MEDICAL SCHOOL – COMPACT FOR FISCAL YEAR 2005-2006

A. UNIT MISSION

Medical School – One Mission, Two Campuses
The mission of the Medical School is to be a leader in enhancing the health of people through the education of skilled, compassionate and socially responsible physicians and through research which advances the understanding of health and disease. With two campuses serving diverse populations in rural and urban Minnesota the Medical School is dedicated to exemplary primary and specialty care, innovative research, and education.

Goal
The goal of the Medical School is to be recognized as a national leader in research and education. The Medical School supports the Presidential initiatives that aim to make the University one of the top research institutions in the country. To achieve this end, we have determined to attain top 20 National Institutes of Health (NIH) ranking and to develop innovative educational programs which provide a continuum from undergraduate to graduate medical education. The Duluth campus will be a leader defining national models for rural health education while continuing to emphasize the preparation of Native American physicians.

B. PERFORMANCE SCORECARD

1. Enrollment management measures
In 2004 the Medical School admitted 224 students from 2791 applicants (three-fourths of those admitted were residents of Minnesota). Six were admitted as M.D./Ph.D. students. Applicants represented 21 states and three foreign countries. An equal number of men and women were admitted. The MCAT sum average for students admitted to the Minneapolis campus was 31.4 and 28 on the Duluth campus compared with a national average of 29.9. The average GPA in Minneapolis was 3.68 compared with 3.66 in Duluth and 3.62 nationally.

In 2004, students from the University of Minnesota graduated with an average debt load of $119,868 (self reported). Nationally, the mean debt load was $115,218 per the Association of American Medical Colleges. Medical student support from the Medical School, Minnesota Medical Foundation, and Central Administration remained relatively stable over the past two years at approximately $1,498,550. Dean’s scholarships provided two full tuition scholarships in 2004. (Match data is attached).
The Medical School currently enrolls 862 residents and fellows. Graduate Medical Education provides oversight for 63 Accreditation Council on Graduate Medical Education (ACGME) approved programs. This includes 24 residency and 39 fellowship programs. There are 20 additional non-ACGME approved subspecialty fellowship programs.

1a. Academic programs projected to be added or discontinued over the next 18 months
   • The Early Admission Rural Scholars Program will accept up to five qualified undergraduate students per year into the Medical School
   • Merge the History of Science Program in the Institute of Technology with the History of Medicine Program in the Medical School
   • Integrate the Master’s of Bioscience program in Duluth
   • No programs are scheduled to be discontinued at this time.

2. Other Performance Measures
2.a. School ranking (NIH)
   • The Medical School was ranked 31st in 2003

2.b. Reputation, ranking of faculty: A full listing of the numerous faculty honors and awards will be found in the Departmental Compacts. Numerous faculty members from both campuses actively participate on NIH councils, national review panels, study sections, specialty society boards, residency review committees, editorships, and editorial boards. Four Medical School faculty are members of the Institute of Medicine.

2.c. Sponsored research activity:

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<tr>
<th>NIH ranking</th>
<th>No. of Awards</th>
<th>Amount of Awards</th>
<th>Total Awards</th>
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<tr>
<td>FY '00</td>
<td>27th</td>
<td>322</td>
<td>$95,611,473</td>
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<td>FY '01</td>
<td>27th</td>
<td>342</td>
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<td>FY '02</td>
<td>29th</td>
<td>360</td>
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<td>FY '03</td>
<td>31st</td>
<td>374</td>
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<td>FY '04 (includes Duluth)</td>
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<td>$168,806,000</td>
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2.d. New or proposed educational activities:
   • MED 2010 (see strategic goal number 1)
   • “Computer Tablet Initiative” provided advanced classroom technology access on the Duluth campus

2.e. Review of clinical activity: Patient Billings
<table>
<thead>
<tr>
<th></th>
<th>Baseline RVUs</th>
<th>New Business Lines</th>
<th>Patient Billed Collections (exclusive of contract revenue)</th>
<th>Contract Revenue</th>
<th>Total (in 000's)</th>
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<td><strong>FY '02</strong></td>
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<td>$138,937,029</td>
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2.f. University of Minnesota Physicians collects and disseminates patient satisfaction data that evaluates clinical and practitioner performance regarding measures of clinical and process quality. The data is included in departmental compacts and reviewed with department heads, individual faculty and clinic administrators. Improvement plans reflective of data are developed as appropriate.

2.g. The Medical School recruited two department heads this past year: Dr. John Schreiber in Pediatrics and Dr. Richard Prielipp in Anesthesiology. Linda Perkowski in Education and Mary Faith Marshall also joined the faculty. Retention efforts included David Cornfield, Harry Orr, John Day, Apostolos Georgopolous, Todd Tuttle, and Sayeed Ikramuddin. Active searches for directors of the Lillehei Heart Institute and the Cancer Center are in progress.

