

# UNIVERSITY OF MINNESOTA

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November 1, 1996

TO: Frank Cerra, Provost  
John Fetrow, Vice Provost

FR: *Carole J. Bland*  
Carole J. Bland, Ph.D., Co-Chair, and Stan Erlandsen, Ph.D., Co-Chair  
Academic Provostal Consultative Committee Task Force on Faculty Governance:

Amos Deinard, M.D., MPH; Richard Estensen, M.D.; Bernadine Feldman, Ph.D.;  
Thomas Molitor, DVM; Phyllis Pirie, Ph.D., Richard Poppele, Ph.D.; Michael Speidel,  
DDS, MSD; Carston Wagner, Ph.D., and student representatives Susan Giovengo,  
Katherine James, Sean Ohms-Winnie, and Jeannine Pluhar.

RE: Ombudsman for AHC

You may recall that the one remaining task of the QRTC Committee on Promotion and Tenure was also to look at the advisability of an ombudsman for faculty in the AHC. We have reviewed the mechanisms already in place for handling complaints and do not think an additional mechanism, such as an ombudsman, is necessary. Enclosed for your information is a report by Dr. Michael Speidel on these mechanisms.

*cc: Judith Savard*

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# Research

ACADEMIC HEALTH CENTER

UNIVERSITY OF MINNESOTA

QUALITY REENGINEERING TECHNICAL COMMITTEE

PHASE II

RESEARCH FINAL REPORT

Submitted by  
**Matthew F. Mescher and Lawrence B. Schook**  
Co-Chairs of the Research Design Team

## Contents

Executive Summary .....	2
I. Charge to the Committee and Deliverables.....	2
• AHC Research Goals	
• The Research Reengineering Objectives	
• Identification of the Research Support Processes	
• Defining the Research Processes	
II. Other Relevant Ongoing Activities.....	4
• Grants Management	
• Biology at the University of Minnesota	
• Scholarship Committee	
• Private Sector Liaison	
III. Summary Statement and Recommendations.....	4

## APPENDIX

- Research Support Processes: Flow Charts

*Executive Summary.* This Final Report of the Phase II Research Design Team was developed using information obtained from both Phase I and Phase II activities. It represents the widely held belief that the Principal Investigator (PI) is the building block for restructuring the AHC research enterprise. Recommendations provided address changes in processes which will increase the PIs' responsibility in research activities while freeing them from increasing administration duties. Such changes will permit integration of shared administrative activities across AHC units leading to cost savings with higher accountability while preserving the independent, creative environment for the PI. This approach would provide strong incentives for both PIs and Administrators to identify shared strategic visions. It was also clear that changes in processes of the research enterprise were dependent on current and proposed models of administrative structure and activities. As a result, the scope of the Research Design team's original charge and deliverables was affected by parallel restructuring activities in ORTTA, in the reorganization of biology, and in the proposed models of AHC organizational structure.

*I. Charge to the Committee and Deliverables.* The charge was to identify processes associated with AHC research activities. After identifying those processes the Research Design Team was to select one of them and reengineer it to increase research productivity. It was also noted that "research" is not a traditional reengineering activity and that the scope of the selected process should be limited in order to demonstrate success of the Phase II reengineering activity. Research goals and objectives that were identified during Phase I served as the basis for Phase II activities. These Phase I goals and objectives included:

#### **AHC Research Goals**

- Attain leadership in research by fostering a limited number of Centers of Excellence;
- Recruit and retain a select number of the best scientific leaders in the world;
- Provide an increasing stimulus for economic growth in the state; and
- Achieve financial self-sufficiency.

#### **The Research Reengineering Objectives**

- Provide effective support and administration for our research enterprise;
- Enhance cooperation and collaboration with our research customers;
- Facilitate multidisciplinary research programs;
- Promote incentives to attract and retain the most productive investigators; and
- Ensure institutional sponsorship for focused centers of research excellence.

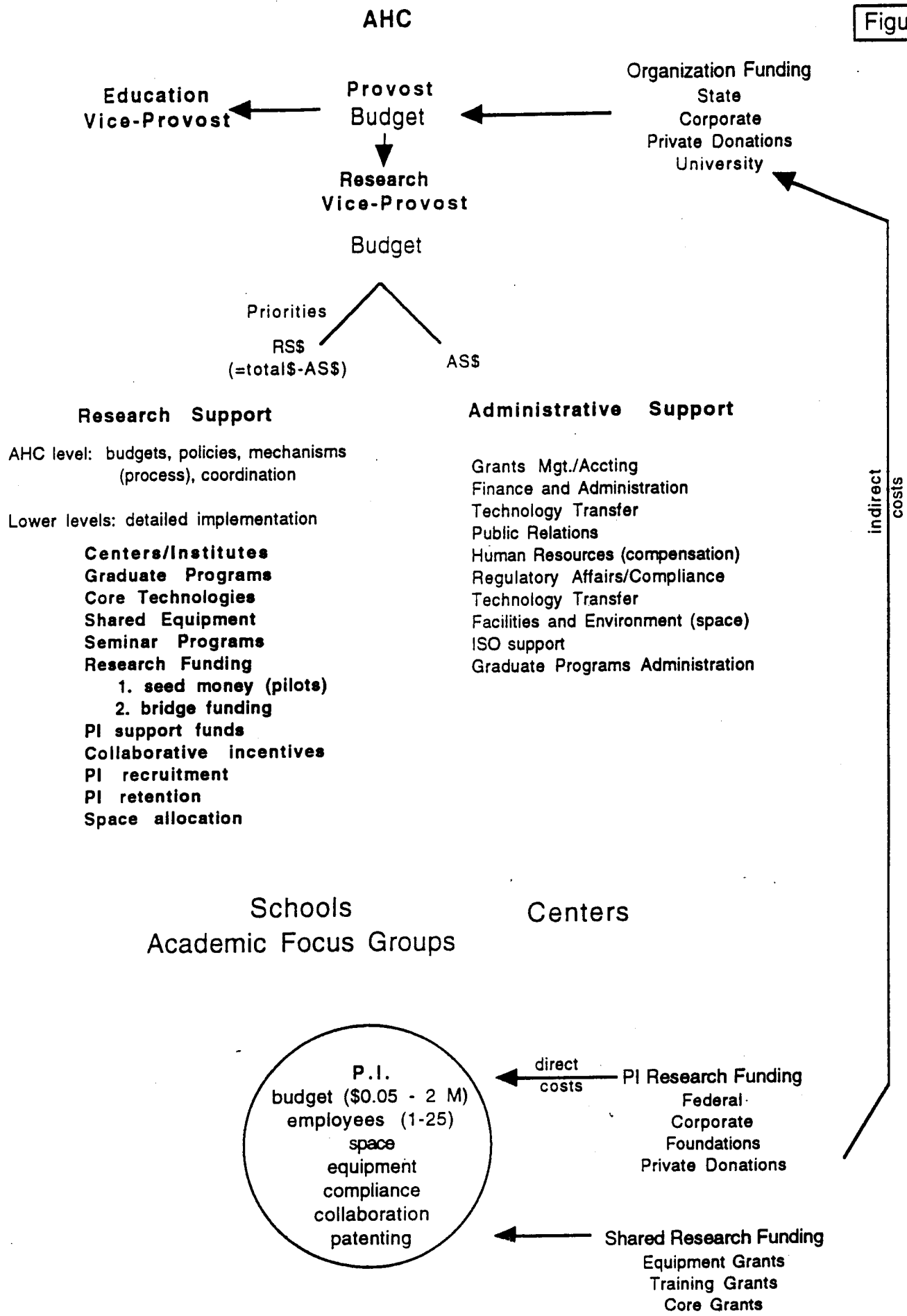
**Identification of the Research Support Processes.** Based on the Phase I goals and objectives, the initial effort under Phase II was identification of the critical processes in the research enterprise. The overall Schema developed for the AHC research enterprise (Figure 1) was predicated on the assumption that the basic unit of research is the individual Principal Investigator supported primarily by NIH RO1 grants, and that this is unlikely to change substantially in the foreseeable future, given that the policies of the NIH Institutes emphasize support of individual, investigator-initiated grants. Collaborative and interdisciplinary efforts of groups of Principal Investigators can play a very important role in enhancing the AHC's research activities, and need to be fostered and supported, but this needs to rest on a firm foundation of outstanding programs of the individual investigators.

The processes that must operate within the AHC structure to support research are of two types, Research Support and Administrative Support. Administrative Support processes include grant applications, administration and accounting, compliance, technology transfer, etc. Much of what is required in these areas is externally dictated, and the Administrative Support structure needs to provide for satisfying these external requirements. At the same time, the purpose of the Administrative Support structure is to facilitate the activities of the Principal Investigators in securing external funding and carrying out the research. The Principal Investigators must be viewed as the 'customers' of this component of the organization.

Research Support processes are those that involve utilization of AHC resources to support and enhance the research enterprise (Figure 1). These differ from the Administrative Support processes in that the decisions involved require scientific, scholarly input from the faculty and that the administrative strategic planning, leadership and decision making need faculty input to be effective and responsive to the needs of the researchers.

**Defining the Research Processes.** Once the critical Research and Administrative processes were identified (Figure 1), the Administrative Support Processes were not further developed by the Phase II Research Team. Much of what is involved in these processes is dictated from outside the AHC (central administration, ORTTA, external funding agencies, etc.). Furthermore, several Task Forces had already been established to begin to plan for improving these aspects of research support. The Phase II effort therefore focused on the Research Support processes, and flow charts were developed to define the key decision points of each process. The structure of the 'reengineered' AHC must

Figure 1



accommodate the ability to make these critical decisions in a timely and appropriate manner. Thus, these flow charts were communicated to, and discussed with, the Phase II Organizational Structure team.

After the research Schema was developed feedback was obtained with respect to the scope and activities identified. A number of individuals representing AHC units were contacted and interviewed. These individuals were asked to identify processes which are associated with their scholarly and research activities. The rationale for this evaluative process was that the Principal Investigator drives the Research Enterprise and that enhancing their creativity and productivity is essential for supporting our research goals and objectives. Second, distinguished Principal Investigators will serve as the source of consultation and counsel for implementing our goals and objectives.

After the identification of the individual research processes (Figure 1 and APPENDIX), the Research Design Team set up several focus groups. A formal meeting was held with basic and clinical researchers at the College of Veterinary Medicine to provide feedback regarding research processes critical to improving our research competitiveness and improve user access to our resources. Limited visits were also conducted to examine best practices at other institutes.

## ***II. Other Relevant Ongoing Activities***

As mentioned above, many aspects of the Administrative and Research Support processes identified as critical by the Phase II Research Team are already being addressed by several Task Forces at a number of levels. Among these are:

- Grants Management
- Reorganization of biology at the University of Minnesota
- Scholarship Committee (Orr Committee)
- Private Sector Liaison (Bianco Committee)
- Reorganization of graduate programs in the biological sciences

## ***III. Summary Statement and Recommendations***

The individual critical research processes were evaluated with respect to several criteria including (i) their impact, either internally or externally, on enhancing our research

## QRTC Phase II Research Design Final Report

capability (ii) the ease to make substantive changes (iii) their independence from other university-wide efforts or restrictions, and (iv) the difficulty or complexity of the change. The results are summarized in Table I.

Detailed implementation of new Research Processes in the 'reengineered' AHC will obviously depend upon the structure of the organization. In addition, the most effective means of implementation will likely involve specific Task Forces to deal with each. In these regards, a number of recommendations have been developed as a result of this Phase II Research Design Team activity. These recommendations are based on strong sentiments expressed by a diverse spectrum of faculty across the AHC. No surveys or formal feedback has been solicited to these specific points. They are, however, consistent with survey and external interview results obtained from QRTC Phase I efforts, and with the Phase II team's focus group discussions and best practices visits at other institutions.

### Recommendations

- Appoint a Vice Provost for Research to facilitate the overall process
- Administrative Support (ISOs, grants management, compliance, etc.) should be provided, to the extent possible, by an AHC-wide integrated office
- Graduate programs should be coordinated through the AHC
- A database/homepage with information regarding AHC facilities and expertises should be established to increase both internal and external access
- Critical research support processes should be initiated by PI needs and evaluated with respect to scientific merit and relevance to AHC strategic goals
- Evaluation of the scientific merit of faculty (PI)-initiated proposals for utilization of AHC resources for research support, Center establishment, new recruitments, instrumentation, etc. should be done by peer review processes similar to those of the NIH and the Graduate School Grants-in-Aid Program.
- Appropriate advisory bodies should be established to insure that AHC administrative decisions regarding policy, strategic planning and utilization of AHC resources (e.g.. in identifying areas for strategic investments to develop

**TABLE I. RESEARCH SUPPORT AREAS  
PRIORITIES FOR IMPLEMENTATION OF AHC COORDINATION**

RESEARCH SUPPORT AREAS	PROBLEM	INDEPENDENT	VISIBILITY INTERNAL	VISIBILITY EXTERNAL	DIFFICULTY	TOTAL POINTS (RANK)
Space	2	1	5	1	1	10 (7)
Core Technology/Equipment	3	4	4	4	4	19 (3)
Research Funding- pilot/bridge/enhancement	4	2	5	1	3	15 (5)
Support Funds	4	2	5	1	3	15 (5)
Recruitment Support	2	1	3	1	4	11 (6)
Centers/Institutes/Program	3	4	5	5	4	21 (1)
Graduate Programs	5	5	5	4	1	20 (2)
Seminar Programs	2	5	3	3	4	17 (4)

**SCORING SYSTEM FOR RANKING RESEARCH SUPPORT AREAS**

CRITERIA	1	5
Problem	Least	Greatest
Independent of QRTC	Tightly Linked	Independent
Visibility (Internal/External)	Little	Great
Difficulty to Achieve	Large	Small



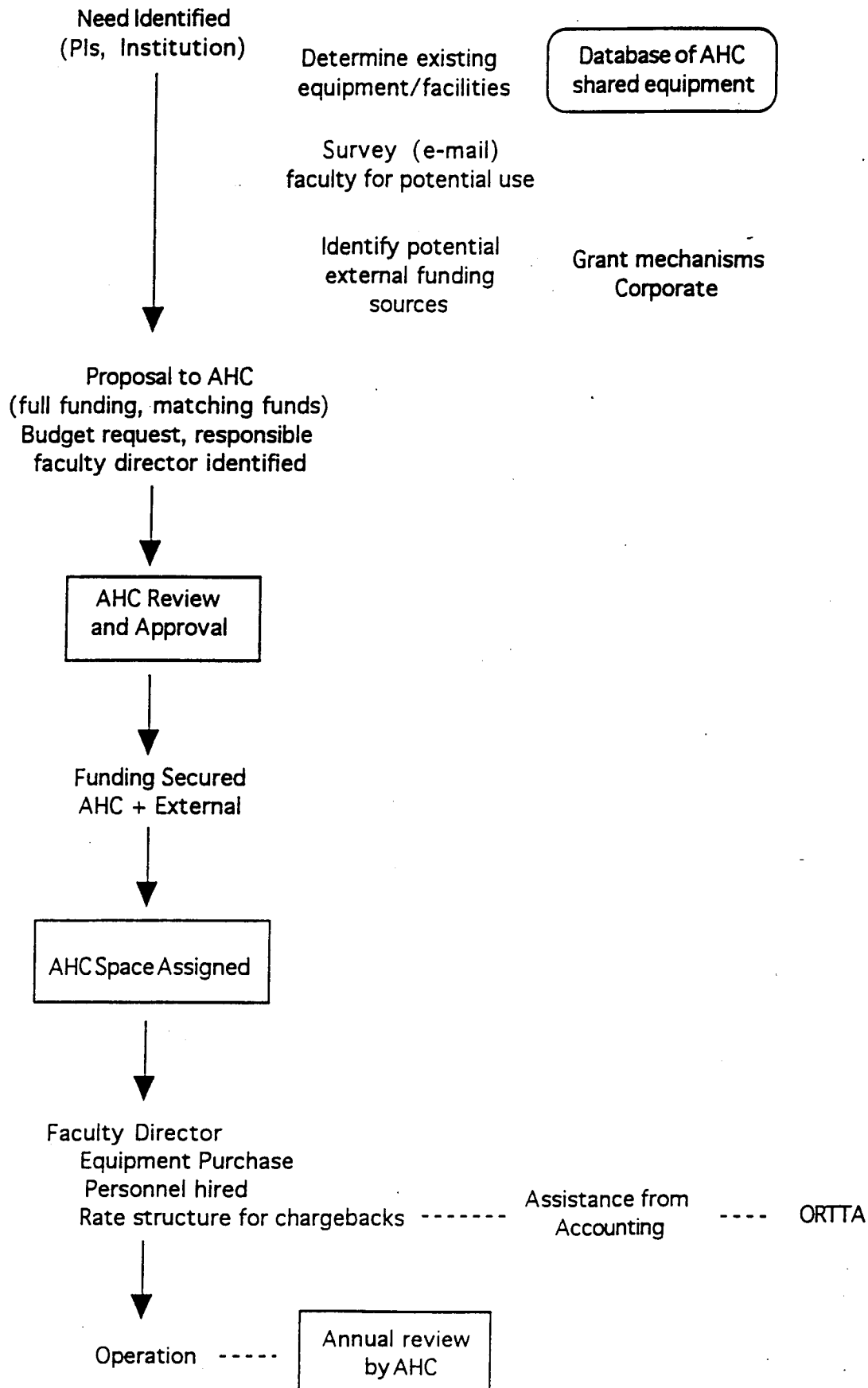
## QRTC Phase II Research Design Final Report

excellence or build on existing strengths) are informed by the scientific and scholarly expertise of the research faculty, and are responsive to the needs of the Principal Investigators.

## APPENDIX

- Research Process Flow Charts
  - Core Technologies/Shared Equipment
  - Research Funding
  - PI Recruiting
  - Space
  - Centers/Institutes
  - PI Support Funds
  - PI Retention
  - Seminars
  - Graduate Programs
  
- Miscellaneous QRTC Research Reengineering Documents
  - Why Reengineer? Why do we need to change?
  - What Reengineering will enhance: A "Vision" of the future AHC
  - How we measure our research goals: potential measures
  - What our research goals are
  - What our research goals are, cont.

# CORE TECHNOLOGIES/SHARED EQUIPMENT



## RESEARCH FUNDING

Institution research funds for:

- 1) Supporting lapses in external funding (bridge funding)
- 2) Support for new, innovative projects (seed/pilot funding)
- 3) Support for enhancement of existing programs (enhancement)

PI Initiated Request  
(individual or group)



Proposal



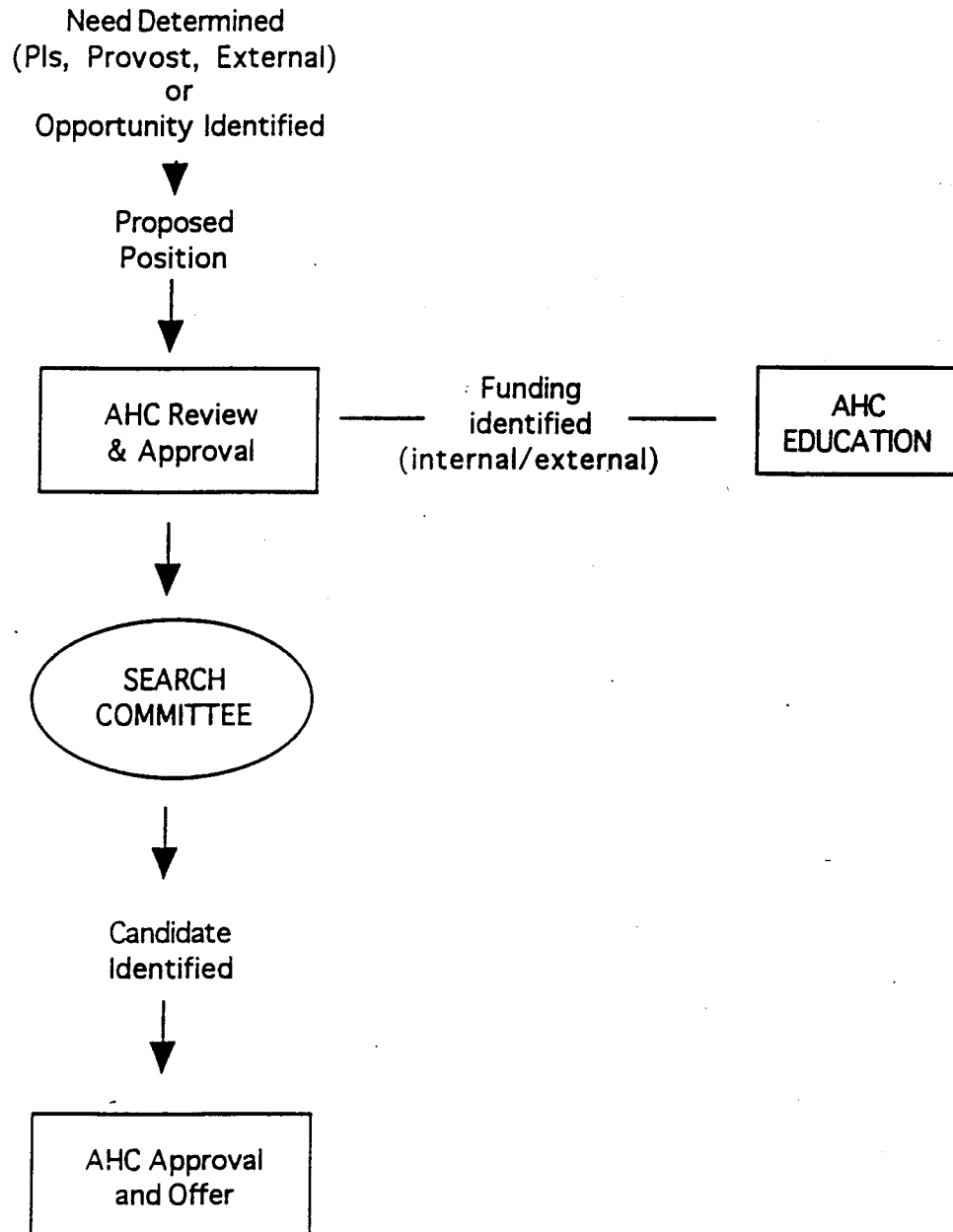
AHC Review  
and Approval



Funding

## PI RECRUITING

The process should permit strategic identification of faculty recruitment needs and selection as well as opportunistic recruitments.



