CONSOLIDATED STRATEGIC PLAN

Version 1.5: *Implementation Date: October 2025*

THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

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Executive Summary

We continue to create a culture of alignment through a common set of strategic goals and objectives to foster a sense of shared purpose, responsibility and accountability toward a collective destiny, engendering a concerted pride of enterprise. Versions 1.1, 1.2, 1.3 and 1.4 of the College of Medicine – Tucson strategic plan were implemented in July 2021, 2022, 2023 and 2024, respectively. Progress of Versions 1.2, 1.3 and 1.4 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 four-year, rolling tactical plan. The unit review and editing period for V1.5, Year 1 goals is October 24 to January 31, 2026. The V1.5, Year 1 data results entry deadline is May 1, 2026, and the entry deadline for V1.5 tactics and comments is July 1, 2026.

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 V1.4). 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 (August 2025), and implementing V1.5 (October 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, in the pursuit of excellence, through relentless innovation across our tripartite mission of 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 four additional mission areas (faculty affairs; community, engagement & partnerships or OCEP; finance; and brand advancement & philanthropy), each critical to the success of the tripartite mission. Reporting to the COM-T dean are 30 academic units (22 academic departments —18 clinical and five basic sciences — and seven centers of excellence, 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 18 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 85% 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 1.5. 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 – Community Engagement & Partnerships**: *"A plan through which community engagement and partnerships create a foundation for mission- and community-responsive action, and a culture of collaboration, compassion, and accountability across all academic mission areas in the context of the state of Arizona and beyond."*

   Milestones/outcomes:

- **Community-Based Engagement:** Increase faculty, staff, student, and graduate trainee participation in community-based experiences by at least 10% annually, including education, outreach, and service initiatives that directly address identified community health priorities.
- **Partnership Development:** Each academic unit participates in at least one strategic community partnership initiative per year, co-led with an external organization and supported by measurable health, education, or outreach outcomes.
- **Culture of Connection and Belonging:** Academic units facilitate at least one community-building activity annually to strengthen internal collaboration and cross-role learning, with ≥75% of participants reporting greater connection, value, and sense of belonging (measured via standardized CEP survey).
- **Health Equity and Access:** Expand opportunities for learners and educators to engage in programs that improve access to care, promote health literacy, and address disparities, ensuring that community engagement efforts are guided by principles of cultural humility and equity.
- **Accountability and Assessment:** Develop an annual CEP Impact Report that documents engagement activities, partnership outcomes, and progress toward community-defined goals, ensuring transparency and continuous improvement across academic mission areas.

3. **Vision – Medical 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 – Education (Comprehensive Education Center)**: "*Deliver an interdisciplinary, student-centered learning environment that cultivates academic excellence, professional readiness, and compassionate care through innovative pedagogy, mentorship, and experiential learning*."

   Milestones/outcomes:

   - **Enrollment Growth:** Expand total undergraduate enrollment across all four CEC degree programs by 10% annually, reaching ~1,425 students by FY2028.Admission metrics:
   - **Retention & Completion:** Increase overall undergraduate retention rate from 84.3% to ≥93% by FY2028 through proactive advising, academic early-alert systems, and wellness initiatives.
   - **Curricular Innovation:** Launch three new dual-degree or certificate pathways (e.g., BS-MDDA, BS-Public

Health, and BS-Bioengineering) by FY2028 in collaboration with internal and external partners.

- **Experiential Learning:** Ensure that 100% of students participate in at least one internship, clinical, research, or community-based learning experience before graduation.
- **Advising Integration:** Implement an advising "culture of care" model with 1:100 advisor-to-student ratio, integrated peer mentoring, and predictive analytics for academic progression.

5. **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%

6. **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.

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 (*V1.4*) 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 seven 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 seven 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 October 2025. 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 (April 2026), 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 V1.5, 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 V1.4 (FY25) 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 30 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 seven mission areas include the tripartite mission (education, research, patient care) and an additional five mission areas (faculty affairs; community, engagement & partnerships (OCEP); financial sustainability; brand advancement & philanthropy) 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 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, V1.3 and V1.4, this is a rolling, three-year plan with biannual checks. Mission area leaders or their designees will meet with academic units in January of FY26 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 V1.5 (FY26):

- LAUNCH: October 1, 2025
- REVIEW/EDIT by units to set Year 1 goals: October 1 to November 30, 2025
- DATA ENTRY: October 1, 2025, to May 1, 2026
- DATA LOCK: May 1, 2026
- CLOSING DATE: July 1, 2026

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 30 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 seven mission areas include the tripartite mission (education, research, patient care) and an additional four mission areas (faculty affairs; community, engagement & partnerships (OCEP); financial sustainability; brand advancement & philanthropy) 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 (FY26-28) 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 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 *V1.5* mission areas into seven categories that include the tripartite mission (education, research and patient care) as well as four other mission areas (faculty affairs; community, engagement & partnerships; financial sustainability; brand advancement & philanthropy) 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.

