A meeting of the University of Minnesota Medical School Faculty Assembly was held on Thursday, May 27, 2010 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 called the meeting to order at 4:30 p.m.

**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. No questions were asked.

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. The FAC made a School-wide call for nominations for these vacancies and made the following appointments:

- **Admissions Committee**: Debora Demarais, Julia Joseph-DiCaprio, Steve Miles, Claus Pierach, and Jamie Santilli.
- **Education Council**: Jonathan D’Cunha
- **COSSS**: Peter Argenta, David Baram, William Engeland, Michael Kim, and Nancy Thorvilson
- **Promotion and Tenure Committee**: Carlos Manivel
- **Research Council**: No vacancies at this time

**Revisions to Medical School Bylaws**
Dr. Sonnino informed the Faculty Assembly that there are two requested changes to the Medical School Bylaws that would now be up for discussion. Dr. Henson explained that the changes to the bylaws for the Education Council specify and/or clarify the way that Duluth appointments to the Education Council are made, and further ensure proper representation from the Duluth campus. The new process for the Duluth appointments will be made in a way that mirrors the Twin Cities appointments. The Faculty Assembly suggested that the bylaws be further modified to specify who the “Educational Program Leaders” are, which are mentioned in the bylaws. Dr. Henson explained that these are the heads of the curriculum committees, and that the bylaws will be modified to specify this before being forwarded to the faculty for a vote.

The changes to the Admissions Committee bylaws are more extensive. The Liaison Committee on Medical Education (LCME) Site Visit will take place in 2012, and the School is starting their formal Self-Study this fall. During a current pre-self-study, it was noticed that to meet the standards for LCME accreditation on a school with two campuses, the parent school must have
final review of all students admitted. The current admissions structure has an oversight committee, which tracks applicants, but has no decision-making ability. The LCME suggested a bylaws revision to establish a new “Admissions Executive Committee”, which will review and approve/disapprove the recommendations for admission that are made by each Campus Committee. This process needs to be in place for the 2010-2011 admissions cycle. The members of this Executive Committee will be appointed by the Dean, with consult from the separate Campus Admissions Committees, with both Admissions Directors acting as ex officio members. The members of this Executive Committee will not be members of their campus committee to avoid conflict of interest.

The Faculty Assembly asked Paul White, Associate Dean for Admissions, if there are any issues with this new proposed structure. Dr. White replied that we have to establish this Executive Committee for accreditation; we have to make this work.

Dr. Sonnino moved forward the motion and informed the Faculty Assembly that these changes will be submitted to the greater faculty for vote.

**Discussion of FAC Activities/Leadership Structure of the AHC and Medical School**

Dr. Peter Bitterman informed the Faculty Assembly that the FAC has been discussing the administrative structure of the Medical School and AHC this year, and wanted to make the views of the FAC public. Dr. Bitterman provided historical background of the AHC and Medical School to provide context for the current climate. He then informed the Faculty Assembly that the FAC had met with President Bruininks during their April meeting to express their opinions about the leadership structure. The FAC then wrote a letter to President Bruininks that had two major points:

1. We need to restructure the Academic Health Center. It is exceedingly complex.
2. We need to revisit the role of the leader of the Medical School.

Dr. Bitterman explained that the FAC believes, after consultation with Dr. Cerra, the two most important functions of the Senior Vice President for the AHC is the direct report to the President and the support of interdisciplinary work. The FAC believes that the President should revisit this model, to consider whether or not the faculty approves or disapproves of this combined position, and moving forward discuss the recommendations.

Dr. Cerra responded that Dr. Bitterman’s presentation is factually correct. He will have the formative documents added to the AHC website, which were written in 1968 to establish the Academic Health Center. Dr. Cerra stated that the AHC Schools come together under a single leader for the following reasons:

1. Produce the workforce of healthcare providers for the State
2. Provide health care for the State
3. Promote interdisciplinary activities
4. Perform research to stimulate the health care economy of the State
5. Connect with the people of the State to meet their health care needs.

