

R E P O R T
of a Faculty Seminar on

OBJECTIVES OF THE COLLEGE OF MEDICAL SCIENCES

AND

MEANS FOR THEIR ACHIEVEMENT

The Faculty Seminar--held February 14 and 15, 1964 at the Ambassador Motel--
was Phase II of a three-phase program designed

to examine and define the several goals of the College of Medical Sciences,

to explore the degree to which we are effectively discharging our obligations
toward the attainment of these several goals, and

to consider improvements and/or innovations in communication and organization
that might facilitate achievement of our goals.

Phase I took the form of a survey of individual faculty opinions regarding
Medical School goals and the results of this survey constituted the opening
reports at the Seminar.

Phase III is yet to come and will center around faculty-meeting discussions
of this report of the Seminar--with the view to ascertaining the degree of
acceptance of some of the suggestions evolving out of the Seminar and to specify-
ing the appropriate next steps toward implementation of those suggestions that
find substantial consensus among the faculty.

PHASE I

In January a questionnaire was distributed to all faculty members asking them to indicate the relative importance--from several points of view--of each of the following functions or responsibilities:

- 1) undergraduate medical school teaching
- 2) non-medical school teaching
- 3) graduate teaching
- 4) research
- 5) service

Each faculty member was asked to rate the above functions from the points of view of current departmental emphasis, desirable departmental emphasis, and personal interest or preference.

In addition, individuals were encouraged to suggest areas of our total college operation that need attention and might profitably be discussed at the Seminar.

In summarizing the faculty responses to the survey--which had been collated by a representative from each department--Carl Heggstad and Leslie Zieve reported to the Seminar that, from those questionnaires and collations returned to them, the following generalizations seemed appropriate:

- 1) The faculties from most departments rated undergraduate medical teaching and graduate teaching as deserving top, and essentially comparable, emphasis both from the departmental and personal points of view.
 - a) Several faculties, however, indicated that current departmental emphasis, particularly with respect to undergraduate medical teaching, was less than they felt would be desirable.
- 2) The basic science faculties, in general, felt that research does and should receive comparable emphasis to undergraduate and graduate teaching, while the clinical faculties, in general, felt that research was an important function but perhaps does and should receive slightly less emphasis than teaching.
- 3) All faculties expressed the feeling that non-medical school teaching should not be permitted to seriously interfere with the discharge of our obligations for medical and graduate teaching and for research. (It was pointed out later at one of the Seminar discussion groups that, given the organizational structure of the University, we do have obligations for certain non-medical school teaching functions and that some of our faculty find such teaching challenging and desirable.)
- 4) The basic science faculties felt that "service"--a catch-all category covering everything from membership on an NIH panel to private patient consultation--does and should receive little emphasis in their departments and the clinical faculties expressed the feeling that such "service" is not and should not be most important.

Faculty responses highlighted the following issues as being most significant for consideration at the Seminar:

- a) the need to identify and provide incentives for the faculty member who excels as a teacher;
- b) the need to specify more clearly the goals of undergraduate medical education and to review and possibly revise our present curriculum in the light of these goals;
- c) the need to devise more effective mechanisms for faculty participation in policy discussion and formulation;
- d) the need to carefully consider the status of our affiliated teaching hospitals, particularly if class size is to increase;
- e) the need to review our procedures for faculty recruitment and retention.

QUESTIONS GROWING OUT OF THE FACULTY SURVEY

WHICH WERE THEN POSED TO THE SEMINAR DISCUSSION GROUPS

A. Questions related to undergraduate medical school education.

1. Is it reasonable to expect that all departments involved with teaching medical students should agree on a common goal?
2. If a common goal is reasonable and desirable, what are the obstacles to defining it and how might such obstacles be overcome?
3. If a common goal can be defined, does this provide a focal point for re-evaluation of the curriculum?
4. In principle is it desirable to consider more integration in the curriculum?
5. If a definition of the "product" we hope to turn out is possible, how can we best evaluate the degree to which we are currently successful?
6. Ought we to give serious consideration to differential curricula designed to prepare physicians for different specialized functions?
7. What are the possible effects of increased class size on the quality of undergraduate medical education?
8. What are the requirements for a hospital to participate effectively as a teaching affiliate of the medical school?