Mission Area	Leader
Strategic Planning Oversight	Dr. Anne Cress, Vice Dean, Innovation & Strategy
	Dr. Jameshia Granberry, Chief of Staff
	Gracialinda Colmenero, Administrative Strategy Manager
Medical Education	Dr. Kevin Moynahan, Vice Dean, Medical Education
Education (CEC)	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
Community, Engagement & Partnerships	Dr. Celia Valenzuela, Vice Dean, OCEP
Patient Care	Dr. Ben Schwartz, MD, Interim Physician Executive, CEO B-UMG
Financial Sustainability	Mr. Jason Marr, Deputy Dean, Finance & Business Affairs
Development	Ms. Stephanie E. Mills, Senior Director of Development
Communications & Branding	Dr. Jameshia Granberry, PhD, Interim Director of Communications

1. FACULTY AFFAIRS

COM-T's faculty affairs mission encompasses strategic initiatives related to faculty that are essential for continued growth through excellence and innovation. Creative and forward-thinking faculty members drive the enterprise and ensure the future of outstanding and evolving approaches to the tripartite mission. The two biggest challenges to the fundamental stability of the faculty are 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: *Creating career growth and leadership pathways for academic faculty.*

- **SPEED 1.1** 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*).

Vision Element 2: *Developing sustainable and balanced academic faculty.*

- **SPEED 1.2** 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*).

2. MEDICAL 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: *Creating highly desirable graduate medical education (GME) programs such that our own students seek training in our programs.*

- **SPEED 2.1 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 2: 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.

SPEED 2.2 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 ≥1,500 students)
- Number of MD/PhD students (5 per year, 3/yr MSTP)

Vision Element 3: *Serving and supporting Arizona's need to retain a strong and diverse physician workforce.*

- **SPEED 2.3 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%)

Vision Element 4: *Supporting our students' and trainees' intellectual and professional development formation and ability to maintain personal wellness.*

- **SPEED 2.4 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)

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

Traditional MD Program

Audience: Applicants must have a bachelor's degree to matriculate.

Program overview: Applicants apply through AMCAS. Accepted applicants will matriculate the following July and complete four years of traditional MD program.

Requirements: Undergraduate degree is required. 3.0 undergrad GPA, 3.0 undergrad BCPM GPA, 498 MCAT score or higher. Permanent US Residency status. *medicine.arizona.edu/admissions/key-info/requirements*

MD/PhD Dual Degree Program

Audience: Applicants must have a bachelor's degree to matriculate. May have research experience.

Program overview: Applicants apply through AMCAS. Accepted applicants will complete 7-year MD/PhD Curriculum – see more here: *mdphd.medicine.arizona.edu/prospective-students/training-plan*

Requirements: Undergraduate degree is required. 3.0 undergrad GPA, 3.0 undergrad BCPM GPA, 498 MCAT score or higher. A minimum of one year in research experience is required. US permanent residency status required. *mdphd.medicine.arizona.edu/*

Pre-Medical Admissions Pathway (P-MAP)

Audience: Applicants are AZ residents and will have completed a bachelors degree by matriculation.

Program overview: Applicants apply through Grad College. Accepted applicants complete 13-month PMAP curriculum and can earn a master's degree in Cellular Molecular Medicine before starting 4-year MD program.

Requirements: Arizona residents, 3.0 undergrad GPA, 3.0 undergrad BCPM GPA, 498 MCAT score or higher.

medicine.arizona.edu/admissions/p-map

Honors Early Assurance Program (HEAP)

Audience: UArizona Honors Students who are current Juniors.

Program overview: Applicants apply through UArizona Honors College – Scholarship Universe. Accepted applicants gain early admissions to UArizona COM-T. Students will participate in summer Scholars Program between the summer of their junior and senior year.

