

# **Evaluation Report**

## **September 11, 2007**

### **UNSoM Dean's Leadership Retreat**

Granlibakken, Lake Tahoe  
July 9-10, 2007

#### **Introduction**

This report was prepared by the Office of Faculty Affairs and Development to summarize the activities and outcomes of a School-wide conference designed to further understanding of mission based management (MBM), succession planning, and cross-disciplinary collaborations. Other important goals were to facilitate communications among a diverse faculty from campus sites throughout the State and generate next steps to enhance the School's mission in medical education, research, and service.

Dr. John A. McDonald, Dean of the University of Nevada School of Medicine, called a one and a half day retreat for sixty invited faculty and staff to discuss implementation of mission based management and organizational restructuring as well as issues of succession planning, focusing on the department of pathology, and innovative projects in translational research, medical education, and clinical services.

A planning committee of the Dean, Blain Claypool, Ann Mischissin, and Tracy L. Veach put together the retreat. Marsha Naccarato from the Dean's Office and Melissa Piasecki, Carol Mitchell and J.W. Lazzari for the Office of Faculty Affairs and Development provide additional essential support services in the implementation and evaluation of the retreat.

#### **Retreat Agenda and Process**

Dr. John Zone was keynote speaker, bringing seven years of planning and implementation experience as chairman of the MBM steering committee at the University of Utah Health Sciences Center. Dean McDonald and staff presented models, challenges, and ideas for participants to discuss and generate modifications, solutions, and implementation strategies enhancing the development of the School. It was made clear that any MBM process will involve a rigorous review of the conceptual underpinnings of the school (culture context, values, beliefs, diversity, vision, etc) as well as the technical tools that will be needed, specific to this institution, to guide the process and evaluate outcomes. The intensive discussions in the sessions, during small groups and over dinner produced a considerable amount of positive energy and productive ideas.

#### **Retreat Products**

Participants were provided pre-conference materials to read in preparation for the meeting. These are represented in the conference binder as well and UNSoM websites as additional materials and reports are finalized. In addition to the evaluation data that are the main focus of this report, faculty small group discussions generated a next step ideas and specific projects that add support to the conclusions and next steps later in the report.

## Sources of Evaluation

The primary sources of evaluation data consist of:

1. Post-retreat evaluation using Survey Monkey. Questions were designed and solicited after the retreat, with reminders and closed August 10, 2007. 54 participants were sent emails asking them to complete the survey. These anonymous data were downloaded and analyzed for the report as shown in Appendix A.
2. Dean's Question. During a late session, participants were asked to hand in an unsigned response to his question of what single outcome they would like to see as a result of the retreat. This was collected and tabulated for analysis, also shown in Appendix A.
3. A Personal Response System (PRS) provided by UNR was used to present questions, tabulate answers, and provide immediate feedback about the participants' reactions to aspects of the retreat (Appendix A).
4. Group Discussions. Large and small group discussion assignments produced a large range of ideas and information that were summarized into Appendix B.

## Evaluation

The evaluation data are summarized in tabular form as provided in the appendix A and B. Some data could simply be shown in tabular form as collected from the PRS or Survey Monkey. Other data were reorganized into more global themes, using multiple raters to provide a quick but effective reduction of overlapping and repetitive individual responses. Highlights are:

- Good demographic representation of faculty, even given the emphasis on senior leadership at the School.
- Good response rate on evaluations (80 percent or higher).
- The retreat was well received by participants with the highest ratings going to the site, followed by the printed materials, organization, and audiovisual aid, in that order (4.4 to 3.67/on 5 pt. scale).
- Good level of understanding achieved at the retreat on the major goals of mission based management, succession planning, and cross-disciplinary collaborations (average rating of 4 / on 5 pt. scale). And, there was a substantial pre-post improvement in readiness to implement MBM, as indicated by the PRS data.
- Feedback indicated a need to provide more information, details, and leadership, with the possible exception of cross-disciplinary collaborations which had a rating of 4.07.
- Clearly most of the participants felt that the retreat was quite valuable, notably for clarifying School needs, facilitating communication and interaction with faculty, and having frank discussions with the Dean as well as other leaders and colleagues at the School.
- Most faculty felt that the retreat was only a first step and suggested many more actions and outcomes for the future, including Faculty Development (leadership, teams), MBM

topical sessions, mission action teams, and especially data collection on performance metrics across the enterprise.

- Participants offered extensive suggestions for action teams to refine and initiate an MBM process. These action teams, purpose, and potential members are shown as an appendix A (table 12) and include:
  1. **Education:** prioritize mission across enterprise and develop outcome metrics.
  2. **Research:** review research priorities and broaden scholarly mission to translational research and develop appropriate performance metrics.
  3. **Clinical:** develop priorities and metrics to expand clinical services and improve productivity.
  4. **Data Collection:** an enterprise-based information system that will serve all missions based programs at UNSoM is essential. Core data needs to be defined for all missions, electronic systems reviewed, and implementation strategies recommended.
  5. **Communications:** develop comprehensive plan and implementation strategy to improve both internal and external communications of who we are, what we do, and why our enterprise is important to Nevada and the nation.
  6. **Budget and Finance:** develop goals and strategies for funding development and allocations to specific missions of the school. This might be combined with a general administrative team to address additional purposes such as succession planning, space allocations, and other administrative performance metrics.
  7. **Implementation and Program Evaluation:** Coordinate roll-out of MBM, develop overall evaluation criteria, and monitor (report) results. This might be combined with steering committee below.
  8. **Dean's Steering Committee (Core Oversight):** provide vision, leadership, and coordination of MBM and program development across the enterprise.
  
