

# facmin050603, the Medical School at the University of Minnesota

## MINUTES

### University of Minnesota Medical School Faculty Advisory Council

May 6, 2003

The meeting of the Medical School Faculty Advisory Council (FAC) was held on Tuesday, May 6, 2003 at 4:00 p.m. in Room B620 Mayo Memorial Building. Peter Bitterman, Chair of the FAC, presided.

Members Present: Gregory Beilman, Peter Bitterman, Blanche Chavers, Scott Crow, Elke Eckert, Stephen Ekker, Elizabeth Hirsch, Robert Howe, David In Richard King, Walter Low, James McCarthy, Steven McLoon, Deborah Powell, Michel Sanders, Patrick Schlievert, Anne Taylor, and Gregory Vercellotti.

Special Guest: Deanette Schmidt

#### Updates and Comments

The active Department Head searches are progressing well. Four candidates for the headship of Neurosurgery have been invited back for second interviews contract with the firm assisting in the search for a Head of Pediatrics has been finalized. Charles Dietz has accepted the Headship of Radiology.

Dean Powell and Pete Mitsch are in the final phases of the budget process. Some costs, such as an increase in the internal revenue sharing tax, will be passed along to Departments. Dean Powell will begin by making cuts in the Dean's Office budget and will then cut allocations to specific programs. Most departments allowed for larger cuts than necessary in their compacts. The amount of money per faculty member that each department received was also reviewed and some cuts will be based on those numbers. President Bruininks has mandated a 2.5% increase in salaries but there will not be State funds provided to pay for it. The promotion increases are being paid by the Dean's Office. Graduate student tuition will increase this year but resident and medical student tuition will not. The budget task force, chaired by David Dunn, will make recommendations to Dean Powell which she will review for the budget in the next biennium. The numbers being used assume that there will be funding for the Academic Health Center from State tobacco money.

Medical School graduation will be held on Friday, May 9<sup>th</sup>, at Northrop Auditorium. This year's speaker is Dr. David Satcher, Director of the new National Center for Primary Care at the Morehouse School of Medicine in Atlanta and former Surgeon General of the United States.

The National Institutes of Health rankings were released and the Medical School's rank decreased by two points despite an increase in funding of \$7 million. Dean Powell will be discussing this with the Department Heads.

#### Committee Appointments

Betsy Hirsch presented the report from the FAC Nominations Committee for membership on the Committee on Student Scholastic Standing, Education Admissions Committee, and Research Council. The slate was unanimously approved by the FAC and will be presented to the Faculty Assembly on May 8<sup>th</sup>.

#### Liaison Committee on Medical Education (LCME) Update

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 Charles Schulz, Glenn Giesler, and James Boulger. The subcommittees studying different areas of the Medical School; institutional setting, education programs for the M.D. degree, faculty, medical students, and educational resources. Each subcommittee is responsible for reviewing their area and how it complies with five 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 requesting accreditation 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 C. 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 and identified several weaknesses. 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 bound by a period of time.

### ACGME Update

The ACGME is a private professional organization responsible for accrediting residency programs in the United States. The Medical School has 80 residency programs, 62 of which are accredited by the ACGME. Many of our affiliated hospitals also have residency programs which they govern. The Graduate Education (GME) office in the Dean's Office is responsible for administering programs within the Medical School.

Rules governing residency programs were revised by the ACGME in 1994. The stricter rules include regulations regarding residency work hours and educational programs. The ACGME ruled that resident duty hours, including class time, cannot exceed 80 hours a week. GME has developed an electronic survey system for residents to assure that all departments are in compliance. The second focus will be on assuring compliance with the ACGME's "Outcome Project," which identifies six general competencies important to the practice of medicine: (1) patient care, (2) medical knowledge, (3) inter-personal and communication skills, (4) professionalism, (5) practice-based learning and improvement, and (6) systems-based practice knowledge. We are working to define measures and come up with tools to measure them. The most difficult to measure are professionalism (*i.e.* how do residents interact with patients) and systems based practice (*i.e.* how do hospital practices aid or hurt the education process).

Governance of programs is the major area of concern. The School must demonstrate that clinical departments have taken ownership of their programs and that the rules and regulations are being obeyed. It will need to be obvious that structures are in place to ensure that this is happening. GME has established the Graduate Medical Education Council, comprised of program directors and hospital directors from our affiliated hospitals. They review individual programs on a regular basis.

These areas are unfunded mandates that hospitals and schools must deal with. Because residents are working fewer hours, hospitals must pay staff to perform duties formerly done by residents. Stricter curriculum standards mean that everything students do must be considered a part of their education. Additional regulations will increase the amount of paperwork for GME offices. The Medical School currently processes paperwork for all residents in our program, regardless of location. Dean Powell said that the GME office is currently understaffed and will be increased. Medical schools will need to re-examine the GME funding structure as no government dollars exist to pay for it. Residents may one day pay tuition like medical students and how this will change the residency experience needs to be examined. Dean Powell believes the University of Minnesota Medical School can be a national leader in redefining what a residency is and how it is paid for.

Respectfully submitted,

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Kristine Olson

Staff to the FAC

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Last modified on Tuesday Jun 22, 2004

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