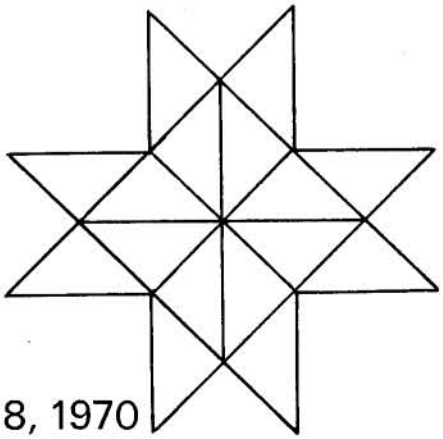
EXTERNAL COMMITTEE ON THE STRUCTURE AND GOVERNANCE OF THE HEALTH SCIENCES CENTER AT THE UNIVERSITY OF MINNESOTA.

Discussion papers for External Committee on Governance of University Health Sciences.

discussion papers for

EXTERNAL COMMITTEE ON GOVERNANCE OF UNIVERSITY HEALTH SCIENCES

University of Minnesota
Health Sciences Center



MINNEAPOLIS, MINNESOTA JANUARY 15-18, 1970

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INTRODUCTION

The Regents of the University of Minnesota have encouraged a study by an External Committee of the Organization and Governance of the Health Sciences at the University of Minnesota. President Moos has delegated to me the responsibility for coordinating the development of materials relevant to the visit of the Committee.

The Committee will receive two basic documents; one providing background information and a second which collects various discussion papers prepared by the faculty. Recognizing that the amount of time available to the Committee in its visit is limited and further recognizing the desire of various faculty to have their views fully explained, we have encouraged the development of discussion papers by various segments of the Health Science community. The Committee will recognize that no attempt has been made to coordinate these discussion papers and that they represent segmental views of the problem. We do, however, believe that they will be of assistance to the members of the Committee as they meet with various faculty groups.

January, 1970

William G. Shepherd
Vice President
Academic Administration

LETTER APPOINTING EXTERNAL COMMITTEE

Dear Member of External Committee:

I was most pleased to learn of your willingness to serve on the Special Study Committee on Structure and Governance of the University of Minnesota Health Science Center. We know that the problem to which we have asked the Committee to address itself is one which has significance for many universities at this point in time. The fact that in approaching such a distinguished and busy group we met with 100 per cent success is a measure of the importance of the issue.

As Vice President Shepherd has indicated, the meetings will embrace the period January 15-18 inclusive. We hope that all of you will be able to be here on the evening of January 14. We will make arrangements for your accommodations and provide staff to assist you in any special arrangements which may be necessary during your visit. Attached hereto is a memorandum which briefly outlines the history leading up to our present situation and a charge to the Committee. We do not intend the charge to be restrictive if in the view of the Committee there are other items which seem important in arriving at recommendations for the structure and governance. Very shortly we will be sending you additional documents which will provide you with additional and more detailed background and some position papers which will hopefully provide some understanding of the present attitudes of various units within the health sciences.

Tentatively we propose that the first day be devoted to meetings with Regents, central administrative officers and major officers of the various health science units. The second two days we believe can be most usefully spent in meetings with the various faculties involved. For this purpose the study committee may wish to break up into task forces. The final day we presume the Committee will wish to spend in executive session developing its position on various possible plans for the structure and governance. Throughout your visit we will have staff available to assist you in your operations and in the drafting of the outline for the report. It is our expectation that a preliminary draft of the final report will be circulated to members of the study committee for comment before a final report is developed and submitted to me.

May I again express my appreciation for your willingness to participate in a study important to the development of the health sciences and to the University. Vice President Shepherd will be in touch with you further with respect to your plans for travel and other arrangements.

Cordially yours,

Malcolm Moos
President

BACKGROUND INFORMATION AND CHARGE TO THE COMMITTEE

December 9, 1969

TO: Special Study Committee on Structure and Governance of the University of Minnesota Health Science Center

FROM: Malcolm Moos, President

Present Structure

The Health Science Center is comprised of the College of Medical Sciences, the School of Dentistry, the College of Pharmacy and the College of Veterinary Medicine. Within the College of Medical Sciences are four administrative units: Medical School, School of Public Health, School of Nursing, University Hospitals. Since 1968, as an outgrowth of the planning for the expansion of the programs and facilities relating to the health sciences at the University of Minnesota, coordination has been provided by a Council of Health Science Deans and Directors. The Council has been recognized for these purposes by the Regents of the University.

Health Sciences Development Program

Planning for the Health Sciences Development Program has been underway for more than a decade with the detailed coordination effort beginning in late 1964 with the appointment of the Health Sciences Planning Committee. For 18 months the committee, assisted by six subcommittees, concentrated on the definition of roles, objectives and programs of all the Health Sciences units; in mid-1966 attention turned to methods and resource requirements needed to implement the programmatic plans.

Concurrent with the internal University effort, the Hill Family Foundation supported a comprehensive health manpower study for the Upper Midwest region. Acting upon the Hill Family Foundation recommendations and the preliminary report of the Health Sciences Planning Committee, the Board of Regents proposed an expansion of the physical facilities which were considered essential.

The building program has been divided into two phases. The first makes provision for facility needs of the current programs and the planned changes and expansions during the next 10 years, through the 1970's. Enrollment expansion will include an increase in the School of Medicine from 163 entering students to 220, the School of Dentistry from 115 to 150, and the School of Public Health from a total enrollment of 261 to 340 depending on the availability of federal traineeships. The State Legislature appropriated $14 million for the first facility in Phase I in 1969. A $25 million request for matching funds for this facility is before the Health Manpower Division of the National Institutes of Health. Plans are already underway for funding and designing the remaining units essential for Phase I. The total cost is estimated at approximately $118 million. The second phase of the Health Sciences Capital Development Programs looks toward development through the 1980's and beyond.

Rationale for the Appointment of a Special Study Committee

Pressures for expanded enrollments for curricular changes and for innovations in patterns of delivering health care confront the health science units of the University with a variety of problems, some of which lead directly to questions about the optimal administrative structure for these units. This problem is not unique to Minnesota. Reorganization of the health sciences has taken place or is in process in many universities. We are witnessing a growing consensus as to the nature of the problems faced by the health sciences, but there is less consensus on the best response to those problems. The problems as they relate to the organization of Health Sciences at the University of Minnesota can be briefly described as follows:

1. There is recognition of the need for coordination of planning and curriculum among the health science units, but less than agreement on a formal mechanism for achieving administrative coordination. The Health Science Council has worked effectively in this area, but its authority over the practices and various units represented in the Council rests on the basis of voluntary association and good will.

2. Units essential to the curriculum of all the health sciences, as are the Hospitals and the basic science departments, are now formally within the structure of the College of Medical Sciences. This location has been traditional and may be optimal, but it has been questioned by accreditation committees for the professional schools outside the College.

3. It is now clear that both the School of Nursing and the School of Public Health must be headed by Deans and this step has been taken. The professions represented in these Schools seek autonomy in the University equivalent to that now enjoyed by the Schools of Medicine, Dentistry and Pharmacy. This means that the College of Medical Sciences as presently organized is unstable, and that a structure needs to be developed which will reflect the over-all needs of the health professions.

4. Recognition of the special problems presented by residency programs and their interrelationships with graduate study, the relationships with the affiliated hospital and community health programs, the role of the University Hospitals, and policies concerning support and compensation will be needed in any restructuring of the health sciences.

In their exploration of the problems which will arise in the restructuring of the health sciences, the Health Science Council came to the conclusion that it would be difficult to reach consensus without the assistance of a disinterested external advisory committee. Given the urgency of coming to grips with the problem and the fact that early decisions will need to be made by central administration and the Regents, we are seeking, at this time, the best possible external counsel on optimal solutions to our problems.

The Charge to an External Committee

We propose that the advisory committee address itself to the following questions:

1. Is there a need for a Regents' definition of the missions and responsibilities of the health sciences?

2. Given the history, current situation, existing competence and needs of the health sciences, both within and without the University of Minnesota, what alternative administrative structures could be developed for units in this area? Such administrative structures should also take cognizance of the needs of the allied health professions.

3. How should the responsibilities for continuing and graduate education in the health sciences be divided between the health science units, the Extension Division and the Graduate School?

4. What steps should be taken to assure satisfactory relationships between all professional units in the health sciences and the hospitals?

5. What steps should be taken to assure satisfactory relationships between all professional units and the basic science departments?

6. What should be the pattern of relationship sought with affiliated hospitals, and other community agencies and services and the locus of decision making on contracts specifying these relationships?

The committee is being asked to spend three to four full days on the University of Minnesota campus, at least one day being devoted to an executive session. Members of the committee will be provided with relevant data on the current policies and practices of the health science units, and will be afforded opportunity while on campus to meet with the President and Vice Presidents, and several deans and directors, representative faculty members and students, the Graduate School Dean, and members of the Regents Health Science Committee. Appropriate staff support will be provided for the study and development of a report. We ask that the committee's findings and recommendations would be transmitted to the President. These will serve as an important basis for formulating a proposal from central administration concerning the administrative structure of the health sciences. It is assumed that this proposal will receive thorough discussion by health science units and the Regents before it is acted upon.

