

Minutes
University of Minnesota Medical School
Faculty Assembly/Celebration of Faculty
May 26, 2009

A meeting of the University of Minnesota Medical School Faculty Assembly was held on Tuesday, May 26 2008 at 4:30 p.m. in the Mayo Auditorium, via ITV to 165 School of Medicine, Duluth. Dr. Roberta Sonnino, Associate Dean for Faculty Affairs, presided.

Welcome and Call to Order

Dr. Roberta Sonnino, Associate Dean for Faculty Affairs, called the meeting to order at 4:30 p.m.

Medical School Committee Report Q&A

Dr. Roberta Sonnino notified the Assembly that committee leaders were asked to submit written reports this year rather than give live presentations. These written reports were submitted for the Admissions Committees (Duluth and Twin Cities), the Committees on Student Scholastic Standing (Duluth and Twin Cities) and the Education Council. Their reports (attached) were emailed to all faculty on May 19, 2009. Dr. Sonnino then introduced Dr. Carol Lange, Chair of the Medical School Faculty Advisory Council (FAC).

Dr. Lange informed the Assembly that the FAC took on a number of issues this year, including discussions about the Medical School budget, meeting with IACUC leadership, meeting with University and AHC leadership regarding the Medical School leadership transition, Conflict of Interest discussion, and meeting with the Chair of the Academic Health Center Faculty Consultative Committee. Dr. Lange then asked if the audience had questions for her regarding the FAC activities, or questions for any of the Chairs of the other Medical School Committees that provided reports.

Dr. Susan Berry asked Dr. Lange to explain how appointments are made to these various Medical School Committees. Dr. Lange and Dr. Sonnino explained that Committee appointments are made by the Medical School FAC. The FAC solicits nominations from all of the faculty, for either self or peer nominations. The FAC then votes on a ballot of these nominees.

2008 PULSE Survey

Dr. Sonnino presented a brief overview of the results of the 2008 University Faculty PULSE Survey. In the Medical School there was a 26% completion rate, with an overall satisfaction of 4.09 (UMN Mean = 4.02). While the Medical School ranked fairly low on satisfaction with pay raises and work-family conflict, it ranked among the highest for satisfaction with coworkers. Dr. Sonnino asked the Assembly to consider how can we make progress in the areas of weakness; how can we value faculty and staff during these tough economic times; and does this require a culture change or just a bit more attention? Additionally, since the PULSE Survey is done every two years, she asked the Assembly to consider how we can encourage better faculty participation in 2010 as well as considering additional questions that might make the PULSE Survey more helpful to us next time.

Dr. Marshall Hertz asked Dr. Sonnino to look into the issue of faculty who work nights and weekends, but do not get credit for that work time. This is a particular issue for clinical faculty who take night and weekend call. With the recent push by Central Human Resources to account more closely of faculty vacation use and hours, why are faculty being charged vacation time during the week if they have worked weekend or night hours? If faculty are being asked to account for all hours, why can't they receive credit for those additional hours worked?

Dr. Sonnino agreed to look into this issue, particularly as it relates to charges of vacation time. Leadership from the FAC also noted this concern and agreed to take it to the FAC for consideration.

Voting Rights for Clinical Scholars

Dr. David Ingbar, 2009-2010 Chair of the FAC, discussed the issue of Clinical Scholar voting rights. Dating back to at least the 1980s, the Medical School has held a special waiver from the University that allowed the Clinical Scholar faculty to participate in voting for promotions for faculty, including tenure track faculty. In 2007, when the *Board of Regents Policy on Faculty Tenure* and the *Procedures for Reviewing the Performance of Probationary Faculty* documents were revised, the previous waiver was then considered nullified by the University. This was conveyed to the Medical School in October of 2008, and immediate changes were made to the current P&T Cycle to ensure compliance.

The Medical School must seek a new waiver with the University to ensure that our Clinical Scholar faculty are allowed these voting rights. Many in the Assembly felt that the Medical School is often misunderstood within Central Administration with regards to the roles of our various faculty types. The Medical School chooses to treat all faculty equally, as all of the various faculty types are needed to fulfill the mission of the School. Dr. Ingbar stated that the Medical School FAC is making this a top priority item for the coming year and hopes to accomplish a new waiver moving forward.

Dr. Peter Bitterman asked if other schools that have large numbers of affiliate faculty have the same waiver, such as the Law School. While the exact numbers of affiliate faculty in the Law School were unavailable at this time, it was believed amongst the Assembly that only the Medical School has ever received such a waiver.

Recognition of Faculty

Dr. Sonnino acknowledged the following leaders of Medical School Committees and thanked them for their service:

- Aaron Friedman, Chair of the Education Council
- Janet Fitzakerley, Chair of the Duluth Admissions Committee
- Kent Crossley and Karen Wahmanholm, Chairs of the Twin Cities Admissions Committee
- Richard Hoffman, Chair of the Student Standing Committee (Duluth)
- Sheila Specker, Chair of the Committee on Student Scholastic Standing (Twin Cities)

Dr. Sonnino and Dean Powell thanked Dr. Carol Lange for her service as Chair of the FAC, and presented her with a small gift for her service.

Faculty who were promoted and/or received tenure in 2009 were acknowledged and given a small gift in honor of their achievement. A complete list of names is attached.

Faculty who received MMF and University Teaching awards (on the Twin Cities and Duluth Campuses) in 2009 were acknowledged and given a small gift in honor of their achievement. A complete list of names is attached.

Elizabeth Seaquist, M.D., received the first annual Carol J. Bland Distinguished Faculty Mentor Award. Carol Bland, Ph.D., was Assistant Dean for Faculty Development in the Medical School. This award has been created to honor her memory and service to the Medical School.

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

Education Council Report to the Faculty Assembly
2008-2009 Academic Year

Membership:

Aaron Friedman, M.D., Head, Department of Pediatrics, was appointed Education Council Chair by Dean Deborah Powell in July 2008, succeeding Jonathan Ravdin, M.D. Dr. Ravdin chaired the Council from July of 2004 until spring of 2008 when he left the University to become Dean of the Medical College of Wisconsin. Lindsey Henson, M.D., Ph.D., Vice Dean for Education, became an *ex officio* member when she joined the Dean's Office in April 2008. A list of the 2008-2009 Council members is attached to this report.

MED 2010:

A major focus of work by the Education Council in 2008-2009 related to reviewing principles, curricular governance, and models for assessment of student performance, curriculum and other aspects of the MED 2010 program, the initiative launched by Dean Deborah Powell in 2004-2005 to transform medical education at the University of Minnesota. A new curriculum governance model, which includes the Education Steering Committee (a subcommittee of the Council charged with implementing and managing the curriculum according to policies approved by the Council) and a new Student Assessment Committee (charged with oversight of student competency assessments) was presented and discussed at the final meeting of the 2007-2008 academic year and established in January 2009.

