

From: "William R. Kennedy" <kenne001@maroon.tc.umn.edu>  
Date: Fri, 1 Oct 1999 15:28:25 -0500  
To: senate@mailbox.mail.umn.edu

My initial reaction and suggestions are to first strengthen communication with the present research, teaching and patient care members of the AHC. We have a number of internal problems that severely limit what we can accomplish.

I can only speak of personal experience. Here is one example.

The absence of distribution of any indirect funds to the faculty that generate them is a problem that creates investigator hostility. For example, I have tried for two years to have walls painted in three room of my laboratory. A round table of researcher participants to discuss indirect fund distribution would be useful.

Talking directly to faculty at open forums might uncover many of these problems and create an environment that we can build upon to accomplish the world class goals.

With this more united front we can better engage the legislature and people of the state.

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e-mail; kenne001@maroon.tc.umn.edu

From: "Dr. Kannan" <kanna001@maroon.tc.umn.edu>

Date: Mon, 04 Oct 1999 16:03:28 -0500

To: senate@mailbox.mail.umn.edu

Subject: suggestions

Hello: I am responding to a message about providing suggestions on improving research, etc. in the AHC. I came to this university in 1987 after a fairly successful career at McMaster University, Canada. I left an established research program and wanted to start one here. During the first 5 years, I managed to secure small grants from local and regional granting agencies. In 1994, I took a sabbatical leave at the Mayo Clinic in the laboratory of Prof. Sieck. My research work progressed so well that Dr. Sieck was willing to provide Mayo's resources to continue my research. In 1996, I submitted an R01 to the NIH with Dr. Sieck as a Consortium PI and this was funded in 1998. Dr. Sieck and I submitted another R01 in 1997, which was funded in 1999 and I have a consortium agreement in this grant. The Chair of my department was disinterested in any of these arrangements and in fact was harassing me for undertaking such collaborations. Thank God, he is no longer Chair! I could not get any resources to continue my work here at the University of Minnesota after my sabbatical leave. The Graduate School did come up with a small grant to support my work in 1997-98. If I had received some assistance to use the confocal facilities at the Minneapolis campus earlier, I could have developed my entire work here. The consortium arrangement may not have been necessary (the entire indirect costs could have been retained here at the U). I am pointing out this to underscore the need for integrity among administrators who are put in charge of distributing resources. My Chair, who later became Associate Dean Research in the College, was distributing resources to a small group of individuals within the college. These resources were used to shore up essentially his program. The good news from my point of view - I have one R01 and a PI of a consortium in another R01 both from the NIH. I have a productive collaboration with Mayo Clinic and with faculty in Pharmacology at the medical school. Based on my experience, I have the following suggestions:

- 1) Faculty should be allowed to move within AHC units where they can accomplish the most in terms of research productivity.
- 2) Senior administrators should be monitored for performance, which includes honesty and integrity.
- 3) Mechanisms should be available to faculty to take complaints to central administrators without fear of reprisals.

I'll be happy to share my ideas with any one on these matters.

Mathur Kannan, DVM, Ph.D.

Associate Professor

From: Al Michael <micha003@tc.umn.edu>  
Date: Wed, 29 Sep 1999 17:39:10 -0500  
To: Esam E El-Fakahany <elfak001@maroon.tc.umn.edu>,  
<Senate@mailbox.mail.umn.edu>  
Cc: "Frank B. Cerra (E-mail)" <cerra001@maroon.tc.umn.edu>, <scs@umn.edu>  
Subject: Re: AHC Retreat

Esam This is currently under discussion and review by the Basic Science Council under the leadership of Ashley Haase- and AHC Human Resources Al Michael

At 04:15 PM 9/29/99 -0500, Esam El-Fakahany, Ph.D. wrote:  
>I would like to suggest discussing implementation of incentives (financial  
>and otherwise) to reward faculty who bring in grant dollars. The current  
>system does not offer much in this direction past getting tenured!  
>Esam E. El-Fakahany, Ph.D.  
>Assistant Vice President for Research &  
>Associate Dean of the Graduate School  
>Professor of Psychiatry, Pharmacology and Neuroscience  
>University of Minnesota  
>Tel.: (612) 625-2356  
>Fax: (612) 626-7431  
>

From: "University Senate" <senate@mailbox.mail.umn.edu>  
Date: Thu, 30 Sep 1999 11:01:58 -0500 (CDT)  
To: Nicole J Boldt <boldt002@gold.tc.umn.edu>  
Subject: Re: AHC Retreat

Responding to the message of <000701bf0abf\$cb050b80\$01ca6580@tc.umn.edu>  
from Esam E El-Fakahany <elfak001@maroon.tc.umn.edu>:

>  
> I would like to suggest discussing implementation of incentives (financial  
> and otherwise) to reward faculty who bring in grant dollars. The current  
> system does not offer much in this direction past getting tenured!  
> Esam E. El-Fakahany, Ph.D.  
> Assistant Vice President for Research &  
> Associate Dean of the Graduate School  
> Professor of Psychiatry, Pharmacology and Neuroscience  
> University of Minnesota  
> Tel.: (612) 625-2356  
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Bjorn Bergh [www.umn.edu/usenate](http://www.umn.edu/usenate)  
University Senate (612) 625-9369  
427 Morrill Hall [ncaa@tc.umn.edu](mailto:ncaa@tc.umn.edu)  
\*\*\*\*\*

From: Gary Engstrand <garye@umn.edu>  
To: "University Senate" <senate@mailbox.mail.umn.edu>  
CC: courtney@mailbox.mail.umn.edu  
Subject: Re: Response to recent memo (fwd)  
Date: Thu, 30 Sep 1999 11:03:30 -0500

What is this about?

Gary

At 11:03 AM 9/30/99 -0500, you wrote:

>Responding to the message of <199909292211.RAA28609@mailbox.mail.umn.edu>  
>from "University Senate" <senate@mailbox.mail.umn.edu>:

>>

>> ----- Forwarded Message begins here -----

>> From: "David Brown" <dmbrown@maroon.tc.umn.edu>

>> Date: Wed, 29 Sep 1999 16:37:03 -0500

>> To: AHC Faculty Consultative Committee <senate@mailbox.mail.umn.edu>

>> CC: Alfred Michael <micha003@tc.umn.edu>

>> Subject: Response to recent memo

>>

>> The AHC need to respond to the urgent needs of the Medical School per se  
in

>> addressing its financial crisis.

>>

>> The Medical School had been forced to rely upon monies generated from  
>> patient care in order to complete its academic mission. That has been a  
>> major source of support for research and education. The deficit from  
those

>> sources is estimated to be \$18million per year. The University has  
relied

>> upon that source to make up for the chronic deficit in its funding of  
the

>> Medical School both from indirect cost return and from 0100 dollars. The  
>> Medical School has had to rely upon those funds to initiate new  
programs, to

>> recruit new faculty, to provide large portions of the income of clinical  
>> faculty, to retain faculty and and to provide sources for faculty pay  
>> increases. In addition, the University has reduced its responsibilities  
of

>> funding by "substituting" indirect recovery monies for 0100 dollars, and  
at

>> reduced amounts disproportionate to the 0100 allocations. The monies  
from

>> the hospital source has been reduced by \$6million.

>>

>> The Medical School has had major defections of clinical department  
faculty

>> in both critical clinical areas as well as in research. These at times  
of

>> intensive local and national competition in both the medical marketplace  
and

>> in the academic marketplace. there is increased stress upon the existing  
>> faculty to maintain both the clinical education and patient care loads

>> while maintaining their academic missions. As result these programs  
have  
>> suffered, recruitment and retention have deteriorated and it is unlikely  
>> that we can respond to several national initiatives which compromises  
the  
>> present and the future. Ironically, these are occurring at times when  
there  
>> is increased need and call for clinical research and for genome research  
>> translation.  
>>  
>> There needs to be highly focused attention to these matters in the  
Medical  
>> School specifically and support from all of the AHC units to impact upon  
the  
>> University, the State and the Fairview University Medical Center. As is  
>> always the case the entire AHC suffers from the weakness of a major  
engine  
>> of its program and its assets. This is the time to show effective  
>> "statesmanship" by rallying together on behalf of the Medical School. I  
have  
>> confidence that this cohesive effort will strengthen each of the units  
of  
>> the AHC and, most importantly, of the entire AHC. As each of us has  
become  
>> more aware of and appreciative of the contributions of all of the  
members of  
>> the AHC family, we will take comfort that the payoff for the success of  
the  
>> joint efforts on behalf of the Medical School will be repaid by  
increased  
>> and more productive joint programs together.

>> --  
>> David M. Brown, M.D.  
>> Professor Laboratory Medicine and Pathology, and Pediatrics  
>> Director, General Clinical Research Center  
>> Director, Pediatric Endocrinology  
>> University of Minnesota  
>> 612-624-5409 phone  
>> 612-614-2682 fax

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>> ----- Forwarded Message ends here -----  
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>\*\*\*\*\*  
>Bjorn Bergh www.umn.edu/usenate  
>University Senate (612) 625-9369  
>427 Morrill Hall ncaa@tc.umn.edu  
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From: Jim Cloyd <cloyd001@maroon.tc.umn.edu>  
Date: Mon, 4 Oct 1999 09:55:08 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Message from U Senate

There are several things the AHC needs to do in order to attain world class status in teaching, research and patient care. Among these are:

1. Provide an environment in which faculty who are clinicians (nurses, pharmacist, physicians etc) can maintain a viable practice while having sufficient time and support to maintain research and teaching activities.
2. Ensure that each school has sufficient clinical sites to adequately educate its students
3. Expand arrangements with Fairview to facilitate enrollment of patients into clinical studies.
4. Expand the opportunities for faculty to acquire state of the art research skills without having to re-locate
5. Expand support for research teams to acquire state-of-the art equipment and facilities
6. Provide greater incentives for individuals from different departments and schools to collaborate
7. Develop a reward system for teaching excellence which parallels that for research
8. Develop mechanisms to competitively compensate outstanding faculty in teaching or research
9. Increase the number of opportunities to recognize outstanding AHC faculty, e.g. something analogous to the McKnight Professorships

>X-From\_: all-ahc-fac@thor.med.umn.edu Thu Sep 30 13:35 CDT 1999  
>Date: Thu, 30 Sep 1999 13:28:24 -0500 (CDT)  
>Reply-To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
>Originator: all-ahc-fac@thor.med.umn.edu  
>Sender: all-ahc-fac@thor.med.umn.edu  
>Precedence: none  
>From: "Vickie Courtney" <ahccomm@tc.umn.edu>  
>To: Multiple recipients of list <all-ahc-fac@thor.med.umn.edu>  
>Subject: Message from U Senate

>  
>Please submit your suggestions for identifying problems and strategies for  
>improvement to make the AHC a world class center for research, teaching and  
>patient care to the following email address:

>  
>senate@mailbox.mail.umn.edu

>  
>The address listed in the earlier memo from Muriel Bebeau, chair of the AHC  
>FCC, will not receive messages. I apologize for any inconvenience this may  
>have caused you.

>  
>  
>Vickie Courtney  
>U Senate  
>427 Morrill Hall  
>625-4805  
>courtney@mailbox.mail.umn.edu  
>

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James Cloyd, Pharm.D.  
Densford Hall  
Morse Alumni Distinguished  
Professor of Pharmacy  
55455, USA  
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| 7-101 Weaver  
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From: Judith Reisman <reism001@tc.umn.edu>  
Date: Thu, 30 Sep 1999 15:54:07 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Re: Message from U Senate

At the merger of Fairview-Riverside Hospital and University Hospital there were assurances from administration that the education mission of the University Hospital would not be abandoned. This assurance has not been reflected in the current climate of health care at the Fairview-University Medical Center. Opportunities for clinical educational experiences for our students have decreased substantially. This would appear to be due to the decreased sense of affiliation by supervising therapists with this academic program, an increased demand for productivity which decreases the ability of therapists to supervise students, and recent changes in reimbursement guidelines.