MM:sl

SPECIAL STUDY COMMITTEE ON STRUCTURE AND GOVERNANCE OF THE UNIVERSITY OF MINNESOTA HEALTH SCIENCE CENTER

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(Liaison to Committee)

LETTER TO PARTICIPATING FACULTY

January 6, 1970

TO: Health Sciences Faculty and Staff Participating in the Visit by the External Committee on Governance of the Health Sciences on January 15 - 18, 1970.

FROM: Vice President Shepherd

RE: Schedule Proposal for the External Committee

The Council of Deans has informed me that you will be participating in the visitations with the members of the External Committee at the dates and times underlined in the enclosed sheet. Group A will meet in 555 Diehl Hall. Group B will be meeting in the Conference Room adjacent to the History of Medicine Lounge.

There is no rigid format for the presentations to the Committee. You will note that Groups A and B will each be exposed to representatives from the Health Science units when more than one group is presenting. Such is the case for Medical School, Dentistry, and Nursing. The sessions will be of 50 minutes duration. The chairman of your group will determine how many members of the group will testify. It is hoped that your group will leave ample time for questions by members of the committee. You also will note that Saturday afternoon is left as open time for those individuals or representatives with whom you may want to spend additional time.

The External Committee is being asked to seek inputs from the concerned faculties and to present in their report various alternatives for structure and governance. These will provide the basis for further consultation and discussion with the Health Science Faculties before a plan is presented for Regents consideration.

In order to assist the External Committee tapes will be made of the discussions. These are for the use of the committee only and will be erased after they have served the committee's needs.

If you have any questions about this schedule, I would suggest you contact your chairman, or Mr. Westerman, who at my request is coordinating the visit.

WGS/smd

LETTER TO GENERAL FACULTY

January 6, 1970

TO: General Faculty and Staff of the Health Sciences

FROM: Vice President Shepherd

As you know, many individuals and groups have suggested that we study the reorganization of the Health Sciences starting back with the planning reports in 1966. With the encouragement and assistance of the Council of Health Sciences Deans, we have now engaged a very distinguished group to visit the Health Sciences Center on January 15 - 18. The group will be chaired by Chancellor Heard of the University of Vanderbilt and other members as indicated on the attached sheet.

The Committee will meet with representatives from the Board of Regents and Central Administration and with representatives from the units of the Health Sciences and with selected committees from the individual Health Science units on January 15 and January 17. The afternoon of Saturday, January 17 is open to any groups or individuals the committee may wish to visit with. January 18 is left free as deliberation time.

The External Committee is being asked to seek inputs from the concerned faculties and to present in their report various alternatives for structure and governance. These will provide the basis for further consultation and discussion with the Health Science faculties before a plan is presented for Regents consideration.

If you have any questions about this visit, I would suggest that you contact the chief administrative officer of your unit.

WGS/smd

LETTER OF INFORMATION TO EXTERNAL COMMITTEE

January 3, 1970

TO: External Committee Participants

I am enclosing herewith a proposed schedule for the meeting of the External Committee on January 15 - 18. The schedule shows meetings throughout the day on Thursday, Friday and the morning of Saturday the 17th. We have left Saturday afternoon open on the assumption that the Committee may find it desirable to schedule additional hearings or repeat hearings. You will also observe that it is assumed that the Committee will divide into two groups in the afternoon of Friday and the morning of Saturday. This schedule has been developed in consultation with the Council of Deans and Directors of the Health Sciences and represents the final result of sifting through a larger set of individuals and committees nominated by the participating units in the Health Sciences. The one luncheon which is set for certain is that on Thursday, January 15. We have identified luncheons with Central Administration on Friday and Saturday but these are tentative, and if the Committee decides that they would prefer to make other plans, we are prepared to modify the schedule. We have shown no evening sessions on the assumption that the Committee may wish to use the evenings for their own discussions or simply to relax.

We have developed two books of background material for your visit. The first book, which provides factual information developed by each of the Health Science units, will be posted to you on Friday, January 2. The second book will be a collection of discussion papers from each of the Health Science units related to the six areas proposed to you by President Moos in his letter of December 9, 1969. This book will be posted to you on January 7. I am also enclosing a fact sheet indicating some of the preliminary arrangements that have been made for your visit and a form which we ask that you return to me indicating your arrival and departure plans. We hope that your travel plans will enable you to arrive on the evening of January 14. I will meet with those who do so informally that evening. If there are any special arrangements you wish to have made, please call me collect at (612) 373-2033.

We are most grateful for your willingness to participate in this important study. I should like to confirm the information which I gave to you in my earlier telephone contact that the University will provide an honorarium of $1500 and cover all travel and living expenses. We look forward to your visit.

Cordially yours,

William G. Shepherd
Vice President
Academic Administration

WGS:sl
Enclosures
cc: President Moos

P.S. Please excuse the typographical error on the background material you received with regard to the dates. The dates should be January 15-18, 1970, not June 15-18, 1969.

ENCLOSURE II

Background information on arrangements for the Visit of the External Committee on the Governance of the Health Sciences at the University of Minnesota, January 15 - 18, 1970.

I. Hotel Reservations have been made at the Minneapolis Sheraton-Ritz Hotel in your name for the evenings of January 14 - 17 (modified as your travel plans require).

II. Chairman Heard will designate a Vice Chairman. In this capacity the Vice Chairman will chair the Group B hearings and will hold a preliminary meeting in Dr. Heard's suite in the Sheraton Hotel at 8:00 p.m. on January 14.

III. The only planned social occasion is a luncheon with representatives of the Central Administration on January 15. Other luncheons will be catered according to the committee's wishes.

IV. The meetings on Thursday, January 15 and on the morning of January 16 will be held in the Regents Room (Room 238 Morrill Hall) of the University of Minnesota. The meetings on the afternoons of Friday, January 16 and Saturday, January 17 will be held in adjacent rooms in Diehl Biomedical Library.

V. Transportation will be provided for the group to and from the hotel.

VI. Mr. Bonine, assistant executive secretary of the Hill Family Foundation, has been appointed as a staff liaison to the committee. Mr. Westerman, secretary of the University of Minnesota Council of Health Sciences Deans and Directors, will assist Dr. Shepherd in making necessary arrangements prior to and during the visit.

VII. A library containing background materials will be provided in Chairman Heard's suite during the visit.

VIII. Tape recordings will be made of all of the presentations. These are intended to aid the External Committee and are privileged to them. They will be erased when the needs of the Committee have been met.

IX. The target date for a report to President Moos and the Board of Regents is March 1, 1970.

X. Departure time on Sunday, January 18 will be determined by Chairman Heard.

XI. A contact telephone number at the University during your stay is (612) 373-2033 (Vice President Shepherd's office). He may also be reached at his home, (612) 644-9747.

SCHEDULE

TO: External Committee on Governance of the Health Sciences

FROM: William G. Shepherd, Vice President, Academic Administration

SUBJECT: Proposed Schedule for January 15th through January 18th

Thursday – January 15th

9:00 Members of Board of Regents and Central Administration
12:00 Central Administration
Lunch – Regents and Central Administration
1:30 College of Medical Sciences
2:20 Medical School
3:10 Affiliated Hospitals
4:00 University Hospitals
4:50 College of Biological Sciences

Friday – January 16th

8:45 College of Veterinary Medicine
9:00 School of Public Health
9:50 College of Pharmacy
10:40 School of Nursing
11:30 School of Dentistry
Lunch – Central Administration

(Tentative Schedule)

	Group A	Group B
2:00	Allied Health Sciences	Medical School EPC Chrm: Ebert
3:00	Dental Committee for Health Sciences relationships Chrm: Isaacson	Dentistry Curriculum Committee Chrm: Meskin
4:00	Nursing Administrative Board Chrm: Harris	Pharmacy Group Chrm: Rippie

Saturday – January 17th

	Group A	Group B
9:00	Council of Clinical Sciences Chrm: VanBergen	Council of Basic Sciences Chrm: Armstrong
10:00	Public Health Division Directors Chrm: Anderson	Medical School Faculty Advisory Council & Organization Advisory Group Chrm: French
11:00	Medical Staff Hospital Council Chrm: French	Nursing Education Policies & Practices Chrm: Redman

Groups A and B

12:00 Health Sciences Students
12:30 Lunch with Health Sciences Students
2:00 to 5:00 Individual Interviews – Open

Sunday – January 18th

9:00 Committee Deliberations

THE MEDICAL SCHOOL

Statements of Principles and of Some Specific Items Pertinent to the Governance of the Medical School of the University of Minnesota.

Endorsed by the Executive Faculty of the Medical School on January 5, 1970.

