

CONSOLIDATED STRATEGIC PLAN

Version 1.3: Implementation Date: July 2023



THE UNIVERSITY OF ARIZONA

College of Medicine

Tucson



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EXECUTIVE SUMMARY

We continue to create a culture of alignment through a common set of strategic goals and objectives, to foster a sense of shared purpose, shared responsibility, and accountability towards a collective destiny, engendering a concerted pride of enterprise. Versions 1.1 (v1.1) and 1.2 were implemented in July 2021 and 2022, respectively. Progress of version 1.2 was monitored utilizing an electronic dashboard called the Strategic Planning eSubmission and eReporting Dashboard (SPEED). SPEED is an electronic tool created in collaboration with the COM-T IT team and was a major advance for the planning process. The SPEED Dashboard can be accessed [here](#). SPEED significantly enhanced the process allowing verified data to be entered either through auto or manual loading by the departments. Subject matter experts (faculty and staff) in each department, were identified and were provisioned to add department approved metrics, tactics, and color-coding for each mission area. Further, it ensured that mission leaders and department leaders could see and edit the same document which enabled training and verification of data. Lastly, SPEED generated metric completion reports so that early intervention if necessary was possible. Based on the discussions with the department leaders, improvements resulted in version 1.3 (v1.3). The improvements include a read-only feature for faculty information and engagement, customization feature of fields for department specific use, additional auto-loaded details (such as faculty names and grant titles) to improve planning and feasibility study for the auto loading of color coding based on the data provided. Version 1.3 (v1.3) was created and implemented in July 2023. This continues to be an iterative process consisting of a 3-year rolling tactical plan.

Mission

“Advancing the health and wellness of our community and beyond, embracing diversity in the pursuit of excellence, through innovation across our tripartite mission: education, research, and patient care”

Premise

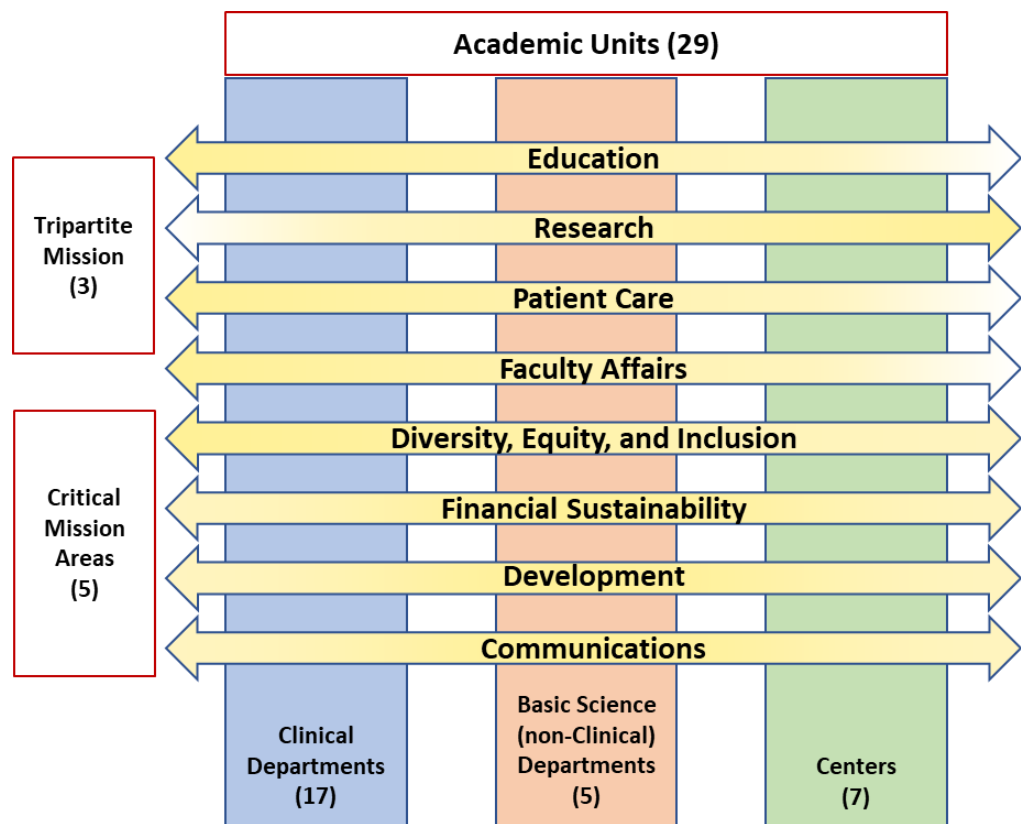
To engage COM-T leadership, faculty and staff in developing a tactical framework across academic units and mission areas, anchored in a strategic vision that leverages both institutional assets and community partnerships, to foster alignment and a culture of shared accountability that begins today and that targets tomorrow’s successes.

Strategic Vision

“Creating a sustainable roadmap, through highly collaborative approaches and inclusive excellence, at the forefront of medical innovation, that inspires and aligns COM-T’s faculty, staff, student body and alumni to prepare the next generation of academic medicine leaders to provide high quality health care delivery and human health, that meets the needs of the State of Arizona and beyond”

Mission areas include three traditional core missions – ‘the Tripartite mission’ (education, research, patient care), as well as five additional mission areas (faculty affairs, diversity, equity and inclusion -DEI, finance, development, and communications and branding), each critical to the success of the Tripartite mission. Of note, the leaders of the seventh and eighth mission areas function as a ‘dyad’ as communication and branding strategies are often central to development efforts and vice versa. Reporting to the COM-T dean are 29 academic units (22 academic departments—17 clinical and five non-clinical—and seven centers, including one institute and one statewide program) that support the COM-T mission and are engaged, either directly or indirectly, in each of the mission areas. While these units vary in size and scope, and some of the larger departments are composed of sub-units (divisions), their activities all encompass a common objective: the

advancement of health disciplines through innovation. In the Tucson market the clinical enterprise is governed by Banner Health under its Academic Division (Banner University Medicine – Tucson (BUM-T), but all clinical faculty responsible for patient care, whether UArizona- or Banner-employed, report into one of the 17 clinical departments.



The strategic planning process emphasizes and reinforces our commitment to a sense of shared purpose, shared responsibility, and accountability towards a collective destiny. This is especially important as the College of Medicine-Tucson undergoes a transformation process with approximately 50% of the units having new outstanding leadership recruited from across the nation. These new leaders continue to be engaged and add content for the strategic planning process Version 1.3. Importantly, 100% of the new department leadership teams have completed their metrics and tactics within the timeframe despite their recent arrival. In addition, the strategic initiative plans have moved forward to include customized features based on leadership feedback. Another phase of strategic planning called the strategic initiative projects (SIPs) continues to grow as new leadership is engaged. SIPs are solicited from the faculty and must contain stakeholders from the departments and mission areas with the purpose of elevating the visibility and recognition of COM-T as part of a top-tier Academic Medical Center.

Anticipated 3-Year Milestones/Outcomes by Mission Area

1. **Vision - Faculty Affairs:** *“A data-driven plan to recruit, develop, engage, and retain a diverse and forward-thinking faculty that inspires and produces the next generation of academic physicians to support our educational, research and patient care delivery programs in the context of the clinical workforce needs of the state of Arizona and beyond.”*

Milestones/outcomes:

- Balance faculty rankings: Assist/Assoc/Full Professor 50%/25%/25%; T/TE faculty 25%/25%/50%; MD and/or PhD 25%/25%/50%; NTE faculty optimize per need.
- Facilitate promotions: increase tenure clock to 9 years; increase career track promotion rate to mirror T/TE;
- Retention: balance recruitment: turnover 1:1; keep attrition rate <8%; increase number of faculty national awards (TBD), track faculty participation in professional development (TBD).
- Excellence: increase # T/TE faculty with H-index >50.

2. **Vision - Diversity, Equity, and Inclusion:** *“a plan through which inclusive excellence and diversity create a foundation for mission and community responsive action and a culture of accountability across all academic mission areas in the context of the state of Arizona and beyond.”*

Milestones/outcomes:

- Demographics: Monitor % URiM (under-represented in medicine) faculty, students, residents and senior administrative staff to state of Arizona demographics and AAMC
- DEI training and advocacy: Departments and centers host 3 DEI-credit eligible events - at least one of which is a grand rounds, seminar, or colloquium, featuring an invited or internal guest speaker open to all COM-T; At least 1 DEI champion or ally per department with 0.05 FTE support; departmental websites reflect commitment to DEI in mission statement and/or webpage
- Patient care: Train a physician workforce that provides culturally relevant patient care and acknowledges the impact of medical professionals in addressing health care disparities.

3. **Vision - Education:** *“A modern and integrated curriculum plan that prioritizes the intellectual, professional, and personal development of a diverse group of students and trainees, preparing them as health providers, scientists and educators, and as future leaders in academic medicine, in the context of the related workforce needs of the state of Arizona and beyond.”*

Milestones/outcomes:

- New admission pathways: successful first Accelerated Pathway in Medical Education (APME) class matriculation with low attrition (second class accepted and starts college at UA on 8/2022), successful progression of first bachelor's degree in Medicine class with >1,000 enrolled students at year three (first students start 8/2022; >200 enrolled); P-MAP program (continue enrolling matriculating 10 students/yr); HEAP (continue enrolling 10 students/yr and monitor leakiness from APME);
- LCME: successful full eight years re-accreditation; GPA/Sc GPA/MCAT 3.73/3.6/510; URiM \geq 30%;
- GQ scores: 50-75%ile basic science preparation, satisfaction with education >90%, with student affairs

>75%ile, development as a person >75%, as future physician >75%ile, career advising >75%ile, confident to begin residency >90%, >75%ile, student mistreatment <40%, % reporting on mistreatment

>40%; clerkship scores above median, Step 1 pass rate >95% (3-year average), Step 2 CK pass rate >95% (3-year average) and >98% above median scores;

- MD PHD program: MSTP T32 NIH funding; students under MSTP 3, increase F-awards to 7;
- GME: match rate pre-SOAP >95% and exceeding national median; ACGME survey regarding balance above national average, retention COM-T/P 30%.

4. **Vision - Research**: *“An innovative and highly collaborative inter-dependent, transdisciplinary, inter-institution plan across the spectrum of biomedical research that coalesces graduate student and physician-scientist training into an inclusive and diverse community equipped with cutting-edge training and the ability to interconnect knowledge across medical and scientific disciplines.”*

Milestones/outcomes:

- Collaborative awards: increase collaborative grants submissions (U, P, T, other MPI - e.g. R01) by 10%/yr.
- Increase access to VA funding: increase by 40% joint VA appointments (>22) and quadruple eligibility and merit awards (>4 and >4).
- Clinical trials: increase # open clinical trials by ≥ 50 (≥ 344); increase # enrolled subjects 10% year over year (YOY).
- NIH funding: increase NIH funding per ABOR faculty FTE 5-7% YOY; increase # clinical departments with >\$5M funding to 4; increase \$\$ NIH Blue Ridge to U Arizona 5-7%

5. **Vision - Patient Care**: *“A partnership with the Banner Health system to support a culture of accountability that ensures physician engagement and satisfaction, the delivery of high quality and timely care as the provider of choice to the Tucson community, and a sustainable financial performance to help support the viability of a robust academic mission.”*

Milestones/outcomes:

- Quality/Efficiency: Vizient Mortality Index 0.872 and GMLOS/ALOS index 1.24.
- Physician satisfaction: physician annual turnover rate 9.7%; VOICE engagement score 37%.
- Reputation: Patient satisfaction (NPS) Percent Providers enabled for online scheduling (90%).
- Financial Stewardship: FPSC 70%ile; Reduction in Premium Locums spend to a sustainable rate (250K/mo)

6. Vision - Financial Sustainability: *“A culture of financial responsibility to ensure sustainability, allowing for growth and re-investment in COM-T’s academic mission.”*

Milestones/outcomes:

- Financials: expense/revenue 95%; reserves 6 months.
- Reliance on state funds: state funds expenditures 10%.
- Teaching revenue: teaching effort 11% increase online teaching significantly.
- Research productivity: research expenditures 45%; research effort 36%.
- Reinvestment: unfunded effort 10%.

7. Vision - Development: *“A culture of seeking and tracking philanthropic opportunities and responsiveness to optimize philanthropic support for COM-T’s Tripartite mission.”*

Milestones/outcomes:

- Faculty Trainings: increase to quarterly per unit
- Referrals: increase referrals by 30%;
- Effectiveness: increase number of donors by 10%;
- Funding: increase yearly giving 10%;
- Efficiency: consistent turnaround time across COM-T (minimum of 12 days);
- Opportunity: # one pagers (3 per each unit).

8. Vision – Communications & Branding: *“A modern and integrated framework for multi-channel communications that increase awareness and positive perceptions of the COM-T brand among target audiences.”*

- Accurate information: Annual college-wide website audits.
- Reach: Increase of 4% of baseline of social media followers.
- Engagement: 35% newsletter open rate for faculty and 35% for staff.
- Effectiveness: USNWR rankings 62 Research, 52 Primary Care.
- Opportunity: 58 shelf-ready, 1-page proposals
- Awareness: Depending on the unit 10% increase year over year of 10 stories pitched; 20 mentions; Branded slides used at 3-56 presentations (varies by unit).
- Influence: 3 “Academy” branded CME presentations

The Planning Process: Planning with Continuous Quality Updates

The strategic plan (v1.2) progress report included an analysis of the metrics and tactics uploaded via SPEED. Feedback was continuously collected as we monitored the completion of the metric loading by the departments. The need for periodic engagement with the point of contacts (both faculty and staff) for each of the metrics within each of the mission areas across all the units was essential to the success of the process. Continuous monitoring and intervention using SPEED minimized the variability of the level of a complete understanding of the metrics and tactics. The leaders of the eight mission areas engaged all academic units with a focus on their respective mission areas. The mission area leaders reminded the academic unit leaders of the plan to update the plan, while continuing to strive for a unifying strategic vision for each mission area, consistent with COM- T's mission statement, comprised of a set of vision elements. The mission area leaders discussed potential for changing vision elements and metrics as needed. Criteria for each metric for all mission areas have not changed from v1.2:

1. Data should be easy to obtain and validate.
2. Data should be reported periodically, no less frequent than annually; and
3. Each metric should map to a specific vision element. Once the metrics were selected, the mission area leaders were asked to work with each academic unit to define current and future state targets and corresponding tactics.

As with v1.2, *mission-critical vision elements* are defined for each mission area: these vision elements helped inform the selection of specific key *metrics* according to the specifications cited above. 'Current state' consolidated (COM-T) data are generated for each metric, identifying the data source for each metric. The format for the strategic plan, and the vision elements and metrics, now familiar to academic unit leaders were revisited during monitoring sessions during FY23. Any changes suggested by either mission area leaders or academic units were considered.

As with v1.2, 'current state' and 'future state' (1, 2, and 3 years; specified as FY 24, FY25, FY26), are generated with tactics to achieve each target. It is emphasized that while holding each academic unit accountable within SPEED, accountability would not relate directly to achieving the targets, but instead, to understanding the reasons targets were not met, to unmask and address potential barriers. This is especially important as common barriers across several units can be identified and advocacy for change can be supported with the data.

