

Initiative 2001

Building a Premier Learning Community University of Kansas Medical Center

S.J. Enna, Ph.D., Chair
Robert Ardinger, M.D.
Giulia Bonaminio, Ph.D.
Mr. Gerald Call
Mr. Robert Campbell
Helen Connors, Ph.D.
Glendon Cox, M.D.
Linda Davies, Ph.D.
Winnie Dunn, Ph.D.
Mr. Jon Jackson
Ms. Jennifer Lamb
Ms. Cheryl Pace
Mr. Donald Tower
Ms. Lori Winfrey

Preamble

On October 17, 1997 Chancellor Robert Hemenway appointed a Task Force (appendix I) to consider and make recommendations concerning issues of importance in the educational mission of the medical center. The charge to the Task Force was to define the characteristics of a premier learning community in the context of the attributes desired of a University of Kansas graduate.

Formal Task Force meetings were held on November 14 and December 4, 1997 and January 8, February 5, February 19, March 5 and March 16, 1998 (appendix II). Besides these, subcommittees (appendix III) of the Task Force met at various times to collect and review data and to meet with individuals and groups (appendix IV), both inside and outside the medical center, to consider particular issues. In addition, comments and suggestions were solicited from the entire campus community. The results of these efforts were summarized in subcommittee reports (appendix V) which were then reviewed by the Task Force. Detailed below are the Task Force conclusions.

Narrative

Scholarship is the hallmark of a premier learning community. As this has been true for millennia, it will be the case in the new millennium. It is scholarship that distinguishes a trade school from a university and an academic medical center from a nonteaching hospital. While changing fashions and technologies may alter the way in which didactic information is transmitted, or the way in which health care is supported and apportioned, scholarship will remain a constant in a premier learning community. Given this premise, all members of a learning community are learners, including faculty, students, fellows and staff. The faculty in particular is responsible for establishing and nurturing an environment of inquiry crucial for learning. The constituents, therefore, learn as collaborators in an intellectually vigorous enterprise. Attainment of a scholarly environment requires faculty be recruited and retained who are dedicated to advancing knowledge in their discipline and that the institution support, encourage and reward such activity. Students must be recruited who are eager to learn by participating in the discovery process and by exposure to experts in the fields that underlie their profession. By fostering the pursuit of knowledge through collaborative interactions between students and faculty, scholarship is enhanced and the institution reaps the rewards associated with national and international recognition for excellence. This in turn attracts additional scholars, increasing the diversity of the community and enhancing further the opportunities for learning. Thus, all efforts directed towards establishing and maintaining a premier learning community must be in support of scholarship, its defining characteristic.

Academic medical centers face unique challenges in attaining this goal. Chief among these is the need to compete with commercial enterprises for a patient population sufficient to maintain the educational program. Moreover, fees derived from patient care have historically been an important revenue source for financing the academic enterprise. The decline in the patient base and in the reimbursement for patient care will represent two of the major obstacles in the coming years to building and maintaining a premier learning community in an academic medical center. The challenge is to address

these issues without compromising scholarly activity. Thus, the extent to which faculty, students, and fellows are not engaged in scholarly pursuits aimed at enhancing the prevention, diagnosis and treatment of illness, academic medical centers have nothing unique to offer potential patients, eroding the educational environment and compromising further the ability to promote scholarship.

While there are many types of scholarship, an objective measure of scholarly activity is the amount of research funding awarded to an institution. Such funding has increased significantly at KUMC over the past decade, although this growth has lagged far behind that of some benchmark institutions. Although there is excellent research being conducted in all three schools, with many individual faculty and programs recognized internationally for their accomplishments, there is a relative lack of funding for original research in the medical school clinical departments. Since the clinical enterprise is typically the engine that drives medical center research programs, the overall research effort at KUMC lacks organization and coherence, diminishing possibilities for research collaborations across departments and schools, and eroding the ability to be competitive for large center and program project grants. Besides compromising scholarly activity, the lack of research funds places additional stress on financing the overall academic effort. For example, the Department of Medicine alone at the University of Colorado Medical School was awarded \$30 million in NIH research funding in 1996, nearly twice the total amount of NIH funding awarded to all faculty at KUMC that year. Other signs that scholarship may be suffering at KUMC are the suspension of the M.D./Ph.D. program and the difficulty in filling the Hall professorship.

