of Regents.*

Present: Colin Campbell, (chair), Susan Berry, Cynthia Gross, Leslie Lytle, Ned Patterson, Cheryl Robertson

Regrets: Paul Olin

Others attending: Vernon Weckwerth

I). Professor Campbell called the meeting to order and welcomed all those present.

II). Members unanimously approved the August 19, 2011 minutes.

III). Professor Gross reported that at the request of Professor Campbell she has agreed to co-chair a subcommittee to coordinate an AHC forum/event for either this fall or spring. Professor Lytle volunteered to co-chair the subcommittee with Professor Gross. Given that Professor Lytle is a new member, Professor Gross took a couple minutes and explained that the committee had previously discussed inviting President Kaler to be the guest speaker. Members went on to briefly talk about when the event should be held, and agreed that February or March would be preferable but it will depend on President Kaler's schedule.

IV). Members then took a couple minutes to talk about the provostal search that is currently underway.

V). Professor Campbell reminded members that the Academies for Excellence awards ceremony will be held on Wednesday, October 5, 2011 from 4:30 – 6:00 at the AHC Wall of Honor on the second floor corridor of the Malcolm Moos Health Sciences Tower. He added that AHC FCC members who are interested in attending need to RSVP by September 23.

Professor Gross noted that the Academy for Excellence in the Scholarship of Teaching and Learning should be renamed to better reflect what the award is actually recognizing. Professor Berry agreed that the title has been problematic from the onset because the award is not about teaching excellence, but rather about excellence in the scholarship of

learning. Teaching excellence, stated Professor Berry, is very different from excellence in the scholarship of learning. The committee reaffirmed its decision from last year to no longer serve as the screening committee for this award.

VI). Professor Campbell asked members whether they would be interested in hosting another AHC FCC/collegiate chairs luncheon this year. Members agreed that the previous luncheons have been very informative and a good community builder. Professor Patterson suggested that if for some reason a collegiate chair is unable to attend that he/she should ask their vice chair to attend in his/her stead. The committee also proposed trying to schedule the luncheon earlier in the fall rather than waiting until mid December like last year. Renee Dempsey, Senate staff, volunteered to poll the committee as well as the collegiate chairs to identify a date. Based on members' commitments, a Thursday or Friday date was preferable.

VII). Professor Campbell turned members' attention to the 2011 – 2012 Third Thursday schedule. For the benefit of Professor Lytle, a new member, Professor Campbell explained about the origin and purpose of Third Thursdays. Professor Gross suggested inviting some of the key faculty from the Clinical and Translational Science Institute (CTSI) to attend one of these gatherings because she believes faculty would be interested in meeting key CTSI faculty and learning about CTSI resources. In response, Professor Berry volunteered to contact Dr. Bruce Blazar and extend the invitation to CTSI. Professor Gross further suggested highlighting one of the AHC's international programs at one of the other Third Thursdays. Professor Robertson stated that the School of Nursing could talk about RESPOND. Having some kind of theme/focus for Third Thursdays, noted Professor Gross, may attract more attendees. Other ideas that were mentioned for this year's Third Thursdays included the Minnesota Obesity Center, and the work that the School of Nursing is doing related to geriatrics.

Professor Campbell requested Ms. Dempsey to try and compile a list of who has presented at these gatherings since its inception so members know who from their school has already presented. He added while it would be nice to increase attendance at these gatherings, it is important to keep in mind that the venue dictates how many people can attend. Third Thursdays are intended to be a fairly intimate gathering of AHC colleagues, which is intended to foster collaboration. Also, another consideration to think about is that if attendance increases, so will the cost.

Professor Gross asked that the minutes reflect that if the CTSI is scheduled for one of this year's Third Thursdays that an overflow space should be reserved.

VIII). Professor Campbell asked for members' input on what they would like to discuss with Dr. Friedman at the upcoming meeting on October 5. Members agreed that despite the fact the committee discussed the AHC Review Report at their last meeting with Dr. Friedman on September 7 that they would like to discuss it further because the September 7 meeting was very truncated given Dr. Friedman was only able to stay 15 – 20 minutes.

Professor Berry stated that she would like to hear from Dr. Friedman about the rationale behind the minority opinions that came out of the report, which clearly indicate there were major differences of opinion. In her opinion, the recommendations coming out of the report had more to do with who was in the room rather than doing the right thing. A member reported hearing that the Executive Steering Committee was doomed to have low credibility given its composition. With that said, should the AHC FCC recommend that the data in the subcommittee reports be re-analyzed by an independent/impartial body? It was also noted that members should make a point of reading the communications, human resources and information technology subcommittee reports, in particular.

Professor Robertson asked when the comments are due to Ms. Dempsey. Professor Patterson noted that despite the fact the comment deadline was extended by two weeks the AHC Review website still indicates the deadline is September 30<sup>th</sup>. Professor Campbell requested Ms. Dempsey to contact the appropriate AHC person to have this date corrected. Professor Campbell asked members to send Ms. Dempsey their comments by 4:30 on Wednesday, September 28<sup>th</sup>.

Several members voiced concern about the fact that it is often a struggle to get their colleagues to comment. Professor Berry stated that the problem is that many faculty do not understand the implications of the changes that are being proposed.

Members spent the remainder of the meeting talking about the eight recommendations in the report and whether they agreed with the recommendations or not. Below is the AHC FCC's comments on each of the recommendations:

1. The Academic Health Center should continue to serve as the convening academic and administrative unit for the schools of Dentistry, Medicine, Nursing, Pharmacy, Public Health, and Veterinary Medicine.

AHC FCC Comment: Members unanimously agreed with recommendation #1.