- Group activities during the conference were successful in generating action team suggestions for topics and membership, but left identification of key elements, outcomes, and metrics to future teams (see Appendix B).
  
- Succession planning focused on a specific department, pathology, rather than general principles and strategies of succession planning. The major view was that intensive, immediate succession planning needed to continue for this department and to expand its role in collaborative research productivity while maintain an excellent teaching role (see Appendix B).
  
- Considerable creativity and energy, as well as several fundable innovative projects, came out of the group activities on cross disciplinary collaborations in research, education, and clinical services. Support needs to be identified for deserving projects. Specific projects are shown in Appendix B.

## Potential or Suggested Next Steps

Observations and suggestions from perusing the data include:

1. Clarity of mission is essential. Many of the faculty are not sure what our vision and mission are. The Dean should quickly review, refine, and communicate the vision and primary mission and goals of the School of Medicine. Every member of UNSoM should be able to easily recount the vision and mission of the School and how it relates to their home department and individual activity plan.
2. Leadership Steering Committee should be first group that the Dean forms that will define and designate the specific action teams. The action teams will formulate action plans with specific goals, outcome criteria, and final report timeline. Long term success will depend on effective short term action plans. It would seem essential to involve outside consultants to facilitate leadership development and realistic next steps for planning and implementation. For example, a next step in November could be a facilitated retreat for the Dean's Steering Committee.
3. Process cannot move forward without a comprehensive information system. Dean should identify and recruit resources (hardware, software, key personnel). This will require an IT Architect early in the development, e.g. perhaps consultant such as Ms Cynthia Best at Utah could serve until an appropriate permanent individual is identified.
4. Once initial steps are accomplished and specific action teams formed, implementation plans and outcomes could be generated by the action teams, with overall coordination and evaluation by Dean's Steering Committee.
5. It should be recognized that faculty leadership and time commitments to accomplish a major restructuring of the School will require extraordinary resources, beyond the usual workload of faculty. Priority areas should be identified, extra resources identified to support critical tasks, and faculty contributions reflected in approved activity plans and annual evaluations.
6. Continuing support for action teams needs to be provided in terms of resource materials, consultants, MBM skill based training, and administrative staffing.

## Appendix A - Dean's Leadership Retreat Evaluation Data

**Survey Monkey:** Response Rate, Demographics, Rank, Primary Appointments, Years at UNSOM

Table 1

Survey Monkey Response Rate:	
Workshop Participant Number:	54
Evaluations Received:	45
Response Rate:	83.3%

Table 2

Please indicate your gender:		
answer options	Response Percent	Response Count
Male	60.00%	27
Female	40.00%	18
<i>answered question</i>		45
<i>skipped question</i>		0

Table 3

Please indicate your rank:		
answer options	Response Percent	Response Count
Dean, Associate Dean, Assistant Dean	17.78%	8
Professor	33.33%	15
Associate Professor	6.67%	3
Assistant Professor	8.89%	4
Director	15.56%	7
Coordinator	2.22%	1
Lecturer	2.22%	1
Other	20.00%	9
<i>answered question</i>		45
<i>skipped question</i>		0

(Other N=9)	
Chief Financial Officer	
Chief Business Officer	
Administrator	Asst. to Dean-Emeritus
chairman	General Counsel

## Appendix A - Dean's Leadership Retreat Evaluation Data

Table 4

Please indicate your primary appointment at UNSOM:		
answer options	Response Percent	Response Count
Clinical Services	17.78%	8
Educational Leadership (Course Coordinator, Residency Director, etc)	17.78%	8
Administrative Services (Dean, Chair, etc)	60.00%	27
Researcher/Basic Science	11.11%	5
<i>answered question</i>		45
<i>skipped question</i>		0

Table 5

Please indicate the time you have spent at UNSOM:		
answer options	Response Percent	Response Count
Less than 1 year	13.33%	6
1 - 5 years	22.22%	10
6 - 10 years	15.56%	7
11 - 15 years	13.33%	6
16 - 20 years	11.11%	5
More than 20 years	24.44%	11
<i>answered question</i>		45
<i>skipped question</i>		0

# Appendix A - Dean's Leadership Retreat Evaluation Data

## Survey Monkey: Retreat Aspects, Understanding, Readiness

Table 6

PLEASE RATE THE FOLLOWING ASPECTS OF THE RETREAT:							
answer options	Poor	Fair	Average	Good	Excellent	Rating Average	Response Count
Audiovisual Aids	0	3	15	21	6	3.67	45
Printed Materials	0	3	10	21	11	3.89	45
Organization	2	2	9	26	6	3.71	45
Location & Facility	0	2	3	15	25	4.4	45
<i>answered question</i>							45
<i>skipped question</i>							0