I. Introduction and Historical Background; the Missions of the Medical School

Medical education at the University of Minnesota is rooted in a major concern for health expressed by the founders of both the state of Minnesota and its University. Indeed, the enabling legislation providing for a University listed a department of medicine as one of five primary departments of science, literature and the arts, law, theory and practice of elementary instruction, and agriculture. Medicine and medical education have developed as central functions of this land grant institution over the last 80 years, as was envisioned in the plans of the Founders of the University. As a consequence of its origin as an essential component in the development of a University, education in the medical sciences at Minnesota has been predicated on scholarship and developed in a milieu of inquiry and scientific criticism.

The present administrative organization under which the Medical School operates was devised many years ago, prior to the development of the more modern broad concepts of health care. The present organizational structure of the College of Medical Sciences, which includes the School of Medicine, the School of Nursing, the School of Public Health, and the University Hospitals, probably does not provide for the optimal interrelationships and functions of these and the other Health Science units.

A change in the modes of delivery of health care that is already on us is based on a concept of coordinated efforts. No longer does one unit stand alone — this includes dentistry, nursing, public health, hospital administration, and other elements. In order to obtain proper coordination of all of these disciplines, it is believed that a change in the present administrative structure needs to be considered.

Changes are occurring in concepts of health care; so also are present concepts in medical education being redefined, and concomitantly changes are developing in the methodology of teaching in medicine. Basic science knowledge is becoming more and more interwoven

into the core of knowledge necessary for the students. There is no such thing, for a student in Medicine, as a strictly isolated basic science core. What the student is exposed to in this area must be totally correlated and integrated with that of the clinical sciences in order to develop the physician of the future. The whole foundation of medical education, as we now conceive it, is dependent upon this concept.

It is the recognition of this that makes apparent the need in this University of a unified faculty of basic and clinical medical sciences. It is no more possible to think of the continuing development of our medical school without an everstrengthening of the basic discourses than to think of a flourishing tree without a growing and strengthening system of roots. Thus, the need for a single coherent faculty of medicine devoted to teaching, patient care, and research is evident.

At the University of Minnesota, a developing excellence in clinical instruction and community service, made possible in hospitals and clinical laboratories devoted to education, has derived in large measure from strength in the basic sciences. One has only to reflect on the intimate ties of the development of surgical discourse to development of physiology, anatomy, and pathology; of medicine to pathology, biochemistry, and microbiology; of pediatrics to anatomy, microbiology, and biochemistry; and of all the clinical disciplines to pharmacology, to find innumerable examples of this intimate relationship.

With achievement of academic maturity in the clinical sciences, the flow of energy and influence have been bidirectional — from basic sciences to clinical fields and vice versa. Particularly in recent years, the basic medical sciences have gained strength from intimate influence of clinical sciences. In all departments of the medical school, the value of physical proximity, conjoined administration and singleness of purpose is reflected in constant interaction and integrated pedagogical function. These relationships are more than ever reflected in the new curriculum.

Any administrative reorganization and further development of the several medical sciences and their relation to the University of which they have always been an integral part, must take cognizance of the strength that has as its base, mutual dependence of hospitals, clinics, basic sciences, and the graduate school. Our pioneering experiences in developing medical education in intimate association with graduate education have had most salutary reflection.

It is the view of the faculty of medicine that these intimate relations can and should be strengthened to foster further development of the University, the several separated disciplines in the medical sciences, and the Medical School.

II. Summary of Observations and Recommendations Concerning Medical School Organization

1. Preservation of the integrity of the organizational structure of the Medical School should be regarded as a basic element in any proposed administrative or faculty organization of the health sciences at the University of Minnesota. Strong interdependence and interrelationships between the Basic Health Science departments and the clinical fields are considered essential to the Medical School unity, especially since the Medical School has entered upon a highly integrated, interdepartmental curriculum and has responded to great national pressures for the production of more physician graduates in the coming years.
2. The Medical School would view with concern and apprehension any proposal for faculty and administrative organization which emphasizes or tends toward greater separateness of the basic health science fields from the medical school as a professional educational unit.
3. The Medical School faculty, especially faculty members in the basic health sciences fields, does recognize the unique and important responsibilities of those fields as University teaching departments and educational resources. Mechanisms and procedures for strengthening the roles of the basic health science departments in fulfilling their obligations for teaching of nonmedical health science students, and for facilitating their professional growth, should be actively sought and developed. Basic health science departments stand ready to assist and assume leadership in these developments. A central issue for such explorations is the financial basis for these nonmedical school teaching functions of the basic science departments.
4. Apparently, there is a need for improved and more frequent communications between the basic health science departments and the directors of the non-Medical School health science units, especially with regard to course structure, class sizes, and curricular matters. The possibility of greater participation by basic health science faculty in certain policy-making bodies of non-Medical School health science units, especially curriculum committees, merits further consideration.
5. From a consideration of the principles given above there are derived the following particulars of opinions and recommendations pertaining to the organizational structure and governance of the Medical School within an overall Health Sciences administrative structure:
   a. There should be one clearly defined faculty of medicine composed of clinical and basic science members, organized into appropriate departments, responsible for the teaching of medical students, graduate students, and students in certain allied health sciences, and for the advancement of knowledge in medicine.
   b. The Medical School Faculty should continue to be governed by the Constitution and By-Laws of the Medical School (as adopted by the Board of Regents Dec. 13, 1968) with such amendments as may be duly adopted in the future.
   c. The Dean of the Medical School, with the assistance and advice of the Department Heads and the Administrative Board as provided for in Article II, Sections C and G of the Constitution,

should continue to be responsible for the budget of the Medical School and its departments. The salary support of selected faculty members of the Medical School, who have special functions in teaching or research, may come from Health Science units outside of the Medical School but each such faculty member should be a full participant in the functions of the department appropriate to his discipline.

d. Where appropriate, members of the Medical School faculty may be members of the voting faculty of another Health Science unit when such conjoint faculty memberships are approved by both voting faculties.

e. The Heads of the basic science departments shall relate to the Deans of the other health science units in the same way as they relate to the Dean of the Medical School in matters of development of educational programs.

III. Relationships of Affiliated Hospitals to the Medical School

Affiliated hospitals provide faculty and clinical facilities for support of the undergraduate and graduate teaching programs. The need for affiliated hospitals will increase significantly in the next decade with anticipated increases in the numbers of medical students. The relationship of the Medical School to these hospitals is based on the graduate (residency) and undergradate teaching programs of the several clinical departments. These programs involve a number of full time faculty members financed, in whole or in part, by these hospitals. It may be necessary in the future to seek University support for part of these programs. It also involves the appointments of their clinical staff to the clinical faculty of the Departments of the Medical School. These delicate and complex relationships have been formalized by written individual affiliation agreements between the Board of Regents and the Boards of Trustees of the several affiliated hospitals. The relationship with the VA Hospital is formalized through the laws and regulations governing the Veterans Administration. Committees involving representatives of the Medical School and the various hospitals have been established which oversee the actual functioning of these relationships.

Formal affiliation agreements with several of these hospitals have only recently been established. These agreements have required prolonged periods of negotiation, deliberation, and consultation. Major modication of these agreements in the near future might create new problems and should be considered only after careful study. It is recognized, however, that the future Health Science organization may need to consider broader agreements covering other health science units and affiliated hospitals.

IV. Relationships Between the Medical School and the University of Minnesota Hospitals

The University Hospitals and the Medical School are wholly interdependent in their major roles of teaching, service, and research in the Health Sciences. This relationship exists for all of the units in the Health Sciences, but probably to a much lesser extent for units other than the Medical School. Historically the hospital has fulfilled its commitments admirably, and under the present hospital administrative staff this same dedicated attitude for cooperative effort has continued. It is believed that the University Hospitals will remain the primary clinical facility, the base unit for clinical education, service, and research programs in the Health Sciences Center and is an important integral unit in this organization. For these reasons it is believed it is advisable to maintain the Hospital as an autonomous unit, functioning as a resource to all the Health Science units. With respect to all matters related to educational programs, research activities, and standards of professional service, the responsibility is to the faculties of the Health Science units, but the administration of business affairs of the Hospital is subject to central fiscal policies.

It is recognized by the Medical School clinical faculty, and also by the hospital administration, that some changes in internal organization will help maintain the close relationship and responsiveness now existing between the faculty in clinical departments and the hospital administration. The heads of the clinical departments should, by virtue of those offices, be appointed chiefs of the respective hospital services, and as a body, the clinical department heads should be responsible for the educational and patient service programs in the hospital. The Hospital Council, even though it now functions very well, might have strengthened influence upon and be able to respond better to the hospital administrative staff if it were enlarged to assure representation from the several Health Science units utilizing the University Hospitals.

