

**School of Medicine, Duluth**  
**AHC Strategic Planning Initiative 2000**  
**Prologue**

The Vision Team

Dean Richard Ziegler and Sr. Vice President Frank Cerra invited Dr. Gary Davis to be the Vision Team Leader for the School of Medicine, Duluth (SOMD). Dr. Davis consulted with numerous faculty and the Dean regarding the selections of the faculty best suited to form the Vision Team. With this advice and counsel, the following faculty were selected: Drs. Annette Boman, Byron Crouse, Richard Eisenberg, Barbara Elliott, and Kendall Wallace.

The Visioning Process

The Team met as a whole at least weekly, and numerous times as sub-Teams, from January-April, 2000. Initially, the Team revised the Six Defining Questions, posed by Dr. Frank Cerra, to better reflect the needs and position of SOMD. The Team also identified the types of data needed to answer the questions and the appropriate sources for the data. Sources identified included internal and external constituents of the School. Two or more Team members were then assigned to each question and assumed primary responsibility for gathering the data and writing the response to the question. Different questions required different data gathering strategies.

Faculty and administrative input was solicited individually as well as in groups. The Visioning process was discussed at a School Assembly meeting on February 29, and again at a School-wide faculty retreat held on March 9-10. Meetings were held with representatives of the Duluth Family Practice Residency, SOMD Electronic Education Development Unit, St. Louis County Medical Society, Center for Rural Health, St. Mary's/Duluth Clinic Health System, St. Luke's Hospital, Minnesota State Legislature, Blue Cross/Blue Shield, The Center for American Indian and Minority Health, alumni, and various departments at UMD. The Dean was kept informed of the Team's progress by the Team Leader. Additional data were collected from state and national health care needs surveys and historical records related to the creation of the SOMD and its original charge.

A draft of this report was presented to Dean Ziegler and his comments on the report were considered by the Team and integrated where appropriate. This revised draft was then presented to the faculty and their comments on the report were also integrated where appropriate.

The Vision Report

The Vision Report is a distillation of the input from many people and the collective foresight, imagination and wisdom of the Team members. The recommendations, or "answers" to the six questions, do not require a dramatic shift in the direction of the School, but could be viewed as an adjustment in its course. The preparation of medical students to become family practice doctors in small town and rural settings should continue to be the core educational focus of the School.

However, the Vision Report asks for an expansion of the educational programs to more fully meet the needs of rural communities. The Report also asks that the School's rural emphasis be further expressed in its research programs and reflected in its technological development. The Report provides a broad view of future directions and a framework on which to base a more specific strategic plan.

## **Executive Summary of the School of Medicine, Duluth**

### **Vision Team**

**April 14, 2000**

#### **Question 1. What is our role in the health of Minnesotans—our land grant mandate?**

The School of Medicine, Duluth (SOMD) is unsurpassed in excellence in achieving its primary educational mission which is to prepare medical students to become family physicians who will practice in small towns in rural Minnesota. The Family Practice Preceptorship Program places medical students in rural health care clinics throughout Minnesota. The Duluth Family Practice Residency places the majority of its graduates in nonurban practice locations. In order to enhance the success of the SOMD in playing a vital role in the health of Minnesotans, it is recommended that the School: 1) become the center for rural health in the University of Minnesota. Rural health will become the primary emphasis of the School's mission and will be actualized, in part, by the education of family practice physicians and other rural health care professionals; 2) develop educational programs to train health professional students to meet the needs of rural communities; 3) recruit Minnesota Native American students into the health educational programs so that the needs of the Native American population can be better met; 4) increase the Family Practice Residency class size by 20% with a special effort to recruit Native American medical school graduates into the Residency; 5) expand the 3<sup>d</sup> and 4<sup>th</sup> year medical student educational opportunities in greater Minnesota in order to further enhance their education in those skills needed for practices in primary care medicine in rural Minnesota, consistent with the plans for joint accreditation with the TC Medical School; 6) capitalize on the School's rural health emphasis in the development of basic and clinical research initiatives relevant to rural Minnesota; and 7) develop course offerings in conjunction with UMD to advance undergraduate education and share the unique expertise of SOMD faculty.

