

~~DR French~~

Presentation to Vice Presidents Evaluation (Lofquist) Committee, August 11, 1977

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Introduction

~~DRP~~
~~SHR~~
Return
LAF

By 1964, the College of Medical Sciences and the School of Dentistry presented President Wilson and the Board of Regents with a number of difficulties:

1. Space Problems -- Little was constructed since the completion of Mayo Tower in 1954.
2. Planning -- No health sciences plan existed. One piece of real estate was the object of the six units involved.
3. Planning Funds -- No capital finance fund or even plans was in place.
4. Operating Funds -- The units were underfunded for the manpower obligations and were becoming the have nots of academic health units -- with all the implications of recruitment, retention, attraction of research funds, etc.
5. The clinical facilities were functionally obsolete in a highly competitive marketplace.
6. The units showed little evidence of cooperative efforts or even awareness of each others goals and programs.
7. The units displayed an uncommon talent for lobbying with central officers, regents and the legislatures on an individual or even programmatic basis.
8. There was little knowledge of the combined characteristics of the center and increasing demand to deal with the health sciences as a totality.
9. Public demand of the early '60's called for increased health manpower from each of the units.

10. There was no effective mechanism for administrative coordination of the units and providing an effective interface with the many university interrelationships.

In summary, a classic management problem with all the essential stress ingredients of space, finance, planning, organization, manpower production, investigation needs and service obligations.

It was with this background that the distinguished site visitors recommended and the Board of Regents created, the office of Vice President. What was the office supposed to do? How well have the incumbents performed?

While the following represents only one unit's judgement, we have attempted to look at the issue from the perspective of the University President. Later we will note some special considerations of University Hospitals and Clinics.

1977 Need for
Function

V. P. Responsibilities as Defined
in Health Sciences Mission Statement

1977 Performance
Evaluation

1. Develop goals and operational plans in conformity with mission.
2. Develop inter-unit collaboration in fulfilling mission.
3. Will represent H.S. to President, other V.P.s.
4. Develop coordinated resource request and allocate budget between units.
5. Organization dissolves College of Med. Sciences.
6. V.P. will establish advisory groups to plan and coordinate Deans and Directors

1977 Need for
Function

V. P. Responsibilities as Defined
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1977 Performance
Evaluation

Continuing Education

Allied Health

Program Planning

7. Continuing dialogue with community, Regents, legislators.
8. External advisory committee consisting of representatives of the health professions and the general public.
 - Committee should be appointed by the President from nominations from Vice President through advice of Deans & Directors.
9. V. P. coordinator for Basic Sciences to ensure service to all units. Basic Science faculty might hold appointments in H. S. units other than the medical school.
10. Allied Health Sciences Professions Council.
11. Coordinator of Affiliation
12. Graduate School Relationships -- eliminate mandatory enrollment (Med Fellow Specialist)
13. V. P. will review residency recommendations and distribute state resources according to overall program needs and balance.

1977 Need for
Function

V. P. Responsibilities as Defined
in Health Sciences Mission Statement

1977 Performance
Evaluation

14. Continuing Education

In evaluation performance, we are primarily attempting to assess outcomes. However, we have also referred to Richard Beckhard's outline (Attachment 1) covering:

1. Classes of knowledge essential to the executive.
2. Attitudinal characteristics of effective executives.
3. Skills which are found in effective executives.
4. Characteristics of a healthy organization.

Of little note in such academic reviews, but of major importance to those primarily concerned with hospital and clinic operations are the following special Hospital needs:

1. Recognition of fiscal support for unusual education and research and development functions.
2. Eternal vigilance of central administration relationships to remain sensitive to operating characteristics of a seven day a week, 24 hours a day personal service operation. Past agreements are never secure and future external requirements will likely increase the difficulty of health services management.
3. A central awareness of special governance issues related to legal considerations, community expectations, mission fulfillment and external regulatory controls.

Future Challenges for the Vice President's Office

1. Role integration between various Health Science units professionals. Increased commitment to "team health care delivery" necessitating interdisciplinary cooperation.

2. Increased financial limitations necessitating priority setting and potential program reduction.
3. Increased community concern re health care delivery system necessitating unified voice of the Health Sciences with intimate knowledge of the health "arena."
4. Potential need for rapid change to keep pace with future technological developments and forced changes in the delivery system. Such change requires coordinated effort between Health Science units with Health Science leadership.