

**THE CONCEPTION AND
EARLY MATURATION OF A
MEDICAL SCHOOL**

**EMBRACE THE CHALLENGE,
ENJOY THE JOURNEY**

TEXAS 41
MISSOURI 7
(and Oklahoma)



LET'S NOT GO THERE



AN AMAZING OPPORTUNITY

You only get one “first chance” so plan with rigor to optimize it.

Many will “have the answers” for you

CHALLENGES AND EXCITEMENT

HAVE A VISION

Immediate, intermediate, long term (legacy)

Starts with producing more doctors

Building the foundation (one “brick” at a time)

Guidance and advice, but need own identity

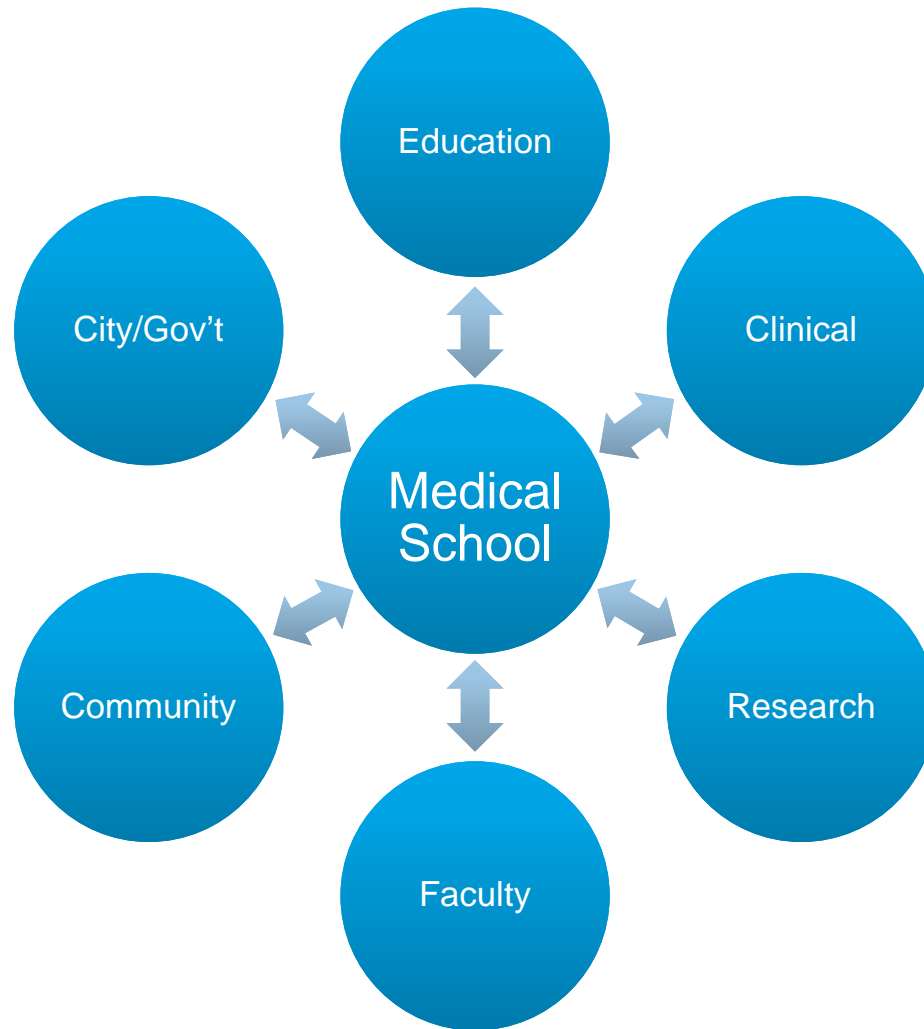
Ownership of process and outcome

Politics, governance, decision making

Money: State, university, donors

COMPETITION (perceived v reality)

THE COMPONENTS



OWNERSHIP AND QUALITY

Individual (and disparate) perspectives

Students

Faculty

University (other medical schools of UT)

Hospitals

Alumni

City (government)

Community

Legislature

EDUCATION

Curriculum-4 Years

Liaison Committee of Medical Education

LCME-governs each school's accreditation

Mandatory, huge, national recognition

Understanding, infrastructure, "every hoop"

A new school's curriculum

"Changing an established curriculum is like moving a graveyard"

