

Minutes
University of Minnesota Medical School
Faculty Assembly
May 22, 2012

A meeting of the University of Minnesota Medical School Faculty Assembly was held on Tuesday, May 22, 2012 at 5:00 p.m. in room 1-450 Moos Tower, via ITV to 165 School of Medicine, Duluth. Dr. Nancy Raymond, Associate Dean for Faculty Affairs, presided.

Welcome and Call to Order

The meeting was called to order at 5:04 p.m.

Dr. Aaron Friedman provided a recap of the past year. Three major goals had been identified for his first year as Dean: preparing for the LCME site visit, redefining the Medical School's relationship with Fairview, and completing the alignment with the Duluth campus.

The LCME site visit occurred on March 12-15, 2012. A draft of the accreditation report has been received and the final response is expected in July. The report included only one comment that was unexpected and while the Medical School will likely receive some citations, steps are already underway to address them. The Medical School will be notified when the final report is received.

Secondly, two letters of intent were sent to President Kaler today, one for a new ambulatory care center that is to be completed by early 2016, and a second detailing changes in governance between the Medical School, UMP, and Fairview that will put the Medical School in a better position moving forward.

Finally, two new chairs have joined the faculty in Duluth and the steps taken to integrate the two programs were recognized by LCME and lauded.

More work is still needed and four goals have been established for the coming year: attending to the shortcomings pointed out by the LCME site visit; continuing to work with Fairview on issues related to governance and management; better utilizing technology in the medical education experience; and working to enhance our research portfolio. In addition, the Medical School will continue to focus on creating better integration with the Duluth campus.

Medical School Committee Report Q&A and New Committee Appointments

The Education Council, Admissions Committees (Twin Cities and Duluth), Scholastic Standing Committee (Duluth), and Committee on Student Scholastic Standing (Twin Cities) prepared written reports that were submitted to the faculty prior to the Faculty Assembly. The Faculty Assembly was provided time to ask questions about these reports.

The Faculty Advisory Council (FAC) is responsible for filling vacancies for the Admissions Committee (Twin Cities), Education Council, Research Council and the Committee on Student Scholastic Standing (COSSS) each year. Duluth Committee appointments are made via a separate campus-specific process. The FAC made a School-wide call for nominations for these vacancies and made the following appointments:

Admissions Committee: No faculty vacancies at this time

Education Council: Lisa A. Schimmenti, Gregory M. Vercellotti

COSSS: Colin Campbell, James Harmon, Taj Mustapha, Catherine Niewoehner, William Robiner, Shelia Specker

Promotion and Tenure Committee: David Ingbar

Research Council: No faculty vacancies at this time

Revisions to Medical School Bylaws

Dr. Raymond informed the Faculty Assembly that requested changes to the Medical School Constitution and Bylaws would now be up for discussion. These changes include the following:

- Membership selection changes to the Duluth Scholastic Standing Committee:
 - The committee will include six faculty members, two of whom will be selected by each of the three Department Heads
 - One additional ex-officio member, a representative from the Center of American Indian and Minority Health, will be named
 - The section was edited to reflect the updated name of the Scholastic Standing Committee and delete the reference to the Associate Dean for Student and Student Learning, as that position no longer exists
- Department of Ophthalmology name will be changed to Department of Ophthalmology and Visual Neurosciences
- Department of Therapeutic Radiology name will be changed to Department of Radiation Oncology
- Membership selection changes to the Education Council:
 - Two members to be selected by the Scientific Foundations Committee
 - Two members to be selected by Clinical Education Committee
 - Two members to be selected by the Faculty Advisory Council
 - Two members to be selected by Committee on Undergraduate Medical Education Duluth (CUMED)
- Medical School representation on the University Senate will be revised to state that the elected faculty members to the All-University Senate must be comprised of a minimum of 2/3 tenured/tenure track faculty who have three years of university service and whose appointments are equal to or greater than 67% time. The remainder of the elected faculty may be either tenured/tenure track faculty (P or N) or non-tenured track faculty (I: clinical scholar; K: teaching track; W: research track with three years of university service and appointments equal to or greater than 67% time.

Pre-Vote Discussion on Updates to Medical School 7.12 Statement

Dr. Raymond informed the Faculty Assembly that the Medical School 7.12 statement (Parts 1 and 3) is being revised to incorporate changes approved by the Board of Regents in 2011, with minor deviations specific to the Medical School. Information on the new Regent's policy may be found at

<http://www.academic.umn.edu/provost/faculty/tenure/implementing.html>

The changes up for discussion include the following:

Medical School Preamble (7.12, Part 1)

- In the case of a joint appointment:
 - The determination of which 7.12 statement will be used for awarding of tenure will be included in the offer letter
 - The secondary department will give input on specific responsibilities at the time of review (no vote necessary)
- A higher standard for promotion, that includes the expectation that all faculty promoted to associate professor with tenure are on a trajectory to achieve rank of full Professor

A question was raised whether this higher standard will conflict with the Duluth departmental statement, as their mission is focused on educating physicians who will practice with underserved populations. Dr. Raymond noted that the second section of the statements are meant to be tailored by each department to reflect their specific needs; Part 1 is intended to be a statement that applies to the Medical School as a whole. A follow up meeting with the Duluth faculty will be scheduled.

Annual Review of Tenured Faculty (7.12, Part 3)

- Tenured associate professors must have a review a minimum of every four years
- The review must include an evaluation and confirmation the faculty member is working towards becoming a full professor
- For faculty with performance below expectations, the department is required to provide a one-year minimum for the Faculty Improvement Plan (FIP)
- Only one FIP is required, rather than two

The revisions to the Constitution and Bylaws, and the updates to the Medical School 7.12 statement are being brought to the Faculty Assembly for discussion and motion to vote. A motion was made to move the documents to vote, which was seconded. The vote will be conducted following a 15-day review period, as required by the bylaws.

The meeting was adjourned at 5:49 p.m.

Respectfully submitted,
Marilynn Dunbar
Staff to the Faculty Assembly

Medical School Faculty Assembly
Tuesday, May 22, 2012
Education Council Report

Membership:

Current committee chair and members (attached sheet)

Focus of work:

Minutes of the Education Council meetings can be reviewed in full at www.meded.umn.edu/committees. The work of the Education Council fell into 4 broad categories:

- A. Governance.** The proposed **governance structure changes** made in preparation for the LCME Accreditation Site Visit streamline and organize decision making with key revisions:
1. **Eliminate the “Curriculum Committee”**—a committee of course directors, students, faculty and administrators from Duluth and Twin Cities campuses that had been meeting only annually in a retreat format;
 2. **Education Council** becomes the committee for all major educational decisions (including implementing *ad hoc* Task Forces across campuses);
 3. **Review of curriculum and policies** across campuses by the course committees (CuMed-Duluth; Scientific Foundations and Clinical Education Committees-Twin Cities) is specified by Ed Council for timeline and process
- B. Policy Changes approved:** (<http://www.meded.umn.edu/policies/index.php>)
- Late grades in clerkships
 - Student education records
 - Non-cognitive feedback
 - Reporting grades on transcript
 - Secure exams
 - Clinical course grades
- C. Policy/Process/Outcomes Reviews and Approvals**
- Admissions
 - USMLE results
 - Curriculum management tool, Black Bag
 - Diversity Statement
 - Mistreatment and harassment report
 - State of the Curriculum report
 - Match 2012
- D. Curriculum Reviews and Approvals**
- RPAP—Rural Physician Associates Program
 - MSTP—Medical Scientist Training Program
 - Independent learning time
 - Approved Duluth AY2011 calendar for NewDR
 - EPAC—Education in Pediatrics Along the Continuum, approved in concept

EDUCATION COUNCIL: Members 2012-13

Title	Name
Voting members:	
1. Chair✓	Wes Miller, M.D., Professor and Head, Medicine
2. President, Clinical Sciences Coun	Mac Baird, M.D., Professor and Head, Family Medicine
3. President, Basic Sciences Coun	Tim Ebner, M.D., Ph.D., Professor and Head, Neuroscience
4. Clinical Head 14	John Andrews, M.D., Associate Professor, Pediatrics
5. Clinical Head 14	Linda Carson, M.D., Professor and Head, Obstetrics and Gynecology
6. Clinical Head 14	Joseph Clinton, M.D., Professor and Head, Emergency
7. Basic Science Head 14	Joseph Metzger, Ph.D., Professor and Head, Integrative Biology and Physiology
8. Duluth Faculty Rep	Robert Cormier, Ph.D., Assistant Professor, Biochem/Molecular Biology-Duluth
9. Duluth Faculty Rep	George Trachte, Ph.D., Assoc. Dean for Research/Fac. Affairs, Professor – Duluth
10. Duluth Faculty Rep	Alan Johns, M.D., MEd , Associate Professor , Family Medicine – Duluth
11. Duluth Faculty Rep	Arlen Severson, Ph.D., Professor, Pathology and Lab Medicine – Duluth
12. GMEC Resident Program Dir Rep 13	Alisa Duran-Nelson, M.D., Medicine, Assistant Professor
13. GMEC Resident Rep12	Andrew Olson, M.D., Med/Peds Residency Program
14. Faculty Assembly 12	Anne Minenko, M.D., Assistant Professor, Medicine
15. Faculty Assembly 12	Anthony Killeen, Ph.D. Associate Professor, Lab Med/Path
16. Faculty Assembly 13	Jonathan D’Cunha, Ph.D., Assistant Professor, Surgery
17. Curriculum Committee 13	Sharon Allen, M.D., Professor, Family Medicine/Community Health
18. Curriculum Committee 14	James Nixon, M.D., Associate Professor, Medicine
19. Curriculum Committee 13	David Power, M.D., Assoc. Professor, Family Medicine/Community Health
20. Year 1 Student Rep 13	elections are in progress for all Student Council Committee representatives
21. Year 2 Student Rep 13	TBD
22. Year 3 Student Rep 13	TBD
23. Year 4 Student Rep 13	TBD
24. Year 1 Duluth Student Rep 13	TBD
25. Year 2 Duluth Student Rep 13	TBD
26. Faculty Representative✓13	Kathleen Brooks, M.D., MBA, MPA Assistant Professor, FMCH, Chair-ESC
27. Faculty Representative✓13	Stephen Katz, Ph.D., Associate Professor, Integrative Biology and Physiology
<u>Non-voting:</u>	
Sr. Assoc. Dean, Undergraduate Medical Educ.	Kathleen Watson, M.D., Associate Professor, Medicine
Assistant Dean, Assessment, Curriculum, Eval.	Majka Woods, Ph.D.
Assistant Dean, Scientific Foundations Curr.	Jeffrey Chipman, M.D., Associate Professor, Surgery
Associate Dean, Graduate Medical Education	John Andrews, M.D., Associate Professor, Pediatrics
Duluth, Assist Dean, Med Ed and Curriculum	Alan Johns, M.D., MEd, Associate Professor, Family Medicine – Duluth
Duluth, Chair, Committee on Undergrad Med Ed	George Trachte, Ph.D., Assoc. Dean for Research/Fac. Affairs, Professor – Duluth
Chair, Clinical Education Committee	Cullen Hegarty, M.D., Clerkship Director, Emergency Medicine Clerkship
Chair, Scientific Foundations Committee	Catherine Niewoehner, M.D., Course Director, Endocrinology/Reproduction
Director, Continuing Medical Education	Ginny Jacobs, M.Ed., MLS, CCMEP
LCME, Advance Team	Patti Mulcahy, Associate Dean, Strategic Projects
Liaison, Students and Student Learning	Ted Thompson, M.D., Professor, Pediatrics
Duluth, Assoc. Dean, Admissions/Student Affrs	Lillian Repesh, Ph.D., Associate Professor, Anatomy
TC, Admissions, Director	Theresa Baultripp, MA
Representative, Biomedical Library	Jim Beattie, M.L.I.S., Assoc. Director, Liaison, Education, Interdisciplinary Services
Student Council President 13	TBD
AHC Assistant Vice President-Education	Barbara Brandt, Ph.D.
AHC, Med School Communications	Laura Stroup, Communications Associate
AHC, Director, IERC	Jane Miller, Ph.D.
Affiliate Organization Rep✓ CH & C	<u>To be appointed</u>
Affiliate Organization Rep ✓ HP	Carl Patow, M.D., M.P.H., Professor, Otolaryngology
Affiliate Organization Rep ✓ HCMC	Tom Stillman, M.D., Professor, Medicine
Affiliate Organization Rep ✓ VA	Kent Crossley, M.D., Professor, Medicine