As with v1.2, each *clinical department* are asked to complete a total of seven tabs within SPEED with narratives – current state metrics, future-state targets, and tactics (education, research, faculty affairs, DEI, patient care, financial sustainability, and development). In addition, new tab within SPEEDs are populated for the communication and branding mission area. *Non-clinical (basic science) departments* are asked to submit seven tab within SPEEDs and narratives (no patient care). Metrics for both financial sustainability and clinical care mission areas were extracted from the all-funds budget and revised Banner University Medical Group budget, respectively. *Centers* were asked to submit the financial sustainability tab within SPEED and narrative as a minimum, as well as any other relevant mission area tab within SPEED(s) and narrative(s). Current-state data sources were specified for each metric.

The eight COM-T mission area leaders were each asked to propose a one-page executive summary for each of their mission areas for each department for use at the end of FY24.

The Dean, in turn, will use these aggregated summaries. During the course of the strategic planning tool evolution, the proposed metrics were reviewed, aggregated into the mission-area tab within SPEEDs and narratives added into a consolidated COM-T 'strategic plan' (this document) that were presented to the senior vice president (SVP), UArizona Health Sciences (UAHS), and to the Dean's Advisory Board prior to implementation. It was also presented at the Dean's Executive Council meeting and has been made available to all members of the COM-T academic units.

Implementing the Plan

Implementation of the plan begins July 2023. It is important to note that while great efforts were made to consolidate the plan to facilitate messaging, implementation and monitoring will occur at a unit-specific level, using the unit-specific tabs within SPEED and narratives to inform these and to help execute the plan.

At the six-month mark (January 2024), each academic unit leader will meet with the dean or his designee to monitor progress towards year 1 targets, and each metric will be 'stop-light' color-coded by the academic unit leader (green – on track and no need to discuss; red – not on track and need to discuss; amber – not on track, but close, and possible need to discuss will be left to the discretion of the unit leader).

As with v1.2, at the 1-year mark, each unit leader will be asked to account for the 1-year targets, again using color coding, and at that time, a revised set of 2-year targets and tactics, and a new set of 3-year targets and tactics will be developed. This approach will be repeated every six months on a rolling basis, refreshing annual targets and tactics as appropriate, informing a dialogue between the dean and each academic unit leader, and more importantly, between each unit leader and faculty members in their respective units. In v1.3, faculty engagement is a priority area for the successful implementation and continuous quality improvement of the plan. Accordingly, the communication of the SPEED results of v1.2 (FY23) will be made available as a read-only version for all faculty within a unit to access using their UofA NetID. Feedback will be solicited by the faculty affairs unit of the Dean's office through the elected faculty committees in accordance with the COM-T Bylaws.

No specific funding is allocated or appropriated to this plan. Instead, inherent to the plan is the notion that existing funding sources will be leveraged as tactics are developed. Also, there is an implicit assumption that the plan will serve to assess existing priorities and investments, causing each unit to reexamine—and potentially repurpose—existing assets, as well as to pursue new avenues to support specific future-state targets and tactics within the plan. It is expected that this exercise will help inform discussions between academic unit leaders and faculty members, and between the dean's office and unit leaders, on an ongoing basis moving forward, as areas for investment are identified. It is also expected that faculty engagement will increase substantially because of the strategic plan implementation and monitoring, building on that observed during the planning process.

A Directional Tactical Plan

‘Unit-specific’: While ‘the plan’ constitutes a college-wide strategic planning initiative, it involves 29 academic units that include 3 different unit types: Clinical Departments, Basic Science (non-clinical) Departments, and Centers.

‘Mission-driven’: The COM-T mission statement is ‘advancing health and wellness of our community and beyond, while embracing diversity, in the pursuit of excellence through innovation in our tripartite mission: education, research, and patient care.’ Our 8 mission areas include the Tripartite mission (Education, Research, Patient Care) and an additional 5 mission areas (Faculty Affairs, Diversity, Equity, and Inclusion (DEI), Financial Sustainability, Development, and Communications and Branding) essential to support the Tripartite mission.

‘Metric-based’: Specific metrics were selected based on 3 criteria: i) mapping to specific vision elements within each mission area, ii) validated and readily available, and iii) frequently published (i.e., at least annually). ‘Current state’ data and data source(s) were identified for each metric.

‘Directional’: The overall direction is defined as a ‘future state.’ The plan calls for rolling 3-year metric-based projections with planned reassessments every 6 months, informing discussions around accountability between unit leaders and the faculty, as well as between unit leaders and the dean, with a potential resetting of targets and/or tactics as needed.

‘Target-focused’: Unit-specific targets for years 1, 2, and 3 (FY25-27) for each metric, ambitious but realistic, were defined. Unit leaders and faculty will not be held directly accountable for the actual targets, but instead for understanding why targets were not achieved (barriers, wrong target, wrong tactic).

‘Tactical’: each target requires a set of proposed tactics needed to achieve the target. Tactics may include leveraging available unit resources (resetting priorities and/or repurposing assets), or alternatively seeking and obtaining additional resources from within COM-T, UA/UAHS strategic plan, extramural grants, development funds, towards programmatic initiatives.

‘Consolidated’: while there are significant differences between academic units, a set of unifying vision elements and metrics were selected for each mission area, designed to align the directionality of the plan.

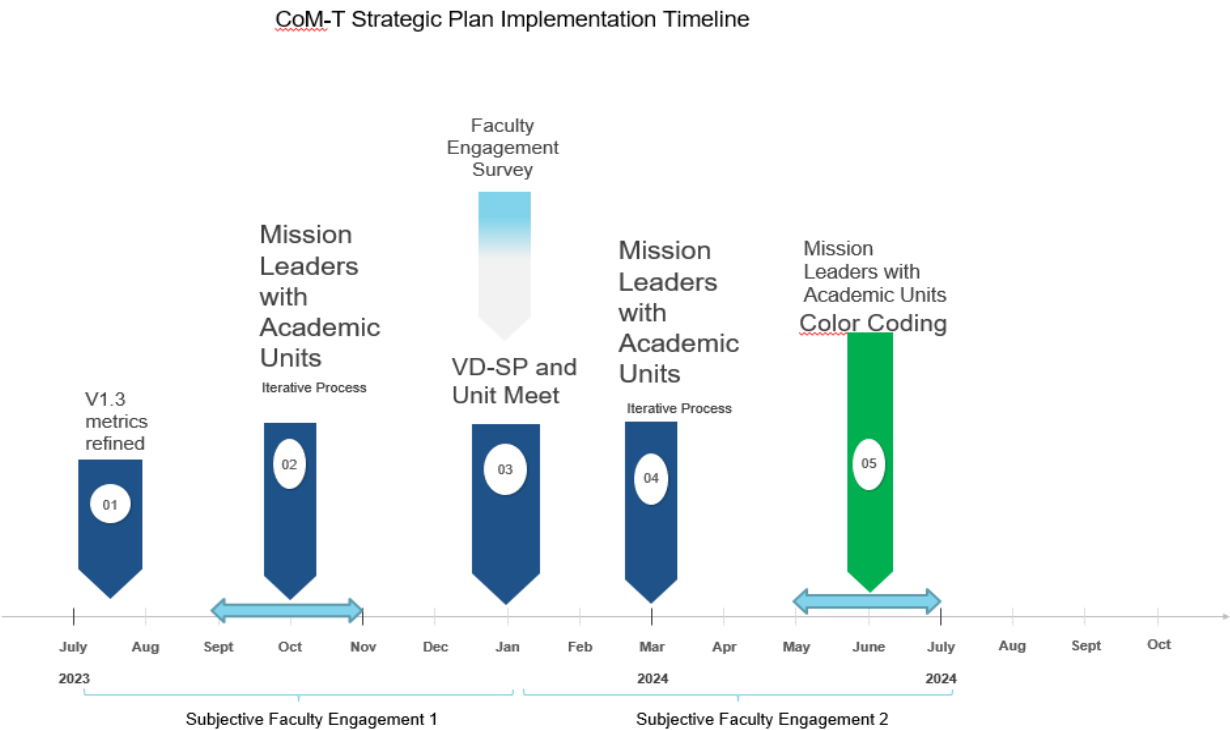
‘Strategic plan’: the premise of the plan is to execute unit-specific tactics, designed to achieve unit-specific targets, aligned by a strategic vision that fulfills COM-T’s mission statement.

Tracking and Monitoring the Plan

As with v1.2, this is a rolling 3-year plan with bi-annual checks. Mission Area leaders will meet with Academic Units in January FY24 to go over each academic unit’s data to stop-light color code. This is facilitated by the SPEED tool as an online common source of the latest information from each unit. The Dean will subsequently meet with unit leaders to go over ‘red’ or ‘amber’ targets; possible resetting of targets and/or tactics. Mission Area leaders will meet with Academic Units in May-June FY24 to go over the unit’s data, and to set targets for FY25 and FY26 informed by progress in first year (rolling 3-year plan). Existing metrics may be altered or deleted, and new metrics may be added. Targets and tactics will be revisited and stop-light color coded on an annual basis. The Dean or his designee will prepare an Annual Progress Report.

The level of engagement will be monitored by the SPEED tool as a heatmap to indicate the frequency of modification of the metrics/tactics in the unit plan. The engagement heatmap will be one source of information for monitoring engagement of the plan. The other sources include the frequency of feedback from faculty elected committees, who are important stakeholders in the outcomes and the data for the timely completion/modification of the metrics by the units.

The following schematic defines the timeline and expectations of the monitoring plan for FY24 (v1.3)



STRATEGIC PLAN

A unit-specific, mission-driven, metric-based, directional, target-focused, tactical, consolidated strategic plan

Definitions

- **Unit-specific:** While ‘the plan’ constitutes a college-wide strategic planning initiative, COM-T is comprised of 29 academic units that include three different unit types: Clinical Departments, Basic Science (non-clinical) Departments, and Centers (**Appendix A**). Therefore, a general plan construct was initially presented to all academic unit leaders, then de-convoluted to allow each unit to formulate its own specific plan, and subsequently reconstituted into a consolidated COM-T plan informed by *unit-specific* vision elements, metrics, targets, and tactics.
- **Mission-driven:** The COM-T mission statement is ‘*advancing health and wellness of our community and beyond, while embracing diversity, in the pursuit of excellence through innovation in our tripartite mission: education, research, and patient care.*’ Our 8 mission areas include the Tripartite mission (Education, Research, Patient Care) and an additional 5 mission areas (Faculty Affairs, Diversity, Equity and Inclusion (DEI), Financial Sustainability, Development, and Communications and Branding) essential to support the Tripartite mission.
- **Metric-based:** For each mission area, individual vision elements were developed. Specific metrics were selected based on three criteria: mapping to specific vision elements within each mission area, validated and readily available, and frequently published (i.e., at least annually). Current-state data and data source(s) were identified for each metric.
- **Directional:** The overall direction is defined as a ‘future state.’ The plan calls for rolling 3-year metric-based projections with planned reassessments every 6 months, informing discussions around accountability between unit leaders and the faculty, as well as between unit leaders and the dean, with a potential resetting of targets and/or tactics as needed.
- **Target-focused:** Unit-specific targets for years 1, 2, and 3 (FY24-26) for each metric, ambitious but realistic, were defined. Unit leaders and faculty will not be held directly accountable within SPEED for the actual targets, but instead for understanding why targets were not achieved (barriers, wrong target, wrong tactic, etc.).
- **Tactical:** each target requires a set of proposed tactics needed to achieve the target. Tactics may include leveraging available unit resources (resetting priorities and/or repurposing assets), or alternatively seeking and obtaining additional resources from within COM-T, UA/UAHS strategic plan, extramural grants, development funds, etc. towards programmatic initiatives.
- **Consolidated:** while there are significant differences between academic units, a set of unifying vision elements and metrics were selected for each mission area, designed to align the directionality of the plan.
- **Strategic plan:** the premise of the plan is to execute on unit-specific tactics, designed to achieve unit-specific targets, aligned by a strategic vision that fulfills COM-T’s mission statement.

Plan Overview

For the purpose of strategic planning, we have defined COM-T's v1.3 mission areas into eight categories that included the Tripartite mission (education, research, and patient care) as well as five other mission areas (faculty affairs, diversity, equity and inclusion, financial sustainability, development, and communications and branding) that we consider to be essential to stay true to our mission statement and achieve our strategic vision. The plan strives to achieve excellence through a set of future-state targets, and tactics that share common elements of our unified vision. For each mission area, the vision elements are used to inform the selection of metrics, targets, and tactics for each academic unit. Implementation of the plan, and its execution, will use the unit-specific, mission-area-specific tab within SPEEDs to monitor progress. However, to message the essence of the plan, we submitted all tab within SPEEDs and narratives, by mission area, into a consolidated overarching plan, inclusive of the three different types of academic units (clinical departments, basic science departments, and centers) that constitute COM-T. This consolidated plan captures common strategic tactics defined by a common set of vision elements for each mission area across all academic units (**Appendix B**).

Given the heterogeneity inherent to the makeup of COM-T's academic units (and sub-units), and to better capture nuances and subtleties related to each type of academic unit, we also created a set of summary plans by unit type, for each mission area, where applicable. Thus, unit-type-specific plans (**Appendix C** – available upon request) were created, where applicable, for each academic unit type (Clinical Departments – **Sec. C.A**, Basic Science Departments – **Sec. C.B**, and Centers – **Sec. C.C**).

The success of this strategic plan will depend on its execution and close monitoring of targets, and on the unmasking of potential barriers, at the academic unit level. Therefore, academic unit-specific plans (**Appendix D** – available upon request) will be used for the regular bi-annual progress meetings with academic units.

For all data summations and narrative roll-ups, general themes were captured for each mission area, as were highlights specific to individual units.

Following are the key mission-area leaders of the plan. In her role as Vice-Dean of operations and strategy, Dr. Anne Cress will oversee plan implementation, execution, and monitoring, working with the mission area leaders.

