

**Education Council (EC) Meeting Minutes**  
**May 21, 2013**

<b>EC members present:</b>	J Pacala	L Carson
S Allen	D Patel	J Clinton
L Anderson	D Power	K Crossley
J Andrews	M Rosenberg	K Johnson
J Beattie	C Sautter	B Marsh
J Chipman	T Stillman	J Metzger
B Clarke	T Thompson	J Miller
R Cormier	K Watson	M Nelson
A Duran-Nelson	R Westra	L Schimmenti
J Eck	A Wojciechowski	A Severson
C Hegarty	B Yueh	T Stillman
A Johns	<b>Guest:</b> Dr. Richard King	G Trachte
S Katz		G Vercellotti
W Miller	<b>EC members not attending:</b>	M Woods
S Morean	M Becker	
C Niewoehner	K Brooks	
J Nixon	B Brandt	

<b>Education Council Minutes, May 21, 2013</b>	<b>Action Date</b>	<b>Action</b>
April 16, 2013 Minutes were approved with the following correction; <u>Med I becomes an 8 week rotation and the Subinternship in Medicine becomes a 4 week rotation.</u>	5/21/13	
<p><b>Information &amp; Updates</b></p> <p>Dr. Mark Rosenberg introduced Dimple Patel, the new Associate Dean for Admissions. He noted that Theresa Baultrippe served as interim director from February, 2012 through April, 2013. Dimple has been the Director of Admissions at the University of Colorado Medical School. Dr. Miller noted her background includes good success at Colorado in improving diversity in their medical student body. In the future she will have an opportunity to provide more details about her background.</p> <p><u>Medical School Strategic Plan</u></p> <p>Dr. Richard king is chairing the Committee charged by President Kaler to develop the Medical School Strategic Plan. Background information includes the size of the student body (includes MS 1-4, residents and fellows, and those in graduate study) and the number of faculty and staff. He provided a breakdown of funding sources from grants, State funds, NIH and private contributions. In regard to the School's current NIH ranking of 28<sup>th</sup> ; if the School were going to set a goal of improving this ranking to move to the top 20 Schools; the NIH dollars would require a 24.6% increase. In order to rise to the top 15 Schools in NIH ranking, the NIH funding would have to increase by 75%.</p> <p>Both of these goals would require a very large effort to develop an infrastructure to support that type of research here. This hasn't been a focus over time. Raising the NIH dollars isn't a major outcome goal for this strategic plan. The other ranking is by US News and World Report which places the School at 38<sup>th</sup> out of 128 Schools. This ranking isn't considered as major but in a Google Search it comes up first and prospective medical students do pay attention to it.</p> <p>The Committee work is follow-up to the independent review of the AHC recently requested by President Kaler. Some of today's information is found in the recommendations from that report and some of the following are specific to the report:</p>		

- Become more highly regarded i.e. enhanced research, educational innovation and clinical impact
- Needs a clear vision of where the School is going and how it will get there
- Improvement needed, agents of change are the faculty members

President Kaler's response includes:

- Strength of health science research, teaching, clinical and outreach programs are central to the strength of the University itself.
- Clear vision and plan to bring together faculty and staff for growth and investment.
- Know we cannot be all things; we must leverage our skills and resources system wide to achieve our academic and research priorities.

The Medical School Strategic Plan is due to President Kaler by June 30, 2013 and is an opportunity to develop a new approach, which has not been done in a long time. It seems it's a real possibility to make significant change happen. Combined with the search for a new Dean and Vice President of AHC, the Plan adds a key opportunity for a significant change in the Medical School. With LCME accreditation completed, the new educational curriculum underway; with Dr. Rosenberg in place with Dr. Watson's work, the education side is well launched. Also with the clinical side with a strategic plan for UMP and on-going conversations with the hospital the clinical side is further developed than the research side.

The Research study seems to be an area where added attention is needed. The Committee membership has strength on the research focus of the School. Realizing there are bigger issues to be addressed that are overarching education, research and clinical, the Committee membership has been expanded to include representation for significant areas for the Medical School. The Committee represents those who are leaders or are going to be leaders, committed to the U of MN. They are vocal, plan to be here and to work on the plan and support the plan as it progresses.

A professional consultant is working with the committee. Meetings have taken place with Medical Education, Office of Finance, clinical administration and UMP. An analysis of 14 institutions with similar stated missions and are similarly placed in NIH ranking. Secondly, a review of schools who had been the same as us, but have made a change or had always been higher in NIH ranking and schools that have had a major change in NIH funding. These were analyzed for total dollars, total endowment, size of their faculty, and whether they have an active strategic plan. In addition, there were numerous 1:1 conversations with colleagues across these organizations. The differences were not primarily the size of the budget or the size of the faculty or their facilities; the significant difference was the attitude of excellence and maintaining performance at the top of their commitment to excellence. They consistently maintained the criteria to accomplish that their goal for excellence.

The Committee has met with departments from across the Medical School, the VA, HCMC, Regions and others to get faculty support. After town hall groups have met there are many people interested and responding to questions and who are engaged. The Goal is to have all information that has been gathered fully supported by data. If individuals want to highlight areas for improvement or areas of success the Committee will be interested in their information if it is supported by data. The writing of the Draft Plan is underway and plans are to submit the draft to the entire faculty for input and comment. With edits completed, Dean Friedman will submit the Plan to President Kaler by the end of June, 2013. On Wednesday, May 22<sup>nd</sup> at 3:00 pm in Mayo Auditorium, President

Kaler will hold an open meeting to explain, through some general points, the goals of the Strategic Plan. General conclusions that have been provided to the President include:

- Establish a clearly defined mission
- Long-term planning, with new Dean /VP of AHC in place
- Identified that we've accepted mediocrity (need to make excellence a core value)
- Low productivity
  - Low motivation and lack of stimulation to increase interest and productivity
- Sustainable financial model for research
  - Protected funding for physician scientists and clinical scholars to do research, without reverting to using patient care as a means to generate funds
- guide new faculty in research development and growth
- support diversity in all positions, especially in leadership positions
- develop collaborative and interactive activities to reduce the silos effects across disciplines

Dr. King and the Committee are asking for responses (ask questions and suggest solutions) from all individuals and groups who he and the Committee members address. The Committee has determined that any goal the School may establish will have to include the metrics to be able to measure whether progress toward the goal is occurring and/or when the goal has been achieved. They want to know across all areas, education, research and clinical care, how would you define excellence and know when it has been achieved? And they want to know what excites you and your colleagues?

Points of discussion:

- issues as Land Grant Institution
- order of topics are not in priority order
- UMP, Fairview and Medical School need to be aligned, same goals and direction for research, education, and healthcare.
- Development of clinical and education programs that are translational from research are things that excellent schools do with excellence?
- The President feels the Medical School should be better than it is when considered in context of the rest of the University and the excellence that is found in research within the U of MN system.
- Development of ECM, as an important tool to educate medical students
- Metric of excellence is physician to physician referral and confidence in care provided by colleagues
- junior faculty are the future, they have not been addressed in separate sessions they promote mentoring, faculty development, process for achieving 1<sup>st</sup> grant, guidance for how to do scholarship with the clinical work they do
- why do students, residents, faculty select U of MN
- retention of junior faculty and lack of mentorship
- clinical scholars are undertrained for the positions they are hired to fill
- guidance and mentorship, set expectations upfront

**Next Meeting, June 18, 2013**

**4-5:30 B646 Mayo**