Opportunity for innovation, 21st Century

CURRICULUM

Age of medical school doesn't directly translate to quality of curriculum

Age is asset, but also may be a handicap

Senior leadership (ed coach) and the team

CRITICAL to early success, foundation

Vision and how to empower it

What will be UT-A's identity (85% status quo)

Attractiveness/pride for students/faculty/UT-A

Recruitment

CLINICAL PARTNER(S)

Students-critical educational element

LCME-Who “owns” the accreditation

Largest source of medical school revenue

Dean’s tax (>4%)-cycled back into programs

Governance between medical school/affiliates

Must have strong academic voice, collaboration

Residency training (Local v distant)

MEDICAL SCHOOL FACULTY

Strong ownership of all aspects of school

“Differences” from other university faculty

Salary, grant funding, perceived image

Very local vision

Respect university governance

But, driven by local dynamics (Phx v Tuc)

Unified sense imperative to success

Can be fractionated by shared/distant
governance

This is their career, their passion!!!!

RESEARCH

Local (small) v affiliated (large) initial footprint

NIH rankings

Home of University of Texas main campus

Researchers find collaborators based on science, not solely on governance

Play major teaching role, thus want strong role in all facets of school (local v distant)

CITY/COMMUNITY Value of Its Medical School

\$2 billion annually

Delivering excellent health care

Advancing the understanding of disease

High paying, sustainable jobs

“Green” industry

Excellent “citizen” for the community

IDENTITY (City, region, and school)

CITY/COMMUNITY YOUR WISH/RESPONSIBILITY

MUST and DESERVES to play key role

Fluid dialog between school/community

Can help drive positive outcomes for school

Business leaders-must be vocal, positive

PHOENIX:

Mayor et al extremely valuable

Always working to streamline, find funds, etc

Big role in plan of relationship (space, vision, marketing), research enterprise, etc

PHILANTHROPY

All believe they own this process/donors

University, school, other campuses,
departments/centers

In other words, competition and rights

Must have a vision, must have control

Most donors have a “cause”

Thus, doesn't have to be “no” new money

Often all parties benefit-Very hard to see

LEADERSHIP

The Deanery

The Dean: The leader, the model

Mission: Education, research, health care,
complex relationships, citizenship

Champion of the vision

Vice Dean for Academic Affairs: CAO

Other Deans: student affairs, research,
admissions, minority affairs, clinical affairs,
appointments, education

PATH TO SUCCESS: Shared vision,
ownership of process by leaders

MY QUALIFICATIONS

No one goes to medical school to be a dean

Education: Michigan, Stanford

Faculty: Stanford, Yale

Roles:

Education (medical student, residents, UG)

Clinical

Research (translational, successful lab)

Not: Politician, govt planner, fund raiser,
business man, etc.

What/who do you want will drive who you get

PHOENIX CAMPUS Concerns

Single accreditation (Tuc/Phx): Significant issues
Curriculum, departments, promotion/appts

Funding: What are the sources: ***CRITICAL!***
State-Significantly too low, much posturing
University-immense fear/politics that any
money might be funneled from Tucson
Philanthropy-very competitive, who's turf

Two universities: one child (who has a sib)

PHOENIX CAMPUS

Value Added

City/community doing everything for success

Curriculum-innovative, a model for others

Clinical partners-excellent, but many lost years of potential (they are weary, wary)

Research-very collaborative in region, tremendous potential-Commercial

Students: Superb to date, but each year you need to prove yourself

THE FUTURE IN PHOENIX

Fifteen Years and Beyond

Compete for the best students and residents in Arizona and nationally

Innovative/emulated medical school curriculum

Research that attracts the best and delivers world class outcomes

Arizona residents get the best medical care, but we are also a point of destination world wide

We lead discussions and actions on health care disparities and transformation, addressing the next era

DREAM HUGE OR ACCEPT MEDIOCRITY

Opportunity is missed by most
people because it is dressed as
overalls and looks like work
Thomas A. Edison

GOOD LUCK

YOUR POTENTIAL IS IMMENSE



**PHOENIX BIOMEDICAL CAMPUS
HEALTH SCIENCES EDUCATION BUILDING**

SCHEMATIC DESIGN PRESENTATION - JULY 2 2009

CO ARCHITECTS

**AYERS
SAINT
GROSS**