AHC Strategic Planning Process

Phase II - Report on Defining Question No. 6:

How do we develop a culture of service and accountability, in both internal and external relations, with an environment of good communication and consultative decision making?

Committee No. 6 - Service and Accountability

Daniel Feeney, Chair (Veterinary Medicine)
Charles Schulz (Medicine - Twin Cities)
Gary Anderson (Dentistry)
Gary Davis (Medicine - Duluth)
Kathleen Kirchbaum (Nursing)
Mike Murphy (Veterinary Medicine)
Raj Suryanarayanan (Pharmacy)
Richard Eisenberg (Medicine - Duluth)
Russell Luepker (Public Health)
PHASE II - REPORT ON DEFINING QUESTION NO. 6:

HOW DO WE DEVELOP A CULTURE OF SERVICE AND ACCOUNTABILITY, IN BOTH INTERNAL AND EXTERNAL RELATIONS, WITH AN ENVIRONMENT OF GOOD COMMUNICATION AND CONSULTATIVE DECISION MAKING?

EXECUTIVE SUMMARY: AHC Accountability & Climate

A culture of service and accountability is the key to the advancement of the University of Minnesota Academic Health Center (AHC). However, shared information and understanding are required to obtain cooperation. Therefore, a continuous, two-way stream of faculty-administrative exchange must be created to assure appropriate understanding and discussion of AHC issues. The governance structure (Sr. VP <-> Departments) currently in place should serve this purpose with some refinements for consistency. In addition to internal “connectedness”, individual AHC units must establish or foster their connections with constituents across the institution, in the involved disciplines internationally, and in the community to foster productivity and assure a prosperous future. To maintain the highest caliber of faculty, the AHC must encourage and reward its faculty for their efforts to foster program connectedness be it in the research collaboration, clinical practice, institutional relations, creative teaching, shared responsibility, outreach, community education, or community health.

Documentation of progress within and among the AHC units must be judged using appropriate benchmarks. The current practice of “compacts” between the colleges/schools in the AHC and the Senior Vice President for Health Sciences is being refined in part to serve this purpose. However, similar benchmarking must be applied to faculty evaluations and the benchmarks must be defined in advance of their use in evaluation processes. There is a need for consistency of the faculty evaluation processes with expectations customized by individual AHC units to make them fair, objective and reasonable. Similar benchmarks and objective information can also be used to determine full time equivalent (FTE) allocation within and across AHC units. The proposed FTE analysis is deemed necessary to assure core curricular functions are being met using equitable faculty workloads. This FTE analysis will then determine what FTE capacity can be allocated to existing or new “non-core” initiatives. The importance of teaching as it relates to faculty evaluation and to FTE allocation must be a foremost consideration in this analysis. To be useful, these exercises require the development of both quality and quantity metrics. Background information as a basis for these metrics can be garnered by evaluation of historical documents including those prepared for annual faculty merit evaluation. Administrative decisions made openly, communicated promptly, and based on objective information should improve internal AHC rapport. We recognize that the AHC has been through some trying economic and political times during the last 10 years and that culture will not change overnight. However, everything has to start somewhere and faculty-administrative engagement provides that opportunity.
Committee No. 6 Report

Introduction

The AHC must be a place where people are treated fairly and with mutual respect. People must be given appropriate recognition for their accomplishments, but they must be held accountable for their actions. This concept applies to both faculty and administration. The faculty are responsible not only for their productivity in the AHC mission, but also for participation in the development and analysis of the metrics to be used to assess their performance and that of the AHC as a whole. The administration is responsible for developing the AHC-wide vision, for coordinating faculty/staff effort, day-to-day management of the AHC enterprise, and fostering faculty/staff development, as well as orchestrating the development and application of relevant metrics within and across the AHC.

The expectation is that all AHC units will be active contributors to the betterment of health in the State of Minnesota. Everybody in the AHC has a responsibility to contribute to its overall AHC mission in a “spirit of collegiality” that is supported by a “commitment to excellence”.

Issues

1. If faculty are to become engaged in this AHC invigoration exercise, they must feel that they are objectively evaluated and appropriately rewarded for their efforts. Toward that end, a standard faculty evaluation process must be developed and implemented across the AHC.

2. Excellence in didactic, laboratory, clinical teaching, mentoring and service must be established as part of the evaluation process for every AHC faculty member’s evaluation. This process must be applied uniformly and fairly.

3. a. The importance of administrators at the division/department and school/college levels as well as the Chief Academic/Executive Officer for the AHC must be understood and appreciated. There must be objective, thorough and regularly scheduled evaluations applied uniformly to all AHC administrators. For the faculty and staff to accept that this process occurs and is fair, it must be made transparent (without violating privacy).

   b. The role of department chairs in this AHC invigoration is critical. It must be recognized that they are the interface between departmental faculty and the AHC administration.