B. Questions related to graduate education and research.

1. Would the new "supporting program", of courses related to one another and to the major program in a coherent fashion, be appropriate in place of a classical minor for some Ph.D. candidates majoring in a basic science? in a clinical science?
2. Would it be useful to consider graduate programs in which essentially equal emphasis was placed on two areas of specialization?
3. Should study be given to development of an integrated basic science course that might be appropriate for beginning graduate students in any of the basic medical sciences?
4. Would it be useful to have a coordinator of graduate studies in each of the disciplines to facilitate communication and dissemination of information, or ought we to consider occasional meetings of the entire graduate faculty of the College?
5. Should the objective of graduate medical education be to produce a specialist (e.g., microbiologist or surgeon) or to produce an investigator thoroughly grounded in a specialty?

6. To what extent do or should our graduate programs prepare students for teaching as well as research?
7. Has the availability of funds--for training grants, research grants, career awards--influenced patterns of growth and is there a legitimate area of concern that growth within the college be "balanced" and related to agreed-upon goals and responsibilities?

C. Questions related to communication, organization and achievement of goals.

1. What procedures and techniques would best provide for faculty participation in the formulation of goals at the departmental level?
2. Do we need and can we devise means for inter-departmental consideration of goals?
3. By what mechanisms can policy-making groups be fully informed of the considered judgment of the faculty?
4. By what means can we assure a desirable balance in our total effort--both within and between departments?
5. How can teaching excellence be identified, evaluated and rewarded?
6. If it appears that curriculum review and possible revision are desirable, what is the most appropriate mechanism for conducting such a review and for implementing any resulting recommendations?

SEMINAR PARTICIPANTS

Group I

John Spizizen - Chm (Microbiol.)
Wm. Schofield - Rep (Clin. Psy.)
Ellis Benson - Rep (Lab. Med.)
Carl Heggstad (Anat.)
John McKelvey (Ob-Gyn)
John Moe (Orth. Surg.)
David Root (Surg. - Ancker)
Frederick VanBergen (Anesth.)
Richard Varco (Surg.)
Paul Winchell (Med.)

Group III

Frederick Shideman - Chm (Pharm.)
Robert Vernier - Rep (Ped.)
Leslie Zieve - Rep (Med. - VA Hosp.)
Gaylord Anderson (Pub. H.)
Paul Bransford (Ch. Psych.)
Charles Carr (Bioch.)
Milton Etinger (Neur. - Gen. Hosp.)
Frederick Kottke (Phys. Med.)
Owen Wangenstein (Surg.)

Group V

Lee Wattenberg - Chm (Path.)
Charles Morgan - Rep (Anat.)
William Spellacy - Rep (Ob-Gyn)
Paul Arnesen (Orth. Surg.)
Wendell Hall (Med. - VA Hosp.)
John Harris (Ophth.)
Donald Hastings (Psych.)
Douglas Nelson (Lab. Med.)
Maurice Visscher (Physiol.)
Dixon Ward (Otolaryngol.)

Group II

James Matthews - Chm (Anesth.)
Ward Griffen - Rep (Surg.)
J. E. Bearman - Rep (Pub. H.)
John Anderson (Ped.)
A. B. Baker (Neur.)
Dennis Kane (Med. - Ancker)
Arnold Lazarow (Anat.)
Nathan Lifson (Physiol.)
Harold Peterson (Rad.)
Dennis Watson (Microbiol.)

Group IV

Wallace Armstrong - Chm (Bioch.)
Erland Nelson - Rep (Neur.)
Joseph Jorgens - Rep (Rad. - VA Hosp.)
Shelley Chou (N. Surg.)
Gerald Evans (Lab. Med.)
Frederick Goetz (Med.)
Ian Gregory (Psych.)
Francis Lynch (Derm.)
Louis Muschel (Microbiol.)

