

Minutes
University of Minnesota Medical School
Faculty Assembly/State of the Medical School Address
December 15, 2010

A meeting of the University of Minnesota Medical School Faculty Assembly was held on Wednesday, December 15, 2010 at 4:30 p.m. in the Mayo Auditorium, via ITV to 130 School of Medicine, Duluth. Dr. Roberta Sonnino, Associate Dean for Faculty Affairs, presided.

Welcome and Call to Order

Dr. Sonnino called the meeting to order at 4:30 p.m.

AHC Clinical Faculty Task Force Report

Dr. Sonnino shared the outcomes of the AHC Clinical Faculty Task Force Report. Key points from this report can be found in the attached document. Dr. Sonnino explained to the faculty that this report does not significantly change the way the Medical School administers these clinical appointments, but that it helps to reinforce Medical School practices at the University level.

One recommendation of importance to the Medical School is #5, which recommends that Clinical Faculty be allowed to participate and vote in promotion decisions of all faculty. This would pose a change to current Medical School practice, which had been governed by the University. Dr. Sonnino stated that the Medical School would support this recommendation and benefit from the collective efforts of the other AHC schools in driving this initiative.

No additional discussion took place.

New Business

Dr. Sonnino opened the floor to any new business concerning the faculty members. No new business was submitted.

State of the Medical School Address: “Strategy and Status for the University of Minnesota Medical School”

The State of the Medical School Address was presented by Frank B. Cerra, M.D., Dean of the Medical School and Aaron Friedman, M.D., the incoming Dean of the Medical School. The presentation is available upon request in the Academic Health Center Office of Communications.

The meeting was adjourned at 5:30 p.m.

Clinical Faculty Task Force DRAFT Final Report

Task Force Members

Susan Berry, Professor, Medical School (*co-chair*)

Barbara Brandt, AHC Associate Vice President for Education (*co-chair*)

Ole Gram, Office of the Vice Provost for Faculty and Academic Affairs

Brian Isetts, Professor, College of Pharmacy, former Chair, AHC FCC

Brianne Keeney, AHC Academic and Policy Analyst (*staff*)

Erin Malone, Assistant Medical Director, College of Veterinary
Medicine

Jeffrey Mandel, Associate Professor, School of Public Health

Eric Mills, Associate Clinical Dental Specialist, School of Dentistry

Frederick Owusu, AHC Director of Human Resources

Mary Rowan, Clinical Professor, School of Nursing

Sarah Westberg, Assistant Professor, College of Pharmacy

Task Force Process

- Charged by Dr. Cerra January 2010
- Six two-hour meetings April-November
- Each school's faculty representative presented on clinical faculty in her/his school
- Data provided by the AHC Office of Human Resources

Clinical Faculty Similarities Across AHC Schools

- Appointed as a non-tenured faculty member;
- Engage in direct patient contact and a high percentage of time spent in patient care (the School of Nursing and the School of Public Health are exceptions to this observation);
- Teach students;
- Create and disseminate didactic education;
- Support the mission of the school and University, including substantial service commitments;
- Engage in the scholarship of clinical application;
- Engage in the scholarship of integration; and
- Generate revenue.

Differences Across AHC Schools

- Variation in the extent to which faculty feel “safe” in their positions;
- Variation in remuneration and reimbursement sources that support clinical work;
- Variation in the availability of and systemic support for mentoring;
- Variation in pathways to promotion;
- Variation in clinical contact (e.g., School of Public Health faculty members do not engage in typical clinical work);
- Variation in the level of integration in governance; and
- Variation in participation in the review and promotion process, largely dependent upon historic precedence in the schools.

Clinical Faculty Concerns

- Long-term career advancement without tenure, including continuing employment;
- University and school-based policies that allow for only tenured faculty to participate in governance, including participation, consultation, and decision-making;
- Potential vulnerability during economic challenges;
- Professional relationships with tenure-track and tenured faculty;
- Matching expectations with time allocations, given that time for research and scholarship outside of clinical responsibilities can be limited;
- Academic freedom; and
- Allocation of resources for research, scholarship, and clinical work.

Recommendations

1. Formalized evaluation criteria for appointment, advancement, and promotion of clinical faculty
2. Approved guidelines and standard processes and pathways used to appoint, promote, and reward clinical faculty

Recommendations

3. Adoption of standards for formal mentoring
4. Revision of bylaws related to role of clinical faculty in governance

Recommendations

5. Inclusion and participation of clinical faculty in promotion discussions and votes
6. Multi-year contracts (3-5 years) for associate and full professor clinical faculty

Recommendations

7. Develop a survey to determine current activities for clinical and other “non-regular” faculty and then use survey results to develop a mechanism to track the activities of clinical and “non-regular” faculty