The Twin Cities Admissions Committee Report to the Faculty Assembly

May 16, 2012

Admissions Mission Statement

The Office of Admissions carries out the admissions process in a manner that is equitable, efficient, and timely. Services provided by the Office of Admissions are responsive to the needs of prospective applicants, applicants, undergraduate pre-medical advisors, referring institutions, Medical School faculty and administrators, and external constituents including the Board of Regents, the Minnesota State Legislature and the Association of American Medical Colleges.

Diversity Statement (excerpt)

We strive especially to have our learning community better reflect the demographics of the state by increasing the representation of African-Americans/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong, individuals from rural backgrounds, first generation college students, or those from economically disadvantaged backgrounds.

In 2011, the University of Minnesota Medical School, Twin Cities campus admitted 170 students from 14 states and 3 countries, representing 62 colleges/universities and 38 different majors.

- Total number of applicants: 3,550
- Total number of applicants interviewed: 476 (420 MD, 56 MD/PhD)
- Total number admitted (matriculated): 170
- Minnesota residents: 144
- Non-Minnesota residents: 26
- MD/PhD: 6
- Multicultural: 35
- UIM = 16
- International = 2 (China, Zimbabwe)
- Female: 88
- Male: 82
- Mean age: 24 (admitted students 19 – 42 years old)
- Total MCAT: 32.5
- Overall GPA: 3.73

Minnesota's Future Doctors Program – 2011

- 200 program participants annually
- 25 scholars matriculated to medical school
- 80% of scholars participate in summer research or pre medical summer programs annually
- 5600 hours of deployed community service completed by our scholars annually

Center for American Indian and Minority Health

- 3 American Indian students matriculated to Duluth
- 1 American Indian student matriculated to the Twin Cities

2011 Primary Undergraduate Institutions (Schools from which 3+ students matriculated)

Undergrad Schools	#
University of Minnesota-TC	45
Saint Olaf College	12
University of Wisconsin - Madison	11
University of Notre Dame	6
Carleton College	5
Bethel University	5
Gustavus Adolphus College	4
University of St. Thomas	4
Johns Hopkins University	3
Macalester College	3
University of Minnesota-Duluth	3
Northwestern University	3
Saint Johns University	3
University of Michigan-Ann Arbor	3

Competitors: (Schools to which U of MN applicants w/multiple accepts chose over the U of MN)

Medical School	# of WDs	Medical School	# WDs
U of Wash	9	U Pitts	4
Case Western	8	U Wisconsin	4
U Michigan	8	Wash U	4
Mayo	7	Indiana	4
Northwestern	7	Harvard	3
Colorado	4	Ohio State	3
Columbia	4	U Penn	3
Cornell	4	U Rochester	3
UCSF	4	U South Dakota	3
U Chicago	4	Yale	3

2011 Top 10 Undergraduate Majors

# Majors	Majors	# Students
1	Biology	61
2	Chemistry	21
3	Biochemistry	19
4	Psychology	19
5	Neuroscience	8
6	Physiology	7
7	Biomedical Engineering	6
8	Economics	4
9	Political Science	4
10	Biology, Society and the Environment	3

2011 # Non-Science Majors (N = 30)

Majors	# Students
Economics	4
Political Science	4
Asian Studies	2
Classics	2
English	2
History	2
Music	2
Spanish	2
Am Studies; Art; Business, Child Psyc; Marketing; Organizational Studies; Philosophy; Philosophy, Politics and Economics; Sociology, Theology	10

Non-Traditional Students: Students who matriculated to medical school two or more years after graduation from an undergraduate program.

Year	Class Size	# Non-Traditional Students	%
2006	165	60	36
2007	183	47	25
2008	170	51	30
2009	169	49	28.9
2010	169	77	45.5
2011	170	56	32.9

Multicultural and UIM Matriculants

Under-represented in Medicine for UMTC = African-Am/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong

Year	Class Size	Total Multicultural	UIM
2006	165	41	19
2007	183	41	17
2008	170	41	20
2009	169	35	12
2010	170	38	14
2011	170	35	16

Application Trends 2006 – 2012

TC Campus	2012	2011	2010	2009	2008	2007	2006
Applicants	3669	3550	3,361	3,259	3,212	3,093	2,528
Enrolled		170	169	169	170	183	165
National Applicants		43,919	42,742	42,269	42,231	42,315	39,108
Enrolled		19,230	18,665	18,390	18,036	17,759	17,361

2012 Update

- Total number of applicants: 3,669 (3% increase).
- Total number of applicants interviewed: 579 (529 MD, 50 MD/PhD).
- 51 Minnesota's Future Doctors accepted to medical schools across the country; as of 2012, the U of MN student body will include 17 MFD students.

Goals for the 2012-2013 Application Cycles

- System development and revised internal procedures for more efficient processing and reporting.
- Improved recruitment initiatives.
- Enhanced training and orientation of committee members and interviewers regarding the holistic review process.

The Duluth Admissions Committee Report to the Faculty Assembly May 16, 2012

Duluth Campus Mission

The mission of the University of Minnesota Medical School Duluth campus is to be a leader in educating physicians dedicated to family medicine, to serve the health care needs of rural Minnesota and American Indian communities and to discover and disseminate knowledge through research.

Diversity Statement (excerpt)

We strive especially to have our learning community better reflect the demographics of the state by increasing the representation of African-Americans/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong, individuals from rural backgrounds, first generation college students, or those from economically disadvantaged backgrounds.

In 2011, the University of Minnesota Medical School, Duluth campus admitted 60 students from 3 states and from 39 counties within Minnesota, representing 28 colleges/universities and 19 different majors.

- Total number of applicants: 1279
- Total number of applicants interviewed: 126
- Total number admitted (matriculated): 60
- Minnesota residents: 53
- Non-Minnesota residents: 7
- Multicultural: 3
- UIM = 3
- International = 0
- Female: 23
- Male: 37
- Mean age: 23 (admitted students 21 – 31 years old)
- Total MCAT: 29.25
- Overall GPA: 3.65

2011 Primary Undergraduate Institutions

Undergraduate Schools	#
University of Minnesota-Duluth	9
University of Minnesota-Twin Cities	6
Concordia College at Moorhead	4
Gustavus Adolphus College	4
Minnesota State University Mankato	4
St. John's University/College of St. Benedict	4
Bethel University	3
College of Saint Scholastica	3
Saint Olaf College	3
University of St. Thomas	2
University of Wisconsin-Madison	2
Colorado College, Dartmouth College, Hamline University, Montana SU-Bozeman, North Dakota SU, Northwestern College, Saint Mary's U of MN, Thomas Aquinas College, Trinity International U, U Alaska-Anchorage, U California-Irvine, U Minnesota-Morris, U North Dakota, U Wisconsin-Eau Claire, Wartburg College, Yale	16

Competitors (schools which U of MN applicants w/multiple accepts chose over the U of MN)

Medical School	# WDs
North Dakota	3
Indiana	1
Loyola-Stritch	1
Mayo	1
Medical College of Wisconsin	1
SUNY Buffalo	1
Tufts	1
University of Illinois	1
University of Wisconsin	1
Washington University St. Louis	1

2011 Undergraduate Majors

Majors	# Students
Biology	30
Cellular and Molecular Biology	5
Exercise Science	3
Biochemistry	2
Chemistry	2
Human Biology	2
Liberal Arts	2
Nursing	2
Psychology	2
Biological Sciences, Biomedical Engineering, Business, English, Finance, History of Science, Human Services, Neuroscience, Scandinavian Studies, Spanish	10

2011 Non-Science Majors (17 Students)

Majors	# Students
Exercise Science	3
Liberal Arts	2
Nursing	2
Psychology	2
Biomedical Engineering, Business, English, Finance, History of Science, Human Services, Scandinavian Studies, Spanish	8

Non-Traditional Students

Students who matriculated to medical school two or more years after graduation from an undergraduate program.