At the July 2008 meeting, a timeline for all aspects of MED 2010 and a PowerPoint summarizing work to date were presented by Vice Dean Henson. Associate Dean Linda Perkowski presented plans for new methods of assessing student performance. At the August meeting, a draft set of guiding principles for development of MED 2010, derived from work of the faculty since 2005, was presented and discussed. A final version of the Principles was unanimously approved by the Council at the September meeting. The October meeting was devoted to a debriefing of the October 14th MED 2010 Summit, a half-day retreat that involved ~150 faculty, students and staff in a review of possible models for the new program.

At the November meeting, the Council unanimously approved a draft calendar for MED 2010 for the Twin Cities campus, with the understanding that further retreats and faculty input might modify the final structure. Meetings in November, December and January provided updates and discussion of work during a series of half-day Clinical Competency and Curriculum retreats. At the February meeting, a detailed proposal requested by the AHC for approval of the MED 2010 program was described by Vice Dean Henson, who referred Council members to the full proposal posted at www.meded.umn.edu/med2010/program_proposal. All aspects of the program that were approved by the Education Council are included in this document.

Dean Powell attended the March meeting and discussed timelines for MED 2010 in relation to the LCME accreditation in 2011-2012 and the University of Minnesota process of approval. Review/recommendation/approval by the AHC Academic Council, Senior Vice President for

Health Sciences, Senior Vice President for Academic Affairs and Provost and the Board of Regents is required for moving forward with MED 2010 on the planned timeline (a launch of the new curriculum on both campuses in fall 2010). She concluded that the MED 2010 program in its entirety was not achievable in 2010 or 2011, given the approval timeline and other constraints. She discussed LCME accreditation standards that would be addressed by many of the MED 2010 plans and described the need for a computerized curriculum management and mapping system to help prepare for the LCME site visit. The Council unanimously endorsed her request to the AHC for funding for this type of software. At the April and May meetings the focus of the Council's work shifted to review of LCME standards and discussion of which aspects of MED 2010 must be implemented to improve the program and address LCME issues. Revised Educational Program Principles for the University of Minnesota Medical School to guide work of the various committees and faculty going forward was approved (see attached).

Other New Policies:

A "Compact for Teaching and Learning" (<http://www.meded.umn.edu/med2010/resources/compact.php>) which guides behaviors of students, faculty and administrative staff to create a challenging and respectful learning environment was formally endorsed by the Council. (July, 2008)

The calendar for the Duluth New Dr. (New Duluth Rural) Curriculum was approved with expectation that the 1st year of the revised curriculum will begin with the entering class of 2010, with the 2nd year implemented in 2011-2012. (December, 2008)

A Committee on Educational Scholarship and Data Use and implementation of an oversight process for use of student, curriculum and faculty teaching data for educational scholarship was approved. The goal is to assist faculty in producing high quality educational scholarship and to centralize and manage such data within the Office of Medical Education to ensure appropriate confidentiality of sensitive data. (January 2009).

Appointment of an Elective Review Subcommittee and a Policy for Approval and Evaluation of Elective Courses were approved, with the goal of improving the quality and consistency of grading and other aspects of elective courses in years 3 and 4. Students are currently required to complete at least 20 credits (weeks) of elective clinical courses and there has not been a process for systematic oversight of these courses (January, 2009).

The Medical School will implement a more thorough and comprehensive approach to course, clerkship and program evaluations starting in fall 2009 on both campuses. An Evaluation Task Force to create standards and practices for the new process was appointed and will report on its progress to the Council in May 2009. (February 2009)

All 4th students who have not taken and passed the Primary Care Clerkship (PCC) by the end of academic year 2008-2009 are required to take the new institutional Clinical Competency Assessment (CCA), an integrated OSCE not linked to a specific clerkship that will be offered twice each year to 3rd and 4th year students starting in fall 2009. This examination will evolve into one of the Milestone examination in the revised curriculum starting in 2010-2011 and will be required of all students. The change for the class of 2010 reflects the transformation of the 8-

week PCC to two 4-week clerkships – one in Family Medicine and one in Primary Care with a special focus on learning about systems and process of care. (March, 2009)

Residency Match:

Outcome of the match for University of Minnesota students and residency programs was presented and discussed at the April meeting by Associate Dean Kathleen Watson, who also described our revised process for preparing the Medical Student Performance Evaluation (MSPE or “Dean’s letter”) and for counseling students about match choices. Overall the match was highly successful, with a smaller number of students unmatched than in the past and only three positions unfilled in our residency programs. Full details of the match results can be found at <http://www.meded.umn.edu/students/residency/match/>.

Note: Minutes of Education Council meetings including all attachments can be obtained by contacting Sue Mowbray at smowbray@umn.edu.

05/19/09

Educational Program Principles for the University of Minnesota Medical School

1. Student progression will be determined by achievement of competency in all domains.
 - Students will be required to pass their specific courses, summative institutional competency assessments, and national licensing examinations.
 - Assessments will use a variety of methods and be designed to encourage retention and integration of previous material and integration across domains of competence. Assessments will reward students for the professional habit of reflective practice – the ability to recognize strengths and identify and effectively remediate weaknesses.
 - Students will monitor progress with the guidance of their advisors, using summative assessments, formative feedback, self assessments, their reflections, and learning portfolios.
2. Every student will have a faculty advisor throughout the program. Advisors will know their students' unique backgrounds, abilities and interests, monitor their achievement of competencies including remediation if needed, and help them succeed.
3. The curriculum will provide flexibility, allowing time for students to engage in experiences that address special skills or interests such as research, international health, or additional degrees. Students will be supported to explore career options from the beginning of medical school.
4. Science will be featured prominently throughout the program.
 - Students will develop the ability to think critically, to access, manage, and evaluate medical scientific knowledge and information, and to apply it to patient care.
 - Clinical problems and experiences will be used as a basis for exploration and synthesis of the scientific foundations of medicine.
5. There will be a systematic approach to progressive development of clinical skills and reasoning and the practice of culturally competent patient- and family-centered care from the beginning of medical school through graduation.
6. Students will learn about different systems, models, and settings of health care through experiences that include care of patients and populations.
7. The curriculum will employ a variety of teaching methods and encourage faculty and students to be partners in active, experiential learning.
8. The learning environment will be characterized by professionalism, including honesty, integrity, collegiality, respectful interactions, inquisitiveness, and humility.
9. Effectiveness and outcomes of the program will be monitored systematically, with timely feedback to key stakeholders including faculty and students, to ensure ongoing quality improvement.
10. Faculty development, resources to assist in developing and implementing the program, and faculty recognition and promotion will be aligned with program goals.