# SPACE

## PI Space Requirements

Factors include:

Grant \$

FTEs

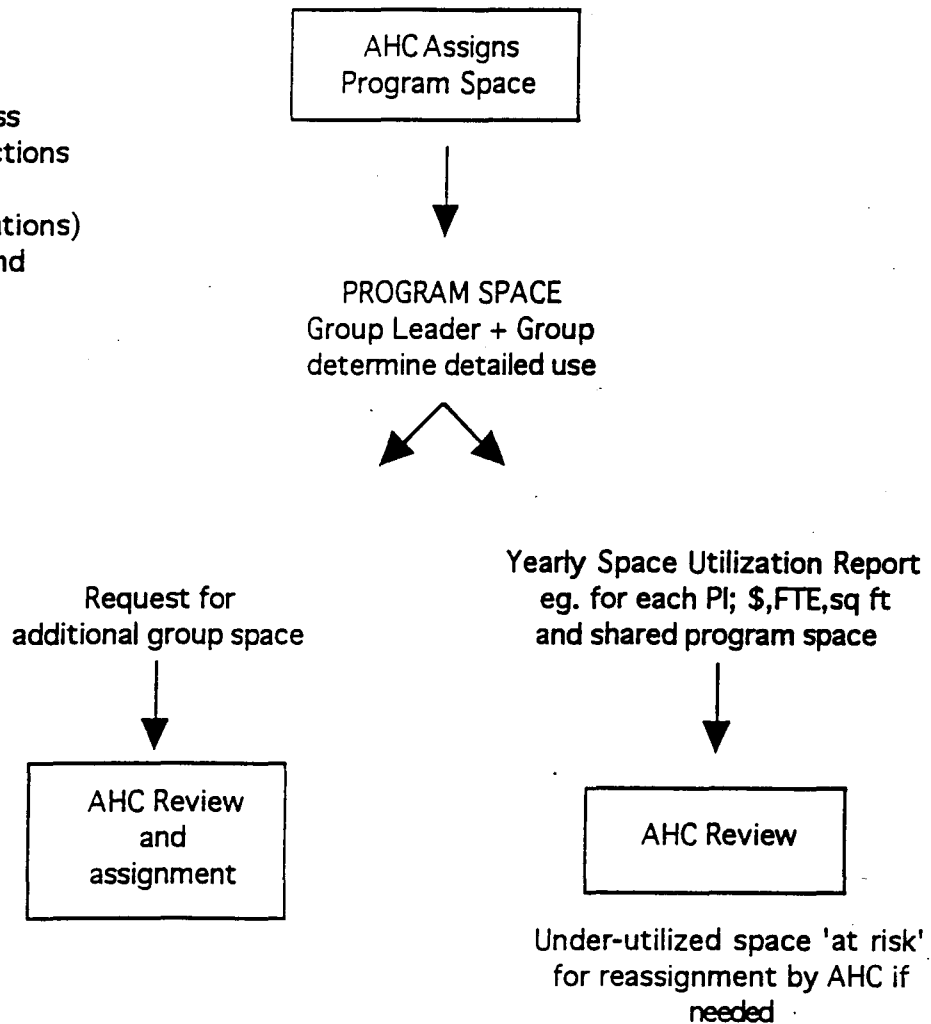
Nature of work

Shared equipment access

Optimum group interactions

Stable (minimal relocations)

but dynamic (growth and contraction)



# CENTERS / INSTITUTES

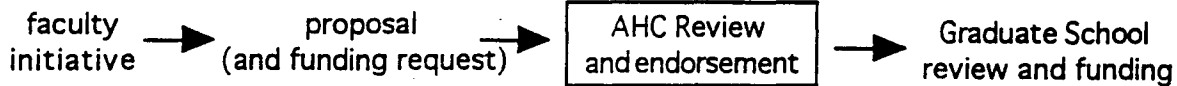
## Roles/Purpose

1. To coordinate efforts within a multidisciplinary area, involving faculty from multiple units (departments/schools)
2. To provide visibility/voice for a multidisciplinary area, both internal and external
3. To serve as a vehicle for external fund raising

## PROCESSES

**Establishment** two mechanisms - one AHC and one existing Graduate School program

### *Graduate School*



### *AHC funded*



## Organization

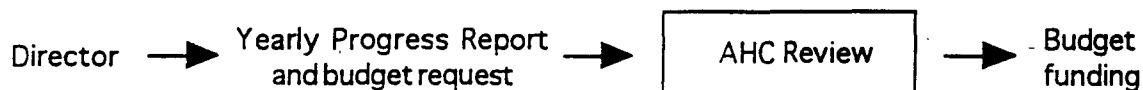
Director - administrative responsibility

Structure - determined by group, dependent on scope and mission(s)

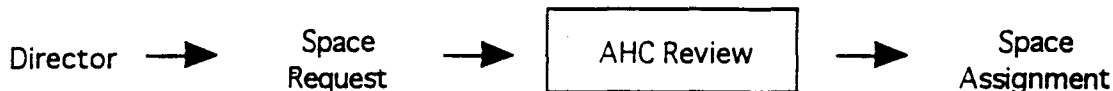
External advisor group

**AHC Review and Approval**

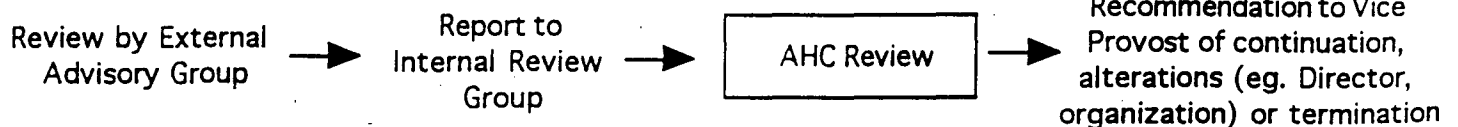
## Ongoing Funding - AHC



## Space needs



**Review** - Every two to three years, or at Vice Provosts request



# PI SUPPORT FUNDS

## Purpose

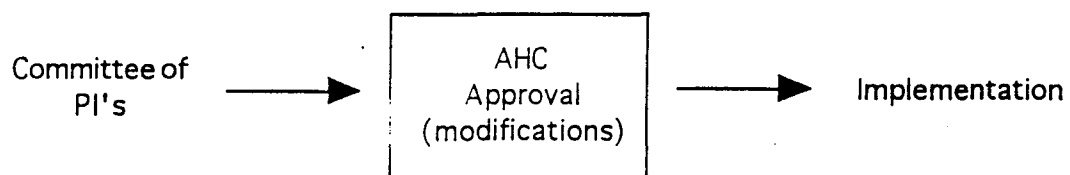
Running a productive research program requires that the PI have discretionary funds available for expenses that cannot be met with direct cost grant dollars. Examples include; hiring of outstanding graduate students or postdocs when the opportunity presents itself even though grant/fellowship funding may not be immediately available, covering unfunded gaps, compensating for overspending on a grant, purchase of equipment to maintain current technology, journal subscription, membership fees for professional societies, office supplies, travel, etc. The larger the research group, the greater the need for these flexible funds.

## Policy

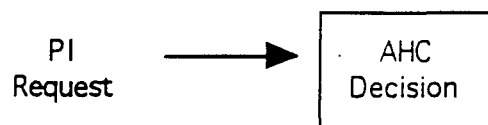
The AHC needs to establish a uniform policy for providing PI's with discretionary funds, and a mechanism for dealing with exceptional circumstances. A quantitative formula should be developed and factors used in determining the funds provided to a group should include; direct grant dollars, additional funding (eg. Training Grants, fellowships) and total FTE's in the group. This would be used, together with a factor that depends on AHC funds available, to determine the support level. A cap might be placed on total dollars provided to a group. Determination of support level and provision of funds might be done on a yearly basis. Unused discretionary funds provided to the PI might automatically carry forward.

## PROCESSES

### Establishment of Policy



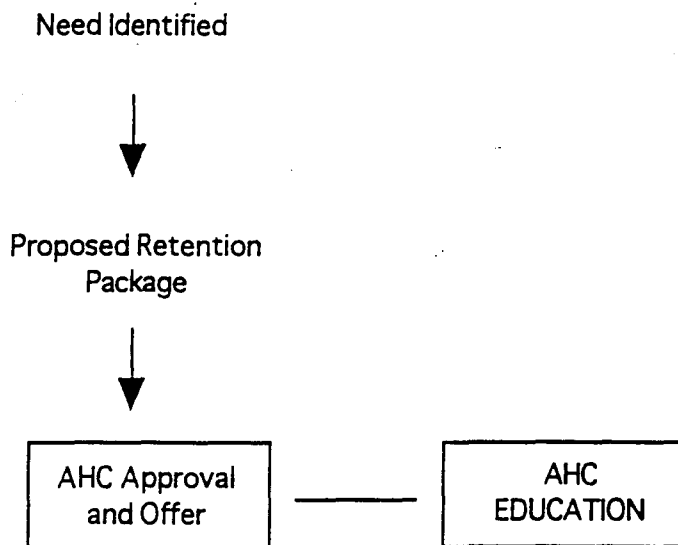
### Mechanism for Exceptional Circumstances





## PI RETENTION

A process is necessary by which the AHC can retain excellent faculty who have been offered a position elsewhere. A proactive retention policy involving research enhancement funds and productivity-based merit rewards could reduce the frequency with which reactive retention will have to be done, but is unlikely to eliminate the need for this process.



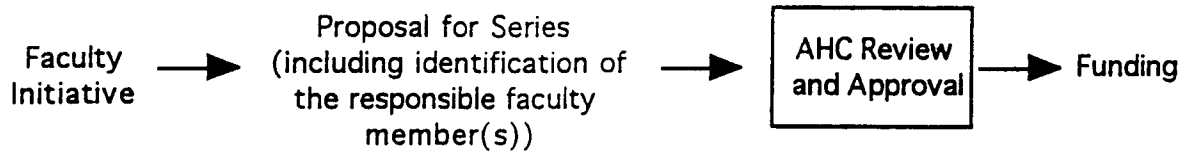
# SEMINARS

## Purpose

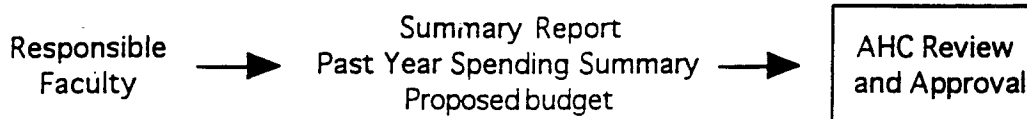
Seminars by outstanding investigators from other institutions are an essential part of the intellectual growth and vitality of the AHC faculty and students. Graduate programs or large groups of faculty with common interests will continue to be the focus of regular Seminar Series. In addition to a mechanism for funding of Seminar Series by the AHC, it is likely that Centers, Institutes, Program Projects, etc. will also continue to provide support for Seminar Series from external funding available to them.

## PROCESSES

### Establishment of Seminar Series



### Ongoing Funding

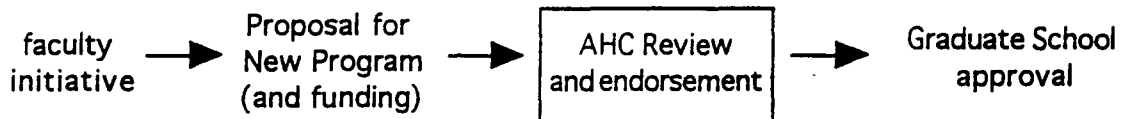


# GRADUATE PROGRAMS

## PROCESSES

Note: The following assumes that graduate program administration continues to be the responsibility of the Graduate School. If this changes, the following processes would remain necessary within the AHC, but additional administrative processes would need to be established.

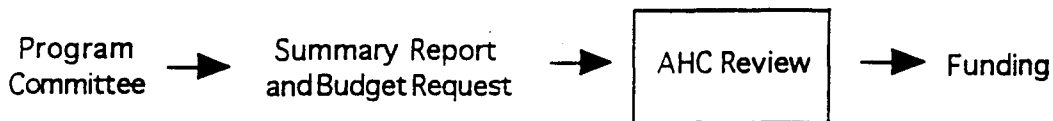
### Establishment



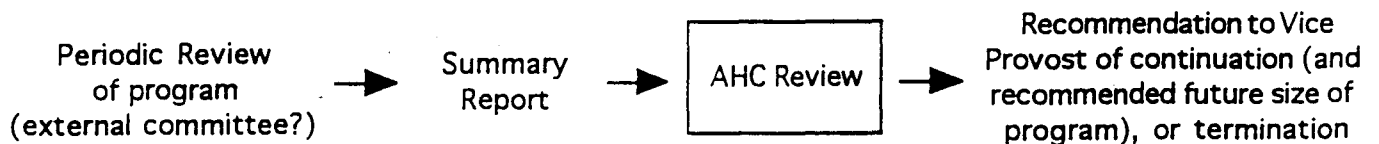
### Organization

Director of Graduate Studies  
and Program Committee  
(as required by the Graduate School)

### Ongoing Funding



### Review



# Why Reengineer?

## Why do we need to change?

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### Students & Employers

- We are not always market relevant with our education.
- We are not student friendly.
- Our teaching techniques are often outdated.

### Research

- We are hard to access.
- We do not facilitate interaction with potential research partners.

### Faculty & Staff

- Our organizational structure fails to adequately enhance multi-disciplinary research and education.
- Our research efforts are too diffused to achieve excellence in an increasingly competitive market.
- Our administrative support systems are not responsive to their needs for both education and research.
- Our compensation systems do not adequately reward excellence in teaching or research.

### Administrators

- Our operating expenses are outpacing our sources of revenue.
- Our management system is costly, burdensome, unresponsive, and ineffective.

# What Reengineering Will Enhance

## A "Vision" of the Future AHC

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- Nationally recognized centers of research excellence.
- Nationally recognized, market responsive, high quality, cost effective, and student friendly educational programs.
- Highest quality teachers and investigators.
- Rewards directly linked to individual contributions and productivity.
- Highly responsive support and administrative systems.
- Sound financial base
- National model for academic health centers.
- Pride of the State of Minnesota

# How We Measure Our Research Goals

## Potential Measures

---

2

- Changing success rate
  - Number of applicants and applications
  - Success rate
  - Rate of grant submission
- Percentile ranking peer review
- % interdisciplinary grants
  - Absolute dollars
  - Mix of grants (solo vs. interdisciplinary)
- Number and dollars of patents, copyrights, publications
- Citations: frequency and rankings
- Howard Hughes investigatorships
- Graduate students
  - Number, post-docs/unit
  - % graduates getting federal support
- Research dollars received vs. burn rate (ROI). Above rate of inflation
- Productivity
  - Dollars/square foot research space
  - Number of no-cost extensions
- % faculty with no research funding
  - Research FTE
  - % research time funded
- Technology transfers
  - Number and dollars
  - Number of deals and disclosures
  - Corporate/private sector dollars vs. federal
- Control of indirect costs: indirect cost recovery vs. expenses

## What Our Research Goals Are

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3

- Attain leadership in research by fostering a limited number of Centers of Excellence
  - Require “C of E” become among top 5 in nation within 5 years
  - Increase actual and share of external funding dollars
  - Increase our “Science Citation Index” frequency per researcher
  - Increase recognition of leadership in scientific community
- Recruit and retain a select number of the best scientific leaders in the world
  - Recruit and develop future scientific leaders
  - Recognize individual performance

# What Our Research Goals Are Cont.

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4

- Provide an increasing stimulus for economic growth in state
  - Ensure rapid transfer/application of research discoveries
  - Increase number of patents licensed
  - Increase number and dollar value of companies spun out from AHC
  - Increase number and dollar value of our “Cooperative Research and Development Agreements”
- Achieve financial self-sufficiency
  - Decrease overhead expenses
  - Improve research productivity
  - Increase research funding
  - Improve on a yearly basis, our return on seed money (financial and non-financial)



# Research Team Report

- principal investigator is the building block
  - NIH RO1 grants
- recommend integration across the AHC
  - cost savings
  - higher accountability
  - free PI from administrative duties
- efforts paralleled numerous other efforts

# AHC Research Goals

- Centers of Excellence: research leadership
- recruit and retain the best scientists
- stimulate the state's economy
- achieve financial self-sufficiency

# Research Re-engineering Objectives

- effective support and administrative service
  - PI as the “customer”
- enhance interaction with research funders
- multidisciplinary research
- incentives for research productivity and excellence
- AHC sponsorship for centers of excellence

# AHC Research Structure

- Research Support (faculty input)
  - priorities
  - seed / bridge / investment money
  - central facilities, etc.
- Administrative Support (invisible, efficient)
  - grants management
  - technology transfer
  - compliance, etc.

# Research Team Recommendations

- hire Vice Provost for Research
- AHC-wide administrative support
- graduate programs coordination in AHC
- homepage database of resources
- enhanced internal peer review of use of AHC resources for research
- scientific input into strategic policy decision

# Redesign Priorities for Research

ranking by several areas

- degree of problem
  - (1: least ; 5 greatest)
- independence for AHC
  - (1: tightly linked ; 5 AHC can do it independently)
- visibility: internal and external
  - 1: low ; 5: high
- perceived difficulty
  - (1: difficult ; 5: easy)
- do important, independent, visible, easy

# Education

**EDUCATION THROUGHOUT THE ACADEMIC HEALTH CENTER:**

**FINAL REPORT**

**Quality Reengineering Technology Committee (QRTC) Education/Curriculum Team**

**DRAFT: September 18, 1996**

**Submitted to Provost Frank Cerra**

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Dean, Medical School, UMD**

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**Laura Duckett  
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**Tom Larson  
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## Table of Contents

<b>Section</b>	<b>Page Number</b>
Executive Summary	
Education throughout the Academic Health Center: Overview	
Charge to the QRTC Education/Curriculum Team	
The Impetus for Educational Innovation	
Changes in the Human and Veterinary Health Care Systems	
Explosion of Knowledge and Technology	
Competitive Educational Environment	
Summary of the Impetus for Educational Innovation	
Philosophy of Education	
Summary of the Key Concepts in the Philosophy of Education	
Model of the Key Elements of an Educational Program	
Diagrams and Description of the Layers of the Model	
Annotations to the Model of the Key Elements of an Educational Program	
Process for Designing/Redesigning a Curriculum	
Recommendations	
A Governance Structure to Facilitate the Design/Redesign and Implementation of Curricula throughout the AHC	
Synergies in Education	
Summary of Recommendations	
APPENDIX A. References	
APPENDIX B. Acknowledgements	



## Executive Summary

Through an iterative process involving input from several hundred faculty, students, and staff throughout the Academic Health Center, the QRTC Education/Curriculum Team has completed its initial charge by defining the key elements of a health sciences curriculum, and detailing a process for designing/redesigning a curriculum in a timely manner. In extending beyond its initial charge, the subcommittee also developed a beginning list of "synergies in education." These synergies represent potential interdisciplinary efforts across the AHC (as well as between the AHC and other universities) where integrated efforts could enhance the overall education of students as they prepare for their future professions. The subcommittee also outlined components of an effective governance system for facilitating curricular innovation and responsiveness.

There is general consensus throughout the AHC that a strong educational program must rest firmly on sound principles derived from teaching and learning theory and educational research. Ultimately, any curriculum developed must also be in synchrony with the essence of the profession and the communities it serves. With those points in mind, curricular development should include three major components--an analysis or examination phase, a synthesis or creation component, and an evaluation or assessment function. The analysis phase requires a careful and broad-based needs assessment, as well as an assessment of the characteristics of the faculty and students involved in the program, and a review of the fundamental features of the profession the student is about to enter. Based on that analysis, an educational program is created that incorporates not only the more traditional features of a curriculum, such as goals and objectives and teaching strategies, but also the proper learning atmosphere so as to direct and enhance the professional development of the student. Finally, careful attention in the evaluation phase to reviewing all aspects of the program allows for continuous improvement of the curriculum.

To complement the description of the key elements of an educational program, the committee outlined a recommended process for the design/redesign of a curriculum. Such a design process should begin with a broad-based needs assessment. The development of a curriculum can be segregated into four separate but integrated phases: preparation, definition, development, and implementation. Each of these phases should be punctuated by an appropriate approval process to ensure needed endorsement before advancing to the next stage in the design. In the preparation phase, an originating idea leads to the development of overarching programmatic emphases and expected outcomes. In the definition phase, broad goals and objectives, teaching strategies, key elements of the learning atmosphere, and resource needs and constraints are identified. This stage is followed by a development phase in which prerequisites plus specific course and unit objectives are determined, faculty teaching characteristics are identified, and evaluation and assessment strategies are detailed. Following a feasibility study, the design process moves into the final phase. During this phase, the curriculum is implemented, an evaluation conducted, and the results used to further revise and refine the educational program.

Across the AHC, faculty must constantly determine the knowledge, skills, and techniques that are best taught from the perspective of a single discipline or a profession, balanced against those that are better presented using an interdisciplinary approach. Input from faculty, students, and staff suggested that we are missing opportunities for increased interdisciplinary education that

would improve the preparation of our students in a more efficient and cost effective manner. Specifically, interdisciplinary education in epidemiology and preventive medicine would assist all students in understanding approaches to improving the health of an entire community or population, beyond just understanding how a disease affects patients and their families. Other interdisciplinary "synergies" might include development of a common basic science curriculum that would include certain fundamentals for all students taught using an interdisciplinary format. Any such common curriculum would be supplemented by in-depth education appropriate to the profession for which the student is being prepared. Additional topics such as ethics, aging, rural health, leadership skills, working with culturally diverse populations, principles of managed care, and methods for functioning as part of a health care interdisciplinary team, could be learned best if interdisciplinary approaches were used. For these and other interdisciplinary efforts to be effective, there must be AHC recognition and rewards for educational research and development. More opportunities for faculty development will be necessary, if we are to better prepare our faculty as educators in both traditional and newer techniques of instruction, e.g., cooperative learning, multimedia development and use, and problem based learning.