Year	Class Size	# Non-Traditional Students	%
2006	56	25	44.6
2007	58	16	27.6
2008	60	17	28.3
2009	60	30	50
2010	60	22	36.6
2011	60	24	40

Multicultural and UIM Matriculants

Underepresented in Medicine for UM = African-Am/Blacks, Hispanics/Latinos, Native Americans, Native Hawaiians/Pacific Islanders, Native Alaskans, Hmong

Year	Class Size	Total Multicultural	UIM
2006	56	9	9
2007	58	8	8
2008	60	7	6
2009	60	7	7
2010	60	7	7
2011	60	3	3

Application Trends 2006 – 2012

Duluth Campus	2012	2011	2010	2009	2008	2007	2006
Applicants	1487	1279	1281	1352	1413	1330	1281
Enrolled		60	60	60	60	58	56
National	2011	2010	2009	2008	2007	2006	2006
Applicants		43,919	42,742	42,269	42,231	42,315	39,108
Enrolled		19,230	18,665	18,390	18,036	17,759	17,361

2012 Update

- Total number of applicants: 1487 (16% increase)
- Total number of applicants interviewed: 149

Goals for the 2012-2013 Application Cycle

- Enhanced training and orientation of committee members and interviewers regarding the holistic review process.
- Enhanced identification and recruitment of applicants who will advance the campus mission by practicing family medicine in rural Minnesota and American Indian communities.

Committee on Student Scholastic Standing
Report to the Faculty Assembly
University of Minnesota Medical School
May 2012

Members serving on the Committee from 5/1/11 through 4/30/12:

Sitting Members:

Sheila Specker, M.D., Chair
Sharon Allen, M.D.
Peter Argenta, M.D.
David Baram, M.D.
Kumar Belani, M.D.
Colin Campbell, Ph.D.
William Engeland, Ph.D.
Eric Gross, M.D.
Steven Katz, Ph.D.
Michael Kim, M.D.
Catherine Niewoehner, M.D.
Anne Pereira, M.D.
William Robiner, Ph.D.
Tseganesh Selameab, M.D.
Kevin Wickman, Ph.D.

Ex-Officio:

Theodore Thompson, M.D.
Director of Clinical Education
Kathleen Watson, M.D.
Associate Dean for Students/Student Learning
Jill Eck, M.S.
Director for Student Support

Student Representatives:

Alexandra Kunin, MS4
Alexander Ringeisen, MS3

General Counsel:

Barbara Shiels, J.D.

Meetings/Hours:

From May 1, 2011 through April 30, 2012, the Committee on Student Scholastic Standing held 12 meetings, totaling approximately 44 hours. Among a total of 863 students enrolled in medical school on the Twin Cities campus, the Committee addressed the following student issues:

Students Reviewed:

78 Individual medical students were discussed at those meetings

Student Interviews:

26 Student interviews were conducted to discuss academic issues or hearings:
13 Student interviews were conducted to discuss course failures
1 Student interviews were conducted for failing to make satisfactory academic progress
3 Student interviews were conducted for failing an NBME Step exam
1 Student interview were conducted to request a leave of absence
5 Student interviews were conducted to discuss Honor Code violations
1 Student interview was conducted to discuss professionalism concerns
1 Student interview was conducted to discuss behavioral/health concerns

Disciplinary Hearings:

5 Students were subject to disciplinary hearings for violations of medical school policies. These students were required to complete structured remedial plans to address these violations which were supervised by their Faculty Advisors and COSSS.

Dismissal Hearings:

3 Students were subject to a dismissal hearing
2 Students were dismissed from medical school

Appeal Hearings:

1 Student appealed the COSSS decision for dismissal; dismissal upheld

Withdraw from Medical School:

2 Students withdrew from medical school

At Risk Status:

56 Students were placed on "At Risk" status because of course/rotation failures, Step 1 and Step 2 CK & CS failures, behavioral issues or violations of medical school policy:
24 Students were placed on "At Risk" status for foundations course failures
12 Students were placed on "At Risk" status for clinical rotation failures
13 Students were placed on "At Risk" status for Step 1 failures
1 Students were placed on "At Risk" status for Step 2 CK failures
1 Students were placed on "At Risk" status for Step 2 CS failure
5 Students were placed on "At Risk" status for personal/health reasons
5 Students were placed on "At Risk" status for ethics violations

Academic Probation:

- 6 Students were placed on Academic Probation due to foundations or clinical course failures, Step 1 failures, professional/behavioral issues:
 - 1 Students were placed on “Probation” for clinical rotation failures
 - 2 Student was placed on “Probation” for failing to make satisfactory academic progress
 - 1 Student was placed on “Probation” for Step 1 failures
 - 2 Students were placed on “Probation” status for behavioral issues

Decelerated Schedule – Years 1 and 2:

- 1 Student is completing Year 1 on a decelerated schedule
- 2 Students are completing Year 2 on a decelerated schedule

Extended Graduation – Years 3 and 4:

- 15 Students were granted permission to extend their graduation dates during Years 3 & 4

Flexible MD Programs – Leaves of Absence & Delayed Graduation Dates:

- 23 Students participated in the Flexible MD Program:
 - 16 Students were granted leaves of absence for the following:
 - 3 Students pursued an additional degree
 - 1 Student pursued a Spirituality and Health certificate program
 - 1 Student pursued a master’s degree in Health Informatics
 - 4 Students pursued a master’s degree in Public Health
 - 2 Students pursued a master’s degree in Biomedical Engineering
 - 1 Student pursued a Post-Sophomore Pathology Fellowship
 - 4 Students pursued research
 - 7 Students were granted delayed graduation dates for the following:
 - 7 Students pursued global studies

USMLE:

- 21 Students were reviewed for USMLE issues:
 - 4 Students were reviewed for not taking the Step 1 exam
 - 14 Students failed the Step 1; 9 from TC, 5 from UMD
 - 2 Students failed Step 2 CK
 - 3 Students failed Step 2 CS

USMLE Statistics

USMLE Step 1 Statistics (includes Duluth students):

Dates	Total Tested	Number of Attempts				
		1 st	2 nd	3 rd	4 th	5 th
05/01/11 –	228	216 Passed	5 Passed	--	--	--
04/30/12		12 Failed	3 Failed			

USMLE Step 2 CK Statistics (includes Duluth students):

Dates	Total Tested	Number of Attempts				
		1 st	2 nd	3 rd	4 th	5 th
05/01/11 –	216	214 Passed	2 Passed	--	--	--
04/30/12		2 Failed	0 Failed			

USMLE Step 2 CS Statistics (includes Duluth students):

Dates	Total Tested	Number of Attempts				
		1 st	2 nd	3 rd	4 th	5 th
05/01/11 –	220	218 Passed	2 Passed	--	--	--
04/30/12		2 Failed	0 Failed			

2011 NBME reports indicate that among first time test takers, TC students are performing above the national mean on Step 1 with a pass rate of 96%; UMD first time test-takers are performing below the mean on Step 1 with pass rates of 92%. First time test-takers on the Step 2CK are performing above the mean with pass rates of 99%, while on Step 2 CS 99% of our students passed on the first attempt.

May 7, 2012

TO: University of Minnesota Medical School Duluth Campus School Assembly

FROM: Scholastic Standing Committee, Duluth Campus

RE: Annual Report (2011-2012)

The Scholastic Standing Committee is a standing committee in Duluth charged with the responsibility of monitoring student progress through the first two years of medical school. In Duluth, eight faculty members and two student members (one from each class) serve on the Scholastic Standing Committee and are elected. The Duluth campus Associate Dean for Student Affairs sits *ex-officio* on this committee. Meetings are held to review student progress following the conclusion of each grading period. Student progress is also monitored at each mid-semester point and meetings are held at these times if necessary.

End of grading period determinations were held on 7/12/2011 for Summer Session 2011, 1/19/2012 for Fall Session 2011 and a meeting is scheduled for 6/21/2012 for Spring Session 2012 grading determinations. In addition, special meetings were held regarding the academic progress of students including:

- 1) 8/16/2011 first year student leave of absence request to return for the remediation of a first year course in January 2012
- 2) 11/17/2011 a first year student withdrawal from medical school and a second year student leave of absence request to return in Fall 2012 for the remediation of a second year course
- 3) 12/10/2011 a second year student leave of absence request to return for the remediation of a course in Fall 2012
- 4) 3/8/2012 a second year student who failed two courses
- 5) 4/19/2012 two first year students who failed two courses brought independently to the committee
- 6) 5/17/2012 Hormone and Reproductive Medicine remedial plan meeting

Significant actions of the committee during this academic year were:

1. Program decelerations/modifications:

Two first year students are on a decelerated program after being granted a leave of absence to return Spring Semester 2012 as first year students to repeat Neurological Medicine.

One first year student is on a decelerated program after being granted a leave of absence to return Fall 2011 as a first year student to repeat Foundations of Medicine.

2. Leave of Absence and/or Readmission after a leave:

One first year student returned after a leave of absence in Fall 2011 to remediate the first year course Foundations of Medicine.

Two first year students returned after a leave of absence in Spring 2012 to remediate the first year course Neurological Medicine.

One first year student petitioned for readmission with interviews with Drs. Davis, Repesh and Westra for Fall 2011.

Three second year students were granted a leaves of absence.

3. Academic Probation/Remedial Programs/Re-examinations: **This is the first year the new criteria for passing courses with 70% including 70% grade on the cumulative final was instituted.** The following Courses had student failures with remediation or in the process of remediation:

First Year Classes with failures, remedial programs/re-examinations

Foundations of Medicine: Four students failed the course (3 successfully remediated and 1 student failed the remediation and has withdrawn)

Neurological Medicine: Five students failed the course and are pending remediation exams.

Hematology, Immunology and Oncology – still in progress

Social and Behavioral Medicine – still in progress

Rural Medical Scholars Program – still in progress

Second Year Classes with failures, remedial programs/re-examinations:

Cardiovascular Respiratory Renal Acid Base I (CRRAB I): Seven students failed the course (3 students have successfully remediated, 1 student is pending remediation and 3 students have been granted a leave of absence to return in Fall 2012)

Cardiovascular Respiratory Renal Acid Base II (CRRAB II): Three students failed the course (2 students successfully remediated and 1 student has been granted a leave of absence to return in Fall 2012)

Gastrointestinal Medicine: Two students failed the course. (Both students Remediated successfully)

Hormonal and Reproductive Medicine: Two students failed the course. (Both students are pending remediation)

4. Dismissals/Withdrawals:

One first year student withdrew in Fall 2011 after failing to remediate the Foundations of Medicine.

