



# OAKLAND UNIVERSITY SENATE

## OAKLAND UNIVERSITY SENATE

Ninth Meeting  
Thursday, April 17, 1980  
3:15 p.m.  
128-130 Oakland Center

### *MINUTES*

Senators Present: Bertocci, Boulos, Brown, Burke, Chernov, Chipman, Christina, J. Eberwein, R. Eberwein, Edgerton, Evans, Feeman, Felton, Garcia, Ghausi, Grossman, Hetenyi, Hitchingham, Horwitz, Johnson, Kingstrom, Liboff, Matthews, McMahan, Miller, Moeller, Mourant, Obear, Pak, Partmann, Pettengill, Riley, Russell, Sayre, Scherer, Schwartz, Shantz, Shepherd, Stransky, Strauss, Tower, Williamson  
Senators Absent: Beardman, Berger, Bieryla, Coon, DeMont, Gardiner, Hammerle, Heubel, Houtz, Jaymes, Jones, Karasch, Kleckner, Kohn, Otto, Schmidt, Stevens, Torch, Twietmeyer

Interim President, George T. Matthews, called the meeting to order at 3:20 p.m. Reporting on the fiscal situation of the University, he indicated that budgetary projections for higher education now look discouraging, given the troubled state economy and the competition from welfare and other services for limited state revenues. He reviewed the ups and downs of Oakland University's fiscal projections and attendant institutional morale as he has viewed the situation in recent months from the rectangular office in North Foundation Hall. Should we receive the now-rumored 5.4% increase over the 1979-80 budget, we would be a bit more fortunate than most state universities but would still face a deficit unless tuition increases can make up the difference between fixed expenses and probable funds. He stated that all units within the University will have to effect budgetary savings but reminded his colleagues that at least in the realm of Chinese calligraphy adversity breeds opportunity.

Upon the motion of Mr. Hetenyi, seconded by Ms. Boulos, the minutes of the April 10 meeting were considered for approval. Mr. Miller's question as to whether Mr. Pak had been correctly represented on page five as saying that 'there will be no separate basic medical science faculty apart from existing schools and departments-' drew clarification from Mr. Russell to the effect that a few basic medical science professors, with specialties resistant to integration, would be appointed specifically to the medical school, but most would have primary appointments in already existing departments. Mr. Obear's request that the minutes for the April 17 meeting record the Senate's appreciation for its Secretary's achievement in capturing the substance of the very complex April 10 meeting brought no objection, and the minutes were so approved.

#### A. Old Business

1. Motion from the Graduate Council (Moved, Mr. Johnson; Seconded, Mr. Jones) to establish

a Master of Arts degree program in Sociology.

Mr. Johnson proposed and the Senate unanimously approved, by voice vote, the following resolution:

**MOVED** that the University Senate recommend to the President and to the Board the establishment of a program of graduate studies leading to the degree of Master of Arts in Sociology. The date of implementation of this program shall be subject to the availability of requisite resources.

2. Joint Resolution from the Academic Policy and Planning Committee and the Faculty Council of Health Sciences (Moved, Mr. Russell; Seconded, Mr. Pak) to recommend to the President and to the Board of Trustees six basic principles and a detailed implementation sequence for the development of a School of Medicine at Oakland University.

Discussion of this proposal began with attention to two amendments proposed at the April 10 meeting.

a. Mr. Liboff, with the approval of Mr. Feeman, withdrew his motion to add, as a Seventh Principle:

The University should develop strong biomedically-oriented research resources in terms of personnel, space, and equipment not only through the university-based basic medical science faculty, but also through faculties such as those in natural and behavioral science, mathematics, engineering, and nursing.

Still concerned that the proposed School of Medicine meet Oakland University's high standards of academic quality?an assurance not automatically associated with the concept of medical education, he proposed to substitute a new Second Principle (renumbering the original second through sixth principles accordingly); Mr. Obear seconded the motion to add, as the Second Principle:

The School of Medicine should reflect the highest levels of excellence in teaching and research.