COM-T Project Leader:

All Missions: Dr. Anne Cress, *Vice-Dean, Strategy and Operations*

COM-T Mission Area Leaders:

Education: Dr. Kevin Moynahan, *Vice Dean, Education*

Research: Dr. Jason Wertheim, *Vice Dean, Research & Graduate Studies*

Faculty Affairs: Dr. Bruce Coull, *Vice-Dean, Faculty Affairs*

Diversity, Equity, & Inclusion: Dr. Celia Valenzuela, *Vice Dean Diversity, Equity, & Inclusion*

Patient Care: Dr. Bob Evani, CEO, B-UMG/*President, Banner Academics*

Financial Sustainability: Mr. Jason Marr, *Deputy Dean, Finance and Business Affairs*

Development: Ms. LaToya Singletary, *Senior Director of Development*

Communications & Branding: Mr. David Bruzzese, *Executive Director, Brand Communications*

1. FACULTY AFFAIRS



COM-T's Faculty Affairs mission encompasses strategic initiatives related to faculty that are essential for continued growth through excellence and innovation. Creative and forward-thinking faculty members drive the enterprise and ensure the future of outstanding and evolving approaches to the Tripartite mission. The two biggest challenges to the fundamental stability of the faculty are to remain competitive in the retention and recruitment of the best and brightest. A firm commitment to diversity, equity, and inclusion is a central and key success factor. Thus, COM-T's overriding strategic vision for this mission area is to develop and support "a data-driven plan to recruit,

develop, engage, and retain a diverse and forward-thinking faculty that inspires and produces the next generation of academic physicians to support our educational, research and patient care delivery programs in the context of the clinical workforce needs of the state of Arizona and beyond." Achieving this objective is essential and requires a deep understanding of the complexities of changing needs of the faculty. Recognizing that clinical departments, basic science departments, and centers contribute in



different ways to the success of COM-T's faculty and vice-versa, we focused on two comprehensive vision elements with corresponding metrics to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T's faculty affairs vision elements, metrics, and forward direction. Details regarding overall 3-year targets and associated tactics are shown in more detail in **Appendix B – section B.1.**

Vision element 1: Developing a diverse, impactful, and sustainable academic faculty.

- **SPEED 3.1 metrics and direction (3-year FY26 targets):** faculty by rank (Assist/Assoc/Full Professor 50%/25%/25%); for MD, PhD, or MD/PhD (25%/25%/50%); for T/TE track (25%/25%/50%); for NTE (*balance according to need*).

Vision element 2: Creating a career growth and leadership pathways for academic faculty.

- **SPEED 3.2 metrics and direction (3-year FY26 targets):** time to tenure (*9 years for MD*); career track promotions (*mirror T/TE timelines*); faculty recruitment and retention (*recruitment:turnover 1:1, attrition <8%/yr*); faculty recognition and awards (*increase 5%/yr*); faculty career development participation (10% participation/yr).

2. DIVERSITY, EQUITY & INCLUSION



A firm commitment to Diversity, Equity & Inclusion (DEI) is a key success factor and is central and essential to achieving all elements of COM-T's mission statement. COM-T seeks to create an environment and culture across COM-T's academic and administrative units of Inclusive Excellence where all students, residents/fellows, faculty, and staff will not only succeed, but thrive. As America continues to diversify as a nation, we recognize the importance of investing in building the pipeline, recruiting, and retaining a diverse group of students, residents/fellows, and faculty,

and as a state institution, COM-T's mission is to reflect the demographics of the state of Arizona in the physician population that it trains. Ultimately, the goal of DEI at COM-T is to ensure that we provide education and training of physicians in a culturally sensitive, culturally competent, and culturally congruent environment that prepares all learners to provide culturally relevant care, acknowledges the impact of medical professionals in addressing health care disparities, and accepts the challenge of becoming advocates and allies to Under-represented in Medicine (URiM) learners. Thus, COM-T's overriding strategic vision for this mission area is to develop and support "a tactical plan through which inclusive excellence and diversity create a foundation for mission and community-responsive action, and a culture of accountability across all academic mission areas in the context of the state of Arizona and beyond." Recognizing that DEI crosses all academic units equally, we focused on three vision elements, and corresponding metrics were selected to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T's DEI's vision elements, metrics, and forward direction. Details regarding overall 3-year targets and definitions are shown in more detail in **Appendix B – section B.2.**



Vision element 1: *Create a physician workforce that reflects the demographics of the state of Arizona.*

- **SPEED 4.1 metrics and direction (3-year FY26 targets):** Monitor number of (URiM, women, Hispanic/Latinx, NA/AI, AA) among faculty, senior administrative staff, GME, medical students, graduate students (*compared to state of Arizona demographics and/or where applicable, AAMC benchmarks*).

Vision element 2: *Creating a culture of diversity and inclusive excellence.*

- **SPEED 4.2 metrics and direction (3-year FY26 targets):** 100% academic units host 3 DEI training events; at least 1 DEI champion or ally per department with 0.05 FTE support; 100% of academic unit websites or mission statement reflects commitment to DEI.

Vision element 3: *Train a physician workforce that provides culturally relevant patient care and acknowledges the impact of medical professionals in addressing health care disparities.*

- **SPEED 4.3 metrics and direction (3-year FY26 targets):** 100% academic units host DEI training event about culturally sensitive care and 1 grand round, seminar, colloquium about addressing health care disparities in unit or unit specialty.

3. EDUCATION

COM-T's Education mission and portfolio encompass undergraduate baccalaureate courses and majors, medical student education as well as graduate medical education (residents and fellows). Thus, COM-T's overriding strategic vision for this mission area is to develop and support "a modern and integrated curriculum plan that prioritizes the intellectual, professional, and personal development of a diverse group of students and trainees, preparing them as health providers, scientists, and educators, and as future leaders in academic medicine in the context of the related workforce needs of the state of Arizona and beyond." Recognizing that clinical departments, basic science departments and centers contribute in different ways to the success of the COM-T's education mission, we focused on four vision elements, and corresponding metrics were selected to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T's education vision elements, metrics, and forward direction. Details regarding overall 3- year targets and definitions are shown in more detail in **Appendix B – section B.3.**



Vision element 1: *Providing a modern, integrated and interactive curriculum in our baccalaureate, undergraduate and graduate medical education programs that prepares students to care for a diverse population.*

- **SPEED metrics 1 – 4 (3-year FY26 targets):** (90%); LCME accreditation status (*full 8 years*); APME (*successful continued APME matriculation with attrition ≤ 1*); bachelor's degree in Medicine (*enroll $\geq 1,000$ students*); P-MAP program (*continue enrolling matriculating 10 students/yr*); HEAP (*continue enrolling 10 students/yr and monitor leakiness from APME*); MD PhD program (*obtain and increase MSTP T32 NIH funding through ≥ 7 F-awards*).

Vision element 2: *Supporting our students' and trainees' intellectual and professional development formation and ability to maintain personal wellness.*

- **SPEED 1.2 metrics and direction (3-year FY26 targets):** Student satisfaction with - student affairs (*>75%ile, >85% satisfied*); development as a person (*75%ile, >85% satisfied*); development as a future physician (*75%ile, >85% satisfied*); career advice (*75%ile, >85% satisfied*); mistreatment. <40%; reporting mistreatment (*>40%*); ACGME balance between education and patient care (*score >4.2*); F-awards (NIH) for MD PhD students (*7*).

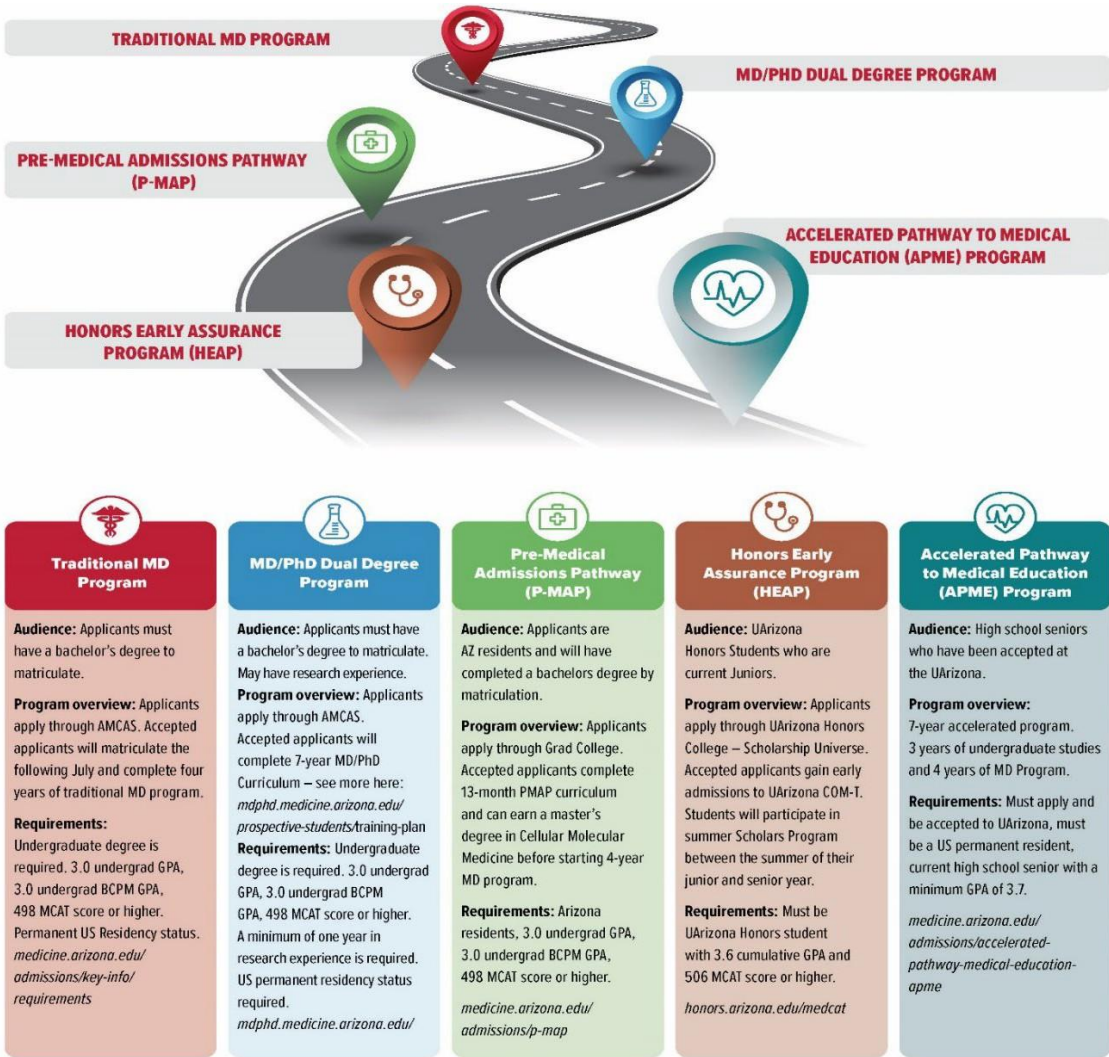
Vision element 3: Creating highly desirable graduate medical education (GME) programs such that our own students seek training in our programs.

- **SPEED 1.3 metrics and direction (3-year FY26 targets):** Resident satisfaction - balancing education and patient care - ACGME resident survey (>4.4); retention of students into GME – residencies (≥30%).

Vision element 4: Serving and supporting Arizona’s need to retain a strong and diverse physician workforce.

- **SPEED 1.4 metrics and direction (3-year FY26 targets):** Admission scores - accepted vs. matriculated (*total GPA, science GPA, MCAT: 3.73/3.6/510*); Under-Represented in Medicine – URiM (≥30%); confidence to begin a residency program - GQ score: (>90%).

COM-T now offers five admission pathways to prospective medical students



4. RESEARCH



COM-T's Research mission and portfolio encompass the spectrum of basic science, translational, clinical, and other (i.e., health services and outcomes research). Thus, COM-T's overriding strategic vision for this mission area is to develop and support "an innovative and highly collaborative inter-dependent, transdisciplinary, inter-institution plan across the spectrum of biomedical research that coalesces graduate student and physician-scientist training into an inclusive and diverse community equipped with cutting-edge training and the ability to interconnect knowledge across medical and scientific disciplines." Recognizing that clinical departments, basic science departments, and centers contribute in different ways to the success of the COM-T's research mission, and that funding for research can be institutional (intra-mural), or extra-mural from federal or other agencies, we focused on four vision elements, and corresponding metrics were selected to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T's research vision elements, metrics, and forward direction. Details regarding overall 3-year targets and definitions are shown in more detail in **Appendix B – section B.4.**



Vision element 1: Developing interdependent, transdisciplinary collaborative research.

- **SPEED 2.1 metrics and direction (3-year FY26 targets):** # collaborative grant (increase U, P, T, other MPI grants) submissions (10%) and awards (5%); # COM-T/VA joint appointments (≥ 22); # of VA merit submissions (≥ 4) and awards (≥ 3)

Vision element 2: Delivering high-quality clinical trials to the Tucson community.

- **SPEED 2.2 metrics and direction (3-year FY26 targets):** # open clinical trials (increase by >50 over 3 years); patients enrolled in clinical trials (increase 10%/yr)

Vision element 3: Enhancing basic and translational biomedical research.

- **SPEED 2.3 metrics and direction (3-year FY26 targets):** NIH \$\$ funding per FTE (increase by 5-7%/yr); # of clinical departments with >\$5M funding (increase by 1/yr); Blue Ridge \$\$ attributable within SPEED to UArizona (increase by 5-7%/yr); # collaborative grants – e.g. U, P, MPI (net increase by 1/yr); square footage of laboratory wet bench space – usable (renovation)

Vision element 4: Coalescing graduate student and physician-scientist training.

- **SPEED 2.4 metrics and direction (3-year FY26 targets):** # of T32 (increase by 1 over 3 years); # of individual training (F) and mentored (K) awards (increase 10%/yr)

5. PATIENT CARE

COM-T's Clinical mission is to ensure that its clinical faculty provide excellent patient care while teaching and training future generations of physicians. As part of its Tripartite mission, the patient care delivered must be anchored in innovation and discovery through a robust research enterprise. COM-T's clinical partner is Banner Health, and therefore excellence in both patient care and the clinical teaching environment provided by both Banner - University Medical Group and Banner - University Medical Center Tucson require a strong commitment by both COM-T's clinical departments and Banner Health through its academic division. Therefore, it is important that strategic initiatives related to the clinical mission are focused on providing high-quality patient care through excellent clinical service. Thus, COM-T's overriding strategic vision for this mission area is to develop and support *"a culture of accountability that ensures physician engagement and satisfaction, the delivery of high quality and timely care as the provider of choice to the Tucson community, and a sustainable financial performance to help support the viability of a robust academic mission."* In partnership with our clinical partner (Banner University Medical Center - Tucson), we focused on four vision elements, and corresponding metrics were selected, to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics



(currently measured by our clinical partner) and direction represent a consolidated account of COM-T's patient care vision elements, metrics, and forward direction. As well, these metrics are highly correlated with the value-based incentive targets that are elements of quality-based incentive in the new compensation to the B-UMGT faculty. Details regarding overall 3-year targets and definitions are shown in more detail in **Appendix B – section B.5.**

Vision element 1: Delivering high-quality and timely patient care in the Tucson community.

- **SPEED 5.1 metrics and direction (3-year FY26 targets):** UHC/Vizient clinical quality flags: total inpatient obs/exp mortality ratio (0.872); improvement in the index of geometric mean length of stay compared to actual length of stay (1.24).

Vision element 2: Physician engagement and satisfaction.

- **SPEED 5.2 metrics and direction (3-year FY26 targets):** Reduction in faculty turnover rate ($\leq 9.7\%$); VOICE engagement scores ($\geq 37\%$)

Vision element 3: Serving as the clinical provider of choice for our community.

- **SPEED 5.3 metrics and direction (3-year FY26 targets):** Patient satisfaction as measured by Office Net Promoter Score (77.5); Percent providers enabled for direct online scheduling (90%).

