

State of the Medical School 2004, the Medical School at the University of Minnesota

State of the Medical School 2004: A Focus on the Future

November 15, 2004

By Dean Deborah Powell

[View a video presentation of the Faculty Assembly and the State of the Medical School.](#)

Faculty Assembly:

00:00-20:00

State of the Medical School:

21:00-51:00

Note: use the bar to the right of the time to fast forward.

Today, I want to talk with you about change. Change is uncomfortable for many of us in academic medicine because tested approaches to research, care, and education have taken us so far. Yet our current environment is rife with change. While we rely on timeless values in academic medicine, we need to recognize the forces of change and actively address them. I am going to talk about the changes we have faced in this last year and the ones that we foresee in the future. As individuals and as a community, as faculty, staff, and students, we have essential responsibilities to focus on the future and to prepare for it.

As we all know, it is hard to predict the future. I was reminded of this last month when I was asked to discuss my personal history at The Gathering, a get-together of students of color and their supporters. I told the group that when I was in medical school, there were six women in my class. We women adapted to conditions of that time; we did not think of ourselves as minorities, even though we were reminded on a daily basis that we were different from the majority, the men who then dominated medicine. During our clerkships, for example, we were barred from the doctors' lounge, which was then all-male, so we changed in the nurses' lounge, which actually gave us some advantages. At that time, we could not have predicted that today, women would make up half or more of medical school classes.

This transformation reflects a profound shift in our society. There are more shifts to come, I assure you--and not all of them can be predicted.

Still, I expect that our medical students over the course of their practice lifetimes will see greater diversity among physicians, as we successfully recruit more students and faculty from communities of color. Students will recognize the imperative to manage the deluge of new biomedical information and realize that we cannot memorize everything we need to know about, even the smallest subject. I believe they will see vast changes in the way we practice medicine, including a stronger reliance on team approaches to care. And they might find new, unanticipated avenues to progress as together, they seek to improve health in this state and this country. We have great students at this Medical School: vibrant, involved, committed to the profession as well as to their patients, families, and communities. It is our job to help them focus on the future and prepare for it.

In this past year, we have seen many changes at the Medical School--most of them in a positive direction. The most significant is the fact that the Twin Cities and Duluth campuses are now one medical school, better able to carry out our goals of pursuing research and educating physicians for Minnesota and the nation. We are increasing faculty-to-faculty relationships and improving Duluth faculty participation in the governance of the school. Some aspects of this new reality are still in process, however, like developing a unified promotion and tenure policy.

Indeed, the Liaison Committee on Medical Education accredited our one Medical School but indicated that we still have work to do. We need to ensure comparability of clerkship experiences, to enhance residents' positions as teachers, and improve a few other areas of concern. I am very proud that our LCME accreditation visit went so well, with the concerted effort of so many faculty, students, staff, and Medical School leaders. Together, as a team, I believe we can again focus and make the necessary progress to ensure our success in the official follow-up visit scheduled for April 2006.

Our new education team is preparing well for the task. I hope many of you have become personally acquainted with Linda Perkowski, our new Associate Dean of Educational and Curricular Development. She came from Texas to Minnesota this fall and I am sure that if any of you would volunteer to drive her home on the day of the first snowfall, she would be most appreciative. She joins Kathy Watson, Interim Senior Associate Dean for Education, Louis Ling, the new Associate Dean of Graduate Medical Education and Jonathan Ravdin, new Chair of the Education Council, in a leadership quartet dedicated to a new vision for education, which I will talk about a little later.

We also are proud that our faculty has another new member in the Institute of Medicine. Last year, Ashley Haase was asked to join; this year, Apostolos Georgopolous joined. This is not only a prestigious honor but also gives us another voice in an organization that is very influential in health care and public policy.

We also have two new department heads who are dedicated to reinvigorating their programs. Last year, Stephen Haines returned to our Medical School after spending a few years at the Medical University of South Carolina. We are pleased to have him back to lead the Department of Neurosurgery. I am particularly pleased that he and the department heads from Neuroscience, Psychiatry, and Neurology are meeting monthly to discuss collaboration. Making connections across disciplines promises very rich and exciting potential for advances.

