Strategic Plan (v1.5) Progress Report

THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson

CoM-T CEC 2026 Tabling Event, CoM-T Match Day 2026, Fariba Donovan – Valley Fever Researcher, and CoM-T B.S. EMS Degree Student

BACKGROUND

In 2021, the College of Medicine – Tucson implemented a metric-driven, target-focused tactical plan anchored within a strategic vision across eight mission areas: faculty affairs; community engagement and partnerships; education; research; patient care; financial sustainability; development; and communications. The plan rested on three tenets: creating a culture of alignment of all academic units within COM-T through a common set of mission-area-specific shared strategic visions and metrics; engendering a culture of shared destiny and pride of enterprise through faculty and staff engagement; and fostering a culture of responsibility and accountability for reaching individual and collective set targets.

In 2022, Strategic Plan v1.2 was implemented, consisting of data tables for each mission area. A major improvement was the ability to input data across all mission areas using the newly created Strategic Planning eSubmission and eReporting Dashboard (SPEED). The 3-year rolling plan constitutes an exercise in continuous and longitudinal quality improvement for each academic unit. Adoption of the plan was monitored serially, and progress was measured by comparing year-1 projected targets for each metric to verifiable data, setting the stage for discussions with academic unit leaders across mission areas. Color coding was used for each metric as follows: green – target was met; yellow – target was almost or likely to be met; red – target was not met. Academic unit leaders were told they would not be held accountable for meeting targets, but instead for understanding why targets were not met, so that the exercise would stimulate discussion between unit and mission leaders, and ultimately the dean, regarding potential barriers behind "red" coding. Of note, the education tables applied college-wide, and metrics related to clerkships or residencies were used only for relevant clinical departments.

In 2023, Strategic Plan v1.3 continued to use SPEED and had refined data tables for each mission area, adding a new mission area for branding and communications. Completion of the metrics from each unit continued to improve as a data auto-loading feature was implemented, and familiarity with SPEED grew as it remained a consistent process. Seven areas of improvement were incorporated based on unit and mission-leader feedback, and confidence that SPEED would continue to be used grew as it was refined into a practical and accurate tool. Across all academic units, approximately 72 metrics were collected — most of them unit-specific — for roughly 1,584 total data points across the college's 22 departments. Point-of-contact faculty and staff in each department were identified and provisioned with access to their department's SPEED tables, mission-area data experts were made available to departments, and refresher Zoom sessions and short "how-to" videos were offered whenever data input appeared to lag. While the technical rollout of electronic data input across the mission areas succeeded, full verification of data by unit faculty and staff, and the linking of color-coded results to specific corrective tactics, remained goals for future iterations.

In 2024 and 2025, Strategic Plan v1.3 (FY24) and v1.4 (FY25) reported that 100% of departments participated and over 85% of requested metrics were completed, with metric completion increasing or holding steady across every mission area compared with FY22 and FY23. The research mission showed the most sustained increase, attributable in part to the complexity of its 14 metrics (grants, publications, patents, and inventions) and to continued improvement in auto-loading verified data. The marked improvement factors for the cycle included auto-loading of data from mission leaders, a shift toward verification of the data by the units themselves, and an expanded faculty-name drop-down that complemented the faculty-count metric and made unit-level verification easier. Accurate, actionable point-of-contact lists for faculty and staff again proved critical to engagement, and new departmental leadership was credited as a contributing factor in some units. Adoption and engagement remained a challenge for only a minority of units — about 10% — due to interim leadership and ongoing recruitment. Seven specific improvements were implemented in 2024: (1) goals and results were redefined in clear fiscal-year terms; (2) current-state data was auto-loaded by mission leaders, with YR1–YR4 goals fixed

once submitted; (3) SPEED formally defined its color-coding thresholds (green >50%, yellow 30–50%, red <30%); (4) current faculty names were listed for department-level verification; (5) patient care metrics were reduced from nine to three, focused on service, efficiency, and quality; (6) a department access audit report was created to estimate faculty and staff engagement with the dashboard; and (7) SPEED was featured in an invited national presentation by Dr. Jameshia Granberry at the AAMC Joint Spring Meeting in Boston (April 19, 2024), which drew follow-up interest from four peer colleges of medicine — UC Davis, UCLA, UCSD, and the University of Oklahoma.

Results across mission areas in 2025 reflected this progress. In faculty affairs, less than a fourth of departments (7 of 30) carried at least one red metric — down sharply 10% from the year before — driven largely by the University of Arizona showing signs of recovering from the hiring freeze that affected clinical track promotions and the balance of faculty track in 2023 - 2024. Education metrics, largely dictated by AAMC standards rather than department-specific goals, were mostly met, with ACGME resident scores and GME retention the primary exceptions. Research metrics were met or likely to be met by 77% of departments, though 90% carried at least one red metric — due to changes at the federal level and with NIH funding. Patient care metrics were mostly green or unavailable, with roughly half of clinical departments unable to fully verify data at the time of coding. Finance was comparatively strong, with less than 10% of units coding a red metric, usually due to unfunded effort. Development was the area of greatest concern, with red metrics affecting 32% of all scored metrics and 90% of units flagging at least one metric of significant concern, centered on proposal development. Communications and branding, the newest mission area, trended positively, with most metrics coded green due to the revision of metrics to better represent communication and branding strategy for the college.

PROGRESS REPORT

In 2026, Strategic Plan v1.5 (FY26) built directly on this foundation. Department participation held at 100%, and completion again exceeded 85% of requested metrics, with completion holding steady or improving across mission areas over the four-year history of the tool, as shown in Table 1.

