

## **May 7, 2001, the Medical School at the University of Minnesota**

### **Minutes Faculty Assembly Meeting University of Minnesota Medical School May 7, 2001**

A meeting of the University of Minnesota Medical School Faculty Assembly was held on Monday, May 7, 2001 at 4:00 p.m. in 2-690 Moos Tower. Dr. Alfred F. Michael, Dean of the Medical School, presided.

#### **Comments by the Dean**

Dr. Michael spoke about the legislative process and how it seems to be going well. Some who are in certain districts will be contacted and asked to write letters to their legislators as the session draws to a close.

#### **Undergraduate Education**

Dr. Gregory Vercellotti, Senior Associate Dean for Education, thanked the faculty for their efforts with all the students and for maintaining the vitality of the educational programs. The students did well in the match and feel good about being at the University of Minnesota according to the senior survey.

Dr. Thomas Mackenzie is completing his three-year term as Chair of the Education Council on June 30, 2001, at which time Dr. James Pacala will take over as Chair. The LCME is moving ahead with the unitary accreditation effective 2004 for the Twin Cities and Duluth Medical Schools. The Dean will be responsible for accreditation for both schools. There is a retreat planned in June that will help get that in order.

Among the many outstanding teachers at the Medical School, Dr. Vercellotti noted that Dr. Patrick Schlievert and Dr. Kathy Watson have both won All University Distinguished Teaching Awards. Dr. Ronald Soltis is the Medical School Outstanding Teacher of the Year from the MMF.

Effective July 1, 2001 Dr. Douglas Wangensteen will be Chair of Pre-Clinical Medical Education and Dr. Theodore Thompson will be Chair of Clinical Education.

The Curriculum Committee is in the process of revising the curriculum and will forward its report to the Education Council. Dr. Vercellotti explained that it will be a curriculum evolution, not revolution. This evolution will focus on scheduling changes, which will allow students time to do more research.

The Education Council voted on educational effort metrics. These metrics will guide the redistribution of the Medical School resources for the coming year. Many thanks to Dr. Ilene Harris for promoting faculty development and in making the faculty better teachers.

#### **Graduate Education**

Dr. Robert Howe, Senior Associate Dean for Graduate and Faculty Affairs, explained that every residency program sponsor (in our case, the Medical School) undergoes accreditation review. Following an "Unfavorable Decision" in 1998, the GME Committee, under the leadership of Dr. Denis Clohisy and Dr. Whitney Tope worked together with Dr. Howe and his staff to prepare for the follow-up site visit from the ACGME last November. Recently, the Medical School was informed that it received a favorable review.

#### **Report of Medical School Finances**

Mr. Peter Mitsch, Director of Financial Services, said that the Medical School is roughly a \$370 million operation. The UMP and sponsored research activities each generate revenues in the \$110-115 million range with the rest being non-sponsored activities. We're trying to get additional state support. Over the last 8-9 years, we have used \$65 million of non-recurring non-sponsored resources to balance the Medical School budget. We do not have the ability to continue to do that in the future. We went to the legislature to get recurring funds. The non-recurring infusions are Hospital Residual Funds, Endowment Principal, Foundation Accounts, some private practice reserves, and the Resident FICA Refund. We'd like to have more solid revenue streams to continue in the future. There are four different revenue streams which are distributed to us from Central Administration: O & M, tuition, state specials, and the ICR. The O&M is really the state appropriation. We still have a very small amount of state specials. Every two years the University goes in front of the legislature and asks for funding and every two years Central Administration determines how the new funding will be distributed and how much existing funding will be pulled out for reallocation. University funding is determined by the Conference Committee which is just now being formed and we don't know what the outcome will be. As of last week, the Central Administration best guess of what might come out was the following: the University requested \$275 million for two years or \$221.5 million after deducting tuition and reallocation

costs, but the governor proposed \$56.6 million, including \$8 million per year for the Medical School. This presents two scenarios for the Medical School: 1) we will get the \$8 million but if the rest of the University request isn't funded, the University will recoup the shortfall from every school. Under the governor's proposal, we would just about break even. The Medical School is not projected for O&M retrenchment, but will have to pay a part of increased University taxes. 2) the \$8 million will have to be used for specific things. There will be a lot of oversight on it. The approved areas of support would be 1. Education (distributed based on the teaching efforts). 2. Graduate student programs, 3. MD/PhD Programs, 4. Recurring Department Support, 5. Priority Area Core Programs, 6. Education Infrastructure.

