

University of Minnesota Medical School Goals and Priorities

2014-2015

Overview:

- In 2013 the Medical School developed a strategic plan, *Strategic Vision 2025*, that set a course for sustained growth and a vision for excellence.
- That Strategic Vision is the foundation that we have built upon in developing these Medical School Goals and Priorities.
- We are putting together a road map, with measurable mileposts to help us gauge our progress.
- This is not a short-term vision. This is a first step toward our long-term goal of excellence in scholarship, research, education and clinical care.
- This represents a shift in our culture, and a challenge to leadership to reinforce this commitment.
- That is why we will work to align incentives for faculty and department chairs around these goals, putting metrics in place to track progress and success.
- Over the last several months I have had numerous discussions with people from throughout the Medical School about this plan. This document represents much of that feedback and input.
- At the same time, it's important to remember that this document is a starting point, not a finish line. I hope to engage all of you in a meaningful conversation going forward about the best way to live up to our potential, and to reinforce a culture of excellence for our school.

Overarching goal:

We will develop and sustain a world-class medical school and academic health system that ranks in the top decile nationally.

Goal 1: Increase and reward/recognize excellent scholarship

- Increase the percentage of faculty who annually publish in peer-reviewed publications
- Set expectations for scholarship for tenure and non-tenure track faculty

Tactics:

- Compile first/last author publications by department twice a year
- Compile first/last author publications for individual faculty member (by department) for the past three years and update the list annually
- Compile all author publications by department annually
- Compile H and J index and total citations of individual faculty (by department) annually

- Set clear parameters for which publications we are measuring, how often we will measure, and how we will be inclusive to highlight meaningful publication and scholarship beyond just first/last author accomplishments

Goal 2: Increase level and quality of research

- Increase NIH funding rank over the next 5 to 10 years to 20th as measured by Blue Ridge Research Institute criteria (>\$27 million increase in NIH awards)
- Demonstrate continued growth and momentum in key metrics including
 - Clinical trials
 - Team science projects
 - Multicenter clinical trials
 - Grant applications
 - NIH Funding per tenure/tenure track faculty

Tactics:

- Secure and provide funding to increase the number of seed grants for innovative projects and patient outcomes research
- Develop and expand infrastructure for clinical trials and team science projects including expanding use of clinical IT to facilitate clinical outcomes/research
- Increase the number of multicenter clinical trials for which a Medical School faculty member is the overall PI
- Ensure best practices in protection of human subjects
- Better utilize CTSI for interdisciplinary projects
- Strengthen faculty mentorship programs
- Strengthen partnerships with industry
- Recruit talented researchers through cluster hires in strategic priority areas
- Apply for more program project grants, NIH funded clinical trials, and P50 and K awards
- Increase number of physician scientists
- Improve infrastructure support for genomics, proteomics, metabolomics, informatics, imaging, clinical trials
- Identify and pursue awards, such as Pew, Burroughs Wellcome, and Searle Scholars, that will lay the groundwork for major memberships and prizes including IOM/NAS/HHMI

Goal 3: Enhance educational programs to support the career goals of our learners and meet work force needs

- Minimize debt load for learners
- Close the gap between changes in medical practice and medical education, focusing on interprofessional training, quality improvement, and public health/social determinants of health
- Promote and enhance scholarship evaluated on the following metrics:

- Number of students doing research/scholarship
- Financial support for medical student research
- Number of publications by medical students
- Number of GME trainees electing physician scientist pathways and/or pursuing faculty appointments
- Align continuing medical education/continuing professional development with clinical practice improvement
- Meet new GME accreditation standards in innovative ways.
- Expand the capacity for clinical education of medical students

Tactics:

- Keep med school tuition flat for next 5 years through increased philanthropy and cost control
- Increase the number of merit and need based scholarships
- Expand the number of MD/PhD students from average of 8 to 16 in next three years
- Retain a higher percentage of students in academic careers
- Pursue state and University financial support to continue tuition freeze
- Work with UMF on philanthropy programs targeted specifically toward tuition assistance and scholarships
- Develop funding mechanisms for the increase in MD/PhD student numbers
- Obtain NIH T35 grant to fund medical student summer research program
- Collaborate with hospital partners and the State of Minnesota to ensure GME is meeting workforce needs
- Consider overall shorter tracks for training physicians (ie student/resident/fellow pathways)
- Support specific tracks for physician scientists at undergraduate and graduate medical education levels.
- Expand opportunities for faculty development in medical education
- Expand resident and fellow training grants (e.g., T32)
- Reward/recognize faculty for excellent teaching, mentorship, and outstanding courses /programs
- Demonstrate the value of learners to health outcomes through engagement with quality improvement and patient safety efforts
- Develop partnerships with Minnesota health systems, Minnesota Medical Association and quality organizations to develop innovative training models and sites for students to learn about quality improvement, patient safety, and interprofessional teamwork
- Collect and analyze factors that correlate with student academic success.
- Establish Resident Leadership Academy to develop the leadership skills of residents and court their interest in applying those skills through ongoing employment/involvement with the institution

Goal 4: Integrate and expand Fairview/UMH/UMP into a single academic health system

- Demonstrate the benefits of academic medicine and coordinated care through the launch of the University of Minnesota Health brand
- Leverage the clinical enterprise in support of the clinical research and educational missions of the Medical School
- Increase market share and improve efficiency and interprofessional practice
- Increase the Medical School funding from U of M Health

Tactics:

- Expand patient outcome projects within UMP, UM Health, and Fairview
- Support interprofessional training and care models to improve patient access and coordination of care
- Increase funding for System Wide Engagement Program to improve patient outcomes and efficiency of care
- Standardize health system procedures/SOPs
- Reward/recognize faculty for excellent patient care and outstanding clinical programs

Goal 5: Increase financial resources and control costs to achieve overall improved financial operating margin for the medical school, UMP, and UM Health

- Obtain significant state money for health sciences in biennial request
- Expand services/programs into high margin categories
- Increase entrepreneurship around potential revenue generators
- Increase philanthropy from \$60 million to \$80 million/yr for Medicine/Health

Tactics:

- Develop executive health program/cosmetic dermatology
- Establish more industry collaborations/funding
- Increase patent applications
- Expand clinical enterprises (more clinic hours/more locations)
- Streamline administrative and other operating costs where appropriate
- Increase number of potentially grateful patients to UMF

Goal 6: Increase efforts to retain students, faculty, and staff from broadly diverse backgrounds to a community that intentionally promotes inclusivity

- Increase proportion of underrepresented---in---medicine (UIM) students, faculty, and staff so that the diversity of our community at least reflects the diversity of our state

- Increase applications from students underrepresented in medicine
- Increase proportion of women and UIM populations in leadership positions

Tactics:

- Increase number of merit and need based scholarships for the purpose of recruitment of a broadly diverse student body
- Provide mentoring and support to students/faculty/staff from underrepresented communities to foster an inclusive and supporting culture and to encourage career growth
- Actively outreach to underrepresented student populations to encourage consideration of Medical School as an option
- Build pipeline programs to strengthen and increase the talent pool of UIM and female students, residents and faculty
- Ensure the pool of applicants for faculty searches includes UIMs and women and make concerted efforts to further their candidacy
 - Build applicant pool by conducting targeted outreach to UIM and women candidates
 - Engage the Office of Equity and Diversity in recruitment efforts
 - Set a goal of interviewing for every search at least one UIM and one woman in under---represented fields
 - Set a goal of hiring at least one additional UIM and one woman in every under---represented department