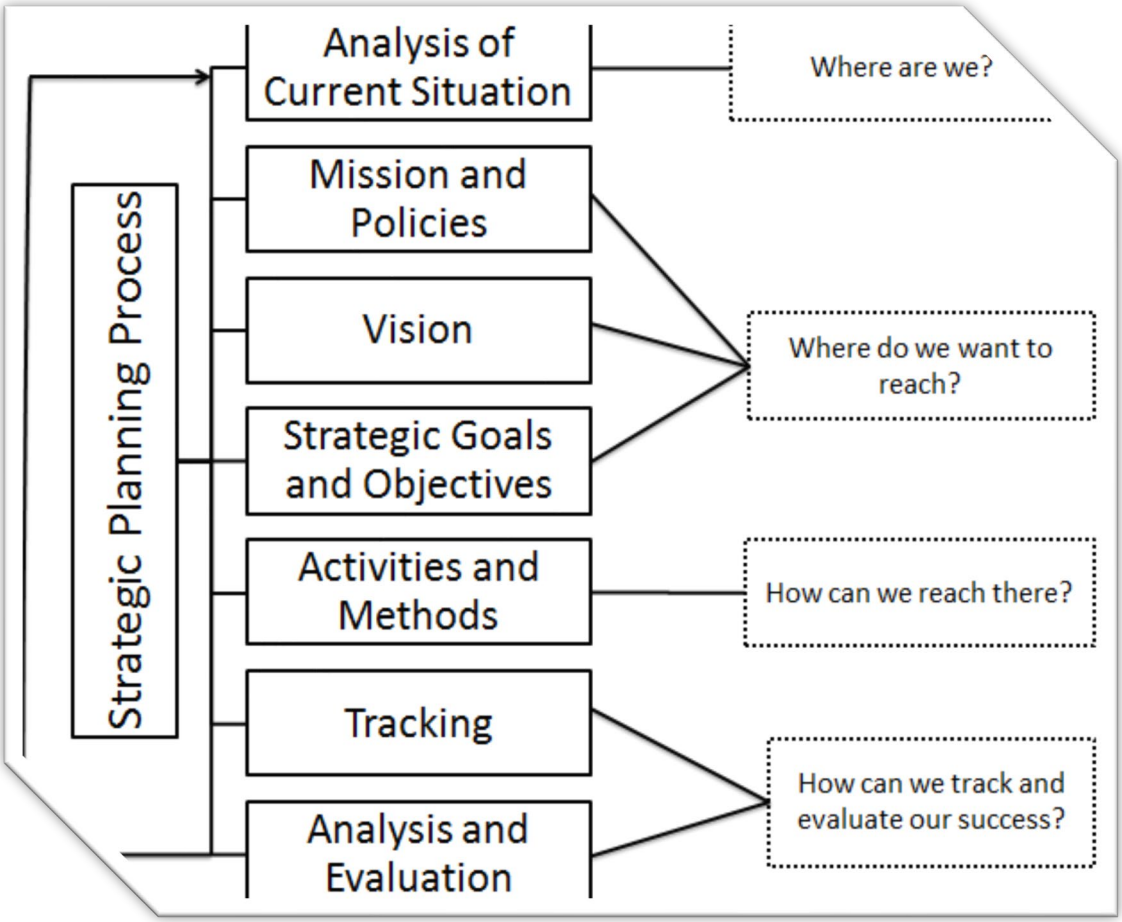
Mission Area	v1.1 (FY22)	v1.2 (FY23)	v1.3 (FY24)	v1.4 (FY25)	v1.5 (FY26)
Faculty Affairs	27% (6/22)	86% (19/22)	95% (21/22)	96% (22/23)	97%
OCEP (formerly DEI)	41% (9/22)	86% (19/22)	95% (21/22)	ND	89%
Education	0% (0/22)	50% (11/22)	100% (22/22)	100% (14/14)	100%
Research	14% (3/22)	68% (15/22)	91% (20/22)	93% (14/15)	94%
Patient Care	55% (12/22)	77% (17/22)	77% (17/22)	100% (3/3)	100%
Finance	100% (22/22)	86% (19/22)	91% (20/22)	86% (6/7)	88%
Development	82% (18/22)	95% (21/22)	82% (18/22)	100% (5/5)	100%
Communications	ND	64% (14/22)	73% (16/22)	75% (4/4)	88%

Table 1. Four-year progressive success of metric completion within mission areas by COM-T units, FY22–FY26. Metrics analyzed reflect the share of units successfully completing up to 100% of the metrics (including YR1 goals, projections, and tactics) by the May 1 deadline. ND = not determined (in FY22, communications was under development; in FY25, OCEP was ND due to changes in federal legislation).

As in the prior cycle, auto-loading of mission-leader data, unit-level verification, and the expanded faculty-name drop-down continued to drive completion, and the color coding continued to flag units for a needed change in goal or tactics. Units increasingly requested unit-specific customization of the tool. Mission and faculty leaders emphasized that ongoing, hands-on engagement in continuously improving SPEED — rather than an “off-the-shelf” subscription product — remains

a key differentiator of the process; notably, the peer institutions that had inquired about SPEED following the 2024 AAMC presentation reported that their own off-the-shelf tools are rarely used by faculty or faculty leaders. Adoption again lagged in roughly 10% of units, chiefly those with interim leadership, and the same seven improvements introduced in 2024 carried forward into the 2026 cycle.

