Faculty Assembly Meeting  
DMED 68 - 3:00p  
February 2018

Call to order  – by Dr. Nordgren

Old Business:
1. Minutes from 1/16/18 Faculty Assembly — approved once TRH is added to the attendance list.

2. Update on Chair of Dept of Family Medicine & Biobehavioral Health: meet April 4 or 5 search committee, vetting 5 candidates then will put before committee to decide how many to interview in first round; usually with committee not onsite; why hire search firm to help with this kind of hire? Major department at UMN, search firm will look for candidates and talk to them, even reluctant candidates, can be candid with them in ways we can’t (HR etc). Same firm put together panel for Family Med in TC

3. Faculty Governance Event: confirmed w/guests; will give brief presentations and then have discussion panel; who are 3 people? Former head of FCC (CC), current head of FCC (JK), AHC-FCC member (KK); Please send FAC members ideas for case study questions or topics to discuss

4. Sexual assault policy: complete mandatory training online by June 30; department training TBD
**New Business:**

1. Update on process for replacing Dr. Alan Johns as Clinical Faculty and as Associate Dean of Curriculum, Medical Education, & Technology for the Duluth campus after his retirement in June:
   
   a. Assoc dean appointments made by Paula. Need succession planning and bandwidth under student admin roles. Asked Robin to assume more responsibility to take position to oversee asst dean for curriculum and asst dean for admissions. Also gives us more to offer people who want to be admin around students. IT component will be pulled back into Dean’s office, new focus will be on curriculum & admissions only. Started working for job descriptions on those, goal is internal search and will need small search committee to do that w/reps from both departments. Hire curriculum person first then admissions. Robin will keep student affairs piece and oversee other 2. Robin will be point person for LCME visit but other two will have key roles in pulling data together. Both new positions will be internal. Envisioning that as this campus but may be requirement at HR level to open up to med school/UMN as whole. Goal is to create new opps for faculty on this campus.

   b. Alan’s teaching load? - 2 new positions, dept head and clinical hire in FMBH. Course directors want to make sure we have it covered. If someone isn’t clinical faculty, would be concerned.

2. Rosenberg visit Feb 22, faculty brown bag session at noon room 165. Jeannette is contact for individual meetings

3. Call for posters - Jeannette is contact

4. Committee reports - no time requested

**Upcoming Events:**

1. Chain breaker - Paula will cover $100 if people want to ride. Should get about $500/rider but might have to make up difference. Virtual riders allowed, don’t have registration fee and not on hook for full amount of fundraising. Paula will confirm details on those.
2. Room 165 - Hoped after first year students gone before lose 165 but need to start sooner. Looks like May 1, will move first year students to year 2 classroom, and lose 165. Will have lots of noise on that side of the building. Might hold open forum to discuss potential impacts in building. Discussing noise, dust, temperature, traffic flow already. Already raised security concerns in building and for animal facility. Plan is to put key fob lock & security cameras first, then can ramp up if needed. On basement level, will look at space to sketch out possibilities. FMBH may use it for interviews or research space. Furniture to 165 will be moved to larger space. 2 rooms in basement can be made nice. In chemistry, have asked VCAA for space there, not sure the will happen. Need to know how many PBLs in May will happen so can plan space to get those done. Will be done before new 1st year students arrive in August? Paula will confirm. CAMS building won’t be in use for students until Fall 2019. More potential for security concerns as becomes more of a flow of students through our building. Q&A session might be good with construction, and timeline of work. Can also use Medical Minute to give weekly construction updates.

3. Englander visit Feb 26, faculty brown bag at noon room 165. Jeannette is contact for individual meetings.

4. Summit for Native American & Rural Health - March 22

5. Spring Ethics Conference - April 13-14

6. Teaching subcommittee has survey done, will send it out. Please take time to fill it out accurately. Will get anonymous link, take time and complete in one sitting, and don’t do it more than once. More variety in teaching will take more time to complete. Focus is on capturing effort before & after by instructional method. Worksheet to map things out before completing survey? Can make available AAMC list of instructional methods (30) and then give the 5 questions for each. Next assembly can give preview of survey.

Adjourn: approximately 3:46 pm
Minutes notes taken by Sarah Beehler and assembled by Kendra Nordgren

Electronic Location of archived assembly and FAC minutes- Minutes for both assembly and FAC meetings are now posted online. The links can be found on https://www.med.umn.edu/about/duluth-campus under Faculty and staff resources. (Currently, neither faculty assembly or faculty advisory committee enjoy any administrative staff support, so there may be delays in archiving materials).
Committee Reports to Faculty Assembly, Duluth campus
February 2018

M/S = Medical School
RC = Regional Campus
University = University Senate
UMD = University of MN Duluth

Reminder: All Faculty Assembly and Faculty Advisory Committee meeting minutes are located under the Faculty and Staff Resources tab on the UMN Medical School Duluth campus webpage.

