

**Minutes**  
**University of Minnesota Medical School**  
**Faculty Assembly**  
**May 21, 2008**

A meeting of the University of Minnesota Medical School Faculty Assembly was held on Wednesday, May 21, 2008 at 4:30 p.m. in the Mayo Auditorium, via ITV to 165 School of Medicine, Duluth. Dr. Roberta Sonnino, Associate Dean for Faculty Affairs, presided.

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**Welcome and Updates**

Dean Powell welcomed the faculty and made the following award presentations:

- **Stephen Katz**, Associate Professor of Integrative Biology and Physiology, was awarded the University of Minnesota Postbaccalaureate, Graduate and Professional Education Teach Award for 2008.
- **Nelson Rhodus**, who has an adjunct appointment in the Department of Otolaryngology, with a home appointment in the School of Dentistry, was inducted into the Academic Health Center Academy of Excellence in the Scholarship of Teaching and Learning.

The Dean then introduced the faculty to newly appointed staff in the Dean's Office as follows:

- **Lindsey Henson**, Vice Dean for Education
- **Kathleen Brooks**, Associate Dean for Primary Care
- **Roberta Sonnino**, Associate Dean for Faculty Affairs.

**Ratification of New Committee Members**

Dr. Roberta Sonnino presented the following Twin Cities committee member nominations for ratification by the Faculty Assembly:

**Admissions Committee:** Richard Bianco, Afshin Divani, Maria Evasovich, Anne Minenko, and Robert Reardon

**Promotion and Tenure Committee:** Michelle Biros, S.H. Fatemi, Anne Joseph, E. Russell Ritenour, Julie Ross, and Steve Santilli

**Committee on Student Scholastic Standing:** Sharon Allen, Eric Gross, Stephen Katz, Leon Satran, and Kevin Wickman

**Education Council:** Anne Minenko

**Research Council:** Esam El-Fakahany, James McCarthy, and Toni Moran

**Education Council Report:**

Dr. Kathleen Watson, Associate Dean for Students and Student Learning, presented the Education Council Report (see attached report).

**Admissions Committee Report (Duluth)**

Dr. Lillian Repesh, Associate Dean for Student Affairs and Admissions (Duluth Campus), presented the Duluth Admissions Committee Report (see attached report).

**Admissions Committee Report (Twin Cities)**

Dr. Paul White, Assistant Dean for Admissions (Twin Cities), presented the Twin Cities Admissions Committee Report (see attached report).

**Scholastic Standing Committee (Duluth)**

Dr. Richard Hoffman, Associate Dean for Medical Education and Curriculum (Duluth) presented the Duluth Scholastic Standing Committee Report (see attached report).

**Committee on Student Scholastic Standing Report (Twin Cities)**

Dr. Michael Mauer, Chair of the Committee on Student Scholastic Standing (Twin Cities) presented the Committee on Student Scholastic Standing Report (see attached report).

The meeting was adjourned at 5:25 p.m.

Respectfully submitted,

Jeni Skar  
Secretary to the Faculty Assembly

# Education Council Report to the Faculty Assembly

Kathleen Watson, MD  
Associate Dean for Students and  
Student Learning

UNIVERSITY OF MINNESOTA

Medical School

# Oversight and Accomplishments 2007-2008

- Admissions
- Match
- Curriculum Committee
- Evaluation
- LCME
- MED 2010
- Endorsed new *Teaching Track*
- Primary care task force

# Minnesota's Future Doctors

*Jo Peterson, PhD*



***Recruited  
students:***

**2007:**

- 23 summer + program
- 25 less intensive

**2008**

- 27 summer + program
- 25 less intensive

# Residency Match 2005-2008

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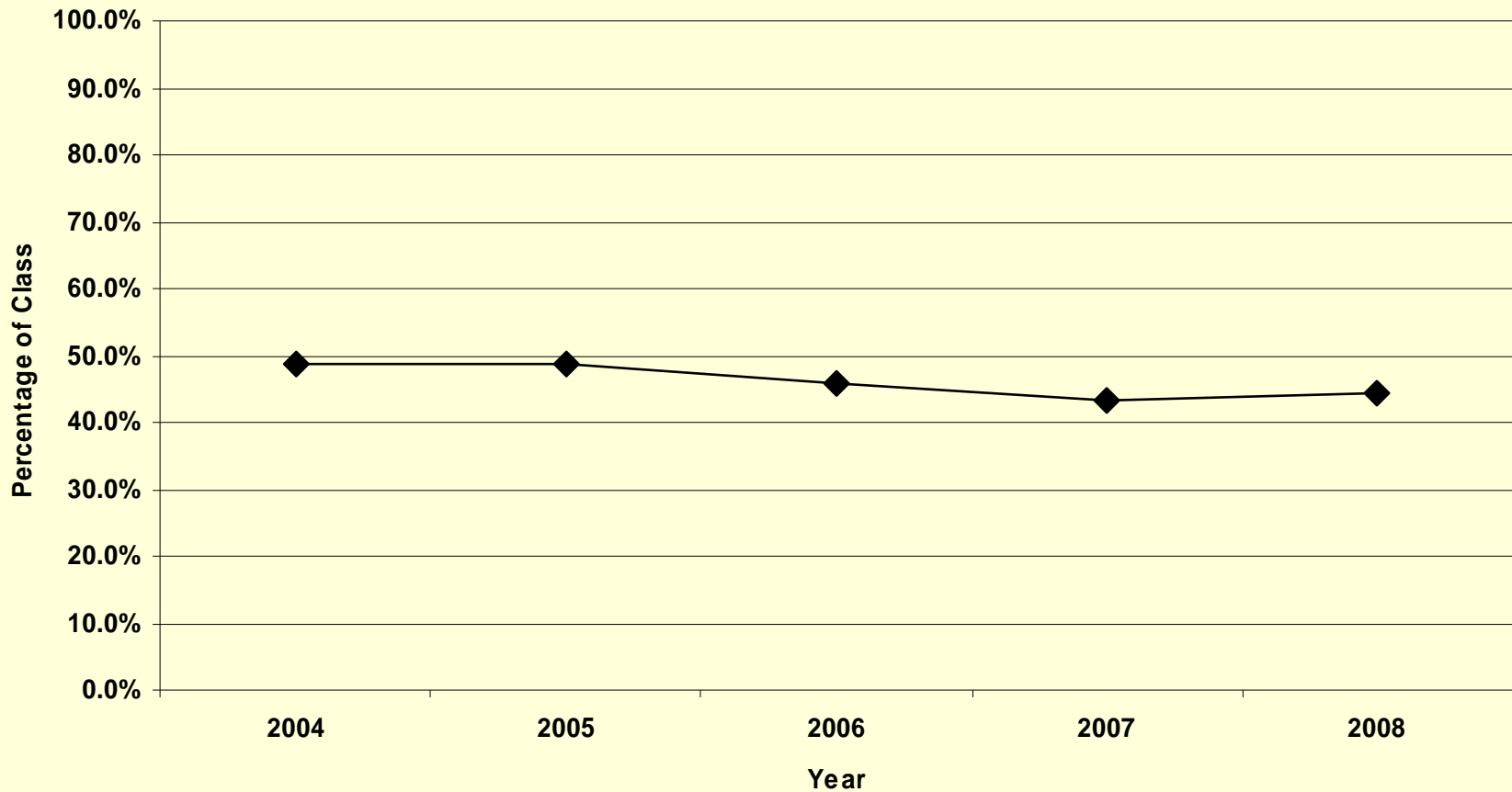
Medical School

# University of Minnesota Medical School

## Match 2008

	2005	2006	2007	2008
Internal Medicine	22.4%	17.8%	15.6%	18.7%
Family Practice	17.9%	15.6%	17.3%	14.8%
Pediatrics	6.3%	8.4%	5.8%	8.1%
Emergency Medicine	7.2%	7.6%	8.4%	7.2%
Surgery	6.3%	6.2%	4.4%	6.7%
Radiology	3.6%	4.0%	4.0%	4.8%
Orthopedic Surgery	4.0%	2.7%	4.4%	4.3%
Obstetrics & Gynecology	5.4%	4.4%	4.9%	3.8%
Anesthesiology	4.0%	6.2%	3.6%	2.9%
Medicine/Pediatrics	2.2%	4.0%	4.4%	2.9%
Otolaryngology	1.3%	0.9%	2.2%	2.9%
Urology	0.4%	2.2%	1.3%	2.9%
Ophthalmology	1.8%	1.8%	2.7%	2.4%
Psychiatry	1.8%	2.7%	1.8%	2.4%
Pathology	3.6%	4.0%	2.2%	1.9%
Dermatology	0.9%	2.2%	2.7%	1.4%
Neurology	2.2%	0.9%	2.2%	1.4%
PM&R	1.3%	0.0%	1.8%	1.4%
Radiology-Oncology	0.4%	0.0%	0.4%	1.4%
Neurological Surgery	0.0%	0.4%	0.4%	1.0%
Child Neurology	0.4%	0.4%	0.0%	0.5%

