A. Introduction:

The School of Medicine Duluth offers the first two years of undergraduate medical education to students who intend to practice family medicine and other primary care specialties in rural Minnesota and American Indian communities. In addition, we provide high quality academic and clinical education programs for other professional, graduate and undergraduate students, and participate in medical clerkship experiences for 3rd and 4th year medical students. Our combined two medical student classes have 110 students enrolled. There are 47 females and 63 males and seven students are minorities. The most recent rankings of our educational program in the U.S. News and World Report are: 5th in primary care and 5th in the rural medicine specialty.

The faculty are also actively involved in several areas of research. Ten graduate students are involved with research activities. The majority of these activities emanate from three centers located within the school: the Center for Cell and Molecular Biology, the Center for Rural Mental Health Research, and the Center for Technology Enhanced Education and Research.

The school is also the home of several American Indian educational programs including a Center for American Indian and Minority Health that oversees a federal Center of Excellence Program. The administrative responsibilities for the Rural Health School which is a virtual school focused on health professional interdisciplinary team training has been transferred from DMED to the Office of Education at the AHC.

The state of Minnesota imposed a rescission of $185 M on the University for FY 2004-2005. In order to meet our share of this rescission, we have had to impose a freeze on the future hiring of new tenure-track faculty to replace three faculty who were not reappointed, died or retired. In addition, three staff positions that support faculty education and research activities have been eliminated. This situation means faculty will need to teach more hours and support themselves more or seek support elsewhere within the University or the AHC.

However, new priorities and initiatives for the school will be developed. They will be added to the “Future Plans” sections of the Current Goals and New Goals, following faculty consultation, and will be consistent with the AHC, TCMED and SOMD vision documents.

B. Major Long-Term Goals/Priorities:

This section begins with a discussion of our major short-term goals for the past two years: the development of an operating plan including roles and responsibilities for unitary accreditation (LCME) with the TCMED. It then continues with our five major mission-related goals over the past few years. The educational focus is on years 1/2 of undergraduate medical education. The continued role of SOMD in years 3 & 4 will be defined in the self-study document for unitary accreditation.

1. Current Goals/Priorities:

a) Development of an operating plan for the University of Minnesota Medical Schools under unitary accreditation by the LCME:

i) Accomplishments:
• Continued refining and implementing processes and procedures established by SOMD and TCMED to comply with LCME standards for geographically separated campuses undergoing unitary accreditation.
• Defined organizational structure for unitary accreditation.
• Prepared LCME database and began self-study process.

ii) Future Plans:
• Prepare LCME self-study in cooperation with TCMED.
• Define SOMD’s educational initiatives for year 3/4 clerkships.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
• Supports Goal 7 initiative 2.1.
iv) Financing:
   • No additional funds requested.

b) Continue faculty renewal by hiring replacement faculty and encouraging faculty development:

i) Accomplishments:
   • Completed searches for new Family Medicine Head (not filled and not continued due to budgetary restraints) and physiology faculty member (filled).
   • Negotiated one-year contract with new Pathologist.
   • Reached financial agreement with College of Pharmacy for teaching physiology course to their Duluth students.

ii) Future Plans:
   • No additional positions planned and recent vacancies due to attrition will not be filled due to financial constraints.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Support Goal 1 initiative 5.0 and Goal 2 initiative 1.0.

iv) Financing:
   • Not applicable.

c) Increase scholarly educational and research activities:

i) Accomplishments:
   • RHS students organized 10 community projects.
   • Organized an eight session “New Genetics in Medicine” seminar series for faculty, students, and community health care professionals.
   • Faculty/Administration consultations defined three focused areas of research: cancer, neuroscience and environmental medicine.
   • Using a combination of ICR and grant funds, purchased a confocal microscope to enhance research capabilities of the faculty.
   • Obtained SOMD’s first grant related to American Indian Health Research (2 years, $200K, “Genetics Testing in Midwest American Indians”).

ii) Future Plans:
   • Develop research partnerships with SMDC and School of Public Health.
   • 20% increase in scholarly papers, grant applications and awarded grants.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Support AHC Goal 1 initiative 1.1 and Goal 2 initiatives 4.4 and 4.5.

iv) Financing:
   • No additional funds requested.

d) Increase funding support:

i) Accomplishments:
   • MMF agreed to fully fund development officer and one full-time staff person.
   • $50K in private support to equip one-half of the computer-testing facilities.
   • Medical students presented three papers at MAFP and four papers at the AAFP.
   • Private philanthropy support increased $600K.

ii) Future Plans:
   • Increase non-sponsored operating funds by $100K through MMF activities.
   • Increase ICR support to school by $50K.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Support AHC Strategic Plan Goal 2 initiative 2.2.