The Departments of Microbiology, Immunology, and Anatomy were integrated into the Pathology Department in Duluth this past year, and there was a coupling of Physiology and Pharmacology. Biochemistry remained a separate department.

2.h. A highlight of the past year was the highly successful review of our undergraduate and graduate programs by the Liaison Committee for Medical Education (LCME) and the ACGME. This was the first combined review for ACGME and was the first joint review of both Medical School campuses.
C. UPDATE – STRATEGIC GOALS FROM 2004-2005

1. Graduate Student Education (Funding support request)
   1.a. Goal: Fund graduate education; increase the number and quality of graduate students. While data are sparse, the DGSs felt that this year had seen increased costs per student, coupled with declining Graduate School support.
       • The M.D./Ph.D. Program restored its core grant this past year. NIH budget constraints permitted funding for eight of fifteen requested slots. Ten students are returning to complete their last two clinical years, creating $750,000 additional cost to the Medical School.

   1.b. Impact/Initiatives of the goal:
       • Increase the number and quality of graduate students admitted; increase the number of training grants, as exemplified by new interdisciplinary Neuroscience training grant. (External review panel; “Blue Chip Programs”) See Appendix.
       • Enhance departmental links to graduate programs; integrate educational and research goals and objectives to graduate programs and departments.

2. Duluth Integration
   2.a. Goal: A single Medical School with two campuses
       • Efforts are under way to enhance communication and collegiality between the two campuses. Strategic planning efforts are aimed at evaluating a single admissions process, joint promotion and tenure (with a single 7.12 Statement), development of mentoring programs for junior faculty and closer alignment of administrative, human resource, and financial functions.

   2.b. Accomplishments
       • Unified the governance of the curriculum
       • Evaluated the third year clerkships and electives in Duluth by clinical departments in Minneapolis
       • Appointment of a Faculty Affairs Dean in Duluth
       • Combined faculty sessions conducted in Duluth by Linda Perkowski and Sara Axtell
2.c. Continuing efforts to achieve two campus integration
   • Fund a clinical coordinator/liaison officer with responsibility to bridge Duluth-based health provider organizations, University of Minnesota Physicians, and clinical departments in Minneapolis
   • Collaborate with Duluth faculty to train graduate students by enhancing communication between graduate faculty in the Twin Cities and Duluth
   • Develop departmental links with the integrated Master’s Program in Bioscience
   • Successfully complete follow-up LCME site visit in April 2006
   • Integration of Duluth Family Medicine with the Department of Family Medicine on the Minneapolis campus
   • Determine relationship of Duluth-based clinical faculty with University of Minnesota Physicians
   • Implement Mission Based Management policies and procedures on both campuses; apply the established metrics and align faculty size

3. Mission Based Management
   3.a. Goal: Implement Mission Based Management findings

   3.b. Impact/Initiatives of the Goal:
   • Collaborate with department heads and administrators to develop short and long range plans to implement Mission Based Management findings.

D. NEW STRATEGIC GOALS (Funding support request)
1. Educational Redesign
   Goal: MED 2010: To develop an innovative process of medical education as a national model for spanning the continuum of undergraduate and graduate education. MED 2010 will be a competency based experience, tailored to the individual student, emphasizing flexibility and student diversity.
   1.a. Impact/Initiatives of the Goal:
   • Develop a comprehensive plan for MED 2010 and implement pilot projects.
     o Evaluate flexible scheduling as it relates to student development including elective time spent in clinical, research, and skills acquisition.
   • Enhance the Dean’s Office of Medical Education to support MED 2010 initiatives; include evaluation specialists, revamp admissions process, student learning specialists.
2. Medical School Initiatives (Funding support request)
   2.a. Goal: Organize and structure Medical School programs consistent with core mission and Presidential Initiatives.

   2.b. Impact/Initiatives of the Goal: Presidential Initiatives
       • Brain Function Across the Lifespan:
         o Enhance the national reputation of neurological sciences through multi department (Neuroscience consortium; Neurology, Neurosurgery, Neuroscience, Psychiatry) research and clinical efforts organized to catalyze interdisciplinary collaboration by recruitment of faculties in Neurodegeneration, Neuromodulation (deep brain stimulation and movement), and stroke, and move the NIH ranking of the Department of Neuroscience from number four to number one, initially, by recruiting three mid- to senior-level faculty, one each in cognitive, perceptual/motor, and emotional neuroscience.
         o Support the Center for Neurobehavioral Development – partner with the College of Education, Institute of Child Development, and Graduate School to support the effort of this interdisciplinary center to study the effects of development on normal and aberrant behavior.
       • Healthy Foods, Healthy Lives:
         o Integrate Medical School programs in diabetes, obesity (bariatric surgery), and the metabolic syndrome with the Institute for Leadership in Global Food and Health to collaborate in an interdisciplinary program that will develop knowledge and technologies to make the University a leader in global food and health systems.
       • Investment in Faculties of Quality:
         o Lillehei Director/Cardiology Division Director
         o Stem Cell Institute Director
         o Cancer Center Director
         o Physiology head and faculty for revised department (see goal number 3)
       • Translational Research in Human Health:
         o Recruit an Executive Director for Clinical Sciences and develop core funding for programmatic initiatives (AHC/Medical School)
2.c. Develop rural medical education track consistent with goals and objectives of MED 2010. Promote collaboration between the Duluth Rural Health training program and AHC Office of Education under the direction of Barbara Brandt.