# Percentage of Students Matching into Primary Care 2004-2008

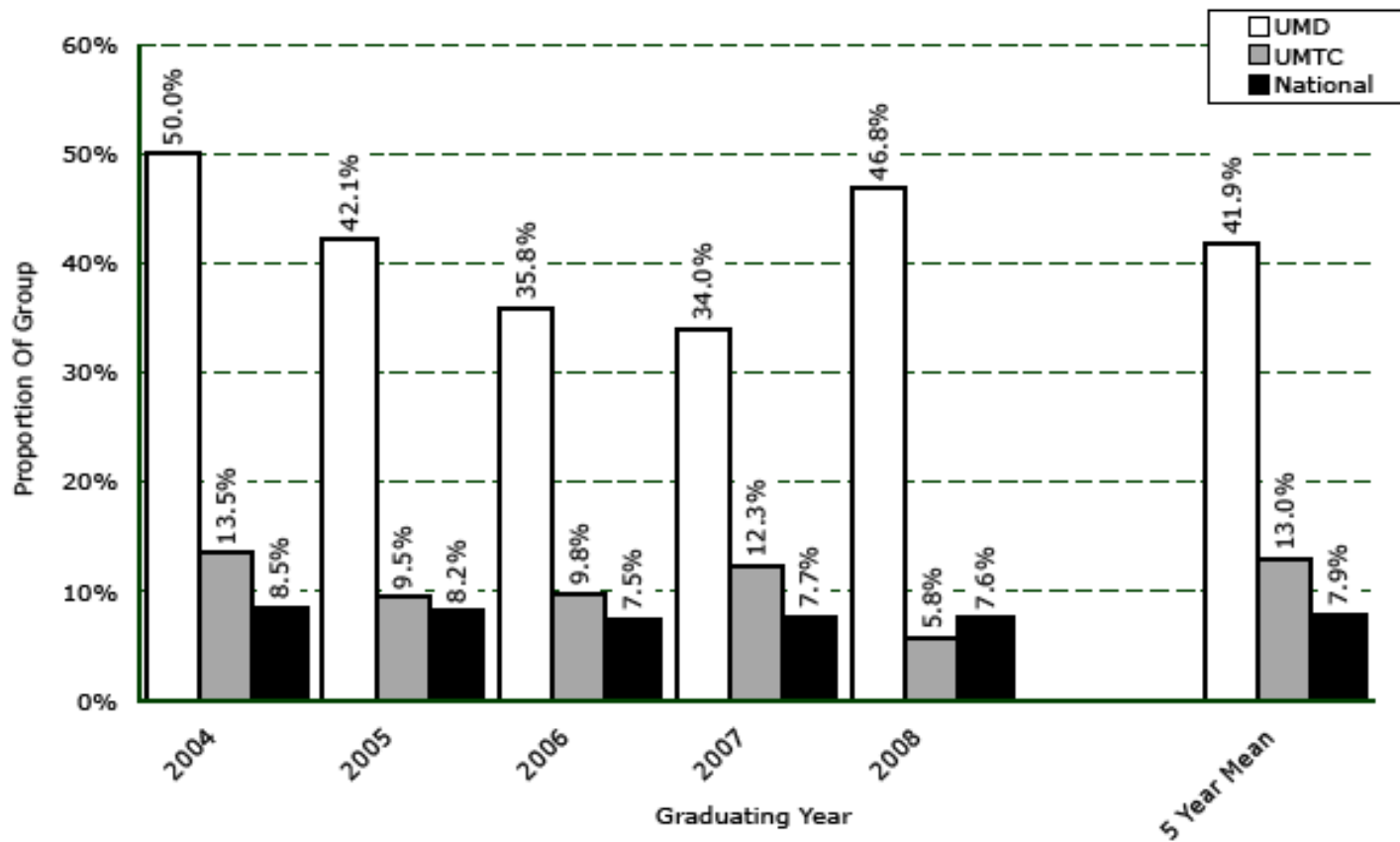


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Medical School

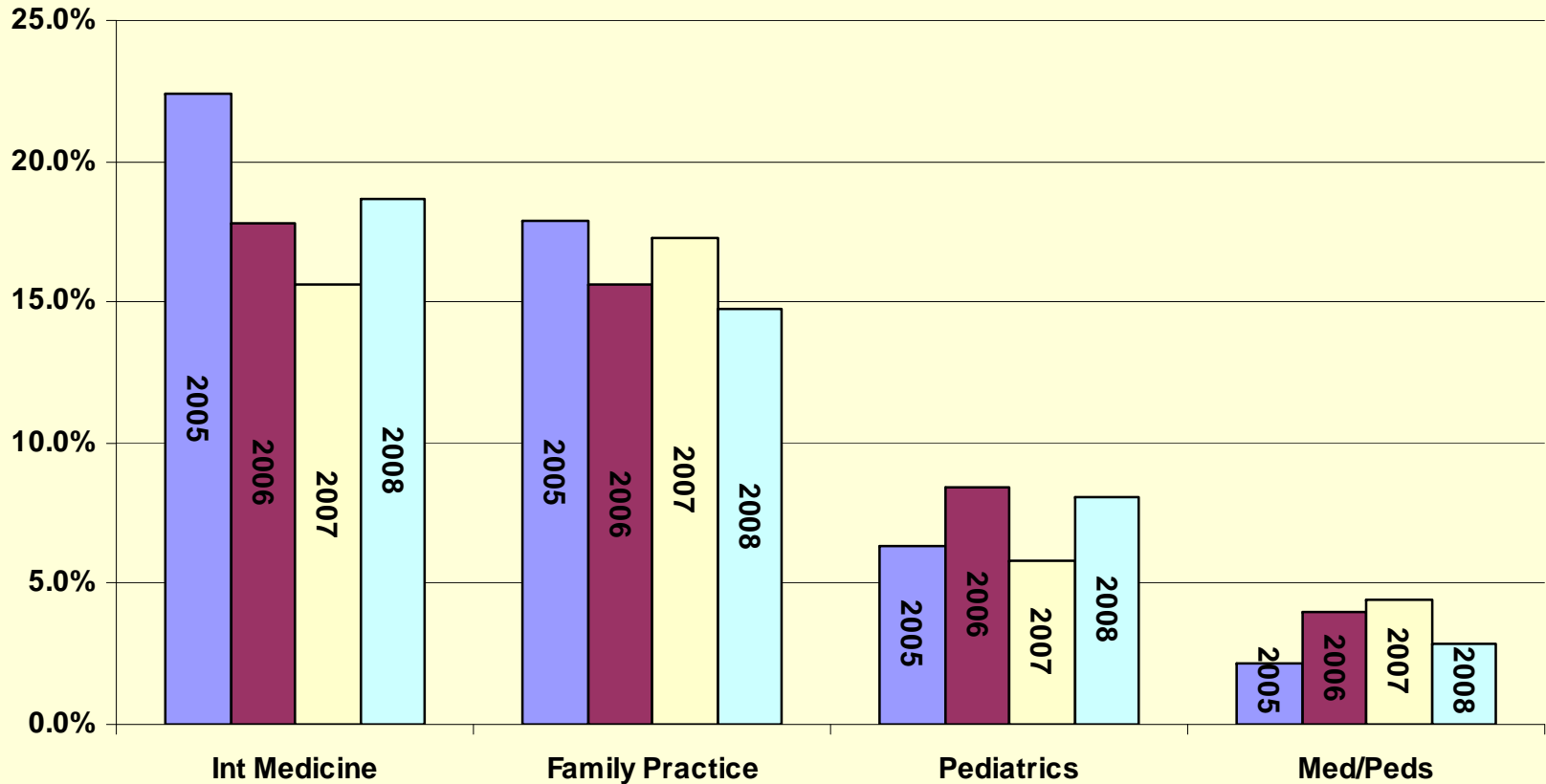


Proportion Of Senior Students Selecting Family Practice In NRMP Match



# Primary Care Trends by Specialty

## 2005-2008



# Curriculum Committee Retreat

- **Carol Aschenbrenner, M.D.,**  
Executive Vice President at AAMC
- **Consensus Outcomes:** Short term and long term actions:
  - Admissions
  - Faculty Development
  - Student learning
  - Scientific Foundations
  - Intra/inter-campus collaborations

# Curriculum Committee Retreat

*Short term and long term actions:*

- Admissions--Joint AMCAS application
- Faculty Development
- Student learning--Flexible MD
- Scientific Foundations
  - Write competencies to address the LCME standard on clinical and translational research
- Intra/intercampus collaborations
  - Share lectures and digital path slides with Duluth students; learn from each other; exchange ideas; create a structure of sharing

# Curriculum Committee Retreat Information sharing:

<https://moodle.umn.edu/course/view.php?id=2005>

For access, contact Sue Mowbray:

[smowbray@umn.edu](mailto:smowbray@umn.edu)

626-6067

# Evaluation

- USMLE results
- Future “Gateway” examination
- Course evaluations
- Program Evaluation:  
<http://meded.umn.edu/evaluation/>

Program Evaluation | UMN Medical Education - Windows Internet Explorer

http://www.meded.umn.edu/evaluation/reports.php

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# Program Evaluation

Medical Education

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**Program Evaluation**

**Julia Wynn, M.A.**  
Evaluation Specialist  
(612) 625-4489  
wynn0030@umn.edu

**Office Location:**  
B-610 Mayo Building

**Mailing Address:**  
Curriculum & Evaluation  
Office of Education  
University of Minnesota  
Medical School  
Mayo Mail Code #293  
420 Delaware St. S.E.  
Minneapolis, MN 55445

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## Reports

The **Office of Education**, for University of Minnesota Medical School, collects a variety of programmatic data; including individual course/clerkship performance, learner outcomes and achievement, and the overall success of the medical education program. A collection of an assortment of data via a range of sources and methods is essential for creating a landscape narrative of the entire program. One attempt to communicate this visual to faculty, students and administrators involved in the education process is through an **Annual State of Curriculum Report**. This annual report, which will be made available at the beginning of fall each academic year, consists of universal quantitative and qualitative analysis of distinct components of our program, for both Twin Cities and Duluth campuses.

**Reports**

[2007](#)

[2008](#)

[2009](#)

For Reports before 2007, email Julia Wynn, M.A., [wynn0030@umn.edu](mailto:wynn0030@umn.edu)

The table below includes descriptions of the sections of the annual report. You may access this report information by logging in below.

[Faculty login](#)   [Student login](#)

All reports require login with your University Internet ID (x.500)  
If you do not have access, email [wynn0030@umn.edu](mailto:wynn0030@umn.edu)

Annual State of Curriculum Report				
Report/Data	Purpose/Objective	Respondents/Participants	Collection Source	Collection Period

**Reports**

[2007](#)

[2008](#)

[2009](#)

For Reports before 2007, email Julia Wynn, M.A., [wynn0030@umn.edu](mailto:wynn0030@umn.edu)

# LCME

- 2/18/08: Letter to Dean
  - Accepted the class size increase
  - Accepted the 12/10/07 report on:
    - functional integration of the Duluth and Twin Cities campuses
    - Medical student diversity on the TC campus
    - Faculty resources at Duluth
    - Instructional support resources
  - Requested report by 1/1/2010
  - Next full survey is scheduled for 2011-2012



# Oversight and Accomplishments 2007-2008

- Admissions
- Match
- Curriculum Committee
- Evaluation
- LCME
- **MED 2010**
- **Endorsed new *Teaching Track***
- **Primary care task force**



*SAVE THE DATE!*

October 14<sup>th</sup>, 2008



MED 2010 Summit

"After the Match..." - GHHS Humanism Retreat - 3.14.2007

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OF MINNESOTA

**Medical School  
Duluth**

**Faculty Assembly  
Medical School Duluth Admissions  
May 21, 2008**

UNIVERSITY OF MINNESOTA

# Committee on Admissions Structure

- Members are proposed by the Associate Dean for Admissions and Sr. Associate Dean with confirmation by the School Assembly
- At least one-half of the members are regularly appointed faculty members of the Medical School Duluth (MSD)
- Associate Dean of Admissions is an *ex officio*, non-voting member
- Other members include:
  - UMD graduate and undergraduate faculty
  - Community members (e.g., physicians)
- Fifteen members including 3 prescreeners
- Three-year commitment

