Duluth School of Medicine (DMED)
Compact 2003

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 including medical clerkships experiences for 3rd and 4th year medical students. Our combined two medical student classes have 110 students enrolled. There are 49 females and 61 males and nine students are minorities. The most recent rankings of our educational program in the U.S. News and World Report are: 14th in primary care and 8th 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 1) several American Indian Educational programs including a Center for American Indian and Minority Health that oversees a federal Center of Excellence Program, and 2) the Rural Health School which is a virtual school focused on health professional interdisciplinary team training in seven rural Minnesota training sites.

Previous to last year’s compact, our compacts were focused on various aspects of several long term mission-related goals that were developed annually by the Dean in consultation with the faculty. Following the publication of the AHC’s Strategic Vision Report in July 2000, the faculty of DMED engaged in a series of consultations and meetings directed towards developing a 3-5 year “strategic plan” which was consistent with the recommendations of the AHC report. A DMED Strategic Plan document was adopted by the faculty in September 2001. This document, as well as the newly adopted DMED Mission Statement and the DMED/TCMED operational plan for unitary accreditation, has formed the basis for this year’s compact.

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 with the Twin Cities Medical School. It then continues with our five major mission-related goals over the past few years.

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
      • On July 1, 2001, implemented the procedures and process for unitary accreditation agreed upon by the administrators of the two medical schools.
      • Amended the school’s constitution to be consistent with unitary accreditation procedures and processes.
      • Held annual Unitary Accreditation retreat at Minnesuing Acres on June 6-7, 2002 with faculties of both schools to 1) discuss and improve implemented procedures and processes and 2) plan for upcoming LCME visit.
      • Submitted External Professional Activities Policy consistent with TCMED Practice Plan to Regents.

   ii) Future Plans
      • Prepare appropriate self-study material for Spring 2003 LCME visit.
      • Review effectiveness of new processes and procedures for joint accreditation process.
      • Develop and implement improvements to operating plan in order to facilitate the gathering of self-study information and document effective communications relative to all aspects of medical education between the two schools.
• Develop the details of the rural health mission of SOMD within the context of the entire four year student education and training program.

iii) Relationship to AHC Strategic Plan:
• Supports Goal 7 initiative 2.1.

iv) Financing
• No additional funds required.

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

i) Accomplishments
• Hired two molecular geneticists with funds provided by SMDC.
• Hired an Assistant Dean for Rural Health who is also a member of the Family Medicine Department.
• Reached an agreement with the Center for Cell and Molecular Biology (CCMB) to return one-third of the ICR dollars generated by their faculty and passed on to the school to the CCMB for faculty development.
• Implemented new financial policies with the Center for Technology Enhanced Education and Research to provide resources to faculty for educational product development.

ii) Future Plans
• Hire a replacement head for the Family Medicine Department.
• Hire a new pathologist.

iii) Relationship to AHC Strategic Plan
• Support Goal 1 initiative 5.0 and Goal 2 initiatives 4.4 and 4.5.

iv) Financing
• No additional funding necessary.

c) Increase scholarly educational and research activities.

i) Accomplishments
• Submitted 56 new grants for funding.
• Obtained $1.2M in new grant support.
• Medical students presented 5 papers at state meeting and 5 papers at national meeting; papers at national meetings took 1st and 2nd place.
• RHS students organized 12 community projects.

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

iii) Relationship to AHC Strategic Plan
• Support AHC Goal 1 initiative 1.1 and Goal 2 initiatives 4.4 and 4.5.

iv) Financing
• No additional funding necessary.

d) Increase funding support.

i) Accomplishments
• Private philanthropy support for the school increased $2.3M.
• SMDC agreed to provide $120K each year for 10 years to support a molecular genetics program.
• ICR net increase to the school of $75K.

ii) Future Plans
• Increase ICR to school by $50K.
• Increase non-sponsored operating funds to the school by $100K through Capital Campaign activities.
• Provide full-time staff support for development officer.

iii) Relationship to AHC Strategic Plan
• Support AHC Strategic Plan Goal 2 initiative 2.2.

