

CONSOLIDATED STRATEGIC PLAN

Version 1.4: Implementation Date: July 2024



THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

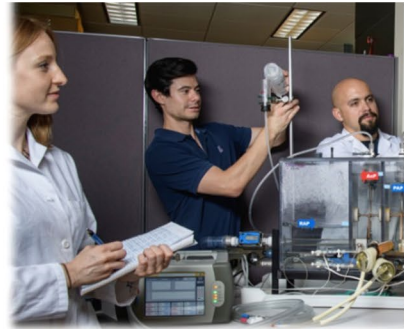


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EXECUTIVE SUMMARY

Overview:

We continue to create a culture of alignment through a common set of strategic goals and objectives to foster a sense of shared purpose, responsibility and accountability toward a collective destiny, engendering a concerted pride of enterprise. Versions 1.1, 1.2 and 1.3 of the College of Medicine – Tucson strategic plan were implemented in July 2021, 2022 and 2023, respectively. Progress of Versions 1.2 and 1.3 was monitored utilizing the Strategic Planning eSubmission and eReporting Dashboard. SPEED is an electronic tool created in collaboration with the COM-T IT team and was a major advance in the planning process, setting a new COM-T standard for a data-driven and mission-informed strategic planning tool. SPEED 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 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 tracking 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, their faculty and staff, improvements resulted in Version 1.4. The improvements include a read-only feature for faculty information and engagement, customizable 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 1.4 was created and implemented in July 2024. This continues to be an iterative process consisting of a three-year, rolling tactical plan. The unit review and editing period for V1.4, Year 1 goals is Aug. 5 to Sept. 3, 2024. The V1.4, Year 1 data results entry deadline is May 1, 2025, and the entry deadline for V1.4 tactics and comments is July 1, 2025.

As a result of implementing version 1 of the strategic plan, we have also accomplished the ability to measure progress through our metrics, which allows for a culture of accountability (see progress report for V1.3). This approach also allows us now to start measuring trends as well as the impact of tactics. While we plan to continue to implement annual iterations as well as progress reports of version 1, we have started working on Version 2: an aspirational 5-year strategic plan that will serve as a “capstone” to Version 1. We anticipate that shortly after completing the progress report for V1.4 (May 2025), and implementing V1.5 (July 2025), we will be ready to implement and execute Version 2. Our current tagline for Version 1 is “*gaining momentum.*” The tagline for Version 2 will be “*defying gravity through escape velocity.*”

Mission, Premise and Vision:

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

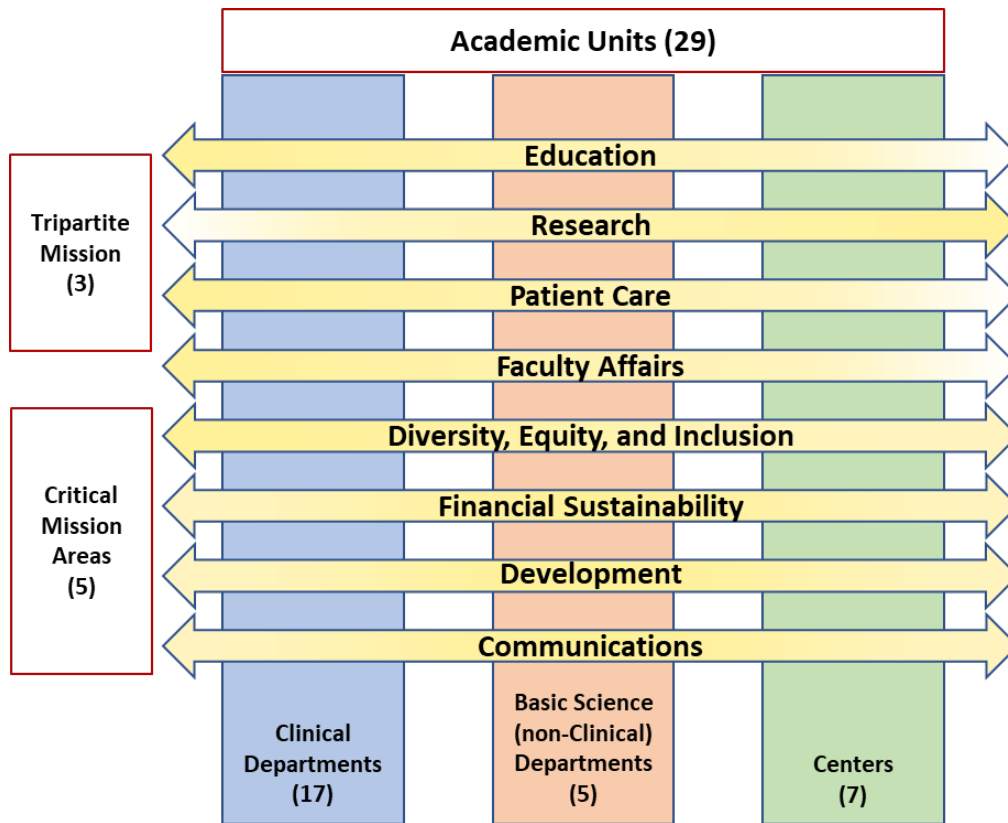
To engage COM-T leadership, faculty and staff in developing a tactical framework across academic units and mission areas, anchored in a strategic vision that leverages both institutional assets and community partnerships, to foster alignment and a culture of shared accountability that begins today and 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” of education, research and patient care — as well as five additional mission areas (faculty affairs; access, community and belonging or ACB; 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 nonclinical — 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 subunits (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), but all clinical faculty responsible for patient care, whether employed by the University of Arizona or Banner, report into one of the 17 clinical departments.