# Committee on Admissions Members

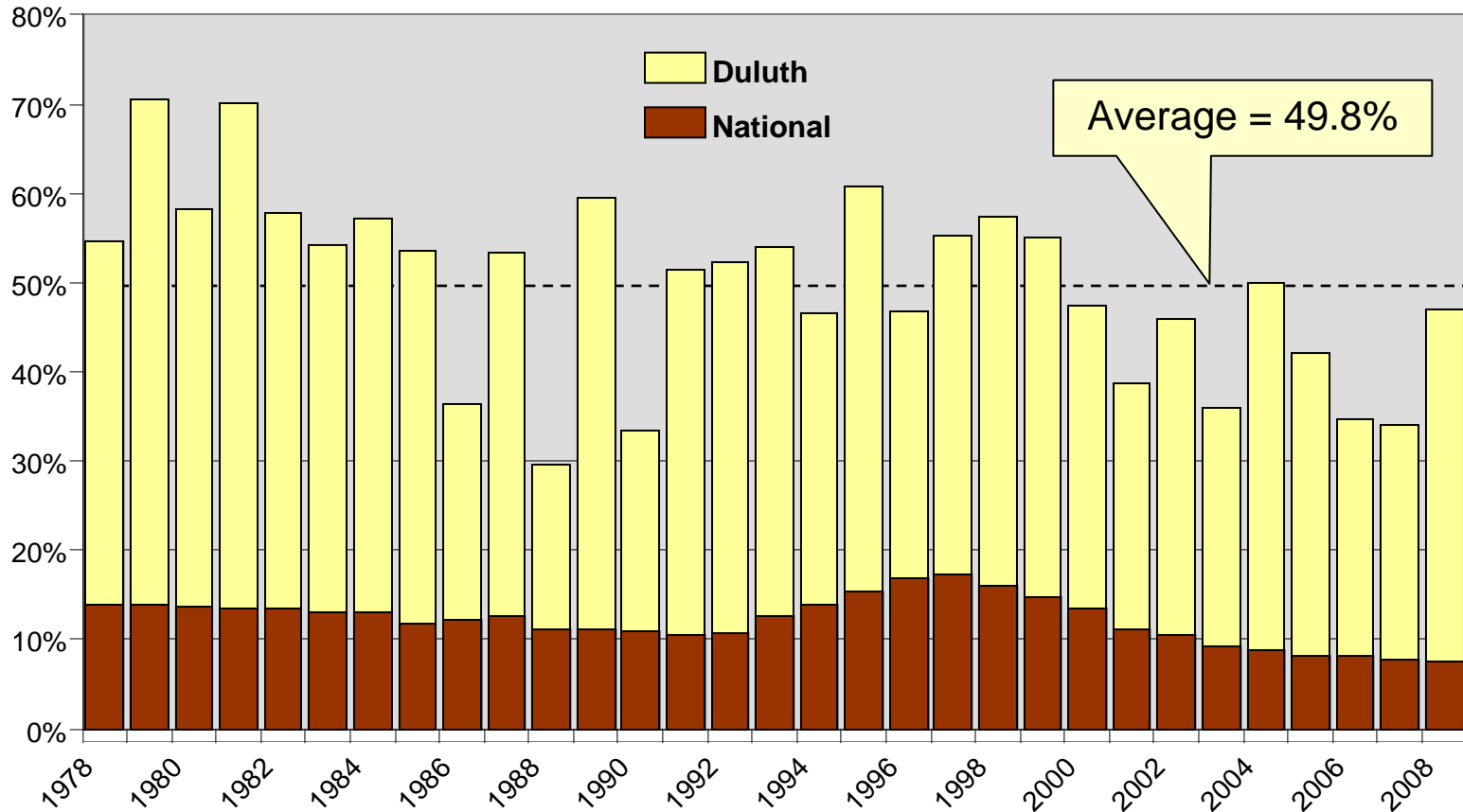
## 2007-2008

- Jeff Adams, M.D., Medical School Duluth
- James Boulger, Ph.D., Behavioral Sciences (prescreener)
- Jay Butcher, M.D. SMDC
- Ray Christensen, M.D., Medical School Duluth
- Tom Day, M.D., Duluth Family Practice Center
- Stephen Downing, Ph.D., Anatomy, Microbiology and Pathology
- Barb Elliott, Ph.D., Family Medicine and Community Health Duluth
- Janet Fitzakerley, Ph.D., Physiology and Pharmacology
- Donna Forbes, Ph.D., Anatomy, Microbiology and Pathology
- Lois Heller, Ph.D., Physiology and Pharmacology
- Rick Hoffman, Ph.D., Behavioral Sciences (prescreener)
- Mark Nierengarten, Ph.D., Health, Physical Education and Recreation, UMD
- Bonnie Peterson, Family Medicine and Community Health Duluth
- Ed Stauffer, Ph.D., Physiology and Pharmacology (prescreener)
- George Trachte, Ph.D., Physiology and Pharmacology (Chair)
- Anna Wirta, Center for American Indian and Minority Health
- Lillian Repesh, Ph.D., Associate Dean for Admissions and Student Affairs
- Susan Christensen, Executive Secretary

# Mission of the Medical School Duluth

- The mission of the University of Minnesota Medical School Duluth is to be a leader in educating physicians dedicated to family medicine, to serve the health care needs of rural Minnesota and American Indian communities, and to discover and disseminate knowledge through research

# Proportion Matching in Family Medicine By Graduating Year



## Cumulative Percent of Medical School Duluth Graduates by Size of Practice Community

Up to 7,500      **31.0%**

Up to 20,000    **41.8%**

Up to 50,000    **55.4%**

Up to 100,000   **70.6%**





# Goals of the Committee on Admissions

- COA assures.....
  - a competitive review of all applicants in the pool and all materials
  - an evaluation of all applicants that is flexible, holistic, and individualized
  - the selection of diverse, highly qualified applicants

# Essential and Desired Qualities

- Introduced this year from Dean's Task Force Recommendations
  - commitment to improving the human condition
  - unassailable professional conduct
  - outstanding interpersonal communication skills
  - effective dedication to life-long learning

# NEW Prerequisites

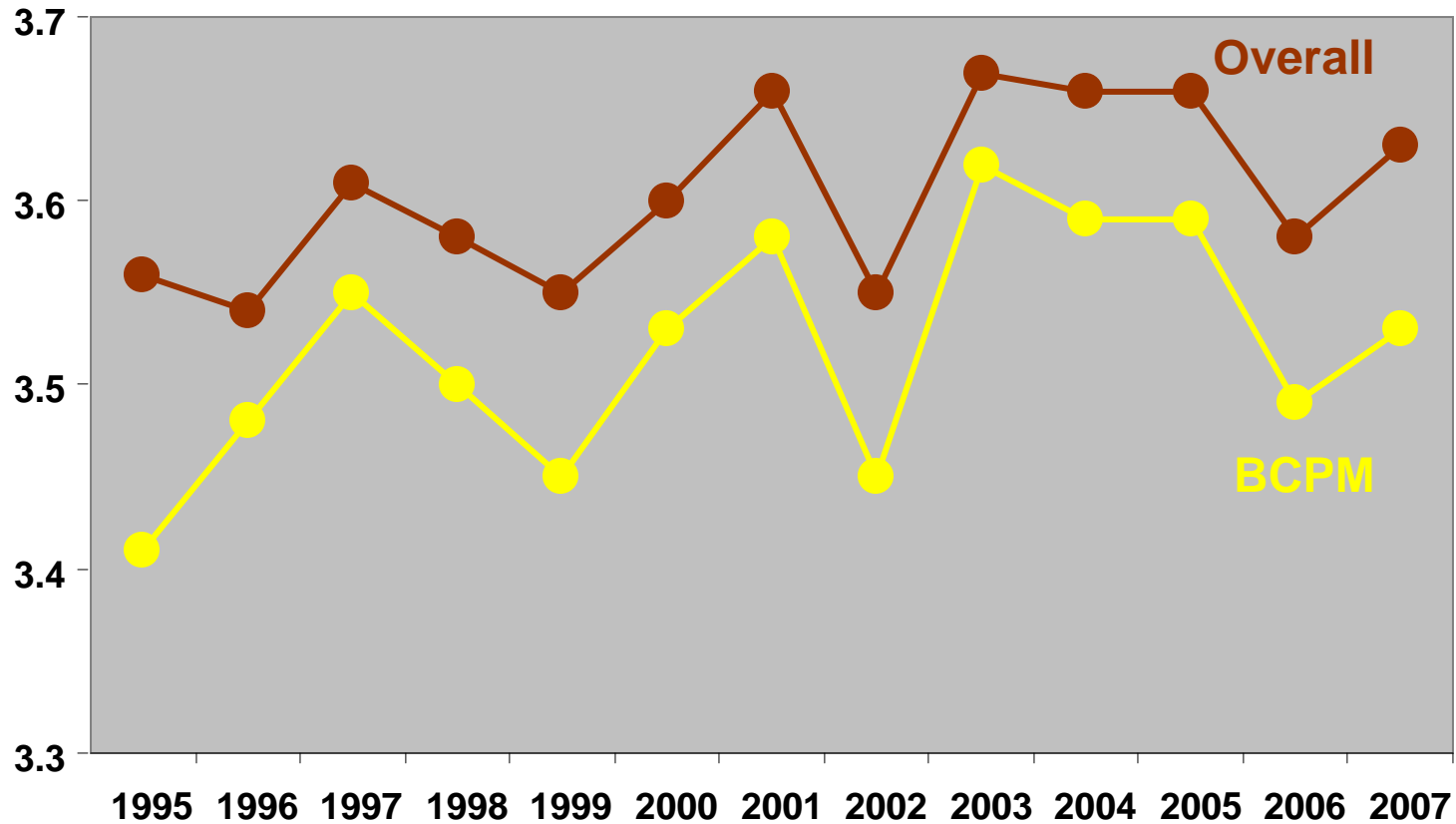
For students matriculating 2009 and beyond

Required Courses	Semesters	Quarters
Biology with lab	1	1
Chemistry with lab	1	1
Additional courses in the life sciences (biology, genetics, zoology, botany, parasitology, etc), biochemistry, chemistry, and /or physics, <u>at least 2 of which must be upper level courses</u>	4	4
1 upper-level course in the humanities or social sciences with an <u>intensive writing requirement</u>	1	1
<b>Total</b>	<b>7</b>	<b>7</b>