John Schreiber arrived more recently and brings to Pediatrics his passion to make the department excel in education, research, and care. Under his leadership, Pediatrics is preparing to launch a new pediatric international health residency track. In the arena of pediatric infectious diseases, Mark Schleiss has been recruited from Cincinnati for the American Legion Chair and to head the Pediatric Infectious Disease Division and a new research program is beginning. In addition, a new pediatric hospitalist program will enhance education of medical students and residents.

We have a new leader at University of Minnesota Physicians as well. While we fortunately retain Roby Thompson as CEO of our practice plan, he has stepped down as chair. Our new chair of the UMP Board is Leo Furcht. Dr. Furcht brings his wisdom and leadership to bear on a vision for growth and continued development of our practice plan and our partnership with Fairview. The practice plan's current financial position, I must add, remains strong in a highly competitive marketplace. The fiscal 2004 revenues were nearly \$183 million, a 14 percent increase over the prior year. Of that total, \$18.5 million was transferred to the Medical School. This upward trend in our practice plan's business outlook is very encouraging.

Our research grants also have increased. If you combine the Medical School with its major affiliates, in 2001, we were granted \$128 million in NIH funding. In fiscal 2004, that figure reached \$146 million, a 14 percent increase. Yet we still face a substantial gap between where we are--in the top third for NIH funding--and where we'd like to be--back in the top 20. To get there, would require an increase of at least \$34 million in NIH funding for the Medical School. We continue to strive and we have not fallen behind but we have not improved our ranking either.

Turning toward the research space issues of the Medical School, we have some cause for celebration. We have renovated labs and constructed buildings. This is tangible evidence of our commitment to strengthening our already robust research program. When the Translational Research Facility is completed on schedule next summer, we will have added nearly a half-million square feet of laboratory and research space. However to reach the top 20 we need new faculty and new faculty need research space. So we cannot be complacent if we wish to move forward in research.

The future of our Medical School, however, relies on more than labs and buildings. We must face reality. In one sense, our tasks remain the same: we educate the next generation of physicians; we create new knowledge; and we treat patients, young and old and in-between. Yet, look at our environment from a more global point of view and one sees accelerating change. All these changes mean we can no longer carry out our tasks in our former ways. I have heard it said about the Medical School: "if it isn't broke, don't fix it." I am sorry to say that much is if not broken then very vulnerable to breakdown and I intend, with your help, to fix it. Our Medical School at this crucial time needs more than routine maintenance; it needs repairs, it needs renovations, it needs reforms.

What's our evidence for breakdown? Jordan Cohen, the President of the Association of American Medical Colleges, told his listeners at the annual meeting recently that, "The reality is that our old platform is burning and we are just beginning to smell the smoke." Don't listen to just Dr. Cohen and the AAMC, however. The Institute of Medicine, the Accreditation Council for Graduate Medical Education, and other observers report that public trust in medicine and academic medicine is eroding and that the usual approaches to educating medical students and residents are not meeting the needs of our society.

Clinical settings are not as safe as they should be for patients and they typically are not designed for education. In addition, medical education all too often has not kept up with 21st century thinking about the ways adults learn; that must change. Research also needs support to advance. At the same time, in all our endeavors, financing is increasingly fragile and likely to face further pressure.

It is no longer clear that we can rely on support from the State of Minnesota. The Medical School, over two years, has experienced a \$6.8 million cut to its budget because of the \$185 million cut in State funding to the University. That has forced us to examine all our programs in light of our core mission and we have made some tough decisions, including asking occupational therapy not to admit a class for next fall. There will be more tough decisions in the near future. We do not welcome them but to continue on a course of incremental cuts across all existing programs is to propel the School toward mediocrity. I believe our best strategy must be to maintain the strength of this Medical School to serve Minnesota.

Let me assure you, however, that we are not giving up hope in the face of budget woes. The Medical School is reinvigorating its Ambassadors Program, asking our faculty and friends to establish or renew relationships with legislators so our lawmakers can better understand the work we do here. And, as we look to the future, we also will ask our future physicians, our students, to speak for the University at the Legislature.

At this Medical School, we need to analyze what we're doing now, focus on future needs, and, when necessary, find new models to carry out our work of educating the next generation of physicians. I know from leading an AAMC committee on debt that our medical students, here at Minnesota and around the country, cannot be expected to continue to bear ever-heavier loads to finance their educations. We are recognizing the severity of the problem now we must grapple with it and be committed to making medical education feasible for a diverse group of new students.

