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 vs reality)
THE COMPONENTS

- Education
- Clinical
- City/Gov't
- Medical School
- Community
- Research
- Faculty
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
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)
$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)
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
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 worldwide

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