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**Faculty Consultative Committee**
**Academic Health Center**
**Annual Report, 2004-05**

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**Members**

Kathleen Krichbaum (Chair), Dan Feeney (Ex Officio), Edward Combe, Peter Davies, Michael Georgieff, Lois Heller, John Himes, Brian Isetts, and Marc Jenkins
*Please list these and their terms of office*

**Activities per duties and responsibilities**

**Steering**

1. **To meet at least monthly to discuss matters of concern to the faculty.**

   The AHC FCC was scheduled to meet eleven times this year for discussion of matters of concern to the faculty.

2. **To initiate whatever studies it deems necessary and appropriate or to request suc studies from the Senior Vice President (SVP) for Health Sciences or Administrative officers or from the subcommittees.**

   a.
   Surveyed faculty in the AHC in September 2004, in relation to the request of SVP Tom Sullivan, for perspectives on issues facing faculty in the AHC in the coming years. The request was related to development of recommendations on st repositioning of the university. Received 80 responses (approximately 1500 faculty i the AHC) and developed the position paper based on these and on other discus among the AHC FCC members (position paper appended).
   b. Conducted several sessions with Assistant Vice President Barbara Brandt tc develop the Academy for Excellence in the Scholarship of Teaching. This Academy will solicit nominations in 2006.
   c. Worked with Senior Vice President, Mark Paller, to review nominations for Academy for Excellence in Research. Reviewed applications of two nomir recommended the appointment of both to the Academy in 2005. Dr. Dwight Anderson, Ph.D. and Dr. Apostolos Georgopoulos, M.D. were appointed to th Academy for Excellence in Research.
   d.
   Reviewed and endorsed Budget Model developed by the AHC Finance and committee, Dan Feeney, Chair. This model was submitted for consideration university's Finance and Planning Task force.

3. **To advise the Senior Vice President for Health Sciences on procedures for administrative appointments and to participate in the selection process.**

   No activity in this area.

4**. To create and terminate all subcommittees of the AHC FCC.**

   Appointed the AHC education advisory committee headed by Jane Miller to serve a the Faculty Affairs subcommittee of the AHC.

**Consultative**

1. **To meet with the Senior Vice President for Health Sciences monthly, or at least six times per year, to discuss issues or policies of the AHC and to represent the**

**viewpoints of faculty.**

The AHC FCC was scheduled to meet eleven times this year in consultation with Senior Vice President Cerra to discuss issues and views of the faculty and policies the AHC.

**2. To consult with the Senior Vice President for Health Sciences or Administrative officers on planning and on the annual budget and the biennial request.**

Reviewed the proposed annual budget and biennial request February 23, and March 8, 2005.

**3. To receive notification of concerns that may require consultation with the Senior President for Health Sciences or Administrative officers from any faculty member academic professional, or student.**

a. Responded to a request from SVP Tom Sullivan to develop a position paper o faculty role within the university over the next 10 years from the perspective of A faculty in preparation for strategic positioning report (position paper appended).

b. Discussed with SVP Cerra, the representation of AHC faculty in the universi strategic positioning process.

c. Recommended AHC faculty to SVPs Cerra and Sullivan to serve on strate positioning task forces across the university and within the AHC.

**4. To receive recommendations of any faculty member, academic professional, or student who wishes to present a proposal to the AHC FCC and to refer or act upon recommendations as it deems appropriate.**

a. Chair serves as ex-officio member of the university FCC. Attended 20 of 26 meetings in 2004-05. Major agenda for the year was consultation with Preside Bruininks and SVPs Sullivan, Cerra and Jones on the strategic repositioning o university in light of the goal to become one of the top three public research universities in the world.

b.

Facilitated discussion in the university FCC about the request from the medical school to have voting privileges in the Senate for clinical scholars in the medical sc Discussion is on-going.

**Executive**

**1. To serve as a deliberative body of the AHC Faculty Assembly on all major items it deems necessary and appropriate and to call meetings of the AHC Faculty Assembl needed.**

a. Major action in this regard is the annual review of faculty nominated to the Academy of Excellence in Research. Reviewed two nominations in 2004-0 recommended both to Mark Paller for membership in the academy.

b. Discussed with the SVP, the future role of the AHC Academy of Excellence Research. Proposed the idea of a mentorship role for this group.

**2. To act on behalf of the AHC Faculty Assembly when a decision is required and whe would not be possible to convene a special meeting of the AHC Faculty Assembly in timely fashion.**

No specific action in this area.