EDUCATION COUNCIL: Members 2008 – 2009

Title	Name
Chair ✓	Aaron Friedman, M.D., Professor and Head, Pediatrics*
<u>Voting members:</u>	
President, Clinical Sciences Council	Macaran Baird, M.D., Professor and Head, Family Medicine/Community Health*
President, Basic Sciences Council	Tim Ebner, M.D., Ph.D., Professor and Head, Neuroscience*
Clinical Head 11	Wesley Miller, M.D., Professor and Head, Medicine*
Clinical Head 09	Maria Hordinsky, M.D., Professor and Head, Dermatology
Clinical Head 10	David C. Anderson, M.D., Professor and Head, Neurology
Basic Science Head 10	Doug Wangensteen, Ph.D., Professor, Physiology
Duluth Faculty Representative	Jeffrey Adams, M.D., Director, Family Medicine – Duluth
Duluth Faculty Representative	
Duluth Faculty Representative	Rick Hoffman, Ph.D., Associate Dean for Medical Education/Curriculum-Duluth*
Duluth Faculty Representative	Alan Johns, M.D., Associate Professor of Family Medicine - Duluth
GMEC Residency Program Faculty 10	Brad Benson, M.D., Medicine – Associate Professor of Pediatrics
GMEC Resident Representative 09	Lori Ryan, M.D., Medical Resident, Laboratory Medicine & Pathology
Faculty Assembly Member 11	Anne Minenko, M.D., Assistant Professor of Medicine
Faculty Assembly Member 09	James Nixon, M.D., Associate Professor of Medicine
Faculty Assembly Member 10	Timothy F. Walseth, Ph.D., Professor of Pharmacology
Curriculum Committee Rep 11	Sharon Allen, M.D., Professor, Family Medicine/Community Health
Curriculum Committee Rep 09	James Nixon, M.D., Associate Professor of Medicine
Curriculum Committee Rep 10	David Power, M.D., Associate Professor, Family Medicine/Community Health
Year 1 Student Rep 09	Saydi Chahla
Year 2 Student Rep 09	Remy Wong
Year 3 Student Rep 09	John Jochman
Year 4 Student Rep 09	Brian Johns
Duluth Preclinical Student Rep 09	Liz Hansen
Year 3 Duluth Clinical Student Rep 09	Jennifer Sauter
<u>Non-voting:</u>	
Vice Dean, Medical Education	Lindsey Henson, M.D., Ph.D., Professor, Anesthesiology*
Associate Dean, Curriculum and Evaluation	Linda Perkowski, Ph.D., Associate Professor, Family Medicine/Community Health*
Assoc. Dean, Students & Student Learning	Kathleen Watson, M.D., Associate Professor, Medicine*
Associate Dean	Robert McCollister, M.D., Professor, Medicine
Associate Dean, Graduate Medical Education	Louis Ling, M.D., Professor, Emergency Medicine
Associate Dean, Primary Care	Kathleen Brooks, M.D., Assistant Professor, Family Medicine/Community Health
Associate Dean, Faculty Affairs	Roberta Sonnino, M.D., Professor, Surgery
AHC Assistant Vice President-Education	Barbara Brandt, Ph.D.
AHC, Director, Med School Communications	Allison Campbell Jensen
AHC, Director, IERC	Jane Miller, Ph.D.
AHC, Allied Health Program	Michael LuBrant, M.A., Director, Program of Mortuary Science
Affiliate Organization Rep✓ CH & C	OPEN Position to be appointed by Dean Powell
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
Co-Chair, Curriculum Committee-TC	Cullen Hegarty, M.D., Clerkship Director, Emergency Medicine Clerkship
Co-Chair, Curriculum Committee-TC	Catherine Niewoehner, M.D., Course Director, Endocrinology/Reproduction
Director, Clinical Education	Ted Thompson, M.D., Professor, Pediatrics*
Duluth, Assoc. Dean, Admissions/Student Affs	Lillian Repesh, Ph.D., Associate Professor, Anatomy
TC, Associate Dean, Admissions	Paul White, J.D.
Director, Advanced Technology	Mark Kondrak, M.S.
Representative, Biomedical Library	Jim Beattie, M.L.I.S., Assoc. Director, Liaison, Education, Interdisciplinary Services
Student Council President 10	Charles Beddingfield, MS-4

✓ Appointed by the Dean *member of the Education Council Planning Committee



Admissions 2008-2009 Duluth Program

UNIVERSITY OF MINNESOTA

Medical School

DULUTH CAMPUS

Mission of the Medical School Duluth

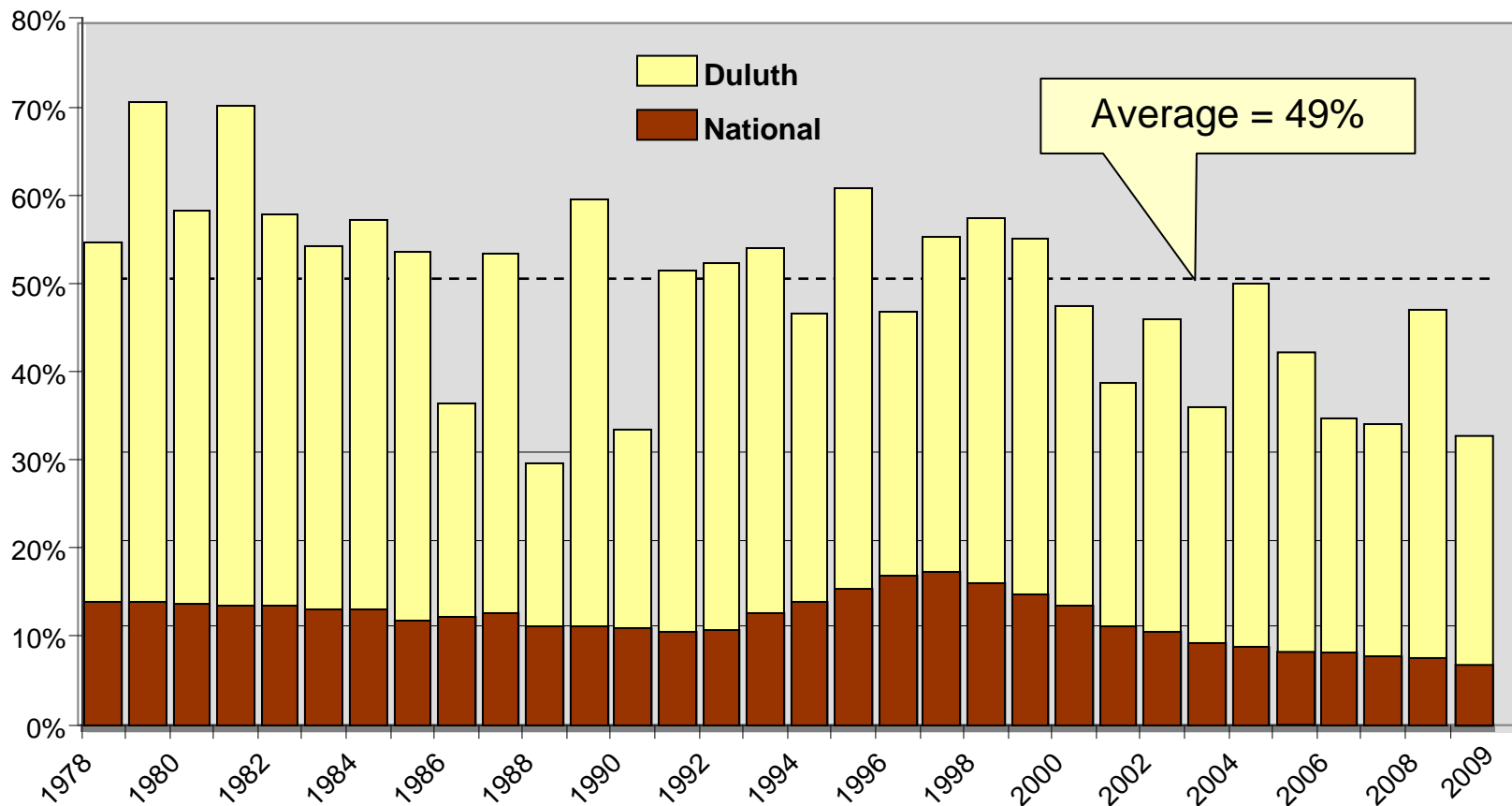


The mission of the University of Minnesota Medical School-Duluth Campus is to be a leader in educating physicians dedicated to family medicine, to serve the health care needs of rural Minnesota and American Indian communities, and to discover and disseminate knowledge through research.