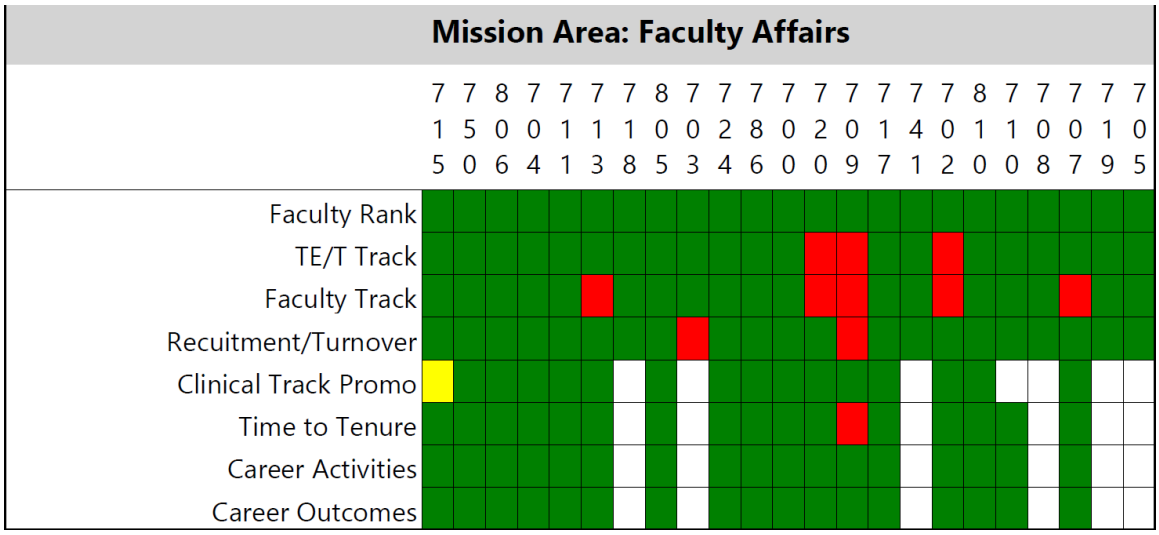
Results in 2026 largely continued the 2025 trends. Faculty affairs metrics were changed from FY25; because less than a fourth of departments (7 of 30) carried at least one red metric — down sharply 10% from the year before — driven largely by the University of Arizona showing signs of recovering from the hiring freeze that affected clinical track promotions and the balance of faculty track in 2023 - 2024. OCEP (the community engagement and partnerships mission area, renamed from DEI) again showed 89% of measures met or likely to be met college-wide, with hosting of OCEP-eligible events. Education metrics remained largely dictated by AAMC standards and were mostly met, again with ACGME resident scores and GME retention as the exceptions. Despite changes in NIH funding, research participation increased, with 94% of departments meeting or likely to meet most targets and large grants again the most common shortfall; only two departments had insufficient data to code more than half their research metrics, again concentrated among units in leadership transition. Patient care metrics were again mostly green or unavailable, with roughly most of clinical departments able to fully verify all data. Finance metrics were up from the previous year, with less than 10% of units coding a red metric, usually due to unfunded effort. Development metrics improved: unmet (red) metrics fell to 26% of all metrics scored (from 32% in FY24), and after the metric set was reduced from 15 to 5 measures, the remaining concern concentrated specifically in the dollar amount of giving rather than proposal development broadly. Communications and branding, after its metric set was reduced from 9 to 3 measures, again trended largely positive.



RESULTS

Included below are the FY26 color-coding results across academic units for each mission area, produced by SPEED using the same definitions applied in prior cycles: green (>50% — target met), yellow (30–50% — target almost or likely to be met), and red (<30% — target not met). Uncoded (white) cells indicate either that data was missing or that the metric did not apply to the unit. As in prior years, non-clinical departments do not report patient care metrics.

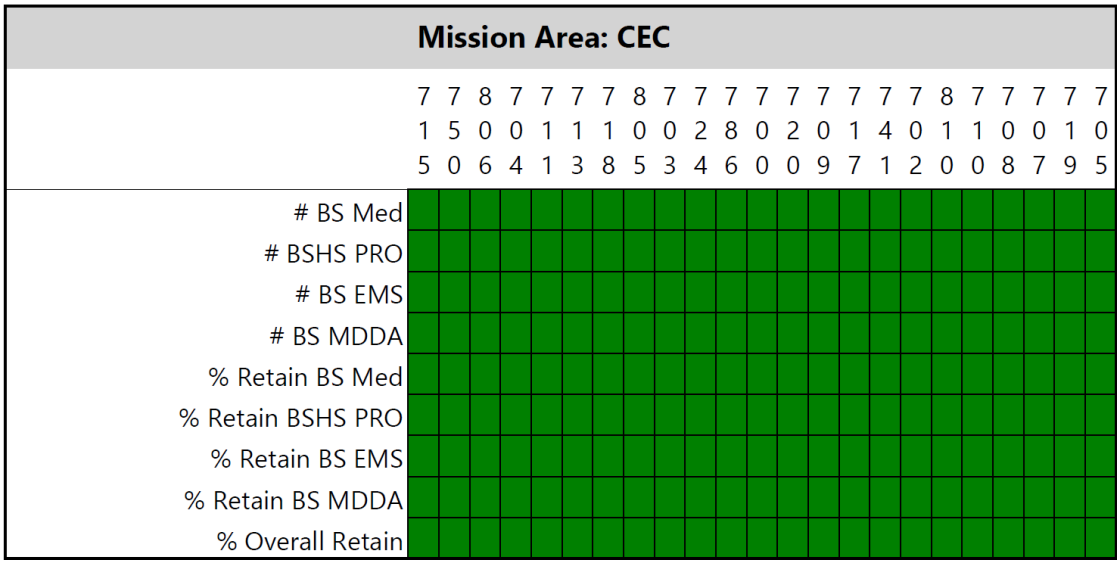
Mission Area: Faculty Affairs



Color coding of Faculty Affairs metrics by each department, FY26.

Faculty Affairs metrics for FY26 followed the pattern established in FY24 and FY25: Faculty Rank was met across every department, while TE/T Track and Faculty Track balance again accounted for most of the red-coded metrics, consistent with the continuing effect of the university hiring freeze on clinical track promotions. A small cluster of departments — generally those with interim or recently filled leadership — had incomplete data in Recruitment/Turnover, Clinical Track Promotion, Time to Tenure, Career Activities, and Career Outcomes.

