Tripartite Reorganization  
College of Medicine

Cover Page

White Paper  
Tripartite Reorganization of College of Medicine

- Name of Proposed New Units in the College of Medicine  
  Program of Translational Research  
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  Legislative Outreach

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- List of current units that will be partially reorganized  
  All 5 Basic Science Departments  
  All 14 Clinical Science Departments  
  College of Medicine Office of Medical Student Education  
  Medicine Administration Unit
Tripartite Reorganization
College of Medicine

Explanation of how the reorganization will strengthen Research, Teaching and Service

Program of Translational Research

Translational medicine should be a major component of any first class medical school aiming to move up the national rankings. Although translational medicine research and education is given verbal recognition, it is not well supported at the College of Medicine. Currently there is no mechanism for directing state line dollars to clinicians who want to truly collaborate in research with basic scientists, or carry out independent research projects, and develop fundable grants and programs, and not just be providers of tissues or serve in other minor roles. A Program of Translational Research should be established to allow merged appointments of clinical science faculty into basic science departments or a basic science group within a clinical department such as the Radiology Research Group. Clinical faculty members who are interested in research would apply to join the Program of Translational Research, with appropriate space for projects allocated in a basic science department or group, either in association with a faculty member collaborator of that department/group or with sole investigator space. One part of their salary, (e.g. 75% to 80%) would be paid through their clinical department, and another fraction of their salary, (e.g. 20% to 25%) with state-line salary support, would be paid through their basic science department/group. With this basic science component of salary, there would also be measurable expectations, set by and judged by their basic science Performance Evaluation Committee, such as being part of grant applications, authorship on publications, and a proportional amount of teaching assignments, in their area of expertise, for teaching of medical students. This will allow clinical faculty to spend a reasonable amount of time pursuing translational research, and will promote recruitment and retention of clinical physician scientists on the tenure track. This should allow an enhanced ability to attract translational research funding from the NIH, which has recently emphasized support for this type of research. Indeed, for basic scientists with NIH funding, a proposal for a supplement to support a translational research project of the order of $100,000 currently has a high likelihood of being funded. Some residency programs, such as the one governed by the American Board of Radiology, have just begun to require a research component in training, for certification. Translational research would be especially attractive to graduate students, medical students and undergraduates. The Program of Translational Research would promote entry of medical students into a career in research, in the long term. It could make a career in medical research not only palatable (more years of training), but also desirable. Participation by students in such research should be supported by allocating small grants, perhaps $2,000 per student, for supplies, if they are accepted into a translational research project.

The new support for merged interests of clinical and basic sciences faculty members in a Program of Translational Research would clearly be more advantageous than some other mergers being currently pursued or proposed. The faculty members of the Department of Cell Biology and Anatomy met with Dr. Anne Cress, Associate Dean, Research, on Monday, September 22, and voted, with 15 in favor and 1 abstention, to terminate the currently proposed merger of Cell Biology and Anatomy with the main campus department of Molecular and Cellular Biology. Such cross campus mergers have not worked in the past, and in particular did not strengthen the College of Medicine in either translational research or teaching of medical students.

Faculty Committee to Re-invigorate Curriculum

Teaching of the medical students has reached a critically low point, as indicated by the scores of UA medical students on the current United States Medical Licensing Examination (USMLE) Step 1 taken by US Medical Students at the end of the second year of medical school. A new curriculum was instituted two years ago, without opportunity for review or approval by the full faculty of the College of Medicine, and the result was that 18 students out of 110 failed the USMLE Step 1 test, and the average score of the UA medical students taking the test was substantially below the national average. Under the previous curriculum, devised by an elected
College of Medicine faculty committee with review and approval dependent on the full faculty, an average of 4 students would fail, and the average score of UA medical students was significantly above the national average. The USMLE Step 1 scores (students with low scores are not allowed to retake this test) are used by Residency programs in deciding whether to admit medical students, upon graduation, to their programs. While curricular reorganization at other medical schools has also resulted in lower board exam scores, the lowered scores in the current used curriculum are much lower than should be accepted. The reduction of teaching functions, in the current curriculum, of both basic science and clinical tenure track faculty, who are the most expert in their respective fields, is likely a major contributor to the critically low scores of current UA medical students. Tenure track faculty, who had an in-depth and balanced knowledge in their areas of expertise, previously communicated the most important information and concepts in an expeditious manner to medical students, and their control of teaching roles and material to be taught should be restored.

The medical student courses and curriculum should be re-evaluated by the new Dean in consultation with the Department Heads. However, an initial reorganization should be undertaken immediately with a focus on a revamped first year curriculum and needed reorganization of the current second year curriculum. This will ensure that previous mistakes are not repeated with the next entering class in August 2009, and would protect current first year students, when entering their second year, from a high failure rate and generally low scores on the USMLE Step 1 test. The reorganization should be carried out subsequent to a Town Hall style meeting of the faculty and students of the College of Medicine. After important considerations are discussed, a freshly elected faculty committee, independent from the faculty committee that was involved with devising the current curriculum, with medical student representatives on the committee as well, should be constituted and charged to devise a specific plan for reinvigorating the curriculum. With approval of the Interim Dean, Department Heads and general faculty of the College, this plan should be in place by Spring 2009 so that specific teaching assignments can be made for the Fall. In particular, we believe that teaching of the medical students in basic science subject areas should be assigned by Department Heads in consultation with faculty members, including clinical faculty who are part of the Program of Translational Research with partial salary lines in the department. The tenure track faculty who are most knowledgeable in a particular area should teach in that area. There should be transparent responsibility of individual faculty members for each area of the curriculum. Departments with responsibilities in subjects needed for medical education (e.g. infectious disease) should be able to hire faculty members with expertise in those areas.

