CONSOLIDATED STRATEGIC PLAN

Implementation Date: July 1st, 2021
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>Definitions</td>
<td>11</td>
</tr>
<tr>
<td>Plan Overview</td>
<td>12</td>
</tr>
<tr>
<td><strong>Mission Area Narratives</strong></td>
<td></td>
</tr>
<tr>
<td>1. Education</td>
<td>13</td>
</tr>
<tr>
<td>2. Research</td>
<td>15</td>
</tr>
<tr>
<td>3. Faculty Affairs</td>
<td>16</td>
</tr>
<tr>
<td>4. Diversity, Equity &amp; Inclusion</td>
<td>17</td>
</tr>
<tr>
<td>5. Patient Care</td>
<td>18</td>
</tr>
<tr>
<td>6. Financial Sustainability</td>
<td>19</td>
</tr>
<tr>
<td>7. Development</td>
<td>20</td>
</tr>
<tr>
<td><strong>Appendices</strong></td>
<td></td>
</tr>
<tr>
<td>Appendix A – Academic Units</td>
<td>21</td>
</tr>
<tr>
<td>Appendix B – Tables (metrics, targets, tactics)</td>
<td></td>
</tr>
<tr>
<td>B.1. Education</td>
<td>22</td>
</tr>
<tr>
<td>B.2. Research</td>
<td>28</td>
</tr>
<tr>
<td>B.3. Faculty Affairs</td>
<td>34</td>
</tr>
<tr>
<td>B.4. Diversity, Equity, &amp; Inclusion</td>
<td>37</td>
</tr>
<tr>
<td>B.5. Patient Care</td>
<td>39</td>
</tr>
<tr>
<td>B.6. Financial Sustainability</td>
<td>42</td>
</tr>
<tr>
<td>B.7. Development</td>
<td>44</td>
</tr>
<tr>
<td>Appendix C</td>
<td></td>
</tr>
<tr>
<td>Appendix D</td>
<td></td>
</tr>
</tbody>
</table>

| Appendix B.1. Education                      | 22   |
| Appendix B.2. Research                       | 28   |
| Appendix B.3. Faculty Affairs                | 34   |
| Appendix B.4. Diversity, Equity, & Inclusion | 37   |
| Appendix B.5. Patient Care                   | 39   |
| Appendix B.6. Financial Sustainability       | 42   |
| Appendix B.7. Development                    | 44   |

Appendices Avail. upon request
EXECUTIVE SUMMARY

There have been several strategic planning exercises at the University of Arizona (UArizona) College of Medicine – Tucson (COM-T) over the past decade. However, no single COM-T unifying strategy currently exists that can be used to set a direction and monitor progress across all COM-T mission areas. With this background as an impetus, we set out to construct a metric-driven, target-focused tactical plan anchored within a strategic vision across a set of mission areas. The overriding premise is to create a culture of alignment through a common set of strategic goals and objectives, to foster a sense of shared purpose, shared responsibility and accountability towards a collective destiny, engendering a concerted pride of enterprise.

Mission

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

Premise

To engage COM-T leadership, faculty and staff in developing a tactical framework across academic units and mission areas, anchored in a strategic vision that leverages both institutional assets and community partnerships, to foster 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”

As a result of the organizational re-structure of the administrative functions in the dean’s office in the summer of 2020, there are now seven mission areas, each with an assigned leader and a team. The mission areas include three traditional core missions – ‘the Tripartite mission’ (education, research, patient care), as well as four additional mission areas (faculty affairs, diversity, equity and inclusion (DEI), finance, and development), each critical to the success of the Tripartite mission. Reporting to the COM-T dean are 29 academic units (22 academic departments—17 clinical and five non-clinical—and 7 centers, including 1 institute and 1 statewide program) that support the COM-T mission and are engaged, either directly or indirectly, in each of the mission areas. While these units vary in size and scope, and some of the larger departments are composed of sub-units (divisions), their activities all encompass a common objective: the advancement of health disciplines through innovation. While in the Tucson market the clinical enterprise is governed by Banner Health under its Academic Division (Banner University Medicine – Tucson (BUM-T)), all clinical faculty responsible for patient care, whether UArizona- or Banner-employed, report into one of the 17 clinical departments.
Beginning in December 2020, all leaders of both the seven mission areas and the 29 academic units engaged in a strategic planning initiative that has culminated in the formulation of a 3-year rolling COM-T strategic plan that will be implemented July 1st, 2021.
Anticipated 3-Year Milestones/Outcomes by Mission Area

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

   **Milestones/outcomes:**
   
   • **New admission pathways:** successful first APME class matriculation with low attrition, successful progression of first Bachelor’s degree in Medicine class with >1,000 enrolled students at year three; P-MAP program (continue enrolling matriculating 10 students/yr); HEAP (continue enrolling 10 students/yr and monitor leakiness from APME);
   
   • **LCME:** successful full eight years re-accreditation; GPA/Sc GPA/MCAT 3.73/3.6/510; URiM >30%;
   
   • **GQ scores:** 50-75%ile basic science preparation, satisfaction with education 95% over median, with student affairs >75%ile, development as a person >75% over median, as future physician >75%ile, career advising >75%ile, confident to begin residency >90%, >75%ile, student mistreatment <40%, % reporting on mistreatment >40%; clerkship scores above median, delay in USMLE Step 1 ≤5, Step 1 pass rate >95% (3-year average), Step 2 CK pass rate >95% (3-year average) and >98% above median scores;
   
   • **MD PHD program:** MSTP T32 NIH funding; students under MSTP 3, increase F-awards to 7;
   
   • **GME:** match rate pre-SOAP >95% and exceeding national median; ACGME survey regarding balance above national average, retention COM-T/P 30%.

2. **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, and grant awards by 5%/yr;
   
   • **Increase access to VA funding:** double joint VA appointments (>30) and triple eligibility and merit awards (>5 and >7);
   
   • **Clinical trials:** increase # open clinical trials by >50 (>344); increase # enrolled subjects 10% YOY;
   
   • **NIH funding:** increase NIH funding per ABOR faculty FTE 5-7% YOY; increase #clinical departments with >$5M funding to 6; increase $5 NIH Blueridge to UArizona 5-7% YOY.
Vision - **Faculty Affairs**: “A data-driven plan to recruit, develop, engage, and retain a diverse and forward-thinking faculty that inspires and produces the next generation of academic physicians to support our educational, research and patient care delivery programs in the context of the clinical workforce needs of the state of Arizona and beyond.”

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

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

Milestones/outcomes:
- **Demographics**: Match % URiM (under-represented in medicine) faculty, students, residents and senior administrative staff to state of Arizona demographics and >AAMC; increase URiM faculty to residents by 10%;
- **Patient care**: increase % URiM of Simulated Patients (SP) to match state of Arizona demographics;
- **DEI training and advocacy**: increase % faculty DEI trainings to 100% >3/yr by department plus 1 grand rounds/seminar/colloquium; increase departments with DEI champion or ally to 100%; increase departments with commitment to DEI in mission statement to 100%.

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

Milestones/outcomes:
- **Quality**: UHC/Vizient clinical quality flags .88/.66;
- **Patient access**: % new patients seen within 2 weeks 75%;
- **Physician satisfaction**: physician annual turnover rate 7%; VOICE engagement score 53%;
- **Reputation**: BUM-T Pima County market share 40%; patient satisfaction 90%; VOICE employee likelihood to recommend 67%;
- **Physician productivity**: FPSC 60%ile; salary coverage 100%.
5. **Vision - Financial Sustainability:** “A culture of financial responsibility to ensure sustainability, allowing for growth and re-investment in COM-T’s academic mission.”

Milestones/outcomes:

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

6. **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 60%;
- **Effectiveness:** increase number of donors 30%;
- **Funding:** increase average annualized gift size 30%;
- **Efficiency:** decrease turnaround time to 4 days;
- **Opportunity:** # shelf-ready 1- page proposals (new initiative) – 5% of FTE per department; increase # events 30% (e.g. investitures)

The Planning Process: Planning the Plan

The strategic planning process was initiated in December 2020. The leaders of the seven mission areas were asked to engage all academic units with a focus on their respective mission areas. Their assigned task was to develop a unifying strategic vision for each mission area, consistent with COM-T’s mission statement, comprised of a set of vision elements. Following this exercise, they were further tasked to identify metrics for each vision element. Criteria for each metric for all mission areas:

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.

Following several weekly dean’s suite meetings that included all mission area leaders, *mission-critical vision elements* were 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 were generated for each metric, identifying the data source for each metric. The format for the strategic plan, and the vision elements and metrics were introduced, presented, and socialized to COM-T’s academic unit leaders through our monthly Dean’s Executive Council (DEC) meetings of all academic unit and mission area leaders.
A set of tables were used as templates to explain the concepts of ‘current state’ and ‘future state’ (1, 2, and 3 years), of current state data and future state targets, and of proposed tactics to achieve each target. It was emphasized that while holding each academic unit accountable, accountability would not relate directly to achieving the targets, but instead, to understanding the reasons targets were not met, in an effort to unmask and address potential barriers.

In addition, each of the seven mission area leaders met with all academic unit leaders and their administrator(s) to review and validate the mission-critical metrics and the underlying vision elements. Academic unit leaders were encouraged to engage their faculty, especially more junior faculty, as well as administrative staff, according to their area(s) of interest. The dean held a series of three individual meetings with each unit leader and their administrator(s) to further explain the concept, answer unit-specific questions, obtain feedback, and ensure that faculty were engaged. In parallel, three subsequent DEC meetings were dedicated to the strategic planning process to address questions and to assess and monitor progress. Academic unit administrators were invited to one of the DEC meetings to make sure they were equally engaged and to answer their questions. A final DEC meeting was held at the end of May 2021 (assigned deadline for submission).

Each clinical department was asked to submit a total of seven tables and narratives – current state metrics, future-state targets, and tactics (education, research, faculty affairs, DEI, patient care, financial sustainability, and development). Non-clinical (basic science) departments were asked to submit six tables 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 table and narrative as a minimum, as well as any other relevant mission area table(s) and narrative(s). Current-state data sources were specified for each metric. A brief narrative, consisting of a legend or explanation, was requested for each table. In addition, all academic units were asked to submit a short narrative consisting of an executive summary of their submission. For units with sub-units, the academic unit leader was asked to roll up the sub-unit tables and narratives into a single, unit-specific set of tables and narratives.

The seven COM-T mission area leaders were each asked to review and roll up into a single set of tables and narratives the tables and narratives from all academic units to reflect common themes and unit-specific highlights for their particular mission area. Where relevant, they were asked to create more granular sub-tables and narratives for the three different types of academic units (i.e., clinical vs. basic science departments, and centers). The dean, in turn, reviewed and aggregated the mission-area tables and
Implementing the Plan

Implementation of the plan will begin July 1\textsuperscript{st}, 2021. 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 tables and narratives to inform these and to help execute the plan.