**3. To report regularly on any matters which, in its judgment, should be brought to attention of the AHC or specifically to the attention and consideration of the AHC**

**Assembly.**

a. Actively solicited names of prospective faculty to serve on strategic positioning task forces.

b. Facilitated discussion at the university FCC of the request for voting privileges clinical scholars in the medical school.

c. Conducted a survey of AHC faculty and prepared a position paper on faculty role in the AHC in September of 2004.

d. Consulted with Marvin Marshak, Chair of the university's FCC, at the June meeting, about the role of faculty in the strategic repositioning process.

**4. To examine any action taken respecting the AHC by the Board of Regents, administration, or by another individual or body having any relationship with the University.**

a. Discussed with the SVP, the regents acceptance of the president's recommendations for strategic repositioning of the university and implications for AHC faculty.

Respectfully submitted,
Kathie Krichbaum, PhD, RN
Chair, 2004-05

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**Summary Document**
**Faculty Issues and Trends in the Academic Health Center**
**Projections for 2005-2015**
**AHC Faculty Consultative Committee**

As the University of Minnesota prepares its strategic plan for the next ten years, faculty f tremendous challenges in the classroom (virtual or real), in the research arena and in the serv arena. In the Academic Health Center, we share the challenges faced by all faculty research-intensive university, yet our role in preparing health professionals for the future presents us with some additional, unique constraints.

We in the AHCFCC approached this request from the Senior Vice President by surveying our faculty for their perspectives on the issues of most concern to them. We received responses from approximately 80 faculty. After staff summarized the responses to the survey, the AHCFCC met to analyze the responses and to discuss the issues. We have identified major areas of concern from the list of responses and based on our discussion. The four major issues/trends identified are: (1) maintaining the quality of programs in the face of shrinking resources; (2) recruiting and retaining high quality faculty; (3) increasing diversity of the university community as a whole; and (4) increasing use of technology. The Academic Health Center comprises about 1400 faculty, or roughly 40% of the faculty of the university. We believe that the responses reflect the feelings of the larger group.

The issue identified by most faculty (n=30) in the AHC was the concern for maintaining quality of programs in the university in the face of shrinking resources. Most viewed the decrease in support as a result of funding cuts from the state. However, others talked about the manifestation of fewer resources as it affects teaching (less staff support or increased workload); still others discussed the effect on the availability of research monies (reduced NIH budget). Shrinking resources prohibit expansion in some areas of need (for example, the current shortage of

classroom and research space), and affect our student-faculty ratios. Fewer resources mean a growing faculty to staff ratio as well. Measures of quality are affected as well. With the focus on measurement of learning outcomes as a reflection of quality, there is a need for better systems of recording, reporting and tracking learning outcomes of educational programs, at the course and program level. These measures and systems need to be developed and are costly. The greatest threat to quality conveyed by our faculty (n=22) had to do with the difficulties related to recruiting and retaining high quality faculty. Problems raised related to this issue included non competitive salary, lack of a formal mentoring process, the aging of the professoriate, the shortage of qualified faculty (per discipline), the tenure and post-tenure review processes, the lack of protected time to do research, increased workload, and the trend of hiring of P&A faculty to replace tenure and tenure track faculty. We discussed the increasing diversity of our university community as a major factor that affects our work. It is projected that by 2008, the number of high school graduates will peak. The average age of students in our baccalaureate programs is expected to increase. Ethnic diversity is increasing in the state and accounts for 15% of the population in the Twin Cities. The increase in the general population is mirrored in our student population as well. Considering the escalating cost of delivering high quality educational programs, current tuition rates limit access to certain groups of potential students. Although both faculty and staff are more diverse than in the past, there is a need to attract a more diverse faculty to improve our cultural competence generally, but also to help us to learn how better to meet the needs of this diverse population. Another major factor affecting faculty is the expanded use of technology in teaching, in communications generally, and in the delivery of health care (particularly affecting those of us in the AHC). Although some promise of increased efficiency has been realized by use of voice mail, e-mail, and distance education, these efficiencies are beginning to be counterbalanced by the decentralization of clerical activities to individual faculty, who often receive multiple requests for the same data. For example, data collected for the annual report of accomplishment purposes are not later turned into information that can be used for other purposes at the department, collegiate unit, or university levels. Other examples include almost weekly updates required of computer operating systems, data and time losses due to worms, viruses, and the like. Similarly, requests for outside consulting (ROC) should "automatically" populate REPA forms to prevent re-entry of the same data. Other types of compliance data (HIPPA) may be able to be collected and tracked more efficiently.

Although these issues are university-wide, we believe that in the AHC, we face specific barriers in our efforts to deliver high quality educational programs to future professionals that require practice-based experience in the current health care environment and cost containment related to this education. We have more than three missions in the AHC. Beyond teaching, research and service, is our mission to improve the health of Minnesotans as practicing health professionals. Not only do we need to continuously develop our own clinical skills and expertise, we must expand our ability to attract patients, to collaborate with practitioners who provide supervision of students in practice and to operate in the face of increasing oversight of our programs by credentialing and regulatory agencies.