Despite Mr. Liboff's description of his substitute amendment as innocuous, the change elicited questions and criticism. Mr. Russell's belief that the commitment to academic excellence was contained in the First Principle and Mr. Miller's perception that such standards of quality should be understood in any case, drew Mr. Liboff's explanation that he is concerned about the proposed school's dependence on community hospitals whose deficiencies as research centers, by comparison with university hospitals, could saddle us with a school of which we may not be proud. Mr. Hetenyi wondered why the Senate should not add such cautionary language to every academic program it endorses, but Mr. Liboff averred that the necessity exists only in a case like this in which we cannot predict who will be doing the teaching and research. Mr. Shantz agreed that medical education is an area which requires us to go beyond our usual qualitative assumptions; he advised that, if later plans betray any decline in academic standards from those now envisaged by the proposers of this resolution, the Senate should pull back and reconsider. Mr. Russell pointed out, however, that the suggested new Second Principle cannot be judged systematically, like the original six, when specific plans eventually

come before the Senate. Mr. Pak observed that standards and criteria for medical education can change and that our particular goals will distinguish our program from the University of Michigan research model. Our academic excellence will depend more on the campus-based basic medical science faculty than on clinical faculty in the hospitals. After considerable discussion, the amendment carried by voice vote.

b. The Senate then moved promptly to approve Mr. Heubel's proposal, seconded by Mr. Pak, to amend the main motion by adding the words "and research" to the First Principle, to read:

A School of Medicine should be developed at Oakland University as a critical component of a comprehensive health sciences educational and research program designed to serve the needs of all members of the health care delivery system in the Oakland University service area.

The amendment passed by voice vote, without dissent.

Discussion then moved to consideration of the main resolution, stylistically corrected and doubly amended. Debate ranged across a spectrum of issues, with speakers often addressing several topics in succession while holding the floor. For purposes of clarity, the Secretary now records the complex interchange of ideas according to thematic groupings to represent the sense of the discussion though not its precise order.

Institutional Change: Mr. Eberwein asked the Senate to distinguish between the admirably prepared document before it, which he respected, and the central issue of approving the establishment of a medical school, which he distrusted; he indicated his inability to support so great an alteration in Oakland University and its existing schools. Applauding the work of the committees which conducted the study of medical education and built into the resolution such prudent principles and protections, he nevertheless pointed out that these safeguards cannot be binding.

Mr. Horwitz reported on his recent inquiries about the effect of the three medical programs at Michigan State University on other academic units; his information sources condemned the impact as devastating. The specific difficulty there concerns the medical deans' separate access to the legislature and their privileged budgetary arrangements in competition with all the rest of the university. Mr. Williamson's questioning of departmental chairs at Wayne State University brought similar bad news.

Mr. Matthews referred to the governance structure proposed in this resolution, which should protect Oakland against a separate medical empire. He admitted that we can neither guarantee nor bind the future but expressed trust in the safeguards incorporated in this proposal. He maintained that schemes depend on people and trusted that the University can find a president; vice president, two provosts, and a medical dean committed to this design.

Mr. Shantz recognized the impossibility of measuring allocations to the rest of the university, when actually competing for funds with a medical school, against funding in the subjunctive had no such school been built. He noted, however, that clearly discernible status distinctions and envy problems would accompany such major institutional change.

Defending such development, Mr. Liboff advocated a university concept that allows for

diversity and change in its professional education. Mr. Eberwein, however, noted that Oakland University has developed differently from what anyone envisaged in its initial stages. He was concerned that this new venture into medical training would suppress growth of schools such as Performing Arts which were part of the original concept of this institution. But, according to Mr. Pak, Oakland University has been committed to Health Sciences and exploring the idea of a medical school for over a decade.

Administration and Funding: Considerable attention concentrated on the question of what officer(s) would represent budgetary needs to the legislature. Mr. Horwitz detailed the problems which have resulted at Michigan State from the medical deans' separate access to legislative committees. Both Mr. Russell and Mr. Matthews responded to these anxieties by pointing out that the astronomical medical budgets and consequent health-science administrative empires at Michigan State, Wayne State., and the University of Michigan can be avoided within our decentralized medical education model which obviates the need for a university hospital or campus clinic. The governance model proposed for Oakland prevents the medical dean or the Provost for Health Sciences from applying to Lansing for a separate line-item budget. According to Mr. Obear, no dean or provost will go to the legislature without a written budget request approved here in advance by higher administrative officers and the Board. When Mr. Bertocci questioned whether Oakland actually could organize a medical school in this fashion, Mr. Pak and Mr. Russell foresaw no problem in gaining approval and accreditation for such policies. Mr. Matthews pointed to precedents in other states for such decentralized medical education governance models.