After the presentation, Mr. Mitsch was asked about tobacco endowment dollars. What kind of assurance that those endowments will be real? Mr. Mitsch said that we don't have any assurance at this point. The \$23 million of the House's proposal will cover the current distribution which the AHC receives as well as the \$8 million new allocation for the Medical School. We're currently engaged in a process where the size of the tobacco endowment is dependent on the amount of tobacco sales in the state.

Another comment was raised that some DFL representatives have some concerns about the endowment. Dr. Michael responded that there is a conflict regarding the use of the fund. There is pressure to use the tobacco fund for public health education, especially directed toward youth. Everyone is in support of spending some tobacco money in that way. Another faculty member said that it would be a surprise if we didn't get the money. Dr. Michael said that we hope to get more than the \$8 million.

Dr. Carole Bland made an announcement that the Senate has put together a letter to President Yudof to not take money from the Medical School fund in the event of a shortfall university wide.

### **Research and May 19 Retreat**

Dr. Charles Moldow, Senior Associate Dean for Research Programs and Administration, said that the Research Council has been reorganized since last year. It has been reduced in size and opened up to broader faculty involvement. The Research Council has an advisory role to the Dean. It has advised the Dean on the Medical School ICR distribution policy and has been active in the Research Retreat planning process. It is expected that the Medical School faculty will attend the retreat on May 19 to work with the eight priority groups. The purpose of the retreat is to:

- \* Achieve broad-based understanding of what is at stake, and what the plans are for the focused, programmatic approach to research that is underway in the Medical School.
- \* Discuss the consequences of this commitment to research.
- \* Bring together faculty with related interests in the individual research programs. Obtain input to the evolving plans for each program. Enable individuals to see how they might make contributions to the research program.
- \* Set the stage for Medical School investments in priorities.

Dr. Michael added that the retreat is an essential piece of where we are going. That is where our investments are going to go in the future and is a very important part of the process.

### **Faculty Development Process**

Dr. Carole Bland, Professor of Family Practice and Community Health, explained that two years ago Dr. Michael and the Faculty Senate felt a need to focus on faculty vitality, which resulted in the development of the Needs Assessment Survey designed to identify vitality areas, identify strategies for addressing weak areas, and provide a baseline against which to measure the impact of any vitality efforts initiated. The survey was designed to identify the presence or absence of the individual, institutional, and leadership features that are associated with academic productivity. The survey was mailed in May 2000 to 615 full-time faculty and 465 were returned at a 76% response rate. The respondents were a good representation of the Medical School faculty. The results have been summarized at several levels and identify vitality features that are present (or conversely absent) for 1) faculty as a whole, 2) faculty in specific departments, or 3) faculty subgroups. The reports also identify features that are particularly important to facilitate specific outcomes, such as research productivity and faculty satisfaction. Finally, the reports summarize faculty-suggested development strategies. When viewing the results from across the entire school, three key findings from the survey were: 1) there is a disconnect between the stated vision of the school and of department actions; 2) there is not enough time for scholarly activity, particularly in the clinical departments; and 3) faculty need the support of a collegial atmosphere and appreciation for the work they do. Some support for key finding (1) was that 27% agreed that the medical school has a commonly held vision and that 36% agreed that their department has a commonly held vision for what they would like to look like in 5 years. For key finding (2), 36% reported having adequate time to conduct research (32% clinical vs. 52% basic science) and 49% reported that they have adequate resources such as secretarial support,

research/teaching assistants and computers to conduct their research (indicating a critical need for support staff to give faculty more time to pursue scholarship). For key finding (3), 52% report a network of colleagues within their department or university but only 37% agreed they had meaningful weekly conversations with their department colleagues, 64% reported that they have a network of colleagues outside the university, 26% have been formally assigned an advisor or mentor within their departments, and 69% believe their department head is very supportive of their efforts in research. Departments are reviewing the results summarized for them and identifying three needs which are to be included in their compacts. The findings from the Medical School view as well as those identified by each department will be used to guide multiple faculty development efforts in each department and at the school level. Dr. Anne Taylor, Associate Dean for Faculty Affairs, will coordinate central initiatives.