The strategic planning process emphasizes and reinforces our commitment to a sense of shared purpose, responsibility and accountability toward a collective destiny. This is especially important as the College of Medicine – Tucson undergoes a transformation process, with approximately 80% of the units having outstanding new leadership recruited from across the nation. These new leaders continue to be engaged and add content for the strategic planning process Version 1.4. Importantly, 100% of the new department leadership teams have completed their metrics and tactics within the timeframe despite their recent arrivals. 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 pillars (SIPs) continues to grow as new leadership is engaged. SIPs represent focused areas of excellence under development that are solicited from recruited COM-T faculty leaders 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, track faculty participation in professional development.
- Excellence: Increase # T/TE faculty with H-index >50.

2. **Vision – Access, Community and Belonging (ACB):** *“A plan through which inclusive excellence creates 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.
- ACB training and advocacy: Departments and centers host 3 ACB-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 ACB champion or ally per department with 0.05 FTE support; departmental websites reflect commitment to ACB 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 second Accelerated Pathway in Medical Education (APME) class matriculation with no attrition (fourth class accepted and starts college at UA in fall 2024), successful progression of second bachelor’s degree in medicine class with 1,500 enrolled students at year three (second cohort of students start August; >800 enrolled); P-MAP program (continue enrolling

matriculating 10 students/yr); HEAP (continue enrolling 10 students/yr).

- Admission metrics: GPA/Sc GPA/MCAT > 3.78/3.7/511; URiM > 30%.
- GQ scores: Satisfaction with medical education >94%, with student affairs >85%; development as a person >85%, as future physician >90%; career advising 85%; student mistreatment: initial goal is <30% to be below national average of 40%; confident to begin residency >90%; clerkship satisfaction >90%.
- USMLE: Step 1 pass rate >95% (3-year average), Step 2 CK pass rate >96% (3-year average).
- MD/PhD program: Maintain MSTP T32 NIH funding; increase F-awards to 7.
- GME: Match rate post-SOAP >97%; ACGME survey regarding balance between education and patient care >4.2 and above national average; ACGME overall satisfaction with residency training >4.4; retention of COM-T student to COM-T residencies >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:

- Service: Outpatient Net Promoter Score (OP NPS), Extra Shifts per cFTE, Provider Interaction, Outside Imaging Interpretations & Communication of Amendments.
- Efficiency: Surgery end to out of room, Pts treated and completed/CFT, A1c, ED complete to final TAT, Surg Path TAT, After Visit Summary, Spine Ed Class, %pts seen in 7 days, OR total block utilization & Behavior Health Actual AGMLOS.
- Quality: Vizient O/E Mortality, 30 day Readmit Rate, Connection Efficiency, InterOp Glucose Monitoring, Sepsis Antibiotic Admin, Annual Wellness Visits, Peer review diagnostic exam, Decrease in Aspiration Pneumonia, After Visit Summary, Inter Op interpret vs final diagnosis, Contours within 2 business days, Depression Screen & Reduction in DVT/PE.

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:

- Referrals: Increase referrals by 30%.
- Effectiveness: Increase number of donors by 10%.
- Funding: Increase yearly giving 10%.
- 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.”*

Milestones/outcomes

- Accurate information: Annual collegewide 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 (V1.3) 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 process 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 the 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 FY24. 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 FY25, FY26 and FY27) 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* was asked to complete a total of eight tabs within SPEED with narratives: current state metrics, future-state targets and tactics (education, research, faculty affairs, ACB, patient care, financial sustainability, development and communications). *Nonclinical (basic science) departments* are asked to submit seven tabs 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 FY25.

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 continue to be presented to the senior vice president of the University of Arizona Health Sciences 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 with the launch of the SPEED tool in August 2024. 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 and help execute the plan. The strategic planning operations team will continue to reach out to the points of contact within the units to assist in any problem areas for setting the FY1 goals or setting the metric-specific tactics to get to those goals. The use of FAQ approaches and an online access auditing tool will assist in the identification of problem areas using a proactive approach.

At the six-month mark (January 2025), each academic unit leader will meet with the dean or his designee to monitor progress toward Year 1 targets. Particular attention will be paid to the addition of actionable and specific tactics to achieve the goals. In addition, the engagement of the faculty continues to be an important feature, as the planning tool is a living and flexible document created for unit use. The identification and updating of the faculty/staff point of contacts within each mission area of each department has been critical for ensuring faculty/staff engagement. As with V1.3, at the one-year mark, each unit leader will be asked to account for the one-year targets (goals) using the SPEED-generated color coding. At that time, a revised set of two-year targets and tactics and a new set of three-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 V1.4, faculty engagement remains a priority area for the successful implementation and continuous quality improvement of the plan. Accordingly, the communication of the SPEED results of V1.3 (FY24) will be made available as a read-only version for all faculty within a unit to access using their University of Arizona 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 continues to be allocated or appropriated to this plan. Instead, inherent to the plan is that existing funding sources will be leveraged as tactics are developed. 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, and pursue new avenues to support specific future-state targets and tactics within the plan. 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. The already increasing faculty engagement will increase substantially due to the flexibility of the strategic plan for departmental customization as the work continues to evolve.