Requirements: Must be UArizona Honors student with 3.6 cumulative GPA and 506 MCAT score or higher.

honors.arizona.edu/medcat

Accelerated Pathway to Medical Education (APME) Program

Audience: High school seniors who have been accepted at the UArizona.

Program overview: 7-year accelerated program. 3 years of undergraduate studies and 4 years of MD Program.

Requirements: Must apply and be accepted to UArizona, must be a US permanent resident, current high school senior with a minimum GPA of 3.7.

medicine.arizona.edu/admissions/accelerated-pathway-medical-education-apme

3. EDUCATION (Comprehensive Education Center)

The Comprehensive Education Center equips future healthcare professionals to lead through innovation and transform healthcare. Through interdisciplinary education, research, personalized mentorship, and experiential learning, we prepare compassionate, career-ready graduates to advance health equity and serve all Arizona communities, embodying the University of Arizona's commitment to student success, impactful research, and community engagement as the state's land-grant university. **Appendix B – Section B.3**.

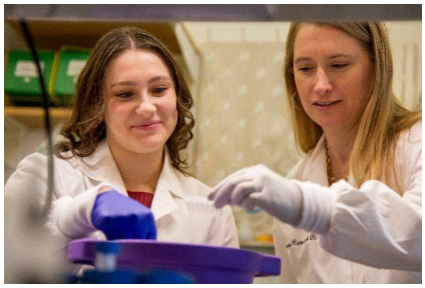
Vision Element 1 (Student Enrollment): *Growing our baccalaureate, undergraduate programs to serve an increasingly diverse student population that reflects Arizona's communities and is equipped to provide compassionate, competent care across all healthcare settings.*

- **SPEED 3.1** metrics and direction (3-year FY27 targets):
- Secure dedicated on-campus COM-T space to enhance CEC visibility, accessibility, and student support services
- Build strategic partnerships with Arizona high schools, community colleges, and tribal nations through targeted outreach communications and articulation agreements
- Develop dual degree partnerships with other colleges and universities, along with study abroad programs and internship opportunities, to create innovative academic pathways that enhance student opportunities and program attractiveness
- Implement a comprehensive outreach strategy targeting underrepresented populations through campus tours, community events, high school counselor engagement, and virtual information sessions
- Enhance program visibility and marketing efforts through digital campaigns, alumni testimonials, and showcasing student success stories that highlight career outcomes, study abroad experiences, and community impact.

Vision Element 2 (Student Retention): *Nurturing our students' academic excellence, professional readiness, and personal wellness through personalized support and early intervention that ensures every student progresses successfully from enrollment to graduation.*

- **SPEED 3.2** metrics and direction (3-year FY27 targets):
- Establish an early intervention system using academic performance data to identify and support at-risk students before challenges become barriers to success.
- Create integrated mentorship programs pairing students with faculty advisors, peer mentors, and alumni who provide guidance on academic, professional, and personal development.
- Provide accessible wellness and mental health resources that support students' holistic wellbeing and resilience throughout their undergraduate experience.
- Implement transparent degree mapping and milestone tracking with proactive advising to ensure all students have clear pathways to timely graduation.

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: *Coalescing graduate student and physician-scientist training.*

- **SPEED 4.1** 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*)

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: *Developing interdependent, transdisciplinary collaborative research.*

- **SPEED 4.3** 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 4: *Enhancing basic and translational biomedical research.*

- **SPEED 4.4** 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*)

5. CLINICAL MISSION (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 <u>strategic vision</u> 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**.

<u>Vision Element 1</u>: *Delivering high-quality and timely patient care in the Tucson community. . Note: using PED-GEN, MED-CARD and PSY-OP for dept data values*

- **<u>SPEED 5.1</u>** <u>metrics and direction (*3-year FY27 targets*)</u>: 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

We advance our tripartite mission – education, research, and patient care through an integrated approach that unites communications, branding, and philanthropy. Strategic philanthropy complements institutional funding and is crucial to the development of innovative academic, clinical, and research initiatives. By aligning messaging, outreach, and donor engagement strategies, COM-T fosters a culture of giving and storytelling that builds trust, transparency, and shared purpose among internal and external stakeholders. The mission area focuses on cultivating meaningful partnerships between COM-T's academic units and the UA Foundation, establishing measurable collaboration and accountability in support of institutional growth. Every message, event, and relationship contribute to how the College is perceived, supported, and sustained, making brand advancement and philanthropy inseparable drivers of COM-T's continued success. (**Appendix B – Section B.7**).