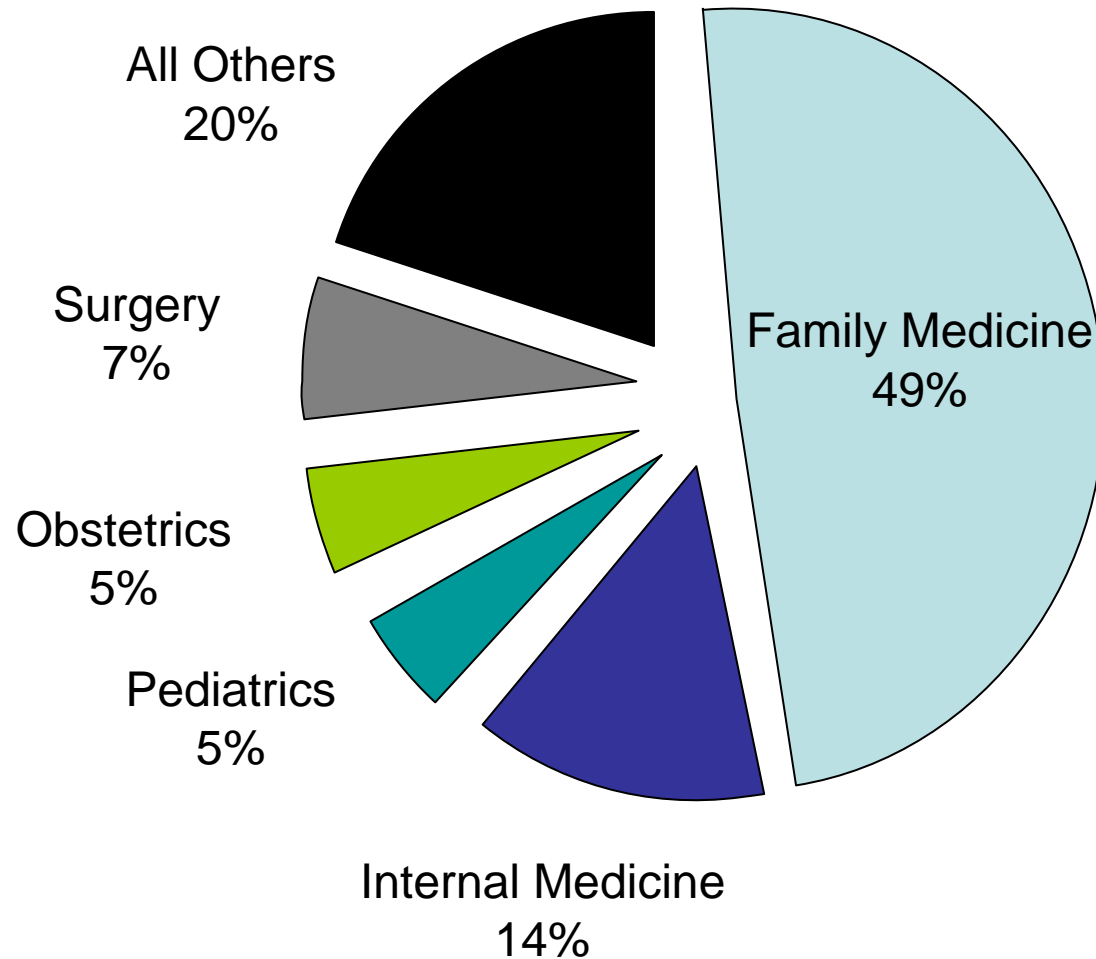
Medical School

DULUTH CAMPUS

Proportion Matching in Family Medicine By Graduating Year



Specialty Choices for Matriculants University of Minnesota Duluth Campus 1976-2009 (N = 1526)



Cumulative Percent of Medical School Duluth Graduates by Size of Practice Community

Up to 7,500 **31.0%**

Up to 20,000 **41.8%**

Up to 50,000 **55.4%**

Up to 100,000 **70.6%**



American Indian Mission

- University of Minnesota Medical School is #2 in the nation in training American Indian physicians

Committee on Admissions 2008-2009

- Jeff Adams, M.D., Family Medicine and Community Health Duluth
- James Boulger, Ph.D., Behavioral Sciences (prescreener)
- Raymond Christensen, M.D., Family Medicine and Community Health Duluth
- Tom Day, M.D., Duluth Family Practice Center
- Peggy Downing, Community Representative
- Stephen Downing, Ph.D., Anatomy, Microbiology and Pathology (prescreener)
- Barb Elliott, Ph.D., Family Medicine and Community Health Duluth
- Janet Fitzakerley, Ph.D., Physiology and Pharmacology (Chair)
- Lois Heller, Ph.D., Physiology and Pharmacology
- Mark Nierengarten, Ph.D., Health, Physical Education and Recreation, UMD
- Bonnie Peterson, Family Medicine and Community Health Duluth
- Ed Stauffer, Ph.D., Physiology and Pharmacology (prescreener)
- George Trachte, Ph.D., Physiology and Pharmacology
- Patrick C. J. Ward, M.D., Anatomy, Microbiology and Pathology
- Anna Wirta, Center of American Indian and Minority Health
- Richard Ziegler, Ph.D., Anatomy, Microbiology and Pathology
- Lillian Repesh, Ph.D., Associate Dean for Admissions and Student Affairs
- Susan Christensen, Executive Secretary

Goals of the Committee on Admissions

- to admit students who embody the values and standards of the medical profession
- to ensure a competitive review of all applicants in the pool
- to provide an evaluation of all applicants that is flexible, holistic, and individualized
- to ensure the selection of diverse, highly qualified applicants