Vision element 4: Ensuring a sustainable cost/revenue structure and margin that support our mission.

- **SPEED 5.4** metrics and direction (*3-year FY26 targets*): Faculty Practice Solution Center (FPSC) %ile (6); salary coverage for cFTE (100%)

6. FINANCIAL SUSTAINABILITY



COM-T views its financial sustainability as essential to its success moving forward, and therefore as one of its mission areas. In the absence of direct clinical revenues, COM-T depends heavily on academic revenues and on fiscal discipline to realize its plans for academic growth. Each year, all academic units (departments and centers) participate in an 'all-funds-budget meeting' (UA/COM-T) designed to create a budget for the upcoming year. To date, there had been no mechanism or directive

to plan for future budgets. Therefore, we took the opportunity of this strategic plan to ask our academic units to identify metrics (extracted from the all-funds-budget process) from the FY23 budget as 'current state' and to use these as a base for creating 'future-state' targets and tactics towards a strategic vision of financial sustainability over time. COM-T's overriding strategic vision is to develop and support "a culture of financial responsibility to ensure sustainability, allowing for growth and reinvestment in COM-T's academic mission." To achieve this financial vision as part of the overall strategic plan, we continued to focus on a single vision element and the metrics used as part of our all-funds budget process derived from each academic unit's financial statements, including both the income statement and the balance sheet. This allows us to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units throughout the budget season. The following metrics and direction represent a consolidated account of COM-T's financial sustainability vision element, metrics, and forward direction. Details regarding overall 3-year targets and definitions are shown in more detail in **Appendix B – section B.6.**

Vision element 1: Developing a dashboard that allows financial accountability towards growing, sustaining, and reinvesting into our academic missions.

- **SPEED 6.1** metrics and direction (*3-year FY26 targets*): expense as % of revenue (95%); unrestricted funds balance as a % of annual expense (50% - 6 month reserves); state expenses as% of total expenses (10%); teaching effort as % of total effort (11.75%); research expenses (45%); research effort (42.5%); %unfunded effort (6%).

7. DEVELOPMENT



‘Strategic philanthropy’ complements other sources of funding and constitutes an essential and critical element in COM-T’s ability to develop innovative academic initiatives. A robust and thriving development strategy has the potential to enhance all aspects of COM-T’s mission. A culture of philanthropy in and across COM-T departments and centers is therefore needed to help achieve COM-T’s strategic vision related to growth across COM-T’s Tripartite mission. Our overriding strategic vision for this mission area is to develop and support “a culture of seeking and tracking

philanthropic opportunities and responsiveness to optimize philanthropic support for COM-T’s Tripartite mission.” Thus, we focused on three vision elements and corresponding selected metrics that provide the opportunity to establish a measurable partnership between COM-T’s academic units and its Office of Development. The defined targets and definitions will allow us to engage our development officers (DO), the academic unit leaders and their faculty to build and sustain bilateral engagement and accountability. (**Appendix B – section B.7**).

Vision Element 1: *Increasing referral-based opportunities for faculty and development to increase annual support to COM-T.*

- **Tab within SPEED 7.1 metrics and direction (3-year FY26 targets):** # of Faculty development trainings (quarterly trainings) # of referrals (30% increase); number of donors (10% increase); total giving (10% increase)

Vision Element 2: *Increasing opportunities to engage and further develop alumni/grateful patient/community philanthropic support through consistent messaging.*

- **Tab within SPEED 7.2 metrics and direction (3-year FY26 targets):** consistent messaging to potential donors, # of one-pagers (3 for each of 29 academic units)

Vision Element 3: *Increasing responsiveness and success of development team to departments/centers for referrals through the development of database.*

- **Tab within SPEED 7.3 metrics and directions (3-year FY26 targets):** # days between referral, research request, and contact by DO (≤ 12 business days); # of prospective donor/donor meetings (700), # of qualifications/disqualifications (240), # of submitted asks (120), \$ of submitted asks (\$32M), # of accepted asks (120), \$ of accepted asks (\$16M).

8. COMMUNICATIONS & BRANDING

Strategic communication is an essential and critical element in COM- T's ability to inform, influence and activate its target audiences. A comprehensive, coordinated marketing and communications strategy has the potential to enhance all aspects of COM-T's mission. A marketing and communications framework that spans COM-T departments and centers is therefore needed to help achieve COM- T's strategic vision related to alignment and engagement. Our overriding strategic vision for this mission area is to develop and support a *modern*



Older people with anxiety frequently don't get help. Here's why

By Judith Graham, Kaiser Health News
Published 6:25 AM EST, Mon March 6, 2023

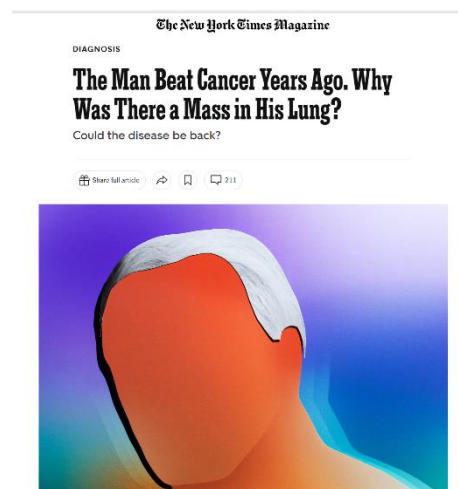


Most older adults with anxiety have struggled with this condition since they were younger.

and integrated framework for multi-channel communications that increase awareness and positive perceptions of the COM-T brand among target audiences.

Thus, we focused on three vision elements and corresponding selected metrics that provide the opportunity to establish a collaborative and productive relationship between COM-T's academic units and its communications department.

The defined targets and definitions will allow us to engage academic unit-based communicators, leaders, and their faculty to build and sustain alignment, engagement and accountability (**Appendix B – section B.8**).



Vision Element 1: *Creating a modern and integrated framework for multi-channel communications, including internal and external targets.*

- **SPEED 8.1 metrics and direction (3-year FY26 targets):** Complete annual college-wide website audits; increase total social media followers by 10% year after year. Increase newsletter open rates to 35% for faculty and 35% for staff.

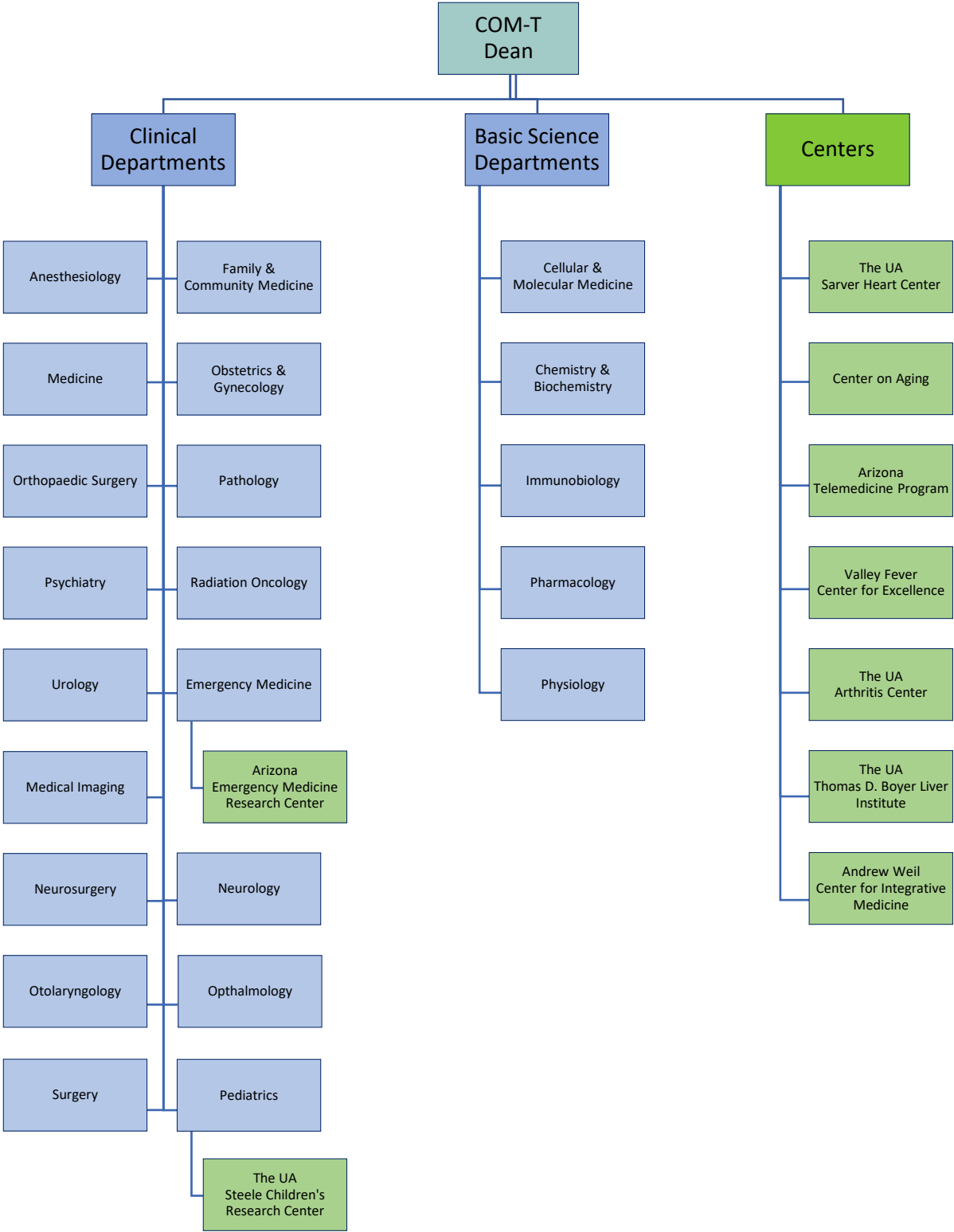
Vision Element 2: *Increasing visibility of COM-T activity to peer institutions and potential donors.*

- **SPEED 8.2 metrics and direction (3-year FY26 targets):** Improve USNWR rankings 68 in Research, 72 in Primary Care; Working with Development, create 29 one-page proposals for prospective donors.

Vision Element 3: *Creating increased awareness and positive perceptions of the COM-T brand (brand equity).*

- **SPEED 8.3 metrics and directions (3-year FY26 targets):** Successfully pitch 15 COM-T stories; Earn 30 COM-T mentions in local, regional and national media; Implement COM-T branded slides for national presentations ; Create and host 2 COM-T/Banner "Academy" CME presentations.

Appendix A. Academic Units



APPENDIX B - Consolidated plan for all academic units by mission area**B.1. FACULTY AFFAIRS**

Vision Element 1: *Developing a diverse, impactful, and sustainable academic faculty.*

Vision element 1 tactics address the faculty by rank, track, and degree. Both tenure track and career-track faculty are integral to the mission of the College, and an appropriate balance is needed among clinical-focused, teaching-focused, and research-focused paths to achieve success in the tripartite mission. Institutional knowledge is also valued, and tactics seek to increase faculty retention and decrease turnover rates by supporting faculty with resources, engagement and leadership opportunities, and clear pathways to career growth.

Table 1.1

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Faculty by Rank	Asst Prof: 508 Assoc Prof: 236 Professor: 215 Total: 959	Y1 Total: 1065 Assist Prof: 563 Assoc Prof: 271 Professor: 231 Y2 Total: 1125 Assist Prof: 582 Assoc Prof: 292 Professor: 251 Y3 Total: 1125 Assist Prof: 582 Assoc Prof: 292 Professor: 251	<ul style="list-style-type: none"> • Maintain Faculty Balance by focused recruitment for gaps within academic units • Increased targeted recruitment of junior faculty • Increased Recognition of Junior Faculty • Pre-retention program use and ID of future career needs, mentoring and improved environment
Tenured/TE Faculty	Tenure Track: Asst Prof: 21 Assoc Prof: 49 Professor: 114 Total: 184	Y1 Total: 208 Asst Prof: 31 Assoc Prof: 52 Professor: 125 Y2 Total: 232 Assist Prof: 38 Assoc Prof: 63 Professor: 131 Y3 Total: 232 Assist Prof: 38 Assoc Prof: 63 Professor: 131	<ul style="list-style-type: none"> • Research mentoring programs from peer academic institutions to determine sustainable model that works best • Curate a list of ongoing departmental resources available to support a mentoring program. • Reconstitute a sustainable and formalized mentoring program for all faculty. Designate one faculty member from each department to work with FA Career development to implement an active program.

Faculty by MD or MD PhD and PhD on the tenure/tenure eligible track	<p>MD/MD PhD, Total: 84 Asst Prof: 8 Assoc Prof: 15 Professor: 68</p> <p>PhD, Total: 93 Asst Prof: 13 Assoc Prof: 34 Professor: 46</p>	<p>Y1: MD/MD PhD Total: 111 Assist Prof: 19 Assoc Prof: 25 Professor: 67</p> <p>PhD Total: 116 Assist Prof: 23 Assoc Prof: 38 Professor: 55</p> <p>Y2: MD/MD PhD Total: 121 Assist Prof: 23 Assoc Prof: 27 Professor: 71</p> <p>PhD Total: 126 Assist Prof: 26 Assoc Prof: 40 Professor: 60</p> <p>Y3: MD/MD PhD Total: 121 Assist Prof: 23 Assoc Prof: 27 Professor: 71</p> <p>PhD Total: 126 Assist Prof: 26 Assoc Prof: 40 Professor: 60</p>	<ul style="list-style-type: none"> • Increase TT faculty with focused hires • Provide support for interdisciplinary focus and collaborations via online database • Ensure all TE faculty have a mentoring plan and committee supporting research • Provide Emeritus pathway plan, especially in clinical ranks
Faculty Recruitment and Turnover	<p>New Hires: 119 Turnover: 63</p>	<p>Y1: New Hires: 112 Turnover: 40</p> <p>Y2: New Hires: 111 Turnover: 38</p> <p>Y3: New Hires: 111 Turnover: 38</p>	<ul style="list-style-type: none"> • Develop the outline for orientation program & navigation support & identify resources required • Identify & build the key components of support structure for research & clinical faculty and their career success • Develop departmental awards that reflect mission & goals and includes faculty and staff (UA and Banner employees) • Build community among faculty by: developing more social and service events within the department that focus on common themes and interests, use existing venues, such as faculty meetings and internal publications, to provide network opportunities among the faculty • Develop and/or implement software programs to network faculty with common research interests and goals • Use time at each of the general faculty meetings to introduce and highlight faculty members within departments

Vision Element 2: *Creating a career growth and leadership pathways for academic faculty.*

These tactics address career progression for COM-T faculty. Every year, faculty are reviewed and informed about their progress toward promotion. Tenure eligible faculty have a tenure clock limit of 6 years to earn tenure and promotion. These faculty need sustainable mentoring and support to assist their development to be considered for advancement within the allotted time. While clock stops are permitted with justification and approval by UA, it is not the usual course and careful planning is required. Faculty affairs assists departments in providing mentoring opportunities and informative workshops on COM-T requirements for promotion as well as identifying leadership opportunities across COM-T.