Vision Element 1: *Increasing opportunities to engage and further develop alumni/grateful patient/community philanthropic support through consistent messaging.*

- **SPEED 7.1** metrics and direction (*3-year FY27 targets*): consistent messaging to potential donors, # of one-pagers (3 for each of 29 academic units).

Vision Element 2: *Increasing referral-based opportunities for faculty and development to increase annual support to COM-T.*

- **SPEED 7.2** 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*)

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 lengths.*

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

- **SPEED 8.2** 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 B. Consolidated plan for all academic units by mission area

B.1. FACULTY AFFAIRS

Vision Element 1: Creating career growth and leadership pathways for all 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	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Creating career growth and leadership pathways for all academic faculty.					
Faculty Clinical Career Track Promotions	# of Assistant to Associate Clinical Scholar	9	12	15	15	• At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion • Schedule follow-up 1:1 meeting with faculty interested in promotion to review current CV and COMT requirements for promotion, and identify activities and tasks to get ready for promotion • Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&T coordinator)
	# of Associate to Professor Clinical Scholar	5	7	14	12	• At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion • Schedule follow-up 1:1 meeting with faculty interested in promotion to review current CV and COMT requirements for promotion, and identify activities and tasks to get ready for promotion • Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&T coordinator)

	# of Clinical Assistant to Clinical Associate	15	22	34	21	• At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion • Schedule follow-up 1:1 meeting with faculty interested in promotion to review current CV and COMT requirements for promotion, and identify activities and tasks to get ready for promotion • Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&T coordinator)
	# of Clinical Associate to Clinical Professor	4	6	8	9	• At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion • Schedule follow-up 1:1 meeting with faculty interested in promotion to review current CV and COMT requirements for promotion, and identify activities and tasks to get ready for promotion • Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&T coordinator)
Faculty Time to Tenure by MD/MD PhD or PhD	# of Assistant to Associate Professor with Tenure	4.49	3.13	2.88	3.50	• Implement individual mentoring system and structured guidance for faculty. • SAt 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
	# of Associate Professor to Tenure	3.92	3	2.25	2.25	• Implement individual mentoring system and structured guidance for faculty. • SAt 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

	# of Associate to Full Professor with Tenure	5.04	3.50	2	3.50	• Implement individual mentoring system and structured guidance for faculty. • SAt 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
Career Development Activities	# of Faculty Participants	336	237	345	294	
Career Development Outcomes	# of Faculty Leaders Developed	124	64	123	103	

Vision Element 2: *Developing a sustainable and balanced 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	**Measure**	**FY24 (July 2023 to June 2024)**	**FY25 (July 2024 to June 2025)**	**FY26 (July 2025 to June 2026)**	**FY27 (July 2026 to June 2027)**	**Tactics**
	Developing a sustainable and balanced academic faculty.					
Faculty by Rank	# of Assistant Professor	529	595	534	523	• 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
	# of Associate Professor	250	264	260	253	• 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

	# of Professor	257	279	278	265	• 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
	Total Faculty by Rank	1036	1138	1072	1041	• 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	# of Assistant Professor	24	30	29	31	• 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.
	# of Associate Professor	54	59	58	60	• 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.
	# of Professor	148	143	143	122	• 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.
	Total Tenured/TE Faculty	226	232	230	213	• Research mentoring programs from peer academic institutions to determine sustainable model that works best • Curate a list of ongoing departmental resources available to support a mentoring program. • Reconstitute a sustainable and formalized

						mentoring program for all faculty. Designate one faculty member from each department to work with FA Career development to implement an active program.
Faculty by MD/MD PhD or PhD on the Tenure Track	# of Assistant Professor (MD or MD PhD)	12	9	10	11	
	# of Associate Professor (MD or MD PhD)	24	21	21	22	
	# of Professor (MD or MD PhD)	84	85	55	46	
	# of Assistant Professor (PhD)	18	28	25	25	
	# of Associate Professor (PhD)	42	49	42	42	
	# of Professor (PhD)	69	67	62	64	
Annual Faculty Recruitment and Turnover	# of Recruitment	92	115	108	98	• 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
	# of Turnover	42	39	43	34	• 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

B.2. EDUCATION MISSION – MEDICAL EDUCATION

Vision Element 1: *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 2.1

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Creating highly desirable graduate medical education programs such that our own students seek training in our programs.					
# UA COM-T retention of COMT/P students in our GME	% Retention	35%	27%	34.94%	33%	• All relevant clinical departments will create a goal for COM-T student recruitment • All relevant clinical departments will participate in the Career Advising Program and host events for interested students to explore the specialty and the specific residency program • The COM-T GME office will work with the Office of Student Affairs and the departments to identify additional strategies to enhance recruitment of COM-T students • All relevant clinical departments will examine their specialty advisor program as above

Vision Element 2: 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.