A Directional Tactical Plan

“Unit-specific”: While “the plan” constitutes a collegewide strategic planning initiative, it involves 29 academic units that include 3 different unit types: clinical departments, basic science (nonclinical) 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 eight mission areas include the tripartite mission (education, research, patient care) and an additional five mission areas (faculty affairs; access, community and belonging (ACB); financial sustainability; development; and communications and branding) essential to support the tripartite mission.

“Metric-based”: Specific metrics were selected based on three criteria: 1) mapping to specific vision elements within each mission area, 2) data that is validated and readily available, and 3) frequently published (i.e., at least annually). “Current state” data and data sources were identified for each metric.

“Directional”: The overall direction is defined as a “future state.” The plan calls for rolling, three-year, metric-based projections with planned reassessments every six 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 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 seeking and obtaining additional resources from within COM-T, the University of Arizona/UAHS strategic plan, extramural grants or development funds toward 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 and V1.3, this is a rolling, three-year plan with biannual checks. Mission area leaders or their designees will meet with academic units in January of FY25 to go over each academic unit's data and tactics. This will be 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" (unmet) targets, with a possible resetting of targets and/or tactics. Mission area leaders will meet with academic units after the May 1 data entry deadline to go over the unit's data and set targets for Years 2 and 3 informed by progress in the first year of the rolling, three-year plan. During these meetings, feedback will be solicited from the academic unit leaders and their engaged faculty/staff by the mission leaders to discuss if existing metrics need to be altered or deleted. Tactics and comments will be revisited since the SPEED color coding will indicate the success of the tactics to reach the stated Year 1 goal. The dean or his designee will prepare an annual progress report to indicate the successes and the opportunities for correcting deficiencies in the process. Suggested changes will be vetted through the mission leaders and the department leaders prior to the creation of the next iteration of SPEED.

The level of engagement will be monitored by the SPEED tool as a heatmap to indicate the frequency of modifications to the metrics and tactics in the unit plan. The engagement heatmap will be one source of information for monitoring access and 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 and modification of the metrics by the units. Lastly, we realize that faculty engagement is also reflected in the creative changes to the tactics to further refine approaches to achieve specific goals.

The following is the timeline for SPEED V1.4 (FY25):

- LAUNCH: Aug. 5, 2024
- REVIEW/EDIT by units to set Year 1 goals: Aug. 5 to Sept. 3, 2024
- DATA ENTRY: Sept. 4, 2024, to May 1, 2025
- DATA LOCK: May 1, 2025
- CLOSING DATE: July 1, 2025

STRATEGIC PLAN

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

Definitions

- **Unit-specific:** While “the plan” constitutes a collegewide strategic planning initiative, COM-T is comprised of 29 academic units that include three different unit types: clinical departments, basic science (nonclinical) departments and centers (**Appendix A**). Therefore, a general plan construct was initially presented to all academic unit leaders then deconvoluted to allow each unit to formulate its own plan, which was 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 eight mission areas include the tripartite mission (education, research, patient care) and an additional five mission areas (faculty affairs; access; community and belonging (ACB); 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, data that is validated and readily available, and frequently published (i.e., at least annually). Current-state data and data sources were identified for each metric.
- **Directional:** The overall direction is defined as a “future state.” The plan calls for rolling, three-year, metric-based projections, with planned reassessments every six 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 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, the University of Arizona/UAHS strategic plan, extramural grants, development funds, etc., toward 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.

Plan Overview

For the purpose of strategic planning, we have defined COM-T's V1.4 mission areas into eight categories that include the tripartite mission (education, research and patient care) as well as five other mission areas (faculty affairs; access, community and belonging; 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 tabs within SPEED to monitor progress. However, to message the essence of the plan, we submitted all tabs within SPEED 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 subunits, 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 continues to 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, biannual 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 innovation 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, Innovation and Strategy*

COM-T Mission Area Leaders:

Education: Dr. Kevin Moynahan, *Vice Dean, Medical Education*
Dr. Tejal Parikh, *Director, Comprehensive Education Center*

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

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

Access, Community & Belonging: Dr. Celia Valenzuela, *Vice Dean, Access, Community & Belonging*

Patient Care: Dr. Richard Orlandi, *Physician Executive, CEO B-UMG*

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

Development: Ms. Stephanie E. Mills, *Senior Director of Development*

Communications & Branding: Dr. Jameshia Granberry, *Executive Director, Administrative Operations*

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 remaining competitive in the retention and recruitment of the best and brightest. A firm commitment to access, community and belonging 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 the 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. Corresponding metrics were selected to plan for and 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 three-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 1.1 metrics and direction (3-year FY27 targets):** faculty by rank (Assist/Assoc/Full Professor 50%/25%/25%); for MD and/or PhD (25%/25%/50%); for T/TE track (25%/25%/50%); for NTE (*balance according to need*).

