USC
SCHOOL OF
MEDICINE

MEMORANDUM

Gary L. Dunnington, M.D.

Associate Professor of Surgery

Senior Associate Dean for Academic Affairs

To: **Allan Abbott**

From: **Gary Dunnington**

Date: **February 12, 1997**

Re: **Need for Redistribution of Organ System Lectures**

I have been concerned for some time about the lack of a process for ongoing review and redistribution of medical student lectures during the Organ System units. It appears as though many of these topics were assigned to faculty members years ago and they have continued to give those lectures with no process to include newly recruited faculty over the years. This situation prevents ongoing improvement in the quality of the lectures given as faculty join the University with appropriate areas of expertise and teaching ability but are not utilized. One example is in the area of breast disease where the Department of Gynecology has been responsible for this unit for several years in spite of the fact that we now have a multidisciplinary breast center which could provide outstanding multidisciplinary teaching of breast disease.

The most important issue at stake is the design of a equitable process to provide this ongoing review and distribution. The Organ Systems Chairs should obviously play a key role in this process. I would look to the Educational Policy Committee for consideration of this issue with the goal of designing a mechanism that would both provide opportunities for all interested faculty to express their desire to participate and secondly, a process for selection of faculty. I strongly believe that this effort will result in significant improvement in the quality of the Organ System curriculum.

GLD/ds

cc: J. Dixon
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MEMORANDUM

To: **Allan Abbott, Chair, Educational Policy Committee**

From: **Harvey Kaslow**

Date **March 17, 1997**

Re: **Need for Redistribution of Organ System Lectures**

School of Medicine

Department of Physiology
and Biophysics

At the EPC meeting of February 20, you shared with the EPC a memo from the Administration entitled "Need for Redistribution of Organ System Lectures." The memo expresses the concern that topics in the Organ System curriculum were assigned to faculty members years ago, and that there is no process for ongoing review and redistribution of lectures. The memo suggests that the lack of a process prevents ongoing improvement in quality because newly-recruited faculty are not utilized. The memo calls on the EPC to design a mechanism that allows interested faculty to express a desire to participate in teaching, and an equitable process for review and distribution of lectures to faculty.

In response, the EPC decided that the Year 1-2 Committee, not the EPC, should address these concerns, and that to do so would involve determining whether the School will retain the current Organ System curriculum, or adopt a revised curriculum. At the meeting I then tried to describe another fundamental issue that must also be confronted. I summarize below the points I tried to articulate.

As long ago as 1993, faculty who were interested in fundamental revision of the Year 1-2 curriculum met to plan for such revision. Traditional mechanisms were used to publicize the effort, and all interested faculty were invited to participate. The process was open and available to all faculty. Most important: the process was productive. It produced a curriculum revision plan involving fundamental change that gained faculty consensus demonstrated by a vote.

The plan the faculty supported with that vote was one that was to take the current two-pass organ-based curriculum and evolve it into a curriculum based first on function systems and then diseases. From the first day of instruction, the proposed curriculum would have integrated efforts from basic scientists, clinicians, epidemiologists, and ethicists. Faculty from all these groups were spontaneously and voluntarily coalescing around those areas in the curriculum that matched their areas of research and clinical practice, and these groups were beginning to grapple with issues of defining objectives and content.

These groups of diverse faculty were to use a clean slate to devise what they thought would be best for the education of students given the resources at their disposal. But, for the first priority to be excellence in education, it was crucial that these faculty be able to debate the merits of plans without fear of retribution from either fellow faculty or the Administration. The mechanism that was enabling that debate was the same mechanism used by many other universities: the financial security inherent in tenure.

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The current Administration then terminated the employment contracts between the University and the tenured basic science faculty, and to this day has not retracted its proposal to use a formula to compensate faculty based in part on the number of teaching contact hours. This action caused faculty to fear that if a faculty member yielded a teaching hour to another faculty member, or agreed to teach in fewer hours by becoming more efficient, then that faculty member could suffer a loss of compensation. The Administration suggested basic science faculty might increase their income by obtaining grant support for their salary, or spending hours in administrative committee work, while at the same time it cut the compensation of several basic science faculty without grants by 25%. In light of this action, most basic science faculty considered salary funding assigned to them as individuals by outside agencies as the only secure source of compensation. Not surprisingly, work on fundamental curriculum revision essentially stopped.

If compensation is to be based on assignment of teaching hours, then the process that assigns teaching hours controls the compensation of individual faculty. Thus, the memo states: "The most important issue at stake is the design of an equitable process to provide....ongoing review and distribution [of lectures]." The administration now requests the EPC to create a mechanism to implement its plan, and expects Organ System Chairs to play a key role in it.