Table 2.2

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	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.					

LCME Accreditation Status	Status (8 years equal to full)	8 years - Full	8 years - Full	8 years - Full	8 years - Full	• All Academic Units will understand the elements of LCME accreditation and understand their responsibility within this shared goal • Appropriate effort and resources will be directed towards this common goal ahead of our January 2022 LCME site visit • (LCME 1.1) Monitor strategic plan's effectiveness in improving educational program quality • (LCME 5.4) Monitor student satisfaction with lecture halls; clarify shared-HSIB access with medical students and encourage increased use of HSL • (LCME 8.3) Conduct curricular audits, develop improvement proposals, and increase integration/coordination of content/instruction across phases • (LCME 8.5) Develop/implement new communications strategies and feedback mechanisms • (LCME 8.7) Increase monitoring and analysis of site comparability data and escalate concerns to directors/coordinators and curricular affairs dean; share site-level data with COM leadership and clinical affiliates and obtain assistance to address concerns (when needed); augment FID and RAE training with additional training on constructive feedback; hire/dedicate personnel to focus on quality of learning experiences during clerkships

Vision Element 3: *Serving and supporting Arizona's need to retain a strong and diverse physician workforce.*

Table 2.3

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Serving and supporting Arizona's need to retain a strong and diverse physician workforce.					
Total GPA. Science GPA, MCAT (accepted vs. matriculated)	MCAT-Accepted	511	512	511	511	• Continue to balance objective academic data with the diversity and patient care goals of COM-T. • Increase unrestricted scholarships to attract the best students to COM-T • Primary Care Scholarship (in place). • APME (GPA only), HEAP, and PMAP students to receive scholarship funding as available
	MCAT-Matriculated	510	511	510	150	
	Science GPA-Accepted	3.71	3.75	3.71	3.71	
	Total GPA-Accepted	3.78	3.80	3.78	3.78	• Continue to balance objective academic data with the diversity and patient care goals of COM-T. • Increase unrestricted scholarships to attract the best students to COM-T • Primary Care Scholarship (in place). • APME (GPA only), HEAP, and PMAP students to receive scholarship funding as available
	Science GPA-Matriculated	3.69	3.73	3.69	3.69	
	Total GPA-Matriculated	3.77	3.79	3.77	3.77	
% URiM (especially Hispanic and Native American) composition of class	%URiM	27.67%	31%	50%	50%	• Continue current successful recruitment efforts and holistic admission practices • Increase unrestricted scholarships to attract the best students to the COM-T • Primary Care Scholarship (in place). • PMAP 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

Vision Element 4: *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 2.4

Metric	**Measure**	**FY24 (July 2023 to June 2024)**	**FY25 (July 2024 to June 2025)**	**FY26 (July 2025 to June 2026)**	**FY27 (July 2026 to June 2027)**	**Tactics**
	Supporting our students' and trainees' intellectual and professional development formation and ability to maintain personal wellness.					
% of student Response to ACGME survey question "Is there an appropriate balance between education and patient care."	% Improvement	69.89%	77.71%	72.13%	74.81%	
ACGME Accreditation Status	ACGME Accreditation Status	1	0.88	1	1	

B.3 EDUCATION: Comprehensive Education Center

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** 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	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	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.					
APME	# of Students	15	20	15	15	• 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 Medicine program	Number of students	1000	1175	1500	1500	• 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 MISSION

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: *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 4.1

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Coalescing Graduate Research Student and Physician-Scientist Training.					
# of institutional NIH training grants	# of NIH Grants	33	23	29	33	• 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 UA wide networking among the trainees • Recruit mid-career and senior researchers to lead training grants • Increase overall NIH funding per tactics described in above tables • Develop metrics for tracking outcomes
# of Trainees and primary faculty as PIs of NIH type training awards	# of Trainees	34	19	37	42	• Enhance recruitment of interdisciplinary physician scientists • Continue to support junior investigators (doctoral candidates / resident/ fellow / postdoc through center-based investigator awards, potentially as source of pilot data acquisition for planned NIH and other major grants • Active ID of candidates by department and graduate-group • Develop mentorship programs for trainees • Encourage submission of individual training grants • Continue to require grantsmanship class for pre-docs • Develop workshop series for grant writing for post-docs and R25 opportunities.