iv) Financing:
   • No additional funds requested.

e) Enhance educational programs:

i) Accomplishments:
   • Submitted a proposal to the Graduate School for an “Integrated Biosciences Graduate Program” in conjunction with the UMD College of Science and Engineering.
2. New Goals/Priorities:

Our new goals/priorities for this year are designed around three objectives: 1) completing last year’s new priorities, 2) adjusting the school’s mission-related initiatives to new financial constraints, and 3) defining and implementing educational initiatives consistent with the Medical School’s and AHC’s vision for our role in rural health professional education.

a) Continuation of efforts to establish an Early Admissions/Scholars Program in partnership with UMD:

i) Accomplishments:
   - Reached an agreement with UMD and SVPHS to establish a program.

ii) Future Plans:
   - Establish infrastructure and process to implement this program in Fall of FY05.

iii) Relationship to the AHC Strategic Plan (www.ahc.umn.edu):
   - Supports AHC Goal 1 initiative 3.2, 3.4 and 3.5.

iv) Financing:
   - No additional funds requested.

b) Implementation of Curriculum Action Plan:

i) Accomplishments:
   - Added 24 hours of “Introduction to Rural Primary Care Medicine” course to the first year curriculum.
   - Added 12 hours of Genetics/Genomics information to first year curriculum.
   - Decreased Nervous System course by 10 hours and additional cut of 65 hours in year 1.
   - Decreased year 1/2 clinical lecture and correlation hours by a total of 30 hours.
   - Implemented computer-based examination in an additional four courses (now 16 of 18 courses are computer based).
   - Implemented PDA use by all year 2 students during Medicine block of CR&C course.

f) Maintain a strong diversity program:

i) Accomplishments:
   - Instituted a new organizational model for CAIMH and hired a new Director.
   - Obtained American Indian health research grant (see 1ci)

ii) Future Plans:
   - Consult with faculty and develop a plan for basic science graduate student education at SOMD.
   - Discuss and agree with COP on future disciplinary and interdisciplinary partnerships.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   - Support AHC Goal 1 initiatives 1.0, 1.1 and 1.2; Goal 3 initiative 3.5; Goal 4 initiative 4.2; and Goal 6 objective 1.0.

iv) Financing:
   - $50K from AHC to assist in graduate student stipends.

2. New Goals/Priorities:

Our new goals/priorities for this year are designed around three objectives: 1) completing last year’s new priorities, 2) adjusting the school’s mission-related initiatives to new financial constraints, and 3) defining and implementing educational initiatives consistent with the Medical School’s and AHC’s vision for our role in rural health professional education.

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   - Supports AHC Goal 1 initiative 3.2, 3.4 and 3.5.

iv) Financing:
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   - Implemented computer-based examination in an additional four courses (now 16 of 18 courses are computer based).
   - Implemented PDA use by all year 2 students during Medicine block of CR&C course.
ii) Future Plans:
   • Increase Nutrition content by 4 hours, Biostat/Epidemiology/Public Health hours by 13 hours and Genomics by 8 hours.
   • Convert 75 hours from passive to active learning.
   • Add six CD-ROM simulation programs to the curriculum.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Support AHC Goal 1 initiative 1.0 and 1.2.

iv) Financing:
   • No additional funds requested.

c) Modify mission-related programs and initiatives to meet new financial constraints:

i) Future Plans:
   • Eliminate CTEER as a center and convert to a downsized educational resources function.
   • Further reduce faculty and staff size (two faculty and two staff not replaced in FY03); two faculty and two staff position reductions appear to be necessary by FY05.
   • Increase Dean’s private philanthropy efforts to obtain support for the school.

d) Define and implement educational initiatives consistent with the Medical School’s and the AHC’s vision for training the health care workforce for Greater MN:

i) Future Plans:
   • Consult with the SVPHS and the Dean of TC MED to establish SOMD’s role in the training of rural health care professionals.
   • Consult with faculty to determine priorities to implement programs and processes consistent with SOMD’s role in health professional education.
   • Adjust year 3/4 clerkship activities as determined by SOMD’s role in University of Minnesota Medical School’s undergraduate medical education program.

ii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Supports AHC Goal 1, initiative 1.0, Goal 2 initiative 1.2, and Goal 4 initiative 4.4.

ii) Financing:
   • $60K recurring support from AHC previously secured; additional $60K necessary to support Assistant Dean for Rural Health.

C. MN Rural Health School (MRHS)

This program provided experiential training in interprofessional practice in partnership with communities in Greater Minnesota. The marked increase in health workforce needs, the presence of medically disadvantaged regions in NE and SW Minnesota, and the awarding of a federal area Health Education Center grant has transformed the MRHS into a program of greater scope and a much larger resource base in Greater Minnesota.