5. Successful Completion of USMLE, Step 1:

Second year students from the 2011-2012 academic year are currently in the process of studying for the USMLE, Step 1. 94 percent of 2nd year students passed the USMLE, Step 1 on their first attempt in 2011. That class achieved an average score of 218. Four students

failed initially, three passed on the second attempt and one is still pending the third attempt.

6. Transfers to other medical schools
None

Two recommendations are made to the Assembly at this time.* They are:

1. All second year students who have successfully completed all course requirements for the first and second years of the curriculum and Step 1 of the USMLE are recommended for transition.
2. All first year students who successfully complete all course requirements for the first year curriculum are recommended for promotion to the second year.

*Note that all students who are not currently in good standing for promotion or transfer will be promoted only upon successful completion of the necessary requirements.

This report is respectfully submitted for acceptance by the School Assembly.

Ruth Westra DO, MPH
Chair
Duluth Scholastic Standing Committee

U of Minnesota Medical School Duluth Scholastic Standing Committee Member Roster, 2011-2012

Ben Clark, PhD.
Robert Cormier, Ph.D.
Joy Dorscher, M.D.
Steve Downing, Ph.D.
Janet Fitzakerly, Ph.D
Teresa Rose Hellenkant, Ph.D
Lillian Repesh, Ph.D. (Ex-Officio)
George Trachte, Ph.D.
Ruth Westra, D.O. (Chair)
Melody Shepherd (first year student)
Erica Bohan (second year student)

BYLAWS TO THE CONSTITUTION OF THE UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

Article I. Faculty Assembly.

Section A. Composition of the Faculty Assembly.

The Executive Faculty of the Medical School defines the membership of the Faculty Assembly as composed of the members of the faculties of the various Medical School Departments with appointment designated as 94XX titles in the University professorial ranks with the exception of volunteer community-based adjunct faculty.

Section B. Responsibilities of the Faculty Assembly.

1. The responsibilities of the Faculty Assembly include all academic affairs and internal policies of the School including entrance requirements, curricula, instruction, examinations, grading, degrees, and disciplinary matters not within the jurisdiction of the All-University Disciplinary Committee.
2. The Faculty Assembly shall receive reports and recommendations from the various Councils and Committees established in the Constitution and in the Bylaws.

Section C. Meetings of the Faculty Assembly.

1. The Dean shall preside at meetings of the Faculty Assembly. The Chair of the Faculty Advisory Council shall serve, ex-officio, as Vice Chair of the Faculty Assembly and shall preside in the absence of the Dean. The Dean shall, with the consent of the Faculty Assembly, appoint a Secretary of the Faculty Assembly, who need not be a member of the faculty. The Secretary of the Faculty Assembly shall be the custodian of its records and shall be responsible for circulating the agenda and keeping the minutes of each Faculty Assembly meeting. The Secretary shall perform such additional functions as shall be assigned by the Dean or other responsible officers of the Faculty Assembly and/or standing Committees and Councils as defined in the Constitution and further defined in the Bylaws.
2. Regular meetings of the Faculty Assembly shall be held no less than twice per year.
3. A special meeting shall be held at the request of the Committee on Student Scholastic Standing.
4. Special meetings of the Faculty Assembly shall be held on the call of the Dean or upon the written request of twenty members of the Faculty Assembly.
5. The agenda for each meeting of the Faculty Assembly shall be distributed at least one week in advance to all members of the Faculty Assembly and to such others as the Faculty Assembly may direct. Members of the Faculty Assembly may submit items for the agenda. The minutes of meetings of the Faculty Assembly shall be distributed to all members as promptly as possible after each meeting.
6. At any regular or special meeting of the Faculty Assembly, twenty percent of the membership of the Faculty Assembly shall constitute a quorum for the transaction of the academic affairs of the Medical School, except that any substantive matter shall, at the

written request of twenty members of the Faculty Assembly, be submitted to the entire Faculty Assembly by mail ballot. Requests for submission of substantive items to a mail ballot must be submitted to the Dean no later than the day prior to the scheduled meeting of the Faculty Assembly in the case of items that have appeared on the agenda duly distributed in advance of the meeting. In the case of substantive items dealt with at a meeting of the Faculty Assembly that did not appear on the advance agenda, requests for submission of a mail ballot must be submitted to the Dean within ten (10) calendar days following the meeting. Mail ballot decision shall be determined by a majority of those voting on the issues.

Section D. Committees of the Faculty Assembly.

1. Faculty Advisory Council.

- a. The Faculty Advisory Council members will be Medical School faculty members who have been elected by their peers to the All-University Senate, but to always include two faculty members from Duluth, and at least one representative appointed from Hennepin County Medical Center, Regions Hospital, and the Veterans Affairs Medical Center. The elected faculty members to the All-University Senate must be comprised of a minimum of 2/3 tenure/tenure-track faculty who have three years of university service and whose appointments are equal to or greater than 67% time. The remainder of the elected faculty may be either tenure/tenure-track faculty (P or N) or non-tenured track faculty (Clinical scholar (I), Teaching (K), and Research (W) tracks) with three years of university service and appointments equal to or greater than 67% time.
- b. The Faculty Advisory Council shall meet upon the call of the Dean at a time and place designated by the Dean. Meetings will be held throughout the course of each year. No minimum frequency of meetings is specified. If one month or more has elapsed since the previous meeting, a meeting of the Faculty Advisory Council with the Dean shall be held upon the written request of any two members of the Council for the purpose of considering matters important to the Medical School.
- c. The members of the Faculty Advisory Council shall elect the Chair of the Faculty Advisory Council.
- d. The responsibility of the Faculty Advisory Council is to advise the Dean on substantive matters pertinent to the research, education, or clinical programs of the Medical School. Responsibilities will include advising the Dean on faculty affairs, finance, and planning matters. The Council may develop subcommittees or task forces as needed for specific tasks.
- e. The Faculty Advisory Council will serve as a committee on committees and councils for the purpose of recommending faculty nominees to the Faculty Assembly for the Councils and Committees. The nominating committee of the Faculty Advisory Council will first seek suggested nominees from members of the Department Heads Council and solicit additional nominees as required to achieve appropriate representation on the Councils and Committees. Duluth Campus nominees to the Duluth Campus Admissions Committee, Committee on Student Scholastic Standing, and Research Council will be brought to the Faculty Advisory Council by Duluth members of the Faculty Advisory Council. Duluth nominees may be selected by the Duluth Campus faculty assembly. It

shall, at the spring meeting each year, recommend to the Faculty Assembly a slate of nominees to fill any vacancies on the Admissions Committee, the Committee on Student Scholastic Standing, the Education Council, and the Research Council. Nominees endorsed by the Faculty Assembly shall take office on July 1st of the year of the election.

2. **Medical School Admissions.**

- a. **Admissions Executive Committee.** The Admissions Executive Committee shall be responsible for final decisions on the admission of prospective students who will carry out studies toward the degree of Doctor of Medicine. The committee shall be composed of nine members of the Medical School faculty: one member shall be an MD/PhD faculty member, six shall be faculty members from the Twin Cities campus, and two shall be faculty members from the Duluth campus. The Associate Dean for Admissions for the Medical School – Twin Cities, and the Associate Dean for Admissions and Student Affairs for the Medical School – Duluth campus, shall be ex-officio, non-voting members of the committee. The members shall be appointed by the Dean of the Medical School, in consultation with the Twin Cities and Duluth Admissions Committees and the subcommittee responsible for the selection of prospective M.D./PhD. students, with the endorsement of the Faculty Advisory Council. Members of the Admissions Executive Committee may not be active members of the Twin Cities and Duluth Admissions Committees or the M.D./PhD. Program selection subcommittee.

- b. **Oversight Committee on Admissions.** The Oversight Committee on Admissions shall be comprised of the Associate Dean for Admissions for the Medical School – Twin Cities, the Associate Dean for Admissions and Student Affairs for the Medical School – Duluth campus, the Chair or a Co-Chair of each Admissions Committee, the Associate Dean for Students and Student Learning – Twin Cities, the Regional Campus Dean, Duluth campus, the Vice Dean for Education, the Directors of the M.D./PhD. Program, the Center for American Indian and Minority Health, the Office of Minority Affairs and Diversity, and Minnesota’s Future Doctors. The Oversight Committee shall be responsible for the oversight of the Admissions Committee processes on the two campuses and for compiling the admissions data for the annual Liaison Committee on Medical Education report.

- c. **Twin Cities Campus Admissions Committee.** The Twin Cities Campus Admissions Committee shall be a standing committee composed of at least ten members that shall be responsible for the selection each year of the students who will carry out studies toward the degree of Doctor of Medicine, subject to approval by the Admissions Executive Committee. This committee shall include a subcommittee responsible for the selection of prospective M.D./PhD. students. The Associate Dean for Admissions for the Medical School -Twin Cities shall be an ex-officio, non voting member. Members shall be selected in accord with Section D.1.e, of the Bylaws of the Medical School. Members shall, each year, elect Co-Chairs from among their number. In addition to the faculty membership of the Admissions Committee, provision shall be made annually for appropriate student representation to the Committee. Such student representation shall be accomplished by agreement between the Faculty Advisory Council and the Medical School Student Council, acting as the representative council of the Medical School student body. In the event of a vacancy during the academic year, a new member may be

appointed by the Associate Dean for Students and Student Learning to complete the unexpired year of the term. The Committee shall make a report of its activities to the Education Council and the Faculty Assembly at least once each year. The membership of the Twin Cities Campus Admissions Committee may include representatives of organized medicine in Minnesota, to be designated by the appropriate organizations.