To ensure the most responsive and timely revision of curricula across the AHC, a facilitating governance structure must exist. Involvement of faculty, students, and staff in the design of a curriculum are critical to the sense of ownership and commitment to excellence. Likewise, appropriate input from multiple sources, especially organizations and institutions that ultimately benefit from our students, must likewise influence the design and delivery of a curriculum. Finally, strong leadership with appropriate administrative support will create the most effective atmosphere for our faculty and staff in fulfilling their goal of creating health sciences educational programs that are among those of the highest quality in the world.

## Education throughout the Academic Health Center: Overview

The Academic Health Center (AHC) is composed of seven schools and colleges, including medicine (Twin Cities and Duluth), pharmacy, nursing, dentistry, public health, and veterinary medicine. In recent years, pressure has increased on the schools, individually and collectively, to implement curricular changes. A goal of the QRTC Education/Curriculum Team was to collate information gathered from internal discussions with faculty, students, and staff, as well as from individuals from other universities and health care organizations outside of the AHC. We have described some of the major reasons for making educational changes within the AHC, what some of the changes might look like, the underlying values or principles upon which changes should rest, and an approach to achieving curriculum design and implementation in an effective and efficient manner.

### Charge to Committee

1. Develop a model of key curriculum components (*what* to include in curriculum design or redesign).
2. Develop a systematic process for designing or redesigning a curriculum (*how* to get it done).
3. Pilot 1 and 2 above with a curriculum design project or projects in the Academic Health Center (AHC).
4. Establish a process to "capture" synergies in education across the AHC.
5. Serve as a vehicle to share information about:
  - innovative teaching methodologies/technologies;
  - how to be an excellent teacher;
  - creating an atmosphere conducive to graduating "competent" and "caring" professionals;
  - effective evaluation strategies; and
  - appropriate reward systems for excellence in teaching.

## **The Impetus for Educational Innovation**

A curriculum is a coordinated set of courses and educational experiences designed around a set of desired educational outcomes to ensure mastery of a body of knowledge, acquisition of a defined number of skills, and adoption of professionally held values. The word curriculum itself may refer to both process (as in, curriculum development) and product (for example, 'the' curriculum or 'a' curriculum). Faculty have the final responsibility for defining curriculum goals, creating the learning atmosphere, establishing the sequencing of courses, teaching the content, and evaluating both learning and teaching. Any given body of knowledge may be structured in more than one way and can therefore result in more than one curriculum. A curriculum can exist at the level of the department, educational program, school or college, or across the health sciences. The optimum curriculum provides a framework that enables faculty, staff and students to work together such that learners gain the knowledge, skills, and values that make them competent and caring professionals.

Faculty, staff, students and future employers of our students have emphasized the necessity for change in many of the outcomes of our educational programs. Such change requires a paradigm shift that must occur very soon. What health professionals must know and accomplish are a function of changes in society at large: new health care delivery systems, exponential increases in knowledge, innovative teaching and learning technologies, alternative educational providers, and new demands on health professionals. Each of these forces has implications for curricular changes within the AHC.

### **Changes in the Human and Veterinary Health Care System**

One of the most dramatic changes in recent years has been a refocusing of health care resources from treatment of the individual to improvement of the health of communities. Intense pressure to reduce costs, while improving the quality of care, has moved us from the health system based on fee for service to one of managed care. Although the final form of the system has not yet fully evolved, there is little doubt that the state of Minnesota is on the forefront of this transformation.

Changes are not limited to the ways in which health care is financed or reimbursed. There are system wide changes that require different attitudes toward patient care by providers, new ways of working together in interdisciplinary teams of health professionals, greater emphases on patient outcomes beyond diagnosis and treatment, and different demands for organizational efficiency and effectiveness. Today's health professionals must not only know a discipline, such as dentistry or pharmacy; they must also know the roles of other members of health care teams and how each team member can work together to accomplish optimum health throughout the community.

Traditional ways of educating health professionals -- usually within a single discipline by a solo teacher in the classroom, laboratory, at the bedside, or in the community -- are not sufficient for developing the knowledge, skills, and attitudes that today's health professionals will need to be successful. New knowledge about the delivery of health care and its assessment are needed and must be included in the curricula of all disciplines. Students throughout the AHC

must be equipped with the skills of working together in interdisciplinary teams, as both leaders and participants. Patient and clients are demanding to be involved participants in the health care team in making decisions about their own care. In addition, health professionals need to understand many diverse cultures if they are to improve the health of all the people.

### **Explosion of Knowledge and Technology**

New knowledge and technology are being generated exponentially. In the past, most curricula have focused on content. Yet, our discussions with both students and faculty have revealed that the actual content of the curriculum changes so quickly that information may be outdated within months. What is needed is a better balance between content and process. Greater curricular emphasis must be placed on patient outcomes, together with the development of professionals' critical thinking, self-assessment, and commitment to lifelong learning.

### **Competitive Educational Environment**

We could be on the verge of losing our position as a premier health sciences educational institution. Locally, other colleges or institutions are beginning to offer courses (occasionally better, often more convenient) that duplicate many of ours. Competitors from outside our state are also emerging via the internet, satellite or cable television. In some parts of the AHC, students have told us that their educational programs are difficult to access and unresponsive to change. Employers have expressed similar frustrations. Potential funders currently find it difficult to identify central sources for proposing system-wide innovations or alternative formats that could create a better alignment between what is taught in the classroom or laboratory and what is needed in the real world.

Competition for the best students is also emerging as a serious issue. If we are to continue to attract the most talented students, we must be in the forefront of educational innovation. Students are experienced consumers of educational products. Many are asking probing questions about the comprehensiveness of curricula, sophistication of the educational methods, adequacy of the libraries, learning centers, laboratories and clinical experiences, and even qualifications of the faculty. There is greater emphasis on gaining value for money spent as students are investing in an education.

### **Summary of the Impetus for Educational Innovation**

In summary, faculty need to re-examine their curricula for structure, comprehensiveness, conciseness, and appropriate uses of modern technology. We need curricula that address the needs and identity of the specific disciplines, but also curricula that are integrated across the disciplines and throughout the schools/colleges. There needs to be continuous evaluation and innovation of educational programs in order to maintain our leadership as a premier educational institution. Faculty must pull together and through the strength of their combined efforts identify the synergies within and among the seven schools in order to sustain and strengthen an outstanding education institution.

## Philosophy of Education

Faculty, staff, administrators and students are the essence of the University's vitality. We are committed to the missions of the University, the Academic Health Center (AHC), and to our schools/colleges and programs. A world class university, such as ours, is built on a foundation of honesty and ethical behavior and strengthened by freedom of inquiry and speech, as signified by the term "academic freedom." The education, research, and service engaged in by our faculty are mutually enhancing and synergistic<sup>1</sup>. Within this environment, are exceptional opportunities for the development and dissemination of knowledge and the acquisition of critical thinking skills. The beneficiaries of a synergistic environment are students, faculty, staff, patients/clients, employers, the community, state, nation, and global community.

Excellence in education and research are equally worthy of recognition and compensation. Scholarly productivity is an expectation of all faculty in the AHC. Although most faculty will focus on research within their discipline, others may choose to concentrate their research efforts on education. Both kinds of research are necessary to advance the quality of the AHC educational mission.

Faculty must ensure that graduates are competent and caring professionals who can think critically. Commitment to lifelong teaching and learning is a desired outcome for faculty and students. Students are responsible for their own learning; faculty are responsible for helping students acquire skills needed for that learning. Teachers who have these skills, and are competent professionals and caring teachers, are effective role models for students, who are then enabled to competently care for and teach their clients/patients.

Because bodies of knowledge in the health professions evolve rapidly, the focus of educational endeavors cannot be limited to content delivery that allows students to remain passive and dependent. There must be an emphasis on creation of a learning environment that prepares students for acquiring and processing information. In this environment, ongoing professional development of faculty and staff is an essential investment in order for the University to remain innovative and vital.

Setting and upholding a high standard of excellence and continuously seeking to improve quality are key factors that typify world class universities. Faculty and staff in such institutions exhibit a high level of commitment to the students, patients/clients, and the communities they serve. Because world problems often require solutions developed by interdisciplinary efforts, we must teach and model effective team work.

Education in the AHC is enriched by encouraging diverse groups of students and faculty to engage in teaching-learning experiences and by being receptive to new ideas from a variety of sources. Thus, creating an inclusive learning environment is an important goal to be encouraged and supported. Professionals educated in such an atmosphere are better prepared to practice

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<sup>1</sup>Synergism refers to the interaction of several entities such that the total effect is greater than the sum of the individual efforts.

effectively in diverse communities.

In stating these beliefs, we of the different disciplines in the AHC find our common ground, embrace our shared vision, and celebrate our unique contributions.

### **Summary of the Key Concepts in Philosophy of Education**

- We are committed to the missions of the University of Minnesota, the Academic Health Center, and our college/school and program(s).
- Freedom of inquiry and speech, i.e., academic freedom, is fundamental to a world class university.
- Education, research and service are symbiotic enterprises within the university; together they increase knowledge development and dissemination, and benefit all concerned parties.
- Scholarly productivity is an expectation for AHC faculty; for some faculty, the focus will be scholarship about education in his or her discipline.
- Excellence in education and research are equally worthy of recognition and compensation.
- The primary obligation of a faculty member is to ensure that graduates are competent and caring professions who can think critically.
- Learning and teaching are life long activities for faculty, students, and alumni.
- Students are responsible for their own education and learning; faculty are responsible for helping students acquire skills for self assessment and the acquisition of knowledge, skills, and values..
- Bodies of knowledge change rapidly; educational programs cannot rely on delivery of content only. Nor can they use methods that allow the learner to be passive and dependent.
- Faculty, staff and students are the most valuable resources of the AHC; faculty and staff development is critical and must be ongoing.
- A world class university is typified by a high standard of excellence together with ongoing efforts to improve quality.
- Faculty and staff in universities of excellence exhibit a high level of commitment to students, patients/clients, and the communities they serve.
- Solving problems in the real world often requires interdisciplinary effort; team work must be taught and modeled.
- Inclusive environments -- in terms of understanding and appreciating diverse students together with receptivity to a variety of ideas and sources -- prepare health professionals to practice effectively in diverse communities.

**Model of the Key Elements of an Educational Program:  
Description of Layers of the Model**

The following presentation is a model of the key elements of an educational program all of which must be included in the planning process for curriculum design and re-design.



Figure 1

## **Key Elements of an Educational Program**

*The essence of a curriculum must be in synchrony with the essence of the profession and the communities it serves.*

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**Analysis**  
EXAMINATION

**Synthesis**  
CREATION

**Evaluation**  
ASSESSMENT

**Teaching & Learning  
Theory & Research**

**Teaching & Learning  
Theory & Research**

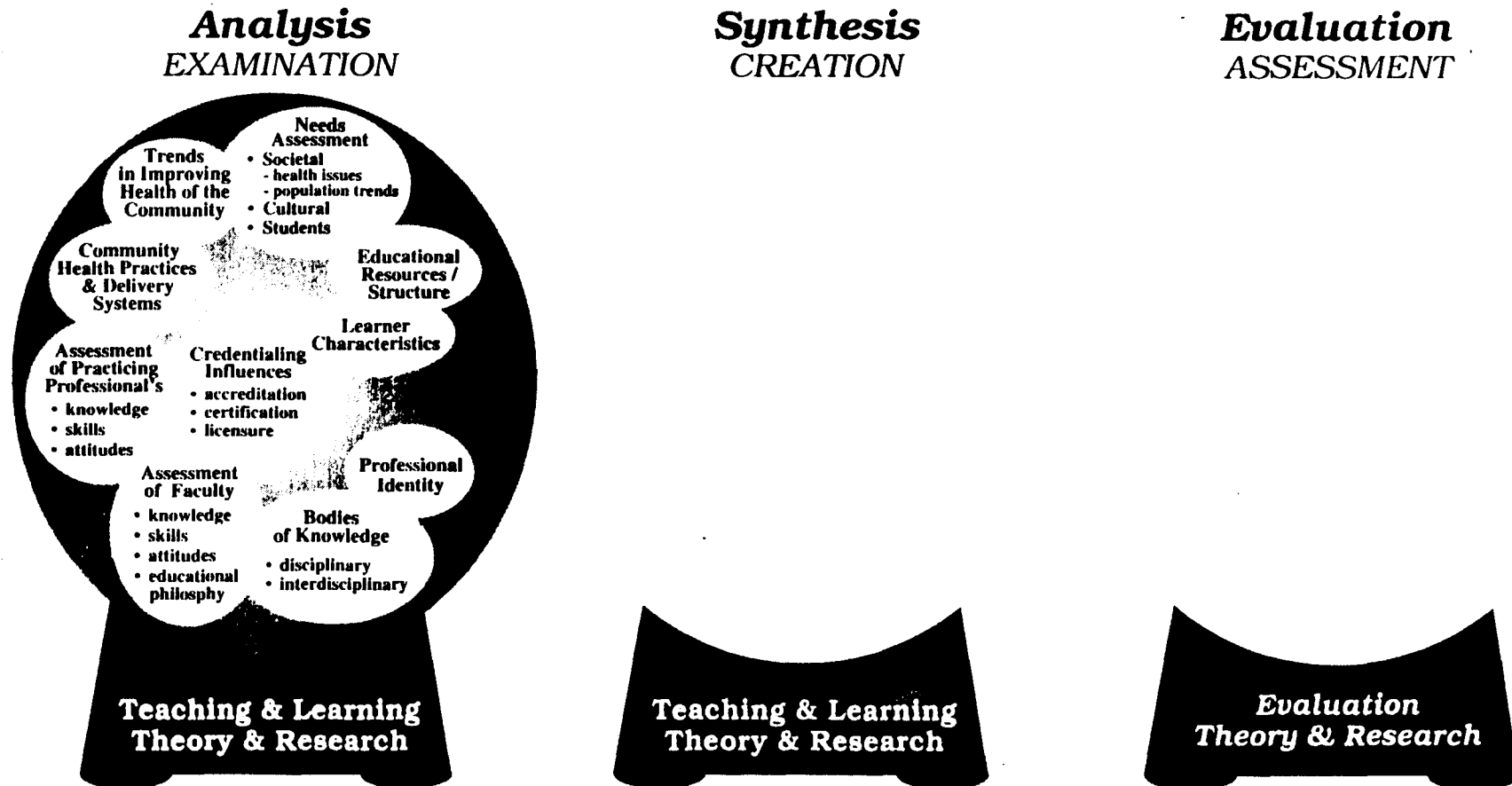
**Evaluation  
Theory & Research**

The essence of a curriculum must be in synchrony with the essence of the profession and the communities it serves. When planning a curriculum, there are three phases, analysis, synthesis and evaluation. (See Figure 1.) During the analysis phase, there is a thorough examination of elements that should inform the process of design. During the synthesis phase of planning, the curriculum is created. After a curriculum is delivered, it must be continually evaluated in order to remain responsive to the needs of the profession and the constituencies it serves. During each of these phases of planning, there is an underlying body of knowledge in teaching and learning theory and research that must be used to support the development and implementation of the curriculum. Likewise, there is an underlying body of theory and research on evaluation upon which to base the assessment of the curriculum goals, processes and outcomes.

Figure 2

## Key Elements of an Educational Program

*The essence of a curriculum must be in synchrony with the essence of the profession and the communities it serves.*



In the analysis phase, community health practices and delivery systems must be analyzed in order to understand the existing "marketplace". (See Figure 2.) A thorough assessment of societal health issues, population trends, cultural issues and student needs should occur early in the planning process to help shape the curriculum to meet contemporary and future needs. Trends in improving the health of the community must be assessed to determine curricula that will be responsive to existing trends and prepare professionals who will create future directions.

Analysis of the practicing professional's knowledge, skills and attitudes is important as a base from which to improve the curriculum and consequently the practicing professional. It is expected that each school or college will provide support to the direction in which the respective profession is heading and lead the profession in determining what future directions are needed.

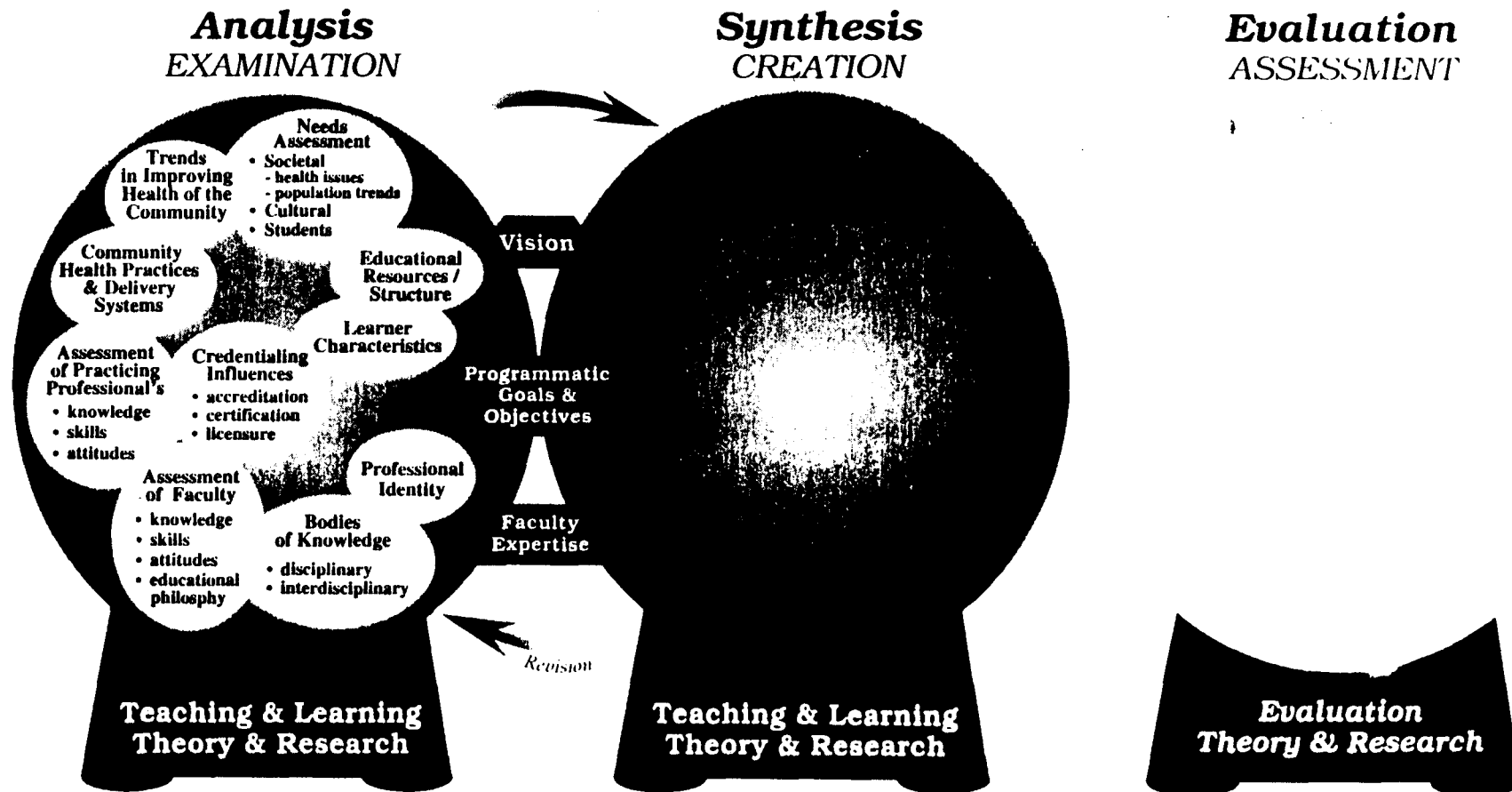
Bodies of knowledge are constantly evolving both within disciplines and across disciplines. Such evolution must be incorporated in any curriculum planning effort, as must the influences of credentialing agencies. The development of professional identity must not be left to chance. How that identity will be guided, so as to be consistent with the ideals and values of the profession, must be analyzed.

Learner characteristics must be assessed so that implementation of the curriculum is consistent with entry level skills, knowledge and attitudes. In addition, available educational resources must be evaluated so that any deficiencies can be addressed, either by changing the design of the curriculum or by securing additional resources.

