Medical School
Compact for Fiscal Year 2002-03

A. Introduction

The Medical School has successfully undertaken and/or completed the goals and priorities for last year (FY 2002). Noteworthy is the successful legislative initiative that led to the allocation of $8 million for the School’s educational programs and the finalization of plans for faculty recruitment from funds to be provided in FY 2003. Searches have been completed for the Heads of Dermatology, Family Practice and Community Health, and Radiology. Strategic discussions have been undertaken with our major affiliates and further implementations of the senators’ faculty development initiative has been accomplished.

The budget is balanced although there has been significant financial stress related to the financial shortfall of the State of Minnesota, and the subsequent financial pressure on the University. The 16% increase in tuition for FY 2003 was essential to balance the budget of the School while instituting salary increases.

In general, the School is healthy, ready to transition to a new dean, and poised for increasing progress in educational programs and research – with a $30 million increase in NIH awards in the last three years.

B. Report on Goals/Priorities for FY2002

1) Faculty Recruitment and Investment:

An RFP process to identify specific needs in each of the School’s eight priority areas required interaction between departments, centers and institutes. With this process the strategic research priority groups identified a large number of faculty needs (more than 60 persons). The Dean’s Office then held a series of consultative meetings between the priority leaders and faculty leadership to select the proposals that were most critical to our mission. After presentation to the Research Council and the Faculty Advisory Council, a plan to hire up to twenty-six new faculty over 3-4 years (see enclosed appendix) in all eight strategic priority areas was initiated. These recruitments will be funded by the proceeds of the Tobacco Endowment ($5.5M/year) and the Dean’s Investment Pool ($2.0M/year). All commitments to the 26 new faculty positions are time limited, so the funds will recycle approximately every four years.

2) Education Investment from Tobacco Endowment.

Eight million dollars was invested in educational programs of the Medical School (see appendix).

A total of $1,456,330 (from $8 million of the tobacco endowment) has been allocated to BMBB, GCD, Microbiology, Neuroscience, and Pharmacology to support the graduate student programs that encompass these departments. Annual meetings with the Directors of Graduate Studies are held to assess impact in recruitment, diversity, and excellence.

3) Complete searches for Heads of Radiology, Dermatology, and Family Practice and Community Health:

Dr. Maria Hordinsky has been named Head of the Department of Dermatology and Dr. Macaran A. Baird accepted the position as Head of the Department of Family Practice and Community Health.

Three final candidates have been selected for the Radiology Department Head search; final reviews of their plans for the department are underway.

4) Complete fundraising plans for translational Research Building and reallocate existing space to support recruitments of physician scientists.

Fundraising to support one-third of the projected $37,000,000 was completed successfully. Bonding authority for the building was vetoed by the Governor. Discussions to continue the TRF process or develop “TRF-like” space in a different venue are underway.

5) Complete strategic discussion with VAMC, HCMC, Regions and Children’s Hospitals.

Associate Deans from the VAMC, HCMC and Regions Hospitals have been named.

The Dean and Senior Vice President of Health Sciences have established a conjoint faculty committee to align educational and academic programs
between faculty at FUMC and faculty at HCMC. Children’s Hospital strategic discussions are still in progress.

Plans for a new Department of Emergency Medicine have been complete and approved.

6) **Implementation of faculty development/vitality programs.**

During the 2001-2002 year, a review of the criteria and application of Medical School academic faculty appointments was undertaken with the goal of better alignment of faculty appointment with the Medical School mission of excellence in education, research, and clinical medicine. All Medical School faculty councils, as well as extended faculty at VAMC, HCMC, and Regions Hospital, presented concerns and suggestions for refinement of appointment types and expectations for advancement. All groups were represented at a Spring Retreat where a series of recommendations were considered. A final white paper will be developed during the summer for faculty consideration and acceptance.

The Faculty Advisory Council (FAC) has appointed working subcommittees to address the major issues emanating from the faculty survey and the subsequent meetings between Medical School senators and departmental faculty. Work focused on mentoring, diversity, post-tenure review, and areas to ensure enhancement of faculty vitality. The Associate Dean for Faculty Affairs has developed a work agenda in concert with the FAC subcommittees to address those issues most frequently identified as affecting faculty vitality.

7) **Initiate and develop strategies for future physician workforce for the State in collaboration with Academic Health Center (AHC).**

The Education Council of the Medical School, in collaboration with the Duluth School of Medicine, has begun discussion to evaluate the pros and cons of increasing class size. The unitary accreditation requires the creation and implementation of a plan to develop SOMD as the focus for rural education and training, with some emphasis on the development of interdisciplinary experiences. Considerable progress is being made in this area.

8) **Finalize financial relationship with FUMC.**

An agreement with Fairview was reached with a commitment of $1.5 million per year to support leadership recruitments as well as prior commitments of FUMC to specific programs.