V. Programs in Graduate and Postgraduate Education in the Medical School

A. Graduate Training Programs in the Basic Health Science and Clinical Fields

1. The Medical School is engaged in a very large effort in graduate training. These programs include the master of science, the doctorate of philosophy and the training of interns, residents and research fellows in clinical fields. Graduate training programs in the basic sciences are described briefly in the statement by the Council of Basic Health Sciences. Detailed descriptions of graduate programs in medicine, dentistry, nursing, and pharmacy are described in the appropriate Bulletins of the University of Minnesota.

2. At the present time, all residents and fellows (clinical or research) of the University and affiliated hospitals are registered in and pay tuition through the Graduate School. Interns, however, are technically employees of each hospital. Without question, this present relationship, by which all clinical residents enroll in the Graduate School, has been generally beneficial to the Medical School in its educational function. Recently, however, within the faculty there has been discussion of this relationship to the Graduate School. At the present stage of this discussion, there is no unanimity of viewpoint. Some individuals have recommended that those

graduate students in clinical training programs who plan to qualify for an advanced degree should register in the Graduate School. On the other hand, post-M.D. students in clinical (residency) training programs who are not pursuing an advanced academic degree would not be required to register in the Graduate School. These latter clinical residency programs would be essentially departmental in organization and would include representatives from the various participating hospitals. The primary responsibility for clinical graduate (residency) training programs should remain in the appropriate clinical departments; however, the administration of those programs should be coordinated with other graduate educational activities through interaction between medical and graduate faculties.

B. Postgraduate (Continuation) Educational Programs

There is a need for substantial development and expansion of postgraduate (continuing) educational programs in the Health Sciences. These are usually intermittent, specialized, relatively short-term, episodic educational activities conducted primarily for physicians and other health sciences personnel who have previously completed more formal extensive professional or graduate educational programs. In addition to offerings at the University, extramural programs also need to be developed. Administration of these postgraduate programs, as they relate to physicians and the Medical School, should be the responsibility of a Coordinator or Director of Postgraduate or Continuing Education Programs in Medicine. This office might most appropriately be responsible to an administrative officer directing all postgraduate (continuation) educational activities in the Health Sciences. Any administrative structure must take account of and encourage effective University participation in the Northlands Regional Medical Program.

VI. A Statement on Administrative Structure

The Medical School has historically had cooperative relationships with other units of the health sciences. Since other health science units have developed and grown in programmatic scope and budgetary terms, the entire health science complex is a major component of the University.

It is our belief that any new organization should reflect the historical relations of the medical sciences as a central component of the University and the size and scope of the Health Science units by:

1. identifying the chief administrative officer as a vice-president in the central administration,
2. providing a mechanism for cooperative ventures relating to operations (e.eg., planning, information services),
3. providing a mechanism for cooperative ventures in educational programs.

In the organization of the Health Sciences, there is a need to develop a greater degree of integration between the teaching of medicine and the teaching of the several allied health professions, thereby supporting and promoting more effective provision of health services to the public.

A continuing central problem of this Medical School has been inadequate financing of medical education. The University budget of the Medical School and its component departments, as computed per medical student enrolled, is far below that of several other comparable state medical schools. Inadequate funding has presented problems for both the basic science and clinical departments. Administrative structures should be developed by which greater financial support for medical educational programs can be obtained, including support from state funds.

Statement of Council of Clinical Sciences, Medical School (Adopted unanimously by Council of Clinical Sciences, December 30, 1969).

Separation of the basic science departments from the clinical departments would do irreparable damage to the medical school and to medical education. The division of the medical school into basic science and clinical departments is arbitrary. The goal of all departments is the understanding of the human being in health and disease. All are interdependent, both in research and teaching. If the basic science departments were separated from the medical school it would be necessary to re-create these disciplines in the clinical departments.

The new curriculum illustrates the need for maintaining the unity of the medical school. The student will receive instruction in both basic and clinical sciences during all phases of the curriculum. Phase A of the curriculum is largely devoted to study of the basic sciences, but correlation with clinical problems is emphasized. Phase B involves close cooperation between members of basic science and clinical departments in a program of integrated teaching. This will be the responsibility of interdepartmental committees, and will place emphasis on the basic mechanisms of disease and a synthesis of knowledge gained from basic scientific studies and clinical observations. During this period the student will be introduced to the examination and study of patients and will gradually develop his clinical skills. During the last portion of medical school the student will be given an opportunity to return to basic science for more specialized course work in areas pertinent to his future career.

It is difficult to see how this curriculum can be carried out without an administrative framework which closely links the basic and clinical sciences. The plans for the medical school include not only a new curriculum but an increase in the number of medical students. To provide a high quality of medical education the activities of the various departments of the medical school as well as of the affiliated hospitals must be coordinated. This cannot be done without a strong central medical school administration.

Statement by the Council of Basic Health Sciences of the Medical School.

The Council of Basic Health Sciences of the Medical School submitted a background statement with the first set of documents forwarded earlier to the External Visiting Committee on Health Sciences Governance. No additional statement from that Council is included with Medical School "discussion papers" at this time, but the Council on Basic Health Sciences will make presentations and proposals to the External Committee during their visit January 15-18, 1970.

PROPOSED REORGANIZATION AND GOVERNANCE OF THE UNIVERSITY OF MINNESOTA HEALTH SCIENCES

By The Faculty of the School of Dentistry January 5, 1970

1. Is there a need for a Regents' definition of the missions and responsibilities of the health sciences?

Yes, there should be a periodic review of the missions and responsibilities of the health sciences especially as they relate to other University units and the State.

2. Given the history, current situation, existing competence and needs of the health sciences, both within and without the University of Minnesota, what alternative administrative structures could be developed for units in this area? Such administrative structures should also take cognizance of the needs of the allied health professions.

The accompanying diagram indicates what we believe would be the most efficient organization of the health sciences. The rationale for this statement is as follows:

The creation of the external committee on governance of the University Health Science Center is a manifestation of a general understanding that the current status and historical development has created situations that are not viable today. Units that render service to other units of the health science area are not directly accessible administratively. The diagram titled "Proposed Reorganization of the Health Sciences" demonstrates equal access to the University administrative policy-making level by all health science units. All health science units could operate harmoniously under this system. Alternatives to this system could only be workable if they provided equal access to a non-biased central administrative office.

In the diagram the hospital organization is run by a director as a service function. The basic science department while intrinsically educational in this organizational structure also function as service units to medicine, dentistry, pharmacy, nursing and public health. It is inconceivable that the hospital or the basic health sciences should be under the administrative control of any specific clinical unit. The rationale is quite clear. If these units are controlled by one of the five clinical groups, the needs of that controlling group would dominate. Indeed, this is the existing situation. It is extremely difficult for dentistry to manipulate or change its curriculum within the existing structure since it must have its request for basic science time compatible with existing medical school time. This has seriously hampered curriculum changes most necessary to continue the progress of dentistry to provide efficient and comprehensive health care in the future.

The same situation exists for all health science units. For example, changes in the basic health science portion of the medical school curriculum in the past year were accomplished independently without consultation or concern for the curricula in other existing health science units. Curricular changes in other existing health science units cannot be done, unless they are willing to take personnel not required by the medical school curriculum. In a situation where faculty is in short supply such personnel will necessarily be less experienced. A parallel situation exists with regard to the patient service clinics coordinated by the director of University Hospitals. It should be possible for patients to move freely from one health science service clinic to another in order to obtain comprehensive health care. When service clinics are operated under component units that are administered at a different level or in a different manner, confusion is bound to result. Patients should be able to expect the highest quality of care from a University Health Center. Such care cannot be produced by a disjointed patient service.

The present administrative structure was designed to function in a health science educational environment different from that existing today. The classic triad of service, education and research has grown disproportionately and former administrative structures are no longer workable.

It is our view that the basic health sciences and hospital services along with medicine, dentistry, pharmacy, nursing, and public health and veterinary medicine, if there is a desire on their part, should come together with an administrative officer as their head. The deans and directors of these areas would have the opportunity of increasing communication lines. For example, at the present time we have dean to dean and dean to central administration. The new system would provide dean to dean, dean to administrative officer, and administrative officer to central administration communication lines. Such a situation would allow solution of many problems presently brought to central administration at the administrative officer health science/dean or director level. In addition, the formation of a health science unit as described would allow a number of assistants to the administrative officer to function as coordinators for common health science problems. An example would be relations between the health sciences and the community. An administrative assistant would function by having a member of each of the health science components represented on a committee where discussions on community and health science relations would transpire. This would serve to coordinate the presently fragmented approach to the educational service relationship between university and community.

3. How should the responsibilities for continuing and graduate education in the health sciences be divided between the health science units, the Extension Division and the Graduate School?

The responsibilities for post-graduate education which would include both short and long continuing education-type courses and graduate education as full-time post-doctoral type programs (or post baccalaureate-type programs in certain areas) should fundamentally rest with the discipline involved. Inter-disciplinary programs can be worked out most compatibly by the units involved with the advice and consent of parent health science units. The extension division and the graduate school

can continue to serve the role they serve today. This role could be amplified by locating their representatives within the health science area. Such people would be geographically available for aid and consultation in the development of extension courses and/or graduate registration programs, etc.