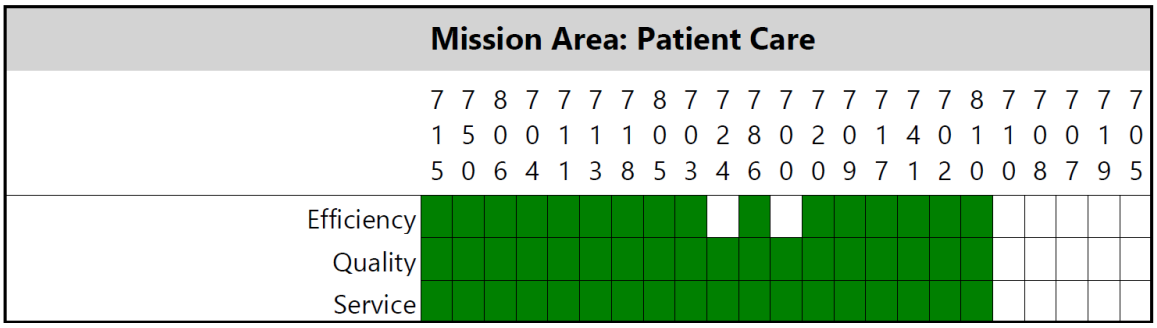
Mission Area: CEC (Comprehensive Education Center)



Color coding of undergraduate degree programs CEC metrics by each department, FY26.

The CEC (Comprehensive Education Center) was created in FY24, and it resources all CoM-T students with an emphasis on undergraduate students. The college's undergraduate pipeline programs — enrollment and retention in the BS in Medicine, BSHS Professional, BS EMS, and BS MDDA programs.

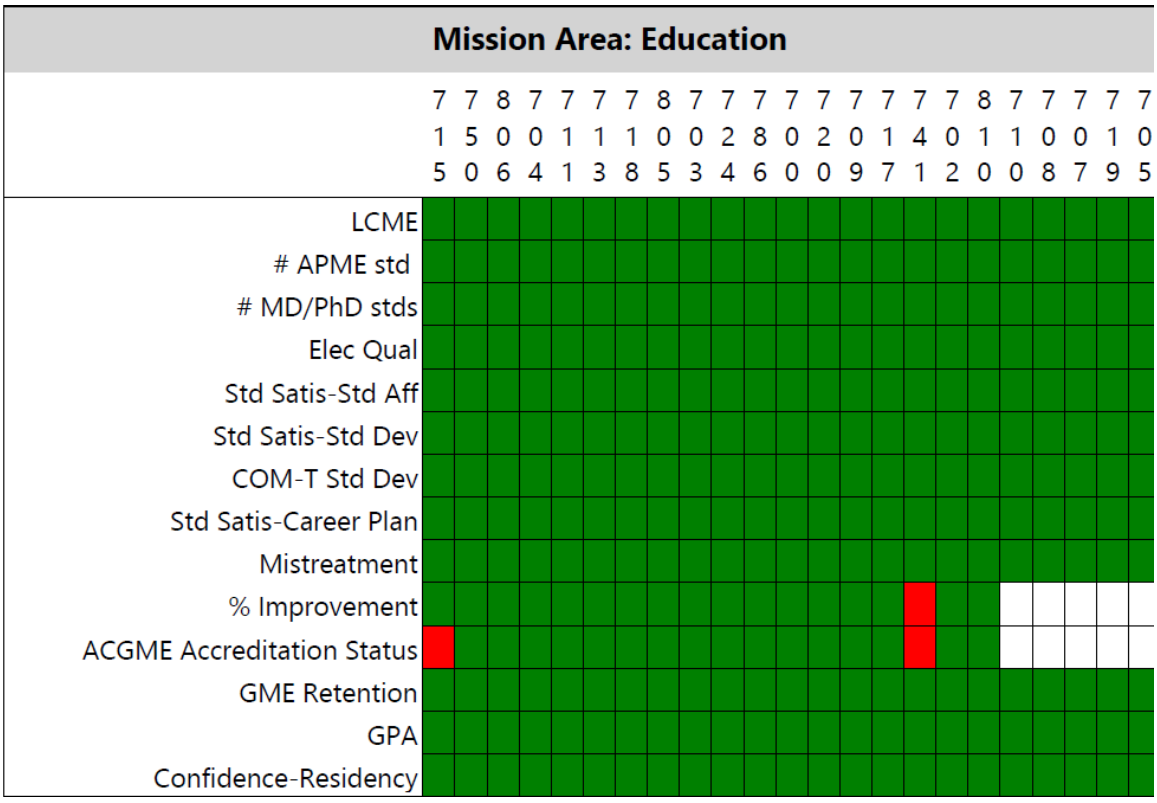
Mission Area: Patient Care



Color coding of Patient Care metrics by each department, FY26.

Patient care metrics remained largely green in FY26. A small number of clinical departments had incomplete (white) data for the Efficiency measure, and, as in prior cycles, non-clinical departments — shown as blank columns at the right of the grid — do not report against this mission area.