iv) Financing
• MMF will provide funding for staff support; otherwise no additional resources needed.
e) Enhance educational programs.

i) Accomplishments
- Hired three new basic science faculty (two will assist with molecular genetics and one with neuroscience).
- Received report from Dean’s Ad Hoc Committee on Curriculum.
- Prepared an “action plan” in response to the Ad Hoc Committee’s report.
- Developed an “Integrated Biosciences Graduate Program Proposal” in conjunction with UMD College of Science and Engineering Faculty for submission to the Graduate School.
- Implemented computer-based testing for 12 of 18 of our courses.
- Increased 3rd and 4th year clinical clerkship rotations from 9.3 to 10.2 FTE (based on MERC formula); current projections for FY03 are to increase to 13 FTE.
- Implemented a USMLE Step 1 review course for 2nd year medical students.

ii) Future Plans
- Continue to develop educational partnerships with SMDC including establishing performance sites for clerkship and resident/fellow rotation.
- Develop plan with TCMED for year 3 and year 4 medical student rotations in Duluth and out-state Minnesota.
- Consider the feasibility of rural training tract for medical students.
- Develop a rural surgery and endosurgery experience in Duluth and Moose Lake.
- Increase interdisciplinary education activity of RHS and RPAP.
- Review educational program of Duluth Family Practice Residency Program in light of poor match results.
- Implement computer-based testing in two additional courses.
- Support the implementation of the Integrated Biosciences Graduate Program (IBS) at UMD.

iii) Relationship to AHC Strategic Plan
- 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
- New faculty hires: $410K in non-recurring dollars for start-up; $245 recurring in salary and fringes (all from DMED internal resources).
- Expansion of year 3/4 medical student rotations and rural surgery experiences: $80K recurring from AHC or TCMED (presently, DMED uses $75K of Community Physician Teaching Endowment money for this purpose, but current expenses and projected expansion will cost an additional $80K. If we collected tuition from these courses now, it would equal ~$180K).
- Obtain $100K in recurring dollars from compact pool to support IBS program.

f) Maintain a strong diversity program.

i) Accomplishments
- Matriculated two additional minority medical students (one American Indian and one Mexican American).
- Hired one female American Indian physician at 50% to assist with diversity programs and clinical instruction.
- Submitted a federal grant to obtain American Indian Endowment monies.

ii) Future Plans
- Develop a new organizational model for CAIMH.
- Expand RHS to American Indian site.
- Increase recruitment efforts to enroll qualified American Indian Medical Students.
- Initiate research studies focused on American Indian health.
- Resubmit federal grant to obtain American Indian Endowment monies.
iii) Relationship to AHC Strategic Plan
   • Support AHC initiatives associated with Goal 5.

iv) Financing
   • DMED will use internal resources to fund all except expansion of RHS to American Indian site. $50K of AHC resources are needed.

2. New Goals/Priorities

Most of our initiatives for next year relate to continuing goals/priorities and were addressed above. However, three planned initiatives are either distinct from those previously mentioned or are a continuation of efforts related to one of last year’s new priorities.

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

i) Progress
   • The plan is to matriculate five additional students who have completed their junior year at UMD and have high scholastic and rural primary care potential. Thus far, UMD College of Science and Engineering has approved a new degree, B.S. in Biomedical Sciences, to award to these students when they complete one year of medical school and TCMED is discussing accommodating additional students in years 3/4. The rationale for additional students is found in Section C: Student Enrollment.

ii) Future Plans:
   • Reach an agreement with TCMED for class expansion. Otherwise, the students accepted into the program will be part of our usual fifty-three matriculants.

iii) Relationship to the AHC Strategic Plan
   • Supports AHC Goal 1 initiative 3.2, 3.4 and 3.5.

iv) Financing
   • Additional educational costs will be supported by student tuition.


i) Future Plans
   • An Action Plan was developed to: 1) address certain perceived deficiencies and problems with the curriculum, and 2) to introduce more modern technology-enhanced learning into the curriculum. The plan included a three year timetable for changes. Year 1 changes will be implemented this year. (The SVPHS has a copy of the Action Plan.)