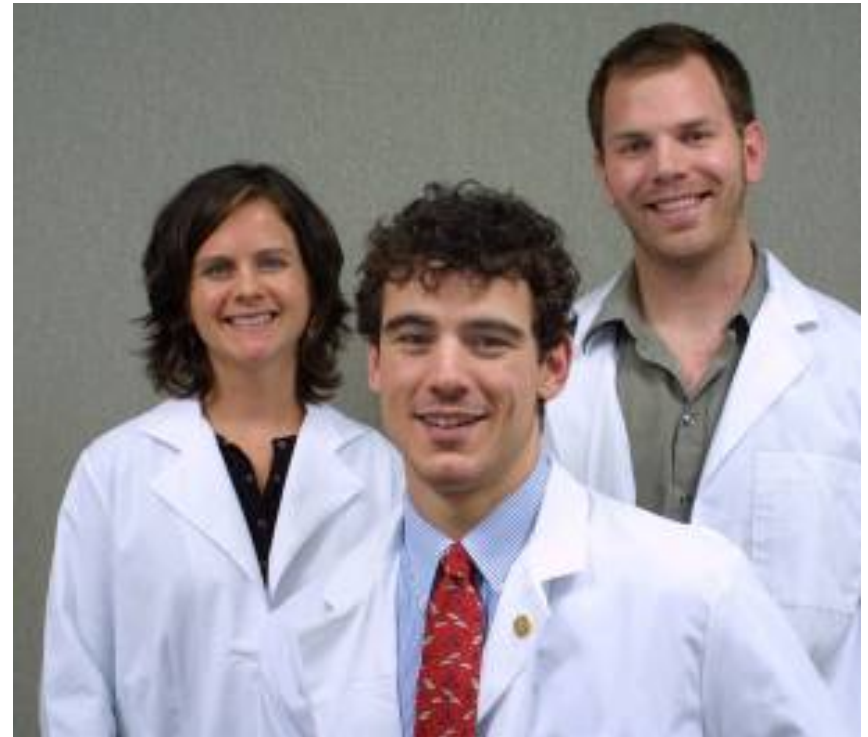
2008 Entering Class Duluth

Statistics

- 1413 applicants
- 146 interviewed
- 60 enrolled

Class Profile

- Total MCAT Score 29
- Average GPA 3.65
- MN Residents 52
- Non-Residents 8
- American Indian 6
- Age Range 21-31
- Average Age 23
- Hometowns <20,000 80%
- Men/Women 26/34



2009 Entering Class Duluth (May 13, 2009)

Statistics

- 1352 applicants
- 161 interviewed
- 60 enrolled

Class Profile

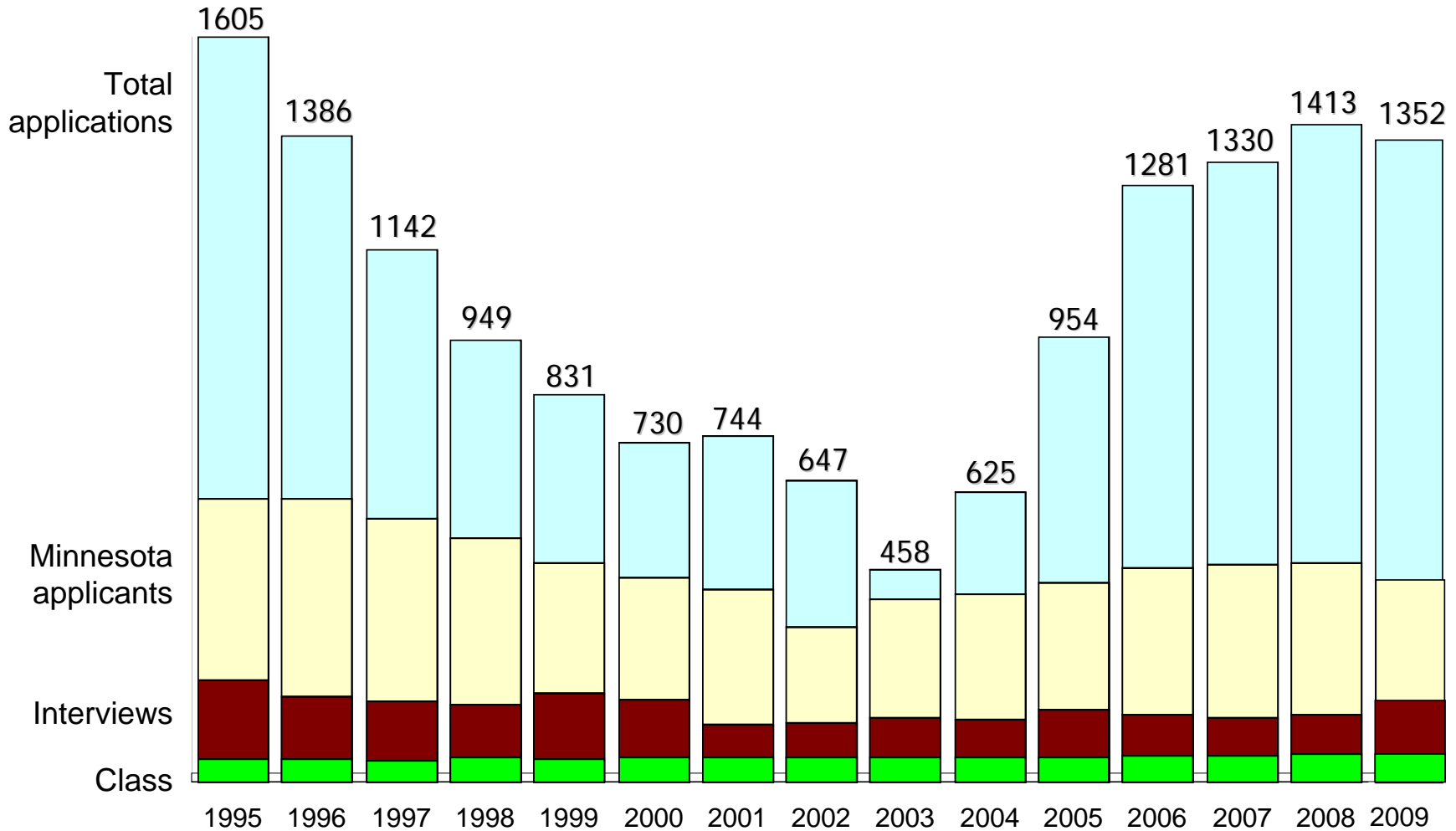
- Total MCAT Score 28.1
- Average GPA 3.64
- MN Residents 53 (88%)
- Non-Residents 7 (12%)
- Age Range 21-40
- Average Age 24
- Hometowns <20,000 82%
- Men/Women 28/32

2009 Entering Class Duluth (May 14, 2009)

Multicultural Statistics

- Multicultural Applicants 340
- American Indian Applicants 39
- Multicultural Interviews 17 (28%)
- American Indian Interviews 14 (23%)
- American Indian Accepted 7
- MN American Indian 1