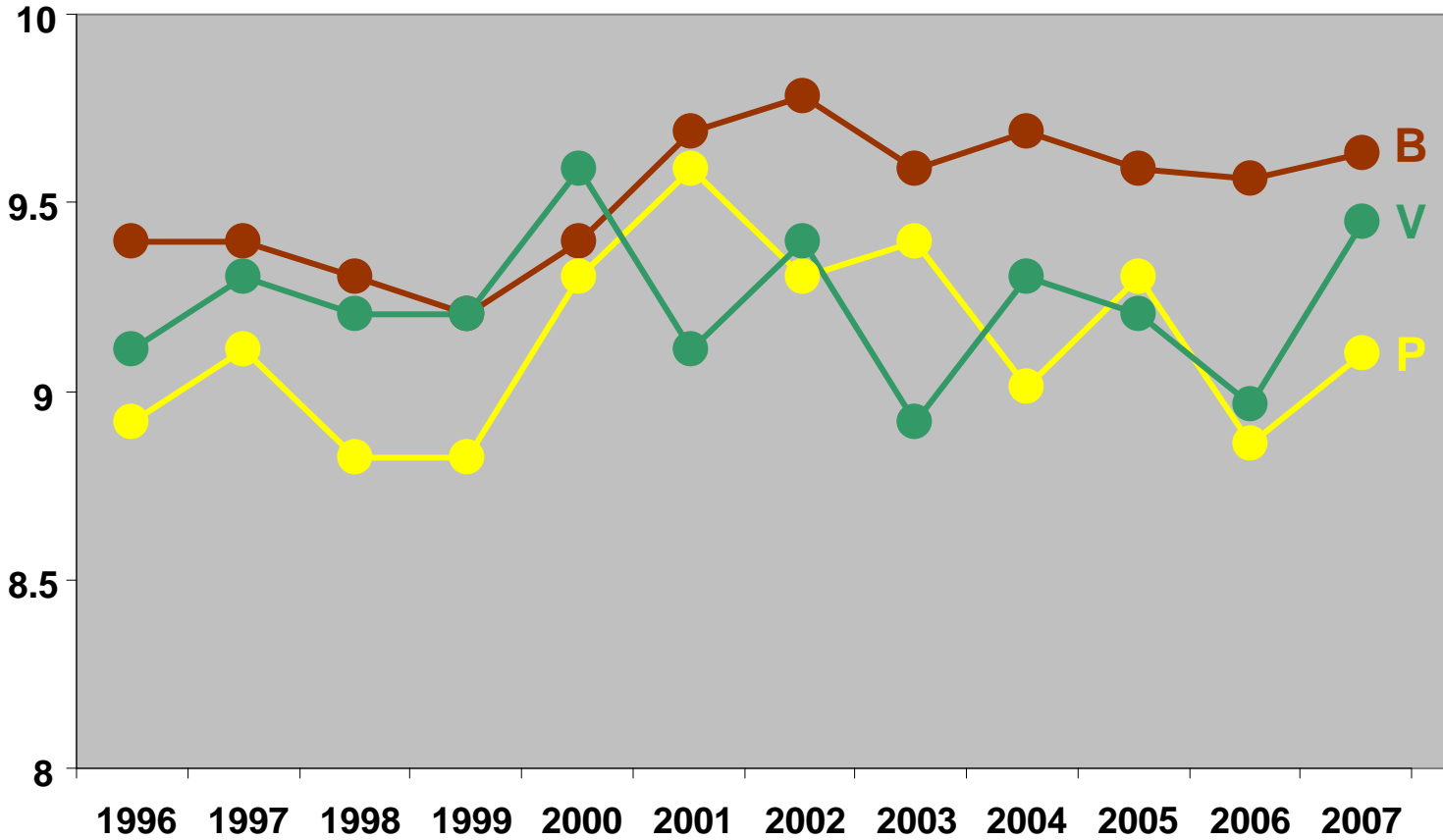
# 2008 Entering Class Statistics

▪ Total applicants:	1413
▪ Entering students:	60
▪ Residency Status:	
– Minnesota residents	55 (92%)
– Out of state residents	5 (8%)
▪ Gender	
– Females	36 (60%)
– Males	24 (40%)
▪ Multicultural	7 (12%)
– Native Americans	6 (10%)
▪ Number of Interviews	146
▪ Hometowns smaller than 20,000	87%

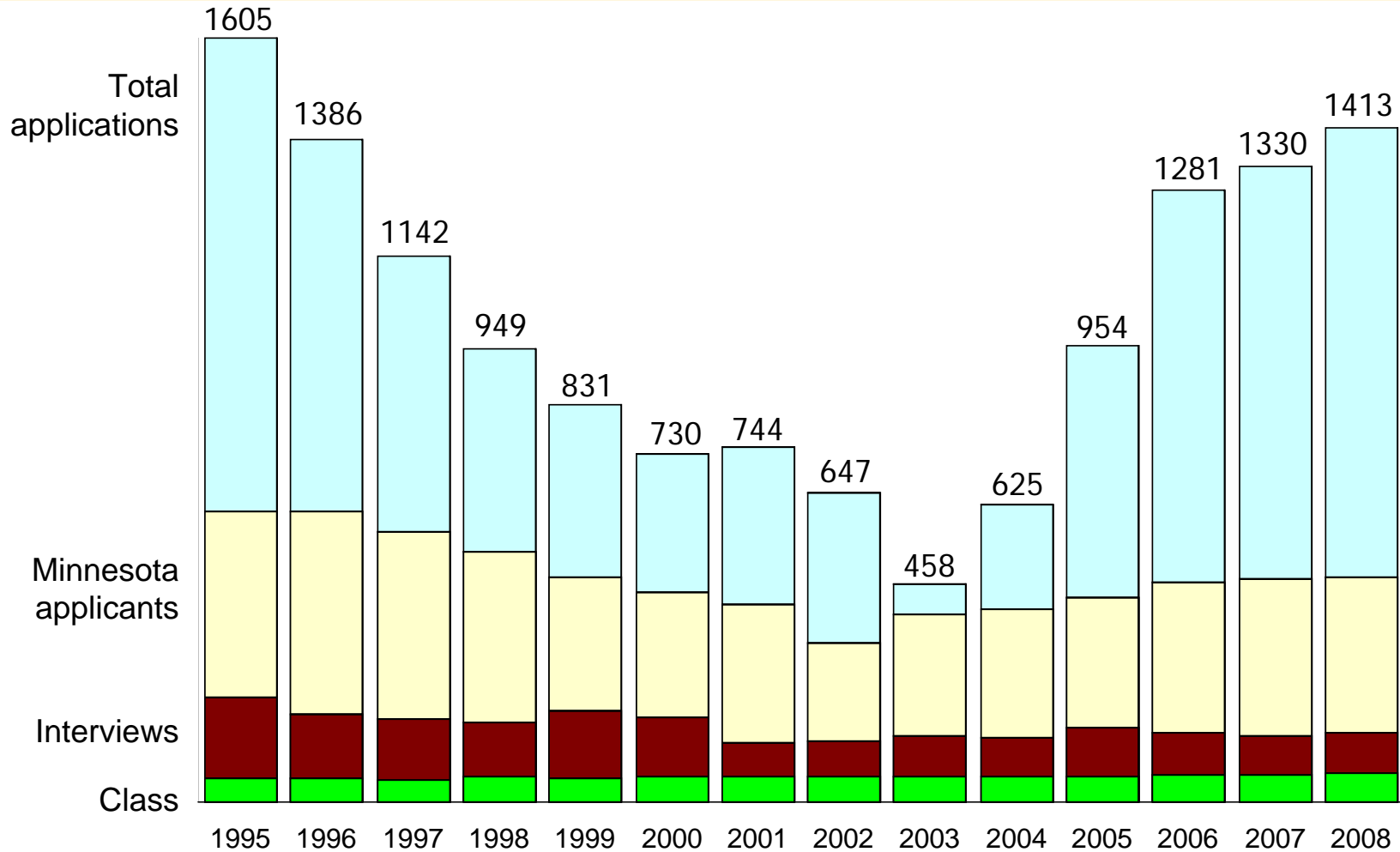
# Medical School Duluth Entering Class GPA Averages



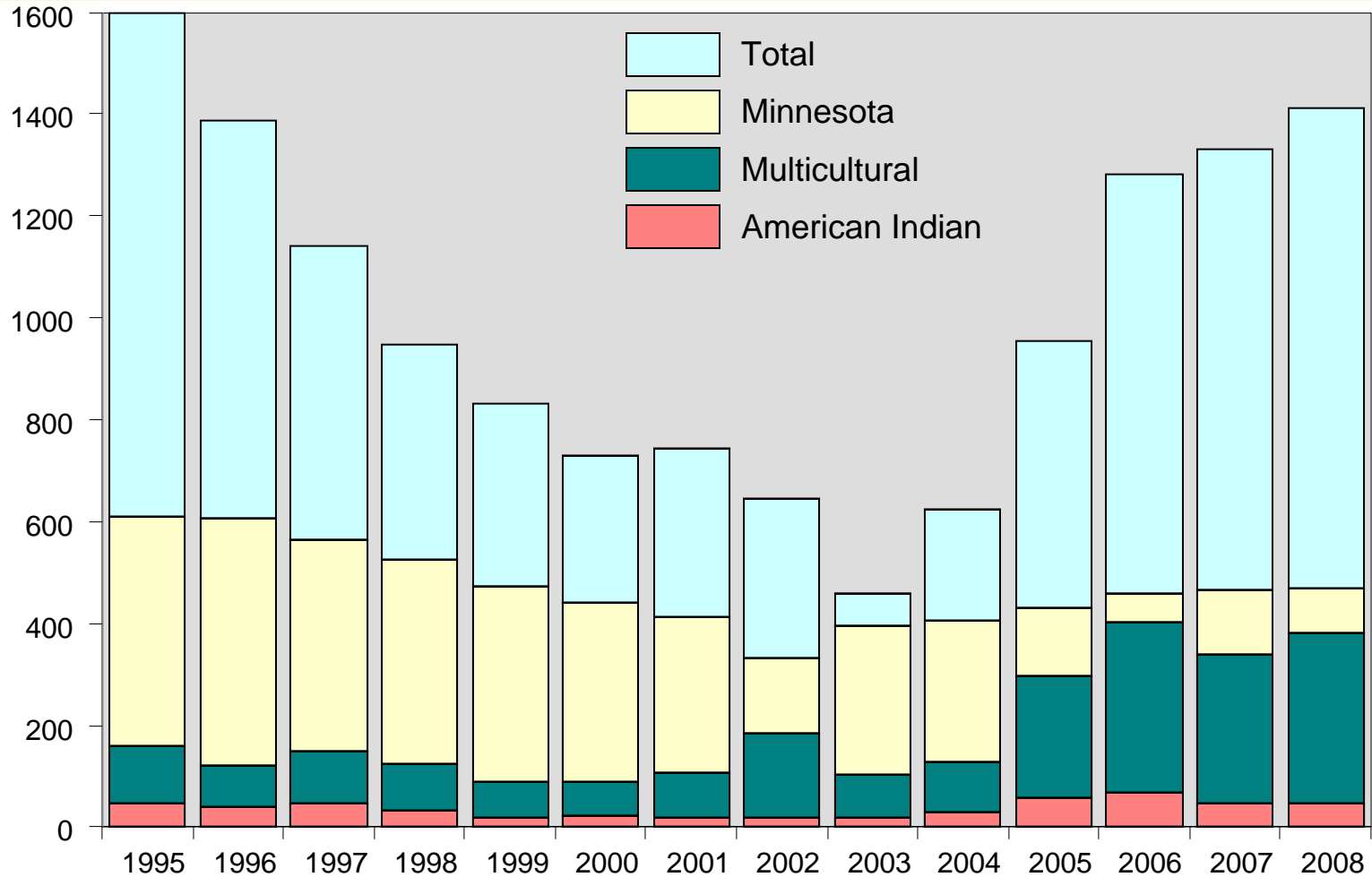
# Medical School Duluth Entering Class MCAT Averages