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

- **SPEED 1.2 metrics and direction (3-year FY27 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. ACCESS, COMMUNITY AND BELONGING



A firm commitment to access, community and belonging (ACB) 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 access and community excellence where all students, residents, fellows, faculty and staff will not only succeed, but thrive. As the United States continues to diversify as a nation, we recognize the importance of investing in building the pipeline, recruiting and retaining outstanding students, residents, fellows and faculty. 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 ACB 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 in 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 ACB crosses all academic units equally, we focused on three vision elements. Corresponding metrics were selected to plan for and 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 ACB vision elements, metrics and forward direction. Details regarding overall three-year targets and definitions are shown in more detail in **Appendix B – Section B.2.**



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

- **SPEED 2.1 metrics and direction (3-year FY27 targets):** Monitor number of URiM (Hispanic/Latinx, NA/AI, AA) and women 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 2.2 metrics and direction (3-year FY27 targets):** 100% academic units host 3 ACB training events; at least 1 ACB champion or ally per department with 0.05 FTE support; 100% of academic unit websites or mission statement reflects commitment to ACB.

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

- **SPEED 2.3 metrics and direction (3-year FY27 targets):** 100% academic units host ACB 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 care 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. Corresponding metrics were selected to plan for and 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 three-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 3.1 metrics and direction (3-year FY27 targets)**
- Student ratings of basic science preparation for clinical clerkships (>85%)
- Student ratings of clerkships (>90%)
- Step 1 pass rate (>95%)
- Step 2 CK pass rate >96% and score above national average
- Match rate >97% (national average or above)
- GQ Overall student satisfaction with education at COM-T (>94%)
- Student satisfaction with utility of mid-clerkship feedback sessions (>85%); utility of WBAs (>85%); adequacy of unscheduled time for self-directed learning in the Preclerkship Phase (>85% satisfaction); overall workload in the Preclerkship Phase (>90%); amount of unscheduled time in Preclerkship Phase (>85%)
- Continued timely submission of grades in required clinical clerkships (<6 weeks)
- LCME accreditation status (full 8 years)
- Accelerated Pathway in Medical Education (successful continued APME matriculation with attrition ≤ 1)
- Bachelor’s degree in medicine (enroll $\geq 1,500$ students)
- Number of MD/PhD students (5 per year, 3/yr MSTP)

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

- **SPEED 3.2 metrics and direction (3-year FY27 targets):**
- GQ Student satisfaction with student affairs (>85% satisfied)
- GQ Student development as a person (>85% satisfied)
- GQ Student development as a future physician (>90% satisfied)
- GQ Student satisfaction with career advice (>85% satisfied)
- GQ Student-reported mistreatment (goal is <30% to be below national average of 40%)
- ACGME balance between education and patient care (>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 3.3 metrics and direction (3-year FY27 targets):**
- ACGME overall satisfaction with residency training (>4.4)
- Retention of COM-T students into COM-T GME residencies (≥30%)

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

- **SPEED 3.4 metrics and direction (3-year FY27 targets):**
- Admission scores: accepted vs. matriculated (*total GPA, science GPA, MCAT: 3.78/3.7/511*)
- 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) activities. 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 COM-T's research mission, and that funding for research can be institutional (intramural) or extramural from federal or other agencies, we focused on four vision elements. Corresponding metrics were selected to plan for and 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 three-year targets and definitions are shown in more detail in **Appendix B – Section B.4.**



Vision Element 1: Developing interdependent, transdisciplinary collaborative research.

- **SPEED 4.1 metrics and direction (3-year FY27 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 4.2 metrics and direction (3-year FY27 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 4.3 metrics and direction (3-year FY27 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 4.4 metrics and direction (3-year FY27 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; therefore, excellence in both patient care and the clinical teaching environment provided by both Banner – University Medicine 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 one vision element to deliver high-quality and timely patient care to the Tucson community. Three metrics (currently measured by our clinical partner) are essential to achieve COM-T's patient care vision element moving in a forward direction. These metrics are highly correlated with the value-based incentive targets that are elements of quality-based incentives in the new compensation package to the B-UMCT faculty. Details regarding overall three-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 FY27 targets)**: Service, Efficiency and Quality are measured within each department using their specialty-based features.

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 fiscal discipline to realize its plans for academic growth.

Each year, all academic units (departments and centers) participate in an “all-funds budget meeting” (University of Arizona/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 in this strategic plan to ask our academic units to identify metrics (extracted from the all-funds budget process) from the FY24 budget as “current state” and to use these as a base for creating “future-state” targets and tactics toward 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 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 three-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 toward growing, sustaining and reinvesting into our academic missions.

- **SPEED 6.1 metrics and direction (3-year FY27 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 two 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, 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.

- **SPEED 7.1** metrics and direction (3-year FY27 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.