A major reason for the decline in research in clinical departments is the growing need for clinical revenue to sustain the educational program, severely limiting the amount of time available for clinical faculty to engage in scholarly activity. The need for clinical income also encourages the hiring of faculty who possess clinical skills but have no formal training in research or other types of scholarly pursuits. The increased emphasis on clinical activity at the expense of scholarship compromises the academic enterprise overall. This trend represents the major obstacle in establishing KUMC as a premier learning community.

Additional grant revenue associated with scholarship is necessary because there is unlikely to be a significant increase in the permanent state subsidy in the coming years. Moreover, it is likely clinical revenue will continue to decline, making it impossible for either the hospital or KUPI to generate sufficient profit to directly subsidize medical center activities. Accordingly, significant growth in financing must come from increases in grant revenue and philanthropic support. With regard to the former, it is estimated that an investment of \$100 million is required over the next five years to recruit the faculty and build the infrastructure, including a new research building, necessary to re-establish a fundable research enterprise in the clinical departments that will benefit all three schools on campus. This effort is crucial for establishing the level of scholarship necessary for building a premier learning community at KUMC.

Other issues that must be addressed in support of scholarship are curriculum reform, technological innovations, interinstitutional collaborations, and faculty development. Moreover, there must be an increase in faculty accountability and a greater flexibility (i.e. multiple tracks) in the appointment and promotion process and the allocation of resources to establish KUMC as a nationally recognized premier learning community. The ability to attain these goals will distinguish learning from teaching communities in the 21st century.

Comments and Recommendations

The aim of the educational program at the University of Kansas Medical Center is to ensure students:

- master the scientific principles underlying their discipline
- master the technical skills necessary to practice their profession
- understand the importance of life-long learning
- acquire the attitudes, including a sense of teamwork, ethics and professional demeanor, necessary to fulfill their obligations to their patients, communities and profession

To attain these objectives, a premier learning community must foster a level of scholarship such that all members of the community are learners. By collaborating with faculty in the quest for new knowledge, students master the basic principles of their discipline and gain confidence in their ability to adapt to changes in their fields. Thus, such students are prepared to meet future challenges and to contribute to their profession throughout their careers.

Outlined below are issues and action items identified by the Task Force as important in establishing a premier learning community at KUMC.

Student recruitment

- Emphasis must be placed on attracting students who will add to, and benefit from, a scholarly environment. Characterizations include an aptitude for independent study, creativity, inquisitiveness and a dedication to their chosen profession. It will be easier to attract a diverse population of such students as the level of scholarship increases and as more programs win national and international acclaim.
- Charge in-state tuition to all students who are residents of metropolitan Kansas City to enhance the quality and diversity of the student population.

Faculty recruitment

- Recruit faculty who are either established or potential experts in their fields to create the scholarly environment necessary for learning and to enhance student recruitment.
- Provide the resources necessary to recruit faculty capable of establishing and maintaining research programs and other types of scholarly activity of relevance to health care.
- Establish policies that allow schools to accumulate state funds across fiscal years that could be used to recruit and retain a diverse group of faculty, deans, department chairs and division heads who are experts in their fields.

- Current trends in medical education emphasize the training of primary care physicians and nurse practitioners, increasing the pressure to hire faculty with clinical experience over those who have also had research training. To maintain scholarship it is essential that faculty be recruited who are capable of performing both functions.

Faculty compensation

- To ensure faculty salaries at all three schools are competitive with benchmark institutions, formalize and enforce faculty evaluation procedures, the results of which are tied to compensation, and devise an equitable means for allocating resources among schools, departments and divisions based on their contributions to the enterprise and their success in fostering scholarship.

Faculty renewal

- Policies and programs must be established to encourage and ease faculty retirement to ensure the quality and vigor of the educational, clinical and research programs. This could include incentives such as full medical coverage for a specified period following retirement and malpractice insurance for part-time and emeritus faculty.

Academic tracks

- Establish a more flexible system of appointment in non-tenure tracks to ensure essential personnel are not lost because their responsibilities do not allow time for acquiring the academic credentials required for tenure.

Tenure

- Establish the monetary value of tenure to enable the institution to more appropriately allocate resources and institute a post-tenure review system to maintain faculty accountability and quality of effort.