These, then, represent for us the most critical issues facing faculty in the next ten years. As faculty in a large, public, research-intensive university, perhaps, they are more daunting than if we were in a smaller place, or in a place with a more focused mission. Indeed, as Collis (2004) points out, the changing demands on higher education present us with a complex, multifaceted phenomenon that defies organization, let alone planning. Given the breadth and depth of the issues, we might characterize the phenomenon we face and the changes required to meet the challenges presented as a revolution not unlike the great depression of the thirties. We have a convergence of factors—economic, demographic, cultural, ethical, philosophical, and spiritual (in terms of the impact on the human spirit)—that mimic those of that era and that require the paradigmatic shift required to address the depression.

All of the issues we identified are interrelated. Shrinking resources (decreased state support) challenge us to rethink our budget models, models that have supported our missions—research, teaching and service. At the same time as our resources are decreasing, we are experiencing increasing demand for some of our programs (increased participation rates [Collis, 2004]) and increased pressure to improve our graduation rates, and for increasing (or at least maintaining) the quality of our offerings. Demographic shifts are leading us to change the way we do what we do. We have fewer "traditional" students and increasing numbers of adult learners who are more diverse in age, gender, ethnicity, and in the values they bring to their educational experience. They are adult learners with a sophistication in relation to computers that exceeds that of many faculty; they are coming to us virtually from all corners of the globe. The corporate market (adult learners returning for a degree and sponsored by their companies) now comprises 25% of the current market for higher education and is projected to grow at 11% per year (Collis, 2004). At the same time, our faculty is aging at a rate such that we will experience a shortage unlike any we have seen before. Many senior faculty are not competent to teach on the web or are not interested in that mode of delivery. Faculty in general expresses varied responses to the increasing use of part-time/contract/P&A people to teach AHC courses. In the AHC, we face the additional challenges related to forming agreements with clinical sites for student practice as well as for providing us with patients for research and for our own professional practice. Interdisciplinary collaboration is essential for success in this environment, yet barriers exist that sometimes appear insurmountable. In sum, there is not a part of our current way of doing business that is not challenged.

Concerns about quality proliferate. How is faculty to address the tripartite mission of the university in the face of these challenges? Collis (2004) describes the problem as that of a shrinking core and an expanding periphery. The core is the historical, land grant mission by which we have always operated. Our purpose is to meet the needs of the state of Minnesota by generating knowledge, by sharing that knowledge and by providing service to meet specific needs identified by the state that we can address. This model has worked in partnership with the state. The agreement was clear—this is what we do and this is what you will pay us to do it. This agreement was forged in the mid 1800s when we were a rural populace with a great need for a (single) repository of knowledge. The state has changed and so have we. There are other opportunities for Minnesotans to get an education at a competitive price. If we are going to stand apart, to continue to be the flagship for knowledge development in the state, then we had better be able to demonstrate clearly that we are worth the money. The periphery--the factors that now drive not so much what we do, but the way we do things--has changed dramatically. Student composition, course delivery modes, funding sources, expenditure categories, staff mix, and all are radically different. If the state has changed its part of the agreement in its support of the university, then why are we not able to change our part of the agreement so that we accomplish our mission on our own terms? We should be able to retain the core of the agreement—the mission--and yet alter the periphery to help us achieve that mission while maintaining the highest quality possible.

Because we have a three-part mission, we will forever be plagued with some diffusion of focus. As long as faculty must address all three, we will. Most faculty would agree that this is the role we expect to do and want to do. If we intend to accomplish our mission, this is an essential component and one that must persist. Those of us in the AHC value the importance of practicing in our professions and know the added value that that level of competence brings to our students' educational experience. We believe that faculty are the core of the university.

What can and must change is the periphery. We need to question the dominant logic by which we have operated for 150 years (Lang & Stultz, 1994). That dominant logic has led us to continue to employ outdated, though tested, models of planning, budgeting, controlling, administering and managing that just do not fit anymore. Incentives for students, staff and faculty

need rethinking. We need to foster the creativity that exists in our constituents, to listen and to focus our efforts on serving those who we promised to serve. They look different, they act differently, and they demand new and different things from us. We need to find new ways to acknowledge that creativity and to reward the individual contributions that make us unique and strong. Relying on ourselves instead of the state is not all bad. It can motivate us to come out the great depression in higher education stronger, more focused and ultimately more capable of achieving our mission.

Collis, David G. (2004).
The paradox of scope in William Tierney (Ed.) Competing conceptions of academic governance: Negotiating the perfect storm.

Lang, L. and Stultz, R. (1994). Tobin's Q, corporate diversification and firm performance. The Journal of Political Economy 12, 1248-80.

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