Previously many therapists were readily available to provide classroom instruction to our students in their area of expertise. Currently, it seems to be a more difficult process to arrange to teach during any clinic hours. It often means that therapists are taking time off to teach, or desperately try to re-arrange their patient caseloads to come over for the 1-2 hour lecture. While we strongly believe in the value of using clinical specialists to teach some of the course content we are also acutely aware of the difficult situation in which it places many of the therapists when trying to schedule a time to do so.

Therefore, while the academic side of the AHC continues to commit to the triple mission of the University; with the loss of the University Hospital the clinical side is often unavailable to meet the educational mission of a teaching medical center.

Judith Reisman, PhD, OTR  
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[www.med.umn.edu/ot](http://www.med.umn.edu/ot)

From: "Marc Jenkins" <marcj@mail.ahc.umn.edu>  
Date: Mon, 4 Oct 1999 11:18:32 -0500 (CDT)  
To: senate@mailbox.mail.umn.edu  
Subject: suggestion

Here is a strategy that I think will be needed if we are to make the AHC a world class center for research.

To become a world class center for research, we will need the best possible methods to assess the scientific prominence of our researchers and programs, and whether or not policy changes and strategic investments are moving us in the right direction. These assessment methods should rely on objective information that can be gained from public databases to avoid problems related to self-reporting by the individuals or groups being assessed. The only objective criteria now used to assess the quality of the research output of our faculty relate to the number of papers that we publish and the amount of grant funding that we garner. I believe that these metrics are not the most accurate measures of quality research. Many published papers are never read by anyone in the field and grants for certain types of costly research are easily over-valued. An example of the potential discordance between grant money and quality scholarship may be implied by the facts that we are in the top 20 in NIH grant funding, but the scholarly output of our biomedical graduate programs puts us in the top 40. The fact that the AHC has so few HHMI investigators and members of the National Academy of Sciences points to our failure to develop the most prominent researchers.

Recent advances in database searching offer new ways to assess the quality of research. For example, the number of times that a given paper has been cited in the work of others can now be easily determined. Some believe that the citation rate is the best objective measure available to determine the impact of a paper on the field. It is my opinion that we need to evaluate the validity of citation impact analysis and other potential metrics as measures of quality research output. If we find valid metrics, then we need to use them to make decisions on promotion and tenure, faculty retention, salary increases, space allocation, use of discretionary funds, distribution of internal awards, and hiring of new faculty members.

Marc K. Jenkins, Ph.D.  
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University of Minnesota  
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Center for Immunology  
Box 334 Mayo  
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312 Church St. SE  
Minneapolis, MN 55455  
612-626-2715

From: Erica Stern <stern001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 17:08:20 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Suggestions for discussion at retreat

Muriel Bebeau, Chair of the AHC - FCC:

Our faculty recently discussed the following issues and would like to suggest the following for consideration at the retreat:

- 1) "other" aspect of the non-MD degree programs that reside within the AH (and Med. School, in particular). Many of these programs have top rank in their field, but are inconsistently or only as token included in missions, policy statements, administrative councils, etc...
- 2) Before the Fairview merger we were assured that education of U students (MD AND NON-MD) would continue a priority as the U and Fairview unified. Instead, it is harder and harder for Fairview clinical staff to get permission from their administrators to take students into clinical placements or to guest lecturer in University academic programs.
- 3) difficulty networking/finding graduate faculty to serve on committees/knowing with whom you might offer to share space/equipment -- Add a website searchable by text/topic word rather than just organized by individual school websites as currently stands
- 4) By consolidating several departments, administrators/office staff who performed competently with 1 set of faculty, are now performing less so with 3 to administer...and the "new" faculty needs are generally placed behind those of the "real" department. This has impact on grants - leading to more faculty time spent trying to re-write contracts, "move along" or "untangle" payment to outside vendors/service providers, etc.. Tardy payment has left some vendors refusing to accept UM POs.
- 5) Efforts to encourage faculty to incorporate technology is not being as widely embraced as it might because faculty do not have the up-front time needed to do this type of alteration or enrichment of course work.
- 6) Notices - even of vital meetings like the ones preparing individuals for NIH visit - are often sent via campus mail, offering little notice or even being received past the date of the meeting. Encourage wider use of campus/AH wide emailing for such presentations
- 7) Environment looks better than it has in years. Library is delivering more on-line assistance and services than ever before - yet still giving excellent service (didn't want you to think it was all problems - and even faculty appreciate such things!)

ebs

Erica Stern, PhD, OTR, FAOTA  
Associate Professor  
Program in Occupational Therapy  
Box 388 Mayo  
420 Delaware St. , SE  
Minneapolis, MN 55455

If sending materials via FedEx, UPS, etc use:  
Rm 271 Children's Rehabilitation Center  
426 Church St., SE  
Minneapolis, MN 55455

Tel:† 612 626-2799

From: "Greg Filice, M.D." <filic001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 17:01:34 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: How to make AHC world class

Recognize that AHC is interdependent on several sister institutions. For example, VA medical center. Recognize the value of the VA and other institutions, support them, protect them, encourage cooperation, support combined projects and joint funding mechanisms, etc. For example, the VA needs protection from the VA central office from time to time. HCMC needs protection from Hennepin County.

Greg Filice

--  
Greg Filice, M.D. ph: (612) 725-2000, ext. 4185  
Veterans Affairs Medical Center (111F)  
1 Veterans Drive  
Minneapolis, MN 55417

From: "David N. Cornfield" <cornf001@maroon.tc.umn.edu>  
Date: Thu, Sep 30, 1999 8:48 PM  
To: senate@mailbox.mail.umn.edu  
Subject: AHC

Efforts should be undertaken to decrease redundancy, administration, and bureaucracy in the AHC. Though the AHC promised to do exactly as suggested above, it seems there is an ever increasing number of administrators. In an institution that is intended to focus exclusively on research, education and service, the trend is disturbing.

Sincerely,  
David N. Cornfield  
Associate Professor of Pediatrics

David N. Cornfield, MD  
Director  
Pediatric Pulmonary and  
Critical Care Medicine  
Associate Professor of Pediatrics  
University of Minnesota Medical School  
420 Delaware St SE Box 742  
Minneapolis, MN 55455  
Phone: (612)626-2916  
FAX: (612)624-0696

From: Brian Isetts <isetto@win.bright.net>

Date: Fri, 01 Oct 1999 09:22:38 -0500

To: senate@mailbox.mail.umn.edu

Subject: Suggestion box item

Dear AHC Senate:

I would like to submit an item for consideration in the drive to enhance faculty excitement about making the AHC a world class center for research. I realize that, with our busy schedules, it is sometimes difficult to get involved, much less get excited, about the myriad activities occurring around us every day.

I would like to offer the Senate an opportunity to find out about a new healthcare innovation that represents a true paradigm shift in our medication use system. I'm sure that most people have heard that we spend \$100 Billion/yr on the adverse consequences of medication use and that 100,000 people die in the U.S. from adverse medication events.

Well, Fairview-University Medical Center's healthcare system is doing something about this appalling societal problem. The solution is the collaborative practice of pharmaceutical care. Within the Fairview-University Medical Center's healthcare system, the operational definition of pharmaceutical care is: "a practice in which a (certified pharmaceutical care) practitioner, working in collaboration with physicians and other care-givers, takes responsibility for all of a patient's drug-related needs and is held accountable for this commitment." The preliminary data have been impressive. I would be happy to make a short presentation to the Senate if you think this would help achieve your intended goals. Please let me know if I can be of any assistance.

Brian J. Isetts, RPh, PhD, BCPS, Certified Practitioner,  
Assistant Professor, Peters Institute of Pharmaceutical Care, and  
UofMN Liaison to the Fairview Health Services Collaborative Pharmaceutical  
Care Initiative.

624-2140, isett001@tc.umn.edu

From: Cheryl Meyers <meyer004@tc.umn.edu>  
Date: Thu, 30 Sep 1999 15:10:53 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: AHC

In response to recent query about suggestions to make the AHC a 'better' place I recommend that:

Opportunities for clinical education for students in the Fairview-University System be expanded. As the clinical coordinator for the Program in Occupational Therapy we have lost many opportunities for our students to learn through their full time 3 month clinical experiences. When the University Hospital 'stood' alone education was a primary mission and the staff had an affiliation with the academic side of the University. Although administration indicated this would still be the case we no longer have many of the 'openings' for students that we once had. I believe that this reflects a decreased sense of affiliation by therapists with the University as a whole, increased expectations for productivity by the medical institution, and general reimbursement issues at many levels.

Thank you for soliciting this information.  
Cheryl Meyers, MA, OTR  
Assistant Professor  
University of Minnesota  
Program in Occupational Therapy  
Box 388 Mayo Building  
420 Delaware Street S.e.  
Minneapolis, MN 55455

From: "Michael Mauer" <mauer002@maroon.tc.umn.edu>

Date: Thu, 30 Sep 1999 14:44:34 -0500

To: senate@mailbox.mail.umn.edu

Subject: No Subject

The struggle in the clinical specialities in the Medical school is to maintain and regain excellence in teaching and research while the revenue pressures are towards pushing towards increased patient care efforts.

Suggested solutions include:

- 1) Improved articulation of our financial problems to Univ Admin and State Government. In regards to the latter we, demonstrably, are not succeeding with the present team.
- 2) Fiscal rewards for teaching excellence and excellence and effort in educational administration should be the keys to the distribution of O100 funds. This can no longer be business as usual. Put the money where the mission is or, finally, admit that the mission statement is lip service.
- 3) Use a substantial proportion (at least 25%) of indirect funds generated by research to support the specific research project which generated the funding. Without this the research infrastructure support (secretaries, phone, fax, etc.) is simply inadequate to keep us competitive in the long run. Moreover it becomes necessary to subsidize a unit's research operation from clinical revenues, this limiting faculty salaries which are already not competitive.

Michael Mauer

Professor

Dept Pediatrics

Co-Director Pediatric Nephrology.



From: Philip Portoghese <porto001@maroon.tc.umn.edu>  
Date: Fri, 1 Oct 1999 11:54:29 -0600  
To: senate@mailbox.mail.umn.edu  
Subject: Re: Message from U Senate

The only department in the AHC that has a critical mass of expertise in synthetic organic chemistry is the Department of Medicinal Chemistry. The synthesis of biologically active molecules is becoming increasingly important in AHCs across the US because of the impact of chemical structure-based design of ligands that are recognized by biological receptors and effector systems. For this reason, a strategy for creating a world class center for research would include strengthening the medicinal chemistry research component to enhance interaction between chemists who know how to synthesize biologically active molecules and faculty in complementary areas of research in the AHC.

As it now stands, the growth of medicinal chemistry in the AHC is limited by space. Any strategy for the development of the AHC as a world class center should consider increasing the research space and the number of full-time appointments for the Department of Medicinal Chemistry.

>Please submit your suggestions for identifying problems and strategies for  
>improvement to make the AHC a world class center for research, teaching and  
>patient care to the following email address:

>  
>senate@mailbox.mail.umn.edu

>  
>The address listed in the earlier memo from Muriel Bebeau, chair of the AHC  
>FCC, will not receive messages. I apologize for any inconvenience this may  
>have caused you.

