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Program Review
and Long Range Planning

University of Minnesota, Duluth
School of Medicine

December 1979

PROGRAM REVIEW AND LONG RANGE PLANNING

UNIVERSITY OF MINNESOTA, DULUTH

SCHOOL OF MEDICINE

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I. PREFACE.

As the University of Minnesota, Duluth, School of Medicine enters the decade of the eighties, the importance of integrating planning processes and allocation of resources is important. Effective planning will allow the presentation of a consistent case to Central Administration, the Board of Regents, and the Legislature. This plan represents preliminary goals and objectives that correlate with the mission of the School of Medicine. The plan presents a series of objectives which flow from these goals, and priorities which will ultimately aid decision making.

II. MISSION STATEMENT.

Since the admission of the first medical school class in 1972, the general mission of the University of Minnesota, Duluth, School of Medicine has been to strive for education of students for entrance into family practice in regional areas of need, to conduct and promote research programs for the advancement of health sciences, to provide support of non-medical student instruction (both graduate and undergraduate), and to provide service to the local and regional medical community. This is achieved by providing a strong institutional program in the basic and clinical sciences and providing an academic climate for the development of intellectual curiosity, personal integrity, and a life-long pursuit of learning.

III. ASSUMPTIONS.

A. MISSION.

It is assumed the UMD School of Medicine mission will remain essentially as stated above for the next ten years: emphasizing the education of students entering into family practice in regional areas of need, conducting and promoting research programs for the advancement of health sciences, and providing service to the local and regional medical community. However, it must be assumed that as health manpower needs change in the future, our mission must be sensitive to the mandated changes from federal and state agencies, as well as from consumer input.

B. ENROLLMENT.

It is anticipated that over the next decade there will be no decrease in enrollment at the UMD School of Medicine. During the next five

years, it is anticipated that health manpower needs in this region will be unchanged in both number and discipline. Nationally there have been three applicants for every medical school position, locally there are at least ten academically qualified applicants for each of the forty-eight entering positions at the School of Medicine.

However, as the UMD School of Medicine moves in the direction of more support of non-medical student teaching on the UMD campus, the development of further relationships with UMD programs will continue. The School of Medicine is in a unique position to recruit outstanding teachers and scholars who can provide expertise in needed areas through joint appointments with other collegiate units.

C. PREPARATION OF PRIMARY CARE MANPOWER.

The public and governmental concern over the maldistribution of physicians is reflected in the increasing emphasis on the training of family physicians. It can be assumed that this demand for the family practice physician will continue into the next decade with emphasis on education of those physicians who will practice in the State of Minnesota.

D. RESOURCES.

Over the next few years, it can be expected that capitation will significantly decrease or phase out entirely. To meet this, it must be assumed that replacement monies must be found. Funds should be made available to support the School of Medicine program through replacement of capitation.

E. INFLATION.

Inflation has substantially reduced the School of Medicine's purchasing power over the past years. Because of the complexity of the economy it is difficult to forecast specific inflation rates with certainty. However, based on data available, a rate of eight to ten percent inflation per year over the next five years will be used for planning purposes. State and federal appropriations must increase in order to meet this inflationary trend.

F. FACILITIES.

The current new facilities of the School of Medicine are adequate for the present class and faculty size. However, with the increase in research efforts, the older facility on the lower campus will continue to be necessary. Funds to support these increased research programs will be necessary if research efforts continue to expand as the faculty becomes more senior and better able to attract grants. Reference is made to the recent LCME report of May 1979, which indicated the need to continue research programs and the necessity of using the research laboratory building on the lower campus.

G. PRODUCTIVITY.

The School of Medicine faculty is not expected to face increased

class size. However, implementation of new curricular programs may be necessary in the next ten years in response to changing medical needs. Such new programs may replace existing programs as needed. In addition, research efforts by faculty are expected to increase both in individual effort and through interdisciplinary programs. Service to the community will also increase in areas of education to the health professionals and to the public alike.

H. STAFFING.

It is assumed that loss of faculty due to transfers, relocation, etc., will be at a minimum; nevertheless, consideration for replacement of faculty will be necessary. In addition, as the curriculum undergoes change in response to mandates from outside influences, as research activities increase, and as non-medical student teaching increases in cooperation with other colleges at UMD, additional faculty will be necessary to meet these demands.

GOALS OF THE UNIVERSITY OF MINNESOTA, DULUTH, SCHOOL OF MEDICINE

I. EDUCATIONAL GOALS.

A. EMPHASIS ON THE MAINTENANCE AND EXPANSION OF A CURRICULUM THAT WILL ENCOURAGE AND SUPPORT STUDENTS IN FAMILY PRACTICE. IDENTIFICATION OF THE NEEDS OF A CHANGING SOCIETY AND RESPONSE TO THESE NEEDS THROUGH NEW CURRICULAR EMPHASIS.