As discussion of an integrated fiscal system developed, Mr. Grossman confessed growing discomfort with the prospect that a medical school without the separate line-item budget heretofore presumed might, indeed, draw resources away from other academic units. Mr. Hetenyi urged the University to try to keep a separate budget for the medical school, observing that formula budgeting, in this context, would not diminish the danger of the medical school's impinging on other programs. In times of budgetary pressure, he asserted, a medical establishment can wield irresistible power. Both Mr. Matthews and Mr. Williamson noted the possibility that the University might allocate resources disproportionately from a common fund to support the health sciences. Mr. Liboff, however, saw distinct fiscal advantages to formula budgeting which, as Mr. Matthews commented, appears to be a trend in medical education.

Institutional Evolution and Inertia: Drawing upon his observations of Michigan State University, Mr. Horwitz warned that natural evolution moves a decentralized medical school from a limited program with off-campus clinical facilities and a few approved specializations toward an all-purpose medical education center. Ms. Schwartz also affirmed belief in 'the momentum of reality,' tracing fears of a medical school at Oakland to experiences of similar situations in which expensive equipment and services, once in place, continue to be used and supported at whatever cost to other units. Mr. Russell and Mr. Matthews trusted to the local hospitals included in the Oakland proposal to help the University avoid the crippling expenses encountered at other institutions located too far from a critical mass of sick and dead bodies like that in Oakland County.

Hospital Connections: As this resolution envisages heavy dependence on local hospitals for clinical training, several senators inquired about the adequacy of these hospitals for research and teaching and about the financial implications of the planned association. Mr. Pak and Mr.

Russell explained that the Academic Planning and Policy Committee visited Beaumont and Providence Hospitals to inspect facilities and get a sense of hospital commitment to Oakland University. They found facilities already adequate for the number of students projected in the early stages of our program. The hospitals expect to profit from the alliance by filling medical residency positions. They need affiliation with a medical school and are prepared to undertake their own development programs as needed, without state funds. The University would pay part of the salaries for physician-professors, thus allowing the hospitals to build their teaching staffs at moderate cost.

Benefits to Oakland University: Several Senators called attention to the advantages the University could anticipate from a School of Medicine. Mr. Russell stressed the importance of building our image in the legislature as a major research university to be classified with the University of Michigan, Michigan State, and Wayne State rather than with the regional universities. Mr. Williamson, referring to a colleagues dire-emergency scenario, pointed out that, if financial disaster forces the state to close any universities, the institutions with medical schools would be least likely to perish. Mr. Stransky called attention to the good will of the local medical community and mentioned that alliances with local physicians, such as the cardiac rehabilitation program now operating here, tend to bring research grants. Mr. Shantz and Ms. Partmann predicted improved research opportunities and funding prospects even for social scientists and humanists, if they link their investigations to those of the medical faculty.

Upon Ms. Scherer's move to call the question, supported by a 29 to 6 vote, the chair asked a division of the house on the resolution. It passed by a vote of 26 ayes. 10 nays, and one declared abstention. The motion, as corrected and amended, reads:

**WHEREAS** the Faculty Council of Health Sciences has recommended the establishment at Oakland University of a regional and decentralized program of medical education at the M.D. level, following the concepts proposed and described in *Part II: Medical Education of the Report of the Adequacy of Medical Education in the Oakland University Service Area* with provisions that the Legislature and the Governor of the State of Michigan authorize such a development at Oakland University; that the funding agencies of the state assure an annual line item appropriation for medical education at Oakland University sufficient to obviate the possibility that the advent of medical education would be detrimental to existing programs; that the level of line item funding both for capital outlay and annual operating expenses for medical education be sufficient to develop and support a medical program (M.D.) of true distinction at a cost to students comparable to other such programs in the state.; that the University's existing request for capital outlay to renovate and expand the Library and to build a new Science building be funded; that funds to remodel existing science classrooms and laboratories, to add faculty offices and laboratories, to acquire new and additional teaching equipment, and to appoint additional faculty, all in support of those existing instructional units which will be called upon to support the medical education program, be made available before students are admitted to the medical education program; and that approval and funding is granted to develop and implement, in the period 1980-85, programs at the doctoral (Ph.D.) level of instruction in bio- medical and behavioral science fields as needed to furnish the scientific and academic support required for a medical education program (M.D.) of quality and excellence; and

**WHEREAS** the Academic Policy and Planning Committee of the University Senate has conducted a thorough review of the potential service to the citizens of Michigan and the implications for the University of the adoption of the resolution of the Faculty Council of Health Sciences and has concluded that it would be possible to establish at Oakland University a regional and decentralized program of medical education following the concepts proposed and described in *Part II: Medical Education of the Report of the Adequacy of Medical Education in the Oakland University Service Area* and the principles proposed in the report of the APPC *ad hoc* Subcommittee on Organization of the Proposed Medical Program, *Organizing Principles for Proposed School of Medicine*, that would be of mutual benefit to the citizens of this region and to the University; therefore be it

**RESOLVED** that the University Senate recommend to the President and to the Board of Trustees the adoption of the following basic principles and implementation sequence for the development of a School of Medicine at Oakland University.