Table 7

Please indicate your level of understanding on the following topics (1=no understanding, 5=full understanding):							
answer options	1 None	2	3 Some	4	5 Full	Rating Average	Response Count
Mission Based Management	0	1	11	19	13	4	44
Succession Planning	0	4	9	18	13	3.91	44
Cross-Disciplinary Collaborations	0	1	7	27	9	4	44
<i>answered question</i>							44
<i>skipped question</i>							1

Table 8

Please indicate your readiness to participate in the following activities (1=not ready at all, 5=completely ready):							
answer options	1 - Not Ready	2	3 - Somewhat Ready	4	5 - Completely Ready	Rating Average	Response Count
Mission Based Management	3	3	12	18	8	3.57	44
Succession Planning	1	6	10	17	10	3.66	44
Cross-Disciplinary Collaborations	0	2	8	19	15	4.07	44
<i>answered question</i>							44
<i>skipped question</i>							1

## Appendix A - Dean's Leadership Retreat Evaluation Data

*Survey Monkey: Identified Valuable Components, Future Topics, Other Comments*

**Table 9**

In your opinion, what were the 3 most important or valuable components of the Dean's Leadership Retreat?	
	Response Count
	34
<i>answered question</i>	34
<i>skipped question</i>	11
Most Identified Answers	Frequency
Clarity of MBM, SOM Mission, SOM Needs	25
Communication/Networking/ Collaborating	15
Meeting New People	10
Hearing from the Dean	8
John Zone	1
Having it	1

**Table 10**

What type of topics would you like to see covered in future retreats and workshops?	
	Response Count
	25
<i>answered question</i>	25
<i>skipped question</i>	20
Most Identified Answers	Frequency
Faculty Development (Leadership, Team Building, Teaching, Curriculum Creation, Professionalism, Role Sharing Statements, Assessment, UNSOM w/ NSHE)	17
MBM Topical Sessions / Progress Meetings / Budgeting	9
Missions & Role (Education, Clinical, Research)	5

**Table 11**

Please list any other comments you may have about the Dean's Leadership Retreat and the covered topics:	
answer options	Response Count
	17
<i>answered question</i>	17
<i>skipped question</i>	28
Most Identified Answers	Frequency
Good Experience	7
Poor Planning	5
Good to hear from the Dean	3
Need more information	3
Less use of acronyms	2
Good to meet with other faculty	2
Great Facility	1
Involve Junior faculty	1

## Appendix A - Dean's Leadership Retreat Evaluation Data

### Survey Monkey: Summaries of Proposed Action Teams

Table 12

Potential Members	Purpose	Key Indicators/ Impacts
<b>Mission Based Teams</b>		
<b>Education</b>		
<ul style="list-style-type: none"> <li>- Associate Deans of UME, GME and ASA</li> <li>- Medical educators Clerkship Coordinators</li> <li>- Residency</li> <li>- Program Directors,</li> <li>- Chairs</li> <li>- Names: Patty Charles, Dave Fiore, Ken Maehara, Kirk Bronander, Cheryl Hug-English, Jennifer Kimmel, David Gremse, Tom Kozel, Kent Sanders, Miriam Bar-on and Trudy Larson</li> </ul>	<ul style="list-style-type: none"> <li>- Prioritize educational missions of UNSOM</li> <li>- Develop a comprehensive assessment of all educational activities. Define educational measurements for medical education activities and output. Develop database to identify value of educational contributions.</li> <li>- Evaluate current curriculum and identify time spent by faculty in course preparation; course implementation; direct student contact; counseling (first 2yrs)</li> <li>- Identify the amount of time spent by clinical faculty in preceptor/clinical attending type activities across all 4 years</li> </ul>	
<b>Research</b>		
<ul style="list-style-type: none"> <li>- Associate Dean Research</li> <li>- directors of research</li> <li>- chairs</li> <li>- basic science researchers</li> <li>- clinical researchers</li> <li>- Names: Phil Goodman, Ray Plodkowski, David Lupan, David Gremse, William Murphy, Steve Raps, David Fiore, Gale Craviso, Dan Goodenberger, Blain Claypool, Cathy Goring</li> </ul>	<ul style="list-style-type: none"> <li>- Identify and guide the growth and development of the research mission at the school</li> <li>- Develop a comprehensive assessment of all research activities. Define metrics to measure time and effort faculties are spending on research activities in basic science and clinical departments</li> <li>- Develop criteria by which basic science and clinical research, both investigator-initiated and commercially sponsored, can be integrated into MBM</li> <li>- Develop a system that fosters interdisciplinary translational research projects and collaborations</li> <li>- Develop research infrastructure in LV and Reno including: create a medical school IRB and hire people to write grants, search out grants for departments and organize the research portion of the web to inventory all research at UNSOM</li> </ul>	