Medical School Duluth Applicants 1995-2009

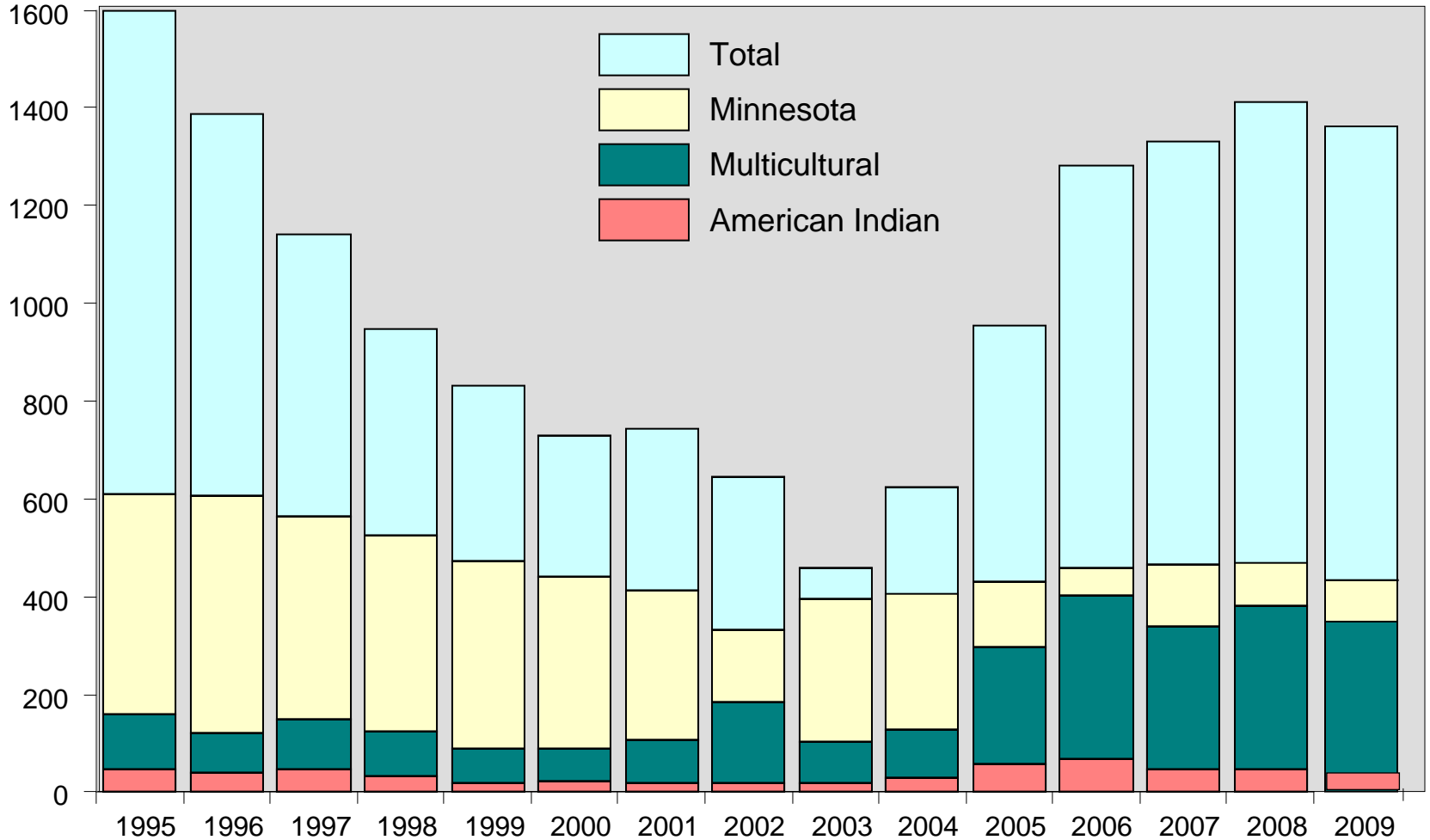


UNIVERSITY OF MINNESOTA

Medical School

DULUTH CAMPUS

Medical School Duluth Applicants 1995-2009



UNIVERSITY OF MINNESOTA

Medical School

DULUTH CAMPUS

What's New in 2009 – 2010 Application Cycle?

- Unified Application Process
 - University of Minnesota Medical School has one AMCAS school code
 - Campuses will continue separate supplemental applications via the Gateway website
 - Campuses will maintain separate admissions processes with administration from the Oversight Committee on Admissions

UNIVERSITY OF MINNESOTA

Medical School

DULUTH CAMPUS

Entering Class of 2009

Admissions Statistics

as of May 14, 2009

Applications

Total applications	1352
Minnesota applicants	457
Multicultural applicants	340
American Indian applicants	39

Interviews

Total interviews	161
Minnesota interviews	141 88%
Multicultural interviews	17 28%
American Indian interviews	14 23%

Entering Class of 2009

Total acceptances offered	80
Early Decision acceptances	4
Early Admission acceptances	-
Deferred from 2008	1
Deferred until 2010	-
Current acceptances	60

Minnesota residents 53

Multicultural	7
American Indian	7
Minnesota American Indian	1

Men	28
Women	32

Hometown Size (33 Minnesota counties)

Hometowns smaller than 20,000 = 82%

Rural	Less than 2,500	25	42%
Small town	2,500-7,499	12	20%
Large town	7,500-19,999	12	20%
Small city	20,000-49,999	2	3%
Medium city	50,000-99,999	8	13%
Urban/suburban	100,000 and up	1	2%

Age

Average	24
Mode	23
Range	21-40

GPA

BCPM	Average	3.54	Range	3.01-4.0
Total GPA	Average	3.64	Range	3.28-4.0

MCATs

Verbal Reasoning	Average	28.1	Range	22-37
Physical Sciences	Average	9.40	Range	6-14
Biological Sciences	Average	8.82	Range	6-13
	Average	9.88	Range	7-14

Undergraduate Schools (29 schools)

University of Minnesota	23
UM Duluth	15
UM Twin Cities	6
UM Morris	2
Minnesota State Universities	4
Minnesota Private Colleges	19
Other (out of state)	14

Undergraduate Majors (22 majors)

Biology	24
Chemistry	7
Other Science	18
Other Majors	11

Graduate Degrees

M.S., Biomedical Sciences	3
M.S., Integrated Biological Sciences	
Ph.D., Biochemistry	

The Admissions Committee Report to the Spring Faculty Assembly May 26, 2009

Committee Goals:

1. To admit applicants who exemplify the medical profession's values and standards.
2. To enhance the diversity of the Medical School student body.
3. To maintain the integrity of the admissions process.
4. To provide information to applicants in a caring, timely, and confidential manner.
5. To develop innovations to meet the educational mission of the University of Minnesota Medical School.

2008-2009 Application Cycle Strategies and Actions

1. Further developed the new admissions business process implemented in 2007-2008.
 - a. Continued to streamline the application review process.
 - b. Monitored the flow of applications from initial contact to final decision.
 - c. Initiated system enhancements for application processing and review.
2. Implemented applicant selection criteria using new guidelines.
 - a. New prerequisites
 - b. The essential and desired qualities of the ideal medical student
3. Added two MS3 students as ex-officio to the Admissions Committee.
4. Increased the number of MS4 students in the interview process.
5. Refined the communications plan implemented in 2007-2008.
 - a. Frequent communications with advising community on and off campus.
 - b. Developed summer pre-med info sessions.
 - c. Improved the admissions web page.
6. Began the work on the unified application process with Duluth.