A transition team began to function in early calendar 2003 to plan for, and implement, the transition of MRHC on to this AHEC platform. This was accomplished 1 July 2003.

Much of what was learned in the MRHS continues in AHEC and provides a base on which the continued development of community-based interprofessional service education programs will occur in Greater Minnesota. The coordinator for these programs has been hired and lives in Hibbing, MN.

D. Workforce Issues / Student Enrollment / Diversity:

Workforce issues:
Our most significant workforce issue relates to the aging of our faculty (30%>59 y.o.; 70%>50 y.o.) and the lack of resources to hire replacement faculty before retirements occur. The hiring of two new faculty per year for the next five years is our goal, but until retirements occur and associated retirement package funding is recouped it seems unlikely in view of available University, AHC, and school resources. New private dollars are necessary.
Student Enrollment:
Recent data from the Minnesota Center for Rural Health indicates that there is currently a shortage of over 200 physicians in rural areas. As more rural physicians are likely to retire over the next ten years, they anticipate this situation will become more acute. Partially in response to this situation, we would like to increase our class enrollment by five Early Admissions/Scholars Program students in FY05. Their additional tuition will pay for the costs associated with their medical education. These students will be selected for their high potential to practice medicine in rural Minnesota.

Matriculation of American Indian students is another enrollment issue which has occurred for the first time this year. American Indian applicants are choosing other schools in increasing numbers. This situation seems to be due to a lack of recruitment follow-up after initial application and financial considerations. This recruitment follow-up is being addressed by the CAIMH and we are seeking new scholarships through MMF appeals.

Diversity:
Our school is probably the only one within the AHC that approaches the University’s goal of 10% minority students and faculty. We presently have 3 Native American faculty out of a total of 40 faculty and 8 out of 110 students (6 American Indian, 1 Mexican American and 1 African American). Although this current data is laudable, we need to improve our American Indian recruitment efforts next year and we added an American Indian Health-related research component to our list of focused research activities.

Associate Dean for Admissions and Student Affairs Lillian Repesh has had several discussions concerning the recent Supreme Court decision on affirmative action with Barb Shields of the Office of the General Counsel. Implications of this decision have been relayed to the Admissions Committee and continuing discussions with Ms. Shields are focused on modifying our policies to be consistent with the Supreme Court decisions.

E. Improved Productivity and Service:
Our students are our number one service priority. Our efforts in this area have been impressive since we get very few service related complaints from students. Faculty and staff have been somewhat neglected. We are as responsive to their requests as our resources will allow. Although the Enterprise System promised to assist us in service related matters, it has distributed to us many of the responsibilities previously provided centrally. Data appears to have been centralized and is more accessible but requires us to dedicate additional staff time to access, evaluate, and process the data to improve our productivity and service.

F. Compact Development:
The Dean manages SOMD by interaction with the following consultative groups:

- Council of Department Heads
- Deans and Directors
- Town Meetings involving faculty, staff, students, and clinical community representatives

G. Facilities Issues / Precinct Plan:
Potential facilities issues when COP faculty establish research programs on this campus.

H. Additional Financial Issues:
Tuition–The collegiate tuition revenue estimate is $2,364,000 for FY04.
ICR–The collegiate ICR revenue estimate is $275,000 (49.5% of $555,555) for FY04.
Tobacco Endowment – We hope to retain our $125 in tobacco endowment or equivalent money to maintain our year 1/2 community based teaching initiatives.

Impact of FY04 Budget Cuts - The medical schools agreed not to raise tuition in FY04 since the increase has been 14% and 16% in the last two years. This situation forced us to make drastic cuts in our state-supported expenses. We eliminated three basic science faculty positions, reduced our education specialist to half-time, and cut all funding to administrative and educational units by 10%. We also eliminated two staff positions in our Center for Technology Enhanced Education and Research which effectively downgraded it to a three person Educational Resources unit. These cuts
have negated our ability to hire any new faculty until faculty actually retire or leave and have hampered our ability to deliver a superb technology-enhanced educational program to our students.

FY05 State Rescission Planning – For FY05, the medical schools have discussed a 4-5% tuition increase that will help offset state budget cuts. Unfortunately, this revenue increase will not be sufficient to meet our expenses without further cuts. The additional cuts include: 1) elimination of a clinical faculty position; 2) the entire elimination of our educational specialist position (50% 0%); and 3) elimination of a staff position by reassigning the duties of a retiree to other staff. We hope to retain the education specialist by procuring private funds, but they have not been identified yet, although efforts to obtain additional private funding for programmatic needs have increased significantly during the past year.