Potential Members	Purpose	Key Indicators/ Impacts
<b>Clinical</b>		
<ul style="list-style-type: none"> <li>- ICS Board</li> <li>- Clinical Chairs</li> <li>- faculty internist north and south,</li> <li>- pediatrician</li> <li>- representatives from practice plan boards</li> <li>- Names: Dan Spogen, Tom Hunt, Craig Seiden, Michael Block, Mary Beth Hogan, Barb Scott, Blain Claypool, Jack Lazerson (Chair), Melissa Piasecki, Elissa Palmer, Cathy Goring, Jamie Anderson, Trudy Larson, Caroline Ford, Michael Daines</li> </ul>	<ul style="list-style-type: none"> <li>- Identify the clinical mission of UNSOM</li> <li>- Assess and evaluate the current status of clinical service in UNSOM, including strengths, deficiencies, limitations, barriers, funding, and future opportunities and interests</li> <li>- Create definition of types clinical productivity and metrics to measure the quality of clinical service, impacts, and create benchmarks within a MBM framework</li> <li>- This team would work on detailing how the practice plan works, how it can become more transparent and how individual faculty can play a role.</li> <li>- Develop a plan for change and action in the short and long term, including interdisciplinary patient care medicine.</li> </ul>	
<b>Data Collection Team</b>		
<ul style="list-style-type: none"> <li>- Dean</li> <li>- Chairs</li> <li>- Financial Administrator</li> <li>- Legal Counsel</li> <li>- Institutional Research Person</li> <li>- Application Developer</li> <li>- IT Dept</li> <li>- Faculty Council Rep</li> <li>- HR</li> <li>- Names: Ole Thienhaus, Jim Curtis, Jon Goetz, Ann Mischissin, Sal Scarantino, Tom Strahler, Suzi Stempeck, Tracy Veach, Dave Lupan, Bill Zamboni, Jack Lazerson, Brian Perrino; Josh Baker; Phil Goodman, Blaine Claypool, Jean Johnson, David Lupan, Jim Lenhart, Amy Llewellyn</li> </ul>	<ul style="list-style-type: none"> <li>- To design an equitable collection of data from clinical, research, academic and administrative departments</li> <li>- Gather information from comparable institutions on how to collect, assemble databases for resource distribution</li> <li>- Construct an instrument to collect the data on faculty and staff effort at the individual and departmental level (rank and pay, their clinical and research interests). This is necessary to understand where our efforts are going now and to redirect resources to align with the most important mission(s) of UNSOM</li> <li>- To survey all (individual) faculty, describing who they are and what they do (quantitatively) in the areas of education (undergraduate medical, graduate medical and non medical), research (scholarly activity) and clinical service (including patient care).</li> <li>- To design and implement an UNSOM intranet to facilitate communication, collaboration, administrative functions, data gathering, etc.</li> </ul>	

Potential Members	Purpose	Key Indicators/ Impacts
	<ul style="list-style-type: none"> <li>- Collaborate and support core committee to find essential data. Remove road blocks and get the data in a timely fashion. All departments must have a principle data acquirer. Some large departments may need more than one person. Deadlines are a must.</li> <li>- Organize the data so that it can be read, understood and used to make decisions. Transparency is a must; all committees should know how data should be arranged, stored, compared, given out, etc.</li> </ul>	