Without a direct reporting line from the Senior Vice President to the President, the issues of the health sciences schools never make it to the President or to the Board of Regents. The current structure, with a Senior Vice President for the Health Sciences, is basically the job of a Provost who reports to the President. Only for Promotion and Tenure issues does the AHC require a pathway through the Provost’s Office. Two years ago, the President and the Board of Regents agreed to combine the position of Dean of the Medical School and Senior Vice President, who would have a direct relationship with the clinical enterprise and with Fairview. We needed more
interdisciplinary work and needed to better prepare our students for better delivery of care. There were major structural deficits across the AHC at that time, so it was decided to combine the positions. We have been in the business of repair over the last fifteen years. In the past two or three years, the Medical School has put themselves in a position to grow. The Medical School budget shortfall was $35 million (M) five years ago, and it is now $2M. Much has happened to increase clinical revenue. The structure of the AHC is a legitimate discussion and it needs to happen. We need cooperative teams to deal with these changes.

Dr. Bitterman asked the Faculty Assembly if we should send a motion to the faculty to approve or disapprove of the current administrative structure. Dr. David Ingbar, Chair of the FAC, suggested that we need to provide faculty with reference information to make these decisions. The FAC can put together this information at their June meeting. Dr. Wesley Miller, Chair of the Clinical Sciences Council (CSC), added that in the CSC discussions, they believe the size of the AHC is very large, and that combining these roles is too large a job for one person to handle. The Basic Sciences Council also met with President Bruininks, and shares the consensus of the FAC and CSC.

**Recognition of Faculty**
Dr. Sonnino recognized faculty who were promoted and/or tenured, and those that won University, Medical School, and Minnesota Medical Foundation awards. A complete list of those faculty recognized is attached.

The meeting was adjourned at 5:45 p.m.

Respectfully submitted,
Jeni Skar
Staff to the Faculty Assembly
University Teaching Awards:
Outstanding Contributions to Post Baccalaureate, Graduate and Professional Education
Robert Sorenson

2009-2010 Morse-Alumni Award for Outstanding Contributions to Undergraduate Education
Paul Siliciano

Distinguished Teaching Award for Grad Education
Linda Bearinger

Distinguished Teaching Award
Anthony Weinhaus, Year 1
Thomas Mackenzie, Year 2
James Harmon, Jr., Year 3
Albertine Beard, Year 4

Exceptional Community Faculty Teaching Award
Boris Beckert
Julie Zimmerman

Thorne and Sweeney Stroke Award
Susan Everson-Rose

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

Outstanding Medical School Teaching Award
H. Brent Clark
Martin Stillman

Duluth Faculty Teaching Awards:
Basic Science Teacher of the Year - Year One:
Arlen Severson (Patrick C.J. Ward, Hon Mention)

Basic Science Teacher of the Year - Year Two:
Kent Froberg (Lois Heller, Hon Mention)

Clinical Science Teacher of the Yr - Clin Faculty:
Jeff Adams

Clinical Science Teacher of the Yr - Community Faculty:
Robert Fleischman

First Annual
Young Investigator Award
Presented to:
David Masopust, Ph.D.

First Annual
Senior Investigator Award
Presented to:
Horace Loh, Ph.D.

Second Annual
Carole J. Bland
Outstanding Faculty Mentor Award
Presented to:
Julie Ross, Ph.D.