At the six-month mark (January 2022), each academic unit leader will meet with the dean to monitor progress towards year 1 targets, and each metric will be ‘stop-light’ color-coded by the academic unit leader (green – on track and no need to discuss; red – not on track and need to discuss; amber – not on track, but close, and possible need to discuss will be left to the discretion of the unit leader).

At the 1-year mark, each unit leader will be asked to account for the 1-year targets, again using color coding, and at that time, a revised set of 2-year targets and tactics, and a new set of 3-year targets and tactics will be developed. This approach will be repeated every six months on a rolling basis, refreshing annual targets and tactics as appropriate, informing a dialogue between the dean and each academic unit leader, and more importantly, between each unit leader and faculty members in their respective units. Mission area leaders will assess level of engagement by faculty every six months during their meetings with academic units using a standardized scoring system (1-outstanding, 2-excellent, 3-good, 4-fair, 5-poor). In addition, surveys will be developed and sent to faculty in July 2022 and annually for feedback on process, progress, and self-assessment of engagement.

No specific funding is allocated or appropriated to this plan. Instead, inherent to the plan is the notion that existing funding sources will be leveraged as tactics are developed. Also, there is an implicit assumption that the plan will serve to assess existing priorities and investments, causing each unit to reexamine—and potentially repurpose—existing assets, as well as to pursue new avenues to support specific future-state narratives into a consolidated COM-T ‘strategic plan’ (this document) that were presented to the senior vice president (SVP), UArizona Health Sciences (UAHS), and to the Dean’s Advisory Board prior to implementation. It was also presented at the DEC meeting and has been made available to all members of the COM-T academic units.
targets and tactics within the plan. It is expected that this exercise will help inform discussions between academic unit leaders and faculty members, and between the dean’s office and unit leaders, on an ongoing basis moving forward, as areas for investment are identified. It is also expected that faculty engagement will increase substantially as a result of the strategic plan implementation and monitoring, building on that observed during the planning process.

**Phase 1: A Directional Tactical Plan – I**

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

‘Mission-driven’: The COM-T mission statement is ‘advancing health and wellness of our community and beyond, while embracing diversity, in the pursuit of excellence through innovation in our tripartite mission: education, research, and patient care’. Our 7 mission areas include the Tripartite mission (Education, Research, Patient Care) and an additional 4 mission areas (Faculty Affairs, Diversity, Equity and Inclusion (DEI), Financial Sustainability, and Development) essential to support the Tripartite mission.

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

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

**Tracking and Monitoring the Plan**

‘Target-focused’: Unit-specific targets for years 1, 2, and 3 (FY22-25) 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, etc.).

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

‘Consolidated’: while there are significant differences between academic units, a set of unifying vision elements and metrics were selected for each mission area, designed to align the directionality of the plan.
‘Strategic plan’: the premise of the plan is to execute on unit-specific tactics, designed to achieve unit-specific targets, aligned by a strategic vision that fulfills COM-T’s mission statement.

Tracking and Monitoring the Plan

There will be a rolling 3-year plan with bi-annual checks. Mission Area leaders will meet with Academic Units in January 22 to go over Unit’s data to stop-light color code. The Dean will subsequently meet with Unit leaders to go over ‘red’ or ‘amber’ targets; possible resetting of targets and/or tactics. Mission Area leaders will meet with Academic Units in May-June 22 to go over Unit’s data, and to set targets for FY25 informed by progress in first year (rolling 3-year plan). New metrics may be added. Targets and tactics will be revisited and stop-light color coded. The Dean will prepare an Annual Progress Report.

Mission Area leaders will assess level of engagement by faculty every 6 months during their meetings as 1-outstanding, 2-excellent, 3-good, 4-fair, 5-poor.

Surveys will be sent to faculty July 2022 for feedback on process, progress, and self-assessment of engagement.
STRATEGIC PLAN

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

Definitions

- **Unit-specific**: While ‘the plan’ constitutes a college-wide strategic planning initiative, COM-T is comprised of 29 academic units that include three different unit types: Clinical Departments, Basic Science (non-clinical) Departments, and Centers (Appendix A). Therefore, a general plan construct was initially presented to all academic unit leaders, then de-convoluted to allow each unit to formulate its own specific plan, and subsequently reconstituted into a consolidated COM-T plan informed by unit-specific vision elements, metrics, targets, and tactics.

- **Mission-driven**: The COM-T mission statement is ‘advancing health and wellness of our community and beyond, while embracing diversity, in the pursuit of excellence through innovation in our tripartite mission: education, research, and patient care’. Our 7 mission areas include the Tripartite mission (Education, Research, Patient Care) and an additional 4 mission areas (Faculty Affairs, Diversity, Equity and Inclusion (DEI), Financial Sustainability, and Development) essential to support the Tripartite mission.

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

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

- **Target-focused**: Unit-specific targets for years 1, 2, and 3 (FY22-25) 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, etc.).

- **Tactical**: Each target requires a set of proposed tactics needed to achieve the target. Tactics may include leveraging available unit resources (resetting priorities and/or repurposing assets), or alternatively seeking and obtaining additional resources from within COM-T, UA/UAHS strategic plan, extramural grants, development funds, etc. towards programmatic initiatives.

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

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

Plan Overview
For the purpose of strategic planning, we defined COM-T’s mission areas into seven categories that included the Tripartite mission (education, research, and patient care) as well as four other mission areas (faculty affairs, diversity, equity and inclusion, financial sustainability, and development) 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 tables to monitor progress. However, in order to message the essence of the plan, we submitted all tables and narratives, by mission area, into a consolidated overarching plan, inclusive of the three different types of academic units (clinical departments, basic science (non-clinical) departments, and centers) that constitute COM-T. This consolidated plan captures common strategic tactics defined by a common set of vision elements for each mission area across all academic units (Appendix B).

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

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

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

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

**COM-T Project Leader:**

All Missions: Dr. Judy DiMarco, Executive Director, Strategy, and Chief of Staff

**COM-T Mission Area Leaders:**

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

Research: Dr. Anne Cress, Senior Associate Dean, Research & Graduate Studies

Dr. Jason Wertheim, Vice-Dean, Research & Graduate Studies

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

Dr. Anne Cress, Senior Associate Dean, Faculty Affairs

Diversity, Equity, & Inclusion: Dr. Victoria Murrain, Vice-Dean Diversity, Equity, & Inclusion

Patient Care: Ms. Christina Gray, Deputy Dean, Finance and Business Affairs

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

Development: Ms. LaToya Singletary, Senior Development Officer
1. **EDUCATION**

COM-T’s Education mission and portfolio encompass undergraduate baccalaureate courses and majors, medical student education as well as graduate medical education (residents and fellows). Thus, COM-T’s overriding strategic vision for this mission area is to develop and support “a modern and integrated curriculum plan that prioritizes the intellectual, professional, and personal development of a diverse group of students and trainees, preparing them as health providers, scientists, and educators, and as future leaders in academic medicine in the context of the related workforce needs of the state of Arizona and beyond.” Recognizing that clinical departments, basic science departments and centers contribute in different ways to the success of the COM-T’s education mission, we focused on four vision elements, and corresponding metrics were selected to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T’s education vision elements, metrics, and forward direction. Details regarding overall 3-year targets and associated tactics are shown in more detail in **Appendix B – section B.1.**

**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.

- **Table 1.1 metrics and direction (3-year targets):**
  - student ratings of basic science preparedness (50-75\%ile); # students with LCME step 1 delay (\leq 5) and pass rates (>95%); step 2 CK pass rates and scores (>95%, with >98% above median scores); student ratings of clerkship (all at 50\%ile or above), residency match rates (match or exceed national average pre-SOAP \geq 94\%, **refine tracking and objectives**); Student overall satisfaction with education (95\% over median); LCME accreditation status (full 8 years); APME (successful first APME matriculation with attrition \leq 1); Bachelors in Medicine (enroll \geq 1,000 students); P-MAP program (**continue enrolling matriculating 10 students/yr**); HEAP (**continue enrolling 10 students/yr and monitor leakiness from APME**); MD PhD program (**obtain and increase MSTP T32 NIH funding through \geq 7 F-awards**).

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

- **Table 1.2 metrics and direction (3-year targets):**
  - Student satisfaction with - student affairs (>75\%ile, >85\% satisfied); development as a person (75\%ile, >85\% satisfied); development as a future physician (75\%ile, >85\% satisfied); career advice (75\%ile, >85\% satisfied); mistreatment (<40\%; reporting mistreatment (>40\%); ACGME balance between education and patient care (**score >4.2**); F-awards (NIH) for MD PhD students (7).
Vision element 3: Creating highly desirable graduate medical education (GME) programs such that our own students seek training in our programs.

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

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

- **Table 1.4** metrics and direction (3-year targets): Admission scores - accepted vs. matriculated (total GPA, science GPA, MCAT: 3.73/3.6/510); Under-Represented in Medicine – URiM (≥30%); confidence to begin a residency program - GQ score: (≥90%, >75%ile).

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

COM-T’s Research mission and portfolio encompass the spectrum of basic science, translational, clinical, and other (i.e., health services and outcomes research). Thus, COM-T’s overriding strategic vision for this mission area is to develop and support “an innovative and highly collaborative inter-dependent, transdisciplinary, inter-institution plan across the spectrum of biomedical research that coalesces graduate student and physician-scientist training into an inclusive and diverse community equipped with cutting-edge training and the ability to interconnect knowledge across medical and scientific disciplines.” Recognizing that clinical departments, basic science departments and centers contribute in different ways to the success of the COM-T’s research mission, and that funding for research can be institutional (intra-mural), or extra-mural from federal or other agencies, we focused on four vision elements, and corresponding metrics were selected to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T’s research vision elements, metrics, and forward direction. Details regarding overall 3-year targets and associated tactics are shown in more detail in Appendix B – section B.2.