**Administrative Team (s)**

**Communications**

<ul style="list-style-type: none"> <li>- Dean</li> <li>- Associate Deans</li> <li>- Finance Department</li> <li>- Practice Plan</li> <li>- Department Chairs</li> <li>- Development Officer</li> <li>- Communication Officer</li> <li>- Clinical Chair</li> <li>- Basic Science Chair</li> <li>- Faculty 1-2 members</li> <li>- PR</li> <li>- Community Leaders to represent research and patient care</li> <li>- Names: Michael Bloch, Steve Raps, John McDonald, Jim Lenhart, Caroline Ford, Bill Zamboni, Mark Levine, Gerald Ackerman</li> </ul>	<ul style="list-style-type: none"> <li>- Develop consistent story for internal and external audiences that will improve our ability to obtain support and funding</li> <li>- Internal to University and UNSOM</li> <li>- External to community, donors (private and other), state legislature, federal processes to advocate for the mission, vision, values, finances of the medical school and to respond proactively and emergently to issues in the legislatures (state and federal)</li> <li>- Develop an annual report of the achievements of UNSOM and how it fulfills the mission of the school and the needs of the state of Nevada. The report is designed mostly for the leaders in the state of Nevada, legislators, business leaders, other medical schools as a recruitment tool.</li> <li>- Look at strategic partnerships and opportunities that present to UNSOM. Development and strengthening of current partnerships with other training programs, colleges and programs for potential collaboration.</li> <li>- Response to issues that arise within UNSOM in potential funding proposals, grants and foundations. Non-research focused- Service delivery types of applications.</li> <li>- Advocacy: Making our needs and our creative efforts known to the legislature. We need a group that can counteract those in the legislature that think because they have a medical license</li> </ul>	
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Potential Members	Purpose	Key Indicators/ Impacts
	<p>that they know all there is to know about running a medical school.</p> <ul style="list-style-type: none"> <li>- Development of referral hotline for the 125,000 rural residents of the state and primary care physicians for access and service delivery. (Market share is untapped and frustrated with access to specialty services and referral to urban hospitals)</li> </ul>	
<b>Budget &amp; Finance</b>		
<ul style="list-style-type: none"> <li>- Dean</li> <li>- COO</li> <li>- CFO</li> <li>- Director of HR</li> <li>- Admin representatives</li> <li>- Representatives from Assoc/Assist Deans and Chairs</li> <li>- Names: Craig Seiden, Sean Ward</li> </ul>	<ul style="list-style-type: none"> <li>- Budget, Financial processes</li> <li>- Evaluate, educate and implement mission based budgeting</li> <li>- Create a plan which incorporates reserve balance expectations for each department as well as the overall school is beneficial and serves as a transparent tool to have all areas of the school participate in the growth. The purpose of these reserves should also be defined with guidelines (i.e., bridge funding, growth in faculty, retirement transition) Also involved in this would be the goals of further growth in reserves and the focus for any philanthropic activities to support the mission of the school. (i.e., professorships, capital, etc)</li> </ul>	
<b>Administrative General</b>		
<ul style="list-style-type: none"> <li>- Dean's Office</li> <li>- Chairs</li> <li>- HR</li> <li>- Office of Rural Health</li> <li>- FLEX Program</li> <li>- Practice Plans</li> <li>- Finance</li> <li>- Facilities' Staff</li> <li>- Basic science faculty</li> <li>- Clinical faculty</li> </ul>	<ul style="list-style-type: none"> <li>- Assess and evaluate the current organization.</li> <li>- Determine and evaluate reporting relationships and responsibilities.</li> <li>- Evaluate current structure of practice plan(s) management</li> <li>- Prioritize administrative support missions of UNSOM including academic administration as well as public relations missions such as communications</li> <li>- Develop administrative outcome metrics to measure the efficacy of administrative activities</li> <li>- Develop and evaluate space allocation methodologies</li> <li>- Create succession plans for specific depts. or programs.</li> <li>- Develop a strategy to recruit and/or</li> </ul>	

Potential Members	Purpose	Key Indicators/ Impacts
	train existing faculty for tomorrow's UNSOM leadership  - Development of tools to integrate UNSOM faculty to rural and urban primary care physicians for follow-up and support.	
<b>Implementation &amp; Evaluation Team</b>		
- Chairs and Cross-section of Faculty - Names: Ole Thienhaus	- Coordinate the roll-out of MBM  - This team would oversee the implementation of MBM at UNSOM. It will require representation by clinical, research and high level leadership.	
<b>Steering Committee/Core Team</b>		
- Dean - Associate & Assistant Deans - Clinical and Basic Science Chairs - Chief Financial Officer - Blain Claypool, Vince Johnson, David Lupan, Cheryl Hug English, Jennifer Kimmel, Craig Seiden, David Gremse - CEHSO - Practice plan - Jim Lenhart, Trudy Larson, Jennifer Kimmel, David Fiore, Dan Spogen Cathy Goring, John MacDonald, Christie Elliott, Chris von Bartheld; Kathy Keef; Normand LeBlanc	- Determine the true mission and purpose of the School of Medicine  - Incorporate the missions that meet the strategic needs of the state without losing the flavor and foundation of UNSOM.  - Oversee, coordinate and support the other teams.  - Develop the best balance for committees and task forces to address the needs of UNSOM departments  - Create long-term goals and major decisions through the creation of a plan that makes all units successful by managing resources creatively and entrepreneurially  - In detail determine the essential data needed to do MBM  - Identify needed resources to meet the mission and potential external resources  - Develop a timeline and strategic plan for implementation.	

## Appendix A - Dean's Leadership Retreat Evaluation Data

*Dean's Question: What outcome would you like to see as a result of the retreat?*

**Table 13**

<b>Most Identified Answers:</b>	<b>Frequency</b>
Communication	12
Data Collection	11
Mission/Goal/Logo	8
Research	4
MB Budgeting	3
Focus on Pathology Dep't.	2
MBM	2
Inter Departmental Collaboration	2
Action Plan	2
Meeting Realignment	1
Education/Research	1
Retreat Minutes	1
Reorganization	1
Faculty Involvement	1
Expand Specialties	1

# Appendix A - Dean's Leadership Retreat Evaluation Data

## PRS Clicker Data

Table 14

Introduction Question July 9, 2007

### Question

Indicate how ready are you to implement Mission Based Management:

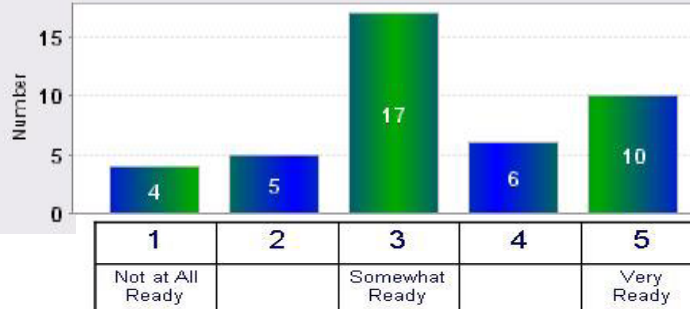
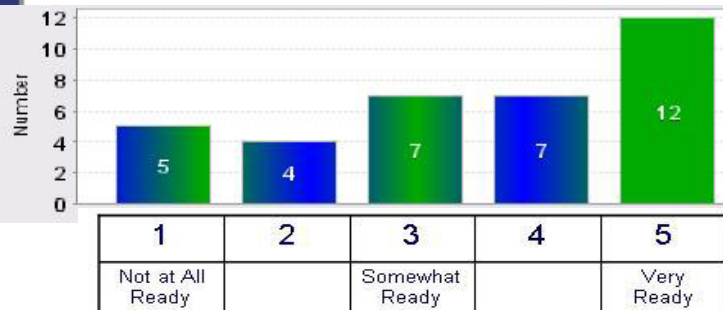


Table 15

Conclusion Question July 10, 2007

### Question

Indicate how ready are you to implement Mission Based Management:



# Appendix A - Dean's Leadership Retreat Evaluation Data

## Other Questions

Table 16

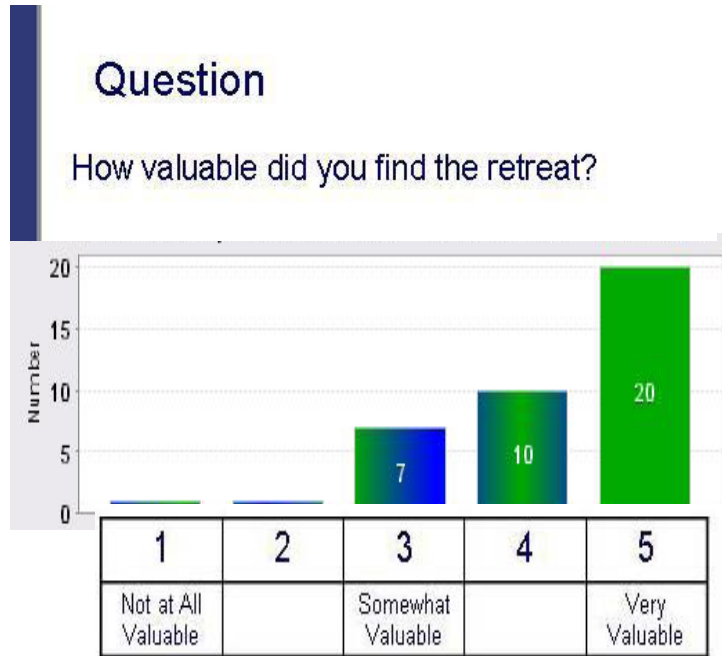
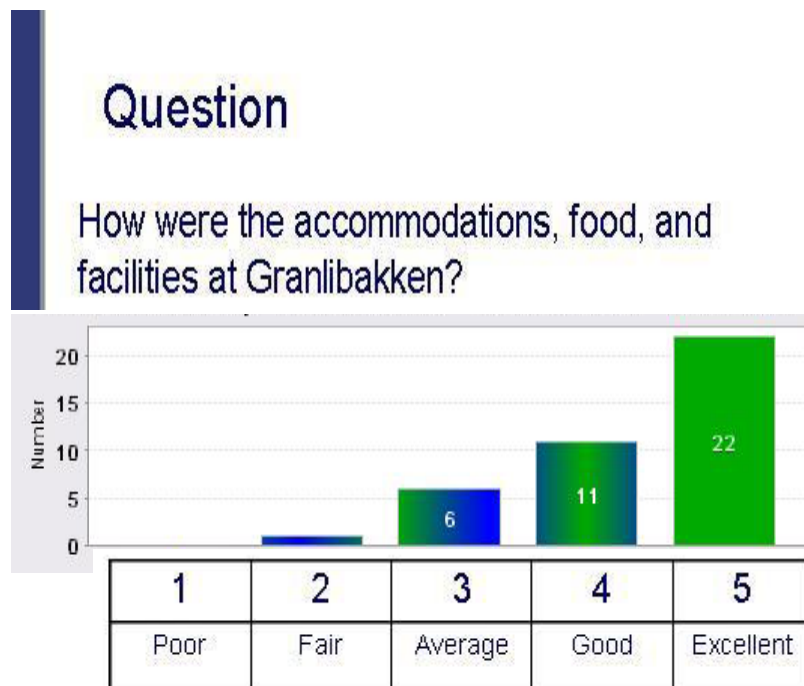


Table 17



## Appendix B – Group Discussion Product Summaries

The following is a summary of retreat activities and group discussion products generated by the participants. The Dean designed a retreat for developing an understanding and a dialogue on Mission Based Management (MBM) with medical school faculty leaders. Other key goals of the retreat were to discuss new management structure, raise awareness and planning for succession and explore opportunities for collaborative research, teaching and clinical service. Faculty attendees from Reno and Las Vegas included departmental chairs, administrative staff and the faculty council.