Promoted to Associate Professor
Aviva Abosch, Neurosurgery
Robert Acton, Surgery
Mukta Arora, Medicine
Gavin Bart, Medicine
Daniel Bond, Microbiology
Diana Burgess, Medicine
Jeffrey Chipman, Surgery
Robert Cormier, Biochem/Mol Bio, Duluth
Levi Downs, Jr., OBGYN
Nacide Ercan-Fang, Medicine
Howard Fink, Medicine
Geoffrey Ghose, Neuroscience
Kalpana Gupta, Medicine
Noam Harel, Radiology
Cynthia Howard, Pediatrics
Yuqing Huo, Medicine
Ajay Israni, Medicine
Ranjit John, Surgery
Nobuaki Kikyo, Medicine
Do-Hyung Kim, BMBB
Michael Kyba, Pediatrics
Kevin Larsen, Medicine
Scott Lewis, Neurology
Jian-Ming Li, Medicine
Dawn Lowe, PM&R
Yasushi Nakagawa, Neuroscience
Karen Santa Cruz, Lab Medicine and Path
Nina Sayer, Medicine
Constance Schmitz, Surgery
John Song, Medicine
Logan Spector, Pediatrics
Jakub Tolar, Pediatrics
Richard Vehe, Pediatrics
Brenda Weigel, Pediatrics
Mark Yeazel, Fam Med and Comm Health
Richard Ziegler, Pediatrics

Promoted to Professor
Elizabeth Braunlin, Pediatrics
Barbara Gold, Anesthesiology
Jon Grant, Psychiatry
Pankaj Gupta, Medicine
Sayeed Ikramuddin, Surgery
Chandy John, Pediatrics
Raja Kandaswamy, Surgery
James Lokensgard, Medicine
Vicki Morrison, Medicine
Claudia Schmidt-Dannert, BMBB
Gianluigi Veglia, BMBB
Yoichi Watanabe, Therapeutic Radiology

Supported by:
MINNESOTA MEDICAL FOUNDATION
UNIVERSITY OF MINNESOTA
Overview of the Admissions Process 2009-2010

AMCAS & F/U email; student chooses campus/program

Twin Cities

- Review/Interview

- Presented to Twin Cities Admissions Committee

  - Admit
  - Wait List
  - Reject

MD/PhD

- Review/Interview

- MD/PhD Steering Committee (AD Admissions for TC non-voting member ex-officio)

- Presented to Duluth Admissions Committee

Duluth

- Review/Interview

- Admit
- Wait List
- Reject
Report from the Admissions Committee – Twin Cities

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.

2009-2010 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
   a. Frequent communications with advising community on and off campus.
   b. Developed summer pre-med info sessions.
   c. Improved the admissions web page.
4. Successfully completed the unified application process for Medical School
   a. One AMCAS number for initial applications
   b. Clear online instructions for applicants to choose and complete applications to MD (TC), MD (Duluth), and/or MDPhD
   c. Major collaborative effort with key role of Duluth admissions dean and IT staff in success of this initiative

Outcomes:
1. Successfully improved the application review process
   a. Application review process concluded on track, despite an increase in overall applications (3.1%) and supplemental applications (32%)
      i. Applicant interviews concluded by March, 2010
      ii. Interviews concluded in March for 2009
      iii. Interviews concluded in April for 2008
      iv. Interviews concluded in May for 2007
   c. Reviewed applications online with an electronic file review system.
2. Class that matriculated in 2009 was the first to be selected with the new prerequisites and the second with the new selection criteria. Preliminary reports are that they are performing as well if not better than previous classes chosen.
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. Continued to see increased overall profile of matriculating students in 2009.

Plans for 2010-2011 Application Cycle
1. Implementation of the Admissions Executive Committee to ensure LCME accreditation standards (ED-43 and MS-4) are met.
2. Continue to monitor and modify the applicant review process.
3. Further system enhancements for greater efficiency.
4. Increased need for financial aid and scholarships for recruited students.

Ongoing Efforts to Improve the Admission Process

Recruitment efforts include eight major outreach events; 19 recruitment fairs; targeted recruitment efforts conducted by Office of Minority Affairs and Diversity, Center of American Indian and Minority Health, and Minnesota’s Future Doctors.