Committees:

a) RC Admissions (Michaels)
1. Dean Tolar approved 10 non-resident tuition waivers for our Duluth campus along with 3 additional full tuition scholarships (I had asked for 10 waivers and 5 scholarships, so I think we lucked out). At least one full tuition scholarships can be used for an out-of-state student.
2. This year we participated in a AAMC virtual admissions fair attended by 12-15,000 applicants across the country. We had a chat room to answer questions. It was well attended. We hope that this will help candidates to better understand our mission and our selection process.
3. To date we have made offers to 55 applicants. UIM (under-represented in medicine) currently stands at 22% of the class. Interviews are winding down.

b) RC CUMED (Diebel)
1. The CUMED website can be viewed here: https://www.med.umn.edu/md-students/policies-governance/governing-committees/course-committees/committee-undergraduate-medical-education-duluth
   a. CUMED meeting notes are available for viewing and are current through January 2018
2. Alan Johns led a discussion on implementing narrative assessment into our year 1 and 2 courses. Narrative assessment is something that the medical school is still being monitored for as a deficiency since the last LCME visit (not specific to the Duluth campus). Strategies were discussed for opportunities to include both cognitive and non-cognitive assessment into our courses. Course directors were advised to document all the opportunities their courses provide for narrative assessment. Dr. Johns is currently compiling that data.
3. Alan Johns reviewed the outcome of the recent NBME physiology subject exam with course directors. Renal, as a discipline, has been cited as an area for potential growth.
4. Kevin Diebel updated CUMED on the work conducted by the PBL standardization committee. A final report by this subcommittee is expected during the March CUMED meeting.

c) AHC Academic Freedom & Tenure (Trachte)
d) AHC Committee on Committees (Clarke)
e) **AHC Faculty Consultative Committee** (Wallace)
The report from the recent faculty survey regarding the VPHS will be shared with faculty shortly.

f) **M/S Education Council** (Severson/Diebel/Christensen/Trachte)
1. CEC and the Assessment Committee presented their progress reports to the Education Council highlighting their work that they completed over the last 6 months.
2. A discussion was started, based off of the work conducted by the Education Steering Committee, on formalizing the committee structure and governance of the following medical school education committees: CUMED, SFC, CEC, and Education Council.

g) **M/S FA Council** (Bemis/Fitzakerley)

h) **M/S Promotion & Tenure** (Trachte/al’Absi)

i) **M/S Research Council** (Bemis)

j) **University Senate** (Fitzakerley)

k) **(University) Senate Research Committee** (Rose-Hellekant)
1. **There is a new clinical and translation research support center, the Clinical Research Support Center (CRSC),** which is bringing together functions of the Office of the Vice President Research, the Clinical Translational Science Institute, UM Physicians and Fairview Hospital entities under one organization. Their goal is to be able to get clinical trial projects rapidly through the quagmire of hoops at UM. This includes assisting in well-developed research protocol, funding/contract, regulatory approvals, patient enrollments and study activity completion. The CRSC aims to provide support to faculty interested in developing clinical trials. Here are some example ways for which they envision providing support:
   1. Helping at the conceptual stage by assigning a team to help with protocol development, feasibility assessment, study design and other resource connections.
   2. With projects for which a trial protocol is already developed, the CRSC study team will assess feasibility of clinical trial projects with a 7-day turnaround time, and facilitate navigation of the plethora of activities required to go forward. These include IRB approval, budgeting, statistical support, and other research connections as needed.
   3. In the case in which a PI needs help with a defined activity/steps, the CRSC study team will facilitate the connections and ensure follow through.

These services will be available for free to Jr. Investigators. For Sr. Investigators, the feasibility service will be at not costs, but should funding be realized, there will be a built-in fee structure to cover CRSC costs during the grant.

From the moment the investigator initiates the funded research (grant based/industry) to the time the trial is open for patient enrollment, the CRSC has a goal for a 45-workday turnaround time.

Stay tuned.
2. **Parental Leave policy updated** - comments open to the public on that policy expected to be open for 30 day starting in March.

As proposed, this policy allows a 6 week fully paid parental leave to any parent birth, adoption, or gestational surrogacy of children in accordance with Minnesota statutes. Parental leave provided by this policy is available to employees who are employed on 50% appointment or greater.

Summary: Both parents can independently use this policy. Leave cannot begin before 2 weeks prior to the due date or six weeks after the birth or adoption. Leave is given to graduate students (RA or TA), post doctoral fellows or postdoctoral associates. Money comes from whatever sources that are paying the individual. This 6 week qualifies for 6 weeks total of the 12 week Family Medical Leave Act.

3. **Grand Challenges Research Summary and Priorities** was brought forward to the Senate Research Committee. The final Phase 3. Call for PREPROPSALS soon and will have a deadline sometime between April and June.

They are in phase 3 of this initiative. The final phase is going to be launched this spring with an announcement of 2-page preproposals.

Websites describing what has already been done in Phase 1 and 2, plus the strategy behind the initiative are:

- [http://strategic-planning.umn.edu/node/11](http://strategic-planning.umn.edu/node/11)
- [https://strategic-planning.umn.edu/](https://strategic-planning.umn.edu/)

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l) **University Faculty Consultative Council** (Drewes)

1. Parental leave modifications: The policies for parental leave for Employees and for Postdoctoral Appointees are being significantly modified to allow men and women to apply.

2. Child Development Center. After announcing that the CDC was being closed, administration has been strongly criticized for no consultation and for ending a highly appreciated facility especially for young faculty and women employees. This action appears to be in an opposite direction of other major public universities. The closure is relevant to Duluth because a similar child care center exits on the Duluth campus.

3. Initiative to Prevent Sexual Misconduct. President Kaler is announcing a training program that will be mandatory for all faculty and staff during the next several months.

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m) **UMD Facilities Subcommittee** (Lurinda Davis)

1. Chuck Bosell presented a proposal from Verizon for a roof-top antenna array.

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n) **Educational Steering/Policy Committee** (Diebel)

1. Could not attend, nothing to report.

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o) **MDT** (Henderson)