**Day 1:** The first day of the retreat, July 9, provided an overview of how MBM is entering into the management of the clinical departments at the School of Medicine. The Dean described current and future allocation strategies. He noted that it was critical to “grow” the School of Medicine into a “complete medical school” and that this needs to happen in the absence of additional operating funds from the state. Elements that are missing from our school include fellowship training programs, sub-specialists and, until recently, key administrative positions.

Blaine Claypool offered a model for a revised management structure for the School of Medicine. The faculty focused on identifying the make-up, indicators and outcomes for the proposed management structure in a small group activity. One outcome from this activity is the consolidation of administrative meetings.

John Zone, M.D. from University of Utah Health Sciences Center described his school's journey in MBM starting in 1999, when they experienced space constraints and problems in tracking finances. In 2000 Utah began using MBM to design a strategic plan and financial reporting systems. In 2001 they refined the data base and used MBM data to request additional funding from the legislature (they received \$15M in new funds). In 2002 Utah fully integrated MBM into budgeting and planning. Dr. Zone emphasized the need for a comprehensive and accessible faculty data information system. He summed up some key advice: Leave faculty level analysis to the Departments, don't focus too much on the metrics (paranoia, loss of momentum), build systems that are useful to faculty and use the systems you build.

At dinner, Sam Parks, M.D., the chair of the Faculty Council presented the activities and roles of the Faculty Council.

**Day 2:** The second day of the retreat, July 10, began with a discussion of succession planning with a focus on the Department of Pathology. A small group activity identified key considerations for planning the change of leadership and faculty. These included: attending to current contracts that bring in important revenue, maintaining excellence in the medical education programs and expanding research opportunities with clinical and basic science departments.

The last small group activity offered participants to identify some of the interdisciplinary opportunities that arise when departmental “boundaries” become more porous. The small groups developed ideas for collaborative projects in medical education, clinical services and translational research.

Retreat participants provided evaluations during and after the conference which furnished literally hundreds of comments, ideas, and suggestions forming the basis of this report.

## Appendix B – Group Discussion Product Summaries

### Mission Based Management Product

**Table 1-** Potential Action Teams

Team	Potential Members	Purpose	Key Indicators/ Impacts
<b>Mission Based Teams</b>			
Education	Associate Dean Medical Education, Associate Dean Student Affairs, Chairs, GME Dean, Students, Residents, basic science rep, clinical rep	<ul style="list-style-type: none"> <li>- Interdisciplinary Education</li> <li>- Maintain excellence</li> <li>- Integrate Basic and clinical science</li> <li>- Collaboration</li> <li>- Clerkship</li> <li>- GME</li> </ul>	
Clinical	Chairs, DFO, MSAN, MSAS, NFPRP, Dean/Vice Dean	<ul style="list-style-type: none"> <li>- Needs assessment</li> <li>- Expanded service</li> <li>- Practice Plan</li> <li>- Develop Niches of Excellence</li> <li>- Maintain &amp; Grow Clinical contracts</li> </ul>	
Research	Chairs, Dean for Research, representation from all departments, rotating chairs	<ul style="list-style-type: none"> <li>- Basic Science Inventory</li> <li>- Translational Research</li> <li>- Research Plan</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Grants</li> <li>- Publications</li> <li>- Evidence of Collaboration</li> <li>- Abstracts</li> <li>- Students involved in research</li> </ul>
<b>Leadership Teams</b>			
Administration & Finance	COO, CFO, Staff, HR, Executive Assistant to Dean, CBO, Legal		
Executive Board/ Steering Committee	Representatives from each committee, Dean, Leadership positions, at large members	Guide the committees	<ul style="list-style-type: none"> <li>- Clear, Defined missions</li> <li>- Vertical and horizontal communication</li> </ul>
<b>Data Collection Teams</b>			
Data Collection Teams	IT, chairs, leadership	<ul style="list-style-type: none"> <li>- Inventory of school</li> <li>- Needs assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Database that is common, accessible, and transparent</li> </ul>

### Other Identified Mission Based Management Needs

- Synergize with external partners
- Develop clear mission(s) for research, education, and clinical
- Consolidate Meetings
- Improve internal and external communication
- Faculty involvement (Empowerment, Role Statements, Incentives)
- Clarity and Purpose for all actions

## **Appendix B – Group Discussion Product Summaries**

### ***Succession Planning***

Instead of discussing general principles and strategies of succession planning, the group focused on a specific department, pathology and laboratory medicine. A brief introduction as to the current structure and organization was provided with a charge to the group to generate a five year succession plan.

The current mission and accomplishments in teaching were viewed as excellent. Maintaining their current service role is essential. Expansion of collaborative research opportunities was seen as a major future endeavor.