# Medical School Duluth Applicants

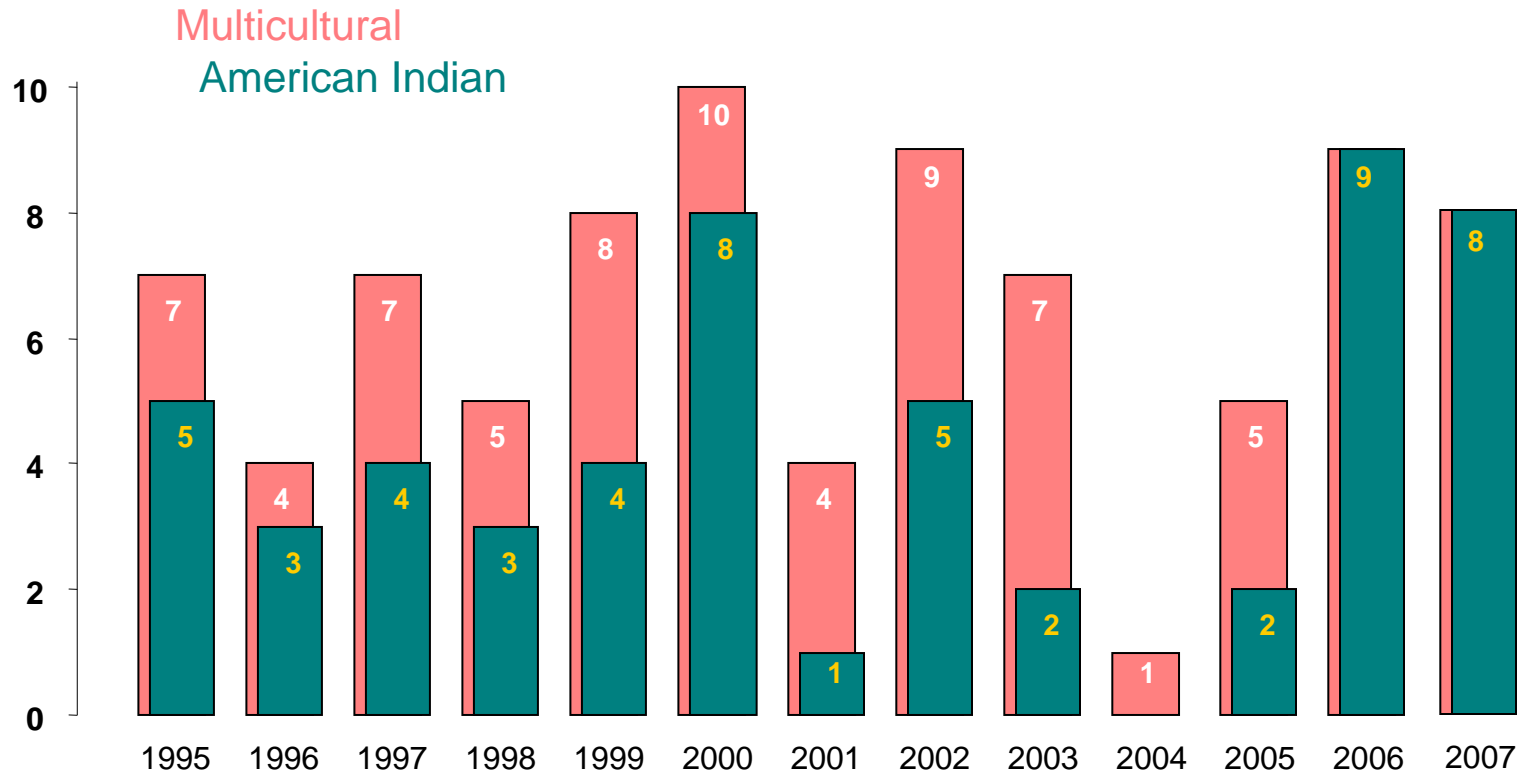


# Medical School Duluth Applicants





# Medical School Duluth Matriculants Multicultural and American Indian



University of Minnesota  
Medical School Duluth

**Entering Class of 2008  
Admissions Statistics  
as of May 8, 2008**

**Applications**

Total applications received	1413
Minnesota applicants	470
Total minority applicants	381
American Indian applicants	46

**Interviews**

Total interviews	146
Minnesota interviews	123
Multicultural interviews	25
American Indian interviews	16

**Entering Class of 2008**

Total acceptances offered	73
Early Decision acceptances	3
Early Admission acceptances	5
Deferred from 2007	4
Deferred until 2009	-

**Average GPA**

BCPM	3.63
Total GPA	3.70

Current acceptances	60
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**Average MCATs**

Verbal Reasoning	9.09
Physical Sciences	9.34
Biological Sciences	9.75

Minnesota residents	55
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**Multicultural**

American Indian	7
Minnesota American Indian	6
	2

**Undergraduate Schools (29 schools)**

University of Minnesota	21
UM Duluth	12
UM Twin Cities	5
UM Morris	4
Minnesota State Universities	2
Minnesota Private Colleges	19
Other (out of state)	18

Men	32
Women	26

**Hometown Size (38 Minnesota counties)**

<i>Hometowns smaller than 20,000 = 87%</i>			
Rural	Less than 2,500	19	32%
Small town	2,500-7,499	19	32%
Large town	7,500-19,999	14	23%
Small city	20,000-49,999	1	2%
Medium city	50,000-99,999	6	10%
Urban/suburban	100,000 and up	1	2%

**Undergraduate Majors (21 majors)**

Biology	25
Chemistry	6
Other Science	17
Other Majors	12

**Graduate Degrees**

M.A., Biology	1
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**Age**

Average	23
Mode	22
Range	21-31

**The Office of Admissions (TC)  
Report to the Faculty Assembly  
May 21, 2008**

# The Admissions Committee

- A standing committee of the Executive Faculty
- Committee composed of:
  - Basic Science and Clinical Faculty
  - Medical Society Representatives
  - Year 4 Medical Students
  - Ex-Officio [non-voting] Members

# Admissions Committee Members, 2007-2008

**Jasjit Ahluwalia**, MD, MPH, MS, Medicine  
**Walter Bailey**, MD, Ramsey Medical Society  
**G. Eric Bauer**, PhD, Genetics, Cell Biology and Development  
**Kumar Belani**, MD, Anesthesiology  
**Joseph Brocato**, PhD, Family Medicine and Community Health  
**Khalaf Bushara**, MD, Neurology  
**Kent Crossley**, MD, Medicine \*  
**David Current**, MD, Family Medicine  
**Lenore Everson**, MD, Radiology  
**William Gamble**, MD, Surgery  
**Ken Guidera**, MD, Orthopedic Surgery  
**David Hamlar**, MD, DDS Otolaryngology  
**A. Stuart Hanson**, MD, Hennepin Medical Society  
**Gerald Hill**, MD, Association of American Indian Physicians

**David Johnston**, MD, MN Medical Association  
**Sanjiv Kumra**, MD, Psychiatry  
**Barbara Leone**, MD, Family Medicine and Community Health  
**David Levitt**, PhD, Physiology  
**Ji-Chia Liao**, MD, Anesthesiology  
**Steven Miles**, MD, Medicine/Bioethics  
**Heather Nelson**, MD, Class of 2008  
**Arthur L. Ney**, MD, Surgery  
**William D. Payne**, MD, Surgery  
**Claus Pierach**, MD, Medicine/History of Medicine  
**Gerald Rosen**, MD, Pediatrics  
**Leon Satran**, MD, Pediatrics \*  
**Christopher Vu**, MD, Class of 2008  
**Karen Wahmanholm**, MD, PhD, Psychiatry

\* Committee Co-Chairs

## Purpose

- To ensure that an applicant can negotiate the curriculum and is academically fit for Medical School.
- To accept those applicants whom the committee has evidence will be competent, caring and successful physicians.

## Mission

The Office of Admissions carries out the admissions process in a manner that is equitable, efficient, and timely. Services provided by the Office of Admissions are responsive to the needs of prospective applicants, applicants, undergraduate pre-medical advisors, referring institutions, Medical School faculty and administrators, and external constituents including the Board of Regents, the Minnesota State Legislature and the Association of American Medical Colleges.

# Goals

- Maintain the integrity of the admissions process.
- Provide information to applicants in a caring, timely, and confidential manner.
- Admit applicants who exemplify the medical profession's values and standards.
- Enhance the diversity of the Medical School student body.
- Develop innovations to meet the educational mission of the University of Minnesota Medical School.