4. What steps should be taken to assure satisfactory relationships between all professional units in the health sciences and service groups such as basic science and hospital?

Steps required to assure satisfactory relationships are the creation of equality among the administrative units. Greater needs of certain units will necessarily create greater consumption of talent or resources. This growth can be guided proportionally since all units are under the supervision of the Office of the Administrative Officer.

5. What steps should be taken to assure satisfactory relations between all professional units and the basic science service area?

We have recognized that the basic health science unit functions as a service unit to medicine, dentistry, nursing, pharmacy and public health. It is further recognized that the basic biological sciences have been concentrated in the College of Biological Sciences. It is also equally recognized that such basically oriented units cannot provide the service nor the integrated programs of applied biological sciences necessary in a health center. Therefore, the basic health science unit is proposed as equal to Medicine, Dentistry, Nursing, Pharmacy and Public Health and thereby responsive to all units in the health science center on a need basis.

6. What should be the pattern of relationship sought with affiliated hospitals and other community agencies and services and the locus of decision making on contracts specifying these relationships?

It is essential that a health science center such as the one proposed would have as one of its immediate objectives a coordinating body of its units. This is necessary so that such affiliations could be made cooperative in effort and remove the needless duplication and lack of integration that exists at the present time. The flow diagram proposed for the reorganization of the health sciences indicates the administrative assistant units which could be designated as the coordinating body for such efforts. Each health science unit would send representatives to this body and be informed continually on the progress being made on the affiliations and the relationships with the community at large. This would insure that all the health sciences could have proper participation and adequate teaching service for their students and faculty.

ADMINISTRATIVE OFFICER
ADMINISTRATIVE ASSISTANT
Director of Hospitals
Dean School of Medicine
Dean School of Dentistry
Dean School of Public Health
Dean School of Nursing
Dean School of Pharmacy
Dean College of Basic Health Sciences
Dean School of Veterinary Medicine

SCHOOL OF NURSING DISCUSSION PAPER

1. Is there a need for a Regents' definition of the missions and responsibilities of the health sciences?

Recent legislation has established vast new programs for promotion of health and provision of medical care. These programs are placing new demands on nursing, a field in which there have been long-standing and serious shortages in total numbers of personnel but most critically in the proportion prepared to assume positions of leadership. It is generally accepted within the health professions that in order to change this situation it is imperative that University Schools of Nursing associated with Health centers in large and outstanding Universities take responsibility for preparation of the bulk of clinical nursing specialists, administrators and supervisors of nursing care and nurse researchers. Preparation of these individuals is essential to delivery of nursing care to people everywhere and development of research to improve such care. University Schools of Nursing are also the setting in which faculty are prepared for all types of nursing schools.

In addition, the University of Minnesota School of Nursing is looked to within the State and region as the agency best able to provide programs designed for special groups of nursing students that require extraordinary resources. These are the potential students who are disadvantaged by such factors as race, low economic status, limited educational opportunities or lack of adequate academic and occupational counseling. In addition to those ordinarily viewed as disadvantaged, in the profession of nursing there are large numbers of registered nurses with diverse educational backgrounds who seek baccalaureate preparation. These individuals are greatly needed but program planning and implementation is complex and time consuming if their individual needs are to be met.

In face of these demands, the resources of the University of Minnesota School of Nursing are inadequate at present to accomplish either the mission of preparing adequate numbers of nurses for leadership roles or that of meeting the needs of disadvantaged students.

A definitive statement by Regents and University Administration which supports the missions and responsibilities of the various Health Science Units as a viable part of the University's programs is essential. Such a statement would assist not only in establishing priorities for maximum utilization of resources in present programs but also in giving direction for the establishment of goals and programs for the future. Additionally, it might well serve in interpreting to our constituencies the rationale for priorities, goals and programs. Another outcome might well be greater clarification of relationships among Health Science Units and identification and promotion of common purposes.

2. What alternative administrative structures could be developed for units in this area?

We believe that if the University of Minnesota is to have a nursing program appropriate to its standing and adequate to meet the needs of the area, it is imperative that the School of Nursing be given status comparable to dentistry, medicine, pharmacy and public health. We further believe that University Hospitals and the Basic Sciences should be similar units, sharing in decision making for the Health Sciences. The administrative structure should be such that the School of Nursing is appropriately represented in decision making councils of the Health Sciences.

If the Health Sciences are established as an Institute or similar organizational unit, we believe that the Administrative Officer (provost or vice-president) should be selected from a field other than the Health Sciences.

There seems to be considerable evidence that unless such reorganization takes place, it will not be possible to appoint an appropriately qualified Dean for the School of Nursing, attract suitable faculty for graduate programs, and for a research program. In this event, neither will it be possible to recruit the able graduate students so desperately needed.

Faculty of the School of Nursing are also concerned about adequate representation in Senate and Assembly. At present we have none. At an important meeting of the Twin City Assembly this fall approximately one-third of the School of Nursing Faculty attended — but had no vote. At the same meeting only 29% of College of Medical Sciences representatives — members of the Medical School faculty, were present.

3. How should the responsibilities for continuing and graduate education in the health sciences be divided between the health science units, the Extension Division and the Graduate School?

Faculty of the School of Nursing value benefits derived from joint endeavors with Extension Division and with the Graduate School. Centralization of these functions for the total University fosters inter-involvement of students and faculty and is a particular strength of this institution.

In effecting programs of both pre-service preparation for professional practice of nursing as well as in continuing educational programs for practitioners, it has been mutually advantageous, we believe, to work with faculty and staff of the Extension Division. Many applicants to the School of Nursing complete at least a portion of their liberal arts courses through Extension courses. Advisement for these students must often be a joint effort, and this will increase if we are to serve any substantial numbers of disadvantaged students. As this is possible, we also project offering some nursing courses from both graduate and undergraduate programs in the evening, in summer sessions and possibly in off-campus locations. Our affiliation with the Extension Division, does, we believe, prevent much duplication of services. It further serves to promote consistency of philosophy and objectives both relative to initial preparation for nursing as well as in continuing educational opportunities for the professional practitioner who is faced with the explosion of knowledge and technology in the health field.

We appreciate the opportunity within the Graduate School structure to avail ourselves of the benefits of counsel and assistance of various types from the many other units of the University that contribute to the instructional program for graduate students.

As we look to the future we feel it would be appropriate to consider revision of the Medical Science Group Committee to one of the Health Sciences.

4. What steps should be taken to assure satisfactory relationships between all professional units in the health sciences and the hospitals?

The faculty of the School of Nursing believes that University Hospitals might more easily be responsive to the needs of the several units of the Health Sciences and more readily extend additional direct services to the various units if it were constituted as a separate Health Science unit with representation on the Health Sciences Council.

The Hospital's teaching objectives include provision of exemplary facilities and services that meet the needs of the educational programs of dentistry, medicine, nursing, pharmacy and public health. The School of Nursing utilizes the clinical services of University Hospitals as its major laboratory for practice opportunities in preparing both undergraduate and graduate students. The size of the student body to be served by the number of budgeted faculty, coupled with registration of nursing student in courses on campus throughout their programs makes the utilization of practice opportunities in other hospitals impracticable at present. Decision to alter the nature, size, or location of clinical units; to add to or subtract from available services; or to temporarily reduce or close down patient units at University Hospitals should be reached after prior consultation with faculty of the School of Nursing and others who are dependent upon the Hospitals as an educational and research resource.

Although the School of Nursing and the Department of Nursing Services have long been separate entities, individuals carrying dual appointments supervised nursing care and instructed undergraduate students until early in the nineteen-sixties. There seems to be agreement that the purposes of the two nursing units are sufficiently diverse and demanding at present as to preclude having one group of people responsible for both education and service in nursing. Mutual interests of the two groups are many and relationships are cooperative.

Communication and decision making channels of a more formal nature might profitably be established. In this way interchange of information between the two nursing groups would be facilitated at a number of points of concern. This would enable joint formulation and/or review of those standards, policies, and procedures that are contributory to the provision of exemplary nursing care and maintenance of an educational laboratory appropriate to the needs of nursing students as well as a suitable situation for nursing research.

The School of Nursing faculty see potential for greater involvement of both nursing groups in protocols of patient care as additional responsibilities are allocated to the nursing profession. This might be true in such areas as the timing of admissions and discharges, the need to admit patients for assessment of nursing care problems, day care, health teaching, and research. Thus in addition to concern for an appropriate learning situation, both nursing groups will probably need to participate actively in decision making regarding utilization of University Hospitals.

5. What steps should be taken to assure satisfactory relationships between all professional units and the basic science departments?