Figure 3

## Key Elements of an Educational Program

*The essence of a curriculum must be in synchrony with the essence of the profession and the communities it serves.*

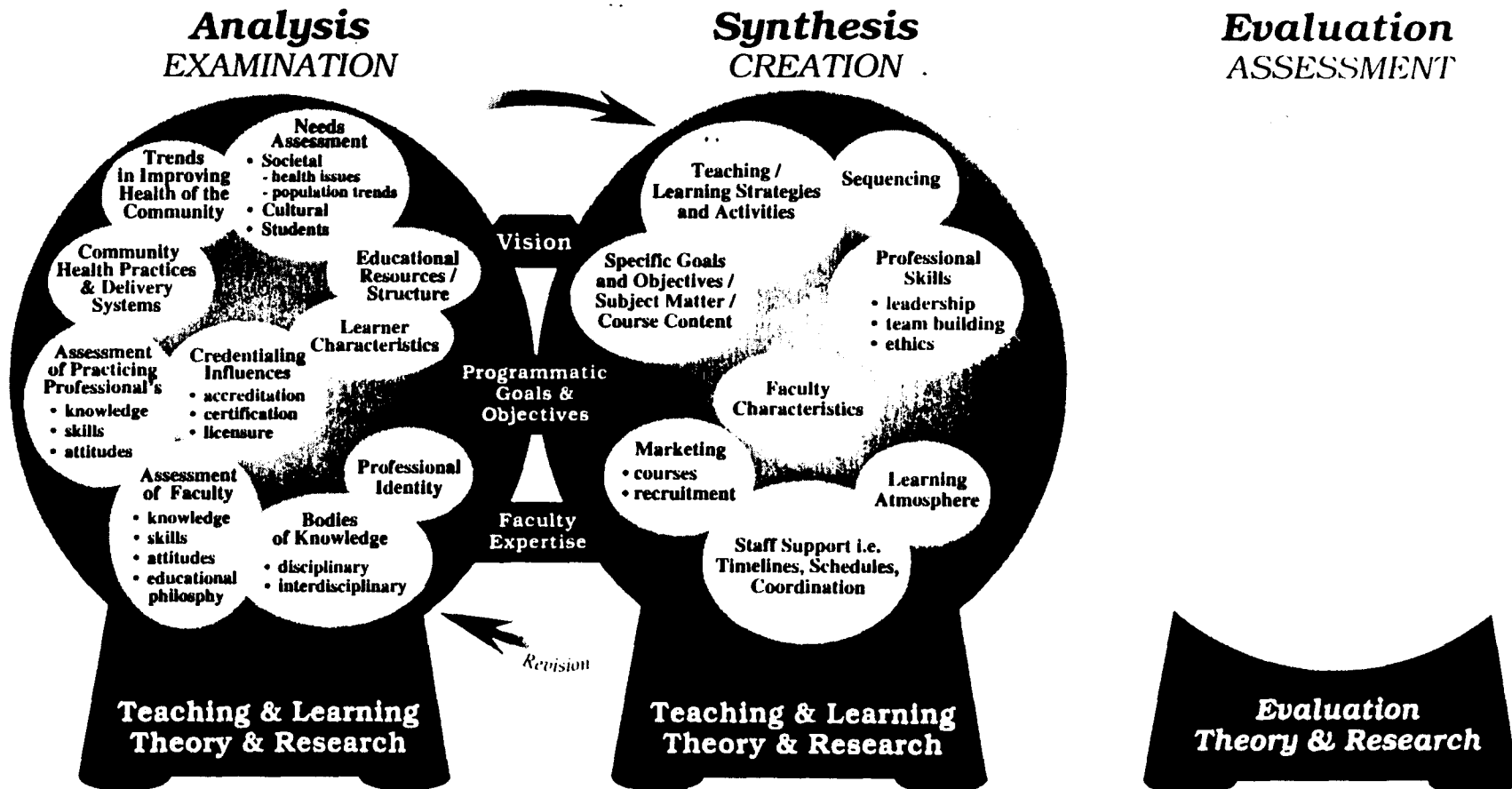


Having completed the analysis phase, the curriculum planning group must develop a vision together with overall programmatic goals and objectives for the curriculum. Because faculty expertise will be essential for the success of the design and implementation of the curriculum, it should be further developed based on the results of the assessment of faculty that was done during the analysis phase. (See Figure 3.) Although the planning group, e.g. an education policy committee (EPC), develops goals and objectives, it still is the faculty who are responsible for moving the process forward, from analysis to synthesis.

Figure 4

## Key Elements of an Educational Program

*The essence of a curriculum must be in synchrony with the essence of the profession and the communities it serves.*



In the synthesis phase of the curriculum planning effort, specific goals and objectives, subject matter, course content, teaching/learning strategies and activities and sequencing are determined. (See Figure 4.) It is important that these are consistent with the previously developed programmatic goals and objectives. (The arrows to the right on the top and to the left on the bottom of the large circles indicate a need to continually assess and revise or recreate the elements of the curriculum.)

Professional skills of leadership and team building and the capacity for ethical decision making and action must be incorporated into the design of the curriculum. Attention must also be paid to the learning atmosphere being created by the design and delivery of the curriculum. Is the learning atmosphere consistent with the goals and objectives of the curriculum including the professionalization of the student?

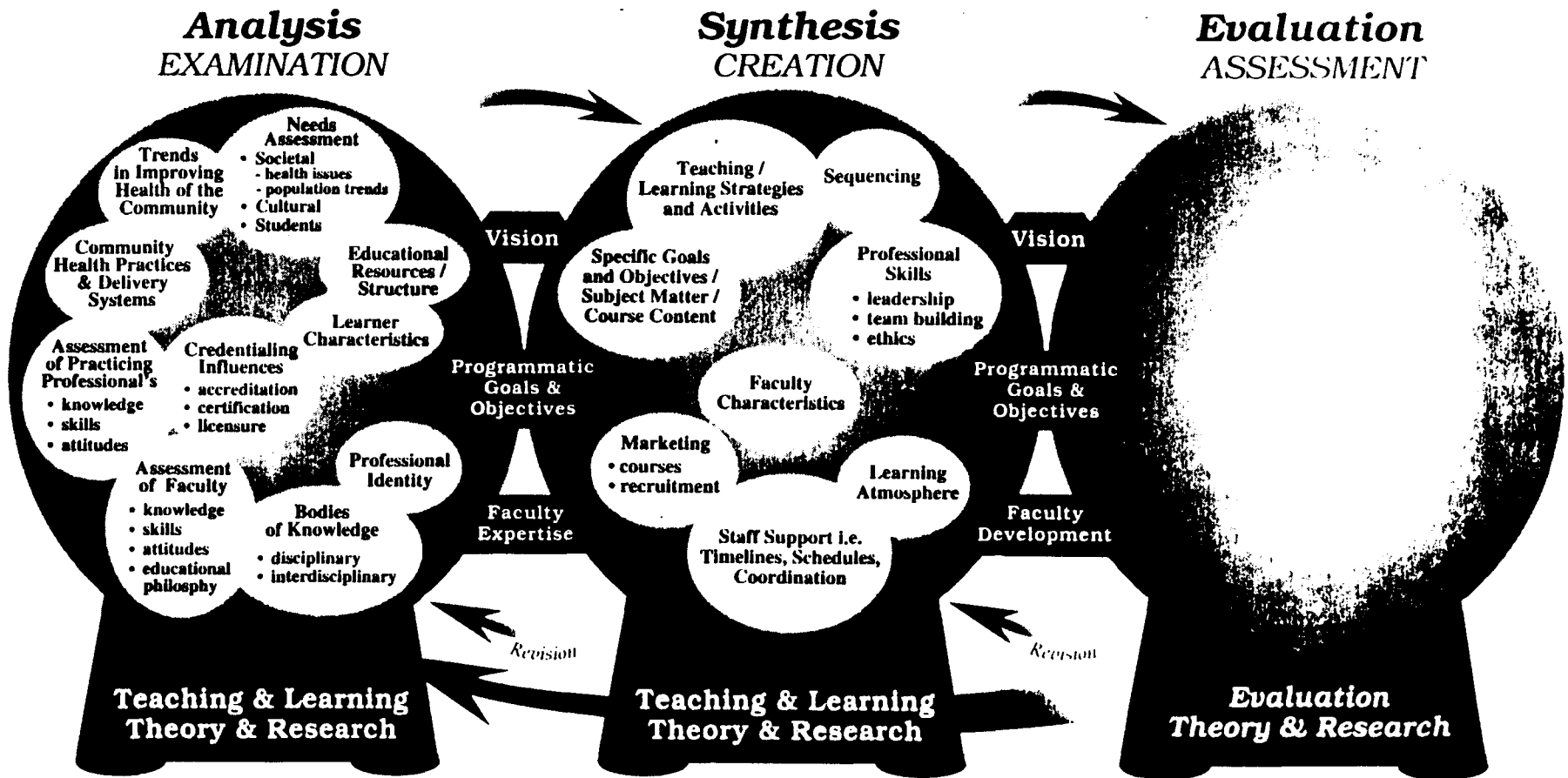
Staff support in the delivery of the curriculum must be evaluated to be sure that timelines, schedules, and resources are all coordinated such that the curriculum is successfully delivered as designed. With any new curriculum, special attention must be given to recruitment in order to attract appropriate students. Likewise, careful faculty selection should result in the best match of faculty expertise with programmatic goals and objectives. Faculty development may be included to assist faculty mentors in acquiring additional expertise.



Figure 5

# Key Elements of an Educational Program

*The essence of a curriculum must be in synchrony with the essence of the profession and the communities it serves.*

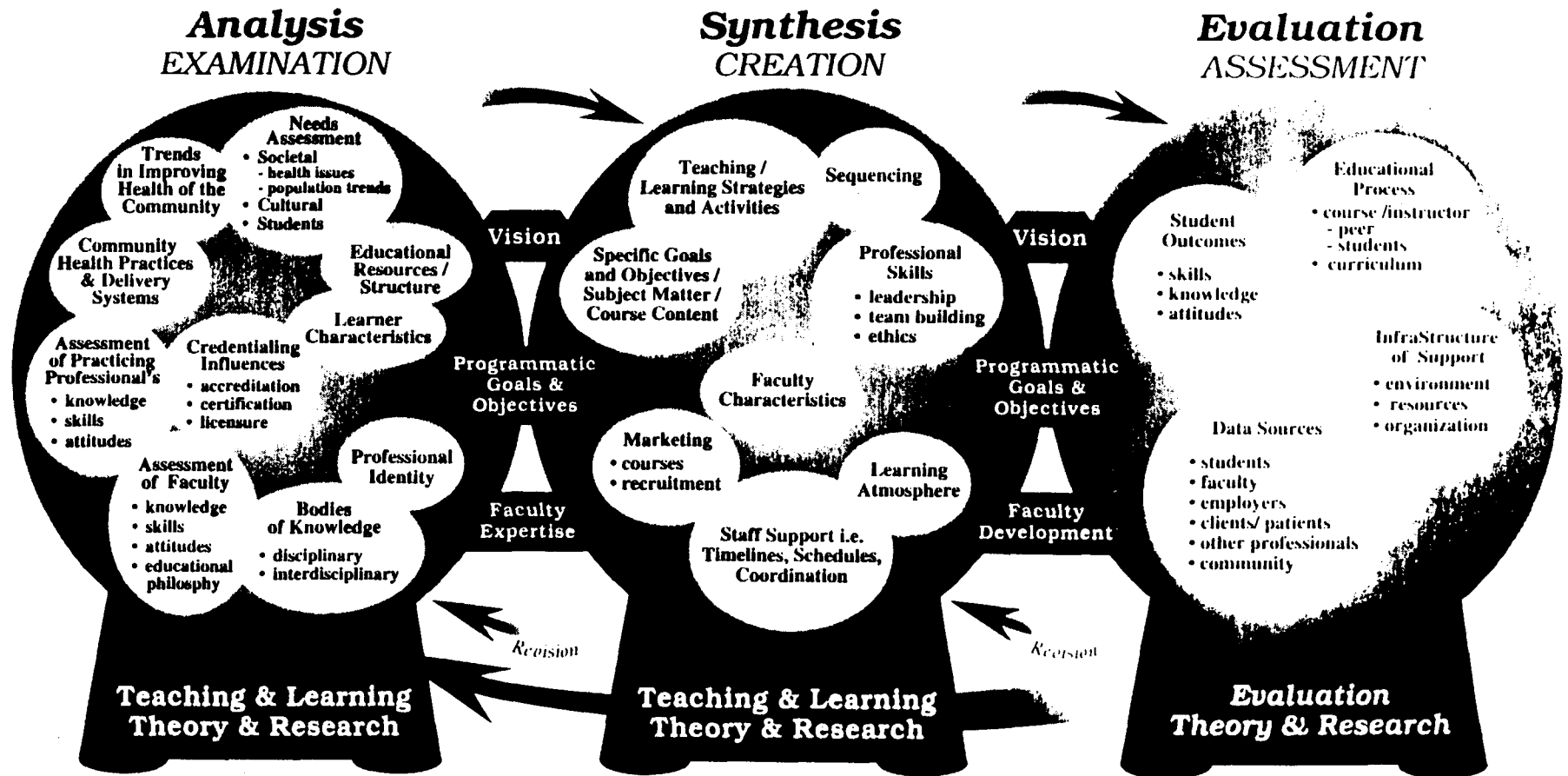


Following the synthesis phase, the vision, programmatic goals and objectives and specific goals and objectives will guide the evaluation process. (See Figure 5.) Such evaluation may indicate additional faculty development is required to meet educational outcomes.

Figure 6

# Key Elements of an Educational Program

*The essence of a curriculum must be in synchrony with the essence of the profession and the communities it serves.*



Evaluation activities include assessment of learner outcomes (i.e. the skills, knowledge and attitudes developed during the program), assessment of the educational processes (i.e., courses, instructors and the curriculum by peers and students), and continual assessment of infrastructure support to ensure the best curriculum possible. (See Figure 6.) Assessment will utilize students, faculty, clients/patients, employers, other professionals and the community. Results of such efforts should feed back to the analysis and synthesis phases to permit ongoing, continual evolution of the curriculum and its components.

## **Annotations to the Model of the Key Elements of an Educational Program**

In the annotations that follow, we have operationally defined terms that are not self-explanatory and included questions related to each of the key elements in the three major areas of the diagram - analysis (examination), synthesis (creation), and evaluation (assessment).

**Curriculum.** The structure of a given body of knowledge according to an explicit or implicit design. Curriculum may refer to both process (i.e., curriculum development) and product (i.e., the or a curriculum). Any given body of knowledge may be designed more than one way and therefore can produce more than one curriculum.

**Foundations - Theory and research concerning teaching, learning, and evaluation.** A body of knowledge exists concerning teaching, learning, and evaluation. This literature includes excellent classic and NEWER sources and research reports. (Refer to the reference bibliography.)

**Analysis** (left circle)

**Community health practices and delivery systems.** What are the existing community health practices in the local area and state? What are the present and emerging health care delivery systems locally, regionally, and nationally?

**Trends in improving the health of the community.** Are there trends for improving the health of the community that have been successful elsewhere and should be implemented locally? Are trends being set locally that should be further evaluated and promoted? In what areas is the academic health center and its various units poised to be a trendsetter?

**Needs assessment - societal (health issues, population trends), cultural, students.** What does society need in terms of competencies of various health care professionals? What cultural influences (e.g., social structures, beliefs, languages, laws, politics, economics, religions, art, and technologies) affect curricula and their design? Who are our students? What are their needs?

**Educational resources/structure.** What resources are available in terms of monies, staff, classrooms, laboratories, internship sites, supplies, equipment, audio-visual materials, distance learning opportunities, etc.? What constraints/limitations are anticipated in obtaining additional resources?

**Learner characteristics.** What are the characteristics (e.g., age, gender, racial, ethnic, educational preparation, and intellectual ability) of current students in the program? Which of these characteristics should be strengthened or altered? What additional characteristics are needed?

**Professional identity and values.** What distinguishes, for example, a pharmacist from a chemist? or a physician from a nurse practitioner? or a technician from a scientist? What makes each profession unique?

**Bodies of knowledge.** What are the disciplinary and interdisciplinary bodies of knowledge from which faculty and students will seek and obtain information during the teaching-learning process?

**Assessment of faculty knowledge, skills, attitudes, and educational philosophy.** Are the knowledge and skills of faculty at the cutting edge, adequate, or outdated? Are attitudes and philosophies of the faculty compatible with the mission and values of the institution and program(s) of major responsibility? If not, what can be done to remedy the situation and re-invigorate faculty with knowledge, vitality and enthusiasm to fulfill the missions described?

**Assessment of practicing professionals' knowledge, skills, and attitudes.** What is occurring in the workplace? Are practitioners providing services that are congruent with the goals of their employers? of their communities? of society?

**Credentialing.** What are the accreditation agencies and processes to which the university, the school, and the program are held accountable? What are the essential certification and licensure credentials for faculty and graduates of each program?

### **Bridges (between left and middle circles and between middle and right circles)**

**Vision.** A clear vision of what "could be" that is shared by faculty, students, alumni, and employers is an essential ingredient for inspiring, energizing and directing the challenging work of curriculum design/redesign.

**Programmatic goals and objectives.** A goal is a statement of broad direction, general purpose, or intent. A goal is general and timeless and is not concerned with particular achievement within a specified time period. A goal should be stated in terms of the learner. An objective is a clear, precise statement of *what* the learner is to do to demonstrate competency at the end of a prescribed learning period. What are desired goals/objectives for learners at the end of their programs?

**Faculty expertise.** A curriculum design, no matter how good it looks on paper, cannot cause students to achieve programmatic goals and objectives without faculty expertise. Does the current faculty possess the necessary expertise? If so, how can it be used most effectively and efficiently for designing and implementing the curriculum? If not, will new faculty be hired, current faculty given opportunities for additional development, or both?

**Faculty Development.** How will faculty be assisted in maintaining and improving their vitality, expertise in content, teaching strategies, and evaluation, together with their roles as researchers, mentors, advisors, and role models?

### **Synthesis (middle circle)**

**Specific goals and objectives, subject matter, and course content.** Specific objectives often specify *how* the learner will demonstrate competence, *how well*, and *under what conditions*. Will any level goals/objectives (e.g., objectives to be met at the end of the first two years of

medical school) be established? Who will write course objectives? How will they be approved? How can they be changed in the future?

**Teaching and learning strategies.** Will any overall teaching strategies be encouraged or adopted for the curriculum as a whole, e.g., problem based learning, cooperative learning, distance education? How will this be decided? To what extent will this be decided by the curriculum committee or educational policy committee? To what extent will this be left for individual faculty members to decide?

**Teaching and learning activities.** Will the planning group/educational policy committee (epc)/curriculum committee (cc) recommend specific teaching and learning activities for specific courses? Or, will these be determined by faculty assigned to teach specific courses?

**Sequencing.** What are appropriate ways for classes and coursework to build upon and enhance one another? To manifest logical continuity and connectedness?

**Professional skills (leadership, team building, ethics).** What activities/strategies will enhance the development of leadership and team building skills among students and graduates? By which means will ethical and moral values be integral to and brought forth in our faculty, students, and graduates?

**Learning atmosphere.** What kind of environment can be created that fosters learning, trust, support, and mutual respect as well as the "essence of a profession"? What are the desired types of interactions among students and among students and faculty? How will accessibility be ensured for students (e.g., with disabilities, English as second language, cultural or socio-economic barriers)? How will faculty prepare students to gain maximum benefit from non-lecture modes of learning? How with ethical teaching and learning practices be ensured?

**Staff support (timelines, schedules, and coordination).** What kinds, numbers and mix of staff members are needed to help implement the curriculum? To provide a reality check as to whether there are sufficient classrooms, laboratories, clinical sites, audio-visual and computer resources?

**Marketing of courses and recruitment of students.** Who will be responsible for marketing courses and recruiting students? Can that person ensure that marketing and recruitment accentuate the positive changes that are being made?

**Faculty characteristics.** To what extent do faculty have the following desired characteristics: vitality, content expertise, teaching strategies expertise, and evaluation expertise?

### **Evaluation** (right circle)

**Structure.** Examples of questions to be answered when evaluating structural components of an educational program are: Are there appropriate numbers and types of qualified, competent faculty, staff, and administrators? Does the organizational structure facilitate or obstruct the design, implementation, and evaluation of the program? Are there plenty of well-qualified and

motivated students enrolled in the program? Are there suitable classrooms, laboratories, and library facilities? Are computer resources sufficient? Are other necessary supplies and equipment available and adequate?

**Educational process.** Effective educational processes make it likely that desired learner outcomes will be achieved, but do not guarantee that learners have achieved outcomes. Examples of questions to be addressed when evaluating the educational process are: Do faculty obtain regular student and peer evaluations? Does a faculty member use the results of student and peer evaluations to bring about improvements in instruction? Are the results of the student and peer considered in decisions about merit raises? Do faculty members obtain feedback from students about their course and teaching during the course and make adjustments before the course is over? Are courses evaluated on a regular basis for currency and appropriateness and to assess whether implementation is consistent with the curriculum plan? Is the curriculum periodically examined as a whole to check for gaps, overlaps, and overall strengths and weaknesses? Are evaluation methods of student performance valid and reliable so that accurate judgments can be made about student achievement of desired outcomes?

**Student outcomes assessment.** To assess student outcomes, student performance at the end of the program, and perhaps at the midpoint of the program, is evaluated in relation to stated desired program outcomes for learners. Desired student outcomes usually fall within the *cognitive domain* (i.e., objectives speak to: knowledge, understanding, application, analysis, synthesis, and evaluation) (Bloom, Engelhart, Furst, Hill, & Krathwohl, 1956); the *psychomotor domain* (i.e., objectives speak to: job performance skills such as starting an intravenous line or suturing) (Simpson, 1966), and the *affective domain* (i.e., objectives speak to: values such as the ethical standards of the profession) (Krathwohl, Bloom, & Masia, 1964). Examples of questions to be addressed are: How are student outcomes in each domain assessed during and at the end of courses? Are any entry, interim, and exit measures of desired outcome administered to students (e.g., standardized critical thinking test)?

**Data sources for feedback.** What types of data should be collected from each of the following groups - students, faculty, employers, clients/patients, other professionals, and the community - in order to evaluate the achievement of desired student outcomes, the educational processes, and the infrastructures that support the educational enterprise? At what points in time should these data be collected? What instruments should be used? How can validity and reliability of the measures be maximized? What is the infrastructure for coordinating peer and student evaluations of teaching? How will evaluation results be interpreted and used?



## **Model of the Process of Designing/Redesigning a Curriculum: Description of Layers of the Model**

The following presentation is a model of the process for curriculum design or redesign. This process is stepwise and if followed will improve the efficiency of the process and prevent duplication of work effort. Included also are suggestions for approval, to be sought at various times in the design process. The approval process is designated by the diamonds on the left side of the diagram.