## 2007-2008 Goal Strategies

- Partnered with the admissions committee to address system and policy issues
  - Implemented new admissions business process
  - Established new procedures aimed to streamline the application review process
- Increased the number of committee members
- Reduced the number of committee meetings
- Included 4<sup>th</sup> year students in the interview process
- Developed a strategic communications plan
- Announced new requirements to University (advising) community
- Office of Admissions moved to new office location, G254 Mayo

# Outcomes

- Process streamlined for greater efficiency
- More committee members, less meetings, greater efficiency
- Increased focus on quality applicants
- Reduced the number of interviews offered
- Interviews concluded one month earlier than past years
- Improved office space, more welcoming environment improves recruitment efforts
- MS4 participation in interview process enhances recruitment efforts
- The number of multicultural applicants continues to increase

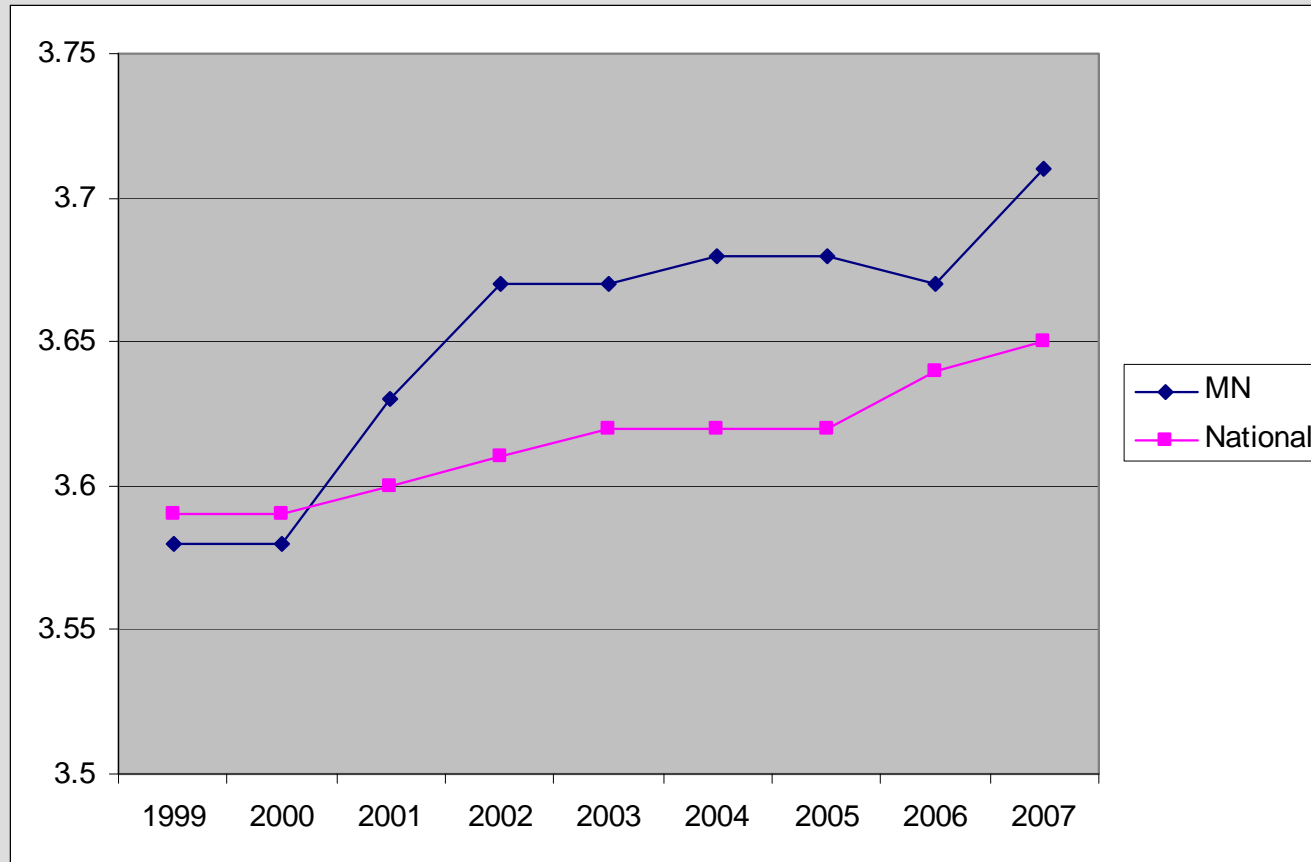
# 2007 Entering Class Profile

<b>Applicants</b>		<b>3093</b>
<b>Interviewed</b>		<b>508</b>
	(includes MD/PhD applicants)	
<b>Entering Students</b>		<b>183</b>
	[175 MD , 8 MD/PhD]	
<b>Residency Status</b>		
	Minnesota Residents [82 %]	<b>150</b>
	Non-Residents [18 %]	<b>33</b>
<b>Gender</b>		
	Women	<b>92</b>
	Men	<b>91</b>
<b>Multicultural</b>	[22%]	<b>41</b>
	UIM [10%]	<b>17</b>
<b>Average GPA</b>		<b>3.71</b>
<b>Average MCAT</b>		<b>32</b>
<b>Advanced Degrees</b>	[10.38%]	<b>19</b>

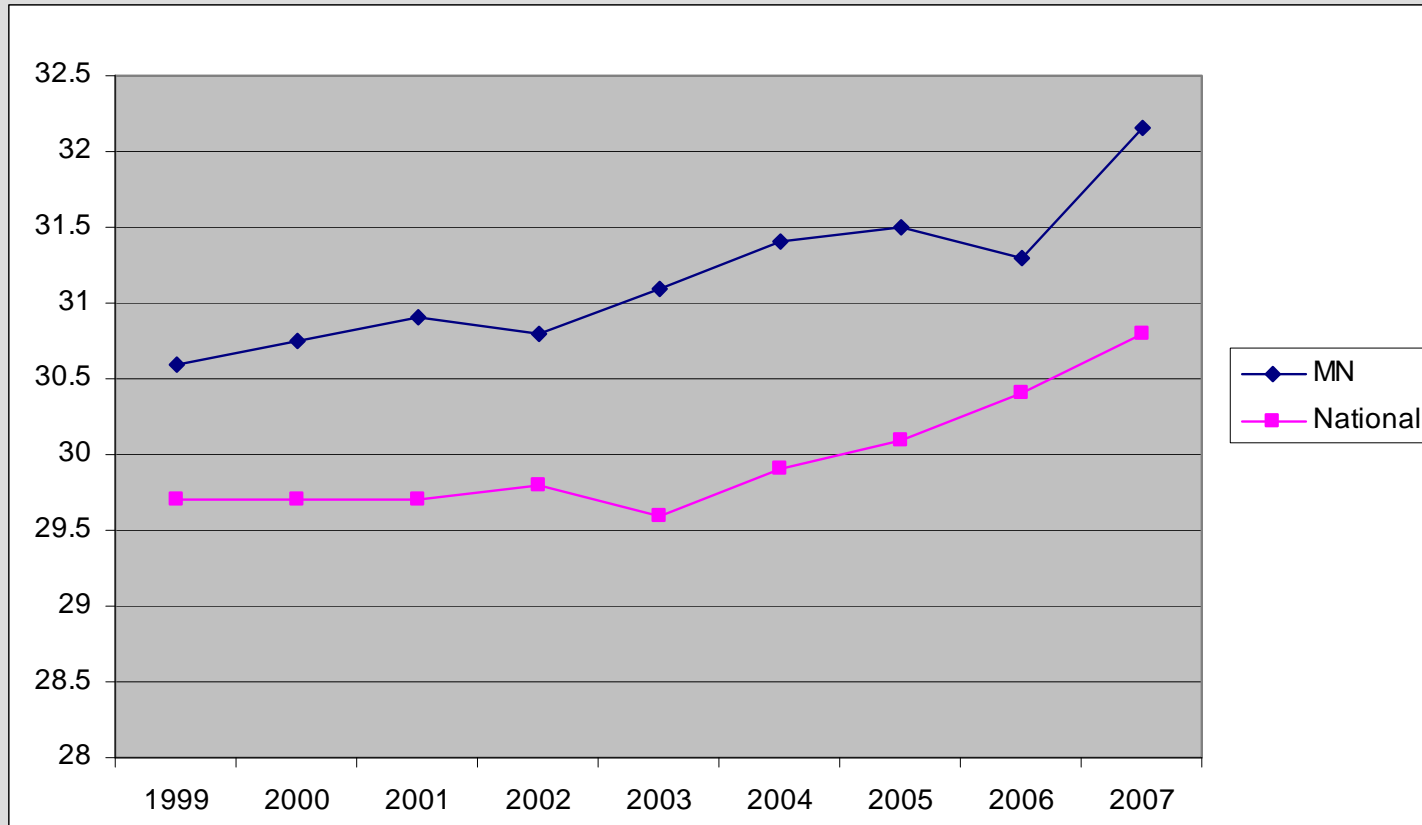
# Medical School Applicants

Year	National Statistics		U of M - TC Statistics	
	Applicant Pool	% Change	Applicant Pool	% Change
2000	37,088	-3.5%	1696	-9.5%
2001	34,860	-6%	1654	-2.5%
2002	33,625	-3.5%	1645	-0.5%
2003	34,791	+3.5%	1987	+20.8%
2004	35,735	+2.7%	2166	+9%
2005	37,373	+4.6%	2285	+5.5%
2006	39,108	+4.6%	2528	+10.6%
2007	42,315	+8.2%	3093	+22.3%