Mission Area: Education

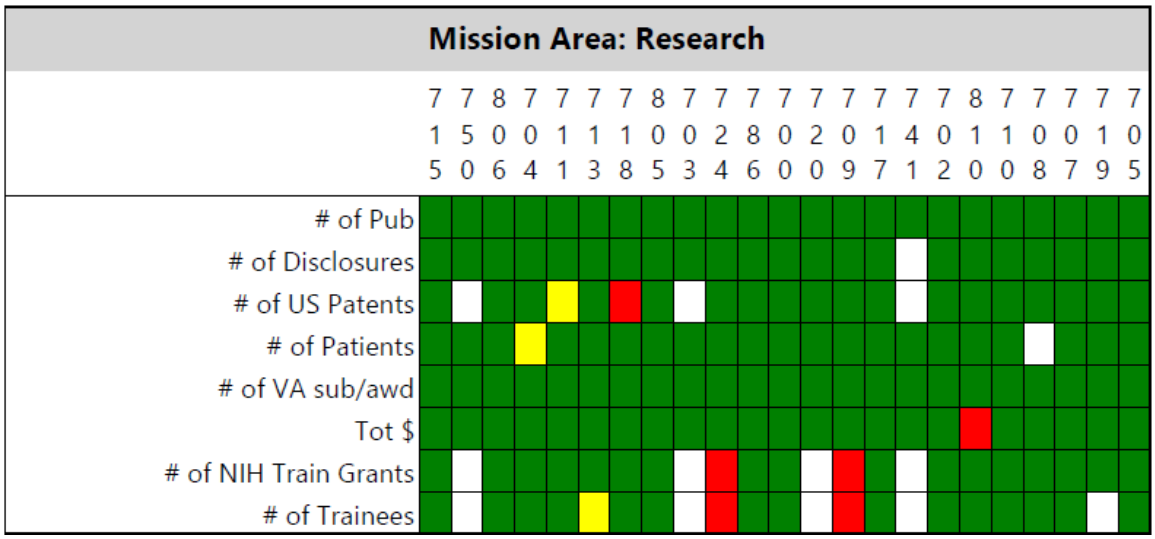


Color coding of medical school Education metrics by each department, FY26.

The Education metric set expanded in FY26 from 9 to 14 measures, adding more granular student-satisfaction and confidence indicators (Elec Qual; Std Satis — Std Affairs, Std Development, COM-T Std Development, and Career Plan; Mistreatment; and Confidence-Residency) alongside the established LCME, APME, MD/PhD, ACGME, GME retention, and

GPA measures. Because most of these measures are dictated by AAMC and LCME standards rather than being department-specific, the large majority were met across all departments. ACGME Accreditation Status remained the primary exception, coded red for two departments, with a handful of departments unable to report data for that measure and for % Improvement.

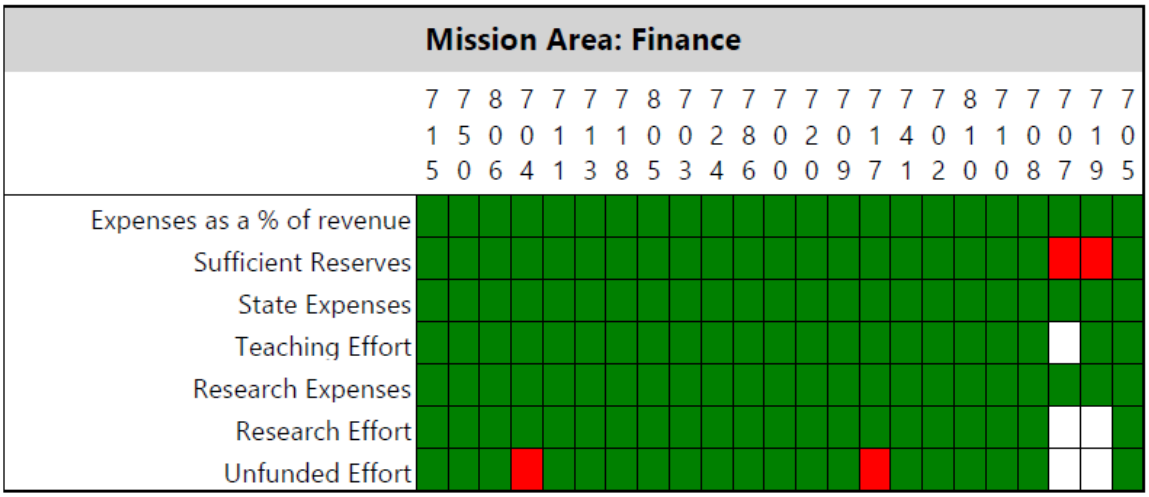
Mission Area: Research



Color coding of Research metrics by each department, FY26.

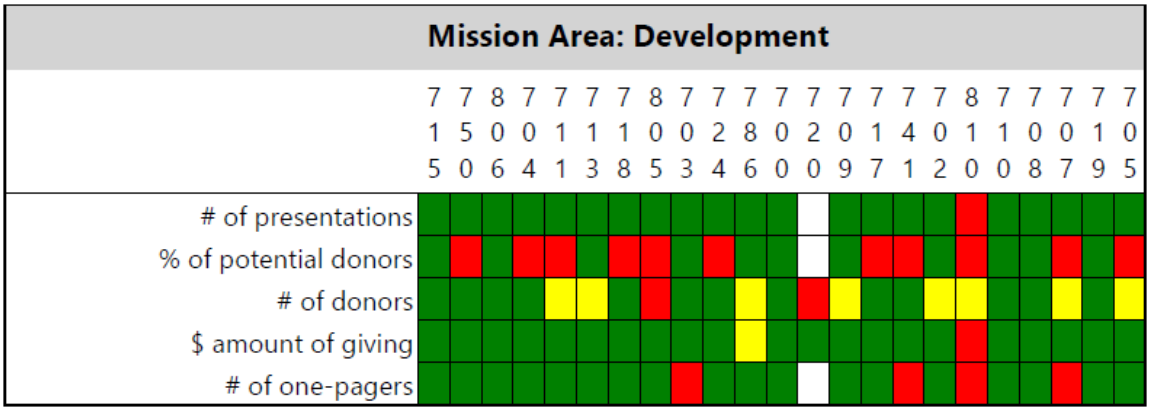
The Research metric set was streamlined in FY26 from 14 measures to 8 (# of Pub, # of Disclosures, # of US Patents, # of Patients, # of VA sub/award, Tot $, # of NIH Train Grants, and # of Trainees). Most metrics across departments were coded green, but—consistent with FY24 and FY25—red and yellow codings continued to cluster in NIH training grants, trainee counts, and patents, with a small number of departments unable to report data, again concentrated among units in leadership transition.