2.d. Programs and Departments for Review
   • Develop appropriate transition plans for Medical Technology and Occupational Therapy Program.
   • Investigate alternative relationships for Physical Medicine and Rehabilitation and Physical Therapy.
   • Determine appropriate size and configuration for Graduate Medical Education (GME) positions in Family Medicine and Community Health.

2.e. Develop Epidemiology and Statistics curriculum on the Duluth campus utilizing the resources of the AHC’s schools.

3. Develop an Integrated Physiology/Systems Biology Department (Funding support request)
3.a. Goal: Revitalize Physiology Department, integrating the principles of Systems Biology.

3.b. Impact/Initiatives of the Goal:
   • Recruit and hire a department head and appropriate faculty
   • Integrate the new department, clinical departments, and University programs such as computational biology.

4. Evaluate and Improve Departmental Administrative Structure
4.a. Goal: Improve the operating efficiency of the Administrative Centers

4.b. Impact/Initiatives of the Goal:
   • Clarify administrative goals and objectives
   • Finalize external review of Center structure and implement recommendations
5. Develop a Medical School-Wide Compensation Model

5.a. Goal: Develop and implement a faculty compensation model that considers stable or decreasing state funding, is fair and consistent, aligns sources of funding and acknowledges the differences between basic science and clinical departments.

5.b. Impact/Initiatives of the goal:
• Develop strategies utilizing this model that will contribute to faculty productivity and satisfaction.

E. DIVERSITY ASSESSMENT AND PLANNING
The Medical School has convened a task force to address issues of diversity among post-graduate trainees and faculty. The membership of this task force is broad and includes faculty, students, representatives of the Minnesota Department of Health, members from county medical societies and the Association of Black Physicians. Membership includes the Duluth campus Center for American Indian and Minority Health as well as each of our major affiliated hospitals. (See attached “Summary of Activities: Diversity Task Force”) The Dean’s office will review the findings of the task force and develop a strategic plan for implementation across the Medical School.

1. PREP: National laboratory program for post baccalaureate minority students prior to Graduate School. Provide start-up funds for three years to operate program prior to development of training grant.
2. Life Science Summer Undergraduate Research Program for Minority Students.
3. Create funding streams for “start up” packages for underrepresented minority faculty recruitment.

F. OUTREACH AND PUBLIC ENGAGEMENT
The Medical School its faculty and staff conduct countless outreach and public engagement activities designed to inform and engage the public on matters of health, health care delivery and health related education and research. Some of the most visible include Brain Awareness, Mini Med School, Mini Mini Med School, Dean’s Board of Visitors, “Doc Talks,” and “Doctors on Call.” Medical School Departments conduct significant outreach activities through Continuing Medical Education. Of particular note are the educational activities in Family Medicine and Community Health, Medicine and Obstetrics and Gynecology. (A more complete list of significant outreach and public engagement activities is attached at Appendix 1.)
G. SPACE AND FACILITIES ISSUES

- Complete move into TRF research building
- Complete pre-design for CMRR expansion and acquisition of 16 Tesla magnet
- Develop interim space solution to renovate research laboratories in KE building to accommodate the recruitment of a Cancer Center director
- Develop a plan in conjunction with the Cancer Center and Lillehei Heart Institute to prepare pre design for Cancer/Cardiology research facility
- Move Adolescent Pediatrics from McNamara Center into space to be determined in Mayo
- Evaluate lab space utilization (2006) in accordance with AHC space model
- Design/develop plan for BSL-3 facility
- Increase number of small group classrooms, create computer access in lecture halls, and enhance simulation capabilities.

H. SIGNIFICANT FINANCIAL ISSUES (See Attached)

I. FACULTY AND STAFF CONSULTATION

Dean Powell routinely discusses and solicits feedback regarding the strategic direction of the Medical School at faculty advisory committee meetings, department heads council meetings, and clinical chiefs meetings as well as through various written communications with faculty and staff. Dr. Powell outlined the strategic direction of the Medical School in her yearly “State of the Medical School” address.

J. REPORT SUMMARY AND ALLOCATION SUMMARY (SEE ATTACHED)
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<td>Education: MD / PhD program expansion, higher quality candidates (Tobacco)</td>
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<td>Sustain Allied Health Programs (Tobacco)</td>
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<td>Mission Based Resource Management System</td>
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<td>New Initiatives / Recruiting (Tobacco)</td>
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RRecurring; Non-recurring