4. The AHC units (departments, divisions, colleges, teaching hospitals, centers, institutes...) must make explicit the duties and allocation of faculty effort as it relates to the core mission of these academic units. This is the basis for effective use of precious FTE resources to assure necessities for program accreditation are met. This evaluation can be used as the basis for determining the feasibility of funding requests for new initiatives. This exercise will have an element of “right-sizing” what units have, what they need, and what they can or should be doing. The goal here is to place available FTE’s on the basis of core program needs first. This will promote a productive and efficient “core” and should remedy the effects of past
incremental, “across the board” retrenchments. This is the objective and equitable way to orchestrate change.

5. The AHC and System-wide infrastructure shortcomings have significant effects on faculty and staff efficiency, energy, and morale. There infrastructure groups include: sponsored programs administration (SPA), information and computer services (IS), classroom scheduling and maintenance, student registration, facilities management, payroll services, and parking/transportation services. These groups seem to function on their own with limited central oversight. The pace these groups keep may not mesh with the pace expected of faculty. The results include wasted time and resources as well as a negative influence on faculty innovation and productivity.

**Proposed Action**

1. Faculty and staff evaluations occur at the “department” or “division” levels. Faculty/staff confidence in the objectivity and consistency of the evaluation process is critical if people are to feel comfortable with how they are treated. This is a primary responsibility of the chair/head with the following aspects integrated into the process:

   a. All faculty must expect to be evaluated objectively according to defined institutional policies and that departmental/college variations in methodology/historical practices must conform to standardized AHC Policies with some allowance for variations in unit funding sources. Self-evaluation at the time of peer evaluation should also be considered in this process.

   b. Appropriate faculty/staff expectation and evaluation “metrics” must be defined for all AHC units and these must be effectively communicated to assure fair evaluation and appropriate distribution of annual merit dollars (and bonuses, where applicable). Specifics of the metrics must include benchmarks for research, teaching, service (discipline-related and institutional) as well as their institutional, collegiate, departmental, and discipline-related citizenship.

   c. All faculty must operate in compliance with appropriate policies (e.g. institutional, Federal, state, etc.) in all their activities and their annual evaluations must reflect that this is occurring.

   d. A sense of reward for workload must be developed. There is the sense that faculty responsibilities are increasing resulting in faculty being “spread thinner”. Some of this is related to decreasing faculty numbers, but there may be other more transient circumstances (e.g. failed/delayed searches related to retirements, recruitment losses, etc.). Those faculty who have to “pick-up the slack” for unfilled positions in core disciplines, should be judged and rewarded accordingly (if necessary by the chair or head).
2. The teaching mission of the AHC must be reinforced through:

   a. The use of a minimum percent of each tenured, tenure track or term faculty position for teaching.
   b. The creation and adoption of metrics and standards for teaching evaluation that are consistent across the AHC.
   c. The assumption that quality in teaching is to be rewarded on par with that of research.

3. 

   a. All administrators must be evaluated on a regular basis and be held accountable (by both the faculty and their administrative superiors) for the decisions they make and the departmental/collegiate environments they create. Specifically this must include: the success of their "core" unit mission, their success in faculty motivation for that core mission, their role in appropriate introduction, monitoring and evaluation of new initiatives, their ability to solicit and capture the collective wisdom of their faculty, and their budget management expertise (e.g. don't reward bad management with supplemental capital in the form of unit "bail-outs" with no consequences to the involved administrator). Assessment will be part of the annual "compact" process.

   b. All administrators will be expected to participate in administrative training which will foster a "tone-setting" and an "air of consistency" for how business will be conducted within and across AHC units. This training should be related to general institutional policy and procedures as well as to specific aspects of AHC unit management (e.g. merit evaluation procedures).

4. 

   a. A joint faculty/administration driven FTE Analysis related to the needs of the core programs within each AHC Collegiate Unit must be undertaken. The “core” programs are those in which the State of Minnesota allocates teaching monies with the expectation that these programs deliver health care professionals to meet the State’s needs. This FTE model must include the above-mentioned percent teaching time minimum associated with each faculty position. In addition, the FTE Model must include the department/college-derived minimum and maximum percent clinic/discipline-related service time associated with each faculty position, if applicable. The FTE Model must include a minimum percent research time. Finally, the FTE’s devoted to professional or institutional service must be identified and fairly distributed. Using the combination of minimum teaching and research times and minimum to maximum clinic time ranges, the FTE’s necessary to operate efficient core undergraduate, graduate and professional programs can be determined. A plan should be put in place to allocate FTE’s according to that model in concert with accreditation requirements mandated for the various programs. This should be the basis of all future strategic planning efforts.

   b. The development and implementation of elective programs and narrow-scope new initiatives must be evaluated in advance on how they will be supported (specifically whether or not these should be supported by research dollars versus clinical income, state $, tuition $, ...). Each new initiative must be evaluated based on whether it will eventually reshape the core program (require retrenchment and reallocation), add to the core program (require additional funding for the core program), or become a self-supporting entity (e.g. supported
on grants, contracts, etc.). If none of these are applicable, the program should be subject to revenue cuts and possibly discontinuation. In times of tight budgets, elective programs (and the FTE’s allocated to them) cannot be spared at the expense of the core collegiate/AHC missions. The student educational experience must not suffer because units have “traditionally” received the tuition money irrespective of their course quality. The incentives for managed growth (IMG) should have some market-based influence on such situations (e.g. students will look for better courses if somebody offers to teach them).