Figure 7

## Process for Designing/Redesigning a Curriculum

*Premise: this process can begin at any point in the model and assumes continuous quality improvement*

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### Conduct Needs Assessment for Curricular Design or Redesign

- input: internal/external
- philosophical dialogue
- theoretical framework

research to determine for making change

Preparation



Definition



Development



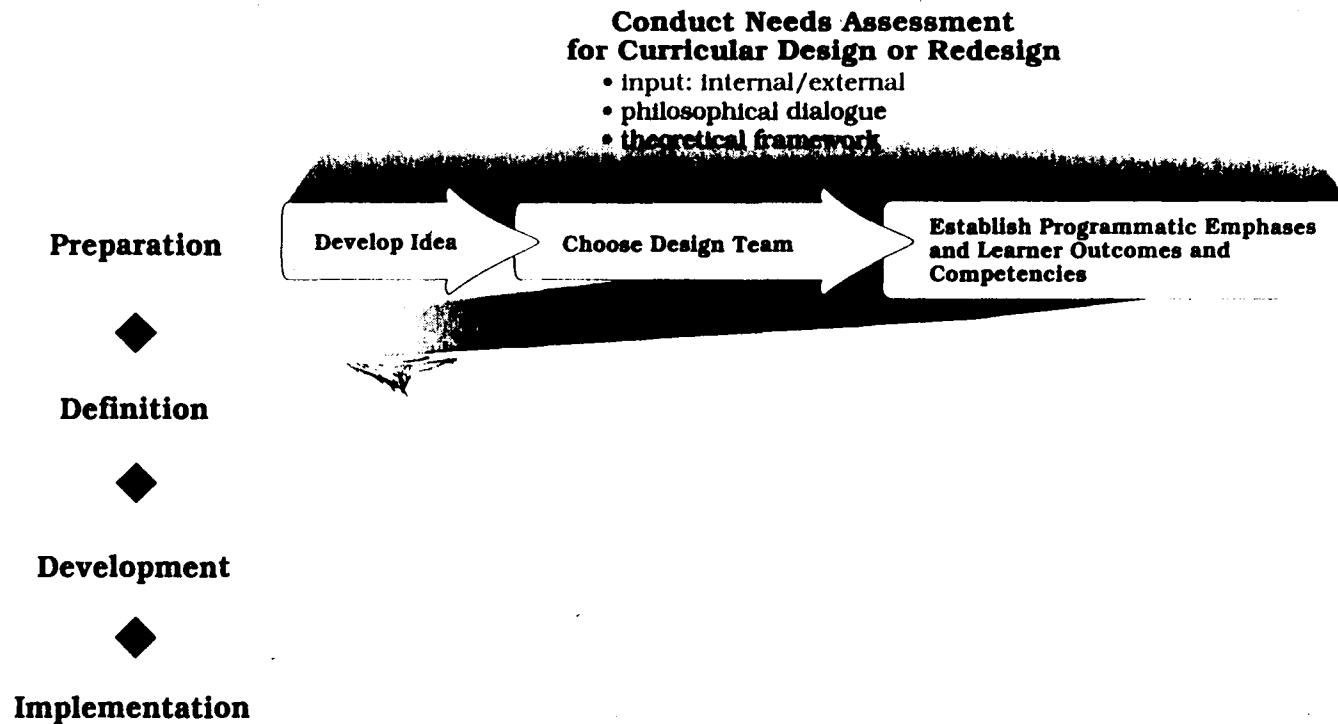
Implementation

The process of design or re-design of a curriculum begins with an innovative idea or after some form of assessment has indicated a need. (See Figure 7.) To ensure that the scope of the design is appropriate, input into this assessment process should come from within the unit and from its outside constituencies. The assessment should include a philosophical dialogue among the faculty and lead to a choice of a theoretical framework to guide the curriculum change. It may be necessary to create incentives to begin the curriculum change process. The assumption is that the design/redesign process can begin at any point in the model and assumes continuous quality improvement. There are four stages to the process of design- preparation, definition, development, and implementation. Between each of these phases there is some form of approval that should be sought before moving to another phase. This is signified by the diamonds in the diagram.

Figure 8

## Process for Designing/Redesigning a Curriculum

*Premise: this process can begin at any point in the model and assumes continuous quality improvement*

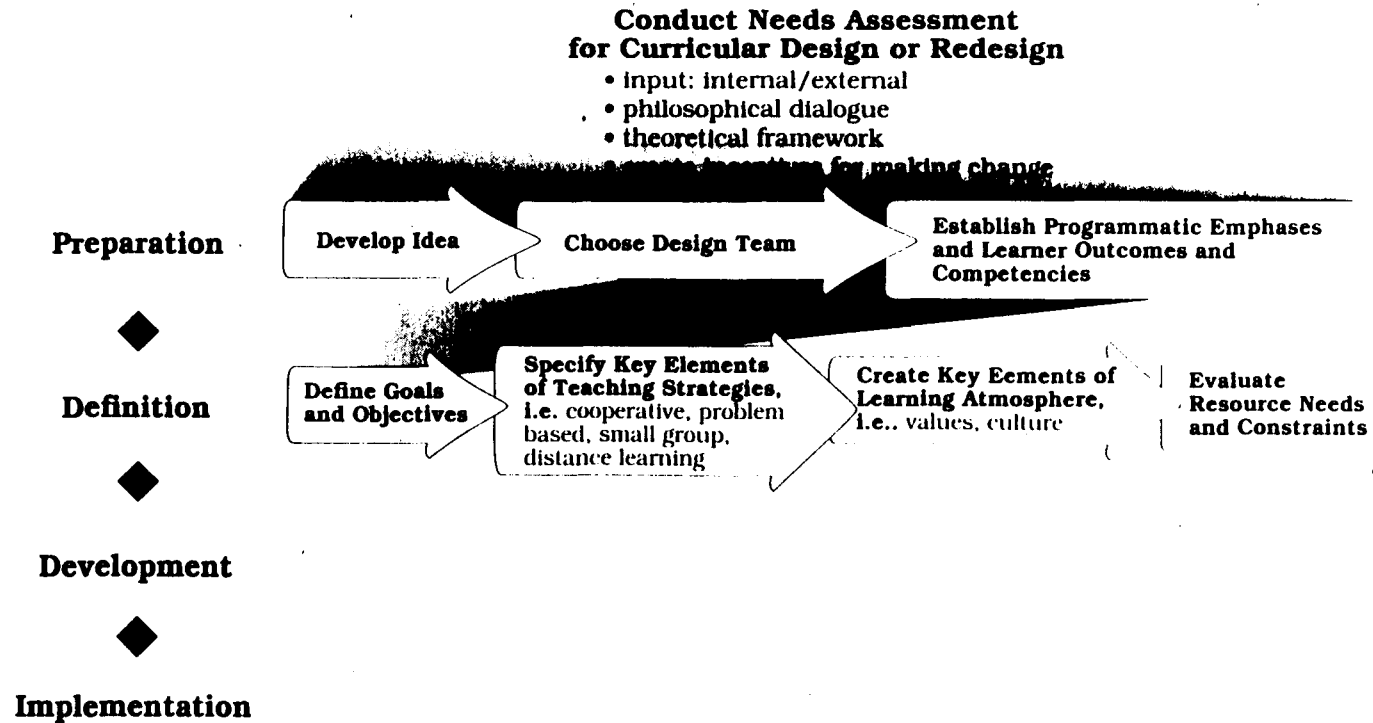


After an initial assessment, an idea is brought forth for curriculum design or redesign. (See Figure 8.) A design team should be identified appropriate to the scope of the task being undertaken. This may be one or several members depending on the scope and complexity of the planning process. Once the design team is identified, programmatic emphases and learner outcomes and competencies expected as a result of participating in the curriculum should be specified. At various times in this process, additional assessments may be necessary to determine expected outcomes or competencies.

Figure 9

## Process for Designing/Redesigning a Curriculum

*Premise: this process can begin at any point in the model and assumes continuous quality improvement*

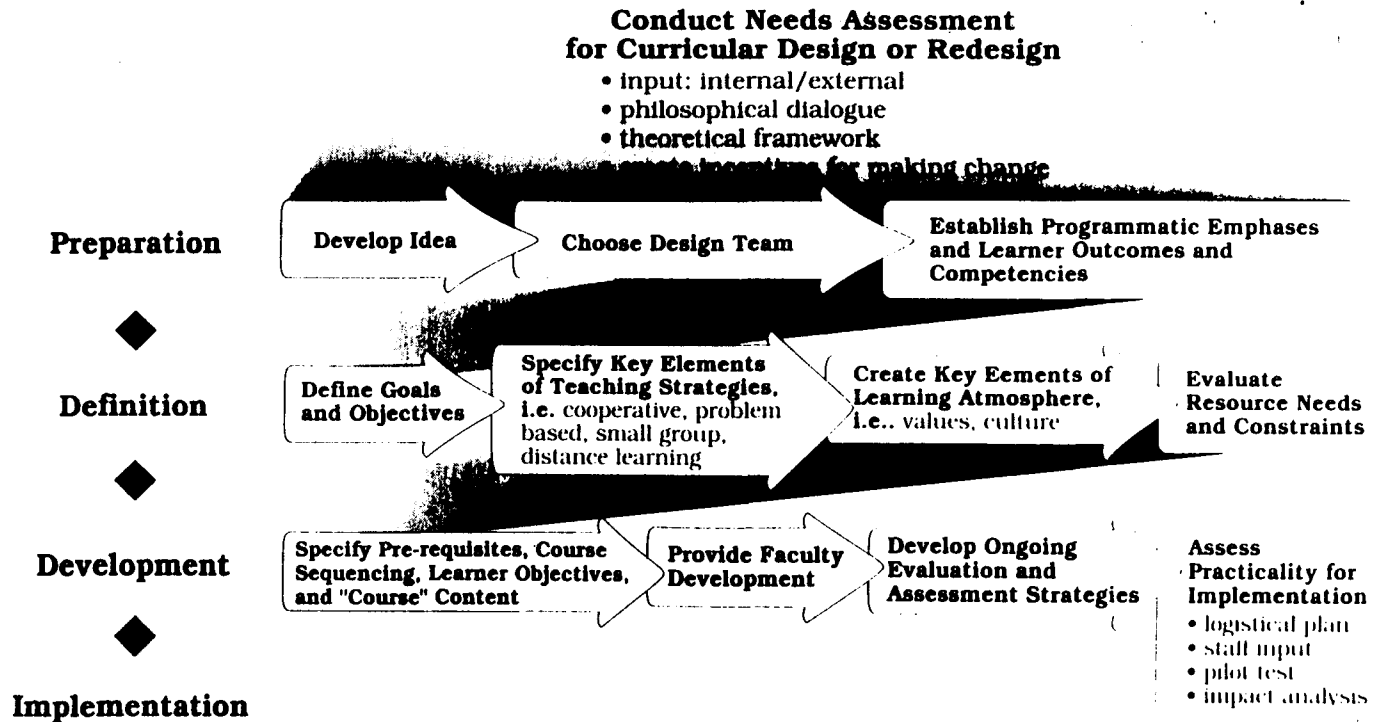


Once outcomes and competencies have been agreed upon, i.e. approval has been given, then a more definitive process begins. (See Figure 9.) Specific goals and objectives for the curriculum must be specified. Key elements of teaching and learning strategies necessary to accomplish the goals and objectives must be identified. The learning atmosphere, professional values and culture must also be specified to be sure that the student learner achieves the expected professionalization. After this level of planning and design it is appropriate to evaluate resource needs and constraints. One must be sure that what is being planned can be afforded in terms of resources. Some modifications due to constraints may realistically occur, which may require modifications to previous planning.

Figure 10

## Process for Designing/Redesigning a Curriculum

*Premise: this process can begin at any point in the model and assumes continuous quality improvement*



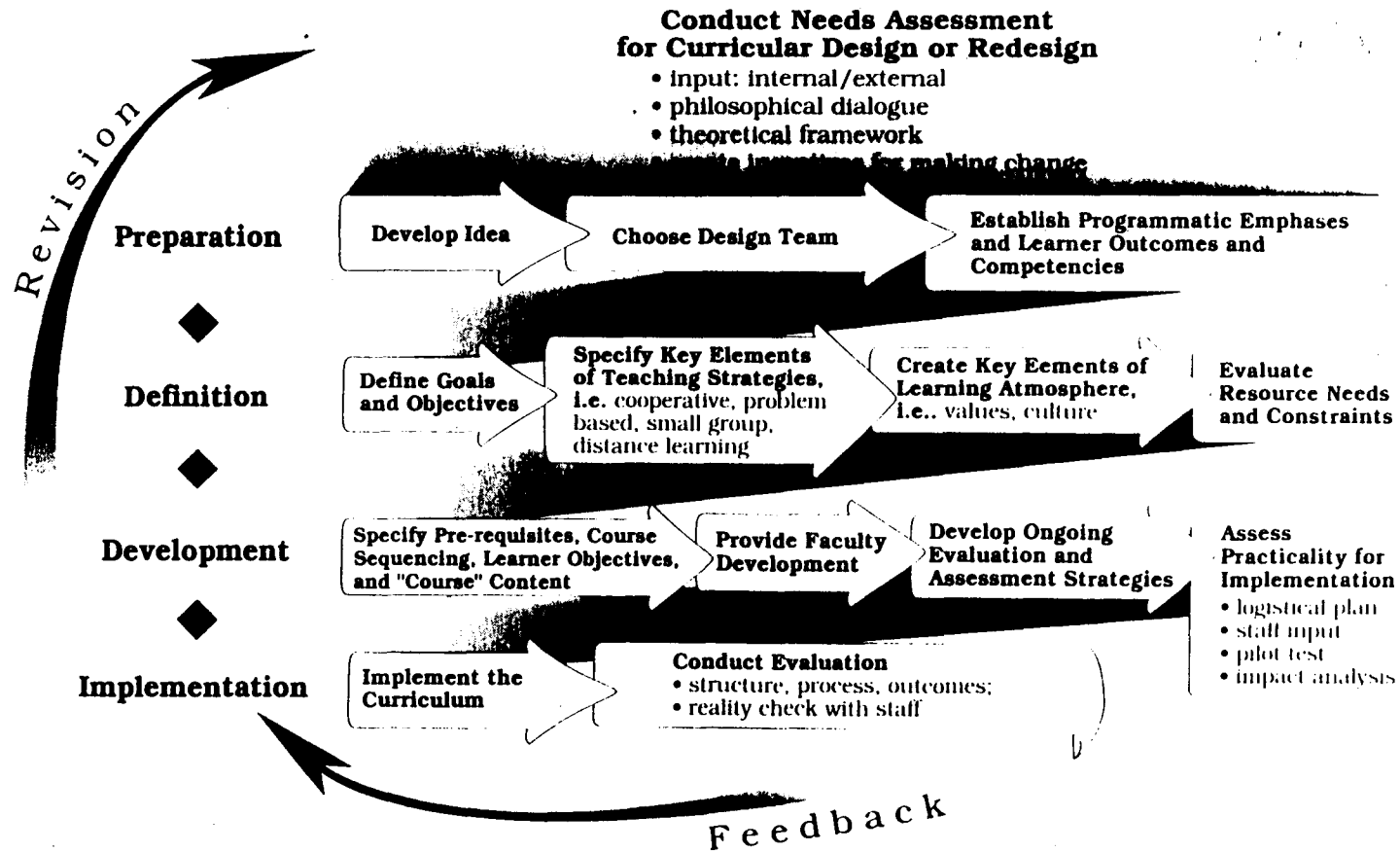


Once approval of resources has been given, the detailed development of course content, learner objectives, pre-requisites and sequencing commences. (See Figure 10.) Faculty to teach the content must be identified; some faculty development may be desirable, and it should be initiated. Assessment strategies and ongoing evaluation should be designed. At this phase of planning, the logistical plan for delivering the curriculum must be completed with staff input. In some cases a pilot implementation of the curriculum may be completed before full scale implementation. When all these planning efforts have been completed, one final level of approval is sought.

Figure 11

## Process for Designing/Redesigning a Curriculum

Premise: this process can begin at any point in the model and assumes continuous quality improvement



Full scale implementation of the curriculum then occurs. Assessments of the curriculum should also proceed. These should be ongoing with feedback to appropriate elements in the planning process. (See Figure 11.)

## Recommendations

### **Recommendations for a Governance Structure to Facilitate the Design/Redesign and Implementation of Curricula throughout the AHC**

After review of the curricular design process of multiple health professions' schools and colleges, both within the AHC and across the country, the QRTC Education/Curriculum Team recommends the following governance structure for enhancing the design and delivery of curricula throughout the AHC.

**Faculty.** The faculty are ultimately responsible for the content of a course/curriculum. The faculty delegates its curricular authority for overall approval to an elected or appointed Education Policy Committee (EPC) or Curriculum Committee (CC) within the school or college. Specifically, the faculty, together with the course directors, must determine the exact educational content of a course or clinical experience so that it is congruent with the programmatic goals and objectives determined by the EPC/CC of the school (and in consultation with the rest of the faculty). The faculty are held responsible for the quality of the education provided for the students within the courses that they teach.

**Educational Policy Committee/Curriculum Committee.** Each school or college within the AHC shall have at least one EPC/CC composed of faculty and students of the college, with outside membership as deemed appropriate. This may be an elected or appointed committee. The membership of the committee should be drawn from those individuals who are invested in viewing the curriculum "as a whole," not composed of those who view themselves as needing to represent a single perspective or discipline. Each committee should have as its responsibilities the overall design of the curriculum, establishing educational policy, and monitoring the overall quality of the curriculum. The committee should be relatively small in size, and should communicate frequently with the faculty-at-large and any affected external and internal constituencies to ensure that it is adequately fulfilling its responsibility. The committee should report their recommendations directly to the Dean (or his or her designee) for implementation. The EPC/CC may likewise receive direction from the Dean, or the faculty as a whole, who may wish to establish new curricula and/or modify existing curricula, create new educational policy, or otherwise evaluate current educational efforts within the school. The EPC/CC should respond to the faculty or Dean's request in a timely fashion, after appropriate consultation with internal and external constituencies, including faculty, students, staff, future employers, of new students, etc. Ideally, the EPC/CC, working together with the Dean and faculty, would develop a curriculum responsive to the educational needs of the students being served.

**Assistant/Associate Dean for Academic Affairs or Director of Academic Affairs.** Each school or college within the AHC should have an individual who is accountable for the implementation and delivery of the curriculum as designed by the Educational Policy Committee/Curriculum Committee of that college. Normally, this would be an Assistant/Associate Dean for Academic Affairs (or Director of Academic Affairs). It is expected that this individual may also work with the Vice Provost for Education in the coordination of multi-disciplinary topics or curricula that cross colleges or schools. This individual should report to the Dean of that school or college and, together with the Dean, secure those resources

necessary to implement the curriculum as designed. In the case of insufficient resources, the Dean, together with the Assistant/Associate Dean for Academic Affairs (with input from the Educational Policy Committee/Curriculum Committee) and the faculty, shall determine those compromises necessary to deliver the highest quality curriculum within the resource constraints of the school or unit.

**Dean.** The Dean of each school or college of the AHC is held accountable for the design and delivery of the curricula within the school or college, ensuring at a minimum that it meets accreditation standards. He or she must also ensure that the students enrolled in the college meet the educational outcomes as established by the EPC/CC of the college, consistent with its mission, the mission of the Academic Health Center, and of the University-at-large. The Dean, together with the EPC/CC, shall be responsive to input from internal and external advisory committees, formed to assist in the design and implementation of the curriculum. It is expected that the Dean will meet regularly with the Vice-Provost for Education.

**Academic Health Center-Wide - Education Policy Council.** There should be an AHC-wide EPC To serve as an advisory group to the VPE. This AHC-EPC will draw its membership from the Assistant/Associate Deans for Academic Affairs or Director of Academic Affairs and the EPC/CC chair from each school or college from across the AHC, with other faculty, student, staff, and external constituency input serving to assist the committee in developing intercollegiate, interdisciplinary curricula across the AHC.

**Vice Provost for Education.** The Vice Provost for Education (VPE) shall work with the deans of the Academic Health Center to facilitate the design and delivery of existing and new curricula throughout the Academic Health Center. The VPE shall assist in bringing resources to bear from throughout the AHC to aid in this process. Upon specific charge from the Provost, the VPE will work with the deans of colleges/schools within the AHC to develop or improve intercollegiate and/or intracollegiate educational programs. Likewise, the deans, with the approval of the Provost, will collaborate with the VPE to design and implement new curricula within the AHC, especially interdisciplinary and intercollegiate initiatives.

### **Synergies in Education**

A synergy represents a coordinated set of entities, actions or processes such that the whole is greater than the sum of each separate part, action or process. Each of the seven schools and colleges, dentistry, medicine (Duluth and Twin Cities), nursing, pharmacy, public health, veterinary medicine have educational processes, actions, and areas of expertise unique to their individual units. But within these units, there is a strong potential, identified by faculty, to maximize their educational efforts by sharing and building on each others strengths and abilities.

The QRTC Education/Curriculum Team identified some areas of commonality and strengths among the seven colleges and schools, that will require further development before they can be truly synergistic. Which synergies could and should be developed depends in part on the goals and objectives of the curriculum of each of the units involved.

Faculty members from each of the educational units have described "best practices" in

educational methodology, measurement, curriculum management, introduction of new curriculum, testing methodologies, interactive learning strategies, distance learning technologies, skills acquisition and measurement. Sharing the knowledge and expertise found within each of the units more broadly across the Academic Health Center would bring recognition to outstanding educational practices and help to generalize their use throughout the AHC.

By centralizing certain administrative processes, support structures and services, and decentralizing others, units may be better able to improve the effectiveness and efficiency with which they serve the needs of students, faculty and their professions.