Improvements to the selection and interview processes have accelerated responses to applicants each year since 2006.
- Improved selection process
  o In 2007 the applicant review process was streamlined by combining two steps; now every qualified applicant receives a secondary application.
  o Admissions committee members are able to review applications online.
  o For 2009, the AMCAS letter-writing service and the implementation of online application fee payment by the Office of Admission have expedited the review process.

- Enhanced interview process

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<tr>
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<td>3212</td>
<td>3259</td>
<td>3285</td>
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<td>Total Interviews</td>
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<td>Number of interviews conducted by Nov 5 of each cycle</td>
<td>44</td>
<td>83</td>
<td>127</td>
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<td>Last interview date for each cycle</td>
<td>May 3</td>
<td>April 4</td>
<td>March 27</td>
<td>March 26</td>
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</table>
- **Improved communication efforts**
  - Initial contact to applicants made earlier each application cycle since 2006-2007
  - Applicants receive committee decisions sooner as a result of improved processes
  - Improved recruitment materials including the web to clarify policies and procedures

**Interview day feedback**
- The structure of the day has been changed to respond to applicants’ concerns about the organization of the day and the quality of the student-led tour.
- More than 84 percent of 2009 applicants rated the overall value of interview day as “excellent” or “very good” compared with 82.6 percent of applicants in 2006.
- More than 99 percent of 2009 applicants strongly agreed or agreed that questions were answered effectively, as compared with 82.6 percent of applicants in 2006.
- More than 90 percent strongly agreed or agreed that the special strengths of the Medical School were communicated, that fair questions were asked, and representatives communicated well.
### Report from the Admissions Committee – Duluth Campus

**Entering Class of 2010**  
**As of May 18, 2010**

#### Applications
- **Total applications**: 1281
- **Minnesota applicants**: 435
- **Multicultural applicants**: 327
- **American Indian applicants**: 45

#### Interviews
- **Total interviews**: 148 (12%)
- **Minnesota interviews**: 128 (29%)
- **Multicultural interviews**: 17 (5%)
- **American Indian interviews**: 14 (31%)

#### Entering Class of 2010
- **Total acceptances offered**: 76
- **Early Decision acceptances**: 3
- **Early Admission acceptances**: 5
- **Deferred from 2009**: 5
- **Deferred until 2011**: 1
- **Current acceptances**: 60
- **Minnesota residents**: 54
- **Multicultural**: 8
- **American Indian**: 7
- **Minnesota American Indian**: 2
- **Women**: 33
- **Men**: 27

#### GPA
- **BCPM Average**: 3.65
- **Total GPA Average**: 3.67
- **MCATs Average**: 29.14
- **Verbal Reasoning Average**: 9.58
- **Physical Sciences Average**: 9.72
- **Biological Sciences Average**: 9.84

#### Undergraduate Schools (30 schools)
- **University of Minnesota**: 16
- **UM Duluth**: 11
- **UM Twin Cities**: 2
- **UM Morris**: 2
- **Minnesota State Universities**: 6
- **Minnesota Private Colleges**: 22
- **Other (out of state)**: 16

#### Hometown Size (35 Minnesota counties)
- **Hometowns smaller than 20,000**: 86%
- **Rural Less than 2,500**: 23 (38%)
- **Small town 2,500-7,499**: 18 (30%)
- **Large town 7,500-19,999**: 11 (18%)
- **Small city 20,000-49,999**: 4 (7%)
- **Medium city 50,000-99,999**: 3 (5%)
- **Urban/suburban 100,000 and up**: 1 (2%)

#### Age
- **Average**: 24.65
- **Mode**: 22
- **Range**: 20-57

#### Undergraduate Majors (29 majors)
- **Biology**: 18
- **Chemistry**: 5
- **Other Science**: 20
- **Other Majors**: 17