- **SPEED 7.2** metrics and direction (3-year FY27 targets): consistent messaging to potential donors, # of one-pagers (3 for each of 29 academic units)

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 and integrated framework for multi-channel communications that increases 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 multichannel communications, including internal and external targets.*

- **SPEED 8.1** metrics and direction (*3-year FY27 targets*): *Complete annual collegewide 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.*

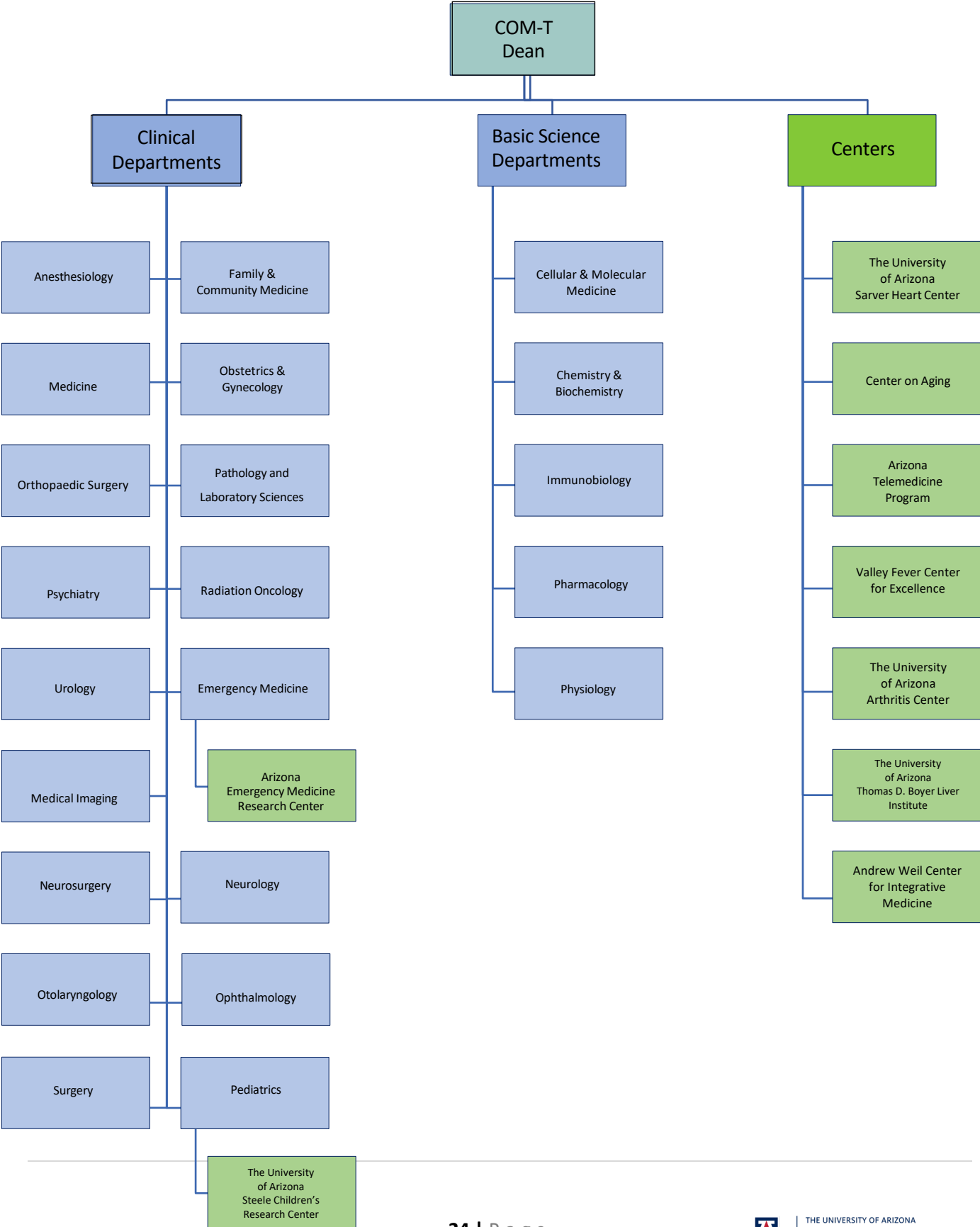
- **SPEED 8.2** metrics and direction (*3-year FY27 targets*): *create 29 one-page proposals for prospective donors.*

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

- **SPEED 8.3** metrics and directions (*3-year FY27 targets*): *Successfully pitch 15 COM-T stories; earn 30 COM-T mentions in local, regional and national media; 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, leadership opportunities and clear pathways to career growth.

Table 1.1

Metric	Current State FY24	Future State FY25-27	Tactics
Faculty by Rank	Assistant Professor: 528 Associate Professor: 251 Professor: 256 Total: 1,035	Y1: Assistant Professor: 529 Associate Professor: 250 Professor: 257 Total: 1,036 Y2: Assistant Professor: 565 Associate Professor: 292 Professor: 290 Total: 1,147 Y3: Assistant Professor: 449 Associate Professor: 221 Professor: 215 Total: 885	<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	Assistant Professor: 27 Associate Professor: 58 Professor: 141 Total: 226	Y1: Assistant Professor: 24 Associate Professor: 54 Professor: 148 Total: 226 Y2: Assistant Professor: 38 Associate Professor: 71 Professor: 167 Total: 276 Y3: Assistant Professor: 27 Associate Professor: 53 Professor: 115 Total: 195	<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.