- d. **Duluth Campus Admissions Committee.** The Duluth Campus Admissions Committee shall be composed of at least ten faculty and community members selected and proposed by the Regional Campus Dean for the Duluth Campus, in conjunction with the Nominating Committee and Duluth Campus faculty assembly, with confirmation by the Medical School Faculty Assembly. At least one-half of the members of the Committee shall be regularly appointed faculty members of the Medical School Duluth Campus. The Associate Dean for Admissions and Student Affairs for the Duluth campus shall be an ex-officio, non voting member of the committee. This committee shall be responsible for the annual selection of students who will be admitted to carry out studies toward the degree of Doctor of Medicine, subject to approval by the Admissions Executive Committee. This committee shall be guided by the policies of the Medical School.
3. **Twin Cities Committee on Student Scholastic Standing.** There shall be a standing Committee on Student Scholastic Standing consisting of at least six members of the Faculty Assembly, together with a sufficient number of alternate members to permit its effective functioning. Members shall be elected in accord with Section D.1.e, of the Bylaws of the Medical School. Duly elected members shall, each year, elect a Chair. In addition to the faculty membership of the Committee on Student Scholastic Standing, provision shall be made annually for appropriate student representation to the Committee. Such student representation shall be accomplished by consultation and agreement between the Faculty Advisory Council and the Medical School Student Council, acting as the representative council of the medical student body. In the event of a vacancy during the academic year, a new member may be appointed by the Associate Dean for Students and Student Learning to complete the unexpired year of the term. This Committee will monitor each student's academic progress and related matters at the end of each academic period recommending appropriate action for each case in accordance with the Policies and Procedures. The Committee on Student Scholastic Standing, acting for the Faculty Assembly, shall be responsible for recommending to the Dean those students eligible for advancement and those students eligible for graduation with the degree of Doctor of Medicine. In addition, the Committee will decide action to deny advancement to students deemed ineligible and inform the Dean. Policy matters not satisfactorily resolved by the usual procedures of the Committee will be referred for final determination to the Faculty Assembly as a whole, which shall hold a special meeting for this purpose at the request of the Committee. The Committee on Student Scholastic Standing will report on its activities to the Education Council and the Faculty Assembly at least once each year.

Duluth Campus Scholastic Standing Committee. The Scholastic Standing Committee shall be composed of ~~eight-six~~ faculty, two from each of the Departments of Biobehavioral Health and Population Sciences, Biomedical Sciences, and Family Medicine, and Community Health, Duluth Campus; and one medical student from each class, participating as feasible, and shall include the representative of the Regional Campus Dean for the Duluth Campus for student affairs and a representative from the Center of American Indian and

Minority Health as a non-voting ex officio members. Department Heads will nominate two faculty from their departments to serve ~~Faculty members shall be elected from a slate of candidates prepared by the Nominations Committee~~ for a term of one year; medical students shall be selected for a term of one year through such procedures as the Student Body may establish.

The Scholastic Standing Committee shall monitor the quality of student performance in a continuous and consistent fashion. To this end, it shall determine guidelines for student academic standing, and it shall monitor each student's progress toward the Doctor of Medicine degree. This committee shall make recommendations to the Duluth Regional Campus faculty assembly concerning each student's promotion, transfer, termination, and/or special programming. The Duluth Campus Assembly's actions on such recommendations will then be transmitted to the Regional Campus Dean for the Duluth Campus for action. The Scholastic Standing Committee will annually report to the Twin Cities Program through the Associate Dean for Student Affairs, and the Chair of the ~~Scholastic Standing Committee~~ Committee of Student Scholastic Standing, and the Associate Dean for Students and Student Learning. The Duluth Campus Scholastic Standing Committee will report on its activities to the Education Council and the Faculty Assembly at least once each year. Any action to deny advancement to students deemed ineligible will be reported to the Dean of the Medical School through the Regional Campus Dean for the Duluth Campus.

4. **Creation of Other Standing Committees.** Five or more members of the Faculty Assembly may recommend the establishment of a standing committee of the Faculty Assembly. Such recommendations, with appropriate justification and documentation, will be considered by the Faculty Advisory Council. The Faculty Advisory Council will submit its recommendation to the Faculty Assembly which will then vote on the establishment of any proposed new standing committee, with a simple majority ruling.
5. **Creation of Special Committees.** The Faculty Assembly may create such special committees as it deems necessary for the execution of its responsibilities. Such special committees shall be discharged upon completion of their assigned duties.

Article II. Administrative Organization of the Medical School.

Section A. Departments.

1. The Medical School shall include the following departments:
 - Department of Anesthesiology
 - Department of Biobehavioral Health and Population Sciences (Duluth Campus)
 - Department of Biochemistry, Molecular Biology, and Biophysics
 - Department of Biomedical Sciences (Duluth Campus)
 - Department of Dermatology
 - Department of Emergency Medicine
 - Department of Family Medicine and Community Health (Twin Cities and Duluth Campuses)
 - Department of Genetics, Cell Biology and Development
 - Department of Integrative Biology and Physiology
 - Department of Laboratory Medicine and Pathology
 - Department of Medicine
 - Department of Microbiology
 - Department of Neurology
 - Department of Neuroscience

Department of Neurosurgery
Department of Obstetrics, Gynecology, and Women's Health
Department of Ophthalmology and Visual Neurosciences
Department of Orthopaedic Surgery
Department of Otolaryngology
Department of Pediatrics
Department of Pharmacology
Department of Physical Medicine and Rehabilitation
Department of Psychiatry
Department of Radiation Oncology
Department of Radiology
Department of Surgery
~~Department of Therapeutic Radiology~~
Department of Urology

2. The Medical School shall include Centers and Institutes such as the Institute for Human Genetics, the General Clinical Research Center, the Biomedical Engineering Institute, the Center for Immunology, the Lillehei Heart Institute, and others authorized by the Dean following consultation with the Faculty Advisory Council and the Department Heads Council. The Dean and when appropriate the Regional Campus Dean for the Duluth Campus, shall be responsible for developing guidelines for such authorization.
3. **Faculty Practice Organization.** The University of Minnesota Medical School physician-faculty practice group, organized in 1996 as the University of Minnesota Physicians (UMP), exists for the purposes of enabling the Medical School to carry out its mission by providing quality care to patients, supporting quality instruction to medical students and post-M.D. graduate medical education students, and supporting medical and scientific research. In accordance with the practice organization's Bylaws, the Dean is a voting director of UMP as are nine (9) members of the Department Heads Council and nine (9) faculty physicians of the Medical School. The Medical School Associate Dean for Clinical Affairs is a non-voting director. Full-time faculty physicians are required to be members of UMP and are governed by the University of Minnesota Board of Regents' Rules concerning the private practice of medicine. The Dean's responsibilities include approval of the Articles and Bylaws of UMP and its annual budget. The Dean must also approve clinical programs, creation of new clinical services, and new practice sites based on an evaluation of the education and research needs of the School.

Section B. Department Heads Council.

1. **Membership.** The Department Heads Council will be composed of the Medical School department heads of the Twin Cities and Duluth campuses, Directors of Centers and Institutes approved by the Department Heads Council and the Dean, and duly designated representatives of affiliated teaching sites as recommended by the Dean. Non-voting members shall include the Regional Campus Dean for the Duluth Campus and Associate and Vice Deans of the Medical School.
2. **Additional Responsibilities.** In addition to those responsibilities provided for in Article II, Section G, of the Constitution, the Department Heads Council also has the obligation to review recommendations from the Education and Research Councils in order to present its recommendations to the Faculty Assembly for concurrent consideration.

Section C. The Education Council.

1. **Membership.** The Education Council will be composed of at least twenty-seven voting members including a chair appointed by the Dean. Six members will be faculty representatives from the Twin Cities campus, four will be faculty representatives from the Duluth campus and one will be a faculty representative from the Graduate Medical Education committee. ~~Three-Four~~ of the six Twin Cities faculty members will be selected by the voting members of the Twin Cities ~~Curriculum Committee from the~~ course and clerkship directors (two from the Scientific Foundations Committee and two from the Clinical Education Committee, with staggered terms) and ~~three-two~~ members will be selected by the Faculty Advisory Council. Of the four Duluth faculty members, two will be selected by the ~~Curriculum Committee, Duluth Campus~~ Committee on Undergraduate Medical Education Duluth (CUMED) and two will be selected by the Faculty Advisory Council. Six members will be members of the Department Heads Council including the Chairs of the Basic Sciences Council and the Clinical Sciences Council. One member of the Department Heads Council will be elected by the Basic Science Council and three members will be elected by the Clinical Sciences Council. Four members will be student representatives of each class on the Twin Cities campus, and two members will be student representatives of each class on the Duluth campus elected in accordance with the Bylaws of the Medical Student Council. One member will be an active resident representative of the Graduate Medical Education committee. Additional members may be appointed by the Dean. Unless specifically noted above, administrative leaders should serve in an ex officio role, not as voting members.
2. **Terms.** Faculty members will serve for three years except that initial appointments will be staggered in order to create a cycle of two expiring terms each year. Student and resident members will serve one-year renewable terms.
3. **Chair.** The Chair of the Educational Council will be appointed by the Dean and need not be selected from among the members described in Section C.1. The Chair will serve a three-year term.
4. **Responsibilities.** The Education Council will advise the Dean in all matters of education in the Medical School and recommend policy for implementation by the educational programs. The Education Council will meet at least monthly. The Education Council will report at least annually to the Faculty Assembly following review of recommendations by the Department Heads Council and the Faculty Advisory Council.

Section D. The Research Council.

1. **Membership.** The Research Council will be composed of at least eight voting members. The Faculty Advisory Council and the Dean will each appoint an equal number of members; the Dean will appoint the chair. The Committee membership will reflect principal research communities within the Medical School, including the head of the Research Center, Duluth Campus. The Research Council will enlist expert advisory groups of faculty in specific fields for advice. The Vice Dean for Research will be an ex officio member of the Research Council.
2. **Terms.** Faculty members will serve for three years and the initial appointment will be staggered in order to create a cycle of at least two expiring terms each year.

3. **Responsibilities.** The Research Council will meet at least six times each year. The Research Council will advise the Dean in matters of research in the Medical School and recommend policy for implementation, following review of these recommendations by the Department Heads Council and the Faculty Advisory Council. The Research Council will report annually to the Faculty Assembly.

Section E. Basic Sciences Council.