Group VI

James Dawson - Chm (Path.)
Joseph St. Geme - Rep (Ped.)
Merle Loken - Rep (Rad.)
Cyrus Barnum (Bioch.)
John Brantner (Clin. Psy.)
Donald Creevy (Urol.)
Glenn Gullickson (Phys. Med.)
Jack Miller (Pharm.)
Richard Raile (Ped. - Gen. Hosp.)
Cecil Watson (Med.)

The following participants were requested to select the discussion group they wished to attend for part or all of any discussion session.

Robert B. Howard, Dean
N. L. Gault (Dean's Off.)
Mead Cavert (Dean's Off.)
Richard Magraw (Comp. Clin.)
W. A. Sullivan (Cont. Med. Educ.)

Miss Gertrude Gilman (Univ. Hosp.)
Gerard Frawley (Univ. Hosp.)
Miss Edna Fritz (Nursing)
Luther Pickrel (President's Off.)

OPENING REMARKS BY DEAN HOWARD

Although perhaps a good case may be made for simply getting together for a weekend of good cheer, good food, and good fellowship, this meeting has a less social origin. I have felt keenly the need for a serious, thoughtful, inclusive appraisal of our College, its objectives, its role in the University and the community, and--above all--its future course. We have changed remarkably over the years--as I shall develop at some greater length subsequently--and the coming years will be marked by even greater changes. It is vital that these future changes constitute a pattern of organized, healthy, purposeful growth, not one of disorganized proliferation or metastasis with its predictable effects on the organism as a whole.

A number of faculty members with whom I discussed this concurred in this feeling that the time is appropriate for such an appraisal, and we began to set in motion some plans for this meeting. I have been especially anxious that this not be a "Dean's meeting," that is, a session devoted to what I felt ought to be presented and designed in accord with my concepts of how the matter ought to be approached. For this reason I asked a representative faculty group to assume the responsibility for all aspects of the planning, including the selection of participants as well as the format of the meeting itself. Drs. John Anderson, Cy Barnum, Fred Goetz and Fred Shideman served, with Dr. Barnum as chairman, in this role, and we are all grateful to them for the long hours of hard work they have put in. It is up to us now to make their work fruitful.

My only stipulation to the planning committee was that I wished to make an opening statement. During the next 15 minutes or so, therefore, I should like to bring up some matters which I hope will help set the stage for what will follow in the course of this meeting. I am not expecting that this will be a comfortable two days, and I fully expect that the person least comforted by the session will be myself. I earnestly hope, however, that whatever discomforts we may feel will be of the constructive variety that will stimulate us to thoughtful consideration and effective action.

One of the most important marks of a mature and confident organization is a substantial capacity for critical self-examination. The fledgling organization, unsure of its place in the sun, characteristically devotes its quarterly or annual meeting to a flood of self-laudatory and ego-bolstering addresses designed to minimize the doubts in the minds of its members about the purposes, the actions, and/or the effectiveness of the group.

The established, soberly-confident organization, on the other hand, will regularly practice thoughtful self-analysis and self-criticism. It will regularly re-examine its purposes, its actions, and its effectiveness. It will assume that, whatever reputation it might enjoy, it can do an even better job at least in some areas. In short, it will recognize the need for continuing, dispassionate appraisal of itself and for prompt, effective action to remedy observed faults or deficiencies.

Recognizing our College as a mature and confident organization, I shall not spend any time enumerating our virtues, which are many and varied and in which I take real pride. Rather, I wish to spend my few minutes in bringing to your attention some of those areas that I believe deserve the kind of thoughtful self-analysis I have spoken of. While I have in mind a number of specific areas where

I believe we can and should be doing a better job, I believe they are all related directly or indirectly to one fundamental deficit: our lack of a clear-cut institutional identity. Historically we have developed as a rather loose confederation of a number of very strong and able departments. There is much to be said for this kind of development, and certainly we would not want to weaken departmental structure in any way. Many of our departments are nationally prominent and have provided leaders to departments in other schools. Certainly, research programs and, in a very large measure, research training programs should be departmentally and even individually oriented.

In other important areas of our activities, however, we sorely need to develop common institutional goals and to approach those goals with a unity of purpose not now characteristic of us. I feel keenly that, at the present time, we are less great than the sum of our constituent parts; the reverse should be the case.