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

Table 4.2

Metric	Measure	FY24 (July 2023 to	FY25 (July 2024 to	FY26 (July 2025 to	FY27 (July 2026 to	Tactics

		June 2024)	June 2025)	June 2026)	June 2027)	
	Delivering high-quality clinical trials to the Tucson community.					
Annual # Patients enrolled in clinical trials	# of patients	2393	2379	2812	2946	

Vision Element 3: *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 4.3

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Developing interdependent, transdisciplinary, collaborative research.					
Annual # of publications (data from PubMed)	# of publications (data from PubMed)	1652	2950	1516	1537	• Leverage department-based seed grants. Promote internal collaborations between COM-T departments and centers through COM-T funding of planning grants. Leverage COM-T Centers to provide multi-disciplinary research opportunities • Enhance relationships with Colleges of Public Health, College of Science, College of Engineering, AZ Center for Drug Discovery through inter-college presentations, colloquia, and joint recruitment • Establish research networks (e.g. campus-wide Musculoskeletal Research Network (MRN) to promote cross-disciplinary collaboration • Develop mentorship teams for each new faculty member by leveraging resources in faculty affairs • Provide joint appointments to neighboring colleges (e.g. College of Science) • Encourage invention disclosure experiences among trainees
# Number of disclosures (IDFs) received from COM-T	# of disclosures	128	67	58	60	• Leverage department-based seed grants. Promote internal collaborations between COM-T departments and centers through COM-T funding of planning grants. Leverage COM-T Centers to provide multi-disciplinary research opportunities • Enhance relationships with Colleges of Public Health, College of Science, College of Engineering, AZ Center for Drug

						Discovery through inter-college presentations, colloquia, and joint recruitment • Establish research networks (e.g. campus-wide Musculoskeletal Research Network (MRN) to promote cross-disciplinary collaboration • Develop mentorship teams for each new faculty member by leveraging resources in faculty affairs • Provide joint appointments to neighboring colleges (e.g. College of Science) • Encourage invention disclosure experiences among trainees
# US Patents Issued	# of Patents	36	30	34	35	• Leverage department-based seed grants. Promote internal collaborations between COM-T departments and centers through COM-T funding of planning grants. Leverage COM-T Centers to provide multi-disciplinary research opportunities • Enhance relationships with Colleges of Public Health, College of Science, College of Engineering, AZ Center for Drug Discovery through inter-college presentations, colloquia, and joint recruitment • Establish research networks (e.g. campus-wide Musculoskeletal Research Network (MRN) to promote cross-disciplinary collaboration • Develop mentorship teams for each new faculty member by leveraging resources in faculty affairs • Provide joint appointments to neighboring colleges (e.g. College of Science) • Encourage invention disclosure experiences among trainees
# of licenses and options	# of licenses and options	34	29	32	33	
# of COM-T faculty with joint paid VA appointments	# Faculty	19	19	18	64	
# of COM-T faculty with VA submissions/awards	# of VA Submissions	79	150	29	26	

Vision Element 4: *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 4.4

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Enhancing basic and translational biomedical research.					
Fiscal year total dollar amount of all sponsored project awards	$ Amount	$134976733.05	$124744691.59	$101041247.77	$96041554	• Increased ID of national peer-reviewed opportunities with increased pay lines • Collaborate with Clinical teams that have increased pay lines • Increase Full Prof network expansion to junior faculty • Provide incentives to retain successful faculty members that are funded • Continued and enhanced administrative support for pre award and post-award • Convene quarterly COM-T faculty meetings to discuss research interests and potential collaborative projects • Build up center members with NIH funding and collaborations • Mentor junior faculty • Increase number of grant submissions and funding rate • Recruit and retain faculty involved in research
Annual (Federal FY) dollar amount of NIH funding (Blue Ridge) credited to your unit	$ Annual Funds	114820439	85360687	108065802.33	112590896.33	
Number of large	# of Grants	57	82	55	53	

grants, (definition > 0.5M annual direct costs/yr)						
3-year MTDC $/net assignable sq ft (NASF) of research space in unit	$- Research Sq Ft	536.72	666.84	646.98	697.76	• Evaluate program needs to improve efficient use and promote contiguous use of space. Assess Co Architects evaluation of 201 for enhanced efficiency • Use vacated space for rapid faculty recruitment or return to COM-T Dean's inventory • Department-based space committee annual walk thru and evaluation of space utilization • Anticipate Banner release space becoming available in later years, plan efficient use • Modernization plan for laboratory space and equipment • Increased efficiency & adjacencies identified between units

