

May 11, 2006, the Medical School at the University of Minnesota

Minutes University of Minnesota Medical School Faculty Assembly May 11, 2006

A meeting of the University of Minnesota Medical School Faculty Assembly was held on Thursday, May 11, 2006 at 4:30 p.m. in 1-450 Moos Tower, via ITV to 165 School of Medicine, Duluth. Dr. Anne Taylor, Associate Dean for Faculty Affairs, presided.

Welcome and Updates

Dean Powell welcome faculty to the Assembly and informed them of highlights and events of the year. Several searches are currently being conducted in the Medical School, including a searches for Department Heads for Surgery and Ophthalmology, as well as a Director for the Division of Cardiology and the Lillihei Heart Institute. A search for a Director of the Stem Cell Institute is underway as well. In the upcoming months, search committees will be charged for a new Head for the Department of Integrative Biology and Physiology, as well as a search for a new leader on the Duluth campus.

Ratification of New Committee Members

Dr. Susan Berry presented the following committee member nominations for ratification by the Faculty Assembly:

Education Council: Wesley Miller and James Nixon

Committee on Student Scholastic Standing: Colin Campbell, Mary Dempsey, Ryoko Kuriyama, Michael Mauer, William Robiner, and Sheila Specker

Research Council: Walter Low

These nominations were unanimously ratified by the Faculty Assembly for membership.

Committee Reports

Education Council

Dr. Kathleen Watson, Associate Dean for Students and Student Learning, presented the faculty with a list of members and representatives currently serving on the Education Council. The Council has worked diligently this year with programs such as MED 2010, the LCME follow-up site visit, and the Admissions Task Force. A new organizational chart was developed for the Education Council, which includes input from the Duluth Campus Curriculum Committee and Evaluation Subcommittee. This chart was presented for approval to the Faculty Assembly. The motion was unanimously approved by the Faculty Assembly.

Admissions Committee

Dr. Leon Satran, Chair of the Admissions Committee, presented the Faculty Assembly with the statistics for the 2005 entering class. The University of Minnesota Medical School saw an increase in the number of applicants, which followed a national trend. The applicants represented 80 colleges and universities nationally, as well as represented 53 majors. Minnesota residents accounted for 119 of the 165 matriculants, with an overall grade point average of 3.68, which is above the national average for matriculants.

Committee on Student Scholastic Standing (COSSS)

Dr. Michael Mauer, Chair of the COSSS presented the faculty with a report of the activities of the COSSS for the 2005-2006 academic year. Overall, Dr. Mauer said that the academic performance of Medical School students has been maintained at a very high level. The Committee met 12 times over the course of the year, and considered the academic performance of 71 medical students.

Teaching Professor Track

Dr. Anne Taylor, Associate Dean for Faculty Affairs, presented information regarding a proposed new track to be used for Medical School faculty. This track would be used for those faculty whose primary role is education. Similar to the Clinical Scholar track, the Teaching Track would be a non-tenure option for faculty.

Dr. Taylor explained that while many faculty who are teaching intensive are already in the Medical School, there have been no means for advancement for these faculty. While this track could be of particular use at affiliate hospital sites, clinical departments, and the Duluth Campus, this option would be available for all departments across the Medical School. Two documents were presented to faculty for consideration. The first document outlines the proposed criteria for advancement along the Teaching Track, as compared to the tenure track and Clinical Scholar track. The second document serves to highlight some of the tasks that

a faculty member in the Teaching Track would perform. She explained that the Association for American Medical Colleges is now preparing matrices in which to measure and evaluate educational work, which would serve as a cornerstone for this track. Dr. Taylor presented this track to the faculty for approval of further development.

The Faculty Assembly chose not to vote on the track at this time. The faculty felt that the track needed further development to fully consider. The Teaching Professor track will be further developed, and presented again at the Fall 2006 Faculty Assembly.

Continuing Medical Education Missions Statement

Dr. Kathleen Brooks, Assistant Dean for Continuing Medical Education, presented a new Mission Statement for Continuing Medical Education to the faculty for approval (attached). The Office of Continuing Medical Education will be going through re-accreditation process in 2006. This statement defines the purpose, content area, target audience, types of activities, and expected results of the Office of Continuing Medical Education. The mission statement was unanimously approved by the Faculty Assembly.

The meeting was adjourned at 5:35 p.m.

Respectfully Submitted,

Jeni Skar
Staff to the Faculty Assembly

Mission Statement for the University of Minnesota
School of Medicine Office of Continuing Medical Education

Adopted 6/7/04

The Office of Continuing Medical Education will provide the highest quality continuing educational activities to the community of health care professionals and the public through provision of local, regional, national, and international programs, which are responsive to specific practitioner, patient, and public health needs.

The Office of CME will positively influence patient care practice and outcomes throughout the State of Minnesota by providing continuing education courses for primary care practitioners and specialists. As a core component of the Medical School, the Office of Continuing Medical Education will function as a part of the learning continuum extending from undergraduate education through graduate medical education, and into the professional lives of our community of practitioners.

The Office of CME is flexible, efficient, fiscally responsible, and works collaboratively with other CME providers locally and regionally to provide comprehensive and effective education to the practitioner work force of the State of Minnesota. The office will provide leadership in documenting the effectiveness of these programs.

Specifically:

1. **PURPOSE:** The CME Office exists for the purpose of improving the broad practice of medicine, including patient care, biomedical and healthcare research, medical education, public health, and medical administration, innovation and leadership;
2. **CONTENT AREAS:** The CME Office delivers the highest quality educational activities, throughout the range of clinical, research, medical teaching, public health, and medical leadership skills. Our sponsored activities are founded on specific identified needs of practitioners and the public;
3. **TARGET AUDIENCE:** The CME Office provides educational opportunities that target the broad community of health care professionals including generalist and specialist physicians locally, regionally, nationally and internationally, and their partners in practice and the organizations in which they work. Clinicians, researchers, medical educators, public health workers, and medical administrative leaders are all targeted by various educational activities;
4. **TYPES OF ACTIVITIES:** The CME office provides educational offerings in the setting of conferences, tutorials, longitudinal experiential training, and distance learning such as print and electronic media;
5. **EXPECTED RESULTS:** The CME Office is committed to evaluating and improving both immediate and lasting changes induced by its educational activities. The office evaluates physician and health care team knowledge, skills, attitudes, practice, and decision-making, develops ways to improve them, conducts research into the effects of these innovations, and shares the findings of these efforts with the community of CME providers.

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Last modified on Monday Mar 24, 2008

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