

**AHC Faculty Consultative Committee (AHC FCC)
May 15, 2018
Minutes of the Meeting**

These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate; none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the senate, the administration, or the Board of Regents.

[In these minutes: Discussion with Jon Steadland, Chief of Staff, Office of the President Regarding the University's Future Health Sciences Structure; Online Meeting Formal Community of Practice (FCoP); Agenda Items for May 25 AHC FCC Meeting with Dr. Tolar]

PRESENT: Kathleen Krichbaum (chair pro tem), John Connett, Janice Conway-Klaassen, John Deen, Paul Jardine, Kyriakie Sarafoglou

REGRETS: Wendy St. Peter, Angela Panoskaltis-Mortari, Kendall Wallace

GUESTS: Jon Steadland, chief of staff, Office of the President

OTHERS ATTENDING: David Jacobs, Brianne Keeney, Kieran Kohlase

1. Discussion with Jon Steadland, chief of staff, Office of the President re the University's future health sciences structure: Professor Krichbaum, chair pro tem, convened the meeting, and called for a round of introductions.

Following introductions, Professor Krichbaum welcomed Dr. Jon Steadland, chief of staff, Office of the President, who was invited to meet with the AHC FCC as a follow-up to the discussion the committee had with President Kaler on May 8. Dr. Steadland thanked the committee for the invitation to meet with them. He began by acknowledging the thought and hard work that went into the AHC FCC's report to President Kaler about their recommendations on the structure of the health sciences moving forward. He acknowledged that the administration is charting a somewhat different course than what the AHC FCC recommended, the report was very informative and provided insight into what is not working under the current AHC structure.

Dr. Steadland emphasized that the administration is still in a conceptual place with the health sciences structure moving forward; no final decisions have been made. While decisions will need to be made rather quickly, the administration does not want to rush the process because it will be important to have everyone share the same goals moving forward. Going into the May 8 meeting, Dr. Steadland said the number one thing on his mind was ensuring that there would be collaboration between all the colleges that do work in the health science space and not just the six AHC schools. He said that after this meeting he felt that in addition to collaboration amongst colleges there also needed to be an accountability component, particularly as it relates to the Medical School. From a conceptual level, said Dr. Steadland, President Kaler believes the shared role (dean of the Medical School and vice president for health sciences) is important, especially as the University continues to work on its clinical partnerships. The administration does not

disagree that the way the shared role is currently structured is not working, but it believes there is a way to make the shared role workable in the future. Dr. Steadland noted that President Kaler's goals are 1) integration where appropriate, and 2) better alignment. There need to be discussions, for example, about what academic elements should remain in a clinical setting versus what elements should be moved under the jurisdiction of the Provost's Office. If the goal is to have greater collaboration, e.g., interprofessional education (IPE) and research, then all the schools, including the Medical School, need to fully participate and be engaged. Based on what he has heard from the AHC FCC and other stakeholder groups, there needs to be more accountability. To accomplish this, in Dr. Steadland's opinion, there should be more of a point of contact in the primary academic enterprise, which is the Provost's Office. Additionally, in terms of greater centralization, walls need to come down because the health sciences goes beyond the six schools in the AHC. To enhance IPE and research collaboration, it makes sense to do this through the Provost's Office.

Before concluding his remarks, Dr. Steadland reiterated that President Kaler feels strongly about a shared role, but it would need to be conceived differently than it currently is. As an alternative structure, Dr. Steadland mentioned the possibility of a more focused vice president for clinical affairs. Dr. Steadland asked members for their thoughts on whether a more focused position might alleviate some of these concerns that have been raised thus far.

Professor Krichbaum said that the AHC FCC feels strongly that the current dual position cannot continue and added that a majority of faculty feel the same way. As was mentioned at the May 8 meeting, there is an inherent conflict of interest for the dean of the Medical School to also oversee all the other health science schools. Professor Jardine agreed and said the opposition to the dual position has nothing to do with the person's qualifications, ability, interest or commitment, it is simply a structure that cannot meet the challenges facing the health sciences. Today is a different environment than 20 years ago and the current structure makes it difficult to achieve the University's health science programs' goals. It is time for a change, but it needs to be a thoughtful change. Professor Sarafoglou noted that it is a difficult challenge for the dean of the Medical School to oversee the largest school in the AHC, and, at the same time, oversee all the schools in the AHC as its vice president for health sciences. With many challenges currently facing the Medical School, e.g., faculty retention, IPE, team science and aligning clinical operations with clinical research, it would be ideal if the dean's attention was not split between the Medical School and AHC matters.

Professor Deen asked for a definition of "clinical enterprise" and what the parameters are that bind it? Dr. Steadland said this still needs to be defined because there are different interpretations of clinical enterprise. Some people would say the clinical enterprise includes everything that occurs in a clinical setting. Having said that, does it mean only services provided by licensed or registered practitioners; this is unclear. In terms of how a new structure should be constructed, in Dr. Steadland's opinion, there would need to be some sort of mechanism for coordinating the clinical enterprise work that happens at the University. It is clear that all the other colleges working underneath the dean of the Medical School has been challenging.

