

**OFFICE OF THE CHANCELLOR**INDIANA UNIVERSITY-PURDUE UNIVERSITY  
INDIANAPOLIS**MEMORANDUM**

TO: IUPUI Faculty Council  
Faculty/Staff of the IU School of Medicine

FROM: Charles R. Bantz, Chancellor



DATE: January 30, 2013

RE: Administrative Review of the Dean, IU School of Medicine, D. Craig Brater

This memo summarizes the report of the Administrative Review Committee (ARC) on the Office of the Dean, IU School of Medicine (IUSOM), D. Craig Brater.

Theodore (Ted) R. Boehm, Indiana Supreme Court Justice (Emeritus), chaired the committee. Its members from the IU School of Medicine were Richard B. Gunderman, Professor of Radiology and IUSOM Faculty President; Michael J. Lannoo, Professor of Anatomy and Cell Biology; Patrick J. Loehrer, HH Gregg Professor of Oncology and Director of the IU Simon Cancer Center; Terrell W. Zollinger, Professor of Public Health and Director of the Epidemiology and Environmental Health Division; Deborah K. Cowley, Director of Academic Administration; Undergraduate Student Kelie Carpenter (Senior, Medical Imaging Technology); and Graduate Student Janice L. Farlow (Medical Student Council President-Elect). Representing the IUPUI Faculty Council were Simon J. Atkinson, Professor and Chair of Biology (School of Science); Edward J. Berbari, Chancellor's Professor and Chair of Biomedical Engineering; David B. Burr, Professor of Anatomy and Cell Biology and Professor of Biomedical Engineering; and Janice M. Buelow, Associate Professor and Chair of Adult Health (IU School of Nursing). The community representative was Sam Odle, Executive Vice President and COO, IU Health.

Because the Administrative Review Committee understood that Dean Brater will be retiring in the near future, the ARC was asked to approach its task so as to produce a report that would be as much a tool for future leaders of the IUSOM as a retrospective assessment of the current dean. Thus, the report identifies qualities of leadership that are desirable in a future dean as well as areas that will require the new dean's attention.

The report was developed through two sources: web-based surveys and more than 30 interviews by two-member teams of the committee. Both faculty and students of the IUSOM were surveyed. Interviews were conducted with faculty and staff of IUSOM and other components of IU, plus leaders of the several public and private institutions and organizations outside IU that interact with the school.



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With respect to his **administration**, there is widespread agreement that Dean D. Craig Brater has been a visionary and an exceptional leader. He creates a vision that people follow and he leads by example. His style is transparent, and he is very effective in motivating others. He is regarded as a forceful, articulate, and plain-speaking representative of the school with formidable political skills, which has established credibility with the legislature.

With respect to the school's **education mission**, the dean is credited with developing the competency-based medical curriculum. Students are highly satisfied with the education they receive, and the educational accomplishments have been notable. STEP 1 scores rose dramatically to levels 10 points above the national average, which translates into students getting higher residency match rates and better residency programs. The majority of faculty and students at the Regional Centers felt more in the mainstream of the medical school.

With respect to the school's **research mission**, there is consensus that the dean's leadership is very strong. The dean's office grew the overall federal funding base by more than threefold, and elevated the level of research productivity within the school. He has been effective in developing the school's building infrastructure, with an eye towards expanding its faculty. He successfully championed translational science, competing for the Indiana Clinical and Translational Sciences Institute and obtaining several large grants from the Lilly Endowment. During the dean's tenure, IUSOM achieved Medical Scientist Training Program status for the training of physician scientists.

With respect to the school's **clinical mission**, the dean is credited with nurturing strong relationships, identifying important clinical areas and supporting them, and beginning to build an interdisciplinary environment. Leaders of local hospitals and health care institutions expressed great respect for the IUSOM, but there is wide diversity of opinion on the overall progress of the clinical mission.

#### **Areas of Concern: Administration**

- Efforts to correct the lack of diversity in the school have not achieved desired results. Some suggested the Division of Diversity Affairs report directly to the new dean.
- The school has not achieved the desired goal to move into the top 10 of public universities in research rankings.
- The administration may have grown out of proportion to the faculty and staff.
- The "Data Driven Decision Making" (3D) model has not met expectations and may serve as an impediment to interdisciplinary and interdepartmental cooperation.
- There is a need to develop better healthcare delivery teams of physicians that incorporate the broad diversity of healthcare professionals, which will require greater cooperation among units.

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- A new dean should consider the school's administrative and organizational structure so that lines of reporting are clarified in areas related to administration, clinical affairs, and education. It is not always clear where responsibility and authority lie.
- The dean could use the chairs' group more effectively to identify and solve problems. Currently, the dean does not attend the meetings, which is a missed opportunity.
- The university should carefully think about what the dean's role is in relation to IU Health and ongoing collaborations.

**Areas of Concern: Educational Mission**

- There seems to be widespread agreement that interdisciplinary training and training in translational research are necessary, but less agreement on the progress that is being made in those areas. The Simulation Lab is frequently cited as an innovative and effective educational tool, but there is less consensus as to progress in other settings.
- The now 10-year-old competency-based curriculum should be updated. A primary challenge for a new dean will be to oversee an orderly process leading to a curricular revision in which the faculty and students are invested. The current process is not seen as data-driven, and the faculty do not feel like partners in the process.
- There is frustration with the resources available to the regional campuses as well as concerns about the lack of trained faculty, inadequate access to clinical faculty, poor standardization of courses statewide, and fewer resources for students at these centers. Assessment of clinical faculty performance at the centers needs more attention.

**Areas of Concern: Research Mission**

- Even with the large increase in funding base, the school did not meet its goal to be ranked within the top 10 publicly funded medical schools.
- While developing the equipment and building infrastructure of the campus, the development of the research faculty, especially in the basic sciences, was weak.
- The school expanded the clinical faculty substantially more than the basic science faculty.
- There has been an increase in unfunded mandates for faculty, reducing the time available to spend on research.
- While mentoring for junior faculty is good, the school has not developed sufficient mentoring for mid-level or senior faculty.
- There is concern about the impact of IU Health on research.

**Areas of Concern: Clinical Mission**

- How well the partnership between IUSOM and IU Health will work over time, particularly as the leadership of the school changes, will need to be monitored carefully.
- IU Health is seen as a threat by the leadership of other health care systems in central Indiana.

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- There is a need for more communication and support, particularly related to the challenges of educating students and residents in coordination with clinical staffing needs.
- The desire for a stronger clinical focus and “Accountable Care Organization” status (a health care delivery and payment models in which providers assume some level of financial risk for the outcomes and costs of the patient care they provide) will likely change the financial model for IU Health. Hospitals and health care providers will no longer be procedure-driven but patient outcome-driven.
- Given the expectation that the shortage of primary care providers will grow with the impact of health care reform, the supply of physicians will need to be supplemented with primary care nurse practitioners and physician assistants to meet the demand for primary care. Some feel a leadership position for primary care should be considered.
- Having a School of Public Health is critically important for the state.