Dr. Taylor favored working on the faculty mentoring program by 1) sharing information about it and 2) gathering literature from other schools as well as our own to help departments improve or implement mentoring programs. Also, she will try to get more support for women faculty and ways for the clinical faculty, in particular, to find time for research.

### **Report of the Nominations Committee**

Dr. Patrick Schlievert, Professor of Microbiology, presented the slate of nominees recommended by the Nominations Subcommittee of the Faculty Advisory Committee for membership to the Education Council (Glenn Giesler); the Admissions Committee (Reappointment: Kathi Antolak, Marilyn Carroll, David Current, Manuel Idrogo, June LaValleur, Leon Satran. New Nominees: Elizabeth Braunlin, Levi Downs, Kalpana Gupta); Committee on Student Scholastic Standing (Reappointments: Stanley Finklestein, Diane Dahl, Julie Hauer, Christopher Honda, Jose Jessurun, Maren Mahowald, Michael Mauer).

A motion was made, seconded, and unanimously passed to approve the slate of nominees.

### **College Plan for Faculty Appointments**

Dr. Taylor explained that a draft document that describes the types of appointments to be used by the Medical School in connection with those faculty who will have teaching functions was sent to Dr. Frank Cerra, Senior Vice President of Health Sciences. Faculty can access information from the following websites for the Administration Policy on Academic Appointments (April 16, 2001): <http://www1.umn.edu/ohr/ohrpolicy/Hiring/Academic> and the Medical School Collegiate Personnel Plan: <http://www.med.umn.edu/main/facstaffpage.html>.

### **Report of Minnesota Medical Foundation**

Mr. Bradford Choate, President and CEO of the Minnesota Medical Foundation, presented the Medical and Public Health portion of Campaign Minnesota. This part of the campaign has a goal of \$500 million.

He explained that campaign priorities are fluid, but the MMF also needs to know what the Medical School faculty want and need. Contributions have totaled over \$310 million, with foundations, corporations and organizations comprising 31%, alumni 18% and friends of the University giving 51%. Notably, faculty and staff have contributed over \$9 million.

Mr. Choate presented a chart to show the fundraising priorities of the Medical School and Cancer Center as identified by the faculty and the progress toward reaching those financial goals. Overall, an average of 56% (\$128,249,980 of \$231,000,000) of the goals have been reached, with some priorities receiving more contributions than others. For example, priorities such as Cardiovascular and Pulmonary Health, International Health, Diabetes, and Neurosciences have already reached over 80% of their goals while the Translational Research Facility has received 0% for the simple reason that it is a brand new goal. Progress toward goals for the School of Medicine in Duluth has reached 27% and 30% for the School of Public Health. As of March 31, 2001 we have raised \$310,000,000 of its \$500,000,000 goal and the University overall has raised \$1,082,000,000 of its \$1,300,000,000 goal. From the money raised, the Medical School can now give over \$1 million in scholarships to students. Other notable highlights are that there are hundreds of volunteers working on the campaign, 26 new faculty positions have been endowed, the \$1 million Harrison endowment for Pediatrics, the Lillehei Family's gift of \$13 million and the Keck Foundation's gift of \$1.75 million for CMRR. Though 98% of the gifts are given for specific reasons, there were over \$5 million in unrestricted donations for the Dean, which is outstanding for faculty recruitment.

Mr. Choate was asked a few questions after his presentation. The first asked what the baseline and the increments of the baseline were. Mr. Choate answered that beginning ten years ago, for a five-year period, the base plateau was \$21-23 million per year. Now it is \$40-50 million per year. Basically, it's doubled. A second question addressed whether faculty could have helped more if they had been involved in the campaign in the past one to one and a half years rather than just recently. Mr. Choate answered that many faculty have been very involved and that we can't look at this in a carte blanche way. There have been donor calls, visits to groups and individuals, which they feel makes an important difference, the analogy being a series of rifle shots being more effective than one shotgun blast. Information is shared as broadly as possible, but the impact is best in a one on one situation. The last questioner wondered whether more funds would be raised if brochures on small, undertargeted funds were created and distributed. Mr. Choate answered that brochures don't really raise money. The real issue is finding specific individuals and specific proposals. Since it's expensive to create brochures as well as time consuming, they try to be

selective.

Dean Michael asked if there were any questions faculty would like to ask him. There being no questions, the meeting was adjourned at 5:15 p.m.

Respectfully submitted,

Maria Bokyung Yu

Staff to the Faculty Assembly

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