Table 1.2

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Faculty Clinical Career Track Promotions	Clinical Scholar (Asst to Assoc/Assoc to Full): 9/6 Clinical Series (Asst to Assoc/Assoc to Full): 18/6	Y1: Clinical Scholar: 16/11 Clinical Series: 26/10 Y2: Clinical Scholar: 11/10 Clinical Series: 21/10 Y3: Clinical Scholar: 11/10 Clinical Series: 21/10	<ul style="list-style-type: none"> At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion Schedule follow-up 1:1 meeting with faculty interested in promotion to review current CV and COMT requirements for promotion, and identify activities and tasks to get ready for promotion Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&T coordinator)
Faculty time to tenure by MD/MD PhD and PhD.	Assistant to Associate Professor with Tenure: 5 years Associate Professor to Tenure: 3.7 years Associate to Full Professor with Tenure: 4.1 years	Y1: Assistant to Associate Professor with Tenure: 4.9 years Associate Professor to Tenure: 3.7 years Associate to Full Professor with Tenure: 4.2 years Y2: Assistant to Associate Professor with Tenure: 3.9 years Associate Professor to Tenure: 3 years	<ul style="list-style-type: none"> Implement individual mentoring system and structured guidance for faculty. At least once per year at faculty annual review, ask faculty about professional goals/interests, progress toward promotion/tenure, facilitators and barriers for promotion progress. Advocate with Provost's office Advocate to dissociate tenure (9 years) and promotion and extend clock

		Associate to Full Professor with Tenure: 3.9 years Y3: Assistant to Associate Professor with Tenure: 3.9 years Associate Professor to Tenure: 3 years Associate to Full Professor with Tenure: 3.9 years	
Career Development Activities	# of Faculty Participants: 204	Y1: 232 Y2: 255 Y3: 255	<ul style="list-style-type: none"> • Advertise and promote faculty awareness and participation in faculty development plan • Nominate and encourage faculty to participate in COMT, UA, and other organizational faculty development programs, e.g. Learning to Lead; ELAM, UA ALI, Leadership Development; Peer-advancement Societies; Career Development Workshops; Faculty Development Champions in all Departments; Writing Groups
Career Development Outcomes	# of Faculty Leaders Developed: 68	Y1: 73 Y2: 155 Y3: 155	<ul style="list-style-type: none"> • Monitor faculty participation in faculty development activities • Consider highlighting participation in annual reviews

B.2. DIVERSITY, EQUITY, AND INCLUSION

Vision Element 1: *Create a physician workforce that reflects the demographics of the state of Arizona.*

There is strong evidence to support that ethnic/racial concordance between patients and their physicians improves health outcomes. As such, this vision element focuses on working toward diversifying our physician workforce such that it reflects the population that we serve. Table A shows a comparison of COM-T Diversity of faculty, staff, students, residents, and the State of Arizona (all data is self-reported).

Table 2.1

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Monitor number of URiM COM-T faculty	93	Y1: 106 Y2: 121 Y3: 121	<ul style="list-style-type: none"> Commitment to the diversification and Unconscious Bias training of each search committee Ensuring all job descriptions are written in an inclusive manner and used to advertise via sources to attract a diverse pool of applicants (journals, specialty specific affinity groups, HBCUs, colleges with a higher URM student/resident population) Creation of affinity groups and mentoring opportunities to support URiM faculty, residents, and fellows Actively recruit COM-T medical students, residents, and fellows (including URiM students) by creating clinical and mentoring opportunities to strengthen pathways to academic medicine
Monitor number of URiM COM-T Academic leaders	27	Y1: 33 Y2: 37 Y3: 37	<ul style="list-style-type: none"> Develop fellowship for Women in Medicine and Science Support and encourage participation of URiM faculty in faculty development programs both locally and nationally
Monitor number of URiM COM-T residents/fellows (GME) and graduate students	115	Y1: 136 Y2: 145 Y3: 145	<ul style="list-style-type: none"> Monitor holistic admission practice in residency and fellowship programs Strengthen recruitment efforts by increasing number of programs participating in GME/ODEI Virtual 1st and 2nd look Increase unrestricted scholarships to attract the best students to the COM-T Continue to support residency/fellowship DEI initiatives such as Pathways Program Continue Spanish Language and Health Care Disparities Distinction Track Create affinity groups and mentoring opportunities to support residents and fellows
Monitor number of URiM COM-T medical students	2,078	Y1, Y2, Y3: Maintain or exceed	<ul style="list-style-type: none"> Continue current successful recruitment efforts and monitor holistic admission practices Increase unrestricted scholarships to attract the best students to the COM-T Continue Primary Care Scholarship (in place). Continue the PMAP initiative

Table A. Comparison of COM-T Diversity of faculty, staff, students, residents, and State of Arizona (all data is self-reported). The following groups are shown: Underrepresented in Minorities (URiM), Hispanic or Latinx (Hisp/Latinx), Native American/Alaskan Indigenous (NA/AI) and African American (AFAM).

	URiM	Hisp/Latinx	NA/AI	AFAM
State of Arizona	44.4%	31.9%	6.3%	6.2%
Faculty	9.3%	7.3%	0.5%	1.5%
GME	13.5%	10.0%	0.7%	2.8%
Medical Students	31.8%	21.1%	5.5%	5.2%

Vision Element 2: *Creating a culture of diversity and Inclusive Excellence.*

DEI awareness and training is essential to ongoing transformation of COM-T's organizational culture. This vision element establishes a commitment from each academic unit to host training events within their respective units, ensuring that each individual member has the opportunity to expand their awareness of biases, and build openness toward and appreciation of individual differences. This element additionally ensures that each unit provides protected time for an individual (or individuals) to champion diversity within their respective unit and COM-T.

Table 2.2

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Monitor number of DEI-credit eligible events hosted.	97	Y1: 91 Y2: 103 Y3: 103	<ul style="list-style-type: none"> • Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally • Ensure at least one of which is a grand rounds, seminar, or colloquium, featuring an invited or internal guest speaker open to all COM-T
Monitor number of DEI champion (s) with at least 0.05 FTE equivalent support	18	Y1: 18 Y2: 21 Y3: 21	<ul style="list-style-type: none"> • Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally
Monitor number of elements on website to reflect commitment to DEI	61	Y1: 58 Y2: 71 Y3: 71	<ul style="list-style-type: none"> • Work with Department chairs, Diversity Champions, and Diversity Committees • Provide technical support where needed

Vision Element 3: *Train a physician workforce that provides culturally relevant patient care and acknowledges the impact of medical professionals in addressing health care disparities.*

This vision element focuses on ensuring that all students, residents, fellows, faculty and staff are equipped with the skills and knowledge base necessary to provide effective, quality care for diverse populations. It also emphasizes the importance of recognizing barriers to providing equitable healthcare and acknowledges our individual and institutional role in addressing these barriers.

Table 2.3

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Monitor number of hosted DEI-credit eligible events specific to culturally sensitive care.	30	Y1: 30 Y2: 34 Y3: 34	<ul style="list-style-type: none">• Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally• Ensure DEI event is specific to culturally sensitive patient care and/or addressing health care disparities

B.3. EDUCATION

Vision Element 1: *Providing a modern, integrated, and interactive curriculum in our baccalaureate, undergraduate and graduate medical education programs that prepare students to care for a diverse population.*

This vision element and corresponding metrics were selected to highlight areas essential to effectively recruit and train the best medical students from Arizona and across the country. This element includes medical student satisfaction of basic science coursework, clerkship, and electives; success on the USMLE certifying examinations; and success in the residency Match. **Table 3.1** shows the aggregated plan across academic units for this vision element. Clearly, COM-T is concerned with the overall Match rate for each class, and therefore each clinical department will be asked to look at the match rate of our students into their specialty. Finally, all academic units are responsible for students' overall satisfaction with their training at the COM-T and our full accreditation from the Liaison Committee on Medical Education (LCME). However, each academic unit's involvement with vision element 1 will vary, based on the function and scope of each unit. For example, while clinical departments will be primarily responsible for metrics regarding clerkship/elective satisfaction and Step 2CK, basic science departments will be more heavily involved in student ratings for basic science courses and Step 1.

Table 3.1

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Student ratings of basic science preparation for clinical clerkships (Clerkship Evaluations ¹) (LCME Element 7.1 Biomedical, Behavioral, Social Sciences)	Overall basic science preparation rating (<i>combined</i> good and excellent responses): 82% (total average across clerkships)	Y1: >75% ² for each discipline; >82% overall Y2: >80% for each discipline; >85% overall Y3: >85% for each discipline; >85% overall	<ul style="list-style-type: none"> • Continue to improve curricular integration of Genetics and Biostatistics & Epidemiology content throughout the Preclerkship Phase following steps outlined in LCME Action Plan • Discuss basic science and preclerkship curriculum with clerkship directors to facilitate integration of concepts and preparation for clerkships (curriculum retreats) • Add questions on basic science preparation in all relevant disciplines to clerkship evaluations to improve real-time data collection and monitoring of this metric • Monitor student performance and evaluate effectiveness of changes via NBME Step 1 score reports and Clerkship Evaluations to determine further improvement changes

¹ Clerkship Evaluation Data is from the Class of 2024.

² **“Timing for a Program to Achieve Satisfactory Performance in LCME Elements:** If a program is judged to be in noncompliance with a standard at the same time that the program's performance in an associated element is judged to be unsatisfactory, the total time for correction of the deficiencies in compliance and performance will be two years, as programs must achieve compliance in standards within two years (as described in the section “Requirements for Prompt Correction of Deficiencies”), unless the period for achieving compliance is extended for good cause shown.” LCME. (2023, March). *LCME Rules of Procedure*. <https://lcme.org/publications/#Guidelines--amp--Procedures>

Student ratings of clerkships (Clerkship Evaluations)	<p>Clerkship Evaluations</p> <p>Average satisfaction rating for clerkships (<i>combined</i> satisfactory, more than satisfactory, and outstanding responses): 96.9% (range 91.2–100.0%)</p> <p>Average dissatisfaction rating for clerkships (<i>combined</i> less than satisfactory and poor responses): 3.1% (range 0–8.8%)</p>	<p>Clerkship Evaluations</p> <p>Y1: >90% satisfaction for each clerkship; >95% overall</p> <p>Y2: maintain or exceed</p> <p>Y3: maintain or exceed</p>	<ul style="list-style-type: none"> • Responsible clerkship directors, faculty and Curricular Affairs (CA) will examine all relevant data to understand what specific factor are need improvement • Student focus groups will be held as needed • Examine and revise didactic sessions to be more interactive/case based • Explore Education RVUs to support clinical teaching • More transparency on how funds given for education by the COM-T are used by clinical departments • Enhance and direct resources to faculty development in education and the Residents as Educators Program
Step 1 pass rate	94% (3-year average)	Y1, Y2, Y3: maintain or exceed	<ul style="list-style-type: none"> • CA has hired learning specialists who will help to proactively embed a summer Step 1 study plan for rising year 2 students • Weekly quizzes utilizing Step 1-type questions will be embedded in the curriculum • Continue to refine the weekly “spiral curriculum” which helps students practice spaced repetition with knowledge previously acquired • Redesign the last basic science block, Advanced Topics, to better focus on our students individualized needs to be successful on Step 1 • Purchase vetted and appropriate resources for Step 1 study along with guidance on how to best use these resources (Uworld question bank, Scholar Rx) • Educate students on the new Pass/Fail grading of Step 1 • Conduct an analysis to examine root causes of Step 1 delays and failures and identify opportunities for early detection and develop intervention strategies.

Step 2 CK pass rate and score	96% (score above national average)	Y1, Y2, Y3: maintain or exceed	<ul style="list-style-type: none"> Encourage students to purchase and use the UWorld question bank during clerkships Consider purchasing the UWorld question bank for students (would allow discount and assurance that all students are using this resource)
Match rate (multifactorial)	Pre-SOAP 94%; national average 92%	Y1: Maintain Y2, Y3: National Ave. or above	<p>Continue to offer the Career Advising Program.</p> <ul style="list-style-type: none"> Increase involvement of specialty advisors within departments with the Career Advising Program Each clinical department will assess student success at matching within their specialty and provide recommendations/assistance if needed Strengthen pipeline/recruitment of COM-T students into our own residency programs
Overall satisfaction with education at COM – T (GQ)	2021: 81.3% (15 th percentile) 2020: ~ 90%; 50 th percentile	Y1: 90% Y2: 92% Y3: 94%	<ul style="list-style-type: none"> Since this is a shared metric across all Academic Units, each unit are asked to understand what their contribution to this metric in the context of the overall strategic plan Some examples include satisfaction with courses and clerkships, advising and the learning environment.
<p>Utility of Mid-Clerkship Feedback Sessions (Clerkship Evaluations)</p> <p>(LCME Element 9.7 Formative Assessment and Feedback)</p>	<p>Average <u>satisfaction</u> rating for mid-clerkship feedback session (<i>combined</i> agree and strongly agree responses): 78.4% (range 50.9–96.3%)</p> <p>Average <u>dissatisfaction</u> rating for mid-clerkship feedback session (<i>combined</i> disagree and strongly disagree responses): 8.8% (range 0–24.6%)</p>	<p>Y1: >75% for each clerkship; >80% overall</p> <p>Y2: >85% for each clerkship; >83% overall</p> <p>Y3: >85% for each clerkship; >85% overall</p>	<ul style="list-style-type: none"> Institute grand rounds on formative/summative feedback training with all departments with clerkships Revise assessment forms to encourage higher-quality feedback Hold standing meetings with clinical affiliates to relay new training initiatives, follow-up on action items from annual clinical affiliate meetings, present data, and obtain assistance, as needed
<p>Utility of WBAs (Clerkship Evaluations)</p> <p>(LCME Element 9.7 Formative Assessment and Feedback)</p>	<p>Average <u>satisfaction</u> rating for WBA helping to improve clerkship performance (<i>combined</i> agree and strongly agree responses): 52.3% (range 31.4–75%)</p> <p>Average <u>dissatisfaction</u> rating for WBA helping to improve clerkship performance (<i>combined</i> disagree and strongly disagree responses): 25.7% (range 6.25–42.9%)</p>	<p>Y1: >75% for each clerkship; >80% overall</p> <p>Y2: >85% for each clerkship; >83% overall</p> <p>Y3: >85% for each clerkship; >85% overall</p>	<ul style="list-style-type: none"> Institute grand rounds on formative/summative feedback training with all departments with clerkships Develop and deploy interactive online faculty instructional development micro-sessions (on-demand) for clinical educators on how to give constructive feedback. Conduct qualitative analysis of WBAs to target sites whose educators require additional training in giving feedback Revise WBA form to encourage higher-quality feedback Hold standing meetings with clinical affiliates to relay new training initiatives, follow-up on action items from annual clinical affiliate meetings, present data, and obtain assistance, as needed