1. Continue the Family Practice Preceptorship Program and general curricular emphasis on family medicine.

-high priority-

2. Continue to explore additional elective programs in Phase D for medical students. Such electives will be considered and developed in consultation with the Medical School in Minneapolis. Quality of such programs currently monitored in our already existing joint curricular offerings will be continued. Evaluation by examinations both here and in Minneapolis by their faculty and on-site evaluations will be continued.

-high priority-

3. Continue the study of the application of the basic and clinical sciences curriculum in family medicine and to further strengthen the curriculum on the basis of these identifications.

-high priority-

4. Increase efforts to attract qualified minority applicants to the School of Medicine by 1982. Current programs such as Native Americans into Medicine (NAM) and Indians into Research Careers (IRC) will be continued to accelerate this effort.

-high priority-

5. Expand the alcoholism course which has been developed as a strong component of the first-year curriculum into a required course for all students.

-high priority-

6. Acting in response to student and departmental demand and in response to the recommendations from the LCME and the AAMC, the School of Medicine will introduce an elective course in human nutrition by 1980 to enrich the students on this vital subject. The program will be developed by the Biochemistry Department with input from other departments. As with all courses, the Educational Policy Committee will review and evaluate this offering and, if effective, it will be continued as an elective in subsequent years.

-high priority-

7. Complete the Educational Resources Center by 1981 and increase the capacity for assisting faculty in their instruction of students. This will include the application of additional audio-visual capability, slide and film preparation, video-taped simulated patient examination techniques, etc.

-high priority-

8. Finish a study on an interdisciplinary program in gerontology and geriatrics by 1980, and by 1981 propose an elective curricular offering in this area as indicated and if considered appropriate.

-high priority-

9. Review the admissions criteria of the School of Medicine and consider the possibilities of attracting students from broader educational backgrounds by 1981.

-medium priority-

10. Introduce and evaluate an elective course in holistic medicine. This will be introduced on a trial basis in 1980 and will require no additional full-time faculty. It will be taught by faculty in the area on a voluntary basis.

-medium priority-

11. Continue evaluating and exploring opportunities for interdisciplinary programs with other health professional schools. Specific interdisciplinary programs with area nursing schools will be continued.

-low priority-

B. ENHANCE COMPETENCY OF PRACTICING PHYSICIANS, NURSES, FACULTY

1. Assess department teaching effectiveness by continuous review of educational objectives for each course and to define more effective methods of evaluating faculty teaching by 1982.

-high priority-

2. Look at programs for continuing education for practicing physicians and other health professionals through the Continuing Medical Education program. The University of Minnesota, Duluth, will continue to expand as a resource center for continuing education for the communities of northeastern Minnesota.

-high priority-

3. Expand present seminars and workshops to encompass both departmental and all-campus programs in medicine, basic sciences, and other health related areas.

-high priority-

C. DEVELOPMENT OF FURTHER GRADUATE EDUCATION PROGRAMS.

1. Continue present graduate programs through cooperative efforts with the appropriate departments on the Twin Cities and UMD campuses. At the present time, several programs have been developed or are in the process of development by departments at the UMD School of Medicine. Some of the faculty currently have full graduate faculty appointments with support from departments on the Twin Cities campus, and many have associate appointments.

-high priority-

2. Obtain funding to insure this continued growth of graduate programs.

-high priority-

3. Expand research seminar programs to augment graduate education by 1981.

-medium priority-

4. Survey the need for a masters degree program for M.D.'s in basic and/or clinical sciences.

-low priority-

D. CONTINUATION OF UNDERGRADUATE PROGRAM DEVELOPMENT.

1. At present, active discussion with other collegiate units at UMD relating to the need for additional School of Medicine departmental course offerings in undergraduate programs is in progress. The School of Medicine will continue every effort to provide their present service in teaching non-medical students, but it is expected that the necessary additional faculty positions will be provided as new and/or expanded programs are implemented.

-high priority-

2. Implement curricular offerings identified by these studies in the next five years.

-high priority-

II. RESEARCH GOALS.

A. ENCOURAGE, SUPPORT, AND EXPAND FACULTY RESEARCH OPPORTUNITIES AT THE UNIVERSITY OF MINNESOTA, DULUTH, SCHOOL OF MEDICINE.

Recognized programs in research are currently funded in an increasing degree as the faculty has been able to attract more federal funding in the last seven years. Research grants for this fiscal year 1979-80 now exceed \$700,000.

-high priority-

B. UNDERTAKE RESEARCH IN FAMILY PRACTICE.

Design and complete a study defining the optimal content of School of Medicine teaching programs in family practice based upon an assessment of local, regional, and national needs by 1982.

-high priority-

C. FACULTY GRADUATE RESEARCH PROGRAMS.

Continue and expand, by 1982, the ties of the UMD School of Medicine faculty to other University of Minnesota programs in research.