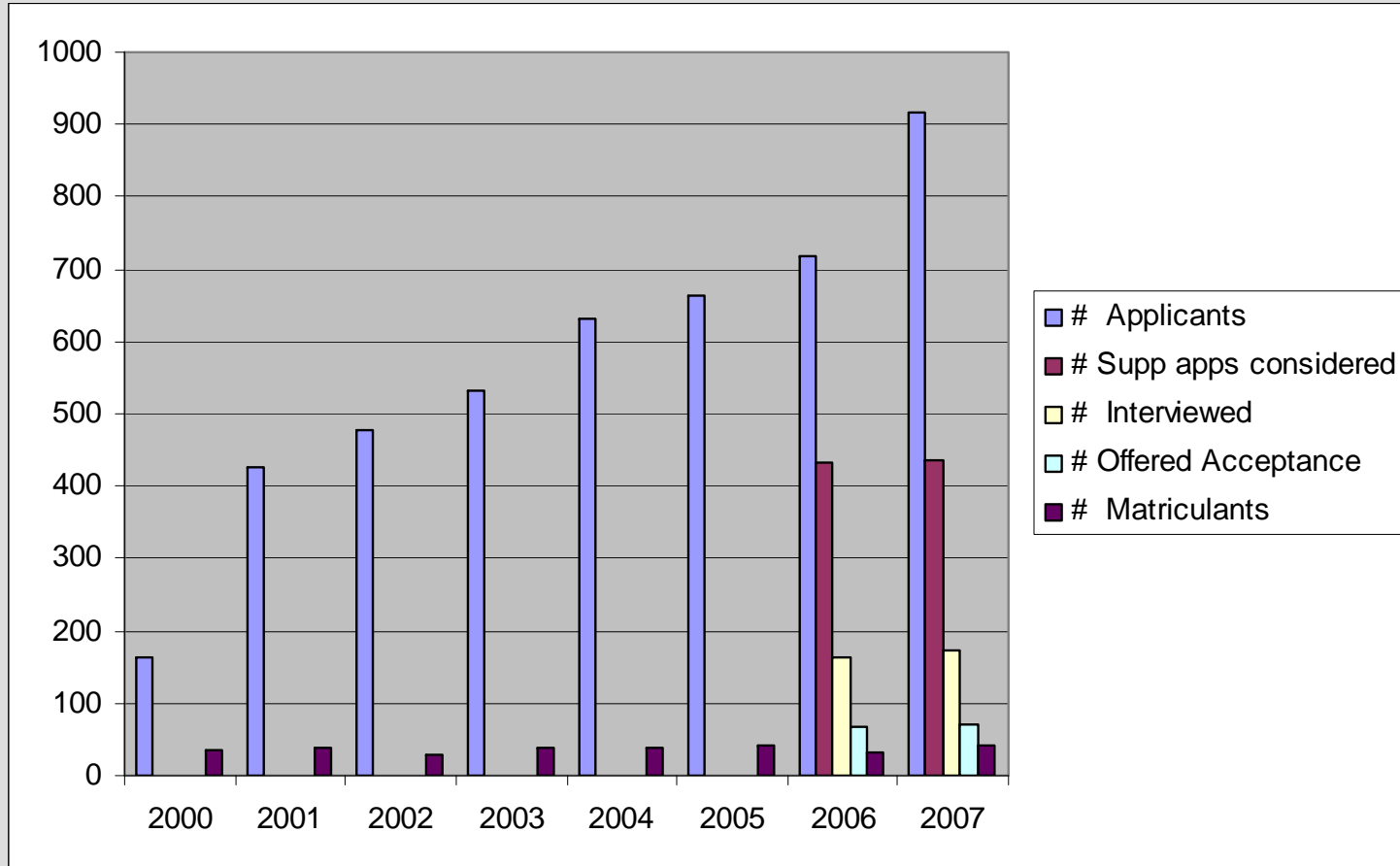
# Medical School Matriculants Mean GPA's



# Medical School Matriculants Mean MCAT Scores



# Multicultural Applicants



# Primary Undergraduate Feeder Schools

Feeder Schools	2000	2001	2002	2003	2004	2005	2006	2007	Total Entrants 2000-2007
University of Minnesota-TC	30	28	33	27	44	36	29	47	274
Saint Olaf	11	6	11	6	11	6	4	7	62
University of Wisconsin - Madison	7	5	9	9	9	9	7	5	60
Carleton	11	6	9	5	7	5	4	6	53
University of St. Thomas	8	6	4	5	8	6	3	9	49
Gustavus Adolphus	6	3	2	8	1	4	5	4	33
Macalester	2	6	6	2	4	3	6	4	33
Northwestern University	4	3	1	4	4	2	6	5	29
University of Notre Dame	4	2	5	4	4	2	1	4	26
Saint Johns University	3	3	3	3	3	3	1	5	24



## Concluding Remarks

- Quality of applicants continues to improve
- Anticipate and plan for increased applicant pool for 2008-2009 [number, competitiveness]
- Continue practice of comprehensive holistic review of applicants.
- Continue to active recruit for a diverse student body.
- Applicants for 2008-2009 will be considered based on the new requirements
- Continue to monitor and modify the applicant review process as needed
- Collaborate with Minnesota Medical Foundation on a major campaign to increase scholarship funds

## Essential and Desired Qualities of the Ideal Medical Student

The Dean's Task Force on Admissions was commissioned on January 31, 2007, by Dean Powell and Associate Dean Watson. The task force was asked to recommend those characteristics and qualifications that should be required for all University of Minnesota medical students, and those that should be considered desirable.

### **A new approach to admissions:**

We are looking toward the future of medicine and the skills and knowledge our future physicians will need therefore, we are changing our focus in recruiting students.

Applicants to the University of Minnesota Medical School must demonstrate commitment to delivering compassionate and quality care, as well as a high degree of personal integrity and skill in communicating with diverse groups. They should be self-directed individuals who are committed to lifelong learning.

The new prerequisites are designed to attract a pool of applicants who best reflect our society, while maintaining high standards for intellectual aptitude, which includes performing well on the MCAT.

These new qualifications will be subject to regular review and, if necessary, revision.

The essential and desired qualities are:

### **1. Commitment to Improving the Human Condition.** Qualities that fall under this heading are:

- **Commitment to Human Service (essential).** Sustained and meaningful commitment could be demonstrated by—but not be limited to—volunteer, work, or academic experiences (such as research) that reflect a desire to improve the human condition.
- **Understanding of Medicine (essential).** Each applicant must have a basic understanding of the world of medicine and the life of a physician.
- **Commitment to Care of the Underserved (desired).**
- **Commitment to Community and Global Care (desired).** Individual applicants who demonstrate these commitments would align well with our Medical School's orientation.
- **Commitment to Rural Care (desired in Twin City applicants, essential in Duluth applicants).** While desirable among all our students, clearly this is an essential quality for the ideal Duluth campus student.

### **2. Professional Conduct.** Qualities that fall under this heading are:

- **Honesty (essential).** Honesty and integrity, particularly regarding instances of personal failings or mistakes, are essential for accountability. Previous educational institutions, employers, and relationships may help the applicant demonstrate honesty and integrity.
- **Compassion (essential).** Evidence for this essential quality could be provided by faculty, advisor, and supervisor evaluations, the nature of prior employment (e.g., nurse's aide, working for the underserved), or experience as a counselor or in other roles that require compassion.

- **Self-awareness (essential).** Students can exhibit self-assessment and self-reflection by, among other possibilities, citing their own strengths and weaknesses; knowing when to ask for help; or recounting experiences in which they were in error, in the minority, or out of their comfort zones.
- **Ethical Behavior (essential).** Our medical students must understand, value, and embody moral standards and conduct.

**3. Outstanding Interpersonal Skills.** Qualities that fall under this heading are:

- **Communication Skills (essential).** To best serve patients and work with peers, oral and written communication skills must be excellent, both to share knowledge and to convey empathy.
- **Teamwork Skills (essential).** Working effectively in teams requires: acknowledging other team members' expertise, accurate self-assessment of one's skills, assumption of leadership when appropriate, and subsuming one's own interests to the work of the team.
- **Tolerance (essential).** Reflecting the ever-increasing diversity of patients and providers, students should exhibit respect and tolerance of values and belief systems other than their own.
- **Leadership Experiences (desired).**
- **Diversity Experiences (desired).** Some applicants will have limited opportunity to engage in diversity experiences and should not be excluded from admission solely on this basis.

**4. Effective Dedication to Lifelong Learning.** Qualities that fall under this heading are:

- **Intellectual Curiosity (essential).** Intellectual curiosity may be demonstrated by academic achievement across a broad variety of disciplines, a history of unique or intensive learning experiences or teaching experiences, ability to discuss a wide array of topics, or through other means, such as publications and research.
- **Scientific Aptitude (essential).** Students should demonstrate they can learn and apply scientific concepts and a fundamental appreciation of how the scientific method is applied to the discovery of medical knowledge and to medical practice.
- **Potential for Academic Success (essential).** Applicants must demonstrate the motivation, intellectual ability, time management skills, and other qualities necessary for success in medical education.
- **Psychological Resilience (essential).** Emotional stability, skills to cope with stress, an ability to deal with sacrifice and hardship, maturity, good judgment, and an ability to defer gratification are components of resilience needed in medical students.
- **Creativity (desired).**
- **Research Experiences (desired; essential in MD/PhD applicants).**

## **Admissions Committee, 2007-2008**

**Jasjit Ahluwalia**, MD, MPH, MS, Medicine  
**Walter Bailey**, MD, Ramsey Medical Society  
**G. Eric Bauer**, PhD, Genetics, Cell Biology and Development  
**Kumar Belani**, MD, Anesthesiology  
**Joseph Brocato**, PhD, Family Medicine and Community Health  
**Khalaf Bushara**, MD, Neurology  
**Kent Crossley**, MD, Medicine \*  
**David Current**, MD, Family Medicine  
**Lenore Everson**, MD, Radiology  
**William Gamble**, MD, Surgery  
**Ken Guidera**, MD, Orthopedic Surgery  
**David Hamlar**, MD, DDS, Otolaryngology  
**A. Stuart Hanson**, MD, Hennepin Medical Society  
**Gerald Hill**, MD, Association of American Indian Physicians  
**David Johnston**, MD, MN Medical Association  
**Sanjiv Kumra**, MD, Psychiatry  
**Barbara Leone**, MD, Family Medicine and Community Health  
**David Levitt**, PhD, Physiology  
**Ji-Chia Liao**, MD, Anesthesiology  
**Steven Miles**, MD, Medicine/Bioethics  
**Heather Nelson**, MD, Class of 2008  
**Arthur L. Ney**, MD, Surgery  
**William D. Payne**, MD, Surgery  
**Claus Pierach**, MD, Medicine/History of Medicine  
**Gerald Rosen**, MD, Pediatrics  
**Leon Satran**, MD, Pediatrics \*  
**Christopher Vu**, MD, Class of 2008  
**Karen Wahmanholm**, MD, PhD, Psychiatry

\*Co-Chairs

### **Ex-Officio Members**

Paul T. White, JD, Assistant Dean of Admissions  
Joy Dorscher, MD, Director, Center of American Indian and Minority Health  
Mary Tate, Director, Office of Minority Affairs and Diversity  
Tucker LeBien, PhD, Director, Combined MD/PhD Program