B.5. CLINICAL MISSION (PATIENT CARE)

Vision Element 1: *Delivering high quality and timely clinical care to the Tucson community. Note: using PED-GEN, MED-CARD and PSY-OP for dept data values*

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	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Delivering high quality and timely clinical care to the Tucson community. Note: using PED-GEN, MED-CARD and PSY-OP for dept data values.					
(1) Service	% of Pts Offered Spine Education Class	92%	95%			
	After Visit Summary Completion Rate	73	85	80		
	All Cause 30-Day Readmission Rate	6.26	6.07	6.92	6.80	
	Chart completion rate within 24 hours	96.50	97.50			
	Contour completed in 2 business days	65.70%	67.70%			
	Depression Screening Rate	90%	92.70%	90%	90%	
	Medicare Annual Wellness Visit completion rate	25%	30%	45%	55%	
	Observed to Expected Mortality Ratio (Market)	0.83	0.79	0.43	0.43	
	OR Total Block Utilization	79.80%	83.80%			
	Phone communication of clinically relevant amendments from pathologist to ordering provider	94.40%	98.20%			
	Reduce % of unread non-Banner imaging studies	4 days	3.88 days			
	Reduction in PSI12 - DVT/PE	0.21%	0.20%	0.29%	0.26%	

	Response rate to Clinical Documentation Improvement Team requests	95.10	96			
	Sepsis Antibiotic Administration Rate (BUMCT only)	64.30%	67.50%	62.49%	64.36%	
(2) Efficiency	% Left Without Treatment, excluding Elopements (straight average of BUMCT & BUMCS)	6.49%	5.84%			
	Behavioral Health Actual AGMLOS	1.96	1.90			
	Incentive Spirometer Daily Patient Compliance Rate	9.30	50			
	Intraop Glucose Monitoring Rate	79.50%	83.50%	80%	85%	
	New patient visits per attending cFTE	1178	1237			
	OR total block util	108	113.40	80	80	
	Retrospective Peer Review: % Major Disagreements	0	0.25			
	STAT Acute Care Report turnaround time (minutes)	382 minutes	371 minutes			
(3) Quality	Count of completed peer reviews in Power scribe system	806	846			
	Door to Doc (minutes, straight average of BUMCT and BUMCS)	63.77 minutes	57.39 minutes			
	Provider Net Promoter Score		90	86	86.27	
	Rate of variance in intraoperative vs final diagnosis of frozen sections	2.85%	2.81%			

B.6. FINANCIAL MISSION

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	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Developing a dashboard that allows financial accountability towards growing, sustaining and reinvesting into our academic missions.					
Overall Expense Management	Expenses as a % of revenue	94.12%	90.50%	98.22%	97.29%	• Increase grants (e.g., PO1s) that generate full indirect expenses • Move faculty to cover more of their salaries from grants which will reduce expense as well as increase incentive funding revenue. Includes the new academic rate for physician scientists, and ensuring we keep their salary whole when they obtain sponsored awards • Increase online, summer and microcampus revenue • Increase collaborations with industrial partners • Increase discovery science to get patents/startup companies • Partnering with COM Development to establish and grow alumni gift program • CME courses
Sufficient Reserves	Unrestricted fund balance as a % annual expenses	75.10%	62.94%	68.48%	71.01%	• Set a goal (i.e. a budget) to achieve above 50%, managing expenses within the revenue streams we receive/generate • All tactics mentioned above for #1 apply here

State Expenses	State expenses as a % of total expenses	17.36%	10.79%	16.52%	17.01%	• Moving faculty and staff effort to sponsored projects • Encouraging faculty to be more clinically productive, where applicable • Online and microcampus efforts to take pressure off state dollars coming through AIB (Activity Informed Budget – the new university budget model) • Encouraging unproductive faculty to teach courses • Raising philanthropic funds that can also take pressure off state dollars • Engage in funding agreements with other fund types such as mission support agreements and funds flow agreements from Banner, taking the pressure off of state dollars
Teaching Effort	Faculty Teaching FTE as a % of total faculty FTE	12.90%	6.03%	11.16%	11.46%	• 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
Research Expenses	Research expenses as a % of total expenses	34.85%	32.85%	39.56%	40.99%	• Increase grants with emphasis on larger grants (e.g., PO1) • Move more faculty to cover more of their salaries from grants • Increase collaborations (e.g., with VA) to facilitate obtaining additional grants • Increase collaborations with industrial partners • Increase discovery science to get patents/startup companies • Work with clinical departments to submit large clinical trial grants • Provide internal review of proposal drafts to faculty and research teams • Provide administrative and technical application preparation and submission support to faculty and research teams • Appropriately manage and wisely invest the new chairs' startup packages in successful research opportunities and faculty • Recruit mid-level and senior faculty with established and transferable funding