In discussions with students and faculty, commonalities became apparent across all schools and colleges and units in the AHC. These were *professional development* and *ethics* education of students. Some synergy in these areas may not only be possible but may be preferable to foster interdisciplinary teamwork, ethical practice and ongoing professional development, all of which are essential to graduates' success in the work world.

Jeffrey Kahn, PhD, MPH, Director of the Center for Biomedical Ethics, Dianne Bartels, RN, MA, Associate Director, and center faculty have indicated that they could propose a plan for interdisciplinary ethics education in the AHC by early 1997. They have initiated discussion with the QRTC Education/Curriculum Team about how this work could best proceed. The Biomedical Ethics Center faculty will have further discussion this year about the specifics of developing an interdisciplinary core upon which AHC schools and colleges can build or refine their own disciplinary components.

As discussions with students and faculty occurred, individuals from every school or college expressed a high need to have *information management* become more central to their curricula. Shared resources throughout the AHC, utilizing the latest in information technologies, may offer more benefit than what each individual school or college can afford.

Additional subject areas that warrant exploration for possible interdisciplinary initiatives across units within the AHC are: *epidemiology, community and individual approaches to health behavior change, nutrition, research methods, evolving health care system(s), and health care management*. All of these serve as part of the core knowledge expected of health profession graduates in the future. Russell Luepker, MD, MS, Head, Division of Epidemiology, School of Public Health, along with faculty in the Division of Epidemiology in the School of Public Health, have expressed interest in leading interdisciplinary curriculum development for the first three subject areas.

Upon entering each of the schools and colleges, students present with different skills and abilities in *managing time, studying effectively, learning in small groups* and *managing stress*. Before matriculation into any of the professional programs, it would be helpful to screen for students who need assistance in forming skills critical to their academic and professional success. Faculty and students have also requested pre-matriculation workshops in interdisciplinary formats to assist our entering professional students in developing such skills.

Some pre-matriculation measurements could also be made to identify *learning disabled*

*students* so they can be offered in-depth diagnosis and counseling. Counseling would focus on how such students can be successful in the professional program to which they have been admitted.

Discussions with the QRTC Education/Curriculum Team about a common basic science curriculum were spirited. Although making that a reality may be a distant hope, some interesting ideas emerged from faculty and student focus groups. Students enter professional programs with either pre-baccalaureate or post-baccalaureate experience. Nonetheless, it may still be possible to have some shared basic science education among a variety of schools and colleges. This could happen if the formats of instruction are created in a layered approach including self-instructional technologies in such areas as molecular biology, cell biology, pharmacology, histology, pathology and physiology. Where case studies are included, they must be slanted to the appropriate level and context of interest to students. Further development of this concept should occur under the direction of basic science faculty, to identify potentially synergistic applications of core materials of various kinds and levels of students.

The pressures on the educational mission of the University and its Academic Health Center are clearly to provide the required professional education in a shorter period of time and with less expense to students. Synergies offer one avenue where we may be able to address such outside pressures and still provide outstanding education within the AHC.

### **Summary of Recommendations**

To assist schools and colleges of the AHC, individually and collectively, to capture the exciting opportunities for educational innovation that exist currently, the QRTC Education/Curriculum Team drafted the initial curriculum models (key elements and process for designing/redesigning) during Winter/early Spring Quarters 1996 and began sharing the models with focus group attendees and other faculty, staff and students. As early versions of the models were previewed and critiqued, extensive revisions were made, so that the version of the two models included in this document are a synthesis of the ideas of many individuals. In the focus group sessions and in other interactions between QRTC Education/Curriculum Team members and our faculty and staff colleagues, linkages have been established and conversations about possible innovative changes initiated. As a result of this energizing process, we the members of the QRTC Education/Curriculum Team recommend that:

1. AHC curriculum design groups use the models described in this document as they respond to the external challenges of the evolving health care environment together with the University decision to convert to semesters.
2. Units within the AHC continue to strengthen discipline-based education to ensure the preparation of competent and caring graduates.
3. Appropriate curriculum advisory groups be formed to support, create, and implement curriculum design and redesign across and within the AHC.

4. Interdisciplinary courses be created in areas in which synergies have been developed, or can be developed, for students within the AHC as well as related areas such as social work, biological sciences, psychology, child development, and human ecology
5. Existing interdisciplinary centers such as the Biomedical Ethics Center, the University Center on Aging, the Cancer Center, the rural health initiative, as well as other centers yet to be established, provide leadership in creating interdisciplinary educational initiatives.
6. A common basic science interdisciplinary core curriculum across the AHC be investigated further in terms of potential effectiveness, feasibility, and economy.
7. Individual units within the AHC, as well as the AHC itself, establish educational linkages/collaborations with other universities, organizations, and programs within and outside the AHC, so as to optimize the strengths of each.
8. Given changing employment opportunities for graduates, units of the AHC endorse that while research remains the primary component of graduate education, researchers must also be educated to be competent in teaching, leadership, team building, management, and budgeting.
9. The AHC invest in the educational/professional development of its faculty and staff, by building upon resources within the AHC and across the university to ensure that faculty and staff development occurs.
10. The AHC units and the AHC reward excellence in teaching, educational leadership, and educational program development and research in ways that are commensurate with current University-wide rewards for other research activities (e.g., promotion, tenure, and salary) and for undergraduate education (e.g., Morse-Alumni Award).
11. A Vice Provost for Education be appointed as soon as possible to serve in the capacity described earlier in this section.
12. The Provost of the AHC allocate grant monies, to be awarded competitively, for interdisciplinary initiatives and innovations in education (e.g., computer-based instructional programs, multi-media course enhancements, interactive television distance education, courses designed for the World Wide Web).
13. Provostal incentives (resources) be allocated to curriculum revision across and within the AHC.



## APPENDIX A

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To: Dr. Carol Bland and Dr. Stan Erlandsen  
Co-Chairs: QRTC Tenure and Governance Team

From: Dr. John Fetrow, Vice Provost

July 19, 1996

**re: Plans and directions for on-going efforts of the T & G Team**

Many thanks to the team for meeting with me yesterday and updating me on the status of your activities. I was also glad to have the chance to discuss the draft status of the Structure and Organization team's work. I have spoken with Dr. Cerra about the activities of the team and wanted this memo to serve as a guide for the team's near term activities. The Tenure and Governance Team has initiated several very valuable processes to assemble and summarize the current status of the AHC colleges' governance systems. In addition, the team has begun considering a post-tenure review process as may be mandated by possible tenure code changes. These analytic and developmental efforts set a framework for broader governance efforts within the AHC. Several items seem the most pressing for your QRTC team to address.

Added to the QRTC design efforts, a new Provostial Faculty Consultative Committee is now established and their role in the AHC needs to be made real. On-going planning and strategic efforts need their input and it may be more appropriate to have them "drive" the process of considering the governance role in the AHC.

***Charge for the QRTC Tenure and Governance Team***

**Tasks already under way:**

1. Complete and report the summary of the constitutions of the seven colleges. Please include a summary of those issues for which there is currently consistency across the colleges and of those issues where there are alternative solutions to design issues. Where there are differences, it would be useful to have the team's view of the pros and cons for the various options.
2. Complete and report on the review of departmental guidelines for promotion and tenure. Again, it would be useful to compare and contrast differing approaches.

3. Complete a draft process proposal for the post-tenure review process. In the context of possible changes in the tenure code, it may be valuable to have a first cut on how such a process might be conducted.

**Additional tasks:**

3. Discuss and develop a draft “departmental template” for tenure and promotion that would provide for the standards and review criteria for promotion and tenure in the AHC. The design should be such that a faculty member might receive tenure or be promoted with either education, research or clinical productivity as the primary basis for career advancement.

Again, thanks for the time yesterday. When my schedule permits, I would be pleased to meet with the team any time they feel my presence would be helpful.

cc: Dr. Cerra

# UNIVERSITY OF MINNESOTA

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July 15, 1996

TO: QRTC Tenure and Governance Committee

FROM: Carole Bland

RR: Draft of AHC Senate Constitution and Bylaws

Enclosed is a draft of the AHC Senate Constitution and Bylaws for discussion at our Thursday Meeting. As the subcommittee on governance discussed the characteristics we thought made an effective senate, we found we basically described what exists in the University Senate. Thus, we took the University Senate Constitution and Bylaws document and modified it to create the AHC Senate document attached. Much thanks goes to Phyllis, Dick Poppele, and Mike for their work on this document. Please read the enclosed and be prepared to discuss it.

In addition to details throughout the document, there are several overarching issues that we should address.

1. Who is defined as a faculty member and thus eligible to serve on the faculty AHC? As you know, the university senate recognizes only faculty on regular tracks. Professional Academics are also eligible if they have been at the University for 5 years. Phyllis points out that we have many faculty on other tracks and that we may want to include them in the senate.
2. How large of a senate do we want? What formula makes sense for electing faculty to the AHC senate. Phyllis questions if the 1 per 20 formula of the University senate is appropriate. That formula results in 40 some senators from the AHC.

I suggest that we not only use the University formula but in fact have the senators elected to the University-wide senate also serve as the senators of the AHC. In that way, we link the two governing bodies and make the role of senator more meaningful. However, it also increases the number of meetings the senators would be expected to attend.

This would also result in the Twin Cities Medical School having the majority of the members in the AHC senate. This does, however, reflect the difference in numbers of faculty in the AHC schools. The Provostal Consultative Committee of 8, on the other hand, has one member per school, except 2 from the Twin Cities Medical School. Thus, between the Senate and the Provostal Committee we have, perhaps, a balanced representative system

similar to a house of representative and a senate. In addition, some of the proposed committees of the AHC senate, e.g., Educational Policy, have requirements for representatives from each college.

3. We have a similar question regarding number and membership on the committees.

4. Do we have the right standing committees? Dick has added a clinical committee and deleted others whose areas are perhaps best addressed by University-wide committees.

5. How do we want to include students? Paralleling the University model on this feature seems a bit much. That is, the University senate has a separate student senate, faculty senate, and then a combined senate with each of these have their own set of committees. I met with student representatives on Saturday to talk with them about this: Jeannine Pluhar (Pharmacy) and Katherine James (Veterinary Medicine). They suggest that since there is a separate Student Provostal Consultative Committee that can address unique student concerns and that provides student access to the Provost that we combine the students and faculty into one senate. They plan to use the University student senators as the senators for the AHC senate. The students I met with on Saturday will participate in our meeting on Thursday and will be offering suggestions for handling section referring to students.

6. Finally, we need to identify the process for gathering input from other constituencies on the design of the governance system. Groups that come to mind are: the Provost, The Deans, the University Senate consultative committee, The AHC consultative committee, AHC senators, and College senates.

I look forward to hearing from you next week and to seeing you on Thursday.

P.S. To Dick Poppele, Phyllis, and Mike, Please use this as the attached document to look at for Thursday. This version is considerably cleaned up from the one I sent you last week (e.g., removed duplicated sections), has changes you guys suggested as well as changes based on my meeting with the students, and new language for the consultative committees.

# **ACADEMIC HEALTH CENTER SENATE CONSTITUTION, BYLAWS, AND RULES**

**QRTC Committee on Tenure and Governance**

**Draft July 15, 1996<sup>1</sup>**

NOTE TO QRTC SUBCOMMITTEE OF T & G ON GOVERNANCE: THROUGHOUT THIS DOCUMENT MY COMMENTS ARE IN CAPS. PHYLLIS' ARE IN ITALICS. CJB

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<sup>1</sup> Only constitution and Bylaws in this draft. Rules not yet written

## ACADEMIC HEALTH CENTER SENATE

### RATIONALE FOR ACADEMIC HEALTH CENTER SENATE

University governance as a joint effort of governing board members, administrators, faculty members, students and staff has a long history. Writers attribute this form of governance to the unique nature of Universities. Although Universities share much in common with other organizations in industry, business, or government, they also have certain critical distinguishing characteristics that affect their decision processes, and, thus the shape of their governance structure. The most distinctive characteristics include: vague and ambiguous goals; clients who have highly varied needs and demand input into decision making processes; and a highly skilled professional staff to meet client needs.

How does a University work when its goals are unclear, its service is directed to demanding clients, and it can not use routinized methods or standardized technology to meet client needs? Rather than subdividing complicated tasks into a routine set of procedures that can be handled by less skilled workers, universities use professionals to perform a broad range of complex tasks. However, professionals demand autonomy in their work, bring a strong set of professional values to the organization, demand peer evaluation, and expect a voice in the direction and procedures of their organization. As a result, a purely bureaucratic structure does not work with colleges and universities, especially not in 'multiversities' which have multiple goals and are dominated by highly trained, entrepreneurial, forceful faculty members. Rather, a form of joint decision making has evolved that seems to serve best the unique characteristics of a University. Governance through joint decision making was outlined best in the Statement on Government of Colleges and Universities (1967) written by three groups: 1) American Association of University Professors, 2) American Council on Education and 3) the Association of Governing Boards of Universities and Colleges. It is based on the premise that...

'The variety and complexity of the tasks performed by institutions of higher education produce an inescapable interdependence among governing board, administration, faculty, students and others. This relationship calls for adequate communication among these components, and full opportunity for appropriate joint planning and effort. Joint effort in an academic institution will take a variety of forms appropriate to the kinds of situations encountered. In some instances, an initial exploration or recommendation will be made by the president with consideration by the faculty at a later stage; in other instances, a first and essentially definitive recommendation will be made by the faculty, subject to the endorsement of the president and the governing board. In still others, a substantive contribution can be made when student leaders are responsibly involved in the process.' (p 158)

This document further defines the joint decision making process by suggesting that there are areas in which the governing board, president, provost, or faculty, respectively, have primary responsibility. For example, faculty are typically described as having primary responsibility in areas such as:

'...curriculum, subject matter and methods of instruction, research, faculty status, and those aspects of student life which relate to the educational processes. On these matters it is suggested that the power of review or final decision lodged in the governing board or delegated by it to the president should be exercised adversely only in exceptional circumstances, and for reasons communicated to the faculty.' (p 161)

The governance system should acknowledge and delineate these areas of primary responsibility for the initiation and formulation of policy or action, and it should also ensure an effective communication between faculty and administration at each level of the process. Policy formulation and decision making by the faculty are basically "bottom-up" processes, while administrative decisions are basically "top-down". The communication between faculty and administration should provide for checks and



balances and ensure efficient governance in both types of decision process.

Thus, areas of primary responsibility do not imply sole responsibility. In fact, more recent writings on University governance have argued against trying to assign certain decision areas to faculty and others to administration. These authors acknowledge that it certainly makes sense to have faculty be primarily responsible in their areas of expertise, e.g. curriculum and research, but they note that it is equally important that faculty participate in resource allocation decisions. Budgetary decisions ultimately affect academic areas in which faculty have a large degree of responsibility (e.g., Dimond, 1991).

## **RATIONALE FOR ACADEMIC HEALTH CENTER GOVERNANCE**

How does a University or provostal area efficiently and effectively govern itself through including all its constituencies in 'joint decision making' as described above? In fact, most Universities and Colleges do this with varying structures and varying success. However, in a study of four campuses on the sharing of authority, The University of Minnesota was described as having an effectively functioning joint-participation model (McConnell, 1977). The joint participation model involves frequent and meaningful collaboration among administration, Regents, faculty, P&A staff, civil service and collective bargaining units at the University of Minnesota. It is the University Senate that provides the mechanism for faculty, student and some P & A staff to participate in University-wide joint governance. SIMILARLY, THE ACADEMIC HEALTH CENTER SENATE WILL SERVE THESE ROLES FOR THIS PROVOSTAL AREA.

The basic structure of the University Senate -- AND THE ACADEMIC HEALTH CENTER SENATE -- includes an elected body to consult with and recommend policy and actions to the President (FOR THE AHC, THE PROVOST) of the University. The Senate functions through its standing committees which deal with specific areas of the educational, research and personnel areas of University OR PROVOST activity. The relationship is similar to that of a national or state government between the executive branch and legislative branch. In addition the university has a grievance structure that serves the role of the judicial branch. The same basic structure as the University Senate also functions at the collegiate level with college assemblies that consult with and recommend policy and action to the deans. This organization is primarily concerned with policies and decisions that affect the operation and mission of the college.

Thus, the proposal for an AHC Senate is partially modeled on the University of Minnesota Senate and on writings about effective University governance (see references). It is proposed to serve the same consultation and policy recommendation functions for issues that affect the mission of the AHC. The proposal outlined below describes the proposed AHC Senate, including its: relationship to other governing bodies; characteristics; committee structure; functions and membership.

## **BENEFITS OF AHC JOINT GOVERNANCE**

Joint governance of the AHC by administrators, faculty members, students, and staff has the following benefits:

1. It marshals the brain power of all constituencies to arrive at optimal decisions for the complex problems of the AHC. Having an effective senate spreads the work of administration. The AHC has a considerable brain trust in its faculty members. Putting these people to work in developing policies for the AHC or in providing consultation allows administrators both to access this brain trust and to spread some of the work of administration.

2. It builds ownership for decisions and recommendations among the faculty staff, and students, and enfranchises them.
3. It provides a communication mechanism for faculty, staff, students, and administrators.
4. It increases leadership capacity. In recent history there are examples of University Administrators who developed many of their leadership skills and broader understandings through their senate work. For example, Mario Bognanno, Associate to the President, Phil Shively, Provost of Arts, Sciences, and Engineering, Mark Brenner, Vice President of Research; all in their faculty roles previously served as chairs of the Senate Consultative Committee. Also, when the Law school needed an interim dean they turned to Fred Morrison who has served many times in the University Senate, particularly in the tenure subcommittee and the senate judicial committee. Also, Karen Seashore-Lewis, another former chair of the Senate Consultative Committee, is now an associate dean in the college of education. There are other examples of leaders who develop many of their skills through their work in the senate and who have taken these skills to other positions, such as Shirley Clark, who served as our Interim Vice President for Academic Affairs and who now is the Vice President for Academic Affairs in the Oregon State University System. Finally, and most importantly, senate governance builds leadership skills and broad understandings among faculty, staff, and students that serve them well in these roles, or in national associations, or in community outreach, and so on. **PARTICIPATION BY STUDENTS SIMILARLY BUILDS THEIR LEADERSHIP CAPACITY.**
5. Finally, a strong faculty/STUDENT consultation system can strengthen the hand of administrators when they speak with other authorities such as Regents, funding agencies, or legislators.

#### **PURPOSE OF THE ACADEMIC HEALTH CENTER SENATE**

The Academic Health Center (AHC) Senate will provide a mechanism for faculty, staff, and students to participate in the joint governance of the AHC. The primary purposes of the Senate will serve in the joint governance of the AHC are three:

- 1) to recommend policies and actions to administration.
- 2) to provide consultation to administration.
- 3) TO PROVIDE A MECHANISM FOR FACULTY, STAFF, AND STUDENTS TO COLLABORATIVELY DEVELOP POLICIES, POSITIONS, AND ACTIONS.

Policy recommendation will come from the AHC Senate as a whole, but this group is much too large to serve in a consultant role. However, the policies it recommends will be developed by appropriate AHC committees, which, as explained below, will usually involve joint work by senators and administrators. Consultation will be the primary function of most AHC senate committees, particularly the provostal senate consultative committee. In general it is anticipated that some AHC policy and action decisions will be made primarily by the Provost in a "top-down" process, while others will involve the faculty in a "bottom-up" process.

An example of how decision-making might work in the "bottom-up" mode is illustrated by issues related to educational policy:

The initiation of curricular changes and the development and implementation of educational policy is primarily a faculty function. Education and curricular issues or objectives may also emerge from AHC long-range planning as a result of the strategic planning process. The faculty at the departmental and collegiate levels would be primarily involved in the implementation of these AHC

objectives. Issues that involve coordination across colleges (e.g. semester conversion, or service courses) would be brought to an AHC senate committee. However there would be administrative involvement at each level to ensure compatibility with available resources, since mission objectives must also be compatible with budgetary objectives.

An example of how the system might work in the "top-down" mode is given by the decision-making for primarily budgetary issues:

Basic budgetary objectives and proposals are established administratively at the Provost level. These issues may also emerge from the planning process, and they are also a part of an annual administrative cycle. The priorities inherent in budgetary proposals must be subject to appropriate faculty review to ensure their compatibility with mission objectives. For example, a proposal concerning overall salary levels could impact seriously on plans to recruit new faculty or implement a new educational program. This review might lead to a final agreement at the AHC senate level, but it would also involve affected faculty at collegiate and departmental levels VIA THEIR REPRESENTATIVES ON AHC COMMITTEES (SUCH AS FACULTY AFFAIRS, FINANCE, CONSULTATIVE) AND ON THE SENATE. The point is that budgetary decisions must be made on more than just budgetary considerations.

## ACADEMIC HEALTH CENTER SENATE CONSTITUTION

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### ARTICLE I. GENERAL POWERS

#### 1. Distribution of Powers Delegated by the Board of Regents

Consistent with actions and policies by the regents of the University of Minnesota, all matters relating to the educational and administrative affairs of the University are herein committed to the president, the University Senate, and the several faculties. THE UNIVERSITY SENATE HAS THE POWER TO RECOGNIZE CAMPUS ASSEMBLIES [AND PROVOSTAL SENATES] AS OFFICIAL CAMPUS LEGISLATIVE AND POLICY-MAKING BODIES AND, UPON SO DOING, SUCH ORGANIZATION SHALL HAVE ALL POWERS PERMITTED THE CAMPUS [PROVOSTAL] ASSEMBLY IN THE UNIVERSTIY SENATE CONSTITUTION AND BYLAWS.--TAKEN FROM PAGE TWO OF THE SENATE CONSTITUTION.