9) **Work with University of Minnesota Physicians to further expand our educationally-balanced clinical enterprise, outpatient clinic development, and community development.**

Oncology Clinic construction has been started. A group has been identified to locate a site and develop preliminary design criteria for a new UMPhysicians clinic building. Medical School leadership is integrated with this planning group. Discussions are currently being held regarding the integration of clinical research and education facilities in a UMPhysicians clinic building.

C. **Goals/Priorities for FY2003**

1. **Research Strategic Priority Areas:**

   Implement hiring of targeted faculty to research priority areas (see appendix FY 2002 goal for actual plan). This plan recycles resources of the endowment and defines other resources from departments, centers, and institutes.

2. **Facilities Research/Office Space**

   Develop plan for the use of appropriate research space on the Minneapolis campus and, where available, on the St. Paul campus.
   - Complete move to MCB
   - Recoup any unused research/office space for new hires, retention
   - Develop space utilization census, achieve faculty agreement on measures to define intensity of space use and return on investment
   - Obtain faculty concurrence on a Medical School facilities utilization model and integrate this model with AHC facilities utilization plans.
   - Continue the planning and secure the funding for the Translational Research Facility.

3. **Education**

   Medical Students
   - Begin master tutor program for medical students
• As part of the redesign of the curriculum, develop curriculum database for medical students
• Develop and implement a plan for the use of SOMD within its mission for rural education and training.

Graduate Medical Education
• Mandated ACGME outcome program
• Address number, type, and community involvement of residents and fellows.
• Information system competencies including basic computer skills, distance technology and electronic medical records and HIPAA education and training.

Interdisciplinary Education
• Rural Health School
• Operational sites, e.g., primary care clinic, specialty clinic like oncology
• Common course for health professional student
• Integration of RPAP activities with Rural Health School

4. Transition to New Dean
Continue weekly leadership meetings involving Associate Deans, Chief Financial Officer and close review with the Senior Vice President for Health Sciences. Assist in resource enumeration and develop an orientation plan for dean and any associated staff.

5. Accreditation review including School of Medicine in Duluth

6. Departmental and Center Restructuring

Physiology
Continue a core of systems physiology as a department. Future developmental planning will be necessary. Infectious Disease Center – Initiate joint hiring of combined faculty between Microbiology, Medicine, and Pediatrics to increase opportunities for growth of infectious diseases research opportunities. Where possible, co-locate new hires in shared research space.

Emergency Medicine – Initiate Department of Emergency Medicine according to template (see enclosure). Administrative and educational activity in Medical School with departmental clinical and teaching sites at HCMC and Regions. A department head from one of these sites has been selected by the Dean of Medical School.

HCMC relationship – Committee selected by Dean and AHC Vice President convened to identify strategies that will increase joint recruitment and faculty collaboration, work toward Graduate Medical Education programs that will improve ranking and coordination of internal medicine program, and increase research interaction and opportunity for clinical research.

7. Increase clinical research within the Medical School with interdisciplinary ties.
A faculty group was charged with evaluating the obstacles to and opportunities for a successful clinical research career in the Medical School. This group has provided a report to Dean Michael. He has charged the Research Council with developing mechanisms to implement appropriate measures to recognize needs cited in this report. This report will also be evaluated by the AHC Associate Deans for Research to find opportunities for collaboration or issues common to other AHC colleges and develop solutions to these issues. The deliberations of these groups and the report will be presented to the Clinical Chiefs Council for comment and advice.

GCRC – complete change in GCRC leadership; increase integration of clinical oncology protocols into the GCRC structure, move to a GCRC model that encourages studies under GCRC auspices in sites closer to delivery of clinical services. Prepare renewal application for NIH multi-year grant.
8. Develop a plan for addressing basic computer skills, use of distance technology and electronic medical records and for HIPAA education and training.

9. Complete faculty appointment proposal and recommendations. (See B6).

Financing Plans
See Attachments.

D. Workforce Issues/Student Enrollment/Diversity

Significant shortages in most specialty areas.
Education Council is developing plans with Duluth for increase in medical student class size of approximately 15-25 students.

E. Improved Productivity and Service

Increased financial productivity of UMPhysicians.
Faculty development plan and faculty appointment strategies in progress under the leadership of Dr. Anne Taylor.
Increase in grants and ICR.

F. Compact Development

The compact is the result of a year-long process of meetings and departmental compacts. The document will be circulated to all department heads and Faculty Advisory Council members.

G. Facilities Issues/Precinct Plan

Major problems currently, as indicated above.
Swing space plan and space allocation plan are major initiatives.

H. Additional Financial Issues

See below.

I. Data Profile/Critical Measures for Health Professional Schools

For a display of planning and financial data related to the Medical School, please link to the University web site managed by the Office of Institutional Research and Reporting at [http://www.irr.umn.edu](http://www.irr.umn.edu). This site contains standard financial, staffing and student information for the School.
### Compact Investment Summary

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T = tobacco, C = compact, A = AHC other sources, P = permanently moved on allocation worksheet, R = collegiate internal reallocation

**Compact Investment Summary, continued**
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