>  
>  
>Vickie Courtney  
>U Senate  
>427 Morrill Hall  
>625-4805  
>courtney@mailbox.mail.umn.edu

Professor Philip S. Portoghese, Ph.D.  
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From: "James W. Ogilvie, M.D." <ogilv001@maroon.tc.umn.edu>

Date: Fri, 01 Oct 1999 11:41:43 -0500

To: senate@mailbox.mail.umn.edu

Cc: Roby C Thompson <thomp004@maroon.tc.umn.edu>

Subject: Improvements to the AHC

In the U.S. News and World Report listing of ranked medical centers, the most important criteria for fame is in the category of Reputation. For instance, the Mayo Clinic has good medical care, but world class publicity. If we are to be ranked among the elite it is a matter of complying with the criteria by which they are ranked. We perform only three tasks: teaching, research and patient care. Improving those areas requires money, i.e. time for teaching, protected time and dedicated resources for research, a hospital supportive of excellence (Fairview's vision of the future is status quo and their definition of excellence is that "average is good enough." Most of the faculty in the trenches are thinking of the post-Fairview era. The administration would do well to acknowledge that our association with FHS is a failure and begin to plan for the future.) and access to patients for innovative care models and outcomes reasearch.

If the outstanding physicians who have left the University (Medicine, Cardiology, Neurology as a starter) were polled, they would provide you with a laundry list of complaints and suggestions. Sorting the legitimate and reasonable items from the whining and undoable issues is a task for the Dean and department heads.

Changes are painful and costly, but the issues are not occult. To wit:

Public relations are poor. Virtually every day MPR has a trivial story from the Mayo Clinic which is presented as if it were a Nobel worthy accomplishment.

Radiology is in the hands of community doctors with no academic commitment. Ensuring that they maintain their \$500,000-600,000 salaries is not part of the AHC mission statement.

The University Hospital campus is still not user friendly and FHS has more concern for the community doctors (Ridges, Riverside, Southdale) than with reaching excellence at the AHC. Their non-participation in the search for a chair in Therapeutic Radiology is a clear example. AHC faculty salaries are not competitive with the community.

AHC access to patients in various health plans is limited. Our FHS affiliation has not enhanced this situation. Some departments are still not tuned in to patient care as a legitimate area for development.

It is not clear to most of the surgeons that UMPhysicians is committed to the FORT process, i.e. income sharing versus income collection and distribution. Perhaps this is more perception than reality and could be overcome with better communication.

In summary, it does not do service to the process of refinement to pretend that we would do something if we only knew what to do.

=====  
James W. Ogilvie, M.D.  
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FAX (612) 626-6032  
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From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: Message from U Senate (fwd)  
Date: Fri, 1 Oct 1999 11:01:05 -0500

----- Forwarded Message begins here -----

From: "Takashi Okagaki" <okaga001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 17:37:16  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: RE: Message from U Senate

I have a few suggestions:

- (1) Exercise the buy back option of the University Hospital. It has become apparent that the philosophy of the Fairview System do not match the one of the Medical School. U of M is a state institution for the public. If the tax payers want a world class medical school here, the University Hospital needs public (financial) support. The University Hospital's primary purpose is the education of medical students and fellows before being one of many health care facilities available in the Twin Cities. We need the University Hospital to implement cutting edge medical technology, which the third party payers are not ready to pay.
- (2) Dissolve semi-independent CSUs of UMP. We need truly unified UMP instead of being a federation of independent CSUs. We do not need to spend our precious time for power (money?) plays between CSUs.
- (3) We may try to have a physician as the top administrator for a repurchased University Hospital (if we repurchase). There are more physicians with management education in the market than before. Do we need a profitable hospital, or a world class medical center? We can not be both in the current environment of medicine.

T. Okagaki, M.D., Ph.D., M.P.H.

On Thu, 30 Sep 1999 13:29:36 -0500 (CDT),  
ahccomm@tc.umn.edu wrote...

>Please submit your suggestions for identifying problems and strategies for  
>improvement to make the AHC a world class center for research, teaching  
and

>patient care to the following email address:

>  
>senate@mailbox.mail.umn.edu

>  
>The address listed in the earlier memo from Muriel Bebeau, chair of the  
AHC

>FCC, will not receive messages. I apologize for any inconvenience this  
may

>have caused you.

>  
>  
>Vickie Courtney  
>U Senate  
>427 Morrill Hall  
>625-4805  
>courtney@mailbox.mail.umn.edu

>  
>  
>

From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Fri, 1 Oct 1999 11:00:21 -0500

----- Forwarded Message begins here -----

From: "Warren E. Regelman" <regel001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 16:59:48 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

Dear Muriel,

I have the following insights:

First, I am happy that the Finance and Planning committee is doing this brainstorming with the Faculty Affairs committee, because it is the financing of each faculty member's research ideas to improve teaching and clinical care that has been most reduced in this market. It is each faculty member's interest in research that most distinguishes each of us from the excellent health care practitioners in our community and region. Indeed, it is each faculty member's interest in research that keeps each of us here despite increasing difficulty and frustration finding time to do research given the current demands of clinical service and the inefficiencies of the clinical support at the AHC site.

I suggest:

1) every full time AHC faculty member should have an annual research budget of, say 10 or 15k annually, adjusted for inflation. The only restriction would be that this must be used for research. This is a budget to enable us to do our jobs. Such a financial base for start up experiments is necessary to produce the proposals that are most competitive for extramural funds. Simply put, what we have been hired here to do needs to be financed. Identifying potential sources of this financing and securing them is for me the most critical question to answer. The sources must provide continuous funding, increasing with inflation, and without contingencies. I suggest an endowment or some similar mechanism, perhaps managed and audited by the MMF.

2) our faculty is competing with industry to retain its members. An equivalent of the "stock option" used by many companies to attract and retain top talent needs to be devised for faculty. Perhaps tenure once served this purpose but in

our current market tenure appears less economically attractive, particularly in its current state for faculty at the AHC. Actually, the idea of stock ownership in the enterprise by faculty and by support personnel might go far to improve individual motivation to see this value rise.

3) less critical but useful for retention would be assistance with college tuition to the equivalent of the U of M tuition for 1st order relatives of faculty as provided to many of our colleagues at other institutions.

Hope this proves helpful,

Warren E. Regelman, M.D., FAAP  
Associate Professor  
Department of Pediatrics  
FUMC Box 742  
University of Minnesota  
Minneapolis, MN 55455  
e-mail: regel001@tc.umn.edu  
Fax: 612-626-0413  
Phone: 612-624-0962

----- Forwarded Message ends here -----

From: James Carey <carey007@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 14:04:40 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Re: AHC FCC Retreat

Much to say but I'll restrict myself to one suggestion -- the formation of a "Continous Improvement Council". I believe a body is needed to conduct an internal evaluation of each academic unit in the AHC on a recurring 4-year cycle. I recognize many problems in our own department that are being blatantly ignored. This perpetuates the problems and cascades into many other problems that affect us all. I realize that we all have our own external accreditation and this might be considered enough of an evaluative process to ensure quality but, in fact, it is not. And the evidence is abundant in the long-standing problems that we face. Yes, it would add more burden but hopefully, if done right, it would lead to some significant changes that all would gain from in the end.

Thanks for the opportunity to comment,

Jim Carey

At 02:00 PM 9/29/99 -0500, you wrote:

>September 29, 1999

>

>

>TO: Members of the AHC Faculty

>

>FROM: Muriel Bebeau, Chair

> AHC Faculty Consultative Committee

>

>I am writing to let you know that the AHC Faculty Consultative Committee,  
>Finance & Planning and Faculty Affairs Subcommittees are holding a retreat  
>on Tuesday, October 5, 1999. The purpose of the retreat is to brainstorm  
>about ways to become a proactive force for energizing the faculty of the  
>AHC to: 2) set the direction for the future of the AHC - creating a shared  
>vision for the AHC, and 2) "take back their power" to make the AHC a world  
>class center for research, teaching and patient care.

>

>I invite you to help us in identifying not only the problems we face but  
>also strategies for improvement. Please forward your suggestions to:  
>University Senate@mailbox.mail.umn.edu by no later than Monday, October 4,  
>1999. Collectively, as a faculty, we can make a difference.

>

>Thank you.

>

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>

>

James R. Carey, PhD, PT  
Director, Program in Physical Therapy  
Box 388 Mayo  
University of Minnesota  
Minneapolis, MN 55455

Phone: 612/626-2746 FAX: 612/625-7192  
Campus location: 377 Children's Rehabilitation Center

From: "Ken Winters PhD" <winte001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 13:58:53  
To: senate@mailbox.mail.umn.edu  
Subject: recommendations for AHC

To weigh in....

Problem: Many AHC researchers have one-year renewable or "T" appointments. This status has very little job security, and it seems to needlessly create another group of faculty who feel like second-class members.

Solution: Put into place a multi-year renewable option (e.g., 3-year appointments) for deserving faculty. These longer-term "T's" could be based on productivity, grant success, etc.

Ken Winters, Ph.D.  
Associate Professor  
Department of Psychiatry  
Director, Center for Adolescent Substance Abuse  
University of Minnesota Medical School  
F282/2A West  
2450 Riverside Avenue  
Minneapolis, MN 55454-1495  
612-273-9815  
612-273-9779 (fax)

From: Aaron Folsom <folsom@epi.umn.edu>  
Date: Thu, 30 Sep 1999 13:38:04 -0500 (CDT)  
To: senate@mailbox.mail.umn.edu  
Subject: suggestions for AHC

Suggestions for identifying problems and strategies for improvement to make the AHC a world class center for research, teaching and patient care:

1. Provide contiguous space for School of Public Health, which brings in more research money per faculty than any other unit.
2. Provide a more reasonable allocation of state support to the School of Public Health. We have lost considerable state support over the past several years.
3. We need to invest in more and better faculty AHC wide.



From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:39:21 -0500

----- Forwarded Message begins here -----

From: Virgil Mathiowetz <mathi003@tc.umn.edu>  
Date: Wed, 29 Sep 1999 16:29:43 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

The email address below does not work for me, so I'm sending my response to you.

Comments for the retreat meeting.

As a relatively new faculty member, it has been very difficult to find out if there are others at the University that share similar research interests.

For example, I am interested in post-stroke rehabilitation. I am aware of two others who have related interests, yet I am sure there are probably others as well. Is there a way to facilitate networking? Whatever is done should also be available to students as well. They search for faculty outside their departments that have similar interests for their thesis and dissertation committees.

Virgil

At 02:02 PM 9/29/99 -0500, you wrote:

>September 29, 1999

>

>

>TO: Members of the AHC Faculty

>

>FROM: Muriel Bebeau, Chair

> AHC Faculty Consultative Committee

>

>I am writing to let you know that the AHC Faculty Consultative Committee, >Finance & Planning and Faculty Affairs Subcommittees are holding a retreat >on Tuesday, October 5, 1999. The purpose of the retreat is to brainstorm >about ways to become a proactive force for energizing the faculty of the >AHC to: 2) set the direction for the future of the AHC - creating a shared

>vision for the AHC, and 2) "take back their power" to make the AHC a world >class center for research, teaching and patient care.

>

>I invite you to help us in identifying not only the problems we face but >also strategies for improvement. Please forward your suggestions to: >University Senate@mailbox.mail.umn.edu by no later than Monday, October 4, >1999. Collectively, as a faculty, we can make a difference.

>

>Thank you.

>

>

>

>

>

From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:39:36 -0500

----- Forwarded Message begins here -----

From: "Carole J. Bland, Ph.D." <bland001@tc.umn.edu>  
Date: Wed, 29 Sep 1999 16:21:55 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

This is a multi-part message in MIME format.

-----DB1DAD1A3ED003F5D7442C1B

Content-Type: text/plain; charset=us-ascii  
Content-Transfer-Encoding: 7bit

Hi Mickey, What a wonderful memo...very insightful and powerful. I wanted to share with you a project the medical school senate is embarking on that somewhat addresses the issues you layout. At least I think this is what we are going to do. The senate decided it wanted to address faculty development and as I worked with Sue Berry and the Dean on how to truly facilitate faculty in their work, we quickly got to questions about institutional vision, support, etc. The whole medical school senate will see the survey for the first time on on Tuesday, Oct 5 at our meeting.