School of nursing faculty favor organization of the basic health sciences as a separate educational unit with a dean. Such an organizational structure would more clearly suggest attention by these disciplines to health concerns more broadly than is now the case when they are identified as medical science departments of the Medical School. Creation of such a unit would also permit the inclusion of appropriate behavioral sciences. Further, the visibility that would accrue to a separate unit should enhance opportunities to interpret the need for varied sources of financial support and for additional faculty positions in order that expanded contributions from these sciences can be made to teaching and research in all of the health disciplines. This in turn, would enhance the provisions that can be made for undergraduate as well as graduate instruction and provide greater flexibility for experimentation in curriculum and instruction.

Inasmuch as Basic Science faculty are at present members of the Medical School faculty, quite naturally they see their primary responsibility to Medical School curricula. As a consequence, in recent revision of Medical School Curriculum, the possible impact of certain changes on programs of other Health Science Units was not considered, and indeed the change was not communicated until it was too late to make appropriate adjustments. As a result of this action the sequence of science courses for nursing students was so affected that accreditation of the undergraduate program in nursing may be in jeopardy.

In the development of Research programs for nursing, we would value the opportunity to appoint adequately prepared faculty in the Sciences areas jointly with an independent unit in basic sciences.

6. What should be the pattern of relationship sought with affiliated hospitals, and other community agencies and services and the locus of decision making on contracts specifying these relationships?

We believe the welfare of patients should be a primary consideration in planning for students' experiences. In order to insure that patient care is not jeopardized by involvement of an excessive number of students, there should be some means whereby Health Science disciplines can plan jointly for use of patient care facilities.

Responsibilities of students, of University faculty and staff, and of members of the agency in which students receive learning experiences should be clearly expressed

in contractual agreements. Such agreements should be reviewed annually and revised as necessary.

To provide experience for graduate students, the School of Nursing presently uses a number of community agencies including such facilities as private hospitals, clinics, nursing homes and schools of nursing. There will be much greater need as graduate programs expand, and it would seem advisable to have some type of centralized planning and standards for this activity.

COLLEGE OF PHARMACY

1. Is there a need for a Regents' definition of the missions and responsibilities of the health sciences?
Very definitely.

2. Given the history, current situation, existing competence and needs of the health sciences, both within and without the university, what alternative administrative structures could be developed for units in this area? Such administrative structures should also take cognizance of the needs of the allied health professions.

a) A structure that will assure the patient comprehensive health care.

b) A structure that recognizes the needs of all units for basic health science instruction and the use of the hospitals as a laboratory without a fixed priority. (See specifically No. 4 and No. 5.)

c) A structure that will permit the development of auxiliary personnel taking advantage of certain fundamental common programs (i.e. courses).

d) A structure that permits administrative and fiscal independence for the basic health sciences, the hospitals and the medical school.

e) A structure that permits any sub-professionals in pharmacy to be a part of the allied health sciences, which could be a separate entity thus eliminating the need for the present College of Medical Science.

f) A structure which permits the health sciences to have a full-time coordinator with staff to bring about integration to assure the success of the health team approach.

g) A structure that will make possible joint efforts in recruitment, public relations, research coordination, continuing education, educational resources center, health science information office, etc.

h) A structure that promotes cooperative programs involving health care delivery to all segments of the population.

3. How should the responsibilities for continuing and graduate education in the health sciences be divided between the health science units, the General Extension Division, and the Graduate School?

a) Continuing Education can best be handled by a single unit within the health sciences. It might be a unit within the Extension Division but should also have line responsibility to the coordinator of the health sciences.

b) Graduate School – Our graduate education program should remain a part of the graduate school unchanged.

4. What steps should be taken to assure satisfactory relationships between all professional units in the health sciences and the hospitals?

The future organizational structure of the Health Sciences Center can have considerable impact on the development of our programs in pharmacy. These are presented separately below.

a) Basic Medical Sciences (Anatomy, Biochemistry, Physiology, Pathology, Microbiology and Pharmacology.)

These disciplines are presently located in the Medical School in the College of Medical Sciences. Despite this they devote a great deal of time teaching students in the other health professions. Although there is a willingness to cooperate, we usually must select a course already being taught which most fills the needs in our curriculum rather than having one more tailored to our requirements. As a result we have continued to teach our biochemistry course. Often increased needs (i.e. pharmacology) require us to consider giving up a faculty position in order to have it accomplished. This is understandable because of increased demands on a staff that is not adequately understood by those allocating positions. Frankly, our needs must be a secondary consideration for these disciplines. While we are basically against the duplication of these disciplines in our college, this has frequently happened in other Universities. Unfortunately, this often results in one, or both, departments being weak and often uncooperative.

We believe that the optimum situation exists when these become Departments of Basic Health Sciences under a dean (or director) with responsible line responsibilities identical to the deans of pharmacy and medicine. Some universities have already recognized the merits of this approach.

5. What steps should be taken to assure satisfactory relationships between all professional units and the basic science department?

b) University Hospitals.

We are presently operating in the University Hospitals under a joint program statement between the College of Pharmacy and the College of Medical Sciences/University Hospitals (August, 1969). Without this and the cooperation of these two units, the development of our clinical pharmacy program would have been extremely difficult.

Common sharing of three roles – education of pharmacy undergraduates, advancing the state of knowledge of pharmacy, and rendering of exemplary pharmaceutical services led to definition of a fourth role – that the College of Pharmacy and University Hospitals should occupy a *position of leadership in demonstrating and testing new ideas* in the utilization of pharmacy services.

Subsequent planning and implementation of joint programs have further established the interdependence of these two groups. Pharmacy students now receive a significant component of their education from Univer-

sity Hospital pharmacy staff who hold faculty appointments. The University Hospitals provide a controlled clinical environment for student instruction in patient-pharmacist interactions and a review of the relationship between disease and clinical therapeutics. Several college of pharmacy faculty have a consultative relationship to the pharmacy department for program development.

There seems to be much justification for the Director of University Hospitals to enjoy a relationship in the organization parallel to that of the health professional schools. We would strongly recommend that this is also important to the development of the programs in the College of Pharmacy.

The developing needs of our college and its more intimate relationship with University Hospitals suggest for consideration that an administrative organization for the delivery of pharmaceutical services to patients might more appropriately be similar to that used so effectively to delivery physician services or dental services.

Under such a structure the College of Pharmacy would assume responsibility for providing all pharmaceutical services to University Hospitals. All of the professional personnel would have service responsibilities to University Hospitals and academic responsibilities to the College of Pharmacy. All of the staff would provide service and teach but not all would undertake research. All would have academic rank in the college. Recruitment of professional personnel capable of fulfilling both responsibilities is essential to the success of such a proposal. The college would have the authority to recommend and implement changes in the service component which are critical to the teaching component (similar organizational structures exist at the University of Kentucky and others).

The ultimate administrative relationship should be that which most assures the patient of receiving exemplary pharmaceutical services and yet foster innovation for education.

6. What should be the pattern of relationship sought with affiliated hospitals, and other community agencies and services and the locus of the decision making on contracts specifying these relationships?

We are presently following guidelines used by the Medical School in our affiliation agreements with affiliated hospitals. Where possible these agreements could be between the health sciences unit and the affiliated unit. Others will have to be developed between the College and the unit (i.e. medical centers, community pharmacies). We lack experience in this area to make strong recommendations.

POSITION PAPER FROM SCHOOL OF PUBLIC HEALTH FOR THE EXTERNAL COMMITTEE

1. Is there a need for a Regents' definition of the mission and responsibilities of the Health Sciences?

The School of Public Health believes that a definite need exists and is becoming increasingly pressing. In 1922 when the Board of Regents created the Department of Preventive Medicine and Public Health, which was the forerunner of the School of Public Health, the Department's mission was defined to be "to offer appropriate, required, and elective courses in hygiene and public health for students in the various colleges and schools of the University." By "assigning" to the Department "all monies which are now allocated to health and public health education in the University", the Regents implied that all health courses should be offered through this new Department. When in 1944 the Regents changed the Department to the present School of Public Health, this mandate was unchanged. This policy of concentrating health instruction in one unit of the University was adherred to for many years but in recent years there has been an erosion of this practice whereby certain other units of the University have provided staff to teach health courses to their own students. The policy of concentrating all of the instruction within a single unit has the advantage of economy but has the disadvantage of placing other components of the University at the mercy of the School, which can decide both the content of its offerings and the selection of teaching staff. At the same time, the School is at the mercy of other units so far as concerns availability of collateral courses of value to its students. A very comparable situation exists with respect to other health science units and component departments or divisions. A clearer definition of the role of the School as well as of other units of the Health Sciences is highly desirable.

2. Given the history, current situation, existing competence and needs of the health sciences, what alternative administrative structures could be developed for units in this area?

The School believes and strongly supports an organizational concept whereby a person of vice-presidential rank would have overall administrative responsibilities for the health sciences. Under his immediate direction should come the Dental School, Medical School, Nursing School, Pharmacy School, School of Public Health, University Hospital School of Veterinary Medicine, and a newly created unit of Basic Health Sciences. The School of Public Health recognizes that transfer of basic sciences out of the Medical School into a new unit would pose problems for not only the basic science departments so involved but also for the clinical departments of the Medical School, but feels that in the long run the benefits to other components of the health sciences would outweigh the disadvantages for the Medical School.