1. **Membership.** The Basic Sciences Council will be comprised of the Heads of the Medical School Basic Science Departments.
2. **Chair.** The Chair of the Basic Sciences Council will be elected by the members every two years.
3. **Responsibilities.** Serves as advisor to the Dean in all administrative, educational, and research policies affecting the Medical School in general and the collective Basic Sciences Departments in particular.
4. **Meetings.** Subject to the call of the Chair or the Dean.

Section F. The Clinical Sciences Council.

1. **Membership.** The Clinical Sciences Council will be comprised of the Heads of the Medical School Clinical Sciences Departments.
2. **Chair.** The Chair of the Clinical Sciences Council will be elected by the members.
3. **Responsibilities.** Serves as advisor to the Dean in all administrative, educational, research, clinical policies, and issues affecting the Medical School in general and the collective Clinical Sciences Departments in particular.
4. **Meetings.** Subject to the call of the Chair or the Dean.

Section G. Duluth Council of Department Heads

To provide for advisory and executive continuity in concert with the Regional Campus Dean of the Duluth Campus and his/her administrative staff, the heads of departments shall exist as a Council of Department Heads. A chair of the Council shall be chosen by the members of the Council. The chair shall have the responsibility of drawing up the agenda for regular meetings and other meetings called by the chair or by the Regional Campus Dean. The Council shall consist of the following department heads or chairs and the Regional Campus Dean for the Duluth Campus:

- Department of Biobehavioral Health and Population Sciences
- Department of Biomedical Sciences
- Department of Family Medicine and Community Health, Duluth Campus

It is the responsibility of each department to establish academic standards of performance and work with Course Directors and Course Faculty to develop curricula that meet the standards of undergraduate, medical, graduate, and any other specialized educational program consistent with the proceedings of the Education Council.

Article III. Amendment of Bylaws.

Bylaws of the Medical School may be enacted, repealed, or amended by a simple majority vote of the Executive Faculty provided that the proposed change in Bylaws has been submitted, in writing, to each member of the Executive Faculty at least 15 days prior to the date of the vote on the change. Bylaw changes will be presented for discussion and an advisory, non-binding vote by the Faculty Assembly prior to Executive Faculty action. Proposed amendments to the Bylaws shall be submitted to the Executive Faculty for a 15-day balloting period following Faculty Assembly action. Amendments shall be implemented by the Dean.

January 1986
Amended October 1996
Amended June 1998
Amended June 2002
Amended May 2008
Amended June 2010
Amended June 2011
Amended June 2012

**UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL
DEPARTMENT OF XXXXX**

7.12 STATEMENT

Statements Required By Section 7.12 of the Board of Regents Policy: *Faculty Tenure*

PART 1. MEDICAL SCHOOL PREAMBLE

I. INTRODUCTORY STATEMENT

This document describes the specific criteria and standards which will be used to evaluate whether candidates from the Medical School meet the general criteria for tenure in Section 7.11 and for promotion to professor in Section 9.2 of the Board of Regents Policy: *Faculty Tenure*. All candidates for promotion and/or tenure in the Medical School are evaluated with the criteria and standards in this preamble. In addition, each department in the Medical School has its own 7.12 Statement (Part II of this document) that further delineates the criteria for promotion and/or tenure within that individual unit. For a complete perspective, the reader is advised to review Sections 7 and 9 in their entirety. Section 7.11 is printed in IV: Criteria for Tenure (see below); Section 9.2 is printed in V.C Promotion to Professor. This preamble contains Criteria and Standards pertaining to:

- A. Appointment
- B. Awarding of indefinite tenure
- C. Promotion from Assistant Professor to Associate Professor and from Associate Professor to Professor
- D. The process for the annual appraisal of probationary and tenured faculty

The criteria, standards, and procedures are applied without regard to race, religion, color, sex, national origin, handicap, age, veteran status or sexual orientation.

The Medical School issues annually to each department, for distribution and information to faculty members, a set of instructions, memoranda, and other documents, giving detailed information on the procedures to be followed in the preparation and consideration of each proposal for tenure and/or promotion in rank. The pertinent documents are identified as exhibits enclosed with a cover memorandum from the Dean.

The Medical School 7.12 and Departmental 7.12 Statements are reviewed and approved by the dean of the Medical School and the senior vice president for academic affairs and provost.

The relevant University documents regarding criteria for tenure and/or promotion and the procedures for implementing these criteria are:

- University of Minnesota Board of Regents Policy: *Faculty Tenure*
- *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure Track and Tenured Faculty*

II. MISSION STATEMENT

Committed to innovation and diversity, the Medical School educates physicians, scientists, and health professionals; generates knowledge and treatments; and cares for patients and communities with compassion and respect.

The Medical School strongly encourages and values interdisciplinary work, including scholarship, public engagement, and teaching, as well as interprofessional collaboration in clinical sciences. Concordant with the position of the National Institutes of Health, the Medical School values Co-Principal Investigators and interdisciplinary collaboration on major funding proposals as well.

III. APPOINTMENT AND ANNUAL APPRAISALS OF PROBATIONARY FACULTY

A. APPOINTMENT

1. Assistant Professor

In the Medical School the entry level rank for faculty is at the Assistant Professor level. The minimal, general criteria for initial appointment at this rank include:

- a. Possession of a terminal degree (MD or equivalent, or Ph.D.)
- b. Board eligibility or certification (if applicable - clinical specialties)
- c. Demonstrated ability in teaching
- d. Demonstrated involvement in high-quality research which has been accepted for publication or is published in peer-reviewed national or international journals.
- e. Documentation of competence in the skills of communication, including effective communication in teaching students and in oral and written presentations of research.

Each department may add specialty-specific criteria for appointment, in their Departmental 7.12 Statement.

2. Associate Professor and Professor

- a. The criteria and standards for appointment at the rank of Associate Professor are those stated for awarding of tenure.
- b. The criteria and standards for appointment at the rank of Professor are those stated for promotion to this rank.

In addition, for clinically active faculty, it is expected that for appointment at the rank of Associate Professor or Professor they will have achieved appropriate Board Certification in the specific field where they are practicing.

3. Secondary Appointments

The appointment home for a faculty member is always in the primary department (the tenure home is the University of Minnesota). Joint and/or secondary appointment requests will be made by the secondary department with the support of the primary department in the form of a request letter(s) signed by both department heads, addressed to the Associate Dean for Faculty Affairs in the Medical School. In the case that the appointment being requested is at the Associate Professor or Professor level, the secondary department may conduct a faculty vote by written ballot, based on the proposed collaborative activity in the secondary department for the faculty member. The results of the vote should be reported at the time of the request for appointment.

B. ANNUAL APPRAISALS OF PROBATIONARY FACULTY

In fulfillment of Sections 7.11 and 7.12 and in accord with Section 7.2 of the Board of Regents Policy: *Faculty Tenure*; “the tenured faculty of each academic unit annually reviews the progress of each probationary faculty member toward satisfaction of the criteria for receiving tenure. The head of the unit prepares a written summary of that review and discusses the candidate’s progress with the candidate, giving a copy of the report to the candidate.”

All tenure-track faculty will undergo an annual review each academic year. An academic year is defined in Section 5.3 in the Board of Regents Policy: *Faculty Tenure*. Annual appraisals in the Medical School and its departments comply with the procedures described in *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. Each department will outline the specific process and criteria for annual appraisals, but at the very least will include a review by the tenured faculty of the department and an annual conference with the Department Head. These procedures are provided for by Sections 16.3, 7.4, and 7.61 of the Board of Regents Policy: *Faculty Tenure*.

The annual review of probationary faculty will be recorded on the *University of Minnesota (UM) Form 12* and will reflect the faculty member's performance relative to the 7.12 Statement. A record of the vote by the tenured faculty for continuation or recommendation for promotion and/or tenure will be included on the *UM Form 12*, if a vote was taken. (This vote on annual reviews is optional). Each department will determine, and so state in their departmental 7.12 Statement, whether or not such a vote will be taken. If such an annual vote is taken in any department, a 2/3 majority of eligible voting faculty is required for continuation of the probationary appointment. A motion for termination also requires a 2/3 majority of eligible voting faculty for action to be taken. A record of the vote, either for continuation or termination, must be included on the *UM Form 12*. If a faculty member has extended his or her probationary period according to Section 5.5 of the Board of Regents Policy: *Faculty Tenure*, this must be noted on the *UM Form 12* during the annual review.

The department head will meet annually with each probationary faculty member to review his/her completed *UM Form 12*. The department head and faculty member will sign the completed *President's Form 12*. The *UM Form 12* is forwarded to the dean for review, comment, and signoff.

The *UM Form 12* is then forwarded to the senior vice president for academic affairs and provost (SVPP) for review, comment, and signoff. A copy is kept in the SVPP Office. The signed *UM Form 12* will be kept in the probationary faculty member's tenure file and will become a part of the dossier.

For faculty members with joint and/or secondary appointments in another Medical School or University Department, annual reviews will be carried out according to the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*. For a candidate who has an appointment in more than one unit, the candidate's offer letter will specify how the candidate will be evaluated annually and at the time of the tenure and/or promotion decision, including which unit's 7.12 statement will be used as the basis for evaluation and which unit's votes of tenured faculty will be counted or reported for the second level of review in the Medical School. The primary unit will receive input from the secondary unit on performance of responsibilities specific to that unit prior to each annual review and decision on promotion and tenure.

IV. CRITERIA FOR TENURE

Section 7.11 of the Board of Regents Policy: *Faculty Tenure* states:

7.11 General Criteria. *What the University of Minnesota seeks above all in its faculty members is intellectual distinction and academic integrity. The basis for awarding indefinite tenure to the candidates possessing these qualities is the determination that each*

has established and is likely to continue to develop a distinguished record of academic achievement that is the foundation for a national or international reputation or both [FN 2]. This determination is reached through a qualitative evaluation of the candidate's record of scholarly research or other creative work, teaching, and service [FN 3]. The relative importance of these criteria may vary in different academic units, but each of the criteria must be considered in every decision [FN 4]. Demonstrated scholarly or other creative achievement and teaching effectiveness must be given primary emphasis; service alone cannot qualify the candidate for tenure. Interdisciplinary work, public engagement, international activities and initiatives, attention to questions of diversity, technology transfer, and other special kinds of professional activity by the candidate should be considered when applicable. The awarding of indefinite tenure presupposes that the candidate's record shows strong promise of his or her achieving promotion to professor.