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

- **Table 2.1 metrics and direction (3-year targets):** # collaborative grant (increase U,P,T, other MPI grants) submissions (10%) and awards (5%); # COM-T/VA joint appointments (≥30); # of VA merit submissions (≥5) and awards (≥7)

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

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

**Vision element 3: Enhancing basic and translational biomedical research.**

- **Table 2.3 metrics and direction (3-year targets):** NIH $$ funding per FTE (increase by 5-7%/yr); # of clinical departments with >$5M funding (increase by 1/yr); Blue Ridge $$ attributable to UArizona (increase by 5-7%/yr); # collaborative grants – e.g. U, P, MPI (net increase by 1-2/yr); square footage of wet space – usable (increase)

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

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

COM-T’s Faculty Affairs mission encompasses strategic initiatives related to faculty that are essential for continued growth through excellence and innovation. Creative and forward-thinking faculty members drive the enterprise and ensure the future of outstanding and evolving approaches to the Tripartite mission. The two biggest challenges to the fundamental stability of the faculty are to remain competitive in the retention and recruitment of the best and brightest. A firm commitment to diversity, equity, and inclusion is a central and key success factor. Thus, COM-T’s overriding strategic vision for this mission area is to develop and support “a data-driven plan to recruit, develop, engage, and retain a diverse and forward-thinking faculty that inspires and produces the next generation of academic physicians to support our educational, research and patient care delivery programs in the context of the clinical workforce needs of the state of Arizona and beyond.” Achieving this objective is essential and requires a deep understanding of the complexities of changing needs of the faculty. Recognizing that clinical departments, basic science departments, and centers contribute in different ways to the success of COM-T’s faculty and vice-versa, we focused on a single and comprehensive vision element, and a large number of corresponding metrics were selected to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T’s faculty affairs vision elements, metrics, and forward direction. Details regarding overall 3-year targets and associated tactics are shown in more detail in **Appendix B – section B.3.**

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

- **Table 3.1 metrics and direction (3-year targets):** faculty by rank (Assist/Assoc/Full Professor 50%/25%/25%); for MD, PhD, or MD/PhD (25%/25%/50%); for T/TE track (25%/25%/50%); for NTE (balance according to need); URiM faculty (match state demographics); time to tenure (9 years for MD); career track promotions (mirror T/TE); faculty recruitment and retention (recruitment:turnover 1:1, attrition <8%/yr)); faculty recognition and awards (increase); faculty impact scores (H-index ≥50 for T/TE); faculty career development (optimize and measure).
4. DIVERSITY, EQUITY & INCLUSION

A firm commitment to Diversity, Equity & Inclusion (DEI) is a key success factor, and is central and essential to achieving all elements of COM-T’s mission statement. COM-T seeks to create an environment and culture across COM-T’s academic and administrative units of Inclusive Excellence where all students, residents/fellows, faculty, and staff will not only succeed, but thrive. As America continues to diversify as a nation, we recognize the importance of investing in building the pipeline, recruiting, and retaining a diverse group of students, residents/fellows, and faculty, and as a state institution, COM-T’s mission is to reflect the demographics of the state of Arizona in the physician population that it trains. Ultimately, the goal of DEI at COM-T is to ensure that we provide education and training of physicians in a culturally sensitive, culturally competent, and culturally congruent environment that prepares all learners to provide culturally relevant care, acknowledges the impact of medical professionals in addressing health care disparities, and accepts the challenge of becoming advocates and allies to Under-represented in Medicine (URiM) learners. Thus, COM-T’s overriding strategic vision for this mission area is to develop and support “a tactical plan through which inclusive excellence and diversity create a foundation for mission and community-responsive action, and a culture of accountability across all academic mission areas in the context of the state of Arizona and beyond.” Recognizing that DEI crosses all academic units equally, we focused on two vision elements, and corresponding metrics were selected to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T’s DEI’s vision elements, metrics, and forward direction. Details regarding overall 3-year targets and associated tactics are shown in more detail in Appendix B – section B.4.

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

- Table 4.1 metrics and direction (3-year targets): % (URiM, women, Hispanic/Latinx, NA/AI, AA) among faculty, senior administrative staff, GME, medical students, graduate students, standardized patients (match state of Arizona demographics and/or where applicable, exceed AAMC benchmarks)

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

- Table 4.2 metrics and direction (3-year targets): DEI trainings by academic unit – department (≥3 trainings plus 1 grand rounds/seminar/colloquium) by 100% of departments); DEI advocacy (at least 1 DEI champion or ally in 100% of departments); mission statement reflects commitment to DEI (100% of departments and centers).
5. **PATIENT CARE**

COM-T’s Clinical mission is to ensure that its clinical faculty provide excellent patient care while teaching and training future generations of physicians. As part of its Tripartite mission, the patient care delivered must be anchored in innovation and discovery through a robust research enterprise. COM-T’s clinical partner is Banner Health, and therefore excellence in both patient care and the clinical teaching environment provided by both Banner - University Medical Group and Banner - University Medical Center Tucson require a strong commitment by both COM-T’s clinical departments and Banner Health through its academic division. Therefore, it is important that strategic initiatives related to the clinical mission are focused on providing high-quality patient care through excellent clinical service. Thus, COM-T’s overriding strategic vision for this mission area is to develop and support “a culture of accountability that ensures physician engagement and satisfaction, the delivery of high quality and timely care as the provider of choice to the Tucson community, and a sustainable financial performance to help support the viability of a robust academic mission.” In partnership with our clinical partner (Banner University Medical Center - Tucson), we focused on **four vision elements, and corresponding metrics were selected, to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics (currently measured by our clinical partner) and direction represent a consolidated account of COM-T’s patient care vision elements, metrics, and forward direction. Details regarding overall 3-year targets and associated tactics are shown in more detail in Appendix B – section B.5.**

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

- **Table 5.1 metrics and direction (3-year targets):** UHC/Vizient clinical quality flags: total inpatient obs/exp ratio (.88/.66); % new patients seen within 2 weeks (75%).

**Vision element 2:** **Physician engagement and satisfaction.**

- **Table 5.2 metrics and direction (3-year targets):** faculty turnover rate (<7%); VOICE engagement scores (≥53%)

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

- **Table 5.3 metrics and direction (3-year targets):** BUM-T market share for Pima County (≥40%); patient satisfaction (≥90%); likelihood to recommend (≥67%)

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

- **Table 5.4 metrics and direction (3-year targets):** FPSC %ile (6); salary coverage for cFTE (100%)
6. **FINANCIAL SUSTAINABILITY**

COM-T views its financial sustainability as essential to its success moving forward, and therefore as one of its mission areas. In the absence of direct clinical revenues, COM-T depends heavily on academic revenues and on fiscal discipline to realize its plans for academic growth. Each year, all academic units (departments and centers) participate in an ‘all-funds-budget meeting’ (UAirizona/COM-T) designed to create a budget for the upcoming year. To date, there had been no mechanism or directive to plan for future budgets. Therefore, we took the opportunity of this strategic plan to ask our academic units to identify metrics (extracted from the all-funds-budget process) from the FY22 budget as ‘current state’ and to use these as a base for creating ‘future-state’ targets and tactics towards a strategic vision of financial sustainability over time. COM-T’s overriding strategic vision is to develop and support “a culture of financial responsibility to ensure sustainability, allowing for growth and reinvestment in COM-T’s academic mission.” To achieve this financial vision as part of the overall strategic plan, we focused on a single vision element and selected metrics currently 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, to plan for, and to monitor, directional progress for each academic unit, with validating input from each of the units. The following metrics and direction represent a consolidated account of COM-T’s financial sustainability vision element, metrics, and forward direction. Details regarding overall 3-year targets and associated tactics are shown in more detail in [Appendix B – section B.6.](#)

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

**Table 6.1 metrics and direction (3-year 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%); research expenses (45%); research effort (36%); %unfunded effort (10%).
7. DEVELOPMENT

‘Strategic philanthropy’ complements other sources of funding and constitutes an essential and critical element in COM-T’s ability to develop innovative academic initiatives. A robust and thriving development strategy has the potential to enhance all aspects of COM-T’s mission. A culture of philanthropy in and across COM-T departments and centers is therefore needed to help achieve COM-T’s strategic vision related to growth across COM-T’s Tripartite mission. Our overriding strategic vision for this mission area is to develop and support “a culture of seeking and tracking philanthropic opportunities and responsiveness to optimize philanthropic support for COM-T’s Tripartite mission.” Thus, we focused on three vision elements and corresponding selected metrics that provide the opportunity to establish a measurable partnership between COM-T’s academic units and its Office of Development. The defined targets and tactics will allow us to engage our development officers (DO), the academic unit leaders and their faculty in an effort to build and sustain bilateral engagement and accountability (Appendix B – section B.7).

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

- **Table 7.1 metrics and direction (3-year targets)**: number of referrals (60% increase); number of donors (30%); average annualized gift size (30%)

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

- **Table 7.2 metrics and direction (3-year targets)**: number of events targeting potential donors (30%)

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

- **Table 7.3 metrics and directions**: # days between referral and contact by DO (< 4 days); # of ‘shelf-ready’ 1-page proposals related to grant applications (increase by 50% YOY).
Appendix A. Academic Units

Clinical Departments
- Anesthesiology
- Medicine
- Orthopaedic Surgery
- Psychiatry
- Urology
- Medical Imaging
- Neurosurgery
- Otolaryngology
- Surgery
- Family & Community Medicine
- Obstetrics & Gynecology
- Pathology
- Radiation Oncology
- Emergency Medicine
- Arizona Emergency Medicine Research Center
- Cellular & Molecular Medicine
- Chemistry & Biochemistry
- Immunobiology
- Pharmacology
- Physiology
- Arizona Telemedicine Program
- The UA Sarver Heart Center
- Center on Aging
- Arizona Center for Excellence
- The UA Arthritis Center
- The UA Thomas D. Boyer Liver Institute
- Andrew Weil Center for Integrative Medicine
- The UA Steele Children’s Research Center

Basic Science Departments

COM-T Dean

Centers
APPENDIX B - Consolidated plan for all academic units by mission area

B.1. EDUCATION

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

This vision element and corresponding metrics were selected to highlight areas that the COM-T believes are essential to effectively recruit and train the best medical students from Arizona and across the country. This element includes medical student satisfaction of basic science coursework, clerkship, and electives; success on the USMLE certifying examinations; and success in the residency Match. Table 1.1 shows the aggregated plan across academic unit types for this vision element. Clearly, COM-T is concerned with the overall Match rate for each class, and therefore each clinical department will be asked to look at the match rate of our students into their particular specialty. Finally, all academic units are responsible for students’ overall satisfaction with their training at the COM-T and our full accreditation from the Liaison Committee on Medical Education (LCME). However, each academic unit’s involvement with vision element 1 will vary, based on the function and scope of each particular 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 1.1

