

# MINUTES OF THE WSU SCHOOL OF MEDICINE FACULTY SENATE

June 30, 2016

1. **Call to Order:** The meeting was called to order by Dr. Meert at 3:04 p.m.

2. Minutes from the last previous Faculty Senate Meeting were not available.

3. **Report from School of Medicine Administration:**

a. LCME: Dr. Sobel reported that an action plan was submitted to the LCME in April, 2016. It was reviewed and considered reasonable. They will return again in 9-12 months.

b. Vice Dean for Education Baker reported on various issues:

i. The LCME called and said that they are so pleased with progress that they want to return in January, 2017. We'll try to push for a few months later.

ii. Diversity of student body: There has been a tremendous increase in applications of underrepresented minorities, and similar increases in expected matriculants.

iii. Teaching and Learning: Improvements in this area.

iv. Operational Excellence

v. Enrollment Management

Best practice at the University level.

vi. At the SOM, we are aiming for a successful match and loyal alumni. We were able to draw on expertise in the University.

vii. Enrollment management has been unified.

Holistic admissions.

Scholarships

Marketing

Visual identity

Instill pride and enrollment

viii. Admissions

We were the last paper-based admissions process.

Everything is now carried out and tracked online.

Holistic interview process.

Individualized admission letter.

Previously, scholarships were offered late. Now, they are part of the admission process.

ix. Opportunities outside the MD program.

No caps to graduate enrollment.

x. Financial challenges

Out of state tuitions are high.

Increased competition within Michigan.

Our numbers of applications have been flat since 2012, whereas other schools have had increased applications. We intend to increase applications over the next two years.

xi. The debt of non-resident graduates is very high.

xii. Our School is ranked by peers, so we plan to expand our national involvement.

xiii. We plan to reduce the tuition for out-of-state students and increase their numbers. We would still have more in-state students than any other medical school in Michigan.

c. Dean Sobel reported on other issues:

i. Great progress in education, in spite of the problems that were encountered.

Problems of medical students who graduate but cannot enter residency and therefore cannot work.

There is a structural problem of a static number of residency positions, whereas the numbers of graduating students are increasing. We must screen applicants more carefully on admission and then as they progress in medical school.

We were not training in how to teach, and that is being addressed.

Whereas medical student tuition comes back to the School of Medicine, graduate student tuition does not. The School is trying to remedy that.

ii. School of Medicine budget:

The budget deficit will be relieved in the next two years.

The next phase will be investment and growth.

UPG has been reorganized. Its deficit appears to have declined from \$13M last year to \$2M this year.

In the future, UPG should contribute to investment in the School.

A new budgetary process is beginning now for every department, with the goal of balance. Many medical schools have set the bar for faculty funding higher than we have. We need greater funding of salaries.

d. VP for Health Sciences David Hefner:

Relationship with the DMC:

We are shining the lights on the DMC relationship. There has been a decline in contribution from the DMC over 15 years, but it has accelerated under Tenet. They do not understand and appreciate an academic medical center. They have different values. We lack an academic medical center as a partner. We are looking to salvage clinical departments from the deprivation we experience.

e. Further considerations of SOM budget:

Dr. Sobel reported that at the University of Pittsburgh School of Medicine there is an expectation that faculty will cover 75% of their salary, with cuts each year when the coverage is less than 75%, and departure after three such years.

Dr. Sobel stated that graduate students would not be able to go into a lab whose faculty member is not funded.

f. Considerations of UPG:

Dr. Sobel observed that UPG was broken and governed from the University.

He reported new leadership in UPG which is effective and responsive.

The financial hemorrhages have ceased, except at the Maple Surgical Center.

UPG had about 60 leases for offices, but only half of them were being used. Those are being reduced.

**4. Adjournment:** The meeting was adjourned at 4:50 p.m.

Respectfully submitted,

Stephen A. Lerner, M.D., Secretary, Executive Committee of the SOM Faculty Senate