5. AHC and System-wide support units must have a similar “compact” process to the academic units. These units (using substantial faculty input) must develop benchmarks and goals against which they will be annually evaluated. The evaluation process must be as rigorous as that applied to the academic units. If appropriately applied, these evaluations should foster a sense of responsiveness within these units to serve the needs of the academic community. In addition, this infrastructure accountability should eliminate the academics units being held fiscally and politically accountable for issues and occurrences beyond their control!
ACADEMIC HEALTH CENTER CLIMATE

Introduction

The AHC must capture or recapture a sense of collegiality, trust, shared values, shared obligations, and mutual responsibility. Occurrences in the past such as re-engineering, the tenure wars, and the consent decree must be considered lessons learned and not to be repeated! The AHC must become a place where challenges are met with confidence and enthusiasm. This “group confidence” comes from the understanding that through collaboration and collective responsibility, the problem can be solved. The option to see things from multiple perspectives is one of the many benefits of collaboration whether it occurs within or across AHC units. In an environment of modest resources, there will always be some degree of competition among and within AHC units. However, through collaboration, more of the needs of the individual AHC units can be met. This applies to internal grant dollars, research or teaching space, equipment, and even staff.

Issues

1. AHC (and overall University of Minnesota) rapport have suffered from the occurrences of the past 10 years. Some of these were mentioned above. Others are more unit specific.

2. All faculty must realize that the reason the "university" exists is for the teaching as well as the research that must be performed here. This includes mentoring students as well as classroom, laboratory, clinical and outreach endeavors being recognized as meritorious.

3. All faculty and staff must realize that the services we provide and the demeanor with which we provide them will influence how the AHC is perceived in the community and the State.

4. The AHC must promote itself within the University Community as a vested, cooperative player with an eye toward the success of the entire institution (U of MN).

5. There is a sense that despite continued productivity, faculty are penalized in the form of salary compression (e.g. lower rank salaries rise more rapidly than do higher rank salaries) [see Academe, Volume 86, Number 2, 2000]. There is also a sense that to compensate for this, one must either periodically solicit outside offers with the hope of a retention counter-offer or depart for “greener pastures”. This poisons the climate.

Proposed Action

1. a. Faculty must be made aware that they are appreciated. This sense starts at the level of the Board of Regents and moves downward through the Sr. VP, Deans & Chairs (e.g. supportive environment, appropriate recognition, etc.).

   b. Faculty must feel that they have been treated fairly on salary, leaves, lab space, and technical assistance. This comes about in an environment of objective evaluation and reward described under accountability, above.
3. The standardized process of evaluation proposed above in conjunction with the development of AHC-based awards for teaching should provide appropriate recognition for the effort involved in teaching.

3. The inclusion of collaboration and collegiate citizenship in the metrics used in faculty staff evaluations (method defined in accountability, above) should recognize, foster, and reward appropriate behavior. There is no reason the AHC cannot become a more user-friendly place for our students, patients and clients.

4. Through active faculty governance (e.g. Faculty Senate, AHC Assembly), a sense of “the University of Minnesota” can be promoted while the negative aspects of the “Washington Avenue Syndrome” can be minimized. Both clinical and basic science AHC faculty should be encouraged to get involved. This will suppress the tendency for the “we” vs. “they” across campus and it should foster open dialog about scholarly collaboration and funding decisions.

5. Market studies and a plan for faculty salary adjustment and recognition must be developed to promote institutional loyalty by productive faculty. This plan, to be developed jointly by faculty and administration, must foster an institutional environment where faculty/staff feel they are treated fairly and equitably and that their efforts are appreciated. This sense of academic community can only be established if the relative worth of long-term, productive faculty/staff is recognized and rewarded. The continuous influence of outside competitive forces provides an incentive for the AHC to adopt a mode of continuous and competitive salary adjustment rather than to continue the current reactionary reward and sporadic recognition system.

BOTTOM LINE:

Metrics for faculty evaluation, administrative evaluation, infrastructure evaluation, FTE allocation, and cost accounting must be developed and utilized as part of the annual merit evaluation and compact processes.

Faculty that are evaluated using a fair, consistent and predictable system applied across the AHC can then function as an appropriately motivated, connected team.

Faculty must have a sense that their opinions, expertise, and services are valued by the institution and its administration, if the University of Minnesota Academic Health Center Units are to rise to the top of their respective national rankings.

Administrative evaluations must be fair, consistent and predictable across the AHC with outcomes made as public as possible.

Full time equivalent (FTE) distribution and utilization must be objectively evaluated throughout all AHC Units to be sure that faculty effort is efficiently deployed to do the teaching, research and service expected by the State of Minnesota and its other constituents (including outside granting agencies).
New initiatives must be analyzed for current and future FTE needs before they are initiated. These FTE needs must be judged against the reserve FTE capacity of the core to assure the core teaching and, where applicable, the service missions are not diluted or compromised. In addition, metrics must be developed for in advance for annual evaluation and continuation as well as a target set for such initiatives to become either part of the core or self-supporting.