-high priority-

D. EVALUATION OF PROGRAM EFFECTIVENESS IN AREAS OF HEALTH NEEDS ASSESSMENT.

The Educational Policy Committee will continue to evaluate innovative curricular offerings such as the current alcoholism program, the death and dying course, programs in chronic pain, geriatrics, nutrition, etc. and define whether or not they are meeting the needs of the future family physician. In addition, they will continue to evaluate any new curricular proposals and make programmatic changes as indicated by such evaluations.

-high priority-

E. RESEARCH IN MEDICAL STUDENT SELECTION PROCESS.

Continue evaluation of the admissions criteria to determine whether current admissions policies are concordant with our mission statement.

-high priority-

F. ENCOURAGE AND SUPPORT INDIVIDUAL AND INTERDISCIPLINARY CLINICAL RESEARCH BY COMMUNITY PHYSICIANS.

Develop interdisciplinary programs with practicing physicians in northeastern Minnesota through demonstration of the facilities, faculty programs, etc., that exist at UMD.

-medium priority-

III. SERVICE GOALS.

A. DEVELOPMENT OF A REFERRAL CENTER.

In the interest of fostering a close relationship with a medical community that is actively involved in teaching, a need has been identified by the community for a referral laboratory. It is expected that such a referral laboratory center will be self supporting as increasing demands by the community for such a referral laboratory arise.

-high priority-

B. DEVELOPMENT OF MODEL HEALTH CARE SERVICES.

Evaluate the services of the ambulatory health care center now in operation by 1980. From this study guidelines will be developed for the establishment of other centers in the future.

-medium priority-

C. COMMUNITY OUTREACH.

Initiate a survey of the community to determine the needs for outreach of the School of Medicine in areas of patient education. This survey to be conducted by the Clinical Sciences and Behavioral Sciences departments.

-medium priority-

D. EVALUATE AND RESPOND TO EDUCATIONAL PROGRAMS AT OTHER EDUCATIONAL INSTITUTIONS.

Review the present courses offered by School of Medicine faculty at local institutions other than UMD by 1981 to determine the future needs at such institutions.

-low priority-

IV. RESOURCE RELATED GOALS.

A. FACULTY: ATTRACT AND RETAIN FACULTY WHO DISTINGUISH THEMSELVES IN TEACHING, RESEARCH, AND COMMUNITY SERVICE.

Review existing policies for appointment, promotion and tenure, and merit based on teaching, research, and service by 1981.

-high priority-

B. ATTRACT AND RETAIN HIGHLY QUALIFIED STAFF MEMBERS.

-high priority-

C. ATTRACT AND RETAIN HIGHLY QUALIFIED MEDICAL STUDENTS.

-high priority-

D. SUPPORT IMPLEMENTATION OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION PROGRAMS.

-high priority-

E. COMPLETE A SURVEY OF THE CURRENT UMD STUDENT MINORITY PROGRAM FOR INDIAN STUDENTS INTO MEDICINE, AS WELL AS INDIANS INTO RESEARCH CAREERS BY 1981.

-high priority-

F. FUNDING: IDENTIFY UMD SCHOOL OF MEDICINE'S FINANCIAL NEEDS AND DETERMINE PRIORITIES FOR RESOURCE ALLOCATION.

1. Develop criteria for ranking of objectives and measuring cost effectiveness. Develop a plan for redirecting resources from low priority programs to new or existing high priority programs.

-high priority-

2. Develop a budget plan by 1981 to insure unit stability through an appropriate balance of short and long term funding. The plan will project short and long term funding for programs for the next five years.

-high priority-

3. Seek replacement of federal capitation funds from state recurring funds for the 1981-83 biennium.

-high priority-

4. Identify and pursue potential funding sources by continuing to explore additional governmental and private funding for research and training and establish a process for constant and ongoing research in this area.

-high priority-

G. PHYSICAL RESOURCES: IDENTIFY AND MEET PHYSICAL RESOURCE NEEDS AND DETERMINE PRIORITIES FOR ALLOCATION.

1. Establish a system for monitoring of physical plant utilization through the long-range plan and establish criteria for allocation of space among the School of Medicine units based on the mission of the School.

-high priority-

2. Define the need for appropriate space in the old laboratory school building and seek funding for remodeling and renovation of such space by 1980.

-medium priority-

- H. PROVIDE FOR AN EFFECTIVE ORGANIZATION FOR IMPLEMENTING, REVIEWING, AND UPDATING THE UMD SCHOOL OF MEDICINE'S LONG RANGE PLANS.

The Council of Department Heads, functioning as the long range planning committee, will assess, assign priorities, and implement the foregoing objectives of the UMD School of Medicine planning process as they relate to the mission statement.

-high priority-

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