[FN 2] "Academic achievement" includes teaching as well as scholarly research and other creative work. The definition and relative weight of the factors may vary with the mission of the individual campus.

[FN 3] The persons responsible and the process for making this determination are described in subsections 7.3 through 7.6.

"Scholarly research" must include significant publications and, as appropriate, the development and dissemination by other means of new knowledge, technology, or scientific procedures resulting in innovative products, practices, and ideas of significance and value to society.

"Other creative work" refers to all forms of creative production across a wide range of disciplines, including, but not limited to, visual and performing arts, design, architecture of structures and environments, writing, media, and other modes of expression.

"Teaching" is not limited to classroom instruction. It includes extension and outreach education, and other forms of communicating knowledge to both registered University students and persons in the extended community, as well as supervising, mentoring, and advising students.

"Service" may be professional or institutional. Professional service, based on one's academic expertise, is that provided to the profession, to the University, or to the local, state, national, or international community. Institutional service may be administrative, committee, and related contributions to one's department or college, or the University. All faculty members are expected to engage in service activities, but only modest institutional service should be expected of probationary faculty.

[FN 4] Indefinite tenure may be granted at any time the candidate has satisfied the requirements. A probationary appointment must be terminated when the appointee fails to satisfy the criteria in the last year of probationary service and may be terminated earlier if the appointee is not making satisfactory progress within that period toward meeting the criteria.

A recommendation for tenure is made when an eligible faculty member has fulfilled the General Criteria for tenure, as stated in Section 7.11, and the standards stated by the Medical School and the department. Candidates must be evaluated for tenure during their mandatory decision year at the latest. The mandatory decision year occurs during the sixth probationary year for tenure-track faculty in the basic science departments, and in the ninth year for tenure-track faculty in clinical departments.

When distinction in research has greater weight in the decision to award tenure, the candidate must also show, at a minimum, evidence of competence in teaching. When distinction in

teaching has the greater weight in the decision to award tenure, the candidate must also show, at a minimum, evidence of competence in research. Distinction in research requires documented evidence of high-level, independent scholarly effort. Distinction in teaching requires documented evidence of innovation and effectiveness in teaching, which have attracted national recognition.

Probationary faculty can extend their maximum period of probationary service, by one year for each occurrence of circumstances as described in Section 5.5 of the Board of Regents Policy: *Faculty Tenure*. In the case of childbirth, adoption, or foster placement of a child, a probationary faculty member must notify the department head, the dean of the Medical School and the senior vice president for academic affairs and provost of this circumstance using University of Minnesota Form UM 1764 and the extension of the probationary period is automatic. In the case of caregiver responsibilities or personal illness or injury, the probationary faculty member must receive the approval of the senior vice president for academic affairs and provost using University of Minnesota Form UM 1765. No probationary period may be extended for more than three years. (See the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* for more details.)

A. TEACHING

Distinction in teaching for the granting of tenure must include scholarly work in education. Evidence of the generation of new methods of pedagogy with national recognition by peers (AAMC, ACE) and impact on educational programs nationally is required. Activities may occur in a variety of educational settings and formats, including: didactic presentations, lectures, seminars, conferences, tutorials, laboratories, case discussions, grand rounds, hospital and clinic rounds, patient care, surgical and other procedures, and continuing education. Competence in teaching requires participation in appropriate courses with satisfactory learner evaluations.

Assessment of distinction in teaching and advising students is based upon:

1. Innovative contributions to the field of medical education which have been adopted for use by other institutions and are recognized by peers as scholarly contributions.
2. Review of course(s) taught, directed, or developed; a list of students and degree candidates for whom the faculty member has served as academic adviser.
3. Evidence of teaching excellence at the undergraduate, graduate, and/or post-doctoral levels, evaluated by the written statements and/or compiled ratings of students.
4. Written statements by the Head of the Department, academic peers, and others familiar with the candidate's performance in teaching and educational scholarship.
5. Accumulation of above forms of evidence on teaching competence and excellence over a sustained period of time.

Assessment of competence in teaching is based upon:

1. Learner and/or peer evaluations.

B. RESEARCH/SCHOLARSHIP

Assessment of distinction in research is based upon the following:

1. A review of the candidate's scientific publications, particularly those in national or international peer-reviewed journals. Evidence is sought that the work is scholarly, creative, and of high quality and significance, whether focused on laboratory endeavors, clinical investigations, or analysis or synthesis of clinical observations and experience.

2. Independence of research accomplishments or significant contribution to interdisciplinary or collaborative research. Evidence of independence or significant contribution to interdisciplinary or collaborative research may include:
 - a. Naming of the candidate as the first or senior author on multi-authored journal articles and/or documentation of major, substantial contributions by the candidate to the collaborative project and publication.
 - b. Statements of peer evaluators on the creativity and significance of the candidate's contributions to a collaborative research project and/or to multi-authored publications.
 - c. Identification of the candidate as the principal investigator or a major collaborator on peer-reviewed, funded research grants or contracts
 - d. Invitations/nominations to serve on study sections, national policy boards, editorial boards, etc.
3. External research funding from federal and other national granting agencies which sponsor programs in biomedical and other scientific research subject to peer review.
4. Significant original contributions based on clinical observations resulting in new therapies or techniques which impact the practice of medicine.

Assessment of competence in research is based upon:

1. Evidence of significant discipline-related publications, including reports of clinical investigations, identification through case reports of new syndromes or treatments, and descriptions of new techniques.
2. Participation in invited scientific and clinical symposia, meetings and lectures.
3. Letters from authorities in the candidate's clinical discipline assessing his/her contributions to the discipline.

C. CLINICAL SERVICE (if applicable)

Clinical Service expectations in decisions for tenure and promotion to Associate Professor include enjoying an excellent reputation inside and outside the Twin Cities area as an authority in a clinical specialty, as demonstrated by patient referrals from outside the area, invited visiting lectureships, and memberships in professional societies.

D. SERVICE

In the Medical School service contributions are an integral part of the academic unit. Such service can be used to demonstrate an additional area of strength for the recommendation of tenure. Examples of service contributions include:

1. Participation in discipline-specific regional and national organizations.
2. Service to the Department, School, or University on governance-related or policy making committees.
3. Service to the community, State, and public engagement.

V. CRITERIA AND STANDARDS FOR PROMOTION IN FACULTY RANK

A. ASSISTANT PROFESSOR

In the Medical School, the entry level rank for faculty is at the Assistant Professor level. It is therefore anticipated that there will be no promotions to this rank.

B. TO ASSOCIATE PROFESSOR

The general criteria and standards for promotion to the rank of Associate Professor are those stated for consideration of tenure (see IV above).

In addition, for clinically active faculty, it is expected that they will have achieved appropriate Board Certification in the specific field where they are practicing.

A recommendation for promotion to Associate Professor is made when an eligible faculty member has fulfilled the general criteria applicable to tenure, as stated in Section 7.11, and the specific criteria and standards for promotion to Associate Professor as stated by the Medical School and the Department. It is also an expectation of the University and the Medical School that all faculty promoted to associate professor with tenure are on a trajectory that will result in them achieving the rank of full Professor.

C. TO PROFESSOR

A recommendation for promotion to Professor is based on criteria set by the Medical School and the Department in accord with Section 9.2 of the Board of Regents Policy: *Faculty Tenure*

9.2 Criteria for Promotion to Professor. *The basis for promotion to the rank of professor is the determination that each candidate has (1) demonstrated the intellectual distinction and academic integrity expected of all faculty members, (2) added substantially to an already distinguished record of academic achievement, and (3) established the national or international reputation (or both) ordinarily resulting from such distinction and achievement [FN 7]. This determination is reached through a qualitative evaluation of the candidate's record of scholarly research or other creative work, teaching, and service [FN 8]. The relative importance of these criteria may vary in different academic units, but each of the criteria must be considered in every decision. Interdisciplinary work, public engagement, international activities and initiatives, attention to questions of diversity, technology transfer, and other special kinds of professional activity by the candidate should be considered when applicable. But the primary emphasis must be on demonstrated scholarly or other creative achievement and on teaching effectiveness, and service alone cannot qualify the candidate for promotion.*

[FN 7] "Academic achievement" includes teaching as well as scholarly research and other creative work. The definition and relative weight of the factors may vary with the mission of the individual campus. Not being promoted to the rank of professor will not in itself result in special post-tenure review of a tenured associate professor.

[FN 8] The persons responsible for this determination are the full professors in the unit who are eligible to vote. The outcome of the vote is either promotion to the rank of professor or continuation in rank as an associate professor. The procedures for voting are identical to those outlined in Section 7.4 for the granting of indefinite tenure, the nondisclosure of grounds for the decision (Section 7.5), and the review of recommendations (Section 7.6). In addition, a petition to the Judicial Committee for review of a recommendation of continuation in rank as an associate professor follows the procedures specified in Section 7.7 for decisions about promotion to associate professor and conferral of indefinite tenure.

Promotion to Professor is not based on time in rank, but on an increasing record of accomplishments. During the period as an Associate Professor, the candidate will have continued to develop his or her already distinguished record in teaching, research, and service and added substantially to the record that was the basis for the promotion to the

rank of Associate Professor. The candidate must have achieved a national and international reputation in her or his area of expertise and be recognized as a leader and a mentor.

The proposal of a candidate for Professor will present evidence of additional significant academic, scientific, scholarly, and professional achievements such as:

1. The establishment of a training program for pre- and/or post-doctoral fellows in a specific discipline.
2. Election to prestigious scientific and/or professional organizations which recognize excellence and significant academic contributions.
3. Letters from authorities attesting to the candidate's acknowledged national or international reputation and recognition of leadership in his/her field; letters from prominent senior faculty members at other universities assessing the candidate's qualifications for promotion to the rank of Professor.
4. Nationally recognized leadership roles in the profession or the institution.
5. Evidence of effective mentoring of junior faculty, fellows, and M.D. and Ph.D. trainees.
6. Creating and sustaining a culture that fosters diversity.
7. Ongoing record of peer-reviewed publications.
8. Ongoing record of funding for research or scholarship (if applicable).
9. Ongoing excellence in clinical activity (if applicable).