Mission Area: Finance



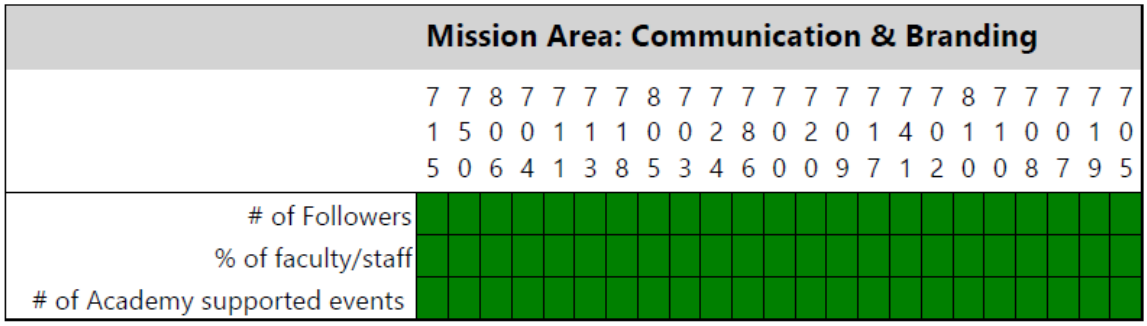
Finance metrics remained one of the strongest-performing areas outside CEC. Isolated red codings appeared in Sufficient Reserves and Unfunded Effort, and a few departments had incomplete data in State Expenses, Teaching Effort, and Research Effort — a pattern consistent with the 23% of units coding a red finance metric in both FY24 and FY25.

Mission Area: Development



Development remained the mission area with the most widespread concern in FY26. Red and yellow codings for % of potential donors, # of donors, $ amount of giving, and # of one-pagers appeared across roughly half of departments, echoing the FY24–FY25 finding that proposal development and the dollar amount of giving remain the areas most in need of additional coaching, training, and materials for departments to communicate their success.

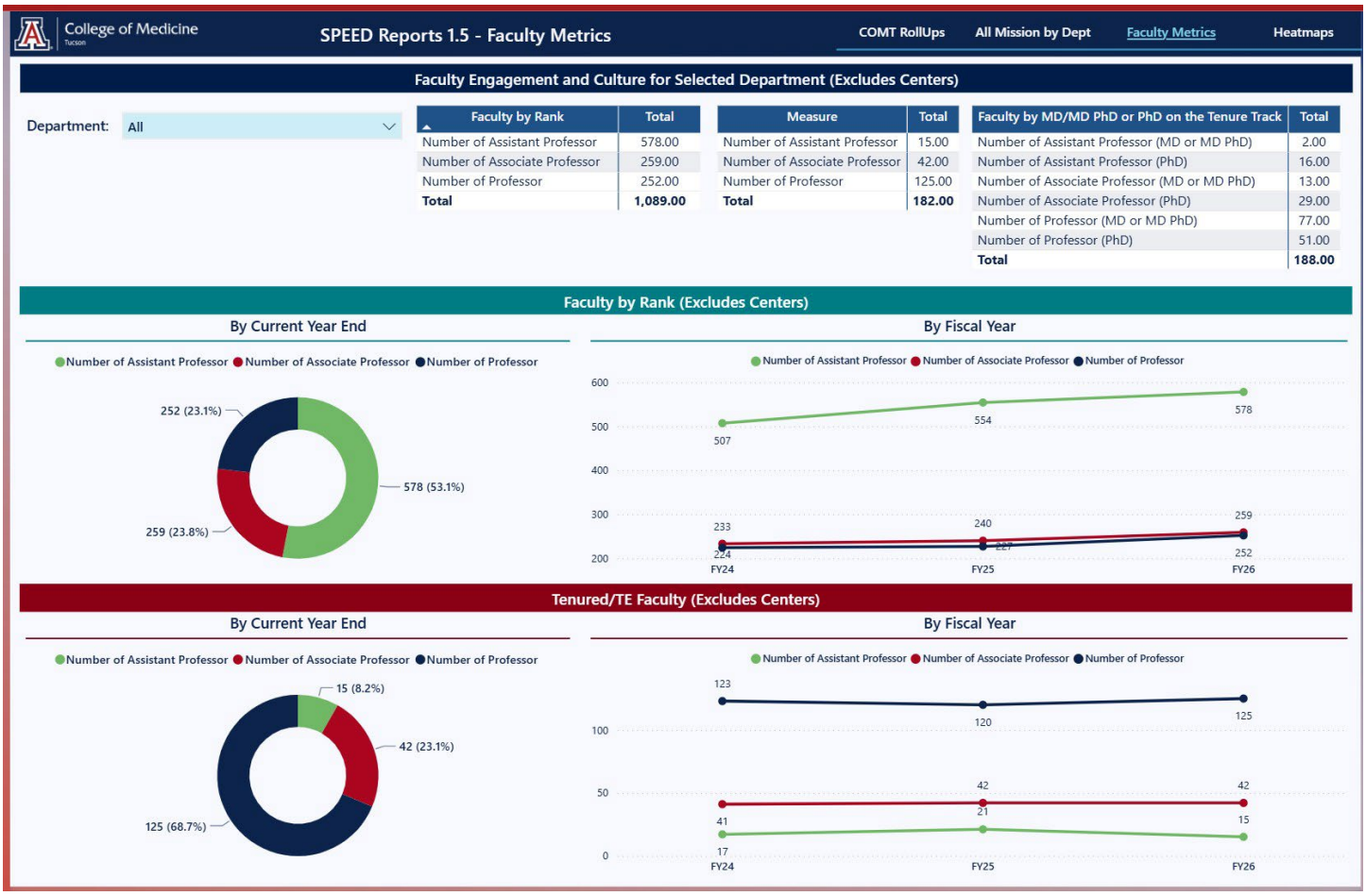
Mission Area: Communication & Branding



Color coding of Branding metrics by each department, FY26.