#### **Question 2: In what ways will the SOMD be involved in the healthcare delivery process?**

SOMD's role in health care delivery is limited to the activities of a few faculty in part time clinical practice in the private sector. Faculty with clinical skills will continue to develop practice opportunities consistent with past levels of activity. The current clinical activity will be enhanced by: 1) The Duluth Family Practice Residency expanding its class size as its patient population growth allows it to support additional residents; and 2) SOMD faculty participating in health care delivery in focused areas that contribute to clinical research and address unmet patient needs.

### **Question 3: What is our vision of the health care professionals we train?**

The SOMD has an excellent record and reputation for educating well-prepared physicians who will practice in a variety of settings and disciplines, especially in rural family practice. The SOMD must continue to provide strong training in the basic sciences and communication skills, as these are essential tools for every physician. In the upcoming years the School will need to adapt its training to prepare the students for several expected changes in the working environment. It is recommended that the SOMD: 1) prepare the students to work in a team of health care professionals rather than autonomously; 2) ensure that the students are comfortable with the use of technology in the workplace and are able to meet the demands of technology-savvy patients; 3) instill life-long learning skills and adaptability to keep up with rapid changes in health care delivery; 4) provide training that reflects the changing demographics and needs of rural areas, including an emphasis on gerontology and mental health; 5) train other health professional students to meet the needs of rural communities; 6) anticipate changing work force needs in light of the current student expectations of fewer work hours; and 7) instill in students attitudes that will lead them to practice medicine in a manner consistent with the best evidence available.

### **Question 4: How does the SOMD elevate its research performance?**

An essential element of the mission of the UMD School of Medicine is to conduct state-of-the-art basic and clinical research. To complement the rural focus of the School, SOMD will add greater emphasis to translational research that integrates the most recent advances in the basic sciences with the clinical benefits to the health and well-being of the citizens of rural Minnesota. In order to achieve this goal, the School must 1) develop a cohesive and integrated research enterprise with an emphasis in the area of rural medicine; 2) facilitate and encourage interactions among basic and clinical research faculty; 3) maintain a critical mass of productive researchers by replacing all retirements with active research faculty; 4) hire bridge faculty for impending retirements to avoid a lull in research activity; and 5) develop an integrated graduate program.

### **Question 5: How do we maximize the technology of the electronics age?**

The technology of the electronics age is appreciated and utilized at widely varying levels of sophistication within the Academic Health Center. SOMD and AHC must increase the level of sophistication of all of their members and insure that their technologies are state of the art. It is recommended that the SOMD: 1) endorse the report of the AHC Task Force on Technology, Enhanced Learning and Distance Education dated March 2, 2000; 2) request that the Task Force's Recommendation A, dealing with the "hub, spoke, wheel" design, and Recommendation C, dealing with physical facilities, make special consideration for SOMD because of its distance from the Twin Cities; 3) educate students and faculty about hardware and software capabilities, new features and enhancements of the internet, televideo, and database search engines in order to elevate research

activity and communication; 4) include telehealth consultation and literature utilization as part of basic medical education; and 5) develop a cohesive plan to support computer technology.

**Question 6: How do we develop a culture of service and accountability, in both internal and external relations, with an environment of good communication and consultative decision making?**

In recent years, the SOMD has developed an excellent system of accountability involving faculty annual plans and reports, annual review meetings between faculty and department heads, and annual review meetings between department heads and the Dean. The Dean's accessibility and open style regarding such vital issues as the budget and strategic planning help to provide an atmosphere of open communication and accountability. The concept of "committee as a whole" characterizes much of the decision making process in the SOMD. External relationships with key constituents, such as hospitals and many physician groups, are excellent. It is recommended that in order to enhance an already outstanding culture of accountability and communication, the SOMD should do the following: 1) create a School/Dean's Advisory Committee of regional leaders; 2) establish an ongoing series of seminars and informational presentations, such as minimedical schools, for key community and regional organizations including the Rotary and area Chambers of Commerce; 3) reorganize the public relations efforts in the School into a Public Relations Office led by a qualified public relations person; and 4) create and promote a faculty ambassadors group to be an expertise resource to the region.