### ARTICLE II. PRESIDENT OF THE UNIVERSITY

#### 1. Position and Authority OF THE PRESIDENT

The president of the University shall be the representative of the regents, the University Senate, the faculties, and the students, and the chief executive officer of the University. The president shall have general administrative authority over University affairs. The president may suspend action taken by any senate, by any campus assembly, by any college faculty, or by any student constituency and ask for a reconsideration of such action. If the president and a senate, a campus assembly, a college faculty, or a student constituency do not reach agreement on the action, the question may be appealed to the regents by the president, or by any senate, or any campus assembly, or college faculty, or student constituency. The president, as chief executive officer of the University, shall have final authority to make budgetary recommendations to the regents. However, in view of the necessary weighing of educational policies and objectives involved, the president shall consult with and ask for the recommendations of other academic officers and the Senate Consultative Committee concerning such budgetary recommendations as materially affect the University as a whole.

#### 2. POSITION AND AUTHORITY OF THE PROVOST OF THE ACADEMIC HEALTH CENTER

THE PROVOST OF THE ACADEMIC HEALTH CENTER HOLDS THE SAME POSITION AND AUTHORITY IN RELATION TO THE HEALTH CENTER AS THE DESCRIBED ABOVE FOR THE PRESIDENT IN RELATION TO THE UNIVERSITY AS A WHOLE.

*Colleagues: My assignment was to adapt Articles III, V and VII of the University Senate document for our use in the AHC. My adaptation follows, with comments either explaining the changes I made or raising issues for discussion.*

*Phyllis*

## ARTICLE III. AHC SENATE

### 1. Membership

The AHC Senate shall be composed of the following voting members: (a) the provost of the Academic Health Center; (b) members of the [STUDENT AND FACULTY] Provostal Consultative Committee; and (c) the elected faculty, academic professional, civil service [I WOULD REMOVE CIVIL SERVICE] and student representatives of the AHC's constituent colleges and schools TO THE UNIVERSITY-WIDE SENATE. Academic officers with class titles 9302-9329 shall serve as ex officio nonvoting members.

*Do we need/ want to parallel the whole University structure -- i.e., Faculty senate, Student senate etc. in addition to the AHC senate and the school-specific structures? Seems like a lot of governance. In my revisions of this section, I worked on the assumption that we would not also have an overall AHC faculty senate and student senate, in addition to the AHC senate and all of the individual college governance bodies. It seems like too many levels of governance. What is lacking, then, is some linkage between the AHC Senate and the specific college governance structures, both faculty and student .*

*Could we turn the new provostial advisory council into a structure equivalent to the SCC and automatically include them in the Senate? [YES]*

*Why not include civil service along with other classes of employees? I don't see why they should be omitted, but there are some issues surrounding bargaining unit employees and their participation in governance. [DO NOT INCLUDE - THESE EMPLOYEES HAVE OTHER MECHANISMS FOR PARTICIPATION.]*

*Class title 9302-9329 includes Deans, Associate Deans and Assistant Deans; it would presumably also include vice-provosts etc. I think this language would include the new vice-provost positions as ex officio Senate members. I don't have a problem with that, as long as they are not voting members.*

### 2. Powers in General

The AHC Senate shall have general legislative authority over educational matters concerning more than one school or college within the Academic Health Center, but not over the internal affairs of a single school or college, except where these materially affect the interests of the AHC as a whole or the interests of other colleges or schools. THESE INCLUDE BUT ARE NOT LIMITED TO POLICIES CONCERNING CURRICULUM, FACULTY APPOINTMENT AND MATTERS WITHIN THE JURISDICTION OF FACULTY AFFAIRS, AND MATTER WITHIN THE JURISDICTION OF CLINICAL AFFAIRS.

*This wording which assigns authority only over "educational matters" is taken directly from the University Senate document. I am not fully convinced it captures the breadth of powers one might want to assign to the Senate, but I don't have any substitute language to offer.*

### 3. Allocation of Functions and Powers

*[I wasn't sure how the parallel section should read: it depends on whether we want to specify a structure that includes a student senate. If we don't do that, we may not need this section at all.] I AGREE WITH PHYLLIS THAT DEPENDING ON HOW THE STUDENTS ARE INCLUDED IN GOVERNANCE WE MAY NOT NEED THE FOLLOWING SECTION. BUT I PUT IT BACK IN FOR NOW SO THAT THE READER WOULD KNOW WHAT WAS REMOVED. THE REMOVED SECTION IS ALL THE*

#### FOLLOWING UP TO 4. ELECTION OF AHC SENATE MEMBERS.

- a. The University Senate shall perform all functions and exercise all powers described in Section 2 of this article which are not specifically delegated to the Faculty Senate or to the Student Senate.
- b. Upon recommendation of the Senate Consultative Committee, the University Senate may delegate particular functions for exclusive action by either the Faculty Senate or the Student Senate.
- c. In general, functions allocated to the Student Senate shall include but not be limited to matters in the area of student government, student organizations, and student publications.
- d. In general, functions allocated to the Faculty Senate shall include but not be limited to accreditation, designation and granting of University honors, policies concerning faculty appointment and tenure, and matters within the jurisdiction of the Faculty Affairs and Judicial Committees.
- e. In case of disagreement by the Faculty Consultative Committee or the Student Consultative Committee with a decision of the Senate Consultative Committee concerning the allocation of functions, either committee may refer the matter to the University Senate for resolution.

#### 4. Election of AHC Senate Members

a. IF WE GO WITH MY SUGGESTION OF USING UNIVERSITY-WIDE AHC SENATORS, WE REMOVE THIS SECTION UP TO 5. REMOVAL FOR NEGLECT OF MEETINGS. The elected representatives of the faculty and academic professionals [this refers to academic professionals as defined by the Board of Regents --"Academic professionals generally parallel disciplinary faculty in having the requisite preparation and specialized knowledge in an academic discipline or field on which practice is based and in exercising independent judgment. These individuals are not engaged in full-time teaching and scholarly work, as are faculty, but rather are assigned to duties enhancing the research, teaching, and service functions of the University..."] to the University Senate shall be chosen by secret ballot by the faculty and academic professionals of the several institutes, colleges, or schools of collegiate rank. The faculty and academic professionals of each of these collegiate units shall include professors, associate professors, assistant professors, or instructors on full-time appointments and campus-based academic professionals holding continuous and probationary appointments. Also included are campus-based academic professionals with fixed term or annual appointments having completed five years of service at the University.

These faculty and academic professionals shall jointly elect from their rank (professors, associate professors, assistant professors, instructors, and academic professionals) one AHC Senate member for the initial twenty of their members or any fraction of that number holding such rank and one additional Senate member for each additional twenty of the members or major fraction thereof. Units having more than six faculty/academic professional representatives to the AHC Senate may choose to restructure themselves into smaller constituencies for voting purposes. For the purpose of electing representatives to the Senate, the members of each faculty holding the rank of instructor (including research fellows) and above shall be eligible to vote. Academic professionals eligible to serve in the Senate shall be eligible to vote.

*In re-writing this section, I took out all of the references to only counting "regular" faculty and just said faculty. I think we still need to examine this issue. The AHC has many faculty who have been here for years and are an integral part of the educational and research mission -- but who aren't "regular"*

*faculty, in the tenure code sense of the word. Somehow we need to account for and include people in these groups of faculty -- they make up a numerically and academically important part of the AHC. We may want to define faculty in terms of percent effort with the University, for example, in order not to over-weigh the votes of people who are part-time or hold primary appointments elsewhere.*

*Also, we may want to re-think the one representative to twenty faculty members ratio, which is what the University Senate uses-- how big a senate do we want? What is the optimal size?*

- b. The elected representatives of the students to the AHC Senate shall be chosen by secret ballot by the student constituency enrolled in the several colleges or schools as specified in the bylaws. There shall be one student member for each initial NNN full-time students or fraction thereof in each student constituency plus one additional student senator for each additional NNN full-time students or major fraction thereof in such constituency.

*It's not clear to me how many student representatives the various units should have. One per thousand students enrolled (which is the rule in the University Senate document) is too low for use in our situation; most of our school are small.*

Full-time students in each institute, college, or school shall be eligible to vote and to serve on the Senate. Each institute, college, or school shall establish its own procedures to determine qualification as a full-time student.

*I took out a lot of language here defining full-time. Our various schools differ a bit on how this is treated and should probably each set their own rules for this. Also, the University Senate document differentiates undergraduate and graduate students; we have undergraduate, graduate and professional students with slightly different agendas. Do we need to differentiate these, in terms of their representation on the Senate?*

- c. Academic officers with class titles 9302-9329 shall not be eligible for election to the Senate as members of the faculties under "a" hereof.

*This takes out the deans, provosts, vice-provosts etc. but leaves department chairs eligible to serve.*

- d. The Provostal Consultative Committee shall determine the school membership of any academic staff member or student for purposes of voting for members of and serving as a representative in the Senate.

*This one doesn't work unless we decide we want to define a Senate Consultative Committee.*

- e. Elections to the Senate shall be held no later than the 20th day of May. One third, or as near to one third as arithmetically possible, of the faculty/academic professional representatives of each institute, college, or school shall be elected each year by each institute, college, or school.

All faculty/academic professional members elected to the Senate shall begin service on July 1 and shall serve for three years and/or until their successors shall be elected and qualified. Elected faculty/academic professional members of the Senate shall not serve more than four consecutive years, and shall be eligible for reelection only after a one-year interval of nonmembership in the Senate.

All student representatives shall be elected for one-year terms and may be re-elected. No student representative may serve more than three consecutive terms.

To continue to serve, a faculty/academic professional representative must be currently a

member of his or her faculty. To continue to serve, a student representative must continue to meet the requirements for election identified under "b" hereof.

*Again, I took out language specifying "regular" faculty member, but we may want to substitute something about the percent of the appointment.*

f. The faculty/academic professional and student constituencies of each college or school shall either elect a pool of alternate representatives or define the pool to be those eligible to vote for senators. The faculty/academic professionals and the students of each college or school shall specify one of these procedures for selecting a pool of alternates in their respective constitutions. If the alternates are to be elected, then the constitution of the institute, college, or school shall specify the number to be elected and their term in office, and they shall be elected at the same time and in the same manner as representatives. If a constitution does not exist or does not specify the method of selecting the pool of alternates, the student board or the faculty body of the unit shall determine which method shall be used.

A representative may designate anyone from the appropriate unit pool to serve as an alternate in the representative's absence by providing written notice to the clerk of the AHC Senate prior to the commencement of any meeting of the Senate.

## **5. Removal for Neglect of Meetings**

a. A member of the AHC Senate shall be said to have neglected a meeting if the member does not attend and does not provide an alternate and does not notify the clerk, in writing, of the impending absence.

b. A member of the AHC Senate shall forfeit membership by neglecting three consecutive meetings.

*This is changed from the University Senate procedures, which specify different rules for faculty and students.*

c. The clerk of the Senate shall notify any member who will forfeit AHC Senate membership by neglecting the next meeting of the Senate.

d. The RESPECTIVE STUDENT OR FACULTY Provostal Consultative Committee shall determine the school membership of any academic staff member or student for purposes of voting for members of and serving as a representative in the Senate.

e. A member whose membership has been forfeited may appeal to the Provostal Consultative Committee for reinstatement.

*Again, in (d) and (e) I just substituted the Provostal Consultative Committee for the SCC .*

## **6. AHC Senate Officers**

a. The provost of the AHC shall chair the AHC Senate. A vice chair shall be elected by the Senate at its first meeting the academic year from among its current members for a term of one year and shall be eligible for reelection. The provost, with the consent of the Senate, shall appoint a clerk and a parliamentarian of the Senate (non-members of the Senate), whose duties shall be prescribed in the Senate Bylaws.



*Paragraphs b and c of this section describe the officers of the student senate and the faculty senate. The University document refers to the vice chair being elected "at the first meeting in the spring" but since the new members take office in July, I'm not sure I understand that logic. So I took it out.*

## **7. AHC Senate Agenda and Minutes**

The agenda of each AHC Senate meeting shall be distributed in advance to all Senate members, to all faculty/academic professional members entitled to vote for Senate members, to members of all committees of the Senate, and to the students and others in such manner as the Senate may direct. The minutes of Senate meetings shall be distributed in like manner. Matters under Senate jurisdiction, including proposed amendments to this Constitution or Bylaws, may be submitted by any committee of the Senate or any Senate member.

## **8. AHC Senate Meetings--Call--Quorum**

The AHC Senate shall hold regular meetings, at least once in each quarter of the academic year, at a time and place determined by the provost. Special meetings of the AHC Senate may be held upon the call of the provost or upon request of the appropriate Consultative Committee, or upon written request of ten members of the Senate in question.

At any regular or special meeting of any Senate, a majority of its membership shall constitute a quorum. Any member of the faculty and any student or academic professional eligible to vote for senators may be admitted to AHC Senate meetings and shall be entitled to speak at the discretion of the Senate. Only elected Senate members (or their designated alternates) and, in the case of a tie, the presiding officer, shall be entitled to vote.

## **ARTICLE IV. COMMITTEES OF THE ACADEMIC HEALTH CENTER SENATE**

The committees of the AHC Senate shall be (1) Senate committees and (2) Subcommittees of Senate committees. The Senate also may create Special committees.

### **1. Senate Committees**

AN AHC Senate committee is any committee to which the AHC Senate delegates responsibilities in broad areas of AHC concern and whose reports are made directly to the AHC Senate. Membership of all Senate committees and procedures for electing or appointing members are described in the Bylaws. The AHC Senate by appropriate bylaws may create or terminate Senate committees vested with such responsibilities as the Senate has the power to confer.

### **2. Subcommittees of Senate Committees**

Senate committees may appoint subcommittees as necessary to assist with their responsibilities. Membership of subcommittees need not be limited to members of the parent committee. Subcommittee memberships shall have approximately the same ratio of faculty/academic professionals, students, civil service, and alumni as the parent committee and shall include ex officio representation as appropriate. If an exception is necessary, the parent committee shall consult with the Committee on Committees. The Committee on Committees shall also serve as a resource for, or source of, subcommittee nominations and shall appoint members to standing subcommittees. Civil service and alumni shall be represented on subcommittees where appropriate.

### **3. Special Committees**

Special committees may be created to study and make recommendations on special topics within the areas of concern to the AHC Senate. Special committees may be created or terminated either by the AHC Senate or by the AHC Consultative Committee. Whenever the task of a special committee falls within the duties and responsibilities of a committee of the AHC Senate, the special committee shall make interim and final reports to that committee. If the task assigned to the special committee does not fall within the duties and responsibilities of an existing committee of the Senate, the special committee shall make interim and final reports to the AHC Consultative Committee. The membership of a special committee shall consist of (a) representatives of the committee of the Senate to which it reports, and (b) such other members as the task of the special committee requires.

## **ARTICLE V. GOVERNMENT OF THE COLLEGES AND SCHOOLS**

### **1. Composition**

The government of each institute, college, or school of collegiate rank shall be vested in the president, provosts, deans, professors, associate professors, assistant professors (including research associates), and instructors (including research fellows) and student and other group representatives, if any. *Each department or division giving instruction in another institute, college, or school may be represented on the faculty of that institute, college, or school by one or more members.* Each institute, college, or school of collegiate rank shall determine its own governing rules and policies including methods of selecting faculty, student, and other group representatives, if any, for its government.

*The italicized words above are ones that I questioned -- do we want to include those phrases?*

### **2. Powers**

Such government shall control the internal affairs and policies of its own institute, college, or school, including entrance requirements, curricula, instruction, examinations, grading, degrees, and academic disciplinary matters, except as provided in Article III, Section 2.

## **ARTICLE VII. JURISDICTIONAL QUESTIONS**

### **1. Intercollege Controversies**

Controversies arising between colleges or schools within the AHC may be presented, after mutual conference, to a special committee appointed by the provost and confirmed by the AHC Senate. If the special committee is unable to arrange a mutually agreeable solution to the problem in question, the matter shall be placed on the agenda of the next regular or special meeting of the AHC Senate for decision. The Senate's decision may be appealed to the provost.

### **2. Controversies Between the AHC Senate and Colleges or Schools**

Controversies arising between the AHC Senate or its committees and a college or school government or other division of the AHC shall be resolved by the provost, after conference with representatives of the Senate and of the units in question.

## **ARTICLE VIII. AMENDING PROCEDURE**

An amendment to this Constitution shall be approved either by a two-thirds majority of all voting members of the AHC Senate at a regular or special meeting, or by a majority of all voting members of

the Senate at each of two meetings, the second of which shall be the next regular meeting; and provided the proposed amendment has been distributed, in writing, to the persons and in the manner provided in Article III, Section 7, for distribution of the Senate agenda, at least ten days prior to the date of the vote on the approval of the proposed amendment. An amendment shall be effective following approval by the AHC, University Senate and by the Board of Regents.

#### **ARTICLE IX. BYLAWS**

The AHC Senate may enact or amend its Bylaws by majority vote of the total membership of the Senate provided the proposed change has been submitted, in writing, to each member of the Senate at least ten days prior to the date of the vote on the approval of the proposed change.

#### **ARTICLE X. EFFECTIVE DATE OF CONSTITUTION**

This Constitution shall take effect following its approval by the Board of Regents.

# DRAFT BYLAWS FOR ACADEMIC HEALTH CENTER SENATE TAKEN FROM THE CURRENT RULES OF THE CAMPUS ASSEMBLY AND UNIVERSITY SENATE. ALL MEMBERSHIP NUMBERS CURRENTLY = X

THE BYLAWS WERE REVISED FROM THE SENATE BYLAWS BY DICK. YOU WILL SEE IN HIS NOTE THAT FOLLOWS THAT HE LEFT OUT SOME OF THE COMMITTEES LISTED IN THAT DOCUMENT. I THINK HE LEFT OUT COMMITTEES WHOSE ISSUES ARE PROBABLY ALL APPROPRIATELY HANDLED AT THE UNIVERSITY SENATE LEVEL, E.G., ALL-UNIVERSITY HONORS COMMITTEE AND DISABILITIES ISSUES COMMITTEE. THE ONE COMMITTEE I WOULD SUGGEST WE PUT BACK IN IS COMPUTING AND INFORMATION SYSTEMS COMMITTEE. ALSO NOTE THAT DICK HAS PLACED AN X WHERE NUMBERS WOULD APPEAR PENDING OUR DISCUSSION OF HOW THE NUMBERS OF MEMBERS FOR EACH COMMITTEE WILL BE DECIDED. YOU MAY WISH TO LOOK BACK AT THE UNIVERSITY DOCUMENT TO SEE THE NUMBERS IN IT. FINALLY, DICK MADE QUITE SIGNIFICANT MODIFICATIONS IN THE DUTIES AND RESPONSIBILITIES OF THE COMMITTEES FROM WHAT IS IN THE SENATE DOCUMENT. I AGREE WITH HIS MODIFICATIONS, ACCEPT WHERE NOTED. BUT, YOU MAY WANT TO COMPARE THIS TO THE ORIGINAL DOCUMENT. THE FOLLOWING IS THE NOTE FROM DICK.

This is a draft for discussion. Some items are included only in outline, e.g. Clinical Affairs Committee, and others may need to be amended, redone, or we may want to recommend fewer committees or more.

## **ARTICLE I. ACADEMIC HEALTH CENTER SENATE MEMBERSHIP, ELECTIONS, AND OFFICERS**

### **1. Voting Units**

For the purpose of electing representatives and alternate representatives, if any, to the Academic Health Center Senate, qualified faculty members, academic professionals, and students shall vote as faculty/academic professional members or students within each of the following:

Dentistry, Medical School, Nursing, Pharmacy, Public Health, Mortuary Science, Veterinary Medicine, UMD Medical School, Biological Sciences, Graduate School (Interdisciplinary Graduate Programs). DICK HAS ADDED TO THIS LIST UNITS THAT ARE NOT RECOGNIZED AS SCHOOLS OR COLLEGES. I RECOMMEND THAT WE FOLLOW THE UNIVERSITY SENATE MODEL AND USE OUR 7 COLLEGES/SCHOOLS AS THE UNITS FROM WHICH MEMBERS ARE ELECTED. THOSE ARE MEDICINE (TC), MEDICINE (DULUTH), PHARMACY, NURSING, PUBLIC HEALTH, AND VET. MED.

### **2. Faculty/Academic Professional Elections**

AGAIN, I RECOMMEND WE SIMPLY USE UNIVERSITY-WIDE ELECTED SENATORS. THUS, WE WOULD DELETE THE FOLLOWING AS WELL AS 3. STUDENT ELECTIONS, 4. AND 5. The elected representatives of the faculties shall be elected in accordance with the following procedures:

- a. Each spring before May 1, the clerk of the Academic Health Center Senate shall prepare for each

faculty/academic professional unit listed in Section 1 of this Article a list of all persons in that unit who, as of March 31, are entitled to vote for Senate members, and shall send the appropriate number of copies thereof to the administrative head of each unit.

b. Between May 1 and May 20, each unit listed in Section 1 of this Article shall conduct an election for Senate members and alternate members, if any. Each unit shall establish its own procedures for conducting its elections. The results of the elections shall be mailed to the clerk of the Senate not later than May 23.

c. The names of the Senate members and alternate members elected for the coming year shall be reported in the minutes of the last regular meeting of the current year.

### **3. Student Elections**

The elected representatives of the students in the Academic Health Center shall be elected in accordance with the procedures set forth for the University Senate.

### **4. Vacancies**

Faculty/academic professional and student vacancies in the Senate shall be filled in accordance with procedures determined by the constituencies of the relevant voting unit.

### **5. Non-Affiliation with a Voting Unit**

Any person eligible to vote for members of the Senate under the provisions of Article III, Section 4, of the Senate Constitution, but not attached to any voting unit designated in Section 1 of this Article, may apply in writing to the Senate Consultative Committee I HAVE BEEN USING SENATE AND PROVOSTAL CONSULTATIVE COMMITTEE INTERCHANGEABLY. WHEN THE SEPARATE CONSULTATIVE COMMITTEES COME TOGETHER THEY ARE CALLED THE SENATE CONSULTATIVE COMMITTEE for a determination of his or her status for voting for members of the Senate. It shall be a duty of the Senate Consultative Committee to classify such a person with one of the voting units specified in Article I, Section 1, of these Bylaws.