If the senators agree, the senate and the dean will jointly survey the faculty as to their perception of the absence or presence of the features that facilitate institutional and faculty vitality. Also, they are being asked what strategies they think should be initiated now to address barriers or missing elements to individual and organizational success. The Dean is committed to acting on the results of the survey.

Items on the survey ask faculty about such things as their confidence in the future direction of their department and the school, their perception of if there is a shared vision for their department and the school, their perception of the leadership effectiveness in their department and the school, the adequacy of their resources, colleagues, space, and so on.

We see this as a constructive method for working together to "take back" our departments and school and identify the direction "we" (both faculty and administration) want to go in the future and ways to collectively get there. Carole

Muriel Bebeau wrote:

>  
> September 29, 1999  
>  
> TO: Members of the AHC Faculty  
>  
> FROM: Muriel Bebeau, Chair  
> AHC Faculty Consultative Committee  
>

From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:40:05 -0500

----- Forwarded Message begins here -----

From: Robert Kane <kanex001@tc.umn.edu>  
Date: Wed, 29 Sep 1999 18:06:55 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

The senate mailbox address would not work.

One barrier that needs to be overcome before interdisciplinary collaboration will be possible is the end of IMG. It has created enormous barriers by forcing faculty to follow the money. Centers are in direct competition with schools. Teaching has become provincial to retain the tuition revenue. Faculty feel so much pressure to produce that they may actually accomplish less. Sending in a grant is confused with writing a fundable grant. No one has time for seminars that are not project related.

At 02:01 PM 09/29/1999 -0500, you wrote:

>September 29, 1999

>

>

>TO: Members of the AHC Faculty

>

>FROM: Muriel Bebeau, Chair

>

AHC Faculty Consultative Committee

>

>I am writing to let you know that the AHC Faculty Consultative Committee, Finance & Planning and Faculty Affairs Subcommittees are holding a retreat on Tuesday, October 5, 1999. The purpose of the retreat is to brainstorm about ways to become a proactive force for energizing the faculty of the AHC to: 2) set the direction for the future of the AHC - creating a shared

>vision for the AHC, and 2) "take back their power" to make the AHC a world class center for research, teaching and patient care.

>

>I invite you to help us in identifying not only the problems we face but also strategies for improvement. Please forward your suggestions to: University Senate@mailbox.mail.umn.edu by no later than Monday, October 4, 1999. Collectively, as a faculty, we can make a difference.

>

>Thank you.

>

Robert L. Kane, MD  
Minnesota Chair in Long-Term Care and Aging

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From: university senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:40:23 -0500

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From: "Tom Louis" <tlouis@nas.edu>  
Date: Wed, 29 Sep 1999 22:53:44 -0400  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
cc: tom@biostat.umn.edu  
Subject: Re: AHC FCC Retreat

Dear Muriel,

My biggest concern is the continued industrialization of the AHC, to the point that I am close to suggesting that the "A" be removed from the "AHC." I understand that in a crisis (monetary), extreme measures are needed, but the current approach is creating another crisis. For example, it will become increasingly difficult to attract good people to deanships and department chair positions, when there appears to be little room for individual initiative, especially in external relations.

What to do? Lobby and educate the AHC administration that a degree of ferment and, yes, chaos, is necessary for a world-class academic institution. Educate that intellectual leadership at all levels is at least as important as developing lines of authority, constantly developing strategic plans and adding layers of administration.

It may not work, but it is necessary to try.

Regards,

Tom

Thomas A. Louis, PHD 612-624-2636  
Division of Biostatistics FAX 626-0660  
School of Public Health tom@biostat.umn.edu  
U of Minnesota Cell Phn: 612-209-1213  
420 Delaware St. SE, Bx 303  
Minneapolis, MN 55455

CURRENTLY ON LEAVE AT:  
Committee on National Statistics  
The National Academies  
2101 Constitution Avenue, N.W., Room HA-192  
Washington, D.C. 20418  
Tel: 202-334-3053 tlouis@nas.edu  
Fax: 202-334-3751



From: David W Hunter <hunte001@maroon.tc.umn.edu>  
Date: Sun, 3 Oct 1999 21:14:52 -0500 (CDT)  
To: senate@mailbox.mail.umn.edu

Re your request:

Please submit your suggestions for identifying problems and strategies for improvement to make the AHC a world class center for research, teaching and patient care to the following email address:

senate@mailbox.mail.umn.edu

My feeling is that the AHC clinical program which employs full-time academic clinicians is doomed to failure as these clinicians try to teach, do reasearch, and educate all on a basis of shrinking funds. Research should and will flourish since the funds to support it are there. However, the era of the full time academic clinician seems to be coming to an end. The clinician-teachers of tomoorow should be part-time spending most of their time in in private practice in the community or at FUMC as that privatizes, as it seems to be doing slowly but surely. The medical students and residents will need to be spread out more widely among affiliated hospitals. The clinician researchers will need to have their time protected by allowing them to keep all of the grant money which they attract and applying it toward their salary. The AHC should support the efforts of these people who will form the core of the AHC/FUMC clinical programs by having the grants office actually assist them in the preparation of grants and directing them toward the most likely sources of funding. The departments as they are currently organized and perpetuated by UMP need to be disbanded in favor of multi-disciplinary programs each of which becomes its own cost center.

If some group of leaders does not recognize and act on the need for radical change, the clinical program of the AHC appears poised to whither a painful death.

Dave Hunter

From: "Louise Hawley" <lhawley@d.umn.edu>  
Date: Sun, 03 Oct 1999 12:07:59 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: increased productivity

I would prefer you not use my name on these ideas as I truly want to improve research productivity at the U but in using my experience here as an example, I certainly make myself vulnerable to sounding whiney. It also reflects on my incredible naivete as a junior faculty member!

There are things which could have made big differences for me as a beginning faculty member. Many like start up funds, providing a lab space immediately [instead of 3 years later], attempting mentoring, and protecting from heavy teaching loads [instead of signing me up for 300 contact hours per year for the first three years] are pretty routinely done now. But each department head should have the responsibility for demonstrating that ALL these things are done. Otherwise people will be subject to the whims of chairs. Especially since there is pressure to teach more to bring in IMG funds, someone needs to be responsible for being sure new faculty get the proper message. I do not believe that the departmental chairs should necessarily do the mentoring. Each new faculty member should be assigned a LIMITED TERM mentor and then asked after they have been here for three months who they feel they would like to have as their formal mentor. They should be encouraged to develop mentee relationships with as many people as they want but one person should be on record as the official person. That person would be responsible to be sure that would be the department chair. (I suggest limited term so the new faculty member doesn't feel as if they are insulting that first assigned mentor by identifying someone else who can mentor them better. The first mentor should mainly be responsible for being sure that the new faculty member meets everybody in the departemnt.)

Now for things that would be useful to me now: Read the following announcement from Dr Yen who works really hard on our behalf and I don't want this seen as a criticism of him but it was my most recent example of the phenomenon.) As someone who has been particularly INeffective at getting grants, has been at the university for over 25 years as faculty, which of the sessions I should be at? This invitation restricts the seminar attendees at the two workshops either to junior faculty or people who have been a PI. We make some people feel unwelcome at some of the programs they need. Possible SOLUTION: How about listing the targeted group but encouraging anyone who would like to improve their skills in whatever is being offered to fee free to sign up. OR how about "jumpstarting for senior researchers".

\*\*\*\*The Office of the Executive Vice President and Provost is hosting a 1.5 day grant-writing instructional program designed for junior faculty members, postdoctoral research fellows, other research staff, and senior graduate students who are beginning their careers in research and who have not yet written grant applications. This seminar, "Getting Started as a Successful Grant-Writer and Academician," will be held at the Radisson Hotel Metrodome on Thursday, Oct. 28, 8:30 a.m. 4:30 p.m. and Friday, Oct. 29, 8:30 a.m.-noon. A second seminar will also be offered during the spring semester designed for senior faculty and research staff who have previously served as a principal investigator for a grant.  
\*\*\*\*\*

Another example: I was on the graduate faculty at University of

Wisconsin, Superior before I came to the medical school at Duluth. Here with no lab etc., I was not too productive and no one mentioned it. The Department of Microbiology in MPLS had annual retreats where only the graduate faculty and graduate students were invited. Now how are you ever going to get a graduate student if you aren't formally introduced to them. None of them came to Duluth to visit before choosing an advisor. It was also a major networking time, where you also met the new faculty. I felt pretty well rejected by that department. I developed working relationships with colleagues at Mayo Clinic and of course was later turned down for a U grant with them because I was working with Mayo people and they have lots of money and were outside the U. Can't win, can you!

Perhaps we all need to be aware of mental health of colleagues. When we finally moved into the new building, there were no windows in my lab and my office had tiny northfacing windows. I had no idea I had seasonal affective disorder and was unaware of how lack of light decreased my mental capabilities. (To be perfectly fair we might have identified the problem earlier if I hadn't had a difficult pregnancy, and then a baby with a severe seizure disorder who died at 18 months AND if we had known more about SAD in those days.)

We need to value people for what we hire them for. We have a young Native American biochemist/microbiologist who is doing a wonderful job mentoring young NA scientists but will this count or is it just the number of publications?

Lots of other ideas but no more time for this.

Good luck in this endeavor.

Louise Hawley

---

Louise Hawley, PhD  
Medical Microbiology and Immunology, UMD School of Medicine  
Duluth MN 55812 (218) 726-8143



From: "Mark S. Rutherford" <ruthe003@maroon.tc.umn.edu>  
Date: Fri, 1 Oct 1999 16:21:41 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: No Subject

Dear Sirs:

Ideas to make the AHC research center? How about getting College of Veterinary Medicine a permanent Dean, preferably one who understands that basic research provides the necessary new knowledge that also enables relevant professional teaching? We have been without visionary leadership for over a year and a half. We have lost all momentum and are now sliding backward. A number of key RESEARCH faculty, primarily those who have put UMN at the forefront of veterinary and microbial genomics, who are just about out the door.

We cannot compete, much less lead, without a permanent Dean who sees the value of research (expecially since IDCs are now part of our budget). I realize the magnitude of Vet Med compared to the Med School is minimal, but are we or aren't we going to capitalize on previous AHC investments?

Thanks. I don't expect the above to make any difference, but it will at least make me feel better when I decide to follow the others to greener pastures.

Mark Rutherford

```
*****  
*      Mark S. Rutherford      *  
*      Dept. of Veterinary PathoBiology  *  
*      1988 Fitch Ave., Room 295      *  
*      University of Minnesota      *  
*      St. Paul, MN 55108      *  
*      (T) 612-625-4281      *  
*      (F) 612-625-0204      *  
*      (E) ruthe003@tc.umn.edu      *  
*****
```

From: "William R. Kennedy" <kenne001@maroon.tc.umn.edu>

Date: Fri, 1 Oct 1999 15:28:25 -0500

To: senate@mailbox.mail.umn.edu

My initial reaction and suggestions are to first strengthen communication with the present research, teaching and patient care members of the AHC. We have a number of internal problems that severely limit what we can accomplish.

I can only speak of personal experience. Here is one example.

The absence of distribution of any indirect funds to the faculty that generate them is a problem that creates investigator hostility. For example, I have tried for two years to have walls painted in three room of my laboratory. A round table of researcher participants to discuss indirect fund distribution would be useful.

Talking directly to faculty at open forums might uncover many of these problems and create an environment that we can build upon to accomplish the world class goals.

With this more united front we can better engage the legislature and people of the state.