There is an alternative plan that can once again make educational excellence the most important issue: democratic faculty governance led by tenured faculty. Implementing that plan involves restoring, extending, and improving democratic faculty governance. With this alternative plan, the Faculty can once again honestly and frankly debate how the Faculty can move the School forward to achieve its educational mission.

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MEMORANDUM

TO: Year I/Year II Student Performance Committee Members

FROM: Peter J. Katsufrakis, M.D. PJK

DATE: August 3, 1995

RE: Faculty Compensation

The question arose during Student Performance Committee meetings this week of how faculty affected by the recent change from a 12-month to 9-month calendar would be compensated for their participation in Student Performance Committee meetings. Dr. Garell has directed that faculty requesting compensation for Student Performance Committee meeting attendance should submit a bill to him documenting the date and number of hours attended, for reimbursement at an hourly rate. Please note that this applies only to faculty who have been affected by the change from a 12-month to a 9-month calendar.

cc: Dale C. Garell, M.D.

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School of Medicine
Administration

Clive R. Taylor, M.A., M.D., D. Phil
Senior Associate Dean
for Educational Affairs

September 3, 1999

TO: Medical School Faculty

FROM: Clive R. Taylor, M.D., Ph.D.
Senior Associate Dean for Educational Affairs

SUBJECT: Year I Medical Student Class Size

Dear Colleagues:

The Keck School of Medicine at USC matriculated 174 students into the first year class on August the 16th, as opposed to the traditional number of 150. As a result, there is an increased opportunity for faculty to be actively involved in the teaching program this year!

The purpose of this letter is to inform you as to how we reached an increased class size, and also to broadcast the commitment of the Administration to channel resources to the faculty who are directly impacted by increased teaching, such that we provide the highest quality experience for all of our students.

First, the admissions process has changed this year. We initiated a program of active recruitment of those applicants whom we wanted at our Medical School. This process involved multiple follow-up contacts with chosen applicants who had received offers of admissions. In addition, we held an "On-Campus" recruitment day that well over 100 of our top priority applicants attended.

By mid-April, we had made approximately 360 offers to our top applicants, a number identical to that in the previous year. On May 15th, the AMCAS admissions process requires that a student holding multiple offers reduce to a single acceptance. Thus, from May through July, we normally see a number of withdrawals from the students to whom we have made offers. In the 1997-98 admissions season, of the 360 offers, approximately 2/3 withdrew such that we went to the waitlist in July and made 60 more offers to fill the class at 150. By contrast, in the current year (1998-1999), we saw only a very slow rate of withdrawal such that by July 1st, our group of 360

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offers had declined to only 204. Consequently, we did not go to the waitlist at all this year! Withdrawals continued at a very slow rate to reach a final class size of 174. It should also be noted that this number of 174 was only reached after we offered all accepted applicants the opportunity to "defer for one year" with guaranteed acceptance for the year 2000, an offer which 13 students accepted. Therefore, our matriculation rate out of an offering pool of approximately 360 was 52% this year, as opposed to approximately 30% the previous year. It appears that the recruitment effort made the difference, a much bigger difference than we anticipated and one that is very revealing with regard to how highly our school is regarded by applicants across the country.

Second, we now have the challenge and opportunity of providing a high quality experience to a class of 174 as opposed to 150. In meeting with departmental faculty, and with the Year I/Year II Curriculum Committee, I have made a commitment on behalf of the Administration that the additional tuition resources engendered by the increased student numbers will be directed towards producing a quality experience for these students. This means that funds will first be directed to additional equipment, facilities and supplies, for the increased student number. The remaining funds will be channeled to those faculty who are impacted by the increased teaching load and who respond positively to the challenge that presents. In this context, we are working to develop a proposal that allocates these tuition overload funds to the teaching faculty in year I, in proportion to teaching, responsibility and performance. This proposal will be presented to the Year I/Year II Curriculum Committee and then will be brought back by the course coordinators for discussion with faculty members. The goal is to develop a simple process that rewards faculty for effort and excellence and to distribute those funds directly to the faculty during the course of the academic year.

Your input into this process is invited through the mechanisms described or directly to me. Meanwhile, I am confident that you will all rise to the challenge that is presented by this one class. It is not only the largest we have ever had, but also the highest in terms of academic quality. This truly is a unique opportunity for our faculty at the Medical School to show our mettle. I have confidence that we will meet the challenge.

CRT/lm