#### Graduate Degrees
- **M.P.H., Environmental Health**: 6
- **M.P.H., Behavioral Science/Health Education**:
- **M.S., Biology**:
- **M.S., Biochemistry**:
- **M.A., Secondary Science Education**:
- **M.B.A., Business Administration**:
## Trends
University of Minnesota Medical School – Duluth Campus
Year-to-Date Statistics (2005 to 2010)
As of May 18, 2010

<table>
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<tr>
<th>Applicant Pool</th>
<th>EC 2010 (Year-to-Date)</th>
<th>EC 2009 (This Time Last Year)</th>
<th>EC 2009 (Final)</th>
<th>EC 2008 (Final)</th>
<th>EC 2007 (Final)</th>
<th>EC 2006 (Final)</th>
<th>EC 2005 (Final)</th>
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<td>Total / verified applications</td>
<td>1281 / 1271 (Final)</td>
<td>1352 / 1331 (Final)</td>
<td>1413 / 1402</td>
<td>1330 / 1308</td>
<td>1281 / 1266</td>
<td>954 / 949</td>
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<td>Early Decision Program</td>
<td>6 / 14</td>
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<td>21 / 32</td>
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<td>Early Admission Scholars Program</td>
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<tr>
<td>MN residents</td>
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<td>457 / 457</td>
<td>470 / 466</td>
<td>459 / 430</td>
<td>632 / 697</td>
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<td>Women / Men</td>
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<td>582 / 747</td>
<td>617 / 794</td>
<td>547 / 719</td>
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<td>Multicultural*</td>
<td>327 / 340</td>
<td>340 / 340</td>
<td>381 / 340</td>
<td>403 / 298</td>
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<td>American Indian*</td>
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<td>39 / 39</td>
<td>46 / 46</td>
<td>70 / 59</td>
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<td>Reapplicants</td>
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<td>156 / 123</td>
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<td><strong>Pool Processing</strong></td>
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<td>Supplemental application requested</td>
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<td>1406 / 1323</td>
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<td>Supplemental application form rec'd</td>
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<td>728 / 670</td>
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<td>Supplemental application complete</td>
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<td>Approved for interview</td>
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<td>152 / 143</td>
<td>150 / 159</td>
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<td>Interviews completed</td>
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<td>146 / 139</td>
<td>145 / 158</td>
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<td>Rejected in screening</td>
<td>418 / 487</td>
<td>487 / 487</td>
<td>513 / 494</td>
<td>n/a / n/a</td>
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<td>Rejected at Committee (&lt;14)</td>
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<td>7 / 7</td>
<td>5 / 5</td>
<td>11 / 25</td>
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<td>Acceptable (14 – 22.99)</td>
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<td>89 / 71</td>
<td>71 / 53</td>
<td>52 / 45</td>
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<td>Immediate Accept or High Priority Acceptable Pool (&gt;=23)</td>
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<td>65 (HPAP 16)</td>
<td>65 (HPAP 16)</td>
<td>70 (HPAP 23)</td>
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<td>Accepted EASP***</td>
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<td>Deferred from previous year***</td>
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<td>3 / 3</td>
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<td>Withdrew after acceptance</td>
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<td>22 / 27</td>
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<td>25 / 16</td>
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<td>Total current acceptances</td>
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<td>60 / 58</td>
<td>56 / 55</td>
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<td>Minnesota Residents</td>
<td>54 / 52</td>
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<td>Non-Minnesota Residents</td>
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<tr>
<td>Mean Undergraduate BCPM GPA</td>
<td>3.65 / 3.54</td>
<td>3.51 / 3.61</td>
<td>3.51 / 3.49</td>
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<td>Mean Undergraduate Total GPA</td>
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<td>3.62 / 3.58</td>
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*Racial and ethnic data are not available from AMCAS until an application is verified.
**Included in Immediate Accept
***Not included in Immediate Accept
Matriculating Students

Mean UGPA 2001 – 2009

Mean MCAT Score 2001 – 2009

Medical School Application Trends
Membership:

Four new members were added to the Committee to round out its membership (27 voting members as specified in the Bylaws), including two new members from the Duluth Campus approved by the Faculty Advisory Council (Arlen Severson, PhD and Robert Cormier, PhD) and two new members appointed by the Dean (Kathleen Brooks, MD and Stephen Katz, PhD). A defined process for naming members to represent the Duluth Campus and modest other changes in the Bylaws related to membership were discussed at the Faculty Advisory Council and submitted to the Faculty Assembly for discussion and a vote in Spring 2010. A list of the current members can be found at http://www.meded.umn.edu/committees.