William R. Kennedy M.D.

Professor of Neurology

University of Minnesota

Box 187, 420 SE Delaware St.

Minneapolis, MN 55105

Tel. (612) 625-1431; Fax (612) 626-5671

e-mail; kenne001@maroon.tc.umn.edu

From: Al Michael <micha003@tc.umn.edu>  
Date: Wed, 29 Sep 1999 17:39:10 -0500  
To: Esam E El-Fakahany <elfak001@maroon.tc.umn.edu>,  
<Senate@mailbox.mail.umn.edu>  
Cc: "Frank B. Cerra (E-mail)" <cerra001@maroon.tc.umn.edu>, <scs@umn.edu>  
Subject: Re: AHC Retreat

Esam This is currently under discussion and review by the Basic Science Council under the leadership of Ashley Haase- and AHC Human Resources Al Michael

At 04:15 PM 9/29/99 -0500, Esam El-Fakahany, Ph.D. wrote:  
>I would like to suggest discussing implementation of incentives (financial  
>and otherwise) to reward faculty who bring in grant dollars. The current  
>system does not offer much in this direction past getting tenured!  
>Esam E. El-Fakahany, Ph.D.  
>Assistant Vice President for Research &  
>Associate Dean of the Graduate School  
>Professor of Psychiatry, Pharmacology and Neuroscience  
>University of Minnesota  
>Tel.: (612) 625-2356  
>Fax: (612) 626-7431  
>

From: "University Senate" <senate@mailbox.mail.umn.edu>  
Date: Thu, 30 Sep 1999 11:01:58 -0500 (CDT)  
To: Nicole J Boldt <boldt002@gold.tc.umn.edu>  
Subject: Re: AHC Retreat

Responding to the message of <000701bf0abf\$cb050b80\$01ca6580@tc.umn.edu>  
from Esam E El-Fakahany <elfak001@maroon.tc.umn.edu>:

>  
> I would like to suggest discussing implementation of incentives (financial  
> and otherwise) to reward faculty who bring in grant dollars. The current  
> system does not offer much in this direction past getting tenured!  
> Esam E. El-Fakahany, Ph.D.  
> Assistant Vice President for Research &  
> Associate Dean of the Graduate School  
> Professor of Psychiatry, Pharmacology and Neuroscience  
> University of Minnesota  
> Tel.: (612) 625-2356  
> Fax: (612) 626-7431  
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> .