3. How should responsibilities for continuing and graduate education in the health sciences be divided among the health science units, Extension Division, and Graduate School?

The School of Public Health strongly believes that all professional degrees such as Doctor of Dentistry, Doctor of Medicine, Master of Public Health, Master of Hospital Administration and the like should be under the respective schools and colleges whereas the Graduate School should be responsible for the "academic" degrees such as Master of Science and Doctor of Philosophy. Continuing education, which has heretofore been the nominal responsibility of the Extension Divi-

sion, could be directed by a special unit for all of the Health Sciences immediately responsible to the Vice President for Health Sciences, working in close collaboration with but not responsible to the Extension Division. Each of the units of health sciences should provide for coordination of its respective continuation activities through the appointment of a Director of Continuing Education working in close collaboration with the foregoing Health Science Director or Coordinator.

4. What steps should be taken to assure satisfactory relationships between professional units in the health sciences and the hospitals?

The School believes that this is a problem best left to the individual professional units. Thus, the School of Public Health has worked closely with hospitals both in the Twin City area and elsewhere in the development of preceptorships for students in the field of hospital administration and for special practical experiences for many of its other students, notably those in public health nursing and environmental health students interested in hospital engineering. These arrangements can be formalized by part-time academic appointments of selected hospital personnel, by memoranda of agreement, or, in most instances, by informal understandings.

5. What steps should be taken to assure satisfactory relationships between professional units and Basic Science Departments?

The School believes that this can best be accomplished by: 1) Joint appointment for basic science personnel providing required instruction for professional units and 2) by appointment of coordinating committees between basic science departments and professional units.

6. What should be the pattern of relationship sought with affiliated hospitals and other community agencies and services?

The School of Public Health has made extensive use of community agencies, including state and local health departments, public health nursing services, extramural hospital programs, intramural medical care programs and, in some instances, with industrial organizations. Whenever these have involved any question of payments or financial responsibility, memoranda of agreement approved by the Business Office of the University have been executed. In the absence of financial considerations, arrangements with community agencies have varied from informal understandings to formal part-time, nonpaid academic appointments for key personnel of such agencies carrying teaching responsibilities.

It would be helpful to have a health sciences committee with the continuing responsibility to review these relationships and make recommendations to the various units regarding possibilities for coordination, joint funding, research, etc. No central control over these relationships appears to be necessary at this time although a health sciences community relations (health science information) office with an expanded role could be helpful to the above committee in strengthening the public relations aspects of these arrangements.

UNIVERSITY HOSPITALS DISCUSSION PAPER

The following University Hospitals statements and observations are related to questions 1-6 on page 3 of a document prepared by Vice President Shepherd for the External Committee on Governance of the University of Minnesota Health Sciences Center.

1. Is there a need for a Regents' definition of the missions and responsibilities of the Health Sciences?

Yes. The Board of Regents would be as concerned about a definition of the missions and responsibilities of the Health Sciences as they are with all major units of the University. In fact, the subcommittee structure of the Board of Regents provides for a health sciences subcommittee. It would seem desirable for the Regents to judge proposals from the health sciences against a background of understanding of health sciences missions and responsibilities. One existing source of this information is the January 1, 1966 report to President Wilson regarding roles, objectives and programs within the health sciences.

2. Given the history, current situation, existing competence and needs of the health sciences, both within and without the university, what alternative administrative structures could be developed for units in this area? Such administrative structures should also take cognizance of the needs of the allied health professions.

Several alternative administrative structures could be developed for the health sciences — structures which have functioned with reasonable success for health science units at other Universities. We feel that the alternative selected should reflect accommodation to key considerations within this health sciences setting, including:

a) The administrative structure should facilitate the primary objectives of each unit of the health sciences, particularly where these objectives suggest interaction among the units.

b) The administrative structure should provide an effective mechanism for initiating programs relating to education, service and research both within the individual units and on a joint basis, and both within the university and in the community.

c) The structure must enable an understanding by the faculties of the decision making process — the mechanisms by which ideas may be carried through to change.

d) The administrative structure should provide an improved coordinating mechanism for joint activities of all health science units — the College of Pharmacy, Medical School, School of Dentistry, School of Nursing, University Hospitals and the School of Public Health.

We would suggest as the most favorable administrative arrangement, the appointment of a chief administrative officer for the health sciences, who would repre-

sent the health sciences as a part of central university administration. In creating such an office, we would emphasize the importance of representation in matters external to unit operations. It seeems to us that this office could best provide leadership in developing a coordinated approach with outside constituencies, including formulation of the legislative approach, funding agencies, health sciences planning, community services, and other programs of health sciences units. Of special importance would be the responsibility of this chief administrative officer to relate health sciences planning and programs to total university efforts.

As indicated in this charge, any administrative structure should take cognizance of the needs of the allied health professions. Several educational programs for allied health professionals are now being effectively administered through existing departmental structures. Some of these programs are Medical Technology, Occupational Therapy, Physical Therapy, Dental Hygiene, Dental Assistant, X-ray Technology, Speech Pathology, Audiology, and Vocational Rehab Counseling. This existing mechanism for the education of allied health professionals does not however provide adequate focus on the need for development of new kinds of health manpower and the related effective utilization of health manpower. A central administrative structure should provide the mechanism to focus attention upon the question of manpower development in the health sciences.

3. How should the responsibilities for continuing and graduate education in the health sciences be divided between the health science units, the General Extension Division and the Graduate School?

The Hospitals has an interest in these postgraduate programs in that we would desire improved organization for communication with postgraduate students at University Hospitals and the opportunity for more participation cn their part in the management of relevant hospital affairs.

4. What steps should be taken to assure satisfactory relationships between all professional units in the health sciences and the hospitals?

The Hospitals has devoted major effort to the development of an organization which would be responsive to the needs of health sciences units. The current relationships with these units as a base combined with a central administrative structure for the health sciences would enable the desired relations with all professional units in the health sciences.

Current relationships include specific administrative and legal provisions for physician participation in hospital affairs through the bylaws and constitution of the Medical School. Study is currently underway to strengthen ties with the School of Nursing which to date has made limited use of the hospital, with arrangements normally through the Hospital's Department of Nursing Services. The Hospital, with endorsement of the College of Medical Sciences, has functioning arrangements for the use of hospital facilities with the School of Dentistry, the College of Pharmacy and the Division of Industrial Engineering of the University School of Mechanical and Aerospace Engineering; these working relationships are documented in statements of agreements and relationships with the units mentioned.

An additional joint program statement is now being developed with the Program in Hospital and Health Care Administration Division of the School of Public Health.

The Medical Staff Hospital Council is the operating agency for relationships with professional units of the health sciences. At present, the Council includes representation only from the Medical School and the hospital. While there is awareness of lack of participation by other health sciences units, the Council has deferred action on this mattter pending health sciences reorganization.

The Council is also aware of the need for improved communications with the non-University communities served by the Hospital, primarily through the care of patients at University Hospitals and the Community University Health Care Center, and through the Community Services Department of University Hospitals. A Council committee is investigating alternative means for improving these communications, including the feasibility of establishing an advisory board of representative citizens from the State.

5. What steps should be taken to assure satisfactory relationships between all professional units and the basic sciences departments?

Questions regarding relationships generally relate to provisions of faculty, participation in course content and policy establishment with health sciences units. A Health Sciences administrative structure should effect improved coordination and provide the mechanism to encourage interrelationships among all elements of the health sciences.

6. What should be the pattern of relationships sought with affiliated hospitals, other community agencies, and services in the locus of decision making on contracts specifying these relationships?

Planning for the use of affiliated hospitals needs to be integrated in the planning for use of University Hospitals. Health Sciences planning documents have clearly identified the desirability of increased affiliation with community hospitals and other community agencies, while continuing to build the base for clinical facilities at University Hospitals. Both as the clinical base for expanding educational programs and as the core hospital serving citizens of Minnesota with a broad range of health related programs, University Hospitals must develop within the framework of total clinical facilities to provide a sound economic base for continued operations.

The locus of decision making would depend upon the nature of affiliations, with those health sciences units effected participating in development of the relationships. The locus could be in the health sciences administrative office or, if the affiliation involved only one unit of the health sciences, in the administrative or appropriate departmental office of that unit.

ALLIED HEALTH PROFESSIONS

PHYSICAL THERAPY— OCCUPATIONAL THERAPY DISCUSSION PAPER FROM THE DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

(This paper relates primarily to Charge 2, " . . . Such administrative structures should also take cognizance of the needs of the allied health professions.")