Focus of Work:

Minutes of Education Council meetings can be reviewed in full at http://www.meded.umn.edu/committees. For each broad category listed below, specific meetings that addressed these issues are listed.

The work of the Education Council in 2009-2010 fell into four broad categories:

1. Planning for implementation in 2010 of the revised year 1 and 2 curriculum at the Twin Cities and the revised year 1 curriculum at Duluth.
   *June, August, December*

2. Review of recommendations and other reports from the Education Steering Committee, which is charged with ensuring that policies for the MD programs established by the Education Council are observed in design of the curriculum.
   *October, November, January*

3. Review and discussion of LCME accreditation standards, focusing on standards for which the Medical School was previously cited, new standards that need to be addressed, and ensuring compliance with all standards for our one school-two campus model. This included a consultation from Scott Schroth, MD, Senior Associate Dean for Academic Affairs at the George Washington University School of Medicine, who presented his findings at the April 27 meeting and submitted a written report.
   *February, March, April*

4. Ensuring regular reporting to the Education Council on program evaluation, including reports from all committees and special educational programs that relate to the MD curriculum.
   *August, September, October, February, March*
May 10, 2010

TO:    University of Minnesota Medical School – Faculty Assembly

FROM: Scholastic Standing Committee Duluth


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, committee members represent the various disciplines with a member from each class of medical students. 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 7/14/09 for Summer Session 2009, 1/26/10 for Fall Semester 2009 and will be scheduled in June 2010 for Spring Semester 2010. In addition, a special meeting was held on March 25, 2010 regarding the academic progress of a second year student who had failed two second year courses and has an Incomplete grade in another course.

 Significant actions of the committee during this academic year were:

1. Program modifications:

   To date, no modified programs have been granted for the 2009-2010 academic year.

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

   Four first year students petitioned to resume course work in Fall 2009. They were interviewed prior to re-admission by Drs. Hoffman, Davis and Repesh. Each student completed Principles of Basic Medical Science and is in good academic standing during Spring Semester courses 2010.

   One first year student was granted a leave of absence July 2007 due to personal issues and petitioned to resume first year classes in Fall 2009. This student interviewed with Drs. Hoffman, Davis and Repesh. This student has been academically successful in Fall 2009 and Spring Semester courses in 2010.

   One second year student petitioned to resume second year classes and was interviewed by Drs. Hoffman, Davis and Repesh. This student has been academically successful in Fall 2009 and Spring Semester courses 2010.

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

   One second year student has been granted a leave of absence due to personal and academic issues in March 2010. This student will be required to petition for a return as a second year student for Fall 2010.

4. Dismissals/Withdrawals:

   None

5. Successful Completion of USMLE, Step 1:

   Second year students from the 2009-2010 academic year are currently in the process of studying for USMLE, Step 1. Ninety-five percent of 2nd year students passed the USMLE, Step 1 on their first attempt in 2009 (national average 93%). That class achieved an average score of 215 (national average 221). Three students passed on the second attempt.
6. Transfers to other medical schools

None

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, 2009-2010

Benjamin Clarke, Ph.D.
Robert Cormier, Ph.D.
Steve Downing, Ph.D.
Richard Eisenberg Ph.D.
Lois Heller, Ph.D.
Lillian Repesh, Ph.D. (Ex-Officio)
George Trachte, Ph.D.
Patrick Ward, M.D.
Ruth Westra, D.O. (Chair)
Travis Fahrenkamp (first year student)
Nick Austin (second year student)
Committee on Student Scholastic Standing Report to the Executive Faculty of the University of Minnesota Medical School
May 2010