Community-based faculty

- Increase the use of communication technologies to provide instructional assistance to community-based faculty.
- Establish a compensation system for community-based faculty which could include direct payments, library privileges, and e-mail access.

- Establish policies to ensure these faculty receive the recognition necessary for them to identify closely with the institution.

Contact hours

- If the trend towards a greater utilization of small group discussion sessions continues it may be necessary to increase the number of faculty or decrease class size to facilitate learning in this environment and to ensure ample time for faculty to engage in scholarly pursuits outside the classroom.

Faculty development

- Provide formal, ongoing training for faculty in areas directly associated with scholarship and teaching such as grant preparation, problem-based learning techniques, small group tutorial instruction, mentoring, curriculum development, student evaluations, alternate teaching strategies and clinical instruction.

Coordination of hospital, practice plan and educational activities

- The maximization of the quality of patient care and reimbursement for clinical activity must be achieved within the context of the needs of a premier learning community. This requires coordination and cooperation among the relevant groups with regard to resource allocation, capital planning, investment in new technologies, and affiliations with community physicians and other health care providers.

Maintain specialist residency training programs

- The target of a 1:1 ratio of primary care to specialty positions threatens the latter by mandating a reduction in residents in certain areas to a level inadequate to maintain accreditation for training in that field. Besides placing the entire educational program at risk, this jeopardizes the viability of the clinical enterprise as a whole and diminishes opportunities for building credible research programs in developing fields.

Enhance resident training as educators

- Besides providing a more structured resident training program overall, an effort must be made to provide residents an opportunity for formal training in research so they can actively participate in scholarly pursuits.

Benefits for postdoctoral fellows and residents

- Establish a uniform benefits program for postdoctoral fellows that includes access to health, disability and life insurance.
- The offices of Graduate Medical Education, Graduate Studies and Alumni Relations should work together to design, implement and oversee elements of the graduate and residency training programs to ensure participants are treated as full members of the university community and that they identify with the institution.

Research

- Reinvigorate research in clinical departments. To this end, \$100 million must be invested over the next five years to enhance the research infrastructure at KUMC and to increase the number of faculty, physician/scientists in particular, engaged in funded research. This initiative is crucial for enhancing scholarship on campus.
- Foster greater research collaboration among faculty and students on the Kansas City, Wichita and Lawrence campuses to maximize the use of resources and to strengthen individual programs.

Patient access and reimbursement for care

- Establish outpatient clinics throughout the metropolitan area, build stronger relationships with other hospitals, especially for the medical school, and ensure the medical center is an eligible provider under any health plan offered to its employees.
- Modify policies or statutes that discourage patients from seeking care at KUMC or that encourage them to seek treatment elsewhere.
- Maximize reimbursement for clinical activities, including the acquisition of state support for indigent care.
- Institute policies and practices to ensure a patient-friendly health care experience at KUMC.

Technology

- Provide resources to acquire the technology necessary for educational and research purposes.

- Maintain and upgrade equipment and software and establish an academic database to facilitate the development of integrated courses and the sharing of multimedia resources.
- Ensure the faculty, students and staff have an ongoing opportunity to master the technology necessary for instructional and research purposes. Such training should be free of charge and, when appropriate, incorporated into the curriculum. This will be especially critical as new instructional technologies, such as virtual reality systems, become available.
- Design, implement and routinely update technology-based education.

Integration of curricula

- Current trends in health care emphasize teamwork and collaboration among members of the various professions making it important to incorporate, when possible, interdisciplinary education across the Schools of Nursing, Allied Health and Medicine. It is recommended that a medical center committee composed of curriculum committee chairs from the three schools be established to make recommendations in this regard.

Interinstitutional collaborations

- Streamline the affiliation process by designing single contracts for each outside institution to cover the training of all medical center students, residents and fellows.
- Establish a metropolitan area consortium to consider interstate research and teaching initiatives with other institutions.
- Establish a KUMC-UMKC committee to coordinate graduate education and research collaborations to enhance the utilization of resources and to foster student exchange.

Community and alumni support

- Establish programs that provide for more meaningful alumni involvement in medical center activities.
- Launch a public relations initiative to educate the community about the medical center.
- Establish an advisory group of community leaders who will serve as advocates for the institution and assist in fund raising.
- Enhance the working relationship between the endowment office and faculty to identify areas of academic need that would appeal to donors.
- Work to establish mutual respect and understanding between the medical center and the community.