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*****
Bjorn Bergh                            www.umn.edu/usenate
University Senate                        (612) 625-9369
427 Morrill Hall                        ncaa@tc.umn.edu
*****
```

From: Gary Engstrand <garye@umn.edu>  
To: "University Senate" <senate@mailbox.mail.umn.edu>  
CC: courtney@mailbox.mail.umn.edu  
Subject: Re: Response to recent memo (fwd)  
Date: Thu, 30 Sep 1999 11:03:30 -0500

What is this about?

Gary

At 11:03 AM 9/30/99 -0500, you wrote:

>Responding to the message of <199909292211.RAA28609@mailbox.mail.umn.edu>  
>from "University Senate" <senate@mailbox.mail.umn.edu>:

>>

>> ----- Forwarded Message begins here -----

>> From: "David Brown" <dmbrown@maroon.tc.umn.edu>

>> Date: Wed, 29 Sep 1999 16:37:03 -0500

>> To: AHC Faculty Consultative Committee <senate@mailbox.mail.umn.edu>

>> CC: Alfred Michael <micha003@tc.umn.edu>

>> Subject: Response to recent memo

>>

>> The AHC need to respond to the urgent needs of the Medical School per se  
in

>> addressing its financial crisis.

>>

>> The Medical School had been forced to rely upon monies generated from  
>> patient care in order to complete its academic mission. That has been a  
>> major source of support for research and education. The deficit from  
those

>> sources is estimated to be \$18million per year. The University has  
relied

>> upon that source to make up for the chronic deficit in its funding of  
the

>> Medical School both from indirect cost return and from 0100 dollars. The  
>> Medical School has had to rely upon those funds to initiate new  
programs, to

>> recruit new faculty, to provide large portions of the income of clinical  
>> faculty, to retain faculty and and to provide sources for faculty pay  
>> increases. In addition, the University has reduced its responsibilities  
of

>> funding by "substituting" indirect recovery monies for 0100 dollars, and  
at

>> reduced amounts disproportionate to the 0100 allocations. The monies  
from

>> the hospital source has been reduced by \$6million.

>>

>> The Medical School has had major defections of clinical department  
faculty

>> in both critical clinical areas as well as in research. These at times  
of

>> intensive local and national competition in both the medical marketplace  
and

>> in the academic marketplace. there is increased stress upon the existing  
>> faculty to maintain both the clinical education and patient care loads

>> while maintaining their academic missions. As result these programs  
have  
>> suffered, recruitment and retention have deteriorated and it is unlikely  
>> that we can respond to several national initiatives which compromises  
the  
>> present and the future. Ironically, these are occurring at times when  
there  
>> is increased need and call for clinical research and for genome research  
>> translation.  
>>  
>> There needs to be highly focused attention to these matters in the  
Medical  
>> School specifically and support from all of the AHC units to impact upon  
the  
>> University, the State and the Fairview University Medical Center. As is  
>> always the case the entire AHC suffers from the weakness of a major  
engine  
>> of its program and its assets. This is the time to show effective  
>> "statesmanship" by rallying together on behalf of the Medical School. I  
have  
>> confidence that this cohesive effort will strengthen each of the units  
of  
>> the AHC and, most importantly, of the entire AHC. As each of us has  
become  
>> more aware of and appreciative of the contributions of all of the  
members of  
>> the AHC family, we will take comfort that the payoff for the success of  
the  
>> joint efforts on behalf of the Medical School will be repaid by  
increased  
>> and more productive joint programs together.  
>> --

>> David M. Brown, M.D.  
>> Professor Laboratory Medicine and Pathology, and Pediatrics  
>> Director, General Clinical Research Center  
>> Director, Pediatric Endocrinology  
>> University of Minnesota  
>> 612-624-5409 phone  
>> 612-614-2682 fax

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>> ----- Forwarded Message ends here -----  
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>> .

>  
>  
>\*\*\*\*\*  
>Bjorn Bergh www.umn.edu/usenate  
>University Senate (612) 625-9369  
>427 Morrill Hall ncaa@tc.umn.edu  
>\*\*\*\*\*  
>



From: Jim Cloyd <cloyd001@maroon.tc.umn.edu>  
Date: Mon, 4 Oct 1999 09:55:08 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Message from U Senate

There are several things the AHC needs to do in order to attain world class status in teaching, research and patient care. Among these are:

1. Provide an environment in which faculty who are clinicians (nurses, pharmacist, physicians etc) can maintain a viable practice while having sufficient time and support to maintain research and teaching activities.
2. Ensure that each school has sufficient clinical sites to adequately educate its students
3. Expand arrangements with Fairview to facilitate enrollment of patients into clinical studies.
4. Expand the opportunities for faculty to acquire state of the art research skills without having to re-locate
5. Expand support for research teams to acquire state-of-the are equipment and facilities
6. Provide greater incentives for individuals from different departments and schools to collaborate
7. Develop a reward system for teaching excellence which parallels that for research
8. Develop mechanisms to competitively compensate outstanding faculty in teaching or research
9. Increase the number of opportunities to recognize outstanding AHC faculty, e.g. something analogous to the McKnight Professorships

>X-From\_: all-ahc-fac@thor.med.umn.edu Thu Sep 30 13:35 CDT 1999  
>Date: Thu, 30 Sep 1999 13:28:24 -0500 (CDT)  
>Reply-To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
>Originator: all-ahc-fac@thor.med.umn.edu  
>Sender: all-ahc-fac@thor.med.umn.edu  
>Precedence: none  
>From: "Vickie Courtney" <ahccomm@tc.umn.edu>  
>To: Multiple recipients of list <all-ahc-fac@thor.med.umn.edu>  
>Subject: Message from U Senate

>  
>Please submit your suggestions for identifying problems and strategies for  
>improvement to make the AHC a world class center for research, teaching and  
>patient care to the following email address:

>  
>senate@mailbox.mail.umn.edu

>  
>The address listed in the earlier memo from Muriel Bebeau, chair of the AHC  
>FCC, will not receive messages. I apologize for any inconvenience this may  
>have caused you.

>  
>  
>Vickie Courtney  
>U Senate  
>427 Morrill Hall  
>625-4805  
>courtney@mailbox.mail.umn.edu

-----  
James Cloyd, Pharm.D.  
Densford Hall  
Morse Alumni Distinguished  
Professor of Pharmacy  
55455, USA  
College of Pharmacy

| 7-101 Weaver  
| 308 Harvard Street S.E  
| Minneapolis, MN  
| Phone:



From: Judith Reisman <reism001@tc.umn.edu>  
Date: Thu, 30 Sep 1999 15:54:07 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Re: Message from U Senate

At the merger of Fairview-Riverside Hospital and University Hospital there were assurances from administration that the education mission of the University Hospital would not be abandoned. This assurance has not be reflected in the current climate of health care at the Fairview-University Medical Center. Opportunities for clinical educational experiences for our students have decreased substantially. This would appear to be due to the decreased sense of affiliation by supervising therapists with this academic program, an increased demand for productivity which decreases the ability of therapists to supervise students, and recent changes in reimbursement guidelines.

Previously many therapists were readily available to provide classroom instruction to our students in their area of expertise. Currently, it seems to be a more difficult process to arrange to teach during any clinic hours. It often means that therapists are taking time off to teach, or desperately try to re-arrange their patient caseloads to come over for the 1-2 hour lecture. While we strongly believe in the value of using clinical specialists to teach some of the course content we are also acutely aware of the difficult situation in which it places many of the therapists when trying to schedule a time to do so.

Therefore, while the academic side of the AHC continues to commit to the the triple mission of the University; with the loss of the University Hospital the clinical side is often unavailable to meet the educational mission of a teaching medical center.

Judith Reisman, PhD, OTR  
Director and Associate Professor  
Program in Occupational Therapy  
University of Minnesota  
Box 388 Mayo  
Minneapolis, MN 55455  
612/626-4358 FAX 625-7192  
[www.med.umn.edu/ot](http://www.med.umn.edu/ot)

From: "Marc Jenkins" <marcj@mail.ahc.umn.edu>  
Date: Mon, 4 Oct 1999 11:18:32 -0500 (CDT)  
To: senate@mailbox.mail.umn.edu  
Subject: suggestion

Here is a strategy that I think will be needed if we are to make the AHC a world class center for research.

To become a world class center for research, we will need the best possible methods to assess the scientific prominence of our researchers and programs, and whether or not policy changes and strategic investments are moving us in the right direction. These assessment methods should rely on objective information that can be gained from public databases to avoid problems related to self-reporting by the individuals or groups being assessed. The only objective criteria now used to assess the quality of the research output of our faculty relate to the number of papers that we publish and the amount of grant funding that we garner. I believe that these metrics are not the most accurate measures of quality research. Many published papers are never read by anyone in the field and grants for certain types of costly research are easily over-valued. An example of the potential discordance between grant money and quality scholarship may be implied by the facts that we are in the top 20 in NIH grant funding, but the scholarly output of our biomedical graduate programs puts us in the top 40. The fact that the AHC has so few HHMI investigators and members of the National Academy of Sciences points to our failure to develop the most prominent researchers.

Recent advances in database searching offer new ways to assess the quality of research. For example, the number of times that a given paper has been cited in the work of others can now be easily determined. Some believe that the citation rate is the best objective measure available to determine the impact of a paper on the field. It is my opinion that we need to evaluate the validity of citation impact analysis and other potential metrics as measures of quality research output. If we find valid metrics, then we need to use them to make decisions on promotion and tenure, faculty retention, salary increases, space allocation, use of discretionary funds, distribution of internal awards, and hiring of new faculty members.

Marc K. Jenkins, Ph.D.  
Professor  
University of Minnesota  
Department of Microbiology  
Center for Immunology  
Box 334 Mayo  
6-106 BSBE  
312 Church St. SE  
Minneapolis, MN 55455  
612-626-2715

From: Erica Stern <stern001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 17:08:20 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Suggestions for discussion at retreat

Muriel Bebeau, Chair of the AHC - FCC:

Our faculty recently discussed the following issues and would like to suggest the following for consideration at the retreat:

- 1) "other" aspect of the non-MD degree programs that reside within the AH (and Med. School, in particular). Many of these programs have top rank in their field, but are inconsistently or only as token included in missions, policy statements, administrative councils, etc...
- 2) Before the Fairview merger we were assured that education of U students (MD AND NON-MD) would continue a priority as the U and Fairview unified. Instead, it is harder and harder for Fairview clinical staff to get permission from their administrators to take students into clinical placements or to guest lecturer in University academic programs.
- 3) difficulty networking/finding graduate faculty to serve on committees/knowing with whom you might offer to share space/equipment -- Add a website searchable by text/topic word rather than just organized by individual school websites as currently stands
- 4) By consolidating several departments, administrators/office staff who performed competently with 1 set of faculty, are now performing less so with 3 to administer...and the "new" faculty needs are generally placed behind those of the "real" department. This has impact on grants - leading to more faculty time spent trying to re-write contracts, "move along" or "untangle" payment to outside vendors/service providers, etc.. Tardy payment has left some vendors refusing to accept UM POs.
- 5) Efforts to encourage faculty to incorporate technology is not being as widely embraced as it might because faculty do not have the up-front time needed to do this type of alteration or enrichment of course work.
- 6) Notices - even of vital meetings like the ones preparing individuals for NIH visit - are often sent via campus mail, offering little notice or even being received past the date of the meeting. Encourage wider use of campus/AH wide emailing for such presentations
- 7) Environment looks better than it has in years. Library is delivering more on-line assistance and services than ever before - yet still giving excellent service (didn't want you to think it was all problems - and even faculty appreciate such things!)

ebs

Erica Stern, PhD, OTR, FAOTA  
Associate Professor  
Program in Occupational Therapy  
Box 388 Mayo  
420 Delaware St. , SE  
Minneapolis, MN 55455

If sending materials via FedEx, UPS, etc use:  
Rm 271 Children's Rehabilitation Center  
426 Church St., SE  
Minneapolis, MN 55455

Tel:† 612 626-2799

From: "Greg Filice, M.D." <filic001@maroon.tc.umn.edu>

Date: Thu, 30 Sep 1999 17:01:34 -0500

To: senate@mailbox.mail.umn.edu

Subject: How to make AHC world class

Recognize that AHC is interdependent on several sister institutions. For example, VA medical center. Recognize the value of the VA and other institutions, support them, protect them, encourage cooperation, support combined projects and joint funding mechanisms, etc. For example, the VA needs protection from the VA central office from time to time. HCMC needs protection from Hennepin County.

Greg Filice

--

Greg Filice, M.D. ph: (612) 725-2000, ext. 4185

Veterans Affairs Medical Center (111F)

1 Veterans Drive

Minneapolis, MN 55417

From: "David N. Cornfield" <cornf001@maroon.tc.umn.edu>  
Date: Thu, Sep 30, 1999 8:48 PM  
To: senate@mailbox.mail.umn.edu  
Subject: AHC

Efforts should be undertaken to decrease redundancy, administration, and bureaucracy in the AHC. Though the AHC promised to do exactly as suggested above, it seems there is an ever increasing number of administrators. In an institution that is intended to focus exclusively on research, education and service, the trend is disturbing.

Sincerely,  
David N. Cornfield  
Associate Professor of Pediatrics

David N. Cornfield, MD  
Director  
Pediatric Pulmonary and  
Critical Care Medicine  
Associate Professor of Pediatrics  
University of Minnesota Medical School  
420 Delaware St SE Box 742  
Minneapolis, MN 55455  
Phone: (612)626-2916  
FAX: (612)624-0696

From: Brian Isetts <isetto@win.bright.net>

Date: Fri, 01 Oct 1999 09:22:38 -0500

To: senate@mailbox.mail.umn.edu

Subject: Suggestion box item

Dear AHC Senate:

I would like to submit an item for consideration in the drive to enhance faculty excitement about making the AHC a world class center for research. I realize that, with our busy schedules, it is sometimes difficult to get involved, much less get excited, about the myriad activities occurring around us every day.

I would like to offer the Senate an opportunity to find out about a new healthcare innovation that represents a true paradigm shift in our medication use system. I'm sure that most people have heard that we spend \$100 Billion/yr on the adverse consequences of medication use and that 100,000 people die in the U.S. from adverse medication events.

Well, Fairview-University Medical Center's healthcare system is doing something about this appalling societal problem. The solution is the collaborative practice of pharmaceutical care. Within the Fairview-University Medical Center's healthcare system, the operational definition of pharmaceutical care is: "a practice in which a (certified pharmaceutical care) practitioner, working in collaboration with physicians and other care-givers, takes responsibility for all of a patient's drug-related needs and is held accountable for this commitment." The preliminary data have been impressive. I would be happy to make a short presentation to the Senate if you think this would help achieve your intended goals. Please let me know if I can be of any assistance.

Brian J. Isetts, RPh, PhD, BCPS, Certified Practitioner,  
Assistant Professor, Peters Institute of Pharmaceutical Care, and  
UofMN Liaison to the Fairview Health Services Collaborative Pharmaceutical Care Initiative.