First Principle

A School of Medicine should be developed at Oakland University as a critical component of a comprehensive health sciences educational and research program designed to serve the needs of all members of the health care delivery system in the Oakland University service area.

Second Principle

The School of Medicine should reflect the highest levels of excellence in teaching and in research.

Third Principle

The curriculum of the Oakland University School of Medicine should be developed to give strong emphasis to the areas of family medicine, occupational medicine, and preventive medicine with substantial components in gerontology and geriatrics.

Fourth Principle

The School of Medicine should be developed following the decentralized model for medical education to utilize facilities in area hospitals for all clinical instruction. Mechanisms should be developed to promote interaction between the university-based basic medical science faculty and the hospital-based clinical faculty in order to strengthen the educational and research activities of both faculties.

Fifth Principle

A faculty and School of Medicine should be organized in accordance with the principles governing other degree-level faculties and schools within the university and should be endowed with the powers and responsibilities of other such faculties and schools.

Sixth Principle

While recognizing the proper autonomy of the School of Medicine, its instructional and research resources should be integrated as much as possible with the other faculties and schools of the university, especially those in health related

professional disciplines.

### Seventh Principle

All health related professional disciplines should be included in a reorganized Center for Health Sciences. The Oakland University Center for Health Sciences should be integrated with other instructional units within the university in order to avoid isolation from the larger academic/intellectual whole. The Center for Health Sciences should be headed by a new line officer of administration at the executive level called the Provost for Health Science Faculties.

### Implementation Sequence

Several specific capital development and programmatic development steps deemed necessary prior to the graduation of M.D. students have been identified on the next page. The sequence for capital development activities first addresses current University needs which must be met to provide the foundation for strengthening programs which will support future health science education. It is possible for multiple capital development steps to occur simultaneously; however, no step should be taken out of sequence. The programmatic development steps should be executed in the sequence shown below. There are several capital and programmatic developmental steps closely interrelated, so that a delay in one could result in a delay in the other. However, since the current science facilities cannot be further overloaded, the Science building must be completed before the B.S.-M.D. students are enrolled. Step six in the programmatic development sequence should be considered a key step. At this point, the specific and detailed plans for an Oakland University School of Medicine concerning curricular content, organizational structure, governance mechanism, budget and hospital affiliations will be presented to allow the University, the hospitals and the appropriate components of state government to make specific commitments.

### Capital Development Sequence Activity

#### Step

- 1 Hannah Hall Renovation
- 2 Kresge Library Addition and Renovation
- 3 Science Building Construction
- 4 Basic Medical Science Building Construction
- 5 Ambulatory Care Clinics Construction

### Programmatic Development Sequence Activity

#### Step

- 1\* Complete "Study of the Adequacy of Medical and Health Professions Education in the Oakland University Service Area."
- 2\*\* University Senate and Board approval of principle of establishment of an Oakland University School of Medicine.
- 3 Submission of the Study report to the state government.
4. Request for legislative authorization with executive approval and commitment of planning funds.
- 5 Medical education planning group appointed; to design medical school

curriculum, organizational and governance structure in accordance with the above delineated principles; to make recommendations on specific plans for hospital affiliations, locations of ambulatory care clinics; and, to prepare detailed budgetary plan and management process.

6 Presentation of the above specific plans for approval by the University Senate and Board, hospital boards, legislature, and executive office of the State of Michigan.

7 Appoint Provost for Health Science Faculties and reorganization of the Center for Health Sciences.

8 Appoint a Dean of the School of Medicine; appoint faculty for baccalaureate program; preliminary planning for years 1 and 2 of M.D. program.

9 Admit first students into the B.S.-M.D. program; appoint key basic medical science faculty and key clinical faculty; detailed planning for years 1 and 2 of M.D. program.

10 Approval of curriculum for years I and 2 of M.D. program by Senate and Board; appoint remaining basic medical science faculty; appoint clinical faculty.