<p>Adequacy of Unscheduled time for Self-Directed Learning in Preclerkship Phase (Independent Student Analysis³)</p> <p>(LCME Element 8.8 Monitoring Student Time)</p>	<p>Overall satisfaction rating for adequacy of unscheduled time for SDL in the Preclerkship Phase (<i>combined</i> satisfied and very satisfied responses): 86.7%</p> <p>M1 = 89.6% M2 = 90.5% M3 = 83.8% M4 = 82.3%</p>	<p>Y1: >80% satisfaction for each block; >85% overall Y2: >85% satisfaction for each block; >85% overall Y3: Maintain or exceed</p>	<ul style="list-style-type: none"> • Monitor block/course directors' compliance with policy on time • Collect/analyze student satisfaction data including real-time feedback via ongoing meetings with block/clerkship student advisory groups, directors/coordinators, CA dean, and level 1 reports • Schedule time on students' calendars for self-directed learning • Develop policy stating how much Independent Learning time students should be spending outside of class
<p>Overall Workload in Preclerkship Phase (Independent Student Analysis)</p> <p>(LCME Element 8.8 Monitoring Student Time)</p>	<p>Overall satisfaction rating for overall student workload in the Preclerkship Phase (<i>combined</i> satisfied and very satisfied responses): 92.0%</p> <p>M1 = 95.3% M2 = 91.4% M3 = 89.5% M4 = 91.7%</p>	<p>Y1: >85% satisfaction for each block; >90% overall Y2: Maintain or exceed Y3: Maintain or exceed</p>	<ul style="list-style-type: none"> • See above
<p>Amount of Unscheduled Time in Preclerkship Phase (Block Evaluations)</p> <p>(LCME Element 8.8 Monitoring Student Time)</p>	<p>Average <u>satisfaction</u> rating for amount of unscheduled time (<i>combined</i> satisfactory, more than satisfactory, and outstanding responses): 91.4% (range 79.7–99.1%)</p> <p>Average <u>dissatisfaction</u> rating for amount of unscheduled time (<i>combined</i> less than satisfactory and poor responses): 8.6% (range 0.9–20.4%)</p>	<p>Y1: >80% satisfaction for each block; >85% overall Y2: >85% satisfaction for each block; >85% overall Y3: Maintain or exceed</p>	<ul style="list-style-type: none"> • See above
<p>Timely Submission of Grades in Required Clinical Clerkships</p> <p>(LCME Element 9.8 Fair and Timely Summative Assessment)</p>	<p>All grades submitted/available within 6 weeks</p>	<p>Y1, Y2, Y3: Final grades available within 6 weeks of the end of a clerkship</p>	<ul style="list-style-type: none"> • Include due dates as a standing agenda item at monthly clerkship coordinator meetings • CA office to continue sending reminder emails to clerkship directors/coordinators 1 week prior to grades being due and an additional reminder the week grades are due • CA office to continue closely monitoring the timely submission of grades to assess long-term effectiveness of grade-reporting system • Review grade tracking data and emphasize importance of submitting grades in timely manner at quarterly TCCS meetings

³ Independent Student Analysis data

LCME Accreditation Status	Full accreditation with limited visit in 2024 to follow-up on citations.	Y1, Y2, Y3: Maintain	<ul style="list-style-type: none"> • All Academic Units will understand the elements of LCME accreditation and understand their responsibility within this shared goal • Appropriate effort and resources will be directed towards this common goal ahead of our January 2022 LCME site visit • (LCME 1.1) Monitor strategic plan's effectiveness in improving educational program quality • (LCME 5.4) Monitor student satisfaction with lecture halls; clarify shared-HSIB access with medical students and encourage increased use of HSL • (LCME 5.11) Upgrade campus study spaces and student lounge; improve communication on available resources at hospitals and clinical sites • (LCME 8.3) Conduct curricular audits, develop improvement proposals, and increase integration/coordination of content/instruction across phases • (LCME 8.5) Develop/implement new communications strategies and feedback mechanisms • (LCME 8.7) Increase monitoring and analysis of site comparability data and escalate concerns to directors/coordinators and curricular affairs dean; share site-level data with COM leadership and clinical affiliates and obtain assistance to address concerns (when needed); augment FID and RAE training with additional training on constructive feedback; hire/dedicate personnel to focus on quality of learning experiences during clerkships
APME	First class completed first year at UArizona; 4.0 GPA, no attrition. Second class admitted and will start 8/2023.	Y1: monitor and engage advisors; no attrition. Enroll 3 rd class. Y2: no attrition; enroll 4 nd class Y3: Attrition ≤ 1 ; enroll 5 th class and UG 1 st class	<ul style="list-style-type: none"> • Recruit advisors • Design UG curriculum for 2024 • Market nationwide • Enroll 5 new students • Finalize UG curriculum and matriculate 1st class • Assess attrition rate • Market nationwide • Enroll 5 new students • Assess 1st UG class and finalize UG curriculum and matriculate 2nd class • Assess attrition rate
Bachelor of Medicine program	Students enrolled and will start 8/2023; > 200 students.	Y1: ≥ 500 students Y2: ≥ 750 students Y3: $\geq 1,000$ students	<ul style="list-style-type: none"> • Recruit advisors • Finalize curriculum and secure instructors for year 1 • Matriculate 1st class • Market nationwide • Finalize curriculum and secure instructors for year 2 • Assess success of 1st class and • Matriculate 2nd class • Finalize curriculum and secure instructors for year 3
Number of MD-PhD students	5 per year 3/yr MSTP	Y1: Maintain MSTP and number of students Y2: Maintain Y3: Maintain	<ul style="list-style-type: none"> • Continue MSTP award/funding • Obtain summer scholarship for 5/yr • Increase F-awards to 7 by year 3 • Reapply for full 5-8 slot MSTP in 2026

Vision Element 2: *Supporting our students' and trainees' intellectual and professional development formation and ability to maintain personal wellness.*

Trainee wellness and professional identity formation (PIF) in an appropriate learning environment is an essential component of graduating well-adjusted, committed, and humanistic physicians to serve our population. This element includes student satisfaction with the Office of Student Affairs, given the central nature this office has in student wellness and growth in medical school. The elements of nurturing a student's development as both a physician *and* a person embody the COM-T's philosophy of medical education and are the responsibility of all academic units. Appropriate career advising is essential for students to be successful in any given specialty; COM-T will evaluate its central career advising program, while the clinical departments will be asked to assess the effectiveness of the specialty advice given by their faculty members; COM-T students Match rate by specialty will inform about the effectiveness of specialty advisors. COM-T understands that to eliminate all trainee mistreatment, all academic units must work together and uniformly acknowledge, support and act on a zero-tolerance policy for mistreatment. All academic units will encourage trainees to report issues so that the COM-T may continue to improve the learning environment. Resident satisfaction with the balance of service and education is an important metric for COM-T to consider, as we support both the educational and patient care aspects of our residency programs and fellowships.

Table 3.2 *Supporting our students' and trainees' intellectual and professional development formation and ability to maintain personal wellness.*

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
Student satisfaction with Student Affairs (Accessibility, Awareness of concerns, Responsiveness to student problems) (GQ)	76 – 83% satisfied; 50 th to 75 th percentile	Y1, Y2, Y3: >75%ile, >85% satisfied	<ul style="list-style-type: none"> The current reorganized structure enhances direct student interaction and assistance with the office throughout the medical school training
Student satisfaction that COM – T fosters and nurtures students' development as a person (GQ)	71% satisfied; 50 th percentile	Y1: Maintain Y2: Maintain Y3: >75%ile,	<ul style="list-style-type: none"> Continue Societies Program for individual student mentorship and support Continue current Student Affairs organization/services Invest in Wellness activities Reduce student mistreatment (see tactics below)
The COM – T has done a good job at nurturing students' development as a future physician (GQ)	2021: 84% (10 th percentile) 2020:90% satisfied (70 th percentile)	Y1, Y2, Y3: >75%ile, >85% satisfied	<ul style="list-style-type: none"> Continue Societies Program Revise Transition to Residency Course and make it mandatory Improve satisfaction with clerkship education Implement Workplace-Based Assessment for improved student feedback/professional growth
Student satisfaction with career advising services (GQ)	2021: 68% (50 th percentile) 2020: 73% satisfied; 75 th percentile	Y1, Y2, Y3: >75%ile, >85% satisfied	<ul style="list-style-type: none"> Continue COM-T Career Advising Program Increase integration of specialty advisors within departments within the Career Advising Program Departments to evaluate their specialty advising services

Student Mistreatment data (GQ)/percentage of students' subject to mistreatment GQ) (LCME Element 3.6 Student Mistreatment)	2021: 42.2% (national 40.3%) 2020: 48.6% (national 40%)	Y1: Current Y2: 40% Y3: < 40%	<ul style="list-style-type: none"> • All clinical departments will add a Zero-Tolerance policy on mistreatment to their individual Strategic Plans • Department heads or a designee will speak to students at course orientation about the department's commitment to the learning environment and the Zero-Tolerance policy • The Professionalism Committee will present mistreatment data regularly to the dean/Dean's Executive Council, department heads, curriculum committees (TEPC, TCCS), and Banner leadership • Annual student mistreatment data presented to dean, department heads and at general faculty/department meetings • Mandatory unconscious bias/diversity training • Establish a system for the COM-T and Banner to detect emerging patterns of behavior across both reporting systems (Professionalism Conduct Comment form and VergeHealth) for early intervention. • Share analysis of mistreatment data with clinical affiliates, discuss findings, and develop additional action plans • Develop and implement policy to standardize criteria and a practice for determining when an educator may no longer teach in the MD program • Implement annual pre-GQ survey of MS3s as additional means of gauging student mistreatment rates prior to graduation
Reporting Mistreatment (GQ)	2021: 22% (national average 27%) 29% (national 28%)	Y1: Current Y2: 30% Y3: >32%	<ul style="list-style-type: none"> • Increase education of UArizona's non-retaliation policy • Design and implement a flow chart that shows students and residents all of the options for reporting mistreatment and what they can expect with each option • Delay action based on a complaint until the trainee has finished the current rotation (if possible or requested by trainee) • Incorporate the UArizona's Compliance Hotline as an additional anonymous way to report mistreatment
Response to ACGME survey question "Is there an appropriate balance between education and patient care."	Average 4.2, National Average 4.2	Y1, Y2, Y3: >4.2	<ul style="list-style-type: none"> • All departments will examine their program data and create individualized goals based on current state • Reorganize GME office to fully integrate COM-T and Banner efforts regarding all aspects of GME • Hire additional faculty or APPs as is needed after evaluation
Number of MD-PhD students with a NIH F30 grant	3 students	Y1: Current Y2: 5 Y3: 7	<ul style="list-style-type: none"> • Continue MSTP award/funding • Expect each student will apply for an F30 grant • Institute appropriate mentorship for F30 applications

Vision Element 3: *Creating highly desirable graduate medical education programs such that our own students seek training in our programs*

The rationale for the vision element and corresponding metrics is 1) Arizona students who complete their graduate medical education in Arizona are likely to practice in our state and 2), if a school's own students rate the programs excellent, the programs will attract the best national applicants. Overall resident satisfaction with their training program metric will allow COM-T to monitor it and is a standardized overall metric that can be compared across programs.

Table 3.3

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Overall average on the ACGME Resident Survey at or above the national average.	Compliance at 4.4 (on a 5-point Likert scale) which is at National average	Y1, Y2, Y3: Maintain compliance at or above national average	<ul style="list-style-type: none"> All departments will examine their program data and create individualized goals based on current state Resident focus groups will be conducted as needed Funding for resident education and travel/conferences will be standardized across programs
UA COM-T retention of COMT/P students in our GME	28% of COMT/P students are retained in our COMT GME programs (2022 Match)	Y1: retain 28% Y2: retain 30% Y3: retain 30%	<ul style="list-style-type: none"> All relevant clinical departments will create a goal for COM-T student recruitment All relevant clinical departments will participate in the Career Advising Program and host events for interested students to explore the specialty and the specific residency program The COM-T GME office will work with the Office of Student Affairs and the departments to identify additional strategies to enhance recruitment of COM-T students All relevant clinical departments will examine their specialty advisor program as above

Vision Element 4: *Serving and supporting Arizona's need to retain a strong and diverse physician workforce*

This final vision element and corresponding metrics will monitor the competitiveness and diversity of our medical students. The element captures both intellectual ability (MCAT and GPA scores, which are measures used in part for national rankings), as well as diversity. Both attributes share equal importance, as COM-T seeks to train and graduate the brightest physicians that most closely mirror the rich diversity found in the population of Arizona. Enhancing COM-T's GME programs is also part of the Strategic Plan; this element is included in the DEI narrative and tables. The question regarding students' overall confidence to begin a residency program is a metric shared by all academic units and one that is important to COM-T and to our reputation at residency programs throughout the United States.

Table 3.4

Metric	Current State FY 2023	Future State FY 25-26	Tactics
Total GPA, Science GPA, MCAT (accepted vs. matriculated)	3.77/3.69/510 (Class of 2026)	Y1: Current Y2: Maintain Y3: Maintain	<ul style="list-style-type: none"> Continue to balance objective academic data with the diversity and patient care goals of COM-T. Increase unrestricted scholarships to attract the best students to COM-T Primary Care Scholarship (in place). APME (GPA only), HEAP
URiM (especially Hispanic and Native American) composition of class	Above national average; approx. 30%	Y1, Y2, Y3: Maintain or exceed	<ul style="list-style-type: none"> Continue current successful recruitment efforts and holistic admission practices Increase unrestricted scholarships to attract the best students to the COM-T Primary Care Scholarship (in place). PMAP
Confident to begin a residency program (GQ)	2022: 90%; 25 th percentile 2021: 92%; 75 th percentile	Y1, Y2, Y3: Maintain or exceed 90%	<ul style="list-style-type: none"> Continue Societies program. Improve satisfaction with clerkships (above). Enhance Transition to Residency course & require enrollment Support student wellbeing as above

B.4. RESEARCH

The primary drivers of research within COM-T lie in the basic science departments that make up over a third research in COM-T while clinical departments and centers comprise the balance of research activity. The Department of Pharmacology ranked #5 in the most recent 2022 Blueridge Rankings with \$25 million in NIH funding, driven in part by the funding of the NIH P30 Center of Excellence for Addiction Studies that commenced in 2021. The Department of Cell and Molecular Medicine also was ranked #5 in the 2022 Blueridge Rankings with just under \$17 million in NIH funding.

Clinical trials research is a primary driver of scientific investigation that bring new cures to patients in need. A great deal of effort has been placed on streamlining opening and accruing to clinical trials in partnership with UAHS and Banner. Associate Dean for Clinical & Translational Research, Dr. Rachna Shroff, organized and hosted the 4th annual Clinical Trials Development Workshop in April 2023. This past year, Dr. Michael Johnson was named Associate Dean for Basic Science and Graduate Studies and will lead graduate student outreach within COM-T. These activities include dialogue around work-life balance, career development, and mentor selection and can be conducted in partnership with individual graduate programs within the college. One such event is a monthly chat where he brings different university community partners, such as from the graduate college, for an informal chat with trainees. Dr. Johnson will also work with the new Center for Education, which will house infrastructure and resources for graduate student education.