The establishment of the College of Medical Sciences empowered to award degrees other than the Doctor of Medicine has given the University of Minnesota an early advantage and many years of experience in the development of a working relationship between medicine and the allied health professions. The coordination of training in medicine and in the allied health fields under one college has proved to be mutually beneficial. The decision to organize each allied health profession in conjunction with the medical specialty most closely concerned has fostered this relationship both during training and in professional practice and given the University of Minnesota an advantage not enjoyed by other schools lacking such an arrangement. The basic structure of this plan of organization, which is the coordination of the training of each allied health profession and service with the medical specialty most closely related to and concerned with it, should be retained in any plan for governance of the University Health Sciences.

A concomitant to the development of the broader concepts of modern health services has been the development of an increasing number of health professions. In some cases these health professions have developed virtually alone, in other cases they have developed as coordinated programs. It is apparent that the planning and delivery of comprehensive health services cannot be accomplished unless health programs are integrated. It is because the burgeoning health programs have not been integrated adequately that the present study has been undertaken.

Physical Medicine and Rehabilitation as a Department of the Medical School has had a unique experience which was a forerunner of the problems faced on a larger scale by the Health Sciences today. For as long as it has been a specialty of modern medicine, Physical Medicine and Rehabilitation has worked with and utilized the services of non-physicians to achieve its goal of functional restoration of the patient to independence in his normal environment. Cooperation with the allied health professions has been a necessity, at first because the therapeutic services necessary to restore the patient were too time-consuming for the physician to carry out without assistance, and later, as rehabilitation became more sophisticated, because the physician did not possess all of the knowledge and technical skills necessary to achieve comprehensive rehabilitation. For this reason the physiatrist has developed a working relationship with an increasing number of paramedically trained workers, each of whom makes a specific contribution to the therapeutical program of the patient. These allied rehabilitation professions provide such a significant contribution to that program that they participate on an organized, continuing basis as the rehabilitation team responsible for the restoration of the patient to his optimal functional level. The current level of success of Physical Medicine and Rehabilitation is dependent upon this interdisciplinary teamwork.

At the University of Minnesota both physical therapy and occupational therapy were established as professional degree programs in the College of Medical Sciences approximately twenty-five years ago. They were assigned to the Department of Physical Medicine and Rehabilitation as the medical special most directly concerned with these paramedical fields. This has proved to be a fortunate decision for all concerned. Both physical therapy and occupational therapy have prospered in this association and have programs which are recognized as outstanding in the United States. Training within the College of Medical Sciences has not only made these programs more medically-oriented, but also has resulted in training of medical students to utilize these services more extensively than has been the case for programs not in medical settings. In addition it has resulted in the development of a graduate program in Physical Medicine and Rehabilitation recognized as the leading academic program in the United States. Moreover, this arrangement has directly benefited the practice of medicine in this state. There are more physiatrists and more physical therapists per capita in Minnesota than anywhere else in the United States. All hospitals in this area expect as a matter of course to have physical therapy services, and the more aggressive hospitals expect to have comprehensive rehabilitation programs.

The interidigitation of the baccalaureate degrees in physical therapy and occupational therapy with the medical undergraduate and graduate curricula in the Department of Physical Medicine and Rehabilitation has demonstrated the importance of such an association. A number of basic medical and clinical rehabilitation courses are taken together by the students in occupational therapy and physical therapy. During their clinical training they learn to work together and with the other rehabilitation professions. In this association they develop a better understanding of the knowledge and skills possessed by the other rehabilitation professions with whom they will work. They are, therefore, better prepared to work together in a program of comprehensive health care. The other allied rehabilitation professions need similar training and experience in order to work optimally in comprehensive coordinated programs.

A further development in which this Department of Physical Medicine and Rehabilitation has been a leader has been the training of students in other allied rehabilitation professions. Although this training has been on an informal basis in the sense that official responsibility for the training program has been assigned to some other department and often some other college, nevertheless, the development of these courses has occurred because of the initiative of the faculty of this department

and was made possible by the resources within this department; continuation of these aspects of training remains dependent upon this department.

In any comprehensive rehabilitation program approximately ten to twelve professionally trained persons are involved in working with the patient. These professionals work well together only when they have been trained to work together. They need understanding, not only of their own professional fields but also of the services and contributions obtainable from the other rehabilitation professions. In order to accomplish its mission for those students for whom it had the primary responsibility it became essential for the Department of Physical Medicine and Rehabilitation to offer to assist in the training of the various allied rehabilitation professions. The training offered was unavailable elsewhere within the University. It supplemented the established programs or provided training which was recognized to be essential in order to provide comprehensive rehabilitation services. This training has been extended to students in rehabilitation counseling, clinical psychology, nursing, public health nursing, speech pathology, social work, and education of exceptional children. Our experience has demonstrated the mutual benefits received and the improvement of the program in general by this interdigitation of training programs.

To facilitate health care and health education across disciplinary lines we have found that the health professions must share not only a common philosophy but a common forum. Through effective communication, this forum allows for the evolution of new goals and techniques, the objective measurement of progress, and the multiplication of disciplinary strengths. Optimum delivery of health care and prevention of imbalance in this system result from this meaningful union of related health sciences with a common purpose. This forum should be continuing, flexible, reciprocating and sensitive to the needs of the patient, the student and the various allied rehabilitation professions.

For the physiatrist-in-training, the inter-related health professions complement one another to offer training in which he can apply new and accumulating skills in concert with the others who may spend considerable time with his patient.

In this system the medical student works in a milieu of integrated health professions. He operates in a learning environment in which the seeds of interdisciplinary teaching, understanding and respect will enhance professional competence and cooperation. In his formative years he sees in the staff physician a role model of a doctor who serves his patients by working harmoniously within a family of health professions.

Education for paramedical students is enriched by their close contact with physicians and other members of the health profession who are confronted by similar health problems and who share mutual interests in the same patients.

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SOCIAL SERVICE PARTICIPATION IN MEDICAL EDUCATION

Social workers came into hospitals first as a part to the education plan for medical students. Dr. Haven Emerson of Johns Hopkins and Dr. Richard Cabot at Massachusetts General Hospital established social service departments to assist them in their teaching.

The present trend in medical practice is toward comprehensive medical care. The emphasis is shifted from the treatment of disease to the total functioning of the patient. Comprehensive medical care takes into consideration the behavior patterns, the employment, financial resources, the family and personal relationships, and community resources available to assist the patient. This approach considers the impact of the illness upon the person in the same way as the impact of the diseases upon the body. The physician of tomorrow must understand the social impact of illness upon the patient, his family, and community. This is the core area of social work in hospitals.

Social workers have a contribution to make to medical education in these area: through formal lectures, consultation team participation, and demonstration.

The social and psychological aspects of medical care bridge the gap between the student's motivation for helping people and his scientific training. The physician of the future needs a well balanced experience in treating people with illnesses. The social worker is prepared to augment medical education in the area of social relationships.

Medical care in the United States is becoming a social program. Future physicians must be aware of the governmental programs and how they relate to the total social welfare structure. This can best be taught by the social worker, who must be expert in this area, and can teach from examples in which the medical student can participate.

For the past fifteen years, the Social Service Department has participated in the educational program of the Department of Physical Medicine. This experience could be duplicated on other medical services organized to teach medical and ancillary professions.

The profession of social work brings to the health team the following: 1. Knowledge regarding the social roles of patients, what it means to be a father or mother, husband or wife, brother or sister, friend or neighbor, student or employee. 2. Diagnostic skills in evaluating the impact of illness, whether chronic or acute, knowledge of the understanding of how a person, a family, or a community reacts in meeting crises situations. 3. Professional skill in specific techniques and methods which are applied to help the person, the family and the community agencies. This body of knowledge forms a large part of a comprehensive health and rehabilitation program and represents concerns shared by all medical personnel.

Functions of a social worker in the health team as a teaching unit in the Department of Physical Medicine:

1. Teach health sciences students to develop sensitivity and insight in the areas of the patient's interpersonal relationships, social interactions and adjustment mechanisms. 2. Share knowledge with the rehabilitation team staff through discussions and consultations to bring about a fuller understanding of patients they treat, thereby enhancing the total teaching program. 3. Interprets the philosophy of rehabilitation to community agencies, thus demonstrating to the student the effective assistance of community people and teaching him the kind of help he could expect in his work with patients. 4. Participate in departmental planning and definition of goals and objectives to ensure comprehensive and realistic health care and teaching. 5. Teaching functions also include the social service staff, the specific knowledge and skills which come from the area of rehabilitation so that they in turn might select out those concepts applicable to the other medical services. 6. Observation and functioning models. In the department of PH & R, the model often used for demonstration is the health team. The social worker represents her profession in the multi-disciplinary health team through diagnostic and treatment evaluations, sharing responsibility for setting up realistic treatment goals, coordinating discharge and post-hospitalization program planning and execution. 7. Through the use of group work process, demonstrate the neeeds and dynamics of the "patient sub-culture."

The value of the social service department's participation in the medical education programs has been amply demonstrated.

The educational function of the social worker serves to assist the medical student to establish the important links between teaching and service that reinforce the health science concept.

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