Communication & Branding metrics (# of Followers, % of faculty/staff, and # of Academy supported events) were coded green for every department, extending the positive trend seen since this mission area was first introduced.

SPEED 1.5 Faculty Metrics Dashboards



SPEED Reports 1.5 – Faculty Metrics dashboard.

SPEED 1.5 introduced new dashboards, for example, the Faculty Metrics dashboard gives mission and unit leaders a real-time, filterable snapshot of faculty composition by rank, tenure status, and degree type, alongside the color-coded results shown above. As of the FY26 year-end, total faculty across ranks stood at 1,089 (578 assistant professors, 259 associate professors, and 252 professors), including 188 faculty on the MD/MD-PhD or PhD tenure track. Three-year, fiscal-year trend lines show the assistant professor rank growing fastest year over year, while the tenured/TE faculty count has remained comparatively stable — giving leadership a second lens, alongside the color-coded Faculty Affairs results, for gauging where retention and promotion tactics such as the pre-retention program and the Clinical Scholar Hub are having the greatest effect.

SPEED 1.5 for Divisions

Several of the college's larger clinical and research departments are organized into divisions, and unit leaders have repeatedly asked for the ability to see — and be evaluated against — division-level detail rather than a single department-wide roll-up. In FY26, SPEED introduced division-level reporting tables that let qualifying departments break out faculty, research, and clinical metrics by division while preserving a department-level roll-up for college-wide comparison. This

extension responds directly to the unit-specific customization requests noted in the FY24 and FY25 progress reports and gives division chiefs the same real-time, color-coded feedback that department chairs have used since v1.2.

Division: Medicine-CARD

Strategic Plan for Clinical Mission - Report (1.5)

Vision:Delivering high quality and timely clinical care to the Tucson community.

Metric	Measure	Current State FY25 (July 2024 to June 2025)	YR1 Goal FY26 (July 2025 to June 2026)	YR1 Results FY26 (July 2025 to June 2026)	YR2 Goal FY27 (July 2026 to June 2027)	YR3 Goal FY28 (July 2027 to June 2028)	YR4 Goal FY29 (July 2028 to June 2029)	Tactics	Comment	C
(1) Efficiency	Response rate to Clinical Documentation Improvement Team requests	95.10%	95.10%	96%						
(2) Quality	New patient visits per attending cFTE	392	404	412						
(3) Service	Provider Net Promoter Score (Division)	N/A	80	90						

PEARL

PEARL was introduced alongside SPEED 1.5 as a companion planning resource, giving unit and division leaders a single place to pair their longitudinal SPEED metrics with the qualitative tactics, comments, and context that inform them. Where SPEED answers "where do we stand against the goal," PEARL is intended to help leaders capture and share "what we are doing about it" — the tactics-level detail referenced throughout this report. Full documentation and training for PEARL will be issued as the tool completes its rollout across departments over the coming year.

PEARL (Planning, Evaluation, Admin Reporting Links): Unit Performance

Department: Anesthesiology

Unit Performance | Chair Review | Dept Link: https://anesth.medicine.arizona.edu/

Strategic Planning Metrics: Anesthesiology,

Mission	Vision	Metric	Measure	Current State FY22	Current State FY23	Current State FY24	Trend by FY
Faculty Affairs Mission	Developing a sustainable and balanced academic faculty.	(4) Annual Faculty Recruitment and Turnover	# of Recruitment	9	12	5	
Faculty Affairs Mission	Developing a sustainable and balanced academic faculty.	(4) Annual Faculty Recruitment and Turnover	# of Turnover	5	0	0	
Faculty Affairs Mission	Creating career growth and leadership pathways for all academic faculty.	(8) Career Development Outcomes	# of Faculty Leaders Developed	8	10	6	
Access, Community, and Belonging (ACB) Mission	Creating a culture of diversity and inclusive excellence.	(5) Monitor Number of Access, Community, and Belonging (ACB)-credit eligible events hosted by your unit	Monitor Number of events	5	6	1	
Access, Community, and Belonging (ACB) Mission	Creating a culture of diversity and inclusive excellence.	(6) Monitor Number of Access, Community, and Belonging (ACB) champion(s) with at least 0.05 FTE equivalent support	Monitor Number of Access, Community, and Belonging (ACB) champions	1	1	1	
Access, Community, and Belonging (ACB) Mission	Train a physician workforce that provides culturally relevant patient care and acknowledges the impact of medical professionals in addressing health c	(8) Monitor Number of hosted Access, Community, and Belonging (ACB) credit eligible events specific to culturally sensitive care.	Monitor Number of events	1	2	1	
Education Mission	Creating highly desirable graduate medical education programs such that our own students seek training in our programs.	(6) % Overall average on the ACGME Resident Survey at or above the national average.	% Program Overall Satisfaction ACGME	88%	65%	70%	
Education Mission	Creating highly desirable graduate medical education programs such that our own students seek training in our programs.	(6) % Overall average on the ACGME Resident Survey at or above the national average.	% Specialty Overall Satisfaction ACGME	88%	88%	85%	
Research Mission	Developing interdependent, transdisciplinary, collaborative research.	(1) Annual # of publications (data from PubMed)	# of publications (data from PubMed)	18	16	13	
Research Mission	Enhancing basic and translational biomedical research.	(8) Fiscal year total dollar amount of all sponsored project awards	$ Amount	$668370	$20000	$605738.65	
Research Mission	Enhancing basic and translational biomedical research.	(12) 3-year MTDC $/net assignable sq ft (NASF) of research space in unit	$-Research Sq Ft	$345	$345	$250.63	
Clinical Mission	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	Extra Shifts per cFTE		2.62		

Created and Managed by Business Intelligence and Data Services Team, College of Medicine-Tucson, Information Technology Services (COMITS). For any issues, please submit a ticket .