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Student ratings of basic science preparation for clinical clerkships (GQ) | Most disciplines 25 – 50<sup>th</sup> percentile (range 10 – 75<sup>th</sup> percentile) | Y1: current (3-year lag)  
Y2: all at 25<sup>th</sup> %ile or above  
Y3: all at 50<sup>th</sup> %ile or above | • Responsible block directors, faculty, department and Curricular Affairs (CA) will examine all relevant data to understand what specific factors need improvement  
• Student focus groups will be held as needed  
• Increased interactive, case-based instruction, reduction in standard passive lectures  
• Discuss basic science and preclerkship curriculum with clerkship directors to facilitate integration of concepts and preparation for clerkships |
| Student ratings of clerkships (GQ)          | Clerkships rated good or excellent – most at 10 – 25<sup>th</sup> percentile (range 10 – 50<sup>th</sup> percentile) | Y1: current (2-year lag)  
Y2: all at 25<sup>th</sup> %ile or above  
Y3: all at 50<sup>th</sup> %ile or above | • Responsible clerkship directors, faculty and Curricular Affairs (CA) will examine all relevant data to understand what specific factor need improvement  
• Student focus groups will be held as needed  
• Examine and revise didactic sessions to be more interactive/case based  
• Explore Education RVUs to support clinical teaching  
• More transparency on how funds given for education by the COM-T are used by clinical departments  
• Enhance and direct resources to faculty development in education and the Residents as Educators Program |
| Number of students who delay Step 1 (inward facing metric to avoid stigmatizing a particular class) | 36 (Many COVID related) | Y1: 20 or less  
Y2: 10 or less  
Y3: 5 or less | • CA has hired learning specialists who will help to proactively embed a summer Step 1 study plan for rising year 2 students  
• Weekly quizzes utilizing Step 1-type questions will be embedded in the curriculum  
• Continue to refine the weekly “spiral curriculum” which helps students practice spaced repetition with knowledge previously acquired |
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<tr>
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<tbody>
<tr>
<td><strong>COM-T Strategic Plan FY22</strong></td>
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<tr>
<td><strong>Confidential 6/24/2021</strong></td>
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<tr>
<td><strong>Redesign the last basic science block, Advanced Topics, to better focus on our students individualized needs to be successful on Step 1</strong></td>
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<tr>
<td><strong>Purchase vetted and appropriate resources for Step 1 study along with guidance on how to best use these resources (UWorld question bank, Scholar Rx)</strong></td>
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<tr>
<td><strong>Educate students on the new Pass/Fail grading of Step 1</strong></td>
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<tr>
<td><strong>Step 1 pass rate</strong></td>
<td><strong>95% (3-year average)</strong></td>
<td><strong>Y1, Y2, Y3</strong>: maintain or exceed</td>
<td><strong>As above</strong></td>
</tr>
<tr>
<td><strong>Step 2 CK pass rate and score</strong></td>
<td><strong>96% (score above national average)</strong></td>
<td><strong>Y1, Y2, Y3</strong>: maintain or exceed</td>
<td><strong>Encourage students to purchase and use the UWorld question bank during clerkships</strong> <strong>Consider purchasing the UWorld question bank for students (would allow discount and assurance that all students are using this resource)</strong></td>
</tr>
<tr>
<td><strong>Match rate (multifactorial)</strong></td>
<td><strong>Pre-SOAP 92 – 93%; national average 93 – 94%</strong></td>
<td><strong>Y1</strong>: National average <strong>Y2, Y3</strong>: National Ave. or above</td>
<td><strong>Continue to offer the Career Advising Program.</strong> <strong>Increase involvement of specialty advisors within departments with the Career Advising Program</strong> <strong>Each clinical department will assess student success at matching within their specialty and provide recommendations/assistance if needed</strong> <strong>Strengthen pipeline/recruitment of COM-T students into our own residency programs</strong></td>
</tr>
<tr>
<td><strong>Overall satisfaction with education at COM – T (GQ)</strong></td>
<td><strong>approximately 90%; 50th percentile</strong></td>
<td><strong>Y1</strong>: 92% <strong>Y2</strong>: 92% <strong>Y3</strong>: 94%</td>
<td><strong>Recognizing that this is a shared metric across all Academic Units, each unit will be asked to understand what their contribution to this metric in the context of the overall strategic plan</strong> <strong>Examples include satisfaction with courses and clerkships, advising, the learning environment, etc</strong></td>
</tr>
<tr>
<td><strong>LCME Accreditation Status</strong></td>
<td><strong>Full 8 Year accreditation</strong></td>
<td><strong>Y1, Y2, Y3</strong>: Maintain</td>
<td><strong>All Academic Units will understand the elements of LCME accreditation and understand their responsibility within this shared goal</strong> <strong>Appropriate effort and resources will be directed towards this common goal ahead of our January 2022 LCME site visit</strong></td>
</tr>
<tr>
<td><strong>APME</strong></td>
<td><strong>Recently approved with 6 students enrolled</strong></td>
<td><strong>Y1</strong>: monitor and engage advisors; no attrition <strong>Y2</strong>: no attrition; enroll 2nd class <strong>Y3</strong>: Attrition ≤1; enroll 3rd class and UG 1st class</td>
<td><strong>Recruit advisors</strong> <strong>Design UG curriculum for 2023</strong> <strong>Market nationwide</strong> <strong>Enroll 5 new students</strong> <strong>Finalize UG curriculum and matriculate 1st class</strong> <strong>Assess attrition rate</strong> <strong>Market nationwide</strong> <strong>Enroll 5 new students</strong> <strong>Assess 1st UG class and finalize UG curriculum and matriculate 2nd class</strong> <strong>Assess attrition rate</strong></td>
</tr>
</tbody>
</table>
Bachelor of Medicine program
- Recently approved and enrollment begins for 2022
- **Y1:** ≥500 students
- **Y2:** ≥750 students
- **Y3:** ≥1,000 students
- • Recruit advisors
- • Finalize curriculum and secure instructors for year 1
- • Matriculate 1st class
- • Market nationwide
- • Finalize curriculum and secure instructors for year 2
- • Assess success of 1st class and
- • Matriculate 2nd class
- • Finalize curriculum and secure instructors for year 3

Number of MD-PhD students
- 5 per year
- 3/yr MSTP
- **2026:** 8 per year
- • Obtain MSTP award/funding
- • Obtain summer scholarship for 5/yr
- • Increase F-awards to 7 by year 3
- • Reapply for full 5-8 slot MSTP in 2026

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

This vision element and corresponding metrics were selected with the recognition that trainee wellness and professional identity formation (PIF) in an appropriate learning environment is an essential component of graduating well-adjusted, committed and humanistic physicians to serve our population. This element includes student satisfaction with the Office of Student Affairs, given the central nature this office has in student wellness and growth in medical school. The elements of nurturing a student’s development as both a physician and a person embody the COM-T’s philosophy of medical education and are the responsibility of all academic units. Appropriate career advising is essential for students to be successful in any given specialty; COM-T will evaluate its central career advising program, while the clinical departments will be asked to assess the effectiveness of the specialty advice given by their faculty members. COM-T understands that in order 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 need to also encourage trainees to report issues so that the COM-T may continue to improve the learning environment. Resident satisfaction with the balance of service and education is an important metric for COM-T to consider, as we support both the educational and patient care aspects of our residency programs and fellowships.
### Table 1.2 Supporting our students’ and trainees’ intellectual and professional development formation and ability to maintain personal wellness

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Student satisfaction with Student Affairs (Accessibility, Awareness of concerns, Responsiveness to student problems) (GQ) | 83 – 90% satisfied; 75<sup>th</sup> to 90<sup>th</sup> percentile | Y1, Y2, Y3: >75%ile, >85% satisfied | • This positive level of satisfaction is the direct result of significant deliberate effort when reorganizing the Office of Student Affairs in 2016  
• The current structure enhances direct student interaction and assistance with the office throughout their medical school experience |
| The COM – T has done a good job at fostering and nurturing students’ development as a person (GQ) | 71% satisfied; 50<sup>th</sup> percentile | Y1:Y2, Y3: >75%ile, >85% satisfied | • Continue Societies Program for individual student mentorship and support  
• Continue current Student Affairs organization/services  
• Invest in Wellness activities  
• Reduce student mistreatment (see below) |
| The COM – T has done a good job at nurturing students’ development as a future physician (GQ) | 90% satisfied (70<sup>th</sup> percentile) | Y1, Y2, Y3: >75%ile, >85% satisfied | • Continue Societies Program  
• Revise Transition to Residency Course and make it mandatory  
• Improve satisfaction with clerkship education  
• Implement Workplace-Based Assessment for improved student feedback/professional growth |
| Student satisfaction with career advising services (GQ) | 73% satisfied; 75<sup>th</sup> percentile | Y1, Y2, Y3: >75%ile, >85% satisfied | • Continue COM-T Career Advising Program  
• Increase integration of specialty advisors within departments within the Career Advising Program  
• Departments to evaluate their specialty advising services |
| Student Mistreatment data (GQ)/percentage of students’ subject to mistreatment GQ) | 48.6% (national 40%) | Y1: Current  
Y2: 45%  
Y3: < 40% | • All clinical departments will add a Zero-Tolerance policy on mistreatment to their individual Strategic Plans  
• Department heads or a designee will speak to students at course orientation about the department’s commitment to the learning environment and the Zero-Tolerance policy  
• The Professionalism Committee will present mistreatment data regularly to the dean, department heads and Banner leadership  
• Annual student mistreatment data will be presented to the dean, department heads and at general faculty/department meetings  
• Mandatory unconscious bias/diversity training |
| Reporting Mistreatment (GQ) | 29% (national 28%) | Y1: Current  
Y2: 35%  
Y3: >40% | • Increase education on the UArizona’s non-retaliation policy  
• Design and implement a flow chart that shows students and residents all of the options for reporting mistreatment and what they can expect with each option  
• Delay action based on a complaint until the trainee has finished the current rotation (if possible or requested by trainee)  
• Incorporate the UArizona’s Compliance Hotline as an additional anonymous way to report mistreatment |
Response to ACGME survey question “Is there an appropriate balance between education and patient care.”

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average 4.2, National Average 4.2</td>
<td>Y1, Y2, Y3: &gt;4.2</td>
<td>• All departments will examine their program data and create individualized goals based on current state</td>
<td></td>
</tr>
<tr>
<td>Number of MD-PhD students with a NIH F30 grant (if not moved to Research Strategic Plan)</td>
<td>3 students</td>
<td>Y1: Current Y2: 5 Y3: 7</td>
<td>• Obtain MSTP award/funding • Establish expectation that each student will apply for an F30 grant • Institute appropriate mentorship for F30 applications</td>
</tr>
</tbody>
</table>

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

This vision element and corresponding metrics (which apply primarily to clinical departments) were selected because 1), as noted above, Arizona students who also complete their graduate medical education in Arizona are likely to stay in our state to practice; and 2), if a school’s own students believe that programs are excellent, the programs will attract the best applicants nationally as well. The question about overall resident satisfaction with their training program will allow COM-T to monitor for any changes in data that need to be investigated and is a standardized overall metric that can be compared across programs. The goal for recruitment of COM-T students into our residency programs will be individualized by each program based on size and competitiveness, but is one that all programs will be held accountable for, as explained above.