I. Data Profile / Critical Measures for Health Professional Schools:

For a display of planning and financial data related to the School of Medicine Duluth, please link to the University web site managed by the Office of Institutional Research and Reporting at http://www.irr.umn.edu. This site contains standard financial, staffing and student information for the College. Additional financial and planning data is provided below:

1. Admissions Measures

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<td>51</td>
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<td>Matriculant Rural (&lt;2,500) Residency</td>
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<td>7</td>
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<td>Matriculant Small Town (2,500-7,499) Residency</td>
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<td>11</td>
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<tr>
<td>Matriculant Large Town (2,500-20,000) Residency</td>
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<td>11</td>
<td>9</td>
<td>12</td>
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<tr>
<td># Minority Applicants</td>
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<td># Minority Matriculants</td>
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<td>Total Scholarship $$</td>
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<tr>
<td># RHS Students</td>
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2. Student Performance Measures

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<th>FY00</th>
<th>FY01</th>
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<th>FY03</th>
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<tbody>
<tr>
<td>% First Try Step 1 Pass Rate</td>
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<td>88.8%</td>
<td>96%</td>
<td>94%</td>
<td>92%</td>
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<td># RPAP Applications</td>
<td>25</td>
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<td># RPAP Acceptances</td>
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<td>% Year 3 Students Interested in Primary Care</td>
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<td>63.5%</td>
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<td># Year 3/4 Student Clerkship FTEs</td>
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<td># Year 4 Students Choosing Primary Care Residencies</td>
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<td>41</td>
<td>31</td>
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<td>% of Year 4 Students Choosing Primary Care Residencies</td>
<td>79.6%</td>
<td>70.8%</td>
<td>70.5%</td>
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3. Program Performance Measures

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<tr>
<td>US News &amp; World Report Rankings</td>
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<tr>
<td>Overall (Primary Care)</td>
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<td>14</td>
<td>8</td>
<td>14</td>
<td>5</td>
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<td>Among Public Universities (Primary Care)</td>
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<td>9</td>
<td>8</td>
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<td>Rural Medicine Specialty</td>
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<td>New Physician Ranking (AMSA Foundation)</td>
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<td>Family Medicine</td>
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<td>Primary Care</td>
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DMED Compact FY04
4. Research Scholarly Activity Measures

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<td># Grants Submitted</td>
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<td>42</td>
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<td># Grants Funded</td>
<td>--</td>
<td>40</td>
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<td># Faculty Publications</td>
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<td>68</td>
<td>62</td>
<td>55</td>
<td>52</td>
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<tr>
<td># Student Projects (includes RHS)</td>
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<td>19</td>
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<tr>
<td># Student Publications</td>
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5. Education Scholarly Activity Measures

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<tbody>
<tr>
<td># Products/Programs Developed</td>
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<td># Products/Programs Marketed</td>
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<td># Proposals Written</td>
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<tr>
<td># Proposals Funded</td>
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<td># Publications</td>
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<tr>
<td>Total $ for New Funded Proposals</td>
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<td>Annual Proposal $</td>
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2. Compact allocations are summarized in the chart that follows:

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<tr>
<th>FY00</th>
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<th>FY03</th>
<th>FY04</th>
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<td>Dean’s Discretionary</td>
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<td>Nat’l Board of Medical Examiners Test Site</td>
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<tr>
<td>Interdisciplinary Education</td>
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<tr>
<td>Diversity Programs in the School</td>
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<tr>
<td>Medical Examiner Facility</td>
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<tr>
<td>Community Physician Teaching (Tobacco Endowment)</td>
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<td>116,000</td>
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<tr>
<td>LCME Recommendations</td>
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<td>Start-up Funds/NIH grant application efforts</td>
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<td>Work Station Computer Testing Facility</td>
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<td>Faculty Renewal (AHC Commitment)</td>
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<td>Rural Health Program – Assoc. Dean</td>
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<td>Rural Health – Interscholastic Education (Tobacco Endowment)</td>
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<td>Rural Health – Community Sites (Tobacco Endowment)</td>
<td>300,000</td>
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<td>Total</td>
<td>775,000</td>
<td>920,000</td>
<td>985,000</td>
<td>845,000</td>
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Glossary of Terms
TCMed – Twin Cities Medical School
SOMD – School of Medicine Duluth
LCME – Liaison Committee Medical Education
SMDC – St. Mary’s Duluth Clinic
MAFP – MN Association of Family Practice
AAFP – American Association of Family Practice
MMF – Minnesota Medical Foundation
CAIMH – Center for American Indian and Minority Health
CTEER – Center for Technology Enhanced Education and Research
COP – College of Pharmacy