The discussion then segued into IPE, and there was agreement by all those present that the University needs to do a better job with IPE. Professor Conway-Klaassen commented that IPE will never be able to move forward at the University unless the Medical School agrees to change how it does practice.

Professor Krichbaum said in today's discussion she has heard that a clinical affairs position may be created. If so, it will be important to consult on this position because clinical affairs is really the meat of what the health sciences does and critical to its success. To expand on this comment, said Professor Conway-Klaassen, her unit hears a lot about a focus on acute care practice, but there are other health science programs such occupational therapy, veterinary medicine, public health, which are not clinical acute care practice programs yet they are part of the whole health care paradigm. Rather than a focus on acute care, inpatient work, there should be a focus on a wholistic approach, and this will never happen under the current structure. Professor Deen added that the health science programs have moved from a traditional teaching, research and outreach/service model to a model with a fourth component, medical/clinical. With that said, in his opinion, he does not feel the University has added a fourth mission to its tri-part mission, and this creates a divide between faculty with a four-part mission and those with a three-part mission. The health sciences need leadership that will hone in the value of this four-part mission, added Professor Krichbaum.

Regarding the notion that a Medical School dean needs to report to the president is somewhat confusing, said Professor Jardine. The goal of any school/college dean is to make their entity as whole, competitive and effective as possible. Under the current structure, the Medical School dean is challenged to work with other schools without there being leadership above the Medical School dean position. The schools need to be brought together so they have shared goals and missions. For example, to launch a successful IPE effort requires parity in terms of planning, execution and a commitment from all the programs and schools. Professor Jardine said rather than creating a structure that will satisfy the environmental needs of today, the University should be looking to the opportunities and challenges of the future.

Professor Jacobs commented that he has been at the University for over 40 years and he has been fortunate to have had good associations/collaborations with the other AHC schools, but he had to work hard to make this happen. With that said, he has always felt the School of Public Health has had to "fly under the radar" because it was difficult to integrate with the other schools, particularly the Medical School. In his opinion, the vice president for health sciences and dean of the Medical School need to be different positions because without separating them it is hard to see where the vice president for health sciences would get his/her inspiration from given the differences between schools. While it might not be easy to forge the position of an "AHC provost," someone should figure out how to do it.

Professor Connett said the goal of the health sciences should be to encourage collaborative research among different schools, and the proposed new structure would not do this. Additionally, he mentioned that the Clinical Translational Science Institute (CTSI) must represent all the schools, and this program should have central oversight. Dr. Steadland noted

that there would definitely be some AHC centers that needed more central oversight than others, but this would need to be further evaluated.

In closing, Dr. Steadland asked members to keep an open mind about the structure going forward. For example, with IPE, he rhetorically asked them if there was a pathway that could work that is more central within the academic enterprise and the institution, would they support it? He added that from today's discussion he heard loud and clear that while collaboration is important, accountability is even more important. In terms of next steps, Dr. Steadland said he would reconnect with Professor St. Peter. He added that he knows it will be important to make some decisions regarding a health science structure relatively soon, but he does not want to rush this process because it is critically important it be done right. Once he has something more concrete, Dr. Steadland said he would circle back with members. To the degree possible, the goal will be for all parties involved in this process to be on the same page and wanting to move in the same direction.

In Professor Conway-Klaassen's opinion, the comments that have been made about the clinical enterprise translate into the Medical School. While this is just her perception, she suggested that future discussions about the clinical enterprise be expanded to include other programs outside the Medical School. Dr. Steadland said it has not been the administration's intent to convey this but there is an element of truth to it. On the other hand, whoever will be leading the clinical enterprise under the vice president/dean, would not necessarily need to be a M.D.

Professor Krichbaum asked about the timeline and Dr. Steadland said that he hopes he will have more to share within the next couple of weeks or so.

2. Online Meeting Formal Community of Practice (FCoP) update and discussion: Professor Krichbaum welcomed Mike Williams, service owner, Video and Conferencing, Office of Information Technology (OIT), and called for a round of introductions.