### **6. Clerk**

The clerk of each Senate shall be the custodian of its records, shall prepare and circulate the agenda and minutes of Senate meetings as directed by the appropriate Senate Consultative Committee, and shall perform such additional functions as shall be assigned to the clerk in the Bylaws, in the Rules, or by the Provost.

### **7. Parliamentarian**

The parliamentarian shall advise the presiding officer or, upon request, any member of the Senate on matters pertaining to parliamentary procedure. Parliamentary authority for the Senate shall be Robert's Rules of Order Newly Revised, provided these rules are not in conflict with the Senate constitution or bylaws.

## **ARTICLE II. RULES FOR COMMITTEES OF THE ACADEMIC HEALTH CENTER SENATE**

1. All committees of the Senate shall keep records of their meetings and proceedings. Copies of these records shall be placed on file with the clerk of the Senate and shall be available for inspection. Portions

of minutes that contain private data about individuals are accessible only to the subject of the data and to University employees whose work assignments reasonably require access to the information. In cases where provision has thus been made for confidential treatment of committee minutes, the committee involved shall prepare and file with the clerk of the Senate a version of the minutes of the committee meetings that contains all information other than detailed information about individuals. [Refer to Guidelines for University Senate Committee Minutes.]

2. Any committee of the Senate may be required, upon a majority vote of the members of the Senate present and voting, to report to the Senate at its next meeting.
3. An ex officio member of any committee of the Senate shall not be entitled to vote as a member of the committee, unless provided for in the Senate Constitution or Bylaws.
4. Faculty/academic professional appointments to committees of the Senate normally shall be made for terms of three years with appointments so adjusted that the terms of approximately one third of the members expire each year. Academic professionals eligible to vote may serve on all committees that report to the University Senate except the Consultative Committee. Student appointments to committees of the Senate shall be made for terms of one year. STUDENTS, YOU MAY WANT TO SUGGEST SOMETHING DIFFERENT.
5. Committees shall submit items for action simultaneously to the Senate Consultative Committee and to the clerk of the Senate at least ten days before the Senate agenda deadline.
6. Committees of the Senate shall have a policy of open meetings. Closed or executive sessions may be held only after approval by a two-thirds majority of the committee members present and voting and only when personnel matters are discussed, when quasi-judicial functions are carried out, or when closed sessions are required to protect the right of individuals. As an exception to this rule, the Senate Consultative Committee, the Faculty Consultative Committee, and the Student Senate Consultative Committee are granted the right to close a portion or all of a given meeting, after approval by two-thirds majority of their respective members present. The chair of each committee shall keep a list of all topics discussed in its closed meetings, make the list available upon request, and include the list in the annual report to the Senate.
7. Additional general rules for functions and operational procedures of all committees of the Senate shall be contained in the Rules of the Senate.

### **ARTICLE III. SENATE COMMITTEES**

#### **1. SENATE CONSULTATIVE /STEERING COMMITTEE**

DICK, I PUT CONSULTATIVE BACK INTO THE TITLE OF THIS COMMITTEE. I THINK PEOPLE ARE USE TO THINKING OF IT AS A CONSULTATIVE COMMITTEE, ALTHOUGH YOU ARE CORRECT IT IS ALSO THE STEERING COMMITTEE OF THE SENATE.

#### **Membership**

THE UNIVERSITY SENATE HAS DETERMINED THE NUMBER OF ELECTED PEOPLE AND HOW THEY ARE ELECTED FOR ALL PROVOSTAL CONSULTATIVE COMMITTEE. THIS DOES NOT MEAN THAT WE CAN NOT ADD TO THIS COMMITTEE JUST AS DICK HAS BY PUTTING THE CHAIRS OF THE MAJOR STANDING COMMITTEES ON THE CONSULTATIVE COMMITTEE AS NON-VOTING MEMBERS. THIS IS ALSO THE PRACTICE OF AND WRITTEN INTO THE CONSTITUTION OF THE UNIVERSITY SENATE.

The Senate CONSULTATIVE/ Steering Committee shall be composed of 8 elected members of the faculty, x elected graduate/professional students, and the chair of the Senate. The faculty representatives shall serve as the Faculty Steering Committee; the student representatives and the chair of the Student Senate shall serve as the Student Steering Committee. [THE STUDENTS AND I ARE SUGGESTIONG THERE NOT BE A SEPARATE STUDENT SENATE. THUS, THE STEERING COMMITTEE OF THE SENATE SHOULD BE THE FACULTY CONSULTATIVE COMMITTEE.] THE CHAIR OF THE FACULTY CONSULTATIVE COMMITTEE, IN CONSULTATION WITH THE CHAIR OF THE STUDENT CONSULTATIVE COMMITTEE SHALL DETERMINE AGENDA ITEMS RELATED TO THE DUTIES AND RESPONSIBILITIES WHICH REQUIRE COMBINED OR SEPARATE CONSIDERATION BY THE RESPECTIVE CONSULTATIVE COMMITTEES.

## Duties and Responsibilities

### Consultative

- a. To meet with the Provost to discuss issues or policies of the Academic Health Center of concern to the faculty or to the students and, as appropriate, to make recommendations concerning such matters to the Senate.
- b. To initiate whatever studies it deems necessary and appropriate or to request such studies from the Provost or Vice Provosts or from committees of the Senate.
- c. To consult with the Provost or Vice Provosts on planning and on the annual budget and the biennial request.
- d. To receive from any faculty member, academic professional, or student notification of concerns which may require consultation with the Provost or Vice Provosts.
- E. TO ADVISE THE PROVOST ON PROCEDURES FOR MAKING MAJOR ADMINISTRATIVE APPOINTMENTS AND TO PARTICIPATE IN THE SELECTION PROCESS. [THIS IS IN THE U. SENATE DOC. AND I THINK WE SHOULD KEEP IT IN HERE. PARTICULARLY WITH ALL THE NEW APPOINTMENTS THE PROVOST IS PUTTING IN PLACE WITH VERY LITTLE INPUT FROM FACULTY AND THUS FAR NOT FOLLOWING ANY OF TYPICAL SEARCH AND HIRING PRACTICES.]

### Steering

- a. To superintend and direct all committees of the Senate, which includes the authority to require that any committee of the Senate report on any matter within its jurisdiction within 30 days.
- b. To receive recommendations of any faculty member, academic professional, or student who wishes to present a proposal to the Senate and to refer or act upon such recommendations as it deems appropriate.
- c. To route to the appropriate body all documents, proposals, or papers on any matter pertaining to the affairs of the Senate.
- d. To convene on a regular basis the chairs of the major Senate committees as a coordinating committee to discuss and track agenda items.
- e. To serve as a coordinating body between the Provost and the Senate or a committee of the Senate.
- f. To prepare and distribute the agenda for each meeting of the Senate in accordance with the

## Constitution, Bylaws, and Rules of the Senate.

- g. To recommend, with the approval of the Senate, such rules of procedure as are not provided in the Constitution or Bylaws.
- h. To keep the published Constitution, Bylaws, and Rules of the Senate up to date.

### Executive

- a. To serve as a deliberative body of the Senate on all major items it deems necessary and appropriate.
- b. To act on behalf of the Senate when a decision is required prior to the next scheduled meeting of the Senate and when a decision is required when it would not be possible to convene a special meeting of the Senate in a timely fashion; such actions will be reported to the Senate at its next meeting and the Senate may then overrule the Steering Committee.
- c. To examine any action taken respecting the Allied Health Center by the Board of Regents, the central administration, or by another individual or body having any relationship with the University.
- d. To appoint or assist in appointing, when requested, members of non-Senate committees.
- e. To appoint special committees or subcommittees or to employ other devices which it deems necessary and appropriate.
- f. To report regularly on any matters which, in its judgment, should be brought to the attention of the Allied Health Center or specifically to the attention and consideration of the Senate.
- g. To dispose of business which appears to be not germane to the purposes of the Senate.
- h. To submit an annual report to the Senate.

## **2. FACULTY CONSULTATIVE/STEERING COMMITTEE**

THE FOLLOWING IS TAKEN FROM THE RECENT AMENDMENTS TO THE UNIVERSITY CONSTITUTION REGARDING PROVOSTAL CONSULTATIVE COMMITTEES.

The provostal faculty consultative committee shall represent the faculty at large of the AHC and not the individual colleges, schools, or departments within the AHC.

### Membership

The Provostal Faculty Consultative committee shall be composed as follows:

8 faculty members [2 from the medical school and 1 each from dentistry, nursing, pharmacy, public health, veterinary medicine, and the UMD school of medicine].

Members shall be nominated in accordance with procedures established for the procedures established for the Faculty Consultative Committee election and elected by college. Terms of office shall be three years with terms beginning July 1 and terminating June 30. No member is



eligible to serve more than two consecutive full terms. Elections shall be so adjusted that the terms of approximately one third of the members shall expire each year.

In case of a faculty vacancy, the remaining members of the Provostal Faculty consultative committee by majority votes shall fill the vacancy by interim appointment until the next general election. In the event of changes in collegiate structure, the Faculty Steering Committee shall be authorized to redistribute the membership within the FCC.

The FCC shall elect its chair from amongst its members for a one-year term of office. The chair shall be eligible for re-election to that position.

#### Duties and Responsibilities

- a. To meet separately, when necessary , to discuss with the Provost, or others, matters of concern to the faculty,
- b. To meet at least monthly to discuss matters of concern to the faculty,
- c. To meet regularly with the Provost and other academic officers to represent the viewpoints of the faculty,
- d. To meet periodically with the Faculty Senate Members of the Academic Health Center to facilitate communication with the faculty.
- e. To meet with the Faculty Consultative Committee/Twin Cities Campus Faculty Assembly Steering Committee at least annually,
- f. To report to the Faculty Assembly Steering Committee.
- g. To submit an annual report to the Faculty Assembly Steering Committee.

### **3. STUDENT CONSULTATIVE COMMITTEE**

HERE WE NEED TO INSERT THE RECENT AMENDMENT TO THE SENATE CONSTITUTION ABOUT PROVOSTAL STUDENT CONSULTATIVE COMMITTEES. I DID NOT HAVE THAT HANDY. I WILL BRING IT TO OUR MEETING ON THURSDAY.

### **4. COMMITTEE ON COMMITTEES**

The Committee on Committees appoints members of certain committees of the Academic Health Center Senate and advises the Senate Steering Committee on the committee structure of the Senate.

#### Membership

The Committee on Committees shall be composed of the elected faculty/academic professional and student representatives from the Academic Health Center. It shall be composed of x elected faculty/academic professional members and x students. Faculty/academic professional members must have served as members of the Senate within the last five years. [I SUGGEST -- COMPOSED OF 7 FACULTY, 1 ELECTED FROM EACH AHC COLLEGE AND 2 STUDENTS. 1 FROM

## GRADUATE AND 1 FROM PROFESSIONAL.]

A special faculty/academic professional nominating committee, appointed by the Faculty Steering Committee and approved by the faculty/academic professional representatives of the Senate, shall nominate twice as many faculty/academic professional candidates for the committee as are to be elected each year. These candidates shall be announced prior to the last regular Senate meeting of the academic year. Additional nominations, certified as available, may be made by the petition of 12 faculty/academic professional representatives of the Senate, provided that the petition is in the hands of the clerk of the Senate the day before the Senate meeting. At the last regular Senate meeting of the academic year, the faculty/academic professional representatives of the Senate shall elect by secret ballot two members of the committee for three-year terms. No faculty/academic professional member is eligible to serve more than two consecutive full terms. In the case of a tie, the chair of the Senate shall cast the deciding vote.

The elected representatives of the students shall be elected by the Students, SENATE MEMBERS OF THE GRADUATE AND PROFESSIONAL STUDENT ASSEMBLY. Students shall serve a one-year term and are eligible for re-election.

### Duties and Responsibilities

a. To forward annually to the Senate for approval names of faculty members, academic professionals, students, and chairs it recommends for appointment to those committees of the Senate specified in the Bylaws. The committee shall give consideration to 1) representation from the various units when appropriate; 2) the number of committees on which the faculty/academic professional or student member currently is serving; 3) the principle of rotation of committee assignments; 4) the recommendations of the respective committee chairs, faculty, academic professional, and student members; and 5) expressions of interest in committee service offered by faculty, academic professionals, and students. In addition, the committee shall select members of the Senate for committee membership when appropriate to encourage communication between the Senate and its committees. The committee also shall strive to assure full and adequate representation by race, sex, and academic rank in constituting committees.

Faculty/academic professional members shall furnish the full committee a slate of faculty/academic professional nominees, and student members shall furnish the full committee a slate of student nominees for review and recommendations.

b. To solicit annually from each newly elected faculty/academic professional member of the Senate a list of Senate committees on which the member of the Senate is serving or has an interest in serving.

c. To conduct a survey, at least every three years, of faculty/academic professional interest in serving on committees of the Senate and make a summary of this study available to the Senate.

d. To request annually from deans, directors, and department heads a list of faculty/academic professional members who they believe have the requisite interest and experience to serve on specific committees.

e. To review annually the committees of the Senate and recommend to the Senate Steering Committee any changes in committee structure, charge, or membership which it deems appropriate.

f. To recommend to the Senate Steering Committee such actions or policies as it deems appropriate.

g. To submit an annual report to the Senate.

## **5. EDUCATIONAL POLICY COMMITTEE**

The Educational Policy Committee is concerned with all matters that influence the quality of education in the Academic Health Center. It deals primarily with those affairs which affect educational policy and procedures on a Health Center-wide basis.

### **Membership**

The Educational Policy Committee shall be composed of 3 faculty/academic professional and 3 student representatives from the ACADEMIC Health Center and ex officio representation from the Vice Provost for Education. Members shall be nominated by the Committee on Committees with the approval of the Senate. IN ADDITION, THE CHAIRS OF THE EDUCATIONAL POLICY COMMITTEES OF THE COLLEGES/SCHOOLS OF THE ACADEMIC HEALTH CENTER WILL SERVE AS VOTING MEMBERS ON THIS COMMITTEE. [IN STAN AND MY MEETING WITH THE PROVOST, WE DISCUSSED THE NEED TO CONNECT THE COLLEGE SENATES WITH THE AHC SENATE, WHEN APPROPRIATE. THIS COMMITTEE PARTICULARLY SEEMS APPROPRIATE TO CONNECT WITH THE COLLEGE COUNTERPART. THERE MAY BE OTHER COMMITTEES THAT SHOULD SIMILARLY CONNECT.] The chair of the committee shall serve as an ex officio, nonvoting member of the Senate CONSULTATIVE/Steering Committee.

### **Duties and Responsibilities**

- a. To consult with and advise the Provost and Vice Provosts on all matters of educational policy and to recommend to the Senate such policies on educational issues as it deems appropriate and necessary.
- b. To set the academic calendar of the ACADEMIC Health Center with the approval of the Senate.
- c. To recommend to the Senate Steering Committee such actions or policies as it deems appropriate.
- d. To submit an annual report to the Senate.
- e. To receive reports on the quality and effectiveness of undergraduate education, GRADUATE AND PROFESSIONAL EDUCATION and to foster improvement of teaching effectiveness and faculty evaluation and recognition of excellent teaching.

## **6. FINANCE AND PLANNING COMMITTEE**

The Finance and Planning Committee serves as the consultative body to the Provost and Vice Provosts on all major issues of budget and planning, including the capital request.

It shall have a permanent subcommittee on facilities management composed of x faculty/academic professional members (at least one of whom shall be an academic professional), x students, one civil service staff member, and ex officio representation from the Office of the Provost and Vice Provost for Finance and Operations (2 representatives); Office of the Vice President, Student Affairs (Scheduling Office). At least two of the members of the Facilities Management Subcommittee, one of whom shall be the chair, shall serve as voting members of the Finance and Planning Committee.

### **Membership**

The Finance and Planning Committee shall be composed of x faculty/academic professional members, x students, x civil service staff members, and ex officio representation as specified by vote of the Senate. Faculty/academic professional and student members shall be nominated by the Committee on Committees with the approval of the Senate. Civil service members shall be appointed by the president

in consultation with the Civil Service Committee. All terms (except student terms) shall be for four years. The chairs (or their designee) of the Research Committee and Clinical Affairs Committee shall serve as ex officio, nonvoting members of the committee. (The representatives from the Facilities Management Subcommittee may be included in the preceding numbers in this paragraph, or may be appointed to the committee in addition to those individuals.) **THE CHAIR OF THE COMMITTEE SHALL SERVE AS AN EX OFFICIO, NONVOTING MEMBER OF THE SENATE CONSULTATIVE/STEERING COMMITTEE.**

#### Duties and Responsibilities

- a. To consult with and advise the Provost and Vice Provosts on the development of the biennial request and the annual budget and to Review the implementation of the annual budget.
- b. To consult with and advise the Provost and Vice Provosts on the financial aspects of all major proposals and policy initiatives.
- c. To consult with and advise the Provost and Vice Provosts on planning.
- d. To participate in the development and review of all physical facilities planning.
- e. To advise the Provost and Vice Provosts on questions of space allocation not restricted to the internal concerns of individual colleges and to monitor the consistency of physical plant and space allocation decisions with the Academic Health Center mission and educational policy.
- f. To recommend to the Senate Consultative Committee such actions or policies as it deems appropriate.
- g. To submit an annual report to the Senate.

### **7. RESEARCH COMMITTEE**

The Research Committee represents the interests of faculty, academic professionals, students, and civil service staff in research and support for research at the Academic Health Center.

#### Membership

The Research Committee shall be composed of x faculty/academic professional members, x students, one civil service staff member, and ex officio representation from the Vice Provost for Research. Faculty/academic professional and student members shall be nominated by the Committee on Committees with the approval of the Senate. The civil service staff member shall be appointed by the PROVOST in consultation with the Civil Service Committee. The chair (or his/her designee) shall serve as an ex officio nonvoting member of the Finance and Planning Committee.

#### Duties and Responsibilities

- a. To recommend to the Senate Consultative Committee such policies as it deems necessary and appropriate with respect to research activities, facilities, personnel, and patents.
- b. To consult with and advise the Provost and Vice Provosts on the stimulation of and support for research activities.
- c. To consult with and advise the Provost and Vice Provosts on matters dealing with the ethical conduct of research.

d. To appoint one of its members to serve on any administrative committee appointed to deal with animal care and one of its members to serve on any administrative committee appointed to deal with the use of human subjects in research. These representatives shall ensure that policy questions generated by these committees shall be referred to the Senate through the Research Committee.

e. To submit an annual report to the Senate.

## **8. CLINICAL AFFAIRS COMMITTEE**

The Clinical Affairs Committee represents the interests of faculty, academic professionals, students, and civil service staff in clinical activities that support the missions of the Academic Health Center.

### **Membership**

The CLINICAL AFFAIRS Committee shall be composed of x faculty/academic professional members from the clinical services, x faculty/academic professional members from the basic sciences, x students, one civil service staff member, and ex officio representation from the Vice Provost for Clinical Affairs. Faculty/academic professional and student members shall be nominated by the Committee on Committees with the approval of the Senate. The civil service staff member shall be appointed by the PROVOST in consultation with the Civil Service Committee. The chair (or his/her designee) shall serve as an ex officio nonvoting member of the Finance and Planning Committee.

### **Duties and Responsibilities**

- a. To recommend to the Senate Consultative Committee such policies as it deems necessary and appropriate with respect to the conduct and scope of clinical activities on a Health-Center wide basis.
- b. To consult with and advise the Provost and Vice Provosts on the support for clinical activities.

## **9. FACULTY AFFAIRS COMMITTEE**

The Faculty Affairs Committee is concerned with policies and procedures that influence the personal and professional welfare of the faculty and academic professional staff.

### **Membership**

The Faculty Affairs Committee shall be composed of at least x members of the faculty, one member of the academic professional staff, one graduate assistant and one undergraduate student, and ex officio representation from the Provost. Members shall be nominated by the Committee on Committees with the approval of the Senate. The chair (or his/her designee) shall serve as an ex officio nonvoting member of the Faculty Consultative Committee.

### **Duties and Responsibilities**

- a. To examine all policies and procedures of the Academic Health Center which influence the professional and personal welfare of the faculty and academic professional staff, and to recommend improvements in the design and implementation of faculty and academic professional personnel policies.
- b. To recommend to the Senate additions to and modifications and interpretations of the rules and procedures of the Academic Health Center regarding faculty tenure. **THESE RECOMMENDATIONS**

**WOULD BE REFERRED TO THE UNIVERSITY-WIDE SENATE FACULTY AFFAIRS COMMITTEE.**

- c. To examine and propose Academic Health Center policies and programs associated with faculty and academic professional staff development.
- d. To monitor any legislation and other policies affecting faculty and academic professional welfare including such matters as tenure and promotion, salary and benefits, and faculty and academic professional staff development.
- e. To recommend to the Faculty Consultative Committee such actions or policies as it deems appropriate.
- f. To submit an annual report to the Senate.

**10. STUDENT AFFAIRS COMMITTEE**

The Student Affairs Committee is concerned with all issues dealing with the social welfare of students at the University of Minnesota, including services such as the operation of student/staff health service facilities, and special needs pertaining to international students.

**Membership**

The Student Affairs Committee shall be composed of x faculty/academic professional members, x students, one civil service staff member, one alumni representative, and ex officio representation as specified by vote of the Senate. Student members shall exceed by at least one the total of other voting members. Faculty/academic professional and student members shall be nominated by the Committee on Committees with the approval of the Senate. The civil service member shall be appointed by the PROVOST in consultation with the Civil Service Committee. The alumni member shall be appointed by the Provost in consultation with the director of alumni relations.

**Duties and Responsibilities**

- a. To formulate and recommend to the Senate policies pertaining to all student affairs in the Academic Health Center.
- b. To recommend to the Senate Consultative Committee such actions or policies as it deems appropriate.
- c. To submit an annual report to the Senate.

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