624-2140, isett001@tc.umn.edu

From: Cheryl Meyers <meyer004@tc.umn.edu>  
Date: Thu, 30 Sep 1999 15:10:53 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: AHC

In response to recent query about suggestions to make the AHC a 'better' place I recommend that:

Opportunities for clinical education for students in the Fairview-University System be expanded. As the clinical coordinator for the Program in Occupational Therapy we have lost many opportunities for our students to learn through their full time 3 month clinical experiences. When the University Hospital 'stood' alone education was a primary mission and the staff had an affiliation with the academic side of the University. Although administration indicated this would still be the case we no longer have many of the 'openings' for students that we once had. I believe that this reflects a decreased sense of affiliation by therapists with the University as a whole, increased expectations for productivity by the medical institution, and general reimbursement issues at many levels.

Thank you for soliciting this information.  
Cheryl Meyers, MA, OTR  
Assistant Professor  
University of Minnesota  
Program in Occupational Therapy  
Box 388 Mayo Building  
420 Delaware Street S.e.  
Minneapolis, MN 55455

From: "Michael Mauer" <mauer002@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 14:44:34 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: No Subject

The struggle in the clinical specialities in the Medical school is to maintain and regain excellence in teaching and research while the revenue pressures are towards pushing towards increased patient care efforts. Suggested solutions include:

- 1) Improved articulation of our financial problems to Univ Admin and State Government. In regards to the latter we, demonstrably, are not succeeding with the present team.
- 2) Fiscal rewards for teaching excellence and excellence and effort in educational administration should be the keys to the distribution of O100 funds. This can no longer be business as usual. Put the money where the mission is or, finally, admit that the mission statement is lip service.
- 3) Use a substantial proportion (at least 25%) of indirect funds generated by research to support the specific research project which generated the funding. Without this the research infrastructure support (secretaries, phone, fax, etc.) is simply inadequate to keep us competitive in the long run. Moreover it becomes necessary to subsidize a unit's research operation from clinical revenues, this limiting faculty salaries which are already not competitive.

Michael Mauer  
Professor  
Dept Pediatrics  
Co-Director Pediatric Nephrology.



From: Philip Portoghese <porto001@maroon.tc.umn.edu>  
Date: Fri, 1 Oct 1999 11:54:29 -0600  
To: senate@mailbox.mail.umn.edu  
Subject: Re: Message from U Senate

The only department in the AHC that has a critical mass of expertise in synthetic organic chemistry is the Department of Medicinal Chemistry. The synthesis of biologically active molecules is becoming increasingly important in AHCs across the US because of the impact of chemical structure-based design of ligands that are recognized by biological receptors and effector systems. For this reason, a strategy for creating a world class center for research would include strengthening the medicinal chemistry research component to enhance interaction between chemists who know how to synthesize biologically active molecules and faculty in complementary areas of research in the AHC.

As it now stands, the growth of medicinal chemistry in the AHC is limited by space. Any strategy for the development of the AHC as a world class center should consider increasing the research space and the number of full-time appointments for the Department of Medicinal Chemistry.

>Please submit your suggestions for identifying problems and strategies for  
>improvement to make the AHC a world class center for research, teaching and  
>patient care to the following email address:

>  
>senate@mailbox.mail.umn.edu

>  
>The address listed in the earlier memo from Muriel Bebeau, chair of the AHC  
>FCC, will not receive messages. I apologize for any inconvenience this may  
>have caused you.

>  
>  
>Vickie Courtney  
>U Senate  
>427 Morrill Hall  
>625-4805  
>courtney@mailbox.mail.umn.edu

Professor Philip S. Portoghese, Ph.D.  
Dept. of Medicinal Chemistry  
College of Pharmacy  
University of Minnesota  
308 Harvard St. S.E.  
Minneapolis, MN 55455

Phone: 612-624-9174  
Fax: 612-626-6891

From: "James W. Ogilvie, M.D." <ogilv001@maroon.tc.umn.edu>  
Date: Fri, 01 Oct 1999 11:41:43 -0500  
To: senate@mailbox.mail.umn.edu  
Cc: Roby C Thompson <thomp004@maroon.tc.umn.edu>  
Subject: Improvements to the AHC

In the U.S. News and World Report listing of ranked medical centers, the most important criteria for fame is in the category of Reputation. For instance, the Mayo Clinic has good medical care, but world class publicity. If we are to be ranked among the elite it is a matter of complying with the criteria by which they are ranked. We perform only three tasks: teaching, research and patient care. Improving those areas requires money, i.e. time for teaching, protected time and dedicated resources for research, a hospital supportive of excellence (Fairview's vision of the future is status quo and their definition of excellence is that "average is good enough." Most of the faculty in the trenches are thinking of the post-Fairview era. The administration would do well to acknowledge that our association with FHS is a failure and begin to plan for the future.) and access to patients for innovative care models and outcomes reasearch.

If the outstanding physicians who have left the University (Medicine, Cardiology, Neurology as a starter) were polled, they would provide you with a laundry list of complaints and suggestions. Sorting the legitimate and reasonable items from the whining and undoable issues is a task for the Dean and department heads.

Changes are painful and costly, but the issues are not occult. To wit:

Public relations are poor. Virtually every day MPR has a trivial story from the Mayo Clinic which is presented as if it were a Nobel worthy accomplishment.

Radiology is in the hands of community doctors with no academic commitment. Ensuring that they maintain their \$500,000-600,000 salaries is not part of the AHC mission statement.

The University Hospital campus is still not user friendly and FHS has more concern for the community doctors (Ridges, Riverside, Southdale) than with reaching excellence at the AHC. Their non-participation in the search for a chair in Therapeutic Radiology is a clear example. AHC faculty salaries are not competitive with the community.

AHC access to patients in various health plans is limited. Our FHS affiliation has not enhanced this situation. Some departments are still not tuned in to patient care as a legitimate area for development.

It is not clear to most of the surgeons that UMPhysicians is committed to the FORT process, i.e. income sharing versus income collection and distribution. Perhaps this is more perception than reality and could be overcome with better communication.

In summary, it does not do service to the process of refinement to pretend that we would do something if we only knew what to do.

=====

James W. Ogilvie, M.D.  
UMn. Dept. of Orthopaedic Surgery  
(612) 625-1177  
FAX (612) 626-6032  
email: ogilv001@tc.umn.edu

From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: Message from U Senate (fwd)  
Date: Fri, 1 Oct 1999 11:01:05 -0500

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From: "Takashi Okagaki" <okaga001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 17:37:16  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: RE: Message from U Senate

I have a few suggestions:

(1) Exercise the buy back option of the University Hospital. It has become apparent that the philosophy of the Fairview System do not match the one of the Medical School. U of M is a state institution for the public. If the tax payers want a world class medical school here, the University Hospital needs public (financial) support. The University Hospital's primary purpose is the education of medical students and fellows before being one of many health care facilities available in the Twin Cities. We need the University Hospital to implement cutting edge medical technology, which the third party payers are not ready to pay.

(2) Dissolve semi-independent CSUs of UMP. We need truly unified UMP instead of being a federation of independent CSUs. We do not need to spend our precious time for power (money?) plays between CSUs.

(3) We may try to have a physician as the top administrator for a repurchased University Hospital (if we repurchase). There are more physicians with management education in the market than before. Do we need a profitable hospital, or a world class medical center? We can not be both in the current environment of medicine.

T. Okagaki, M.D., Ph.D., M.P.H.

On Thu, 30 Sep 1999 13:29:36 -0500 (CDT),  
ahccomm@tc.umn.edu wrote...

>Please submit your suggestions for identifying problems and strategies for  
>improvement to make the AHC a world class center for research, teaching  
and

>patient care to the following email address:

>  
>senate@mailbox.mail.umn.edu

>  
>The address listed in the earlier memo from Muriel Bebeau, chair of the  
AHC

>FCC, will not receive messages. I apologize for any inconvenience this  
may  
>have caused you.

>  
>  
>Vickie Courtney  
>U Senate  
>427 Morrill Hall  
>625-4805  
>courtney@mailbox.mail.umn.edu

>  
>  
>

From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Fri, 1 Oct 1999 11:00:21 -0500

----- Forwarded Message begins here -----

From: "Warren E. Regelmann" <regel001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 16:59:48 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

Dear Muriel,

I have the following insights:

First, I am happy that the Finance and Planning committee is doing this brainstorming with the Faculty Affairs committee, because it is the financing of each faculty member's research ideas to improve teaching and clinical care that has been most reduced in this market. It is each faculty member's interest in research that most distinguishes each of us from the excellent health care practitioners in our community and region. Indeed, it is each faculty member's interest in research that keeps each of us here despite increasing difficulty and frustration finding time to do research given the current demands of clinical service and the inefficiencies of the clinical support at the AHC site.

I suggest:

1) every full time AHC faculty member should have an annual research budget of, say 10 or 15k annually, adjusted for inflation. The only restriction would be that this must be used for research. This is a budget to enable us to do our jobs. Such a financial base for start up experiments is necessary to produce the proposals that are most competitive for extramural funds. Simply put, what we have been hired here to do needs to be financed. Identifying potential sources of this financing and securing them is for me the most critical question to answer. The sources must provide continuous funding, increasing with inflation, and without contingencies. I suggest an endowment or some similar mechanism, perhaps managed and audited by the MMF.

2) our faculty is competing with industry to retain its members. An equivalent of the "stock option" used by many companies to attract and retain top talent needs to be devised for faculty. Perhaps tenure once served this purpose but in

our current market tenure appears less economically attractive,  
particularly in  
its current state for faculty at the AHC. Actually, the idea of stock  
ownership  
in the enterprise by faculty and by support personnel might go far to  
improve  
individual motivation to see this value rise.

3) less critical but useful for retention would be assistance with college  
tuition to the equivalent of the U of M tuition for 1st order relatives of  
faculty as provided to many of our colleagues at other institutions.

Hope this proves helpful,

Warren E. Regelman, M.D., FAAP  
Associate Professor  
Department of Pediatrics  
FUMC Box 742  
University of Minnesota  
Minneapolis, MN 55455  
e-mail: regel001@tc.umn.edu  
Fax: 612-626-0413  
Phone: 612-624-0962

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From: James Carey <carey007@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 14:04:40 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: Re: AHC FCC Retreat

Much to say but I'll restrict myself to one suggestion -- the formation of a "Continuous Improvement Council". I believe a body is needed to conduct an internal evaluation of each academic unit in the AHC on a recurring 4-year cycle. I recognize many problems in our own department that are being blatantly ignored. This perpetuates the problems and cascades into many other problems that affect us all. I realize that we all have our own external accreditation and this might be considered enough of an evaluative process to ensure quality but, in fact, it is not. And the evidence is abundant in the long-standing problems that we face. Yes, it would add more burden but hopefully, if done right, it would lead to some significant changes that all would gain from in the end.

Thanks for the opportunity to comment,

Jim Carey

At 02:00 PM 9/29/99 -0500, you wrote:

>September 29, 1999

>

>

>TO: Members of the AHC Faculty

>

>FROM: Muriel Bebeau, Chair

> AHC Faculty Consultative Committee

>

>I am writing to let you know that the AHC Faculty Consultative Committee,  
>Finance & Planning and Faculty Affairs Subcommittees are holding a retreat  
>on Tuesday, October 5, 1999. The purpose of the retreat is to brainstorm  
>about ways to become a proactive force for energizing the faculty of the  
>AHC to: 2) set the direction for the future of the AHC - creating a shared  
>vision for the AHC, and 2) "take back their power" to make the AHC a world  
>class center for research, teaching and patient care.

>

>I invite you to help us in identifying not only the problems we face but  
>also strategies for improvement. Please forward your suggestions to:  
>University Senate@mailbox.mail.umn.edu by no later than Monday, October 4,  
>1999. Collectively, as a faculty, we can make a difference.

>

>Thank you.

>

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James R. Carey, PhD, PT  
Director, Program in Physical Therapy  
Box 388 Mayo  
University of Minnesota  
Minneapolis, MN 55455

Phone: 612/626-2746 FAX: 612/625-7192  
Campus location: 377 Children's Rehabilitation Center

From: "Ken Winters PhD" <winte001@maroon.tc.umn.edu>  
Date: Thu, 30 Sep 1999 13:58:53  
To: senate@mailbox.mail.umn.edu  
Subject: recommendations for AHC

To weigh in....

Problem: Many AHC researchers have one-year renewable or "T" appointments. This status has very little job security, and it seems to needlessly create another group of faculty who feel like second-class members.

Solution: Put into place a multi-year renewable option (e.g., 3-year appointments) for deserving faculty. These longer-term "T's" could be based on productivity, grant success, etc.

Ken Winters, Ph.D.  
Associate Professor  
Department of Psychiatry  
Director, Center for Adolescent Substance Abuse  
University of Minnesota Medical School  
F282/2A West  
2450 Riverside Avenue  
Minneapolis, MN 55454-1495  
612-273-9815  
612-273-9779 (fax)

*From: Aaron Folsom <folsom@epi.umn.edu>  
Date: Thu, 30 Sep 1999 13:38:04 -0500 (CDT)  
To: senate@mailbox.mail.umn.edu  
Subject: suggestions for AHC*

Suggestions for identifying problems and strategies for improvement to make the AHC a world class center for research, teaching and patient care:

1. Provide contiguous space for School of Public Health, which brings in more research money per faculty than any other unit.
2. Provide a more reasonable allocation of state support to the School of Public Health. We have lost considerable state support over the past several years.
3. We need to invest in more and better faculty AHC wide.



From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:39:21 -0500

----- Forwarded Message begins here -----

From: Virgil Mathiowetz <mathi003@tc.umn.edu>  
Date: Wed, 29 Sep 1999 16:29:43 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

The email address below does not work for me, so I'm sending my response to you.

Comments for the retreat meeting.

As a relatively new faculty member, it has been very difficult to find out if there are others at the University that share similar research interests.

For example, I am interested in post-stroke rehabilitation. I am aware of two others who have related interests, yet I am sure there are probably others as well. Is there a way to facilitate networking? Whatever is done should also be available to students as well. They search for faculty outside their departments that have similar interests for their thesis and dissertation committees.

Virgil

At 02:02 PM 9/29/99 -0500, you wrote:

>September 29, 1999

>

>

>TO: Members of the AHC Faculty

>

>FROM: Muriel Bebeau, Chair

> AHC Faculty Consultative Committee

>