Legislative Outreach

Outreach should be improved by having a College of Medicine registered lobbyist who would be in consistent contact with Legislators, so that substantial parts of outreach could be aligned with Legislative priorities, and Legislative concerns could be addressed.

How the reorganization will raise the unit’s and the university’s ranking or reputation

Program in Translational Research

There would be a significant increase in the number of clinical physician scientists engaging in translational research projects. This should enhance the ability of faculty members to attract translational research funding from the NIH, which has recently emphasized support for this type of research. Translational research has become a national priority, and Colleges of Medicine having many faculty members engaged in this type of research receive national recognition. There would be a significant change in the culture and philosophy of the College of Medicine. Such clear mechanisms of support for translational research would attract and retain more highly qualified faculty members in our College of Medicine, faculty with broad interests and training. This would clearly increase the UA College of Medicine national ranking and funding.
Faculty Committee to Re-invigorate Curriculum

Returning overall responsibility for the curriculum to the faculty would place the responsibility for medical student education back into the hands of individuals with expertise in subject areas. Current emphasis on learning modalities and teaching methods, without adequate focus on subject material, has left the medical students with an insufficient knowledge base. Increased scores on the USMLE exams will increase the reputation of our College of Medicine so that graduating students will be able to obtain better acceptance into preferred residency programs.

Legislative Outreach

Closer collaboration with legislators, through a College of Medicine lobbyist, will improve the relationship of the College of Medicine with the Legislature. It will allow aspects of the outreach program to support Legislative goals and priorities.

Description of the processes of consultation with deans, heads, faculty, staff, appointed personnel and students, and the extent to which this proposal has the support of those affected.

Preliminary discussions and significant consultations

This proposal was first discussed with one or more faculty members in Cell Biology and Anatomy, Pediatrics, Pathology, Immunobiology and Surgery, incorporating suggestions that were made.

Further consultations

E-mail requests for evaluation of the White Paper were sent out to: (1) the Interim Dean of the College of Medicine, (2) all members of the Faculty, Appointed Personnel and Staff of the College of Medicine, both on the Tucson and Phoenix campuses, including department heads, (3) external constituencies of the Faculty, Appt. Personnel and Staff of the Colleges of Public Health, Nursing and Pharmacy, (4) all medical students at the College of Medicine, and (5) all members of the Arizona Legislature. Responders were asked to indicate their level of support for the overall proposal and for each of 4 parts of the White Paper on a numerical scale. In addition, responders were asked to suggest improvements and indicate serious concerns. Forty-three e-mail responses were obtained, most with both numerical evaluations and detailed comments. Numerical evaluations were made on a rating scale of 1 = entirely dislike the plan, 2 = somewhat negative on the plan, 3 = neutral, 4 = somewhat like the plan, 5 = substantially like the plan. The different constituencies, the numbers responding (in parentheses) and the average ratings received on the overall proposal are given here. Medical Students (10) 4.3; Staff (5) 3.8; Faculty members (22) 3.0 [however, these scores had a bi-modal distribution: with 10 faculty members preferring curriculum changes giving the overall proposal an average score of 4.7, with 9 faculty members defending the current curriculum giving an average score of 1.2, and with 3 faculty members not providing numerical scores]; Administrators (all involved in the current curriculum) (6) 1.2. All ratings and complete, unedited comments (with names redacted) are provided as Appendix 1.

A forum was held on October 6 to which all College of Medicine faculty members, appointed personnel, staff, students and administrators were invited by e-mail. About 27 came to the forum. Notes of statements made at the forum are provided as Appendix 2. Recommendations made at the forum have been incorporated into this White Paper.

A group of 10 faculty members from the Radiology Department who are especially interested in translational research asked the proposal authors to meet with them to refine the recommendations for a translational research program. Their recommendations have been incorporated into this White Paper.
Administration in the College of Medicine has become large and costly ($5.7 million) in the last 5 years. In 2003 there were 6 people listed in the UA Directory under College of Medicine with the term "Dean" in their title (Associate Dean, Special Assistant to the Dean, etc.), while in June of 2008, there were 23 such individuals on the web site of the Tucson Campus College of Medicine Administration. This has since been reduced to 19 individuals, but is still large. With transfer of responsibilities to elected faculty committees, as in the past, this could save several million dollars. Though not directly related to the three new programs in this White Paper, this saving is suggested here.

The College of Medicine Office of Medical Student Education has a large number of administrators and staff appointed to it, and faculty members participating in this area have received large salary bonuses. With transfer of curriculum control back to the faculty, this area of the administration could be greatly reduced and the large faculty bonuses for control of curriculum under this area could be removed. Reduction in this area could likely save on the order of a million dollars.

State line 20% to 25% salaries for clinical faculty members with merged appointments in basic science departments or basic science groups through the Program of Translational Research will add to the salaries needed at the College of Medicine. The need for added salary dollars for support of translational research would begin gradually, with several appointments per year added to the Program of Translational Research, both of current faculty taking up these appointments and with new faculty attracted through the possibility of such translational research support. The added cost may be about $1 million per year if there are $50,000 state line salaries added for basic science salary support for 20 clinical-basic merged appointments. However there may be a somewhat compensating increase in indirect costs though increased grant support.

The added College of Medicine registered lobbyist could cost approximately $100,000 per year. However, greater alignment with Legislative priorities for outreach could result in added funding for the College of Medicine of at least that amount, so that this might not be an added cost.