Table 1.3

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall average on the ACGME Resident Survey at or above the national average.</td>
<td>Compliance at 4.4 (on a 5-point Likert scale) which is at National average Y1, Y2, Y3: Maintain compliance at or above national average</td>
<td>• All departments will examine their program data and create individualized goals based on current state • Resident focus groups will be conducted as needed • Funding for resident education and travel/conferences will be standardized across programs</td>
<td></td>
</tr>
<tr>
<td>UA COM-T retention of COMT/P students in our GME</td>
<td>25% of COMT/P students are retained in our COMT GME programs Y1: retain 28% Y2: retain 30% Y3: retain 30%</td>
<td>• 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</td>
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</tbody>
</table>
Vision Element 4: Serving and supporting Arizona’s need to retain a strong and diverse physician workforce

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

Table 1.4

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
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</table>
| Total GPA, Science GPA, MCAT (accepted vs. matriculated) | 3.73/3.66/508 (Class of 2024) | Y1: Current Y2: Maintain Y3: Maintain above | • Continue to balance objective academic data with the diversity and patient care goals of the COM-T.  
• Increase unrestricted scholarships to attract the best students to the COM-T  
• Primary Care Scholarship (in place).  
• APME (GPA only), HEAP |
| URM (especially Hispanic and Native American) composition of class | Above national average; approx. 30% | Y1, Y2, Y3: Maintain or exceed | • Continue current successful recruitment efforts and holistic admission practices  
• Increase unrestricted scholarships to attract the best students to the COM-T  
• Primary Care Scholarship (in place).  
• PMAP |
| Confident to begin a residency program (GQ) | 92%; 75th percentile | Y1, Y2, Y3: Maintain or exceed | • Continue Societies Program.  
• Improve satisfaction with clerkships (above).  
• Enhance the Transition to Residency course and require enrollment  
• Support student wellbeing as above |
B.2. RESEARCH

The long-term vision for research activity in the College of Medicine-Tucson centers on development of collaborative, transdisciplinary investigation as the new and primary driver of scientific investigation within the college. While single-investigator research remains highly valued and prioritized, overall growth of research activity can best be driven by the submission of large collaborative grants, institutional programs, and broad training opportunities. Clinical research, and clinical trials research specifically, is a vital growth area. Efforts in this area not only complement basic and translational research discoveries but also provide potentially life-saving or life-altering clinical trials to the Tucson community. This effort involves our continued partnership with Banner University Medicine and potentially may expand to interface with the Southern Arizona VA Health Care System (SAVAHCS).

The College of Medicine – Tucson is home to one of the NIH’s All of Us research nodes, in collaboration with Banner University Medicine and the University of Arizona Health Sciences. This program is a national effort in precision medicine, and is a major opportunity to continue this cutting-edge research on a national platform. COM-T was notified that its MD/PhD training program will receive funding from the NIH Medical Scientist Training Program, starting July 1, 2021. Together, these are two nationally recognized programs that are major research accomplishments and priorities to maintain. Development of new center grants and program project applications is a forward-looking goal to substantially grow research. Research in aging, along with pain and addiction, are specific focus areas for center grant submission.

The primary drivers of research within the COM-T lie in the basic science departments that make up ~35% of research in COM-T, along with the Department of Medicine, that together comprise 77% of the research activity in the College. Additional centers of research activity lie within the departments of Pediatrics, Family and Community Medicine, and Surgery. Each of these departments have unique research profiles that lend to their specific research contributions. Anesthesia and Psychiatry have growing research portfolios whose trajectories should be fostered. Neurology, Medical Imaging, Orthopedic Surgery, and Pathology are specific opportunities for research growth. These four departments may expand their research growth by developing collaborations with other research foci in the College and university.

The research strategic plan for COM-T leverages collaborative and transdisciplinary research. Research centers have the ability to be a primary driver of this type of interrelated research. Enhancing center membership and cross-pollination activities such as workshops and seminars can expand center-based activity. Centers can also define and highlight unique areas of research that cannot always be accomplished by academic departments alone. The Arizona Telemedicine Program and the Valley Fever Center for Excellence are examples of centers’ ability to bring specific areas of investigation to the forefront of research in the College. These specific facets of research centers also enable opportunities for philanthropy to drive research.

Recruitment of physician-scientists is a particular need for COM-T and is a tactic to drive research that will be pursued in collaboration with Faculty Affairs. Faculty in the basic sciences have noted that an increased ability to bring clinical questions to research investigators will have the potential to expand collaborations, and physician-scientists are in a unique position to bridge this divide. Expansion of the physician-scientist cadre in the College of Medicine also will help support the new Medical Scientist Training Program starting July 1 by providing mentors in both a research and career development capacity. Limitations to faculty recruitment continue to be the need for start-up funding and updated research space. COM-T plans to expand faculty research, and the need for additional research space is projected. Opportunities lie in the ability to renovate
current research space to increase efficiency and utilize new research space in the 201 building that will be
released by Banner University Medicine over the next several years. Most of this released space will
accommodate dry lab research and administration. There are few areas within the released space that would
accommodate wet laboratory investigation. While construction of new research space would enhance faculty
recruitment, new structural developments beyond current building spaces are not included in the university
building plan for the near future.

External collaborations with the Department of Veterans Affairs, through the affiliation agreement with the
Tucson VA (SAVAHCS), is an opportunity to foster the research growth of junior faculty members, provide
additional avenues of funding, enable contact with a new patient population for clinical research, and provide
additional space for VA-related research. One of the primary research tactics is to expand collaborations with
SAVAHCS for both clinical and non-clinical faculty. Merit grant applications applied for and awarded are
tracked as part of our strategic plan in Vision Element 1. We believe that this will be a metric of external
collaboration and research productivity. It is important that this metric be tracked separately from research
funding (e.g. attributable dollars), as VA-funded research would not be included in other COM-T metrics of
research productivity (e.g. NIH funding, Higher Education Research and Development Survey [HERD]) unless VA
funds are passed through academic departments (e.g. interpersonal agreement).

Clinical trials research is a major focus of activity to be expanded upon by COM-T. This area of research
depends upon interaction with our research partners, the University of Arizona Health Sciences (site of the
University of Arizona Clinical and Translational Sciences Research Center [CATS] and other entities involved in
clinical research [e.g. A2DRC]), and Banner University Medicine. In FY21, COM-T has been successful at
leveraging clinical trials and clinical research focused on COVID-19, as both the Divisions of Pulmonary and
Infectious Diseases saw significant increases to research dollars awarded. The research vision for clinical trials
research is to bring high-quality clinical trials to the Tucson community. This goal is important for several
reasons. First, it is vital that our local community have access to cutting-edge clinical trials that may offer the
potential for access to life-saving or life-altering therapies. Understanding that these are research
investigations that are under exploration for the potential to improve human health, clinical trials have the
ability to complement standard-of-care administration of medicine. Our shared goal is to administer care to
the Tucson community and to meet the healthcare needs of the region. By expanding the portfolio of clinical
trials and tailoring those to the local community, the need for patients to travel to other regions for specialized
care may be minimized. Second, clinical trials research has been hampered by low patient accrual. This may be
due to a mismatch between the type of clinical trials offered and the needs of the local community. Improved
selection of clinical trials research will be one strategy by which investment into the establishment of clinical
trials can be maximized by tailoring that selection to the prevalence of conditions seen in the community and
with our partnering healthcare and clinical research providers. We have a new associate dean for clinical and
translational research in place within COM-T. This position will be the focal point for college-based clinical
trials research and education. The College held a clinical trials workshop in June 2021 as a sequel to a
successful workshop in 2019. An additional tactic to grow clinical trials research is to collaborate with UAHS
colleges that may not have as extensive experience in this area of research, but may bring new ideas and
industry partners to this research area.

Graduate student education and research is a partnership with the University of Arizona Graduate College and
is an area of growth within the COM-T Dean’s Office. While expansion of the outreach efforts is measured by
institutional and individual training grants, the Dean’s Office will expand direct engagement with graduate
students, who have typically been left to the graduate programs. Some of these efforts can include dialogue around work-life balance, career development, and mentor selection, and can be conducted in partnership with individual graduate programs within the college. Specifically, with regard to the measured outcomes, early identification of trainee applicants for individual career development grants, expanded development of mentorship teams, and grant writing education can help expand the pool of applicants and likelihood of ultimate funding. Growth of research and faculty within COM-T centers will aid in the development of institutional training grants. The COM-T Scholarly Project program is pertinent to the research mission, as it includes opportunities for scientific exploration by medical students and is supported in-part by NIH research education and training grants. Expansion of diversity, equity and inclusion among research trainees and research faculty is also a major priority that enhances the environment where research is conducted. In collaboration with the Office for Diversity Equity and Inclusion, our goal is to develop programs to maximize opportunities for research experiences, expand the pipelines into scientific investigation, and to foster and provide an environment to grow the success of research careers while minimizing or eliminating factors that detract from the ability for scientific investigation to flourish.

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

This vision element focuses on developing collaborative relationships between academic units within COM-T as well as with other Colleges within UArizona. Also, there is an inherent impetus in broadening COM-T’s relationship with the Southern Arizona VA by promoting joint recruitments and leveraging VA funding sources.

**Table 2.1.**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| # of collaborative works (publications, patents, grants submission/awards) between COM-T and other UA Colleges as reported by Academic Analytics | No data yet across units; Units reporting say 85% of faculty have collab works across UA (unlikely to be accurate across UA) | Y1: assess exact number for each unit  
Y2:! increase 10% across ‘works’, especially grant submissions (# or $$)  
Y3: increase 5% in awards (# or $$) | • 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 and colloquia  
• 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  
• Leverage Academic Analytics and UA Knowledge Map to identify research centers of gravity to form research teams.  
• Increase visibility (e.g. NIH PO, SRO)  
• Provide joint appointments to neighboring colleges (e.g. College of Science)  
• Provide indirect cost return to successful teams across UA  
• Encourage invention disclosure experiences among trainees |
| # of COM-T faculty with joint VA appointments | 15 | Y1: 21  
Y2: 24  
Y3: 31 | • Increase joint UA-VA recruitments as new entrants into joint academic-VA positions:  
1) Increase recruitment of faculty to Tucson who already have joint academic-VA positions elsewhere  
2) Telecast grand rounds and research conferences at UA and VA |
Vision Element 2: Delivering high-quality clinical trials to the Tucson community.

