

May 8, 2003, the Medical School at the University of Minnesota

MINUTES

University of Minnesota Medical School Faculty Assembly Meeting

May 8, 2003

A meeting of the University of Minnesota Faculty Assembly was held on Thursday, May 8, at 4:00 p.m. in 2-690 Moos Tower. Dr. Anne Taylor, Associate Dean for Faculty Affairs, presided.

Comments and Updates

Dean Deborah Powell announced that Tom Gilliam has accepted the position of Chief of Staff and will begin on May 19. He will be working on projects within the Dean's Office.

A consulting firm has been hired to develop a mission based management plan to provide an overall financial picture of the School. The Departments of Neuroscience and Pediatrics will be used as sample departments to develop data collection methods. When fully implemented, the results will provide a better picture of what faculty do and allow the School to make better investment decisions.

Dean Powell is very concerned about the School's fall in the National Institutes of Health rankings and will be working on a research plan. The School fell from 27 to 29 after gaining \$7 million in research funds and announcing its intention to move into the top 20. Only \$600,000 separates us from number 30. The School needs to establish if this is still a goal and what will be done to achieve it. Dean Powell and Dr. Charles Moldow, Senior Associate Dean for Research Programs and Administration, will be meeting with Department Heads to discuss the ranking.

Admissions Committee Report

Dr. William Payne, Co-Chair of the Admissions Committee, stated that the Committee consists of 22 members from Medical School departments, affiliated hospitals, community members, and medical students. The goal of the Committee is to select a diverse student body and establish policies regarding admissions. Students are selected based on their academic fitness, attributes that indicate they will be successful physicians, personal statements, volunteer activities, test scores, and personal interviews. Applicants are initially screened based on academic performance. Those who remain are interviewed and two committee members review the file and report their findings to the Committee. This year the Committee received 1,987 applications (a 20 percent increase from last year). The Committee interviewed 674 people and 165 students have been accepted. Dr. Payne thanked this year's Committee members for the considerable amount of time spent working on the Admissions Committee.

Education Council Report

Dr. James Pacala, Chair of the Education Council, stated the Council serves as an advisory panel to the Dean on educational affairs. The Committee consists of 39 members from basic and clinical departments, medical students, and affiliated hospitals. The Council is using the Liaison Committee for Medical Education (LCME) self study to formulate future education initiatives. They have developed thirteen educational objectives for medical students which are linked to the competencies developed by graduate medical education (GME). Task forces have been formed to examine the content of the education programs and the process for teaching that content. This summer the Department Heads will be asked to review the LCME self study reports and examine them using questions related to future educational initiatives.

Committee on Student Scholastic Standing (COSSS) Report

Dr. Michael Mauer, Chair of the COSSS, stated the Committee is responsible for evaluating medical student's academic and clinical progress and deciding if they should proceed in medical school. Dr. Mauer and Helene Horwitz, Assistant Dean for Student Affairs, often meet with students who are having problems before bringing them before the entire committee. Those students who continue to have difficulty are required to appear before the entire committee. This year three students were dismissed for academic or behavioral reasons. The Committee also granted 18 leaves of absence.

Dr. Mauer stressed the importance of identifying academic problems early before those issues cause dismissal from school. The Committee often reviews students who were having difficulty in clinical rotations but were passed and are now having problems that are more difficult to resolve.

M.D./Ph.D. Program Report

Dr. Tucker LeBien became Director of the M.D./Ph.D. Program in January. The goal of the program is to prepare students to become physician scientists. There are currently 15 students in the program and 5 will graduate this year. This year the program had 161 applicants. They interviewed 53 students, offered 19 placements, and 10 students accepted (5 male, 5 female).

Ratification of New Committee Members

Dr. Peter Bitterman, Chair of the Faculty Advisory Council (FAC), presented nominations for the Admissions Committee, COSSS, Education Council, and Research Council who were approved by the FAC. The motion passed unanimously.

Liaison Committee on Medical Education (LCME) Update

Dr. Gregory Vercellotti, Senior Associate Dean for Education, stated every seven years the Medical School must be accredited by the LCME. The accreditation committee, comprised of members from the American Medical Association and the Association of American Medical Colleges, will visit the Medical School from March 28 to April 1, 2004. Their report is sent to the Department of Education.