						• Invest in junior faculty members with significant research funding potential • Continue to guide junior faculty in developing research funding trajectories
Research Effort	Faculty FTE funded by research as a % of total faculty FTE	22.50%	16.29%	22.67%	23.72%	• Increase grants with emphasis on larger grants (e.g., PO1) • Move more faculty to cover more of their salaries from grants • Increase collaborations (e.g., with VA) to facilitate obtaining additional grants • Increase collaborations with industrial partners • Increase discovery science to get patents/startup companies • Work with clinical departments to submit large clinical trial grants • Provide internal review of proposal drafts to faculty and research teams • Provide administrative and technical application preparation and submission support to faculty and research teams • Appropriately manage and wisely invest the new chairs' startup packages in successful research opportunities and faculty • Recruit mid-level and senior faculty with established and transferable funding • Invest in junior faculty members with significant research funding potential • Continue to guide junior faculty in developing research funding trajectories

Unfunded Effort	Faculty FTE not funded by clinical, research, teaching, administrative or other activity supported by Department/Center/COM-T	2.27%	8.21%	5.50%	5.88%	• Like the first tactic mention for Metric # 3, the first step here is to understand how faculty are funded and what they do. Most unfunded (subsidized time) is a result of either a) startup time for new faculty, or b) faculty who are simply underproductive. Tactics to improve this metric include: • Have a plan for startup faculty transitioning off commitments and onto sponsored projects or other funding • Set guidelines for established faculty for amount of time to put on grants / clinical / teaching - will vary by department but this will discourage unproductive faculty from "flying under the radar • Tactics mentioned above for teaching and research all apply for methods to be more productive within the College

B.7. DEVELOPMENT MISSION

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 opportunities to engage and further develop alumni/grateful patient/community philanthropic support through consistent messaging.*

Table 7.1

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Increasing opportunities to engage and further develop alumni/grateful patient/community philanthropic support through consistent messaging.					
Copy development completion for development proposals	# of one-pagers	9	45	42	23	

Vision Element 2: *Increasing referral-based opportunities for faculty and development to increase annual support to COM-T.*
Vision Element 1 tactics will address the disproportionally 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 7.2

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Increasing referral-based opportunities for faculty and development to increase annual support to COM-T.					
Annual # of development presentations to faculty, including 1:1 and group.	# of presentations	36	52	52	38	
Percentage of Donors from Referrals	% of potential donors		10.43%	0.44%	0.59%	
# of donors to your unit	# of donors	2452	2014	1828	1406	• Develop and provide monthly reports to academic unit and COM-T-wide that measures number of donors; report to DEC • Hire 1-3 development officers

Total Giving to your unit	$ amount of giving	$13391737.74	$18597013.27	$20556000	$9064000	• Develop and provide quarterly reports by academic unit and COM-T-wide that measures and categorizes annualized gifts • Hire 1-3 development officers

B.8. COMMUNICATION & BRANDING MISSION

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: *Creating a modern and integrated framework for multichannel communications, including internal and external lengths.*

Table 8.1

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Creating a modern and integrated framework for multi-channel communications, including internal and external targets.					
Total # of followers on COM-T social media accounts	Number of followers	95082	174585	90318		
Average 'open rates' for each target audience	Percentage of Faculty	22.20%	24.70%			
	Percentage of Staff	46.90%	47.60%			

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 8.2

Metric	Measure	FY24 (July 2023 to June 2024)	FY25 (July 2024 to June 2025)	FY26 (July 2025 to June 2026)	FY27 (July 2026 to June 2027)	Tactics
	Creating increased awareness and positive perceptions of the COM-T brand (brand equity).					
# COM-T/Banner "Academy" CME presentations	# of Academy supported events (HPB CME on Sept 7, 2024)	2	1			• 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