Members serving on the Committee from 5/1/09 through 4/30/10:

<table>
<thead>
<tr>
<th>Sitting Members:</th>
<th>Ex-Officio:</th>
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<tbody>
<tr>
<td>Sheila Specker, M.D., Chair</td>
<td>Kathleen Watson, M.D.</td>
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<td>Sharon Allen, M.D.</td>
<td>Associate Dean for Students &amp; Student Learning</td>
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<td>Peter Argenta, M.D.</td>
<td>Theodore Thompson, M.D.</td>
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<td>Colin Campbell, Ph.D.</td>
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<td>William Engeland, Ph.D.</td>
<td>Lindsey Henson, M.D., Ph.D.</td>
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<td>Eric Gross, M.D.</td>
<td>Vice Dean</td>
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<tr>
<td>Steven Katz, Ph.D.</td>
<td>Marilyn Becker, Ph.D.</td>
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<tr>
<td>Catherine Niewoehner, M.D.</td>
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<td>Anne Pereira, M.D.</td>
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<td>William Robiner, Ph.D.</td>
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<td>Leon Satran, M.D.</td>
<td>Sancia Ferguson, MS4</td>
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<td>Lisa Schimmenti, M.D.</td>
<td>Joy Brintnall, MS3</td>
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Meetings/Hours:
From May 1, 2009 through April 30, 2010, the Committee on Student Scholastic Standing held 13 meetings, totaling approximately 45.5 hours. Among a total of 900 students enrolled in medical school on the Twin Cities campus, the Committee addressed the following:

Students Reviewed:
93 Individual medical students were discussed at those meetings

Student Interviews:
31 Student interviews were conducted to discuss academic issues or hearings:
24 Student interviews were conducted to discuss course failures
4 Student interviews were conducted for failing to make satisfactory academic progress
1 Student interviews were conducted for failing an NBME Step exam
3 Student interviews were conducted to request reinstatement to medical school
2 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

Appeal Hearings:
1 Student appealed the COSSS decision for dismissal; dismissal upheld

Withdrawn from Medical School:
1 Student withdrew from medical school

“At Risk” Status:
38 Students were placed on “At Risk” status because of course/rotation failures, Step 1 and Step 2 failures:
16 Students were placed on “At Risk” status for basic science course failures
12 Students were placed on “At Risk” status for clinical rotation failures
12 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
1 Student was placed on “At Risk” status for personal/health reasons

Academic “Probation” Status:
7 Students were placed on “Probation” for basic science course failures
8 Students were placed on “Probation” for clinical rotation failures
1 Student was placed on “Probation” for failing to make satisfactory academic progress
Leaves of Absence:
19 Students were granted a leave of absence (LOA):
16 LOAs were granted for an approximately one-year period;
2 Were extensions of a previous LOA
7 Students were reinstated to medical school after a leave of absence

The following is a breakdown of the reasons a leave was granted:
3 MPH
3 Research
3 Other Educational Pursuit
7 Personal/Health

Delays of Graduation:
7 Students were granted permission to delay graduation to pursue additional educational and international enrichment activities

Decelerated Schedule:
2 Students were granted permission to decelerate Year 1
4 Students were granted permission to decelerate Year 2

Extended Graduation:
14 Students were granted permission to extend their graduation dates during Years 3 & 4

USMLE:
17 Students were reviewed for USMLE issues:
2 Student were reviewed for not taking the Step 1 exam
12 Students failed the Step 1
3 Students failed Step 2 CK
2 Students failed Step 2 CS

USMLE Statistics

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<td>12 Failed</td>
<td>1 Failed</td>
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