>I am writing to let you know that the AHC Faculty Consultative Committee, >Finance & Planning and Faculty Affairs Subcommittees are holding a retreat >on Tuesday, October 5, 1999. The purpose of the retreat is to brainstorm >about ways to become a proactive force for energizing the faculty of the >AHC to: 2) set the direction for the future of the AHC - creating a shared

>vision for the AHC, and 2) "take back their power" to make the AHC a world >class center for research, teaching and patient care.

>

>I invite you to help us in identifying not only the problems we face but >also strategies for improvement. Please forward your suggestions to: >University Senate@mailbox.mail.umn.edu by no later than Monday, October 4, >1999. Collectively, as a faculty, we can make a difference.

>

>Thank you.

>

>

>

>

>

>

From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:39:36 -0500

----- Forwarded Message begins here -----

From: "Carole J. Bland, Ph.D." <bland001@tc.umn.edu>  
Date: Wed, 29 Sep 1999 16:21:55 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

This is a multi-part message in MIME format.

-----DB1DAD1A3ED003F5D7442C1B  
Content-Type: text/plain; charset=us-ascii  
Content-Transfer-Encoding: 7bit

Hi Mickey, What a wonderful memo...very insightful and powerful. I wanted to share with you a project the medical school senate is embarking on that somewhat addresses the issues you layout. At least I think this is what we are going to do. The senate decided it wanted to address faculty development and as I worked with Sue Berry and the Dean on how to truly facilitate faculty in their work, we quickly got to questions about institutional vision, support, etc. The whole medical school senate will see the survey for the first time on on Tuesday, Oct 5 at our meeting.

If the senators agree, the senate and the dean will jointly survey the faculty as to their perception of the absence or presence of the features that facilitate institutional and faculty vitality. Also, they are being asked what strategies they think should be initiated now to address barriers or missing elements to individual and organizational success. The Dean is committed to acting on the results of the survey.

Items on the survey ask faculty about such things as their confidence in the future direction of their department and the school, their perception of if there is a shared vision for their department and the school, their perception of the leadership effectiveness in their department and the school, the adequacy of their resources, colleagues, space, and so on.

We see this as a constructive method for working together to "take back" our departments and school and identify the direction "we" (both faculty and administration) want to go in the future and ways to collectively get there. Carole

Muriel Bebeau wrote:

>  
> September 29, 1999  
>  
> TO: Members of the AHC Faculty  
>  
> FROM: Muriel Bebeau, Chair  
> AHC Faculty Consultative Committee  
>

From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:40:05 -0500

----- Forwarded Message begins here -----

From: Robert Kane <kanex001@tc.umn.edu>  
Date: Wed, 29 Sep 1999 18:06:55 -0500  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
Subject: Re: AHC FCC Retreat

The senate mailbox address would not work.

One barrier that needs to be overcome before interdisciplinary collaboration will be possible is the end of IMG. It has created enormous barriers by forcing faculty to follow the money. Centers are in direct competition with schools. Teaching has become provincial to retain the tuition revenue. Faculty feel so much pressure to produce that they may actually accomplish less. Sending in a grant is confused with writing a fundable grant. No one has time for seminars that are not project related.

At 02:01 PM 09/29/1999 -0500, you wrote:

>September 29, 1999

>

>

>TO: Members of the AHC Faculty

>

>FROM: Muriel Bebeau, Chair

>

AHC Faculty Consultative Committee

>

>I am writing to let you know that the AHC Faculty Consultative Committee, Finance & Planning and Faculty Affairs Subcommittees are holding a retreat on Tuesday, October 5, 1999. The purpose of the retreat is to brainstorm about ways to become a proactive force for energizing the faculty of the AHC to: 2) set the direction for the future of the AHC - creating a shared

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>

>Thank you.

>

Robert L. Kane, MD  
Minnesota Chair in Long-Term Care and Aging

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From: University Senate <ahccomm@tc.umn.edu>  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: AHC FCC Retreat (fwd)  
Date: Thu, 30 Sep 1999 08:40:23 -0500

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From: "Tom Louis" <tlouis@nas.edu>  
Date: Wed, 29 Sep 1999 22:53:44 -0400  
To: Academic Health Ctr Communications <ahccomm@tc.umn.edu>  
cc: tom@biostat.umn.edu  
Subject: Re: AHC FCC Retreat

Dear Muriel,

My biggest concern is the continued industrialization of the AHC, to the point that I am close to suggesting that the "A" be removed from the "AHC." I understand that in a crisis (monetary), extreme measures are needed, but the current approach is creating another crisis. For example, it will become increasingly difficult to attract good people to deanships and department chair positions, when there appears to be little room for individual initiative, especially in external relations.

What to do? Lobby and educate the AHC administration that a degree of ferment and, yes, chaos, is necessary for a world-class academic institution. Educate that intellectual leadership at all levels is at least as important as developing lines of authority, constantly developing strategic plans and adding layers of administration.

It may not work, but it is necessary to try.

Regards,

Tom

Thomas A. Louis, PHD 612-624-2636  
Division of Biostatistics FAX 626-0660  
School of Public Health tom@biostat.umn.edu  
U of Minnesota Cell Phn: 612-209-1213  
420 Delaware St. SE, Bx 303  
Minneapolis, MN 55455

CURRENTLY ON LEAVE AT:  
Committee on National Statistics  
The National Academies  
2101 Constitution Avenue, N.W., Room HA-192  
Washington, D.C. 20418  
Tel: 202-334-3053 tlouis@nas.edu  
Fax: 202-334-3751

From: "University Senate" <senate@mailbox.mail.umn.edu>  
Date: Thu, 30 Sep 1999 11:04:37 -0500 (CDT)  
To: Nicole J Boldt <boldt002@gold.tc.umn.edu>  
Subject: Re: Consultative Committee

Responding to the message of  
<Pine.SOL.4.10.9909291706220.18379-100000@amethyst.tc.umn.edu>  
from Marilyn S Joseph <josep002@maroon.tc.umn.edu>:

>  
> To whom it may concern:  
>  
> Speaking from the perspective of the medical school, I think you must be  
> realistic. The largest problem facing us is not energizing the faculty,  
> but RETAINING the faculty!!! Morale is the pits and we lose more good  
> people every day. It is almost impossible to recruit people with  
> established labs and reputations. We need to address this or the Medical  
> school will soon not be able to function!!  
>  
> Marilyn S. Joseph, MD  
> Assistant Professor  
> Obstetrics and Gynecology and Women's Health  
>  
>  
>  
>  
>

\*\*\*\*\*  
Bjorn Bergh www.umn.edu/usenate  
University Senate (612) 625-9369  
427 Morrill Hall ncaa@tc.umn.edu  
\*\*\*\*\*

From: David W Hunter <huntee001@maroon.tc.umn.edu>  
Date: Sun, 3 Oct 1999 21:14:52 -0500 (CDT)  
To: senate@mailbox.mail.umn.edu

Re you request:

Please submit your suggestions for identifying problems and strategies for improvement to make the AHC a world class center for research, teaching and patient care to the following email address:

senate@mailbox.mail.umn.edu

My feeling is that the AHC clinical program which employs full-time academic clinicians is doomed to failure as these clinicians try to teach, do reasearch, and educate all on a basis of shrinking funds. Research should and will flourish since the funds to support it are there. However, the era of the full time academic clinician seems to be coming to an end. The clinician-teachers of tomoorow should be part-time spending most of their time in in private practice in the community or at FUMC as that privatizes, as it seems to be doing slowly but surely. The medical students and residents will need to be spread out more widely among affiliated hospitals. The clinician researchers will need to have their time protected by allowing them to keep all of the grant money which they attract and applying it toward their salary. The AHC should support the efforts of these people who will form the core of the AHC/FUMC clinical programs by having the grants office actually assist them in the preparation of grants and directing them toward the most likely sources of funding. The departments as they are currently organized and perpetuated by UMP need to be disbanded in favor of multi-disciplinary programs each of which becomes its own cost center.

If some group of leaders does not recognize and act on the need for radical change, the clinical program of the AHC appears poised to whither a painful death.

Dave Hunter

From: "Louise Hawley" <lhawley@d.umn.edu>  
Date: Sun, 03 Oct 1999 12:07:59 -0500  
To: senate@mailbox.mail.umn.edu  
Subject: increased productivity

I would prefer you not use my name on these ideas as I truly want to improve research productivity at the U but in using my experience here as an example, I certainly make myself vulnerable to sounding whiney. It also reflects on my incredible naivete as a junior faculty member!

There are things which could have made big differences for me as a beginning faculty member. Many like start up funds, providing a lab space immediately [instead of 3 years later], attempting mentoring, and protecting from heavy teaching loads [instead of signing me up for 300 contact hours per year for the first three years] are pretty routinely done now. But each department head should have the responsibility for demonstrating that ALL these things are done. Otherwise people will be subject to the whims of chairs. Especially since there is pressure to teach more to bring in IMG funds, someone needs to be responsible for being sure new faculty get the proper message. I do not believe that the departmental chairs should necessarily do the mentoring. Each new faculty member should be assigned a LIMITED TERM mentor and then asked after they have been here for three months who they feel they would like to have as their formal mentor. They should be encouraged to develop mentee relationships with as many people as they want but one person should be on record as the official person. That person would be responsible to be sure that would be the department chair. (I suggest limited term so the new faculty member doesn't feel as if they are insulting that first assigned mentor by identifying someone else who can mentor them better. The first mentor should mainly be responsible for being sure that the new faculty member meets everybody in the department.)

Now for things that would be useful to me now: Read the following announcement from Dr Yen who works really hard on our behalf and I don't want this seen as a criticism of him but it was my most recent example of the phenomenon.) As someone who has been particularly ineffective at getting grants, has been at the university for over 25 years as faculty, which of the sessions I should be at? This invitation restricts the seminar attendees at the two workshops either to junior faculty or people who have been a PI. We make some people feel unwelcome at some of the programs they need. Possible SOLUTION: How about listing the targeted group but encouraging anyone who would like to improve their skills in whatever is being offered to fee free to sign up. OR how about "jumpstarting for senior researchers".

\*\*\*\*The Office of the Executive Vice President and Provost is hosting a 1.5 day grant-writing instructional program designed for junior faculty members, postdoctoral research fellows, other research staff, and senior graduate students who are beginning their careers in research and who have not yet written grant applications. This seminar, "Getting Started as a Successful Grant-Writer and Academician," will be held at the Radisson Hotel Metrodome on Thursday, Oct. 28, 8:30 a.m. 4:30 p.m. and Friday, Oct. 29, 8:30 a.m.-noon. A second seminar will also be offered during the spring semester designed for senior faculty and research staff who have previously served as a principal investigator for a grant.  
\*\*\*\*\*

Another example: I was on the graduate faculty at University of

Wisconsin, Superior before I came to the medical school at Duluth. Here with no lab etc., I was not too productive and no one mentioned it. The Department of Microbiology in MPLS had annual retreats where only the graduate faculty and graduate students were invited. Now how are you ever going to get a graduate student if you aren't formally introduced to them. None of them came to Duluth to visit before choosing an advisor. It was also a major networking time, where you also met the new faculty. I felt pretty well rejected by that department. I developed working relationships with colleagues at Mayo Clinic and of course was later turned down for a U grant with them because I was working with Mayo people and they have lots of money and were outside the U. Can't win, can you!

Perhaps we all need to be aware of mental health of colleagues. When we finally moved into the new building, there were no windows in my lab and my office had tiny northfacing windows. I had no idea I had seasonal affective disorder and was unaware of how lack of light decreased my mental capabilities. (To be perfectly fair we might have identified the problem earlier if I hadn't had a difficult pregnancy, and then a baby with a severe seizure disorder who died at 18 months AND if we had known more about SAD in those days.)

We need to value people for what we hire them for. We have a young Native American biochemist/microbiologist who is doing a wonderful job mentoring young NA scientists but will this count or is it just the number of publications?

Lots of other ideas but no more time for this.

Good luck in this endeavor.

Louise Hawley

---

Louise Hawley, PhD  
Medical Microbiology and Immunology, UMD School of Medicine  
Duluth MN 55812 (218) 726-8143



From: Bebeau Muriel  
To: courtney@mailbox.mail.umn.edu  
CC:  
Subject: world class (fwd)  
Date: Tue, 5 Oct 1999 10:10:37 -0500

Here is an additional set of issues that was delivered to me. Mickey

----- Forwarded Message begins here -----

From: George Realmuto <realm001@umn.edu>  
Date: Wed, 29 Sep 1999 15:10:00 -0600  
To: Muriel J Bebeau <bebea001@maroon.tc.umn.edu>  
Subject: world class

>>Your message was not delivered to the following recipients:

>>

>>UniversitySenate@mailbox.mail.umn.edu: 550  
>><UniversitySenate@mailbox.mail.umn.edu>... User unknown

>>

>

>>From: George Realmuto <realm001@umn.edu>

>>

>>TO: Muriel Bebeau, Chair AHC Faculty Consultative Committee regarding  
>>ways to make AHC world class. or at least improve our rating above the  
>>University of  
>>Wisconsin.

>>

>>

>>I could make a list of problems that would take all day to compile.

>>

>>Grants managment. It is not accurate or timely or helpful or workable.  
>>Solution: we subcontract so that we deal with business peiople who know  
how  
>>to facilitate a project.

>>

>>IRB: There are delays in initiating projects that isd due to  
peculiarities

>>of the IRB. As a member i fell I know what goes on. THERE is no forum to  
>>take these issues. THEY serioulsy infulence the timeliness and kinds of  
>>projects that this institution can be involved with.

>>

>>SEed money. Veteran invistigators are asking MMF for money. THIS is  
>>outrageous. MMF should be a source of money for seed projects or young  
>>investigators. THE amount that is left for these young investigators will  
>>not allow a good idea to get going.

>>

>>Collaboration: The kind of expertise on this campus i s outstanding but  
is  
>>not exploited for scientific research purposes. . Cross appoitments are  
>>still taking too long to effect and the AHC does not facilitate forums  
that

>>are cross disciplinary that would start collaborative research.

>>

>>Adminisration: Can you find an administrator for a signatature. AND what

is  
>>the purpose of this signature since it is a formality. Soluiton cut  
budget  
>>of adminisstration and hire someone at a reasonalbe salary to know the  
>>system and clear obstacles.  
>>  
>>

>>George M. Realmuto M.D.  
>>Child and Adolescent Psychiatry  
>>University of Minnesota  
>>F256/2B West  
>>2450 Riverside Ave,  
>>Minneapolis, MN 55454-1495

>  
>  
>George M. Realmuto M.D.  
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>University of Minnesota  
>F256/2B West  
>2450 Riverside Ave,  
>Minneapolis, MN 55454-1495

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Minneapolis, MN 55454-1495

----- Forwarded Message ends here -----

Muriel J. Bebeau, Ph.D.  
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Faculty Associate, Center for Bioethics  
Director of Education, Center for the Study of Ethical Development  
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15-136 Moos Tower  
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