In light of the planned retirement of several senior faculty, recruitment of new faculty to fulfill the expanded mission will be critical. Next steps will be to develop additional support staff as well as inventory basic science (and clinical) research programs for current and future collaborations. New research, as well as service partnerships, can be the extramural funding sources for departmental growth.

## Appendix B – Group Discussion Product Summaries

### *Innovative Collaborative Projects*

**Table 2 – Collaborative Projects**

Title	Goal	Alignment	Description	Cost Benefit/ Next Steps
Integrated Clinical Education	<ul style="list-style-type: none"> <li>• Foster lifelong learning</li> <li>• Break down traditional barriers</li> <li>• Enrich relevance</li> </ul>		Evaluation for opportunities for integration. Identify best educational practices: <ul style="list-style-type: none"> <li>• Lecture</li> <li>• Video</li> <li>• Group</li> <li>• Etc</li> <li>• Front/ Backwards Integration</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze Curriculum</li> <li>• ID Key (interested Faculty)</li> <li>• Pilot Project</li> <li>• Open Curricular Time</li> </ul>
Incorporate Education for Medical Students on Translational and Clinical Research	<ul style="list-style-type: none"> <li>• Grow Clinical Research</li> <li>• Accreditation</li> </ul>	<ul style="list-style-type: none"> <li>• Enhances Culture of Scholarly Activity within SoM</li> <li>• Informed Consumers of Literature</li> </ul>	<p><b>Methodology:</b></p> <ol style="list-style-type: none"> <li>1. Develop Curriculum</li> <li>2. Survey Tool</li> </ol> <p><b>Inventory of Current Efforts:</b></p> <p><b>Key participants:</b></p> <ul style="list-style-type: none"> <li>• DIME – CPS 1,2 CRIM</li> <li>• Basic Science – Curriculum</li> <li>• Clinical Science – Curriculum</li> <li>• Mentor</li> </ul> <p><b>Explicit emphasis on translational/clinical research</b></p> <ul style="list-style-type: none"> <li>• Lecture</li> <li>• Group Problems</li> <li>• Individual Projects</li> </ul> <p><b>Education:</b></p> <ol style="list-style-type: none"> <li>1. Research knowledge</li> <li>2. Critical thinking skills</li> <li>3. EBM paper (CPS 1)</li> <li>4. Tracking student projects</li> <li>5. Long term: presentation efforts</li> <li>6. Faculty productivity in scholarly efforts</li> </ol>	<p><b>Cost:</b></p> <p>Time – Main faculty effort</p> <p>Money – for small projects</p> <p>Statistical support</p> <p>Evaluation support (IT survey)</p> <p><b>Benefit:</b></p> <p>Student preparedness (EBM)</p> <p>Faculty activity</p> <p>Improve collaborative efforts (DIME/Basic Science/Clinical Science)</p> <p><b>Started:</b></p> <p>Task force / Interested party</p>
Interdisciplinary Management of CHF	Maintain quality of life for patients with CHF <u>outside</u> the hospital.	LCME request for teaching management of patients with chronic illness.  Interdisciplinary collaboration	<p><b>Case Management Approach</b></p> <ol style="list-style-type: none"> <li>a. Pharmacists</li> <li>b. Internists/geriatricians</li> <li>c. Mental health professionals</li> <li>d. Nutritionist</li> <li>e. Occupational Therapists, RNs</li> </ol> <p><b>Hypothesis:</b> The multi-disciplinary approach to CHF will improve outcome, save money and add to medical student education.</p>	<ul style="list-style-type: none"> <li>• Find space for the center</li> <li>• Recruit participating clinicians</li> <li>• Market the service</li> <li>• Explore opportunities for RCT's</li> </ul>

Title	Goal	Alignment	Description	Cost Benefit/ Next Steps
Biomarkers for Radiation Exposure and Disease Risk	Examine the effects of radiation exposure from atmospheric testing.	Research, service, education, prevention, DIME, uses inbre cores. Basic clinical collaboration	<p><b>Description:</b> Exposed population</p> <p><b>Hypothesis:</b> Surrogate markets (genetic/other) related to rad exp. And/or risk existing in probrands or progeny.</p> <p><b>Methodology:</b> Genetics, epidemiology, public health</p> <p><b>Key Participants:</b> Family medicine, IM, Biology (DNA Adducts'), Imaging (Orrison), NVCI, Colleen Morris, Grad Students</p>	<p><b>Cost Benefit:</b> + / -</p> <p><b>Enabling Steps:</b> Redefine \$'s/ Refine Hypothesis, feasibility analysis</p>
Immune Dysfunction After Severe Trauma	Identify cytokines/immune mediators present following severe head trauma.	Immunology, surgery, trauma & neurology services. Relates to concerns re: + sepsis in N.V.	<ul style="list-style-type: none"> <li>• Literature search for deficiencies</li> <li>• Assess resources in basic sciences</li> <li>• Develop clinical hypothesis</li> <li>• Preliminary data <ul style="list-style-type: none"> <li>○ Measure specific cytokine level in small sample of trauma patients</li> <li>○ Publish!</li> </ul> </li> </ul>	