<p>Annual Faculty Recruitment and Turnover</p>	<p>New Hires:128 Turnover: 64</p>	<p>Y1: New Hires:92 Turnover: 42</p> <p>Y2: New Hires: 116 Turnover: 31</p> <p>Y3: New Hires: 85 Turnover: 32</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 departmental awards that reflect mission & goals and includes faculty and staff (UA and Banner employees) • Use time at each of the general faculty meetings to introduce and highlight faculty members within departments
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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 the university, 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 FY24	Future State FY25-27	Tactics
Faculty Clinical Career Track Promotions	Clinical Scholar: 14/8 Clinical Series: 20/7	Y1: Clinical Scholar: 9/5 Clinical Series: 15/4 Y2: Clinical Scholar: 17/13 Clinical Series: 31/11 Y3: Clinical Scholar: 12/9 Clinical Series: 17/5	<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 COM-T 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., U of A promotion workshops, P&T coordinator)
Faculty Time to Tenure by MD/MD PhD or PhD	Assistant to Associate Professor with Tenure: 4.86 Associate Professor to Tenure: 3 Associate to Full Professor with Tenure: 4.90	Y1: Assistant to Associate Professor with Tenure: 4.49 Associate Professor to Tenure: 3.92 Associate to Full Professor with Tenure: 5.04 Y2: Assistant to Associate Professor with Tenure: 4.08 Associate Professor to Tenure: 3.20 Associate to Full Professor with Tenure: 3.64 Y3: Assistant to Associate Professor with Tenure: 3.50 Associate Professor to Tenure: 2.60 Associate to Full Professor with Tenure: 3.50	<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

B.2. ACCESS, COMMUNITY AND BELONGING

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 and residents and the state of Arizona (all data is self-reported).

Table 2.1

Metric	Current State FY24	Future State FY25-27	Tactics
Monitor Ratio (#/total) and % of URiM Faculty	102	Y1: 146 Y2: 131 Y3: 91	<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 URiM 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
	11.52%	Y1: 5.95% Y2: 11.93% Y3: 11.02%	
Monitor Ratio (#/total) and % of URiM Academic leaders versus number of total faculty	30	Y1: 24 Y2: 47 Y3: 33	<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
	10.95%	Y1: 7.43% Y2: 12.47% Y3: 13.86%	
Monitor Ratio (#/total) and % of URiM residents/fellows (GME) and graduate students	133	Y1: 114 Y2: 162 Y3: 112	<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/OACB Virtual 1st and 2nd look • Increase unrestricted scholarships to attract the best students to COM-T • Continue to support residency/fellowship ACB 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
	23.40%	Y1: 7.26% Y2: 16.98% Y3: 15.32%	

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

ACB 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 FY24	Future State FY25-27	Tactics
Monitor number of ACB-credit eligible events hosted by your unit	113	Y1: 67 Y2: 102 Y3: 71	<ul style="list-style-type: none"> • Work with department chairs; monitor and publicly report at DEC. Work with department champions and allies • Ensure at least one is a grand rounds, seminar or colloquium, featuring an invited or internal guest speaker open to all COM-T
Monitor number of ACB champion(s) with at least 0.05 FTE equivalent support	22	Y1: 24 Y2: 31 Y3: 22	<ul style="list-style-type: none"> • Work with department chairs; monitor and publicly report at DEC. Work with department champions and allies
Monitor number of elements on website to reflect commitment to ACB	75	Y1: 80 Y2: 119 Y3: 55	<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 health care and acknowledges our individual and institutional role in addressing these barriers.

Table 2.3

Metric	Current State FY24	Future State FY25-27	Tactics
Monitor number of hosted ACB credit eligible events specific to culturally sensitive care.	42	Y1: 38 Y2: 48 Y3: 36	<ul style="list-style-type: none"> • Work with department chairs; monitor and publicly report at DEC. Work with department champions and allies • Ensure ACB 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 prepares 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. **Tables 3.1-3.4** show 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 in their specialty. Other measures of success include student satisfaction with basic science course preparation for clinical clerkships and student ratings of clerkships. 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 FY24	Future State FY25-27	Tactics
LCME Accreditation Status	8 years – Full	Y1: 8 years – Full Y2: 8 years – Full Y3: 8 years – Full	<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 were directed toward 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 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-T 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

MD/PhD student program	5	Y1: 5 Y2: 5 Y3: 5	<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
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Vision Element 2: *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 3.2

Metric	Current State FY24	Future State FY25-27	Tactics
# University of Arizona COM-T retention of COMT/P students in our GME	35.20%	Y1: 35% Y2: 34.94% Y3: 34.94%	<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 adviser program as above

Vision Element 3: *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 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 advisers. A notable measure of success is reducing experiences of student mistreatment. 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 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 3.3