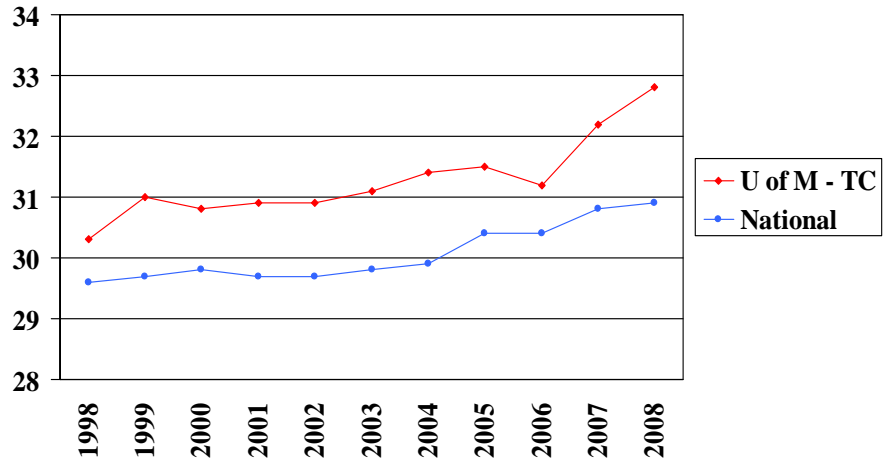
Outcomes

1. Successfully improved the application review process
 - a. Application review process concluded one month earlier than in 2008
 - b. Applicant interviews concluded March, 2009
 - i. Interviews concluded in April for 2008
 - ii. Interviews concluded in May for 2007
 - c. Committee members able to review applications online with an electronic file review system.
 - d. Overall reduction in committee work hours from 3,250 in 2007-2008 to 3,136 in 2008-2009.
2. Too soon to determine the outcome from the revised selection criteria except to note that the members of the admissions committee have a better sense of the factors to be used in the selection process.
3. Increased student participation in the selection process fosters good will with applicants and also enhances the unique student perspective in the review and discussion of individual applicants.
4. Improved communications improves relationships with constituents.
 - a. Advisers better able to serve their students.
 - b. Prospective students gain better understanding of the profession and the process for applying.
 - c. The application process is clarified with improved communications, especially the admissions web site.
5. Increased overall profile of matriculating students in 2008.
6. Expected implementation date of the AMCAS unified application is June 1, 2009.

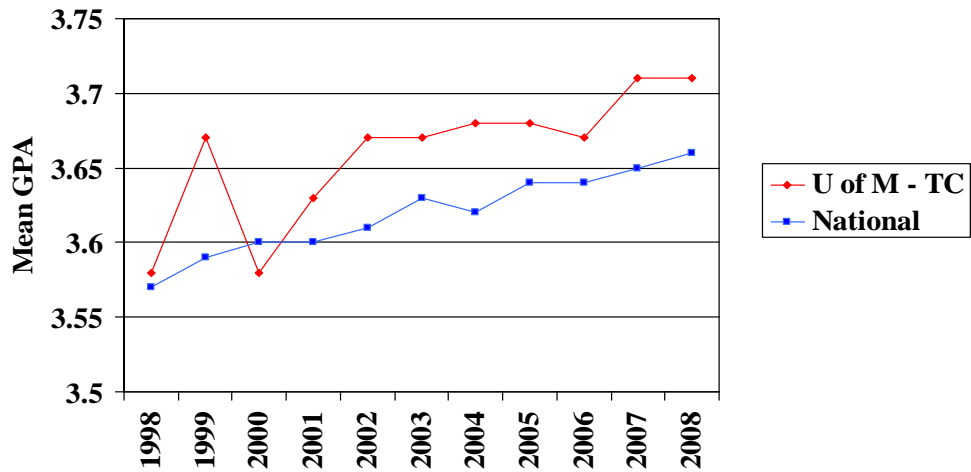
Projections for 2009-2010 Application Cycle

1. Successful implementation of the unified application process.
 - a. One national school code for the University of Minnesota Medical School.
2. Continue to monitor and modify the applicant review process.
3. Further system enhancements for greater efficiency.

Medical School Matriculants MCAT Mean Scores 1998-2008



Medical School Matriculants Mean GPA's 1998-2008



May 8, 2009

TO: University of Minnesota Medical School Faculty Assembly

FROM: Scholastic Standing Committee, Duluth

RE: Annual Report (2008-2009)

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, each department of the School has one member on the committee as does each class of medical students. The Duluth campus Associate Dean for Student Affairs sits ex-officio on this committee. Meetings are held following the conclusion of each grading period to review student progress. 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 5/27/08 and 1/27/09. The Spring Semester 2009 end of grading period determination meeting is scheduled for 6/2/09. In addition, a special meeting was held on 2/4/09 regarding the academic progress of a second year student who had failed two second year courses, but had not yet taken re-examinations in these courses. This same student had failed an earlier second year course but did pass that course following re-examination after remediation.

Significant actions of the committee during this academic year were:

1. Program modifications:

To date, no modified programs have been granted for the 2008-2009 academic year.

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

One first year student, following the meeting of the SSC on 1/29/08, was granted a leave of absence due to personal and family issues. This student petitioned to resume course work in Fall 2008. This student was interviewed prior to re-admission by Drs. Hoffman, Davis, and Repesh and resumed studies in the Fall semester of 2008. This student is currently in good academic standing.

One second year student, following the meeting of the SSC on 5/27/08, was granted a leave of absence due to personal and family issues. This student petitioned to resume course work in Spring 2009. This student was interviewed prior to re-admission by Drs. Hoffman, Davis, and Repesh and resumed studies in the Spring semester of 2009. This student is currently in good academic standing.

One first year student was granted a leave of absence during Orientation due to personal issues. That student will be required to petition for a return to 1st year medical school courses in Fall semester 2009.

Four first year students were each granted a leave of absence following Fall Semester 2008 due to personal and academic issues. They will be required to petition for a return to 1st year medical school courses in Fall semester 2009 and they will be required to repeat the Principles of Basic Medical Science course in Fall Semester before resuming Spring Semester courses in 2010.

One second year student was granted a leave of absence due to personal issues. This student will be required to complete the entire second year of medical school. This student will be required to petition for a return to 2nd year medical school courses in Fall semester 2009.

3. Academic Probation/Remedial Programs/Re-examinations:

- a. Four 1st year students are on academic probation after failing the Principles Course in Fall Semester 2008. One 2nd Year student is on academic probation after failing the Respiratory System Course in Fall Semester 2008 and the Gastrointestinal and Hepatobiliary System course in Spring Semester 2009.

4. Dismissals/Withdrawals:

None

5. Successful Completion of USMLE, Step 1:

Second year students from the 2008-2009 academic year are currently in the process of taking the USMLE, Step 1. Results of those students who have thus far taken the exam are not yet available. Ninety-four percent of 2nd year students passed the USMLE, Step 1 on their first attempt in **2008**. That class achieved an average score of 218. Two students passed on the second attempt.

6. Transfers to other medical schools

One second year student transferred to the University of Arizona College of Medicine.

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 transfer.
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 Medical School Faculty Assembly.