2. The Academic Health Center should report to a Vice President for Health Sciences reporting directly to the President. The Vice President should focus his/her energy primarily on interdisciplinary professional education, research and clinical programs; issues that cut across the health sciences; the AHC-University interface; relationships with the state's health care systems; and, state and national health policy issues.

AHC FCC Comment: Recommendation #2 is vague and ambiguous and lacks important details such as financial data. Members were reluctant to agree or disagree with the recommendation for this reason.

3. Like their colleagues in other colleges, the deans of six health sciences colleges should continue to report directly to the Provost on broad academic issues as determined by President Bruininks. They should report to the Vice President for Health Sciences for clinical matters (clinical care, education, research).

AHC FCC Comment: Recommendation #3 is also unclear and vague. For example, what is meant by education, is it clinical education or simply education? This recommendation along with recommendation #2 could be realized in vastly different ways.

4. The position of Vice President for Health Sciences and Dean of the Medical School should be split into two distinct and separate positions: a Vice President for Health Sciences and a Dean of the Medical School. Like their counterparts, the Dean of the Medical School should report to the Provost and not directly to the President.

AHC FCC Comment: Members were divided on recommendation #4. Anecdotally, Professor Campbell and Professor Berry reported that Medical School faculty support having two distinct positions: a Vice President for Health Sciences and a Dean of the Medical School, but are opposed to having the Medical School Dean report to the Provost rather than directly to the President. Having the Medical School Dean report to the Provost creates a weak position, stated Professor Berry. The Medical School Dean should report directly to the President because it is the largest unit at the University and brings in the lions share of the research dollars. The Medical School believes it is special and Medical School faculty want the contribution they make to the institution to be more highly regarded. The College of Pharmacy, noted Professor Gross, believes that all the AHC Deans should report to the Provost for academic matters. If the Medical School's clinical enterprise is so huge maybe a Vice President for Clinical Affairs position should be created. She added that the College of Pharmacy feels strongly that all the AHC Deans should be on the same level. With that said, she added that the report fails to take into account that there is a whole domain of clinical responsibility with huge financial implications making the Provost probably not the best person to address these implications. Professor Campbell stated that a model should be created for people to look at and understand to help them fully grasp the implications of this recommendation. Professor Lytle noted that the implications of recommendation #4 are understated due to the ambiguity of the writing. Professor Gross further noted that contract negotiations between the University and its health system have the capability of undermining medical education and interprofessional education.

After a fairly lengthy discussion regarding this recommendation, members did agree that more thought should be given to thinking outside the box to come up with alternative ideas for handling the Vice President for Health Sciences and a Dean of the Medical School positions.

5. The Academic Health Center should be governed by an AHC Deans Council, chaired by the Vice President of Health Sciences and comprised of the six deans.

AHC FCC Comment: Members were supportive of recommendation #5 and felt the recommendation should be applauded. They also took the position that the AHC Deans Council should make a point of engaging non-AHC schools.

6. The AHC should continue to expand its engagement with other units of the University, especially those that contribute to the health of our population and our health care delivery system. Consequently, the AHC Deans Council membership should expand to

include other deans and senior officials (e.g., the Provost, the Vice President for Research, the Senior Vice President for System Administration), as appropriate when dealing with health related programs/issues.

AHC FCC Comment: The committee skipped this recommendation and went on to discuss recommendations #7 and #8.

7. The Academic Health Center should support interprofessional centers that are essential and unique to health professional education, research, clinical care, and outreach.

AHC FCC Comment: Members agreed with recommendation #7 in principle with the caveat that the devil is in the details. What is meant by “support” and “essential and unique” needs to be clarified before the committee can stand behind this recommendation. Professor Gross recommended that a committee should be set up and charged with specifically looking at each center. She added that while AHC centers are desirable, the criteria by which a center becomes a center and maintains its center status and what their support consists of needs to be clarified. Professor Campbell stated that because the portal for collecting comments on the AHC Review Report does not allow for anonymity it is incumbent upon the AHC FCC to solicit comments from AHC centers because individual faculty may be reluctant to comment on the portal. He encouraged members to contact their centers and to get their comments on this recommendation and the AHC FCC can submit these on their behalf if these individuals want to maintain their anonymity.

8. The Academic Health Center should provide administrative, education, and research support services *that are critical and unique* to the health professional schools and its interprofessional centers. The AHC must work to ensure alignment of its services with University and collegiate offerings so that services are seamless to users and resources are fully leveraged.

AHC FCC Comment: The report was lacking in AHC financial data and how the money flows through the schools and who makes up the 600 or so FTEs mentioned in the report. Excluding the centers, stated Professor Patterson, he would like to know how much effort there is in just the AHC administration. These are ongoing questions that are never answered. Who are the unique FTEs that are associated with running the AHC separate from the centers? Professor Berry stated that in her opinion there are a limited number of support services that are totally specific to the AHC aside from patient care and privacy, for example. Professor Lytle questioned how much of faculty members’ indirect costs are going to support an AHC service that they never see. Why does the AHC have its own Human Resources Department, for example?

While the report concludes there are no substantive support service redundancies, most employees would disagree. It is the committee’s opinion that there may not be redundancies in the actual number of workers performing the work, but there are senior level administrative redundancies. These administrative redundancies cause friction and wasted effort.

Members spent the remaining few minutes discussing the lack of transparency in terms of

how money flows through the AHC.

Ms. Dempsey reminded members that their comments regarding the AHC Review Report are due by Wednesday, September 28 at 4:30.

IX). In light of time, Professor Campbell adjourned the meeting.

Renee Dempsey  
University Senate