## Top U of M Competitors

### Medical Schools Attended by Applicants Also Accepted to UMMS-TC

	2002		2003		2004		2005		2006		2007	
	Medical School	# of WDs	Medical School	# of WDs	Medical School	# of WDs	Medical School	# of WDs	Medical School	# of WDs	Medical School	# of WDs
1	Mayo	13	Mayo	11	U Wisconsin	7	Mayo	6	Mayo	9	Wash. Univ. St. Louis	7
2	Minnesota-Duluth	8	U Wisconsin	8	Mayo	7	U Wisconsin	5	Wisconsin	7	Mayo	7
3	U Wisconsin	5	U Wash-Seattle	7	Iowa	7	U Chicago-Pritzker	5	U Michigan	7	Univ. Washington-Seattle	5
4	U Wash-Seattle	5	Harvard	7	Wash U St. Louis	6	Iowa	4	Iowa	5	Northwestern	5
5	Northwestern	5	Minnesota-Duluth	5	Minnesota-Duluth	6	Dartmouth	4	UMN-Duluth	4	U Michigan	5
6	Iowa	5	U Michigan	4	Southern Calif	5	Case Western	4	Pittsburgh	4	Chicago-Pritzker	5
7	Colorado	5	Rochester	4	Northwestern	4	Oregon	3	Johns Hopkins	4	UCSF	4
8	Wash U St Louis	4	Med Col Wisconsin	4	Med College of Wisconsin	4	Calif-San Diego	3	Case Western	4	Case Western	4
9	Un. Calif.-San Fran.	4	Johns Hopkins	4	Johns Hopkins	4	Georgetown	2	Loyola-Stritch	3	Iowa	3
10	U Chicago-Pritzker	4	Colorado	4	Harvard	4	Emory	2	Cornell	3	Illinois	3
11	Harvard	4	U. Calif.-San Fran.	3	Georgetown	3	Cornell U	2	Baylor	3	Georgetown	3
12	Emory	3	U Chicago-Pritzker	3	Rochester	3	Harvard	2	Northwestern	3	Wisconsin	3
13	Albert Einstein	2	Southern Calif	3	Stanford	3	Johns Hopkins	2	Yale	3	Dartmouth	2
14	Case Western Res	2	Pittsburgh	3	U Michigan	3	Med Col Wisconsin	2	Colorado	2	Emory	2
15	Columbia	2	Iowa	3	Arizona	2	Minnesota-Duluth	2	Columbia	2	Med College of Wisc.	2
16	Dartmouth	2	Creighton	3	Calif-Los Angeles	2	Ohio State	2	Dartmouth	2	Ohio State	2
17	Georgetown	2	Wash U St Louis	2	Emory	2	Pittsburgh	2	Harvard	2	Oregon	2
18	Loyola-Stritch	2	Vanderbilt	2	Loma Linda	2	Rochester	2	Illinois	2	Pittsburgh	2
19	Oregon	2	U Illinois	2	Albert Einstein	1	Stanford	2	Ohio State	2	UCSD	2
20	Penn State	2	Stanford	2	Case Western	1	U Michigan	2	Oregon	2	UMN-Duluth	2

May 15, 2008

TO: University of Minnesota Medical School Faculty Assembly

FROM: Scholastic Standing Committee, Duluth

RE: Annual Report (2007-2008)

The Scholastic Standing Committee is a standing committee in Duluth charged with the responsibility of monitoring student progress through the first two years of medical school. In Duluth, each department of the School has one member on the committee as does each class of medical students. The Duluth campus Associate Dean for Student Affairs sits ex-officio on this committee. Meetings are held following the conclusion of each grading period to review student progress. Student progress is also monitored at each mid-semester point and meetings are held at these times if necessary.

End of grading period determinations were held on 5/29/07, 7/17/07 and 1/29/08. The Spring Semester 2008 end of grading period determination meeting is scheduled for 5/27/08. In addition, a special dismissal hearing was held on 6/6/07 regarding the academic performance of a first year student. A special meeting was held on 7/3/07 regarding the academic progress of a first year student who had failed 1st Year courses in Spring Semester 2007 and a second special meeting was held on 7/25/07 regarding the academic progress of this same first year student. A special meeting was held on 12/3/07 regarding a second year student who had failed two second year courses, but had not yet taken re-examinations in these courses.

Significant actions of the committee during this academic year were:

1. Program modifications:

To date, no modified programs have been granted for the 2007-2008 academic year.

2. Leave of Absence and/or Readmission after a leave:

One first year student, following special meetings of the SSC on 7/3/07 and 7/25/07, was granted a leave of absence due to personal and family issues. This student petitioned to resume course work in Spring 2008. This student was interviewed by Drs. Hoffman, Davis, and Repesh on 11/28/07 and the student's petition was denied and the leave extended to the 2008-2009 academic year due to unresolved family and personal issues.

Another first year student was granted a leave of absence due to personal issues.

One second year student was granted a leave of absence due to personal issues.

3. Academic Probation/Remedial Programs/Re-examinations:

- a. One 2nd Year student was on academic probation after failing the Cardiovascular System Course in 2007. This student successfully completed a re-examination in this course in Spring 2008 to satisfy those course requirements. A re-examination in the Respiratory System Course is pending. This student has passed all other second year courses.
- b. One 1st Year student is on academic probation after failing the Histopathology Course in Spring Semester 2008.

4. Dismissals/Withdrawals:

One first year student withdrew in Fall semester 2007 following a special dismissal hearing on 6/6/07.

One second year student withdrew in Fall semester 2007.

5. Successful Completion of USMLE, Step 1:

Second year students from the 2007-2008 academic year are currently in the process of taking the USMLE, Step 1. Results of those students who have thus far taken the exam are not yet available. Ninety-four percent of 2nd year students passed the USMLE, Step 1 on their first attempt in **2007**. That class achieved an average score of 218. Two students passed on the second attempt. One has not yet completed the second attempt.

6. Transfers to other medical schools

None

Two recommendations are made to the Assembly at this time.\* They are:

1. All second year students who have successfully completed all course requirements for the first and second years of the curriculum and Step 1 of the USMLE are recommended for transfer.
2. All first year students who successfully complete all course requirements for the first year curriculum are recommended for promotion to the second year.

\*Note that all students who are not currently in good standing for promotion or transfer will be promoted only upon successful completion of the necessary requirements.

This report is respectfully submitted for acceptance by the Medical School Faculty Assembly.

Richard Hoffman, Ph.D.  
Chair  
Duluth Scholastic Standing Committee

U of Minnesota Medical School Duluth Scholastic Standing Committee Member Roster, 2007-2008

Arthur Aufderheide, M.D.  
Benjamin Clarke, Ph.D.  
Robert Cormier, Ph.D.  
Steve Downing, Ph.D.  
Lois Heller, Ph.D.  
Richard Hoffman, Ph.D. (Chair)  
Lillian Repesh, Ph.D. (Ex-Officio)  
George Trachte, Ph.D.  
Ruth Westra, D.O.  
Christina Bogan (second year student)  
Neil Brummond (first year student)

**Committee on Student Scholastic Standing Report to the Executive Faculty of the  
University of Minnesota Medical School  
May 2008**

**Members serving on the Committee from 5/1/07 through 4/30/08:**

**Sitting Members:**

Michael Mauer, M.D., Chair  
Peter Argenta, M.D.  
Colin Campbell, Ph.D.  
William Engeland, Ph.D.  
Stanley Finklestein, Ph.D.  
Christopher Honda, Ph.D.  
Jose Jessurun, M.D.  
Ryoko Kuriyama, Ph.D.  
Catherine Niewoehner, M.D.  
David Power, M.D.  
William Robiner, Ph.D.  
Steven Schmechel, M.D.  
Sheila Specker, M.D.  
Nancy Thorvilson, M.D.  
Jo Ann Wood, M.D.

**Ex-Officio Members:**

Helene Horwitz, Ph.D.  
Theodore Thompson, M.D.

**Student Representatives:**

Warren Manyara, MS4 – through 11/21/07  
Theodora Nemeth, MS3

**General Counsel:**

Barbara Shiels, J.D.

**Meetings/Hours:**

From May 1, 2007 through April 30, 2008, the Committee on Student Scholastic Standing held 10 meetings, totaling approximately 25.25 hours. Among a total of 829 students enrolled in medical school on the Twin Cities campus, the Committee addressed the following:

**Students Reviewed:**

84 Individual medical students were discussed at those meetings

**Student Interviews:**

20 Student interviews were conducted to discuss academic issues or hearings:  
13 Student interviews were conducted to discuss course failures  
3 Student interviews were conducted for failing to make satisfactory academic progress

**Hearings for Dismissal:**

4 Students appeared for Dismissal hearings.  
2 Students were dismissed from medical school.  
1 Student's dismissal was rescinded on appeal.

**“At Risk” Status:**

34 Students were placed on “At Risk” status because of course/rotation failures, Step 1 and Step 2 failures:  
21 Students were placed on “At Risk” status for basic science course failures  
8 Students were placed on “At Risk” status for clinical rotation failures  
3 Students were placed on “At Risk” status for Step 1 failures  
4 Students were placed on “At Risk” status for Step 2 CK failures  
1 Student was placed on “At Risk” status for Step 2 CS failure

**Academic “Probation” Status:**

4 Students were placed on “Probation.”  
2 Students were placed on “Probation” for basic science course failures  
2 Students were placed on “Probation” for clinical rotation failures



**Committee on Student Scholastic Standing  
Report to the Executive Faculty  
University of Minnesota Medical School  
May 2008**

**Leaves of Absence:**

9 Students were granted a leave of absence (LOA).

6 LOAs were granted for a one-year period;  
3 were extensions of a previous LOA

The following is a breakdown of the reasons a leave was granted:

3 MPH  
2 Research  
1 Other Educational Pursuit  
1 Personal  
2 Medical

19 Students were reinstated to medical school after a leave of absence

**Delays of Graduation:**

19 Students were granted permission to delay graduation to pursue additional educational and international enrichment activities

**Decelerated Schedule:**

2 Students were granted permission to decelerate Year 2

**USMLE:**

10 Students were reviewed for USMLE issues:

5 Students were reviewed for not taking the Step 1 exam  
3 Students failed the Step 1  
4 Students failed Step 2 CK  
1 Students failed Step 2 CS

**USMLE Statistics**

**USMLE Step 1 Statistics (includes Duluth students):**

Dates	Total Tested	Number of Attempts				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
05/01/07 – 04/30/08	204	197 Passed 7 Failed	4 Passed 1 Failed	1 Passed	--	--

**USMLE Step 2 CK Statistics (includes Duluth students):**

Dates	Total Tested	Number of Attempts				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
05/01/07 – 04/30/08	213	199 Passed 4 Failed	2 Passed; 1 Pending	--	--	--

**USMLE Step 2 CS Statistics (includes Duluth students):**

Dates	Total Tested	Number of Attempts				
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
05/01/07 – 04/30/08	206	205 Passed; 1 Pending 2 Failed	1 Pending	--	--	--

NBME reports indicate that, among first time test takers, our students are performing above the national mean on Step 1, Step 2CK and above the national pass rates on Step 1, Step 2CK and Step 2 CS. The 2007 NBME reports listed pass rates of 98% for Step 1, 99% for Step 2CK and 99% for Step 2 CS.