I am deeply concerned that our students think so ill of us as to earn for us on two separate accreditation surveys more than ten years apart, the specific, highly unfavorable comments of the respective accrediting teams on this point. Students at two institutions which I visited on similar missions and which I consider distinctly inferior to our own manifested infinitely greater appreciation of the efforts of their faculties.

I am deeply concerned that our students do not fare better than they do in the national competition of the National Board Examinations. I do not want to suggest the admittedly undesirable practice of slanting our teaching to conform to the particular standards of this or any other outside agency. Nevertheless I do feel that students taught by a faculty of the excellence of ours should acquit themselves better than they do.

I am deeply concerned that we have not worked out a better way to examine and re-examine the medical curriculum on a continuing basis.

I am deeply concerned that our students, the medical profession, many legislators, and a substantial segment of the public envision us as an institution with such an overwhelming preoccupation with research that it seriously interferes with our interest in and devotion to teaching medical students. Whether this is true or not is irrelevant. The important thing that this view is widely held--and especially by our own alumni. Surely we have failed to interpret effectively our research program to those whose understanding we should have.

I am deeply concerned that our interest in and concern for the care of the patient has lagged so far behind our interest in and concern for the management of disease and the correction of defects. The day is almost upon us, if not already here, when we shall have to compete actively and effectively for patients of all types, to compete on the basis of offering sound, warm, sympathetic, efficient, and understanding medical care for all of their needs, not merely on the basis of offering certain highly specialized skills, whatever their excellence, for the management of certain kinds of disorders.

In urging your attention to problems such as these, I offer no panaceas. I do, however, feel that an important portion of the solution will lie in much more widespread faculty concern with and participation in matters affecting the

school as a whole. Recent scientifically valid studies have amply demonstrated that, in an organization, broadening the base of participation in decision-making leads to measurable increases in productivity. Similarly, I believe that some of our own school-wide programs, notably those related to teaching of medical students and to medical care, can be made more effective by fuller faculty participation in their development and implementation.

This brings me to one of the aims of this seminar: the need to take a most careful look at our organizational pattern, to determine what organizational changes are desirable in order to facilitate communication and to insure greater faculty participation in the substantive academic matters of our institution. I do not wish to over-emphasize organization. Certainly a fine organizational structure will produce mediocre results if manned by mediocre people. On the other hand, excellent people will produce the best results if the framework within which they work is such that it encourages communication, effective interchange of ideas, and opportunities for their ideas to affect over-all policies. The actual effects produced by messenger RNA depend on the kind and sequence of the bases present but these operate in a matrix without which no effects would take place. Form is necessary for substance to develop.

In approaching the matter of organization, a brief historical account of what has happened to us in the past quarter century is in order. (Slide) This slide shows in tabular form the changes that have taken place over that period with respect to numbers of students, undergraduate and graduate, and faculty as well as growth of both legislative support and research support. (Slide) This slide shows similar data in graphic form. (Slide) The final slide shows the same data on a relative, rather than on absolute, basis showing proportionate growth with respect to these various parameters with 1937-38 as the starting point. The research expenditures for 1937-38 were, of course, so infinitesimal that proportionate growth in this parameter has little meaning. However, if we use 1950-51, or even 1958-59, as the starting point in this regard, the relative growth is still truly impressive.

The point of all this, of course, is that we are in reality a vastly different institution today from what we were when Harold Diehl assumed the deanship. In fact, a case can be made that we are quite different from what we were when I assumed the deanship in 1958. Yet our organizational pattern has remained essentially unchanged. We operate under a constitution adopted in 1931, but we fail to observe a number of its key provisions. We have not developed new means of communication to take account of a vastly increased complexity. Faculty members, increasingly swept up in the excitement of their own fast-moving disciplines and finding inter-departmental and even intra-departmental communication more difficult than it was, have quite understandably tended to concern themselves less with college- and University-wide matters than was the case a quarter century ago.

I hope that one of the tangible fruits of this seminar will be a most careful examination of our organizational pattern. We should consider how we can best approach the development of a new and up-to-date constitution. Our conversations must take account, among other things, of the fact that we are both a Medical School and a College of Medical Sciences, and we must try to define those matters which are the proper concern of the faculty of the entire College and those which

are the concern of the Medical School faculty. They must take account of the relationship, within the college, of the Medical School and the University Hospitals, which like the College as a whole have grown to a remarkable complexity.