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

Table 2.2

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td># of open clinical trials listed in NIH Reporter and clinical trials.gov</td>
<td>296</td>
<td>Y1: 299 Y2: 314 Y3: 344</td>
<td>• Enhance participation in clinical based teams for bringing basic discoveries to patient care</td>
</tr>
<tr>
<td># patients enrolled in clinical trials</td>
<td>Need data</td>
<td>Y1: determine Y2: Increase 10% Y3: Increase 10%</td>
<td>• Measure enrollment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase collaborative interactions and scientific venues with partnering colleges (e.g. Public Health, Pharmacy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Center-based clinical trials are located in Arthritis Center and Arizona Telemedicine Program. Focus center-based activities to enhance these established clinical trial programs and identify new opportunities and collaborations in centers without clinical trials</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Expand outreach efforts in centers and departments (e.g. Arthritis Center, Arizona Telemedicine Program) to Banner Health, contract research organizations, pharma and other external collaborators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Mentor faculty interested in clinical trials via workshops and clinical trials mentorship program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Leverage COVID-19 research with industry and federal funders</td>
</tr>
</tbody>
</table>
**Vision Element 3: Enhancing basic and translational biomedical research.**

This vision element focuses on tracking improvements in funding per FTE, the number of collaborative grants, and available resources such as space. There is no question that in order to grow the research enterprise, collaborative grants (U, P, MPI) are essential. Therefore, facilitating submission of these types of awards is essential, as is using nationally available metrics to track success.

**Table 2.3**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| NIH funding per ABOR faculty FTE (UA Analytics, 2019 data) | $113,759,924/457 = $248,928/FTE                                            | Y1: increase 5-7% Y2: increase 5-7% Y3: increase 5-7% | - 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 UAAC faculty meetings to discuss research interests and potential collaborative projects  
- NIA MSTEM (Advancing Diversity in [UG] Aging Research- R25) – submitted 5/25/21 ($1.8M over 5 yrs)  
- Build up center members with NIH funding and collaborations  
- Mentor junior faculty  
- Increase number of grant submissions and funding rate  
- Recruit and retain faculty involved in research |
| # of clinical departments with >$5 million in research funding | 4                                                                            | Y1: 4 Y2: 5 Y3: 6 | Tactics as above                                                      |
| Amount of annual NIH Blue Ridge funds attributable to UArizona | $124,154,870 Federal FY20                                                    | Y1: increase 5-7% Y2: increase 5-7% Y3: increase 5-7% | Tactics as above                                                      |
| Number of collaborative grants (e.g. P01, MPIs) | 8 PO1s; 188 RO1 (~20% are MPI).                                               | Y1: 5-6 PO1 Y2: 6-7 PO1 Y3: 7-8 PO1 | - Participate in center type focus with grant activity (pain, cancer, heart)  
- Seed/Cement innovative teams with new technology  
- IDC return agreement to successful teams  
- Promote and participate in collaborative works between COM-T and other institutions  
- Develop pilot funding that promotes transdisciplinary and collaborative research  
- Organize retreats and seminars to establish avenues of communication between COM-T and other UA Colleges  
- Supporting faculty with incentivization plans for more than 1 grant to provide funds for equipment update, equipment service plan and funds for investigating novel research ideas |
• Develop program project grants through collaborations with faculty in clinical departments, cross-colleges (Cancer Center, CIBS, CBC, Pharmacy, Engineering, Optics)
• Use analytic resources to develop collaborative teams
• Plan to seek additional grant partnerships to seed our national telehealth research center initiative
• Identify collaborative opportunities with engineering, medical imaging, nursing, Psychology, Pharmacy and others to increase MPI grant proposals

<table>
<thead>
<tr>
<th>Amount of Research Space</th>
<th>Research: 221,662 NASF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Space needs are planned to increase year over year in concert with increased funding and faculty recruitment.</td>
</tr>
<tr>
<td></td>
<td>• Evaluate program needs to improve efficient use and promote contiguous use of space. Assess Co Architects evaluation of 201 for enhanced efficiency</td>
</tr>
<tr>
<td></td>
<td>• Use vacated space for rapid faculty recruitment or return to COM-T Dean’s inventory</td>
</tr>
<tr>
<td></td>
<td>• Department-based space committee annual walk thru and evaluation of space utilization</td>
</tr>
<tr>
<td></td>
<td>• Anticipate Banner release space becoming available in later years, plan efficient use</td>
</tr>
<tr>
<td></td>
<td>• Modernization plan for laboratory space and equipment</td>
</tr>
<tr>
<td></td>
<td>• Increased efficiency and adjacencies identified between units</td>
</tr>
</tbody>
</table>

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

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

**Table 2.4**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td># of NIH training grants</td>
<td>7 T32 awards</td>
<td>Y1: 7</td>
<td>• Incentivize faculty development of training programs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 8</td>
<td>• Develop administrative support programs to enable faculty to maintain research focus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 10</td>
<td>• Link training-related activity to development of opportunities as this seeds future researchers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Identify new national focus areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Establish a T32/MSTP caucus or summit to support UA wide networking among the trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Recruit mid-career and senior researchers to lead training grants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase overall NIH funding per tactics described in above tables</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Develop metrics for tracking outcomes</td>
</tr>
<tr>
<td># of Trainees as PIs of NIH awards</td>
<td>4Ks, 6Fs, ~19 others</td>
<td>Y1: increase 10%</td>
<td>• Enhance recruitment of interdisciplinary physician scientists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: increase 10%</td>
<td>• 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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: increase 10%</td>
<td>• Active identification of candidates by department and graduate-group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Develop mentorship programs for trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Encourage submission of individual training grants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Continue to require grantsmanship class for pre-docs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Develop workshop series for grant writing for post-docs and R25 opportunities</td>
</tr>
</tbody>
</table>
### B.3. FACULTY AFFAIRS

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

**Table 3.1**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty by Rank</td>
<td></td>
<td>Y1, Y2, Y3:</td>
<td>• Maintain Faculty Balance by focused recruitment for gaps within academic units</td>
</tr>
<tr>
<td></td>
<td>Asst Prof: 444 (45%)</td>
<td>Maintain Faculty Balance within academic units</td>
<td>• Increased targeted recruitment of junior faculty</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof: 273 (27%)</td>
<td>5%</td>
<td>• Increased Recognition of Junior Faculty</td>
</tr>
<tr>
<td></td>
<td>Professor: 284 (28%)</td>
<td>25%/25%/25%</td>
<td>• Mitigation (pre-emptive) of flight risk by mentoring and improved environment</td>
</tr>
<tr>
<td></td>
<td>Total: 1001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenured/TE Faculty</td>
<td>Tenure Track:</td>
<td>Y1, Y2, Y3:</td>
<td>• Incentivize Career Track Promotion (e.g. new Banner physician comp plan)</td>
</tr>
<tr>
<td></td>
<td>Asst Prof: 51 (22%)</td>
<td>Increase</td>
<td>• Research mentoring programs from other academic institutions to determine which model works best and is sustainable</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof: 55 (24%)</td>
<td>junior faculty on TT (3%/yr), and balance within academic units 25%/25%/50%</td>
<td>• Identify what ongoing departmental resources are available to support a mentoring program.</td>
</tr>
<tr>
<td></td>
<td>Professor: 123 (54%)</td>
<td></td>
<td>• 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 the program</td>
</tr>
<tr>
<td></td>
<td>Total: 229</td>
<td></td>
<td>• Pathway to Emeritus recognition/status</td>
</tr>
<tr>
<td>Faculty by MD or MD PhD and PhD on the tenure/tenure eligible track</td>
<td>MD/MD PhD, Total: 174</td>
<td>Y1, Y2, Y3:</td>
<td>• Increase Junior TT faculty with focus hires</td>
</tr>
<tr>
<td></td>
<td>Asst Prof: 34 (20%)</td>
<td>3%</td>
<td>• Matrix research center support for interdisciplinary focus</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof: 39 (22%)</td>
<td>increase/yr</td>
<td>• Provide Emeritus pathway plan, especially in Clinical Ranks</td>
</tr>
<tr>
<td></td>
<td>Professor: 101 (58%)</td>
<td>25%/25%/50%</td>
<td></td>
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<tr>
<td></td>
<td>PhD, Total: 55</td>
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</tr>
<tr>
<td></td>
<td>Asst Prof: 17 (31%)</td>
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<tr>
<td></td>
<td>Assoc Prof: 16 (29%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professor: 22 (40%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NTE Faculty</td>
<td>Asst Prof: 314 (64%)</td>
<td>Y1, Y2, Y3:</td>
<td>• Analyze time in rank at Asst Prof and contact</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof: 118 (24%)</td>
<td>Optimize per need</td>
<td>• At least once per year at faculty annual review, ask faculty about professional goals/interests, desire for promotion, progress and timeline for promotion</td>
</tr>
<tr>
<td></td>
<td>Professor: 57 (12%)</td>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td></td>
<td>Total: 489</td>
<td></td>
<td>• Familiarize faculty with university and department resources to help prepare dossier (e.g. UA promotion workshops, P&amp;T coordinator)</td>
</tr>
<tr>
<td>Faculty by Diversity (2019 date corrected for self-identification)</td>
<td>URM (40%)</td>
<td>State demographics</td>
<td>• Set targeted recruitment goals according to AZ state demographics and HIS criteria</td>
</tr>
<tr>
<td></td>
<td>Women (86%)</td>
<td></td>
<td>• See tactics in DEI Table 4.1</td>
</tr>
<tr>
<td></td>
<td>Hisp (12.5%)</td>
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</tr>
<tr>
<td></td>
<td>NAmber (6.2)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>AFAM (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metrics</td>
<td>Current State</td>
<td>Future State</td>
<td>Tactics</td>
</tr>
<tr>
<td>---------</td>
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</tr>
</tbody>
</table>
| Faculty time to tenure by MD/MD PhD and PhD. | Asst. to Assoc. Faculty time to Tenure: 6 years | Y1, Y2, Y3: Advocate to dissociate tenure (9 years) and promotion and extend clock | • Implement individual mentoring system and structured guidance for faculty.  
• At least once per year at faculty annual review, ask faculty about professional goals/interests, progress toward promotion/tenure, facilitators and barriers for promotion progress.  
• Advocate with Provost’s office |
| Faculty Clinical Career Track Promotions | Clinical Scholar (Asst to Assoc/Assoc to Full): 52%/31% Clinical Track (Asst to Assoc/Assoc to Full): 10%/12% | Y1, Y2, Y3: Increase Faculty Promotions as appropriate | • 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 Recruitment and Turnover (2019) | 50:50 new hires/turnover (10% workforce) | Y1, Y2, Y3: Decrease Attrition Rate to under ~8% | • Develop the outline for an orientation program and navigation support and identify what resources would be available to support it  
• Seek input from selected faculty on an orientation program and what options to consider for navigation support  
• Identify and build the key components of a support structure for research and clinical faculty to assist with their career success  
• Identify the existing resources available and new resources needed to build the infrastructure  
• Continue to re-evaluate recruitment of open positions, including postings/ads and incorporate reviews into the recruitment meetings  
• Complete a department survey to assess the impact of new communication tools including Bulletin and Chat with the Chair  
• Develop departmental awards that reflects mission and goals and includes faculty and staff (both UA and Banner employees)  
• Build community among faculty by: developing more social and service events within the department that focus on common themes and interests, use existing venues, such as faculty meetings and internal publications, to provide network opportunities among the faculty  
• Develop and/or implement software programs to network faculty with common research interests and goals  
• Carve out time at each of the general faculty meetings to introduce and highlight faculty members within the department  
• Identify existing and new opportunities (e.g. Banner resources, organic type events) to support faculty collaboration and peer networking  
• Research mentoring programs from other academic institutions to determine which model works best and is sustainable  
• Identify what ongoing departmental resources are available to support a mentoring program |
Table 3.1 (cont’d)