Richard Hoffman, Ph.D.
Chair
Duluth Scholastic Standing Committee

U of Minnesota Medical School Duluth Scholastic Standing Committee Member Roster, 2007-2008

Benjamin Clarke, Ph.D.
Robert Cormier, Ph.D.
Steve Downing, Ph.D.
Lois Heller, Ph.D.
Richard Hoffman, Ph.D. (Chair)
Lillian Repesh, Ph.D. (Ex-Officio)
George Trachte, Ph.D.
Patrick Ward, M.D.
Ruth Westra, D.O.
Nick Austin (first year student)
Neil Brummond (second year student)

**Committee on Student Scholastic Standing Report to the Executive Faculty of the
University of Minnesota Medical School
May 2009**

Members serving on the Committee from 5/1/07 through 4/30/08:

Sitting Members:

Michael Mauer, M.D., Chair
(Retired from COSSS September 2008)
Sheila Specker, M.D., Chair
Sharon Allen, M.D.
Peter Argenta, M.D.
Colin Campbell, Ph.D.
William Engeland, Ph.D.
Eric Gross, M.D.
Steven Katz, Ph.D.
Ryoko Kuriyama, Ph.D.
William Robiner, Ph.D.
Leon Satran, M.D.
Steven Schmechel, M.D.
Nancy Thorvilson, M.D.
Kevin Wickman, Ph.D.
Jo Ann Wood, M.D.

Ex-Officio:

Kathleen Watson, M.D.
Associate Dean for Students & Student Learning
Theodore Thompson, M.D.
Director of Clinical Education

Consultant:

Lindsey Henson, M.D., Ph.D.
Vice Dean
Marilyn Becker, Ph.D.
Director of Learner Services

Student Representatives:

Theodora Nemeth, MS4
Sancia Ferguson, MS3

General Counsel:

Barbara Shiels, J.D.

Meetings/Hours:

From May 1, 2008 through April 30, 2009, the Committee on Student Scholastic Standing held 10 meetings, totaling approximately 39 hours. Among a total of 964 students enrolled in medical school on the Twin Cities campus, the Committee addressed the following:

Students Reviewed:

104 Individual medical students were discussed at those meetings

Student Interviews:

21 Student interviews were conducted to discuss academic issues or hearings:
11 Student interviews were conducted to discuss course failures
3 Student interviews were conducted for failing to make satisfactory academic progress
3 Student interviews were conducted for failing an NBME Step exam.
2 Student interviews were conducted to request reinstatement to medical school.
1 Student interview was conducted to request a leave of absence.

Hearings for Dismissal:

5 Students appeared for dismissal hearings.
1 Students were dismissed from medical school.

“At Risk” Status:

47 Students were placed on “At Risk” status because of course/rotation failures, Step 1 and Step 2 failures:
27 Students were placed on “At Risk” status for basic science course failures
13 Students were placed on “At Risk” status for clinical rotation failures
10 Students were placed on “At Risk” status for Step 1 failures
3 Students were placed on “At Risk” status for Step 2 CK failures
2 Student was placed on “At Risk” status for Step 2 CS failure

Academic “Probation” Status:

3 Students were placed on “Probation” for basic science course failures
0 Students were placed on “Probation” for clinical rotation failures

Leaves of Absence:

- 15 Students were granted a leave of absence (LOA).
 - 9 LOAs were granted for a one-year period;
 - 3 were extensions of a previous LOA
 The following is a breakdown of the reasons a leave was granted:
 - 2 MPH
 - 1 Post-Sophomore Pathology Fellowship
 - 1 Research
 - 3 Other Educational Pursuit
 - 5 Personal/Health
- 12 Students were reinstated to medical school after a leave of absence

Delays of Graduation:

- 13 Students were granted permission to delay graduation to pursue additional educational and international enrichment activities

Decelerated Schedule:

- 5 Students were granted permission to decelerate Year 2

USMLE:

- 17 Students were reviewed for USMLE issues:
 - 1 Student were reviewed for not taking the Step 1 exam
 - 11 Students failed the Step 1
 - 3 Students failed Step 2 CK
 - 2 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
05/01/08 –	235	221	8 Passed	0 Passed	1 Passed	--
04/30/09		Passed	8 Failed	1 Failed	0 Failed	0 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
05/01/08 –	209	204	3 Passed	--	--	--
04/30/09		Passed	5 Failed	1 Pending	1 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
05/01/08 –	207	205			--	--
04/30/09		Passed;	2 Failed	--	--	--

NBME reports indicate that, among first time test takers, our students are performing above the national mean on Step 1, Step 2CK and above the national pass rates on Step 1, Step 2CK and Step 2 CS. *The 2008 NBME reports listed pass rates of 95% for Step 1, 98% for Step 2CK and 99% for Step 2 CS.*

Promoted to Associate Professor

Timothy Griffin, BMBB
Lihsia Chen, GCD
Deanna Koepp, GCD
Eric Gross, Emergency Medicine
Robert Reardon, Emergency Medicine
Steven Stovitz, Family Medicine
Brian Zamboni, Family Medicine
David McKenna, Lab Medicine and Pathology
Selcuk Adabag, Medicine
Patrick Arndt, Medicine
Susan Everson-Rose, Medicine
Steven Fu, Medicine
Jian-Guo Geng, Medicine
Areef Ishani, Medicine
Betsy Kren, Medicine
David Nelson, Medicine
Siamak Noorbaloochi, Medicine
Susan Raatz, Medicine
Jasvinder Singh, Medicine
William Stauffer, Medicine
Patricia Walker, Medicine
Tim Whelan, Medicine
J. Riley McCarten, Neurology
Lorene Lanier, Neuroscience
Peter Argenta, OBGYN
Andrew Harrison, Ophthalmology
Margaret MacMillan, Pediatrics
Alexander McKinney, Radiology
Essa Yacoub, Radiology
Kenneth Liao, Surgery
Klearchos Papas, Surgery
Aseem Shukla, Urologic Surgery
Robert Sweet, Urologic Surgery

Promoted to Professor

Robert Johnson, Family Medicine
Michael Miner, Family Medicine
Carol Lange, Medicine
Karen Margolis, Medicine
David Tupper, Neurology
Andrew Schmidt, Orthopaedic Surgery
James Sidman, Otolaryngology
Julia Steinberger, Pediatrics
Todd Tuttle, Surgery

First Annual
Carole J. Bland
Outstanding Faculty Mentor Award

Presented to:

Elizabeth R. Seaquist, M.D.

*An outstanding faculty mentor
who exemplifies Carole Bland's gift
and passion for mentoring.*

Distinguished Teaching Award

Anthony Weinhaus, Year 1
Thomas Mackenzie, Year 2
Steve Miles, Year 3
Albertine Beard, Year 4

Exceptional Community Faculty Teaching Award

David Bachman
Joseph Goswitz

Herz Faculty Teaching Development Award

Richard Hoffman
Michel Sanders
Lisa Schimmenti

Leonard Tow Student/Faculty Humanism in Medicine Award, presented by the Arnold P. Gold Foundation

David Power

Outstanding Medical School Teaching Award

Jonathan Marchant
Kelly Frisch

Duluth Faculty Teaching Awards:

Basic Science Teacher of the Year - Year One
Arlen Severson

Basic Science Teacher of the Year - Year Two:
Kristine Krafts

Clinical Science Teacher of the Year Clinical
Faculty:
Jeff Adams

Clinical Science Teacher of the Year Community
Faculty:
Lee Muskovitz

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