Our conversations should consider and approach definition of the role of the Administrative Committee. The Administrative Committee, interestingly enough, as presently constituted, has no clearly defined constitutional authority. The 1931 constitution provides for an Administrative Committee of quite a different structure and function than that of the body as we know it. I would have to concede, on the basis of a perhaps too long delayed retrospective look, that my own expectations of our Administrative Committee have been unrealistic. As constituted it is not the appropriate educational policy-determining body for either the Medical School or the College of Medical Sciences. It is simply too large and too unwieldy a body to serve as an effective advisory board to the dean.

On the other hand it does not serve as effectively as an information-imparting device as it would if it were more inclusive; if, e.g., it were to include division heads. Clearly, both its structure and its function deserve thoughtful consideration.

I want to share one other personal reaction with you. I do feel the strong desirability of having a small advisory board or cabinet. In the earlier, less complex, day of which we have spoken, the dean could get his advice informally on ad hoc basis. While naturally I would by no means preclude and indeed will continue to welcome individual consultation, I believe that dependence on this as the major advisory mechanism is unsatisfactory in view of our present size and complexity. The faculty deserves to know that on major policy matters, even apart from those strictly educational and therefore within the province of the faculty itself, the dean has sought advice and it deserves to know who these advisors are.

Such a board or cabinet should be small, yet reasonably representative, should meet with the dean regularly and quite frequently, and its members should probably serve, on some kind of rotating basis for a specified period during which it would constitute a major commitment for the person so serving. Effective long-range planning, among other things, can only be done by a small group of this type. I hope you will be giving thought to how such a body as this can best fit into our organizational pattern.

In closing, let me thank you all for sacrificing two days in order to be here. I recognize that my remarks may be construed by some as being critical. I have not intended them to be critical of any of the things you do, for I can think of no present activity of which I am not really terribly proud. I am critical of some of the things we do not do, but in saying this, I want you to understand that I am really critical of myself above all. Our deficits are those related to imperfect integrative functions, and the integrative function is the responsibility of the dean. It is my earnest hope that this seminar and the discussions, meetings, conferences, and actions which follow it will help provide the environment and the mechanisms for the development of the clear institutional identity that we both need and deserve. Then, in truth, the whole of our institution can become greater than the sum of its constituent parts.

SUMMARY OF COMMENTS AND RECOMMENDATIONS
EVOLVING FROM THE DISCUSSION GROUPS AND PLENARY SESSIONS

A. Undergraduate Medical Education

There appeared to be general consensus that it was desirable and feasible to define a common goal of undergraduate medical education to which all departmental faculties would subscribe.

One definition of a common goal that evolved from the discussions may be stated as follows:

The primary aim of undergraduate medical education is to produce good physicians. The characteristic of a good physician is the possession of sound training in quantitative biology as it applies to man which will serve as the basis for continuing professional and scholarly growth.

Several corollary or related propositions received substantial support and may be stated as follows:

1) There is need to evaluate the degree to which our present curriculum is advancing us toward our goal. Evaluation by the faculty is probably most pertinent, but student and alumni evaluations would also be useful.

2) There is need for a thorough review of the present curriculum, with particular consideration of the degree of integration of the material presented, and an imperative need for an effective mechanism for implementing desirable changes.

3) Continuing review and evaluation of the curriculum is essential to a healthy educational program.

4) The problem is not one of finding enough pertinent material to present to the student over the four-year period, but rather of judiciously selecting that material most pertinent to the training of a good physician.

5) The establishment of a required, balanced core curriculum, supplemented by elective courses to permit development of special interests, seemed desirable to a substantial number of the participants.

6) There is a need to devise means to recognize, encourage and reward the excellent teacher.

7) There is need to define more clearly the requirements a hospital must meet in order to participate effectively in the teaching program of the medical school. This need will become even more urgent if class size increases.