11 Admit first M.D. students; detailed planning for years 3 and 4 of M.D. program.

12 Approval of curriculum years 3 and 4 of M.D. program by Senate and Board.

13 Graduate first class of students with M..D.

\*This step has been completed and the final draft of the report is being prepared.

\*\*Adoption of this resolution constitutes the first part of this step, i.e. the University Senate approval of principle of establishment of an Request for legislative authorization with executive approval and commitment of planning funds.

## B. New Business

None

## C. Good and Welfare: Private Resolutions

1. Mr. Obear invited the Senate to a wine and cheese reception, compliments of the Steering Committee, immediately following the meeting. The celebration honors completion of the Senate year.

2. Ms. Scherer, seconded by Mr. Hetenyi, proposed a resolution charging the Steering Committee to direct an appropriate committee to study the implications of cable television for the University.

**RESOLVED** that the University Senate instruct the Steering Committee to charge one of the appropriate university committees with the responsibility to investigate the educational Implications of cable TV and report back to the Senate by early fall 1980.

**WHEREAS** new technology has made a quantum leap in telecommunications - within the past two to three years, it is imperative that Oakland University investigate the implications of cable TV upon all activities.

"What now faces education is a series of historically significant new technologies,

unprecedented in their potential importance, that may put traditional education at a further disadvantage."

George Bonham, Editor

*Change Magazine*, Vol. II, No. 8, 1979

Cable TV will provide inexpensive two-way communications for teaching, computer linkages, and strengthen audio-visual use as a teaching resource. This is not the same kind of technology we experienced with learning labs, traditional open TV courses, learning machines, and other promised "revolutions" in education. As further stated by George Bonham, Unless the academic community approaches these new technologies with an open mind about such potential partnerships between education and technology, not much can or will be expected...it is now possible through electronics to train and educate small groups of like-minded learners at costs similar to those of traditional classrooms...educators can no longer sit idly while television technologies pass them by.

**WHEREAS** cable TV arrangements are negotiated with local units of government on an individual basis, it is urgent that Oakland University immediately participate in the process of developing and negotiating franchises to reserve future university access.

**MOREOVER**, all divisions of the university should review their priorities in light of the potential of cable TV to restructure their course delivery, information sharing, communications, and scheduling.

Mr. Obear asked flexibility to create an *ad hoc* committee for the purpose, should the Steering Committee decide not to refer this matter to one of the standing committees. Ms. Scherer agreed, and Mr. Matthews referred the matter to the Steering Committee

#### D. Informational Items

1. . Report of the Conference Committee on the MSN Proposal: Ms. Hitchingham reviewed the history of conflict between the Senate and the University Congress on the Master of Science in Nursing resolution and reported that she and Mr. Feeman had represented the Steering Committee in a Conference Committee meeting with Ms. Hershey and Mr. Baar from the Congress, in an attempt to reach mutually acceptable wording. The Conference Committee's addition of two implementation requirements to the motion, stipulating that it should await accreditation of the BSN program and appointment of an additional Ph.D.-level faculty member in the School of Nursing, has resulted in Congress approval of the resolution but left a question about the Senate's role. Dean Felton objected to presenting these stipulations for Senate vote, seeing such action as an affront to her administrative integrity. She has already initiated action on both matters and has testified repeatedly that she has no intention of launching a master's program without an accredited BSN program or adequate teaching staff. She maintained that the Congress was in error in trying to preempt her authority. After some attempt by Mr. Shantz and Mr. Matthews to figure out how it happens that one governance body's constitution entitles it to interact in this fashion with another body's decisions, Mr. Hetenyi whole-heartedly endorsed Dean Felton's statement and declared it improper for the Senate to act on this matter. As both the Senate and the Congress are purely recommendatory bodies, he pointed out that each can present its own resolution to the Board. Mr. Matthews, agreeing on the impropriety of Senate action, announced his intention to leave the matter to

the Board.

2. Report from the Academic Standing and Honors Committee on Athletic Eligibility: Mr. Matthews called attention to the informational report distributed with the agenda. No Senate action was required, and no discussion ensued.

3. Report on the Presidential Search: In reply to a question from Mr. Russell, Mr. Hetenyi indicated that the various advisory committees and the Board committee are working their ways gradually through the mounting pile of active folders.

Upon the motion of Mr. Hetenyi, seconded by Mr. Liboff, the Senate adjourned at 5:10 p.m., repairing to the Oakland Room for refreshment and reflection.

Respectfully submitted:

Jane D. Eberwein

Secretary of the University Senate

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