VI. ANNUAL REVIEW OF TENURED FACULTY

In accordance with Section 7a of the Board of Regents Policy: *Faculty Tenure* and the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*, each Medical School department will annually conduct a review of each tenured faculty member. The specific Departmental process for annual review and review criteria (i.e. the goals and expectations for continued performance by tenured faculty) will be described in the Departmental 7.12 Statement Part 2.

The Medical School procedures for annual review of tenured faculty are provided in Part 3 of the document (Annual Review of Tenured Faculty).

VII. VOTING PROCEDURES

- A. Promotion and tenure decisions in the Medical School require a positive vote by two-thirds of all eligible voting faculty members on the question to recommend affirmatively for promotion and/or tenure.
- B. Decisions to terminate the contract of a probationary faculty member also require a vote by two-thirds of all eligible voting faculty members in support of the motion to terminate the appointment.
- C. Tenured faculty are eligible to vote on the awarding of tenure to probationary faculty. Tenured faculty holding appropriate rank are eligible to vote on recommendations for promotion of candidates.

VIII. PROCESS FOR UPDATING THIS 7.12 STATEMENT

The Medical School will review its 7.12 Statement Preamble at least every five years, or more frequently as needed. Revisions will be made by the Associate Dean for Faculty Affairs. The revisions will be presented to the Faculty Advisory Council. All Medical School tenured and tenure-track faculty will be invited to review and give input on the statement, and approval will be obtained through a majority vote of the tenured and tenure-track faculty, in conjunction with approval of their departmental criteria, with the approval date noted on the document.

History of Revisions (approved by vote of the Faculty):

Original Document: Date unknown

Revision: April 15, 1993

Revision: July 2, 2009

Approved by Senior Vice President for Academic Affairs and Provost: May 2, 2012

**UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL**

PART 3. ANNUAL REVIEW OF TENURED FACULTY

I. ANNUAL REVIEW

All tenured faculty must undergo an annual review each year. This process is key in allowing the faculty member and the department to assess individual progress. It also helps to protect the faculty member, the department, and the School, in case of any misunderstanding or conflict that may arise. For any questions about this process, please call the Office of Faculty Affairs and/or the Vice Provost for Faculty and Academic Affairs.

- A. During the spring of each academic year, all department heads will schedule an annual review conference with each tenured faculty member. This responsibility may be delegated to Division Chiefs, Departmental Review Committee, Center Directors or other designee. All reviews must receive final approval and signature from the Department Head.
- B. Prior to this conference the individual faculty member will provide the requisite information, as well as an updated curriculum vitae, following the department's annual review reporting format.
- C. Annual reviews may be carried out in the format preferred by each department but must, at a minimum, be compliant with the rules detailed in the Board of Regents Policy: *Faculty Tenure*, Section 7a, and the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty*.
- D. The annual review documentation should include:
 - 1. Accomplishments of the previous year, particularly in relation to goals set for the year.
 - 2. Detailed accomplishments in each domain relevant to the faculty member (as applicable: teaching, research and/or scholarship, service, and clinical activity (if applicable)):
 - a. Evaluation of quality and quantity of teaching, attitude towards learners, knowledge of subject matter, and specific contributions to continuing education.
 - b. Evaluation of research and/or scholarly activity including current projects, grants applied for or funded, publications, and papers presented or submitted.
 - c. Evaluation of service.
 - d. Evaluation of clinical activity (when applicable), including volume of patients served, breadth of referrals, incorporation of patient care into teaching program, activity in local and national professional organizations.
 - 3. Percentage of effort in each domain, to be updated annually.
 - 4. Agreed upon goals for the upcoming year.
 - 5. Plans for subsequent years with specific recognition of outstanding accomplishments and plans to maintain high performance level.
- E. The Annual Review conference should emphasize frank discussion concerning the faculty member's past and present performance in given areas of responsibility, noting progress in achieving previously established goals and objectives. In particular, it is important to frame the evaluation in the context of the proposed distribution of responsibilities in the four domains of Teaching, Research/Scholarship, Service, and Clinical Activity (if applicable). If the faculty member is working towards promotion, the Department Head and the faculty member should ensure that year-by-year progress, consistent with the Departmental 7.12 Statement, has been

appropriate to date and specific goals for the coming year should be agreed upon.

Pursuant to the *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure Track and Tenured Faculty*, each department's tenured faculty shall review their tenured associate professors at a minimum of every four years regarding their progress toward achieving the rank of professor. This review is based upon the criteria for promotion to professor in the department 7.12 statement. This four-year progress review can be part of the annual review process.

- F. Following the Annual Review conference, the Department Head or designee will complete the Medical School Annual Review Form, summarizing the conference and stating the agreed upon goals for the upcoming year. The Medical School Annual Review Form must be signed by the faculty member, the evaluator (if applicable), and the Department Head.

- G. For faculty members who have met the goals and expectations for tenured faculty for the department, according to the department 7.12 statement, the signed Medical School Annual Review Form is sent to office of Associate Dean for Faculty Affairs who signs on behalf of the Dean. The review form will be handled confidentially by the Dean and the Associate Dean and will assist them in supporting recommendations for promotion, special recognition, or salary adjustments.

- H. If the department head or designee finds that the tenured faculty member's performance is below that of the goals and expectations of the department as specified in the 7.12 statement, then the case is referred to a committee of elected, tenured faculty members in the department. If that committee concurs with the judgment of the department head, then both the department head and the committee formulate a detailed written Faculty Improvement Plan for the faculty member. The letter from the department head and the elected committee must identify the ending date for the period of performance improvement and must request that the faculty member provide a report at that time describing his or her progress towards meeting the goals and expectations of the department.

The department head and the committee chair should make reasonable efforts to meet with the faculty member to discuss the plan for meeting the goals and expectations of the unit. The faculty member may request modification of the plan from the department head and the committee but may not at this stage file a complaint with the Senate Judicial Committee.

At the end of the time period specified for performance improvement, the faculty member under review must provide a report describing his or her progress toward meeting the goals and expectations of the department. The department head and the elected committee of tenured faculty will then review the progress that the faculty member has made regarding the recommendations as specified in the report from the faculty member.

This process above may be repeated for a second year if the faculty member has failed to complete the initial plan.

II. SPECIAL PEER REVIEW

A. Initiation

In compliance with Section 7a.3 of the Board of Regents Policy: *Faculty Tenure*, a Special Peer Review may be requested by the department head and the departmental review committee of elected, tenured faculty members following the unsuccessful completion of a Faculty Improvement Plan as described in Section A.8 above.

B. The Medical School Dean will be notified and asked to initiate a Special Review. The Dean must first review the file independently to determine that the faculty member falls below the department's goals and expectations and has not successfully completed the Faculty Improvement Plan. S/he determines that special peer review is warranted.

C. The *Procedures for Reviewing Candidates for Tenure and/or Promotion: Tenure-Track and Tenured Faculty* describe details of the process for the special peer review. Some of these are highlighted below but the reader is referred to the *Procedures* and the *Faculty Tenure* policy for a complete perspective. All of the steps in the *Procedures* and subsection 7a.3 of the *Faculty Tenure* policy must be followed even if they are not described in this document.

D. Review Panel

A Special Review Panel composed of tenured members at the same rank or above the rank of the faculty member under review:

1. Members are elected independently for each Special Review, by the tenured faculty of the department.
2. Members (5) include:
 1. 1 member appointed by the faculty member being reviewed.
 2. 4 members elected from a slate of candidates nominated by department head and the tenured faculty.
3. Members may be in the department or outside, if appropriate – case by case. If the faculty member has a secondary appointment in another department, that department should be represented on the committee.
4. Members should not be the same as any previous review committee for that faculty member

E. Special Review materials include:

1. Department head and previous Review Committee statement(s) requesting Special Review.
2. Annual review with goals and effort distribution (at least 5 years if available).
3. Previous recommendations for faculty development and outcomes (Performance Improvement Plans).
4. Personal statement by the faculty member.
5. Current annotated curriculum vitae.
6. Teaching evaluations.
7. Reprints.
8. Supporting documentation, including, but not limited to, letters of acceptance for articles in press, and acknowledgement by journal or funding agency of manuscript or proposal receipt.
9. Any other relevant documentation.

F. Review Criteria and Methodology

1. The main focuses of the Special Review are the area(s) of deficiency identified in previous review(s).
2. Due process procedures, as defined in University documents, will be applied to address disagreements at different levels of the review and to offer protection for academic freedom.
3. Faculty members undergoing review may examine any material in their file at any time in the review process
4. Faculty member's performance will be evaluated as either:
 - a. Satisfactory: meeting department and/or Medical School goals and expectations for tenured faculty members.
 - b. Unsatisfactory: not meeting department and/or Medical School goals and expectations for tenured faculty members.
5. The actions that the Panel may recommend, listed in section 7a.3 of the Board of Regents Policy: *Faculty Tenure*, include:
 - a. Terminate review if the Panel finds that the faculty member's performance meets the goals and expectations of the department.
 - b. Alter allocation of effort if the Panel determines that the faculty member's strengths are not being fully utilized: it might suggest that the allocation of effort between teaching, research, and service be altered so as to maximize the faculty member's contributions to the University.
 - c. Suggested improvements: if the faculty member's performance is likely to be improved by specific steps, and that process can adequately be monitored by further regular Annual Reviews, the Panel may suggest that those steps be taken and remit the case to the Annual Review process.
 - d. Salary reduction if the faculty member's performance has declined in such a way as no longer to warrant the base salary that is attached to the position, the Panel may recommend a reduction in base salary of up to 10% (see Board of Regents Policy: *Tenure Faculty* for complete details).
 - e. Dismissal: if the faculty member's performance has fallen below the standard of the Board of Regents Policy: *Faculty Tenure* Section 10.21(a), "sustained refusal or failure to perform reasonably assigned duties adequately," the Panel can recommend the commencement of proceedings for termination of appointment, or involuntary leave of absence (see details below).
 - f. The Panel may also recommend a combination of these measures.
6. The recommendations of the Panel will be implemented by the Department, the Dean's Office or other administrative body, as appropriate, depending on the specific recommendation.