The first part of the process involves a self-study of the School, which is being co-chaired by Drs. Charles Schulz, Glenn Giesler, and James Boulger. There are five subcommittees studying different areas of the Medical School; institutional setting, education program for the M.D. degree, faculty, medical students, and educational resources. Each subcommittee is responsible for reviewing their area and how it complies with the following central questions related to accreditation:

- 1) Does the School meet and comply with LCME standards?
- 2) Have objectives been established?
- 3) Are programs and resources organized to accomplish objectives?
- 4) How well are objectives being achieved?
- 5) What is the evidence?

The self-study began last September and the data collected will be reviewed over the summer.

For the first time, the Twin Cities Medical School and the Duluth School of Medicine are required to be accredited as a single unit. Under unitary accreditation, the Medical School must have a single dean. The Dean in Duluth will report to the Dean in the Twin Cities rather than Senior Vice President Frank Cerra. Appointment of faculty members and department heads in Duluth, budgets, and other operational issues will continue to be handled by the Dean in Duluth. Other processes will also need to be aligned in order for accreditation to be granted. Both faculties will need to be involved if the School is to continue to be a strong primary care and research intensive institution. Improved communication will need to be established. The Dean's Office is looking into installing a permanent video hook-up between the campuses to help facilitate communication.

Dr. David Stevens, outgoing LCME Secretariat, visited the School recently as part of a pre-LCME site visit. Several weaknesses were identified during the pre-site visit. Money will be an issue. During the last accreditation visit, the tobacco endowment was established and the status of that money is now in question. Facilities and a lack of state of the art classrooms are also a concern. Governance of the curriculum was a problem in the past and the Education Council is working on this. The School may also be cited for tuition being too high.

The LCME and Accreditation Council for Graduate Medical Education (ACGME) site visits will occur at approximately the same time next year. Dean Powell stated this is important symbolically as it signals that the School views medical education as a process which is not bounded by a period of time.

Update on Medical School and Budget

Dean Powell stated that the budget situation is challenging but not impossible. The donor for the translational research facility is still willing to fund the building but the Legislature needs to act on the bonding bill. The status of tobacco money from the State is uncertain until the tax bill is passed. Medical student and resident tuition will not be raised but graduate student tuition will be. The School can no longer afford to raise tuition and still compete with other schools. University fees will be increased for all students.

Mr. Peter Mitsch, Director of Medical School Financial Services, reviewed the budget using 2002 figures. The School has a \$440M budget. Of those funds, 30 percent are derived from research programs, 30 percent from private practice income, and 40 percent comes from state dollars, tuition, indirect cost recovery (ICR), gifts, and other miscellaneous sources. Because of

the tobacco endowment, the School currently has a balanced budget.

This biennium the State faces a \$4.5 billion budget deficit. Under the Governor's budget recommendations, the University's portion of cuts to higher education is \$110M annually. Central administration has developed some guidelines regarding the budget. The President has mandated a 2.5 percent salary increase for 2005 but there will not be money available to pay for it. An academic investment pool is being established and central administration officials will decide how that money will be used.

Dean Powell has also established budget balancing principles for the 2004-05 biennium. Cuts must not hurt the core mission of the School (education), across the board cuts will not be used, money will be retained for recruitment of faculty in research priority areas, money will be used to reward outstanding faculty, and, if necessary, any tuition increases must be modest.

The School will also lose \$3.7M in operations and maintenance allocations, \$380,000 from MinnesotaCare appropriations, the internal revenue sharing tax will increase by \$1.7M, unfunded costs such as faculty promotion pay increases and insurance costs will increase by \$90,000, and endowment distributions will decrease by \$2.1M. These decreases will be partially offset by a reduction in fringe benefits costs, as employees will be paying part of their insurance costs, and an increase in ICR. Departments will be responsible for the increased IRS tax but will also benefit from the decrease in fringe benefits cost. The net fiscal year 2004 funding decrease for the School will be \$4.8M.

Faculty Tracks

Dr. Anne Taylor, Associate Dean for Faculty Affairs, announced the process of realigning the faculty tracks began last spring. The tracks were reviewed by examining how well they were aligned with the mission of the Medical School. A retreat was held last spring to discuss this issue. Principal adjustments were made to the clinical scholar track. The clinical scholar track still contains a scholarship component but clinical activity is now part of the educational component. Clinical scholars are full time faculty and volunteer faculty are now called adjunct faculty and are not paid. There is still a need for funding of time for scholarly effort.

Meeting adjourned at 5:05 pm.

Respectfully Submitted,

Kristine Olson

Staff to the Faculty Assembly

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