

facmin100102, the Medical School at the University of Minnesota

MINUTES University of Minnesota Medical School Faculty Advisory Council

October 1, 2002

The meeting of the Medical School Faculty Advisory Council (FAC) was held on Tuesday, October 1 at 4:00 p.m. in Room B620 Mayo Memorial Building. Peter Bitterman, Chair of the FAC, presided.

Members Present: Gregory Beilman, Susan Berry, Peter Bitterman, Mark Bixby, Blanche Chavers, Kathleen Conklin, Scott Crow, David Current, Martin Dworkin, Elke Eckert, Steve Ekker (for G. Scott Giebink), Richard King, Walter Low, R. Scott McIvor, Steven McLoon, Charles Moldow, James Pacala (excused), Deborah Powell, Michel Sanders (excused), Sarah Schwarzenberg, Elizabeth Seaquist, Virginia Seybold, Anne Taylor, James Van Vooren, and Gregory Vercellotti

M.D./Ph.D. Program

FAC decided that they should receive periodic updates so the Program could benefit from faculty input and keep faculty informed of the Program's activities. Martin Dworkin informed Council that the site visit for continued support of medical scientist training did not go well. He has written a letter to the Program Administrator for the National Institutes of General Medical Sciences in response to the site visit and has requested a three-year extension with 15 positions to be spread out over that period. He is cautiously optimistic about this request. In response to the site visit many changes are taking place: the appointment of Tucker LeBien as the Director of the M.D./Ph.D. Program, integration of graduate and clinical training during the graduate school years, and cross exemptions for Graduate School and Medical School courses. Peter Bitterman questioned to what extent these students could be earmarked without ruining the existing class chemistry. The Rural Physician Associate Program has successfully earmarked their students and could be used as an example. Greg Vercellotti added that these young graduates are our future; they become the faculty of the nation's medical schools. To date 90 applications have been received (more than ever) and the deadline for application is the end of November. This year five to six students will be admitted into the Program. Peter reminded Council that when they are invited to speak they should mention the Program.

Subcommittee on Communications

James Van Vooren, member of the FAC Subcommittee on Communications, acknowledged that there are 30 Senators and 25 departments in the Medical School. Senators were assigned to communicate with the department where they hold their (primary) appointment and the 14 departments without representatives were assigned to Senators. Council was still uncomfortable with attending another department's meeting. Peter Bitterman suggested that Senators represent their primary and joint appointment departments and then appoint willing Senators to represent the remaining eight departments. Suggested communication would be attending faculty meetings, e-mail, etc. Upcoming items that may need faculty input include Academic Health Center (AHC) Space Allocation Policy and joint accreditation with the School of Medicine-Duluth. Council requested that overheads/information be created to assist them when communicating with faculty. An e-mail will be sent out with departmental assignments whereby Senators will be asked to say 'yes' or 'no' to their assignment.

Promote Faculty Initiated Clinical Research

Peter Bitterman stated that many hurdles exist for faculty wanting to conduct clinical research. When writing a grant, it is difficult for new faculty to get data on the number of patients that come to the clinic with a particular disease. This information is owned by health systems and is much harder to obtain because the systems are so complex. Where do faculty go for an analysis on what clinical research is viable, faculty-wise and financially? Is there a process in place for developing a clinical program? Council members stated that the Clinical Outcomes Research Center (CORC) is designed to provide a base infrastructure for those who want to conduct clinical research. CORC is a joint venture of the Medical School and the School of Public Health and is a resource that may be underutilized. In addition, the General Clinical Research Center (GCRC) is set-up to provide mentorship and training in clinical research. GCRC and CORC have no formal connection, but interact when possible. The University of Minnesota Physicians has formed a group called Clinical Service and Development that was primarily developed to assist with interdisciplinary development of clinical research. This group meets once a year and looks at thirteen key areas and ensures that the proposed clinical research aligns with the Medical School Research Priorities. The Medical School Research Council will be appointing a standing committee to develop suggestions for funding clinical research. The AHC has appointed a Steering Committee to set the vision and goals for clinical research as well as leveraging resources for success. Council stated that clinical programs and clinical research overlap, albeit are different. Young faculty should be performing clinical research rather than overburdening themselves with a clinical program. Clinical research should

not be so challenging that only the top 10-15 percent of faculty are successful.

The meeting was adjourned at 5:09 p.m.

Respectfully submitted,

Mary Schmitt

Staff to the FAC

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Last modified on Tuesday Jun 22, 2004

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