Focusing on the future needs of the profession, we are making a difference in education. We are striving to improve patient safety and promote teamwork across the health professions, as has been recommended by the Institute of Medicine. We are working with our partners at Fairview, around the Academic Health Center, and across the country. We are involved with interprofessional education initiatives in a multi-school consortium organized by the Institute for Healthcare Improvement. Recently, we were one of 12 schools chosen to receive funding for the new Achieving Competence Today program. This interprofessional program aims to institutionalize quality and safety improvements.

In the near future, we will be addressing the curriculum as we seek to make the continuum of medical education a reality at our Medical School. We will incorporate quality-improvement techniques in learning situations. We will individualize instruction. We will analyze the learning that goes on at clinical sites with an eye to improvement.

To support these initiatives, we will continue to develop the skills of our medical educators, we will continue to emphasize evaluation, and we will make improving our capabilities for technology-enhanced learning a priority. This last item, clearly, will help us work more closely with colleagues in Duluth, the AHC, and those at our affiliated hospitals.

Research must focus on the future, too, which means concentrating our resources in areas where they will make a difference. It costs about a million dollars to firmly establish a new investigator, who often will not bring in grants for a couple of years. That's a substantial investment, which needs to be examined carefully, with attention to research areas in which we already have strengths, or where potentially we may gain support from industry or philanthropists.

Based on the substantial analysis and recommendations of the Clinical Research Task Force headed by Chuck Schulz and Russ Luepker, we are taking steps to improve our prospects in clinical research. We have support from the AHC, in the long term through the plan to establish a clinical sciences campus with our partner Fairview Health Services. In the short term, the AHC is offering grants to new faculty and recruiting an executive director for clinical research. That person, who will report to me, will have responsibility to craft a strategic plan to move us into the front ranks of clinical research. I believe the resources and the focus that he or she will bring to bear on developing clinical research will greatly benefit the Medical School, as well as other AHC schools.

Clinical research is one leg of the three-legged stool of research. In basic research, we are very strong; in translational research, we are moving forward; and in clinical research, we have great potential and the will to advance. A more robust clinical research program will contribute to improving biomedical understanding, translating that into better treatments and cures, and therefore improving the lives of our patients.

To improve care for all communities, we also are focusing on increasing diversity among faculty and students. Anne Taylor is leading a strategic planning task force on this very complex issue and we look forward to the group's report and recommendations. Clearly, to best serve the needs of people in Minnesota and beyond, we need to improve our recruitment of students and faculty of color. That will be a change, too.

Now I'd like to make a comment about change. Change causes anxiety and excitement. Changes in process can cause unpleasant surprises. I am sorry for the occasional upset--and I assure you that we will do our best to communicate new expectations to all of you in a timely manner. Always, however, situations will arise that we cannot predict. I hope we can all commit to do our best to be flexible as individuals who are committed to this Medical School in a time of limited resources and accelerating change.

Fortunately, we hold high time-honored values as health professionals and as people dedicated to the success of academic medicine, values that will help guide us through turbulence.

- We dedicate ourselves to science and to serving others.
- We pride ourselves on excellence and leadership.

- We devote ourselves to integrity and innovation.

I hope that these aspects of our life together in academic medicine will never change. And I believe we all know the worth of the work we do here, educating future physicians, providing care, and promoting research to improve lives. There's more to be done to support that work.

As we focus on the future, I am counting on all of you in our Medical School community to take a positive stance toward the changes that are inevitable. The University is engaged in a strategic positioning process, which you can read about on Provost Tom Sullivan's web page; I urge you to become informed and involved in that process. I also encourage you, faculty, staff, and students on both campuses, to launch or participate in initiatives to solidify our new status as one Medical School. In addition, we are moving forward on mission-based management, which will help us align our priorities with our resources. I also expect, after the turn of the year, to call a group together to discuss our strategic approach and our research focus for the future. I encourage everyone to seek the strength that arises from partnerships in research, education, and care.

I call on each and all of us, as individuals and as a community, to dedicate ourselves to building a bright future for the University of Minnesota and our Medical School as an essential and valued part of it. Together, I believe we can face what the future holds.

Thank you.

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