8) There was full recognition of the nation-wide need to prepare more physicians. Concern was expressed whether increasing our class size was an appropriate response to this need since we would want assurance that neither the calibre of the entering class nor the quality of medical education would suffer. Maintenance of the quality of medical education for an enlarged class would necessitate significant expansion and improvement of facilities and staff at both the basic science and clinical levels.

Alternative suggestions, relative to meeting the nation's need for medically trained personnel, included such possibilities as shortening the time of preparation of present physicians, training "assistant" physicians, or establishing new medical schools in the Upper Midwest area.

B. Graduate Medical Education and Research

1) There appeared to be general concurrence that the permissive use of a "supporting program" (made up of pertinent graduate courses from related basic disciplines) in place of a classical Ph.D. minor would introduce a desirable degree of flexibility. However, some concern was expressed as to whether such a "supporting program" would be appropriate in the case of candidates with clinical majors.

2) Interest was expressed in the possibility of developing an integrated basic science course for beginning graduate students.

3) Considerable concern was expressed relative to certain imbalances and inequities that appear to have arisen due to the availability and source of outside funds.

C. Means to Achieve Objectives

Prior to the discussion sessions on the second day, Dennis Watson introduced the subject of organizational models most likely to facilitate achievement of our goals. He stressed the great achievements made over the past 25 years, outlined the present tables of organization, and questioned whether the present complex organization could best serve the College as it continues to grow. He suggested that recent difficulties relative to curricular change might be indicative of inadequacies of the present administrative organization and that the Faculty Consultative Committee, functioning in its present context, was of little assistance in solving these problems.

Dr. Watson next pointed out that the present organization bears little resemblance to the official organization--approved by the Regents in 1931 and still presumably in effect--the main features of which are:

- 1) The Executive Faculty (essentially synonymous with tenure faculty) shall be responsible for educational matters.
- 2) The Administrative Committee--a small group appointed by the President on nomination by the Dean--shall administer the regulations of the Executive Faculty on educational matters and be advisory to the Dean on general conduct of the school.
- 3) The Executive Committee, composed of department heads, shall discuss the budget and the general policy of promotions and salary increases.
- 4) The Departmental Faculty, meeting at least twice each quarter, shall determine by majority vote matters dealing with education and with financial policy other than that pertaining to promotions and salaries.

Dr. Watson was not suggesting that this official organization be implemented, but rather that a new constitution be drawn up, and submitted to the Regents for approval, which would a) simplify lines of communication and aid in the establishment of policy, b) provide a democratic relationship among faculty members and between them and the administration, and c) provide a structure upon which the faculty could operate efficiently and successfully.

Suggestions Evolving from the Discussion Sessions

Several of the discussion groups concluded that it was impossible to separate the question of curriculum review and possible revision from the question of organization of the medical school relative to the implementation of educational policy.

There appeared to be general consensus that part of our problem relates to the size and complexity of our present operation and to the fact that improvement in means of communication has not kept pace with growth. The following points, relative to communication and to discussion and formulation of educational policy, were brought forward during the discussions and received substantial though not necessarily complete support.

- 1) There was very strong support for the position that meaningful discussion of educational objectives must start at the departmental faculty level, that such discussions should occur approximately twice a quarter and would be most fruitful if specific agenda items were presented to the faculty, and that the record of such deliberations should be made available to decision-making bodies.
- 2) Mechanisms need to be devised to facilitate interchange of ideas among the faculties of two or more disciplines if we really intend to define and continuously review a common goal of undergraduate medical education.
- 3) Responsibility and authority for development and implementation of educational policy should rest with the faculty--either the tenure faculty or the entire professorial faculty--or with a body designated by the faculty.
- 4) It would be appropriate and timely to constitute a committee to review the current organization of the medical school, the 1931 constitution of the medical school, and the constitutions and operating practices of several other medical schools. It would appear that there would be three areas within which the recommendations of such a committee might fall:
 - a) modify the existing constitution to bring it into line with current practices and seek Regents' approval for such modification;
 - b) recommend modification of current practices to bring them into line with the existing constitution; or
 - c) devise, after careful study and full faculty discussion, a constitution appropriate to our objectives and to the present size and complexity of the college--and seek Regents' approval for such a constitution.