<table>
<thead>
<tr>
<th>Focus</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| TE Faculty and National Research Awards                                | No Data across units (See unit-specific and unit-type-specific data)           | Y1, Y2, Y3: See unit-specific and unit-type-specific data | - Increase faculty and leadership awareness of the various awards and their criteria to intentionally identify, support, and promote faculty to apply for these awards  
- Establish a mechanism via nominations committee or other means to assure that annually the COM-T nominates worthy faculty for prestigious national awards |
| The range and number of faculty with high impact scores (H-index or equivalent) | Range: 34-39 (See unit-specific and unit-type-specific data)                   | Y1: 3% increase Y2: 3% increase Y3: 3% increase | - Utilize senior faculty for targeting high impact journals for submissions  
- Engage national network of scientists in focus areas of excellence  
- Faculty success story information and process disseminated to others |
| Number of prestigious awards (e.g. AAMC, ACGME, Insight into Diversity; NIH Study Section Service) | No Data across units (See unit-specific and unit-type-specific data)           | Y1, Y2, Y3: See unit-specific and unit-type-specific data | - Increase faculty and leadership awareness of the various awards and their criteria to intentionally identify, support, and promote faculty to apply for these awards  
- See bullet above  
- Increase awareness of national recognition opportunities |
| Faculty Sustained Career Development                                   | No Data across units (See unit-specific and unit-type-specific data)           | Y1, Y2, Y3: 80% Faculty Engagement in Career Development | - Advertise and promote faculty awareness and participation in faculty development programming  
- Nominate and encourage faculty to participate in COMT, UA, and other organizational faculty development programs, e.g. Learning to Lead; ELAM, UA ALI, Leadership Development; Peer-advancement Societies; Career Development Workshops; Faculty Development Champions in all Departments; Writing Groups |
| Career development activities and analysis of outcomes                 | No Data across units (See unit-specific and unit-type-specific data)           | Y1, Y2, Y3: See unit-specific and unit-type-specific data | - Start tracking faculty participation in faculty development activities as part of their annual review |
## B.4. DIVERSITY, EQUITY, AND INCLUSION

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

### Table 4.1

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| % URiM of COM-T faculty, students, trainees, and senior administrative staff | Below state of Arizona demographics in most cases, and AAMC demographics in some cases (See Table 1 below)                                             | Y1, increase 2%, Y2, increase 2%, Y3: increase 5%. Reach state demographics by Y5 (See Table below)                                             | • Commitment to the diversification and Unconscious Bias training of each search committee  
• Ensuring all job descriptions are written in an inclusive manner and used to advertise via sources to attract a more diverse pool of applicants (journals, specialty specific affinity groups, HBCUs, colleges with a higher URM student/resident population)  
• Actively recruit among COM-T students, especially URiM students by creating clinical and mentoring opportunities to engage the pipeline |
| Ratio of URiM faculty to residents and students                         | Below state of Arizona demographics in most cases, and AAMC demographics in some cases (See Table 1 below)                                             | Y1: increase by 3%  
Y2: increase by 3%  
Y3: increase by 3% | • Commitment to the diversification and Unconscious Bias training of each search committee  
• Ensuring all job descriptions are written in an inclusive manner and used to advertise via sources to attract a more diverse pool of applicants (journals, specialty specific affinity groups, HBCUs, colleges with a higher URM student/resident population) |
| % URiM of COM-T pool of standardized patients (SP)                      | See Table 2 below                                                                                                                                       | Y1: Increase diversity by 2% among Males, NA/Al and AFAM; 5% in Hispanic/Latinx  
Y2: Increase diversity by 3% among males, NA/Al and AFAM; 5% in Hispanic/Latinx  
Y3: Increase diversity by 3% among males, NA/Al and AFAM; 5% in Hispanic/Latinx | • Influence selection process                                                                                                                   |

*URiM*: Underrepresented in Medicine
**Table 1.** COM-T Diversity of faculty, staff, students, residents, administrators, state (all data is self-reported)

<table>
<thead>
<tr>
<th>Category</th>
<th>%URM</th>
<th>%Women</th>
<th>%Hisp/Latinx</th>
<th>%NA/Al</th>
<th>%AFAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>10.1%</td>
<td>42.6%</td>
<td>8.2%</td>
<td>0.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Senior Admin Staff</td>
<td>13.5%</td>
<td>28.9%</td>
<td>7.9%</td>
<td>0%</td>
<td>5.3%</td>
</tr>
<tr>
<td>GME</td>
<td>12.6%</td>
<td>40.4%</td>
<td>8.1%</td>
<td>1.4%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Medical Students</td>
<td>29.9%</td>
<td>50.7%</td>
<td>16.4%</td>
<td>5.1%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>33.1%</td>
<td>64.2%</td>
<td>22.5%</td>
<td>4.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>State of Arizona</td>
<td>42.5%</td>
<td>50.3%</td>
<td>31.7%</td>
<td>5.3%</td>
<td>5.2%</td>
</tr>
<tr>
<td>AAMC Faculty</td>
<td>7.2%</td>
<td>42.9%</td>
<td>3.3%</td>
<td>.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>ACGME Residents</td>
<td>11.9%</td>
<td>45.4%</td>
<td>6.2%</td>
<td>.1%</td>
<td>5.2%</td>
</tr>
<tr>
<td>AAMC Students</td>
<td>13.6%</td>
<td>51.6%</td>
<td>6.2%</td>
<td>.2%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

**Table 2.** Demographics of SP Pool

<table>
<thead>
<tr>
<th>Year</th>
<th>%URM</th>
<th>%Female</th>
<th>%Male</th>
<th>%Hisp/Latinx</th>
<th>%NA/Al</th>
<th>%AFAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-21 SP</td>
<td>8%</td>
<td>73%</td>
<td>27%</td>
<td>5%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>State of AZ</td>
<td>42.5%</td>
<td>50.3%</td>
<td>31.7%</td>
<td>5.3%</td>
<td>5.2%</td>
<td></td>
</tr>
</tbody>
</table>

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

**Table 4.2**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td># COM-T wide DEI trainings (% of required 3)</td>
<td>0/1/2/3/&gt;3</td>
<td>Y1: Depts hosting at least 1 training to 100% plus 1 grand rounds, seminar, colloquium. Y2: Depts hosting at least 2 trainings to 100% plus 1 grand rounds, seminar, colloquium Y3: Depts hosting at least 3 trainings to 100% plus 1 grand rounds, seminar, colloquium</td>
<td>• Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally</td>
</tr>
<tr>
<td># Department Champions/Allies</td>
<td>&lt;50%</td>
<td>100%</td>
<td>• Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally</td>
</tr>
<tr>
<td>% Departmental mission statements reflect commitment to DEI</td>
<td>20%</td>
<td>Depts with revised mission statements, website updates and DEI committees Y1: 50% Y2: 75% Y3: 100%</td>
<td>• Work with Department chairs; Monitor and publicly report at DEC. Work with Dept Champion/Ally</td>
</tr>
</tbody>
</table>

1 Data from Faculty Affairs, Sept. 2020
2 Data from UAccess Analytics, Jan. 2021
3 Data from GME, Oct. 2020
4 Data from UAccess Analytics, Fall 2020 Census
5 Data from UAccess Analytics, Fall 2020 Census
B.5. PATIENT CARE

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

Table 5.1

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| UHC/Vizient clinical quality flags: Total Inpatient Obs/Exp Ratio | BUMC-T .97 BUMC-S .72 | Y1: .94; .70 Y2: .91; .68 Y3: .88; .66 | • Improve current reporting and coding mechanisms, including early identification of vulnerable patients and referral to appropriate service (i.e. palliative care)  
• Quality assurance and performance improvement programs |
| % new patients seen within 2 weeks          | 60.9%                  | Y1: 65% Y2: 70% Y3: 75% | • Active management of scheduling processes and optimization of clinical space and locations  
• Active review of open slots and creating new slots to manage a no-show rate |

Metrics for this vision element include total inpatient obs/exp ratio and % new patients seen within two weeks. For departments where total inpatient obs/exp ratio applies, there is wide variability in current state based on subspecialty. For future state, our goal is to achieve approximately 3% improvement year over year. One of the common tactics indicated for improvement is with better reporting and coding. This includes early identification of patients with potential for mortality and improved coding/reporting so that their measured rate accurately reflects the service they provide.

For % new patients seen within two weeks, there was also wide variability, with the average across departments landing around 60%. The common tactics by the departments to address the number of new patients seen within two weeks include active management of scheduling processes and increase in clinical space and locations. Also common among many departments is the active review of open slots and creating new slots to manage no-show rates.


Table 5.2

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Physician retention rate (Faculty turnover rate) | 10.7%        | Y1: 9% Y2: 8% Y3: 7% | • Greater focus on faculty development and promotion  
• Creating more supportive environment |
| VOICE physician engagement score (overall)   | 22.3%        | Y1: 33% Y2: 43% Y3: 53% | • Increase engagement of faculty in departmental decision-making and initiatives  
• Implement regular faculty meetings |

Physician engagement and satisfaction are driving factors to success with our clinical mission. Two metrics that will be used by departments to guide processes that place importance on physician engagement include faculty turnover rates and VOICE physician engagement survey results. Faculty turnover rates are averaging around 11%, with some experiencing almost 25% in 2020. Common tactics include greater focus on faculty development and promotion, and creating a more supportive environment. For VOICE physician engagement
survey, most departments identified the need to implement regular faculty meetings that provide the faculty an avenue for engagement in department initiatives.