Vision Element 1: *Developing interdependent, transdisciplinary, collaborative research.*

This vision element focuses on developing collaborative relationships between academic units within COM-T and other Colleges within UA. Also, an inherent goal is to expand COM-T's relationship with the Southern Arizona VA by promoting joint recruitments and leveraging VA funding sources.

Table 4.1.

Metric	Current State FY 2023	Future State FY 24-26	Tactics
# of works (publications, grants submission/awards)	1,573	Y1: 1,701 Y2: 1,838 Y3: 1,838	<ul style="list-style-type: none"> Leverage department-based seed grants. Promote internal collaborations between COM-T departments and centers through COM-T funding of planning grants. Leverage COM-T Centers to provide multi-disciplinary research opportunities. Enhance relationships with Colleges of Public Health, College of Science, College of Engineering, AZ Center for Drug Discovery through inter-college presentations, colloquia, and joint recruitment Establish research networks (e.g. campus-wide Musculoskeletal Research Network (MRN) to promote cross-disciplinary collaboration Develop mentorship teams for each new faculty member by leveraging resources in faculty affairs Provide joint appointments to neighboring colleges (e.g. College of Science) Encourage invention disclosure experiences among trainees

# Number of disclosures (IDFs) received from COM-T	117	Y1, 134 Y2, 157 Y3: 157	<ul style="list-style-type: none"> • Same as above
# US Patents Issued	55	Y1, 70 Y2, 86 Y3: 86	<ul style="list-style-type: none"> • Same as above
# of licenses and options	49	Y1: 61 Y2: 73 Y3: 73	<ul style="list-style-type: none"> • Same as above
# of COM-T faculty with joint paid VA appointments	20	Y1: 32 Y2: 32 Y3: 32	<ul style="list-style-type: none"> • Increase joint UA-VA recruitments as new entrants into joint academic-VA positions: • Increase recruitment of faculty to Tucson who already have joint academic-VA positions elsewhere • Telecast grand rounds and research conferences at UA and VA • Partner with VA leadership to identify joint recruits and grant opportunities
# of COM-T faculty with VA eligibility applications/approvals, Merit Award submissions/awards	42	Y1: 52 Y2: 67 Y3: 67	<ul style="list-style-type: none"> • Increase number of clinical faculty with joint UA-VA appointments to enable best opportunity for grant application success • Encourage collaboration with current VA research investigators locally and nationally • Encourage participation on national VA study sections and local committees • Use Career Development Award opportunities as a recruiting tool

Vision Element 2: *Delivering high-quality clinical trials to the Tucson community.*

This vision element focuses on clinical trials. As the only academic medical center in Southern Arizona, it is incumbent upon COM-T and its associated academic units to bring high quality, innovative clinical trials to patients in our community. Increasing the number of open trials is important, but equally as important is enrolling patients into those open trials.

Table 4.2

Metric	Current State FY 2023	Future State FY 24-26	Tactics
# Patients enrolled in clinical trials	3,305	Y1: 2,065 Y2: 2,390 Y3: 2,390	<ul style="list-style-type: none"> Enhance participation in clinical based teams for bringing basic discoveries to patient care Measure enrollment and close unproductive trials Increase collaborative interactions and scientific venues with partnering colleges (e.g. Public Health, Pharmacy) Center-based clinical trials are in the Arthritis Center and Arizona Telemedicine Program. Focus center-based activities to enhance these established clinical trial programs and identify new opportunities and collaborations in centers without clinical trials Expand outreach efforts in centers and departments (e.g. Arthritis Center, Arizona Telemedicine Program) to Banner Health, contract research organizations, pharma and other external collaborators Mentor faculty interested in clinical trials via workshops and clinical trials mentorship program Leverage research with industry and federal funders

Vision Element 3: Enhancing basic and translational biomedical research.

This vision element focuses on tracking improvements in funding per FTE, the number of collaborative grants, and available resources such as space. Collaborative grants (U, P, MPI) are essential to grow the research enterprise. Therefore, facilitating the submission of these types of awards is essential, as is using nationally available metrics to track success.

Table 4.3

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Fiscal year total dollar amount of all sponsored project awards	\$109,144,490	Y1: increase 5-7% (\$114K) Y2: increase 5-7% (\$120K) Y3: increase 5-7% (\$126K)	<ul style="list-style-type: none"> Increased ID of national peer-reviewed opportunities with increased pay lines Collaborate with Clinical teams that have increased pay lines Increase Full Prof network expansion to junior faculty Provide incentives to retain successful faculty members that are funded Continued and enhanced administrative support for pre-award and post-award Convene quarterly COM-T faculty meetings to discuss research interests and potential collaborative projects Build up center members with NIH funding and collaborations Mentor junior faculty Increase number of grant submissions and funding rate Recruit and retain faculty involved in research

# of clinical departments with >\$5 million in research funding	8 Yes 13 No	Y1, 7 Yes; 14 No Y2, 9 Yes; 12 No Y3: 9 Yes; 12 No	<ul style="list-style-type: none"> Tactics as above
Amount of annual NIH Blue Ridge funds attributable to UArizona	\$107,594,331	Y1: \$108K (5%) Y2: \$114K (5%) Y3: \$119K (5%)	<ul style="list-style-type: none"> Tactics as above
Number of large grants (definition)	54	Y1: 56 Y2: 67 Y3: 67	<ul style="list-style-type: none"> Participate in center type focus with grant activity (pain, cancer, heart) Seed/Cement innovative teams with new technology IDC return agreement to successful teams Promote and participate in collaborative works between COM-T and other institutions Develop pilot funding that promotes transdisciplinary and collaborative research Organize retreats and seminars to establish avenues of communication between COM-T and other UA Colleges Supporting faculty with incentivization plans for more than one grant to provide funds for equipment updates, equipment service plans and funds for investigating novel research ideas Develop program project grants through collaborations with faculty in clinical departments, cross-colleges (Cancer Center, CIBS, CBC, Pharmacy, Engineering, Optics) Use analytic resources to identify potential teams Plan to seek additional grant partnerships to seed our national telehealth research center initiative Identify collaborative opportunities with engineering, medical imaging, nursing, Psychology, Pharmacy and others to increase MPI grant proposals
3-year MTDC \$/net assignable sq ft (NASF) of research space in unit	Min: \$0/Sq Ft Max: \$1,528/Sq Ft	Y1, Y2, Y3: Min: \$0/Sq Ft Max: \$1,528/Sq Ft	<ul style="list-style-type: none"> Evaluate program needs to improve efficient use and promote contiguous use of space. Assess Co Architects evaluation of 201 for enhanced efficiency Use vacated space for rapid faculty recruitment or return to COM-T Dean's inventory Department-based space committee annual walk thru and evaluation of space utilization Anticipate Banner release space becoming available in later years, plan efficient use Modernization plan for laboratory space and equipment Increased efficiency & adjacencies identified between units

Vision Element 4: Coalescing Graduate Research Student and Physician-Scientist Training.

This vision element focuses on the training and mentoring of the future generation of scientists and physician-scientists as a pipeline for future independent investigators.

Table 4.4

Metric	Current State FY 2023	Future State FY 24-26	Tactics
# of NIH training grants	6	Y1: 8 Y2: 10 Y3: 12	<ul style="list-style-type: none"> • Incentivize faculty development of training programs. • Develop administrative support programs to enable faculty to maintain research focus • Link training-related activity to development of opportunities to seed future researchers • Identify new national focus areas opportunities • Establish a T32/MSTP caucus or summit to support UA wide networking among the trainees • Recruit mid-career and senior researchers to lead training grants • Increase overall NIH funding per tactics described in above tables • Develop metrics for tracking outcomes
# of Trainees as PIs of NIH awards	21	Y1: 21 Y2: 25 Y3: 25	<ul style="list-style-type: none"> • Enhance recruitment of interdisciplinary physician scientists • Continue to support junior investigators (doctoral candidates / resident/ fellow / postdoc through center-based investigator awards, potentially as source of pilot data acquisition for planned NIH and other major grants • Active ID of candidates by department and graduate-group • Develop mentorship programs for trainees • Encourage submission of individual training grants • Continue to require grantsmanship class for pre-docs • Develop workshop series for grant writing for post-docs and R25 opportunities

B.5. PATIENT CARE

Vision Element 1: *Delivering high-quality and timely clinical care in the Tucson community.*

Metrics for this vision element include total inpatient obs/exp ratio and improvement in having our actual length of stay in the hospital match the expected. This speaks to our ability to be effective stewards of acute resources to allow us to care for all the patients who seek our care. Our goal is to achieve approximately 2.5% improvement year over year. One of the common tactics indicated for improvement is with better reporting and coding. This includes early identification of patients with potential for mortality and improved coding/reporting so that their measured rate accurately reflects the service they provide.

The actual length of stay is dependent on rapid identification of patients who will need unique focus at the time of discharge. As well, for elective surgical admissions, pre-admission planning for post discharge care is a strong driver of patients staying on pathway.

Table 5.1

Metric	Current State FY 2023	Future State FY 24-26	Tactics
UHC/Vizient clinical quality flags: Total Inpatient Obs/Exp Mortality Index Ratio	BUMC-T/S: 0.776	Y1: 0.917 Y2: 0.894 Y3: 0.872	<ul style="list-style-type: none"> Ensuring appropriate complexity of coding to allow for improved risk rating Early identification of vulnerable patients and referral to appropriate service (i.e. palliative care) Quality assurance and performance improvement programs
Measurement of the index between the geometric mean (expected) length of stay and the actual length of stay	BUMC-T/S: 1.34	Y1: 1.31 Y2: 1.27 Y3: 1.24	<ul style="list-style-type: none"> Proactive discharge planning Ensuring appropriate complexity of coding to allow for better forecasting of expected stay

Vision Element 2: *Physician engagement and satisfaction.*

Physician engagement and satisfaction are driving factors to success with our clinical mission. Two metrics that will be used by departments to guide processes that place importance on physician engagement include faculty turnover rates and VOICE physician engagement survey results. Faculty turnover rates are averaging around 11%, with some experiencing almost 25% in 2021. Tactics include greater focus on faculty development and promotion and creating a more supportive environment. For VOICE physician engagement survey, departments need to create a specific action plan that focus on improved communication, feedback and guidance on upcoming initiatives to drive engagement.

Table 5.2

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
Physician retention rate (Faculty turnover rate)	9.4%	Y1: 9% Y2: 8% Y3: 7%	<ul style="list-style-type: none"> Greater focus on faculty development and promotion Creating more supportive environment
VOICE physician engagement score (overall)	18.7%	Y1: 33% Y2: 43% Y3: 53%	<ul style="list-style-type: none"> Increase engagement of faculty in departmental decision-making and initiatives Implement regular faculty meetings

Vision Element 3: *Serving as the clinical provider of choice for our community*

Patients in Southern Arizona do have discretionary choice of healthcare and we want to be able to offer the best experience as patients engage with our facilities. To that end there are two key metrics to track: the net promoter score of the office-based practices as well as ensuring that we are accessible for relevant specialties to online appointment scheduling. Within the net promoter score a key driver question is the quality of the communication to the patient about the next steps after a visit or the explanation of the clinical plan for that patient. Another key element of outpatient satisfaction is ease of scheduling and the more that patients can self-schedule, they are more likely to have affinity to that practice.

Table 5.3

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
Overall Clinic Patient satisfaction (Office Net Promoter Score) compared to benchmark as reported by our vendor	73.5	Y1: 73.8 % Y2: 74.1 % Y3: 74.3%	<ul style="list-style-type: none"> Focus on outpatient access Focus on communication in visit Focus on post visit follow up
Percent of providers who are configured for online scheduling	75%	Y1: 79% Y2: 82% Y3: 85%	<ul style="list-style-type: none"> Ensure providers have robust profiles Ensure providers have simplified templates

Vision Element 4: *Ensuring a sustainable cost/revenue structure and margin that supports our missions.*

Locum Tenens providers are the most expensive form of physician labor and produce unneeded expense on the group. With targeted recruitment to meet service needs and effective management of internal premium pay options for our own faculty we both create financial sustainability, and we create consistent clinical quality.

Table 5.4

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
Blended Rate Percentile	65 th percentile	Y1: 70% Y2: 79% Y3: 84%	<ul style="list-style-type: none"> • Expansion of referral sources through community outreach and CME • Faster ramp-up of new providers • Coding improvement and increased leverage of APPs • Regular reporting to faculty and clinical staff that allows for adjustments to workload assignments as needed
Reduction in Premium Locums Labor run rate	\$570K/month	Y1: 750 K/mo Y2: 500 K/mo Y3: 250 K/mo	<ul style="list-style-type: none"> • Recruit appropriately to staff health system needs • Manage appropriate number of extra shifts without burnout to reduce reliance on external physician labor

B.6. FINANCIAL SUSTAINABILITY

Vision Element 1: *Developing a dashboard that allows financial accountability towards growing, sustaining, and reinvesting into our academic missions.*

It is important that COM-T and each academic unit within COM-T operate under a sustainable financial model that incentivizes academic productivity and the ability to reinvest into the college's strategic vision. This vision element, metrics and corresponding tactics aim towards financial health, including positive operating margins, a sustainable level of reserves to support reinvestment, and a focus on certain fund types to ensure a balanced operating portfolio that leads to academic growth and sustainability.