SPEED Dashboards for Dept. Chair Annual Reviews and Reauthorization of Centers of Excellence

The success of SPEED has also enabled the CoM-T to standardize the annual review process for clinical and basic science department chairs. Using a templated approach, SPEED now pulls the relevant unit-level data directly into the packets used for the Dean's annual chair review and for the University of Arizona Office of Research and Partnerships (ORP)

reauthorization review of Academic Unit Centers and Institutes (AUCIs) — replacing what had been a largely manual, unit-by-unit compilation process with a single, consistent, SPEED-sourced record.

An example drawn from the Valley Fever Center of Excellence (VFCOE) reauthorization packet, prepared for ORP, illustrates how SPEED-sourced data is now packaged for these reviews.

> ***DRAFT Packet***
>
> As promised, the following information is provided as an executive summary in support of a request to reauthorize the Valley Fever Center of Excellence (VFCOE). Thank you for providing the UA guidance documents on this process managed by ORP. The list of information below is taken primarily from the guidance document.
>
> **Executive Summary:** The University of Arizona Valley Fever Center of Excellence, directed by Dr. John Galgiani, Division of Infectious Diseases, Department of Medicine, College of Medicine – Tucson.
>
> **A. Mission/Vision:** The mission of the VFCE is to mobilize resources for the eradication of Valley fever through public awareness and education; delivery of high-quality care for Valley fever patients; and the pursuit of innovative research. Link: https://vfce.arizona.edu
>
> **B. Current State by the Numbers:** Created in 1996; 14,895 human cases in 2024; 31,382 AZ canine cases; 26 faculty members; 48 total members; 29 publications; $3.5M total VFCOE research funding.
>
> **C. Self Study:** Completed in 2026; see Appendix A.
>
> **D. External Review:** Nationally recognized candidates identified, pending availability of funds.
>
> **E. Future Strategy of Success:** Three areas: primary and secondary prevention, and expansion of BUMC Valley fever specialty clinics. See Appendix A (Self-Study) and Appendix B (FUEL Wonder one-pager).
>
> **F. Desired Period of Reauthorization:** Up to 7 years. Reauthorization of 7 years is requested to accommodate the timeline needed for junior faculty member recruitment and the successful strengthening of the Valley Fever Center of Excellence in alignment with recent CoM-T Department Chair recruits, including Immunology.
>
> **G. Request for Modification (as appropriate):** No modification in the type, mission, or purpose of the VFCOE is requested.
>
> **H. Copy of Annual Review:** Strategic Planning and Electronic Entry Data (SPEED).

The success of the SPEED dashboard provides an opportunity to further customize it in the coming year to support the growth of Centers of Excellence within the College of Medicine.

Current State Trending from Past Years SPEED

Mission Area	v1.1 (FY22)	v1.2 (FY23)	v1.3 (FY24)	v1.4 (FY25)	v1.5 (FY26)
Faculty Affairs	15	8	8	8	8
DEI → OCEP	4	8	8	8	9
Education	20	9	9	9	14
Research	11	14	14	14	8
Patient Care	9	8	3	3	3
Finance	7	7	7	7	7
Development	6	15	15	5	5
Communications	n/a	9	8	3	3

Table 9. The number of mission-area metrics tracked in SPEED, v1.1 through v1.5 (FY22–FY26). The community-engagement mission area has been renamed during this period — from DEI to OCEP in FY26.

Looking at the color-coding trends across all five versions of SPEED, several tactics have recurred consistently enough across academic units to be adopted college-wide. A pre-retention tactic that identifies flight-risk faculty early has produced 67 at-risk faculty retention efforts with an 85% success rate. Increased use of faculty acknowledgment, reward, and celebration — including the Frontier Fridays of Biomedical Research series, the Torchbearer recognition for outstanding women faculty, investiture ceremonies for endowed chairs, and letter campaigns congratulating faculty on

national grant awards — has produced a two-fold increase in the acknowledgment of faculty successes. Junior faculty scholars on the career track have been engaged through a streamlined dossier process, additional career-advancement workshops, and the Clinical Scholar Hub, a mixed-use space that meets the need for flexible, one-day-per-week space with a direct connection to the Banner Hospital and basic science research groups. The Clinical Scholar Hub use for clinicians and basic science faculty to meet has resulted in several extramural research grant awards and new grant submissions. Units have also identified that social clubs improve faculty recruitment and retention, and that student and trainee involvement strengthens outcomes across education, research, and faculty affairs alike. SPEED v1.5 (FY26) continues to be dubbed “the year of the tactics” because it still functions as CoM-T's operational strategic plan: the tactic-level entries collected as placeholders in earlier versions are now being analyzed in earnest to identify and share the common success tactics behind each mission area's strongest results.

SUMMARY

SPEED — the Strategic Planning eSubmission and eReporting Dashboard — is COM-T's centralized platform for strategic planning submission and reporting. Every department and every mission area works from the same standardized set of metrics and the same green/yellow/red color-coding logic, and dashboards update in real time rather than only at year-end, so leaders can ask not just “how did we do last year” but “how are we doing right now, and what does that mean for where we're going.” As described at the April 2026 AAMC Joint Spring Meeting in St. Louis Building Institutional Resilience through Integrated Strategic Planning, SPEED v1 (2021–present) supplies the tactical, department-level operational data foundation, while the college's new v2 Strategic Plan (2026–2030) uses that same trusted data to support an aspirational five-year growth strategy — positioning COM-T as a top-tier biomedical institution, pursuing Tier 1 research status, improving the college's U.S. News & World Report ranking, expanding undergraduate and graduate pipelines, developing clinical destination programs, and strengthening partnerships across the university and clinical system. Data flows forward from v1 to v2, and the loop runs both ways: execution informs strategy, and strategy in turn drives future execution, with Strategic Initiative Proposals (SIPs) serving as the tracked, SPEED-evaluated entry point for new translational and clinical research ideas.