ii) Relationship to AHC Strategic Plan
   • Support AHC Goal 1 initiative 1.0 and 1.2.

iii) Financing
   • Internal Resources.

c) Establish a research and teaching partnership with College of Pharmacy’s Rural Pharmacy Training Program at UMD.

i) Future Plans
   • Work with COP administration to recruit appropriate faculty to deliver Year 1 of COP educational program.
   • Facilitate the use of COP faculty where appropriate in DMED curriculum to encourage team health care delivery.
   • Encourage research partnerships between COP and DMED faculty.

ii) Relationship to AHC Strategic Plan
   • Supports AHC Goal 1, initiative 1.0, Goal 2 initiative 1.2, and Goal 4 initiative 4.4.

iii) Financing
   • No additional resources needed.
C. 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 additional financial resources for search expenses, start-up funds, and interim salary dollars until retirements occur -- and associated retirement package funding is recouped -- seems unlikely in view of available University, AHC, and school resources.

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 intend to increase our class enrollment by five Early Admissions/Scholars Program students next year. 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. This situation is being addressed by the Center.

Diversity:
Our school is probably the only one within the AHC that has achieved the University’s goal of 10% minority students and faculty. We presently have 5 Native American faculty out of a total of 42 faculty and 9 out of 110 students (6 American Indian and 3 other). Although this current data is laudable, we need to improve our American Indian recruitment efforts next year and we intend to add an American Indian Health-related research component to our list of focused activities. In this regard, we will submit at least one grant addressing some aspect of American Indian Health to external funding agencies next year.

D. 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 failed to do so thus far. It probably saved money for Central Administration, but has really taxed our staff since many of the responsibilities previously provided centrally, now must be provided by collegiate units. Data appears to have been centralized and is more accessible. Unfortunately, we are unable to dedicate additional staff time to access, evaluate, and process the data to improve our productivity and service and we don’t have the financial resources to hire additional staff to perform these tasks.

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

This version of the Compact was discussed with the Deans and Department Heads in April. It was revised into its present form for presentation to the SVPHS.

F. Facilities Issues / Precinct Plan

Potential facilities issues when Pharmacy establishes program on this campus.

G. Additional Financial Issues

Tuition–The agreed upon tuition revenue estimate is $2,280,883 for FY02.
ICR–The agreed upon ICR revenue estimate is $321,750 (49.5% of $650,000) for FY02.
Tobacco Endowment – We hope to procure additional Tobacco Endowment money to expand our Year 3/4 community based teaching initiatives including a RHS expansion to an American Indian Site.

H. 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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<th>FY2001</th>
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<td># MN Resident Applicants</td>
<td>525</td>
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<td># MN Resident Matriculants</td>
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<td>51</td>
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<td>Matriculant Rural (&lt;2,500) Residency</td>
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<td>Matriculant Small Town (2,500-7,499) Residency</td>
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<td>Matriculant Large Town (2,500-20,000) Residency</td>
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<tr>
<td># Minority Applicants</td>
<td>77</td>
<td>62</td>
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<td># Minority Matriculants</td>
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<td>Total Scholarship $$</td>
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<td>$140K</td>
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<td>$220K</td>
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<td># Graduate Students</td>
<td>10</td>
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<td># RHS Students</td>
<td>38</td>
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2. Student Performance Measures

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<tr>
<td>% First Try Step 1 Pass Rate</td>
<td>100%</td>
<td>88.8%</td>
<td>96%</td>
<td>94%</td>
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<td># RPAP Applications</td>
<td>25</td>
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<td>20</td>
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<td># RPAP Acceptances</td>
<td>24</td>
<td>17</td>
<td>19</td>
<td>21</td>
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<tr>
<td>% Year 3 Students Intersted in Primary Care</td>
<td>57%</td>
<td>63.5%</td>
<td>73%</td>
<td>61%</td>
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<td># Year 3/4 Student Clerkship FTEs</td>
<td>7.3</td>
<td>8.0</td>
<td>9.3</td>
<td>10.2</td>
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<td># Year 4 Students Choosing Primary Care Residencies</td>
<td>39</td>
<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>
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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>
<td>20</td>
<td>14</td>
<td>8</td>
<td>14</td>
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<tr>
<td>Among Public Universities (Primary Care)</td>
<td>14</td>
<td>9</td>
<td>8</td>
<td>11</td>
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<td>Rural Medicine Specialty</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>8</td>
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<tr>
<td>Family Medicine Specialty</td>
<td>NR</td>
<td>NR</td>
<td>13</td>
<td>NR</td>
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<td>New Physician Ranking (AMSA Foundation)</td>
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<td>Family Medicine</td>
<td>1</td>
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<tr>
<td>Primary Care</td>
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4. Research Scholarly Activity Measures