Metric	Current State FY24	Future State FY25-27	Tactics
Total GPA, Science GPA, MCAT (accepted vs. matriculated)	MCAT-Accepted: 511 Total GPA-Accepted: 3.78	Y1: MCAT-Accepted: 511 Total GPA-Accepted: 3.78 Y2: MCAT-Accepted: 511 Total GPA-Accepted: 3.78 Y3: MCAT-Accepted: 511 Total GPA-Accepted: 3.78	<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 Physician Scholarship (in place). • APME (GPA only), HEAP and P-MAP students to receive scholarship funding as available
% URiM (especially Hispanic and Native American) composition of class	27.11%	Y1: 27.67% Y2: 27.83% Y3: 50%	<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 Physician Scholarship (in place). • P-MAP scholarship support • Participation in four corners alliance Pre-Admissions Workshop for Native American Students • Participation in diversity fairs through the AAMC • Local recruitment and outreach efforts to local community colleges, colleges and high schools

Education Mission: Comprehensive Education Center

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, clerkships and electives; success on the USMLE certifying examinations; and success in the residency match. **Tables 3.1-3.4** show the aggregated plan across academic units for this vision element. Clearly, COM-T is concerned with the overall match rate for each class; therefore, each clinical department will be asked to look at the match rate of our students in their specialty. Other measures of success include student satisfaction with basic science course preparation for clinical clerkships and student ratings of clerkships. Finally, all academic units are responsible for students’ overall satisfaction with their training at 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 3.4

Metric	Current State FY24	Future State FY25-27	Tactics
APME	15 enrollment	Y1: 15 Y2: 15 Y3: 15	<ul style="list-style-type: none"> Established role for APME assistant director responsible for outreach, recruitment, program development and program success initiatives Continue development of SUMMIT MED summer program Continue development of undergrad mentorship and curriculum Nationwide outreach and marketing effort focused on recruitment Enroll 5 new students annually Assess attrition rate
Bachelor of Science in Medicine program	800 enrollment	Y1: 1,000 Y2: 1,250 Y3: 1,500	<ul style="list-style-type: none"> Assess success of 1st and 2nd classes Matriculate 3rd class Finalize curriculum and secure instructors for Year 3 Market nationwide Finalize curriculum and secure instructors for Year 4

B.4.RESEARCH

The primary drivers of research within COM-T lie in the basic science departments, which make up more than one-third of research activity, while clinical departments and centers comprise the balance of research activity. Notable areas of research ranked by NIH include Pharmacology (ranked No. 4), Family Medicine (ranked No. 8) and Cell and Molecular Medicine (anatomy/cell biology, ranked No. 9) nationally in NIH funding in federal fiscal year 2023 (the most recent year for which NIH statistics are available).

Clinical trials research is a primary driver of scientific investigation that brings new treatments 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. Dr. Rachna Shroff, the associate dean for clinical and translational research, organized and hosted the fifth annual Clinical Trials Development Workshop in June 2024. 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 in which Dr. Johnson 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 the University of Arizona. 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 FY24	Future State FY25-27	Tactics
Annual # of publications (data from PubMed)	1,469	Y1: 1,644 Y2: 2,178 Y3: 1,752	<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 multidisciplinary research opportunities
# of disclosures (IDFs) received from COM-T	153	Y1: 112 Y2: 172 Y3: 88	<ul style="list-style-type: none"> • Enhance relationships with College of Public Health, College of Science, College of Engineering, AZ Center for Drug Discovery through intercollege presentations, colloquia and joint recruitment • Establish research networks (e.g., campuswide Musculoskeletal Research Network) to promote cross-disciplinary collaboration
# U.S. patents issued	61	Y1: 36 Y2: 76 Y3: 43	<ul style="list-style-type: none"> • 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
# of COM-T faculty with VA submissions/awards	27	Y1: 82 Y2: 26 Y3: 12	<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: 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 4.2

Metric	Current State FY24	Future State FY25-27	Tactics
Fiscal year total dollar amount of all sponsored project awards	\$111,319,912.54	Y1: \$128,791,340.26 Y2: \$127,149,031.27 Y3: \$126,176,100	<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 professor 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
3-year MTDC \$/net assignable sq ft (NASF) of research space in unit	Min: 0 Max: 699.99	Y1: Min: 0 Max: 536.72 Y2: Min: 0 Max: 682.41 Y3: Min: 0 Max: 739.58	<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-through 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 3: 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 4.3

Metric	Current State FY24	Future State FY25-27	Tactics
# of institutional NIH training grants	75	Y1: 33 Y2: 69 Y3: 34	<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 • Establish a T32/MSTP caucus or summit to support university networking among the trainees • Recruit midcareer and senior researchers to lead training grants • Increase overall NIH funding per tactics described in above tables • Develop metrics for tracking outcomes
# of trainees and primary faculty as PIs of NIH type training awards	36	Y1: 34 Y2: 49 Y3: 41	<ul style="list-style-type: none"> • Enhance recruitment of interdisciplinary physician scientists • Continue to support junior investigators (doctoral candidates, residents, fellows, postdocs) 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 predocs • Develop workshop series for grant writing for postdocs 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 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 receive.

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, preadmission planning for post-discharge care is a strong driver of patients staying on pathway. (Patient Care Metrics are available upon request.)