Table 6.1

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Overall Expense Management (Expenses as a % of revenue)	99.6%	Y1: 99.8% Y2: 97.5% Y3: 95.0%	<ul style="list-style-type: none"> • Increase grants (e.g., PO1s) that generate full indirect expenses • Move faculty to cover more of their salaries from grants which will reduce expense as well as increase incentive funding revenue. Includes the new academic rate for physician scientists, and ensuring we keep their salary whole when they obtain sponsored awards • Increase online, summer and microcampus revenue • Increase collaborations with industrial partners • Increase discovery science to get patents/startup companies • Partnering with COM Development to establish and grow alumni gift program • CME courses
Sufficient Reserves (Unrestricted fund balance as a % annual expenses)	28.3%	Y1: 32.5% Y2: 42.5% Y3: 50.0%	<ul style="list-style-type: none"> • Set a goal (i.e. a budget) to achieve above 50%, managing expenses within the revenue streams we receive/generate • All tactics mentioned above for #1 apply here
State Expenses (State expenses as a % of total expenses)	13.4%	Y1: 14.5% Y2: 12.5% Y3: 10.0%	<ul style="list-style-type: none"> • Moving faculty and staff effort to sponsored projects • Encouraging faculty to be more clinically productive, where applicable • Online and microcampus efforts to take pressure off state dollars coming through AIB (Activity Informed Budget – the new university budget model) • Encouraging unproductive faculty to teach courses • Raising philanthropic funds that can also take pressure off state dollars • Engage in funding agreements with other fund types such as mission support agreements and funds flow agreements from Banner, taking the pressure off of state dollars
Teaching Effort (Faculty Teaching FTE as a % of total faculty FTE)	10.5%	Y1: 11.0% Y2: 11.5% Y3: 11.75%	<ul style="list-style-type: none"> • Hiring more faculty, with focused efforts in teaching • Encourage more faculty to participate in Online/Microcampus/Summer course offerings • Faculty will continue to increase their efforts in creating and teaching courses for the undergraduate programs including the BS in Medicine

			<ul style="list-style-type: none"> • Encourage faculty to participate in faculty development programming to improve teaching skills • Provide supported time and/or continuing education funds to enhance teaching skills, optimize use of CME funds to synergistically improve clinical and teaching skills
Research Expenses (Research expenses as a % of total expenses)	25.1%	Y1: 26.0% Y2: 38.0% Y3: 45.0%	<ul style="list-style-type: none"> • Increase grants with emphasis on larger grants (e.g., PO1) • Move more faculty to cover more of their salaries from grants • Increase collaborations (e.g., with VA) to facilitate obtaining additional grants • Increase collaborations with industrial partners • Increase discovery science to get patents/startup companies • Work with clinical departments to submit large clinical trial grants • Provide internal review of proposal drafts to faculty and research teams • Provide administrative and technical application preparation and submission support to faculty and research teams • Appropriately manage and wisely invest the new chairs' startup packages in successful research opportunities and faculty • Recruit mid-level and senior faculty with established and transferable funding • Invest in junior faculty members with significant research funding potential • Continue to guide junior faculty in developing research funding trajectories
Research Effort (Faculty FTE funded by research as a % of total faculty FTE)	30.4%	Y1: 35.5% Y2: 41.0% Y3: 42.5%	<ul style="list-style-type: none"> • Same tactics mentioned in Metric # 5 above apply here for Metric # 6
Unfunded Effort (Faculty FTE not funded by clinical, research, teaching, administrative or other activity currently supported by Department/Center/COM-T)	9.5%	Y1: 8.0% Y2: 7.0% Y3: 6.0%	<ul style="list-style-type: none"> • Like the first tactic mention for Metric # 3, the first step here is to understand how faculty are funded and what they do. Most unfunded (subsidized time) is a result of either a) startup time for new faculty, or b) faculty who are simply underproductive. Tactics to improve this metric include: • Have a plan for startup faculty transitioning off commitments and onto sponsored projects or other funding • Set guidelines for established faculty for amount of time to put on grants / clinical / teaching - will vary by department but this will discourage unproductive faculty from "flying under the radar" • Tactics mentioned above for teaching and research all apply for methods to be more productive within the College

B.7. DEVELOPMENT

Over the past decade, COM-T has experienced significant transitions in the Office of Development's leadership and staff that have resulted in the absence of a culture of philanthropy across most academic units. Central to the current situation is a lack of sustained and organized engagement by the faculty and their unit leaders. Similarly, there has not been a focus from the development office on COM-T's activities. As a result, this mission area offers a significant opportunity for improvement anchored in a strategic vision to create bilateral engagement and accountability.

Vision Element 1: *Increasing referral-based opportunities for faculty and development to increase annual support to COM-T.*

Vision element 1 tactics will address the disproportionately low number of referrals of potential donors to the Development Office. In parallel, this mission element aims to provide a systematic referral tracking process for referrals received and a monthly status of department and center giving and donors.

Table 7.1

Metric	Current State FY 2023	Future State FY 24-26	Tactics
Annual number of primary faculty trained, including 1:1 and group	22	Y1: 44 Y2: 64 Y3: 64	<ul style="list-style-type: none"> Assigned development officer (ADO) will attend faculty meetings on a regular basis to provide development training including joint presentations with Banner Development. ADO meets with key faculty for 1:1 training with joint Banner Development presentations. Hire 1-3 development officers
# of potential donors referred to Development Team by 29 academic units	44	Y1: 122 Y2: 129 Y3: 129	<ul style="list-style-type: none"> Provide quarterly reports by academic unit and COM-T-wide that can be used for tracking to measure referrals Provide faculty with an info card with up-to-date contact information for both COM-T and Banner Development that is easily accessible Hire 1-3 development officers
# of donors to COM-T	1,301	Y1: 1,542 Y2: 1,674 Y3: 1,674	<ul style="list-style-type: none"> Develop and provide monthly reports to academic unit and COM-T-wide that measures number of donors; report to DEC Hire 1-3 development officers
Total Giving to COM-T	\$12,585,005	Y1: \$7,360,990 Y2: \$12,717,959 Y3: \$12,717,959	<ul style="list-style-type: none"> Develop and provide quarterly reports by academic unit and COM-T-wide that measures and categorizes annualized gifts Hire 1-3 development officers

Vision Element 2: *Increasing opportunities to engage and further develop alumni/grateful patient/community philanthropic support through consistent messaging.*

For vision element 2, several of the 29 academic units have some form of regularly scheduled communications including department and center websites and social media accounts. The Development Office will continue to partner with Marketing and Communications to create opportunities to engage prospective donors (students, parents, alumni, residents, and grateful patients) through relevant communications (see Table 8). This vision element and associated metric will allow for the Development Office to drive success in consistent messaging by building a suite of one-pagers highlighting philanthropic priorities for departments and centers. This enduring material will provide a baseline of topics to share more broadly at future college-wide/community events (ex. COM-T Lecture Series, COM-T Roadshows, salon events, MedCat Reunion).

Table 7.2

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
Total # of 'shelf-ready' one-page proposal outputs	8	Y1: 34 Y2: 34 Y3: 54	<ul style="list-style-type: none"> Develop a one-pager questionnaire easily used by faculty. Partner with Marketing and Communications to create one-pagers

Vision Element 3: *Increasing responsiveness and success of development team to departments/centers for referrals through the development of database.*

For vision element 3, we addressed another opportunity—to build upon the established systematic referral tracking process for the limited number of referrals received, and the ability to report the average number of days between referral of potential donor by the unit to development and contact by development to the potential donor. In addition, The Development Office will contact and schedule a meeting with the prospective donor to determine if they have the capacity, affinity and inclination to make a major gift of \$50,000 or more in the next 2 years (qualified prospect). If not, the referral is considered a disqualified or future prospect. If the prospective donor is a qualified prospect, the development officer will work with the faculty member that provided the referral to develop an engagement cultivation and solicitation strategy for prospective donors, current donors, as well as stewardship strategies for current donors.

Table 7.3

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
# of days between referral of potential donor by academic unit to DO, and research request to UAF prospect research by DO	5	Y1: 5 days Y2: 5 days Y3: 5 days	<ul style="list-style-type: none"> Develop and provide a systematic referral tracking structure and process for referrals received by DO. Submit research request the same day referral is received.

# of days research request submitted to UAF Prospect Research by DO and the when DO receives research request	10	Y1: 10 days Y2: 10 days Y3: 10 days	<ul style="list-style-type: none"> Develop and provide a systematic referral tracking structure and process for referrals received by DO (However, it takes 10 business days to receive results of a research request to confirm a prospective donors capacity rating and philanthropic inclination)
# of days DO receives research request and contact between DO and potential donor of donor	5	Y1: 5 days Y2: 5 days Y3: 5 days	<ul style="list-style-type: none"> Provide a systematic referral tracking structure and process for referrals received by DO Develop and provide quarterly reports by academic unit and COM-T-wide that can be used for tracking that measures time to contact
# of prospective donor meetings (specific to faculty referrals)	20	Y1: 105 Y2: 108 Y3: 108	<ul style="list-style-type: none"> Provide a systematic referral tracking structure and process for referrals received by DO Provide quarterly reports by academic unit and COM-T-wide that can be used for tracking that measures prospective donor meetings from faculty referrals Hire 1-3 development officers
# of donor/prospective donor meetings (not related to a faculty referral)	179	Y1: 217 Y2: 217 Y3: 217	<ul style="list-style-type: none"> Provide a systematic referral tracking structure and process for referrals received by DO Provide quarterly reports by academic unit and COM-T-wide that can be used for tracking that measures donor/prospective donor meetings not related to a faculty referral Hire 1-3 development officers
# of qualifications and disqualifications	71	Y1: 94 Y2: 111 Y3: 111	<ul style="list-style-type: none"> Assigned development officer will contact prospective donor to qualify, disqualify or future the referral Hire 1-3 development officers
# of submitted asks (proposals)	11	Y1: 26 Y2: 32 Y3: 32	<ul style="list-style-type: none"> The assigned development officer will partner with faculty to build an engagement, cultivation, solicitation and stewardship strategy Hire 1-3 development officers
\$ value of submitted asks (proposals)	\$4,110,000	Y1: \$1,420,000 Y2: \$1,770,000 Y3: \$1,770,000	<ul style="list-style-type: none"> The assigned development officer will partner with faculty to build an engagement, cultivation, solicitation, and stewardship strategy Hire 1-3 development officers
# of accepted asks (proposals)	7	Y1: 26 Y2: 30 Y3: 30	<ul style="list-style-type: none"> The assigned development officer will partner with faculty to build an engagement, cultivation, solicitation, and stewardship strategy Hire 1-3 development officers
\$ value of accepted asks (proposals)	\$1,461,075	Y1: \$5,225,000 Y2: \$1,560,000 Y3: \$1,560,000	<ul style="list-style-type: none"> The assigned development officer will partner with faculty to build an engagement, cultivation, solicitation, and stewardship strategy Hire 1-3 development officers

B.8. COMMUNICATIONS AND BRANDING

Historically, marketing, communications and branding activities at COM-T have been driven at the academic unit level, with autonomy and a lack of coordination with the dean's office or between departments. Department and center web sites and social media accounts have proliferated as each area has pursued its own goals. With a new focus on college-wide strategic alignment, there is an opportunity to coordinate marketing, communications and branding activities with a focus on fulfilling the college's mission and achieving its mission-area goals. Communications is an 8th mission area, indicating the importance of marketing, communications and branding activities in relation to the college's overall success. The vision elements in this section formalize and bring focus, intent and a strategic approach to marketing and communications activities across the college.

Vision Element 1: *Creating a modern and integrated framework for multi-channel communications that increase awareness and positive perceptions of the COM-T brand among target audiences.*

A modern and integrated framework for multi-channel communications will help effectively promote the brand to internal and external audiences. The COM-T websites need updating so that content is current, relevant and of a length that is optimal for viewing on mobile devices. Social media has become an essential part of the media mix and accounts across the college, including those at the academic unit-level must be managed in a coordinated way to avoid brand dilution. Internal audiences can be seen as ambassadors of the COM-T brand, and effective, relevant communications targeting internal audiences are required for faculty, staff and student engagement, alignment and awareness.

Table 8.1

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
# of college-wide website audits	27	Y1: 30 Y2: 31 Y3: 31	<ul style="list-style-type: none"> Yr 1: Initiate a college-wide update of all academic unit websites to coincide with the State of the college data updates Work with department communicators and leadership in developing an annual website audit and maintenance plan
Total # of followers on COM-T social media accounts	92,545	Y1: 95,321 Y2: 98,180 Y3: 101,126	<ul style="list-style-type: none"> Promote social media accounts in other communications and solicit followers Follow more external accounts (to garner follow-backs) Create more compelling content Work with HR to begin posting open positions to social media
Average 'open rates' for each target audience	Faculty (34%) Staff (34%)	Y1: 35%F/ 35%S Y2: 36%F/ 36%S Y3: 37%F/37%S	<ul style="list-style-type: none"> Create separate target-specific internal communication(s) for faculty and staff audiences. Survey each (F/S) every 6 months in order to improve content (CQI) Be responsive to surveys and communicate intent at a unit level

Vision Element 2: *Increasing visibility of COM-T activity to peer institutions and potential donors.*

Effective marketing and communications strategies require the identification and targeting of specific audiences. The college's target audiences are many, and in a broad sense, can be divided into internal and external groups. External audiences include prospective students, residents, employees and faculty; current and prospective donors; the southern Arizona community; leaders at peer academic medical centers, national peer-reviewers and more.

Rankings are important to academic institutions, and academic center rankings in *US News and World Report (USNWR)* are determined in part through surveys of leaders at peer institutions. Increasing COM-T's *USNWR* rankings will require informing these leaders about COM-T and creating positive perceptions about the college. Donors and prospective donors are other key target audiences. Grateful patients are a segment of the prospective donor audience. The Marketing and Communications team works closely with the Development team and academic unit leaders to create documents and other materials needed to inform grateful patients and other prospective donors about how donations are used, the impact donations make, and the specific needs for additional funding in each academic unit.

Table 8.2

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
<i>US News & World Report</i> rankings	63 Research 53 Primary Care	Y1:62R; 52PC Y2:61R; 51PC Y3:60R;50PC	<ul style="list-style-type: none"> Annual report and other direct marketing materials (e.g.holiday cards, calendars, etc.), targeting other academic medical center leaders
Total # of 'shelf-ready' 1-page proposal outputs	22	Y1: 44 (2 per unit) Y2: 66 (3 per unit) Y3: 66 (3 per unit)	<ul style="list-style-type: none"> Facilitating ability to communicate philanthropic opportunities to potential donors

Vision Element 3: *Creating increased awareness and positive perceptions of the COM-T brand (brand equity).*

A brand can be defined as the image or the feelings an entity creates in peoples' minds. Brands that are properly built and managed over time can add tremendous value to a company, academic institution, organization, or other entity. The UArizona College of Medicine – Tucson is a *brand within a brand* because its identity is inextricably tied to, and benefits from, the university's brand. To create value in the minds of its target audiences, communicators and other stakeholders must make its audiences aware of COM-T and share information that creates positive perceptions of the college. Increasing awareness of a brand and creating positive perceptions of a brand increases the value, or equity, of the brand. An effective way to build brand equity is through stories that appear in the media. An effective media relations strategy leverages the reach and third-party validation of the media to build awareness, while at the same time allowing for the opportunity to infuse reputation-building key messages into media interviews. Conference presentations and continuing medical education (CME) offerings that have an audiovisual component such as PowerPoint are another effective way to build brand equity among target audiences.

Table 8.3

Metrics	Current State FY 2023	Future State FY 24-26	Tactics
# Successful story pitches	5	Y1: 10 Y2: 15 Y3: 20	<ul style="list-style-type: none"> Establish relationships with local and national media making inbound inquiries Identify compelling story ideas in all academic units Localize national stories and offer COM-T faculty as SMEs Leverage existing media interest in faculty members sought out by media
# COM-T mentions in local, regional and national media	10	Y1: 20 Y2: 30 Y3: 30	<ul style="list-style-type: none"> Prepare faculty for media interviews to ensure they mention COM-T in responses and include COM-T as their employer
# Conference presentations	578	Y1: 607 Y2: 636 Y3: 665	<ul style="list-style-type: none"> Build templates to be used by COM-T presenters at local, regional and national meetings Monitor conference attendance and presentations per unit
# COM-T/Banner "Academy" CME presentations	2	Y1: 4 Y2: 6 Y3: 8	<ul style="list-style-type: none"> Build templates to be used by COM-T presenters providing CME to local, regional and national audiences Create high quality, branded enduring content (narrated video and PPT) Create valuable in-person learning opportunities that meet expectations and preferences of learners