Mr. Williams began by saying that the purpose of the Online Meeting FCoP is to bring together faculty and staff from across the University to better understand the challenges posed by online meetings and propose steps the University can take to improve the usability, effectiveness, and reliability of online meetings. He went on to explain that the Online Meeting FCoP has five Affinity Groups looking at different aspects of online meetings and how they can be improved. The five Affinity Groups are:

- Resources
- Best (Effective) Practices and Meeting Etiquette
- Standards & Design
- Support by Staff
- Support of TeleHealth

For more information about the Online Meeting FCoP and Affinity Groups go to <https://it.umn.edu/fcop/online-meeting-formal-community-practice>

Following this brief update, Mr. Williams asked for members input on their thoughts about and struggles with online meetings. Members' comments/questions included:

- How is this the FCoP work being integrated with the work of [University Learning and Technology Advisors](#) (ULTA), asked Professor Conway-Klaassen? Mr. Williams said that the output of FCoP can take time to implement. Depending on what the recommendations from the FCoP are, e.g., new support processes, training, governance, will determine what is brought forth to the ULTA group. Recommendations that are impactful to teaching and learning will most certainly be brought to the ULTA group before implementation.
- Is the Online Meeting FCoP also looking into Extension and rural bandwidth issues, asked Professor Deen? Absolutely, said Mr. Williams, both the Extension use cases and rural bandwidth issues are being addressed.
- Has there been enough connection in terms of the planning and design of the Health Sciences Education Center (HSEC) and centralized OIT, asked Professor Jardine? Mr. Williams said ideally OIT would have been brought in earlier when the HSEC was first being conceived. With that said, when it comes to equipment purchasing/capital purchasing, OIT will be aligning the HSEC purchases with the standards that are in place. While these discussions are currently happening, Mr. Williams said many of them are quite informal, and he would like to see more formality around this process.
- Professor Jardine commented that there is lack of clarity around equipment training although AHC Classroom Support is very helpful if problems arise in the classroom.
- Professor Connett asked about the status of WebEx. Mr. Williams said the decision to continue with WebEx and the FCoP work are running in parallel, although it was not planned this way. As part of the University's policy to go out to market every three years, a Request for Proposal (RFP) has been issued for video conferencing & web conferencing services, said Mr. Williams. OIT is pushing back on Purchasing Services when it comes to the frequency of RFPs involving tools that are academically critical to the institution, e.g., WebEx. Canvas, which need to have longer shelf lives. He acknowledged that it is very disruptive when changes occur. Depending on the outcome of the RFP, a decision will be made about whether the University continues with or changes its video and web conferencing services. If there is a change in vendor, there will be a one-year changeover period to move between tools.
- Professor Conway-Klaassen commented that given how disruptive transitions are to the academic process, this should be taken into consideration when choosing a vendor versus who is the lowest bidder. There are costs associated with transitioning to new products/services.
- Professor Conway-Klaassen also noted that there are problems with undergraduate and graduate students being able to initiate meetings via WebEx, which are causing units to do workarounds. End-user consultation before decisions are made often seems to be overlooked.
- Professor Connett noted that when products and services change, faculty have to learn new systems without much help, which is essentially an unfunded mandate. He agreed with Mr. Williams that the shelf life of products and services need to be longer. Mr. Williams noted that in addition to longer shelf lives another consideration needs to be when a contract should start. Contracts should be starting between summer sessions versus the fall, for example. Professor Deen also asked that there be a third consideration

given to continuity or comparability with other University programs so there can be inter-institutional cooperation.

Hearing no other questions or comments, Professor Krichbaum thanked Mr. Williams for attending today's meeting. Before leaving, Mr. Williams said he would like to meet with the committee again next fall to share information about what implementation decisions were made based on the FCoP's recommendations that will be coming out soon.

3. Agenda items for May 25, 2018 AHC FCC meeting with Dr. Tolar:

Professor Krichbaum asked members for their ideas about what they would like to talk about with Dr. Tolar when they meet with him next week. The following items were mentioned:

- Ask Dr. Tolar his opinion about the proposed AHC structural changes.
- Ask Dr. Tolar what he has heard from the deans and other stakeholders re the proposed AHC structure moving forward.

Member's discussion then segued into a conversation about their May 8, 2018 meeting with President Kaler. After some discussion, members agreed it would likely be worthwhile to invite Executive Vice President and Provost Karen Hanson, and Vice Provost for Faculty and Academic Affairs Rebecca Ropers-Huilman to the next AHC FCC meeting to get their perspectives on the proposed structural changes to the AHC. Additionally, Professor Jardine suggested the committee also talk with them about modernizing promotion and tenure and recognizing what is missing, which is recognition of interprofessional education, and recognition of collaborative scholarship. Professor Deen also suggested raising with them the addition of a fourth mission, the clinical mission and how this should be included into 7.12 statements.

Professor Jacobs then re-directed the conversation going back to the discussion with Mr. Williams, service owner, Video and Conferencing, OIT. He said it was his impression that OIT in many respects is "patching" its technologies despite the fact that new technologies being developed all the time. Additionally, the comment about having to go to bid in the marketplace in order to be fair, didn't make sense. Professor Conway-Klaassen said going out to bid every three years does not make sense. A cost analysis of transition should be conducted; transition costs need to be factored into decisions to change products and/or services. As part of the RFP, all new vendors should be responsible for training and transitioning faculty to their product/service.

4. Adjournment: Hearing no further business, Professor Krichbaum adjourned the meeting.

Renee Dempsey
University Senate Office