Table 5.1

Metric	Service
Measures (each dept records one)	<ul style="list-style-type: none"> • Outpatient Net Promoter Score (OP NPS) [applies to ENT, FCM, Med, NEU, NSU, OBG, OPT, ORT, PED, RAD ONC, SUR, URO] • Extra shifts per cFTE [applies to ANE] • Provider interaction [applies to EMD] • Outside imaging interpretations [applies to MIM] • Communication of amendments [applies to PAT]
Metric	Efficiency
Measures (each dept records one)	<ul style="list-style-type: none"> • New Patient % of Total Patients [applies to MED, ENT] • Surgery end to out of room [applies to ANE] • Pts treated and completed/CFT [applies to EMD] • A1c [applies to FCM] • ED complete to final TAT, Surg Path TAT [applies to MIM, PAT] • After-visit summary [applies to NEU] • Spine ed class [applies to NSU] • % pts seen in 7 days [applies to OBG, ORT, PED, RAD ONC, URO] • OR total block util [applies to OPT, SURG]
Metric	Quality
Measures (each dept records one)	<ul style="list-style-type: none"> • Vizient O/E mortality [applies to MED, NEU, OBG, ORT] • 30-day readmit rate [applies to PSY] • Connection efficiency [applies to PED, URO, ENT]

- InterOp glucose monitoring [applies to ANE]
- Sepsis antibiotic admin [applies to EMD]
- Annual wellness visits [applies to FCM]
- Peer review diagnostic exam [applies to MIM]
- Decrease in aspiration pneumonia [applies to NSU]
- After-visit summary [applies to OPT]
- Inter op interpret vs final diagnosis [applies to PAT]
- Contours within 2 business days [applies to RAD ONC]
- Depression screen [applies to PED]
- Reduction in DVT/PE [applies to SUR]

B.6. FINANCIAL SUSTAINABILITY

Vision Element 1: *Developing a dashboard that allows financial accountability toward 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 toward 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 FY24	Future State FY25-27	Tactics
Overall expense management	98.24%	Y1: 94.12% Y2: 94.34% Y3: 97.78%	<ul style="list-style-type: none"> • Increase grants (e.g., P01s) that generate full indirect expenses • Move faculty to cover more of their salaries from grants, which will reduce expenses as well as increase incentive funding revenues. Includes the new academic rate for physician-scientists and ensures 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 • Partner with COM-T development to establish and grow alumni gift program • CME courses
Sufficient reserves	62.82%	Y1: 75.10% Y2: 74.56% Y3: 74.01%	<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 No. 1 apply here

<p>State expenses</p>	<p>16.25%</p>	<p>Y1: 17.36% Y2: 17.54% Y3: 19.05%</p>	<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 state dollars
<p>Teaching effort</p>	<p>9.29%</p>	<p>Y1: 12.90% Y2: 11.12% Y3: 13.57%</p>	<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 • 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
<p>Research expenses</p>	<p>31.29%</p>	<p>Y1: 34.85% Y2: 34.37% Y3: 40.61%</p>	<ul style="list-style-type: none"> • Increase grants with emphasis on larger grants (e.g., P01) • 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 midlevel 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

<p>Research effort</p>	<p>24.13%</p>	<p>Y1: 22.50% Y2: 22.87% Y3: 23.74%</p>	<ul style="list-style-type: none"> • Increase grants with emphasis on larger grants (e.g., P01) • 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 midlevel 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
<p>Unfunded effort</p>	<p>7.02%</p>	<p>Y1: 2.27% Y2: 1.97% Y3: 2.15%</p>	<ul style="list-style-type: none"> • Like the first tactic mentioned for Metric No. 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 work and teaching. This will vary by department but 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 FY24	Future State FY25-27	Tactics
# of donors to your unit	2,687	Y1: 1,528 Y2: 2,080 Y3: 1,563	<ul style="list-style-type: none"> • Develop and provide monthly reports to academic units and COM-T that measure number of donors; report to DEC • Hire 1-3 development officers
Total giving to your unit	\$22,389,743.87	Y1: \$10,770,722.30 Y2: \$18,694,545 Y3: \$8,797,250	<ul style="list-style-type: none"> • Develop and provide quarterly reports by academic unit and COM-T that measure and categorize annualized gifts • Hire 1-3 development officers

Vision Element 2: *Increasing responsiveness and success of development team to departments and centers for referrals through the development of a database.*

For Vision Element 2, 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 a 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 two 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 who provided the referral to develop an engagement cultivation and solicitation strategy for prospective donors and current donors as well as stewardship strategies for current donors.

Table 7.2

Metric	Current State FY24	Future State FY25-27	Tactics
# of qualifications and disqualifications	76	Y1: 53 Y2: 139 Y3: 53	<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

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 websites and social media accounts have proliferated as each area has pursued its own goals. With a new focus on collegewide 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 eighth 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: *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.

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.

Vision Element 2: *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 people’s minds. Brands that are properly built and managed over time can add tremendous value to a company, academic institution, organization or other entity. The University of Arizona 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. 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 8.1

Metric	Current State FY24	Future State FY25-27	Tactics
# COM-T mentions in local, regional and national media	10	Y1: 13 Y2: 25 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
# COM-T/Banner “Academy” CME presentations	4	Y1: 2 Y2: 8 Y3: 10	<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