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

**Table 5.3**

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
</table>
| Banner University Medicine – Tucson market share for Pima County | 34.6% | Y1: 37%  
Y2: 38%  
Y3: 40% | • Greater marketing of areas of expertise  
• Expansion of clinical sites  
• Focus on community outreach and CME |
| Overall Patient satisfaction compared to benchmark as reported by our vendor | 76.1% | Y1: 80%  
Y2: 85%  
Y3: 90% | • Focus on outpatient access  
• Focus on inpatient experience |
| VOICE % employees who would recommend BUMD-T to family/friends | 37% | Y1: 47%  
Y2: 57%  
Y3: 67% | • Identify areas of focus  
• Improve staffing ratios  
• Redesign workflows to create more efficient clinic operations |

While market share also varies among departments and subspecialties, we are averaging 35% of the total market share in Pima County. Three common tactics for improving this metric include greater marketing of areas of expertise, expansion of clinical sites, and a focus on community outreach to cultivate community partnerships. Also common was to regularly review patient satisfaction scores with faculty and staff and create action plans for identified areas in need of focus. Finally, Banner Health’s Voice survey includes % employees who would recommend BUMD-T to family/friends. Improvement with this metric will be realized by improving staffing ratios and creating more efficient clinic operations by redesigning workflows.
Vision Element 4: Ensuring a sustainable cost/revenue structure and margin that supports our missions.

Table 5.4

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPSC %ile</td>
<td>47%ile</td>
<td>Y1: 50%ile</td>
<td>• Expansion of referral sources through community outreach and CME</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 55%ile</td>
<td>• Faster ramp-up of new providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 60%ile</td>
<td>• Coding improvements and increased leverage of APPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Regular reporting to faculty and clinical staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>that allows for adjustments to workload assignments as needed</td>
</tr>
<tr>
<td>Salary coverage to cFTE</td>
<td>93%</td>
<td>Y1: 97%</td>
<td>• Maintain or exceed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 99%</td>
<td>• Monitor effects of new compensation plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 100%</td>
<td></td>
</tr>
</tbody>
</table>

The metrics related to financial health include FPSC %ile and salary coverage to cFTE. Both metrics address revenue growth and provide insight into potential opportunities for expansion or contraction of service lines. Common themes across departments include expansion of referral sources, faster ramp-up of new providers, coding improvements, and increased leverage of advanced-practice providers. Regular reporting to the faculty and clinical staff also allows for adjustments to workload assignments as needed. Current state reflects average wRVU activity at the 46%ile for COM-T, with the goal of getting to the 60%ile by year three. Salary coverage is averaging 95%, with several of the departments at 100% current state.
B.6. FINANCIAL SUSTAINABILITY

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

Table 6.1

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Expense Management</td>
<td></td>
<td></td>
<td>• Increase grants (e.g., PO1s) that generate full indirect expenses</td>
</tr>
<tr>
<td>(Expenses as a % of revenue)</td>
<td>99.0%</td>
<td>Y1: 99.3%</td>
<td>• Move faculty to cover more of their salaries from grants which will reduce expense as well as increase incentive funding revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 97.5%</td>
<td>• Increase online, summer and microcampus revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 95.0%</td>
<td>• Increase collaborations with industrial partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase discovery science to get patents/startup companies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Partnering with COM Development to establish and grow alumni gift program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• CME courses</td>
</tr>
<tr>
<td>Sufficient Reserves</td>
<td>28.8%</td>
<td>Y1: 31.8%</td>
<td>• Set a goal (i.e. a budget) to achieve above 50%, managing expenses within the revenue streams we receive/generate</td>
</tr>
<tr>
<td>(Unrestricted fund balance as a % annual expenses)</td>
<td></td>
<td>Y2: 40.0%</td>
<td>• All tactics mentioned above for #1 apply here</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 52.5%</td>
<td></td>
</tr>
<tr>
<td>State Expenses</td>
<td>14.4%</td>
<td>Y1: 15.3%</td>
<td>• Develop an understanding of how faculty are funded and what they do (i.e. how much time is funded by state vs sponsored projects?). This is the foundation before we can make decisions on strategies</td>
</tr>
<tr>
<td>(State expenses as a % of total expenses)</td>
<td></td>
<td>Y2: 12.5%</td>
<td>• Once we know the information in (a), we can then focus efforts on: 1) moving faculty and staff effort to sponsored projects; 2) encouraging faculty to be more clinically productive, where applicable; 3) online and microcampus efforts to take pressure off state dollars coming through RCM; 4) challenging unproductive faculty to teach courses; and 5) raising philanthropic funds that can also take pressure off of state dollars</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 10.0%</td>
<td></td>
</tr>
<tr>
<td>Teaching Effort</td>
<td>10.9%</td>
<td>Y1: 11.1%</td>
<td>• Hiring more faculty, with focused efforts in teaching</td>
</tr>
<tr>
<td>(Faculty Teaching FTE as a % of total faculty FTE)</td>
<td></td>
<td>Y2: 11.5%</td>
<td>• Encourage more faculty to participate in Online/Microcampus/Summer course offerings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 11.7%</td>
<td>• Faculty will continue to increase their efforts in creating and teaching courses for the undergraduate programs including the BS in Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Encourage faculty to participate in faculty development programming to improve teaching skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provide supported time and/or continuing education funds to enhance teaching skills, optimize use of CME funds to synergistically improve clinical and teaching skills</td>
</tr>
</tbody>
</table>
### Research Expenses

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y1: 31.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 38.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 45.0%</td>
</tr>
<tr>
<td>Y1: 32.5%</td>
<td></td>
<td>Y2: 38.0%</td>
</tr>
<tr>
<td>Y2: 38.0%</td>
<td></td>
<td>Y3: 45.0%</td>
</tr>
</tbody>
</table>

- 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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y1: 30.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 32.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 36.3%</td>
</tr>
<tr>
<td>28.3%</td>
<td></td>
<td>Y2: 32.9%</td>
</tr>
<tr>
<td>Y2: 32.9%</td>
<td></td>
<td>Y3: 36.3%</td>
</tr>
</tbody>
</table>

- Same tactics mentioned in Metric # 5 above apply here for Metric # 6

### Unfunded Effort

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y1: 9.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y2: 8.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y3: 6.2%</td>
</tr>
<tr>
<td>10.5%</td>
<td></td>
<td>Y2: 8.0%</td>
</tr>
<tr>
<td>Y2: 8.0%</td>
<td></td>
<td>Y3: 6.2%</td>
</tr>
</tbody>
</table>

- 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 of commitments and onto sponsored projects or other funding
- Set guidelines for established faculty for amount of time to put on grants / clinical / teaching - will vary by department but this will discourage unproductive faculty from “flying under the radar”
- Tactics mentioned above for teaching and research all apply for methods to be more productive within the College
B.7. DEVELOPMENT

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

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

Vision element 1 tactics will address the disproportionally low number of referrals of potential donors to the development team. In parallel, this mission element aims to provide a systematic referral tracking process for referrals received, by measuring and reporting and the number of days between referral by the unit to development and contact by development to the potential donor.

**Table 7.1**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td># of potential donors referred to the development team by departments and centers</td>
<td>Highly variable and not well tracked</td>
<td>Y1: 10% (10% increase YOY) Y2: 30% (20% increase YOY) Y3: 60% (30% increase YOY)</td>
<td>• Develop and provide a systematic referral tracking structure and process for referrals received by DO  • Develop and provide quarterly reports by academic unit and COM-T-wide that can be used for tracking that measures referrals</td>
</tr>
<tr>
<td># of donors to COM-T</td>
<td>Highly variable and well not tracked</td>
<td>Y1: 10% (10% increase YOY) Y2: 20% (10% increase YOY) Y3: 30% (10% increase YOY)</td>
<td>• Develop and provide quarterly reports by academic unit and COM-T-wide that measures number of donors</td>
</tr>
<tr>
<td>Average annualized gift size to COM-T</td>
<td>Highly variable and not well tracked</td>
<td>Y1: 10% (10% increase YOY) Y2: 20% (10% increase YOY) Y3: 30% (10% increase YOY)</td>
<td>• Develop and provide quarterly reports by academic unit and COM-T-wide that measures and categorizes annualized gifts</td>
</tr>
</tbody>
</table>

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

For vision element 2, the data collected from the academic units was largely incomplete and highly variable between unit type: seven clinical (45% incomplete), five non-clinical (80% incomplete), and four centers (50% incomplete. Several units host events throughout the year, but the event preparation and strategy lack a targeted focus on aspects to build philanthropic engagement. Several units also have some form of regularly scheduled communications and are looking forward to working with the new Executive Director of Brand Communications to create opportunities to engage alumni through appeals and newsletters. This vision element and associated metric will allow for the Office of Development, the brand leader, and the Alumni office to partner and coordinate events to drive success in the area of development.
Table 7.2

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td># of events targeting potential COM-T donors</td>
<td>Highly variable and not well tracked</td>
<td><strong>Y1:</strong> 10% (10% increase YOY) &lt;br&gt;<strong>Y2:</strong> 20% (10% increase YOY) &lt;br&gt;<strong>Y3:</strong> 30% (10% increase YOY)</td>
<td>• Develop and provide quarterly reports by academic unit and COM-T-wide that measures and categorizes events targeting potential donors</td>
</tr>
</tbody>
</table>

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

For vision element 3, we addressed another opportunity—the lack of a systematic referral tracking process for the limited number of referrals received, and the inability to report the average number of days between referral of potential donor by the unit to development and contact by development to the potential donor. In addition, there is currently no mechanism whereby the development office can have rapid access to ‘shovel-ready’ proposals. Therefore, a new proposed initiative is for academic unit leaders to solicit one-page proposals, written in lay terms, that summarize an area of research for which the faculty member has submitted a grant to a foundation or a funding agency that can be referenced in any discussion between a potential donor and a DO.

Table 7.3

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Current State</th>
<th>Future State</th>
<th>Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td># of days between referral of potential donor by academic unit to DO, and contact between DO and potential donor</td>
<td>Highly variable and not well tracked</td>
<td><strong>Y1:</strong> 10 days &lt;br&gt;<strong>Y2:</strong> 7 days &lt;br&gt;<strong>Y3:</strong> 4 days</td>
<td>• Develop and provide a systematic referral tracking structure and process for referrals received by DO. &lt;br&gt; • Develop and provide quarterly reports by academic unit and COM-T-wide that can be used for tracking that measures time to contact</td>
</tr>
<tr>
<td># of ‘shelf-ready’ 1-page proposals related to grant applications</td>
<td>New initiative – no current data</td>
<td><strong>Y1:</strong> # equivalent to 5% of # of faculty per academic unit &lt;br&gt;<strong>Y2:</strong> 50% increase &lt;br&gt;<strong>Y3:</strong> 50% increase</td>
<td>• DO: Develop and provide an inventory (curated repository) of 1-page proposals by clinical or research area that can be rapidly accessed when a potential donor expresses interest and/or passion for a particular clinical or research area &lt;br&gt; • Academic unit leader: solicit faculty members to provide 1-page proposal in lay terms that summarizes the rationale, background, significance, and approach as well as an approximate budget that can be accessed by the DO</td>
</tr>
</tbody>
</table>