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<tr>
<td># Grants Submitted</td>
<td>--</td>
<td>58</td>
<td>42</td>
<td>56</td>
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<td># Grants Funded</td>
<td>--</td>
<td>40</td>
<td>38</td>
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<td>Total $ for New Funded Grants</td>
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<td>Annual Grant $</td>
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<td>$2.8M</td>
<td>$3.2M</td>
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<td># Faculty Publications</td>
<td>59</td>
<td>68</td>
<td>62</td>
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<tr>
<td># Student Projects (includes RHS)</td>
<td>20</td>
<td>19</td>
<td>--</td>
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<tr>
<td># Student Publications</td>
<td>4</td>
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## 5. Education Scholarly Activity Measures

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<tr>
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<th>FY2001</th>
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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>Total School $ Generated</td>
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<td># Proposals Written</td>
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<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>$6.5K</td>
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<td>Annual Proposal $</td>
<td>$30K</td>
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I. Report Summary and Allocation Summary

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<tr>
<th>Duluth Medicine</th>
<th>FY99 Recurring</th>
<th>FY99 Non-recurring</th>
<th>FY00 Recurring</th>
<th>FY00 Non-recurring</th>
<th>FY01 Recurring</th>
<th>FY01 Non-recurring</th>
<th>FY02 Recurring</th>
<th>FY02 Non-recurring</th>
<th>FY03 Recurring</th>
<th>FY03 Non-recurring</th>
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<tr>
<td>National Board of Medical Examiners Test Site</td>
<td>A 10,000</td>
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<tr>
<td>Interdisciplinary Education</td>
<td>A 75,000</td>
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<tr>
<td>Diversity programs in the school</td>
<td>A 70,000</td>
<td>A 70,000</td>
<td>P 70,000</td>
<td>P 70,000</td>
<td>P 70,000</td>
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<tr>
<td>Medical Examiner Facility Interest Free Loan</td>
<td>A 25,000</td>
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<tr>
<td>Community Physician Teaching - Several community physicians have been hired and are assisting in undergraduate medical education.</td>
<td></td>
<td>T 125,000</td>
<td>T 116,000</td>
<td>T 125,000</td>
<td>T 125,000</td>
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<tr>
<td>LCME Recommendations - Prepare a plan for dealing with LCME’s recommendations for the school. SVPHS has appointed a work group for recommendations on unitary accreditation; other recommendations are being addressed by the deans office.</td>
<td></td>
<td>A 50,000</td>
<td>A 50,000</td>
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<tr>
<td>Start-up funds - Support for NIH grant application efforts; NIH priority scores suggest a goal of 20% increase in grant funding can be achieved; $450K in new grant money has been secured to date.</td>
<td></td>
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<td></td>
<td></td>
<td>A 200,000</td>
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<tr>
<td>Assistant Dean for Rural Health support</td>
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<td></td>
<td>C 60,000</td>
<td>C 60,000</td>
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<tr>
<td>Dean’s Discretionary</td>
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<td>C 60,000</td>
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<tr>
<td>Workstation computer testing facility (coordinate with Pharmacy)</td>
<td></td>
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<td></td>
<td></td>
<td>C 50,000</td>
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<td>Rural Health - Interscholastic Programs</td>
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<td>Rural Health - Community Sites</td>
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T = tobacco,  C = compact funds,  A = AHC other funding source,  R = collegiate reallocation