

The University of Florida College of Medicine

STRATEGIC PLAN 1999



The University of Florida College of Medicine Strategic Plan - 1999

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I. PREFACE

Since its founding in 1956, the College of Medicine has attained excellence in its missions of education, research, and service to the city, state, and nation. As Dean of the College, I intend to build upon this foundation of excellence by increasing our achievements and leading the College into the 21st century as a premier institution.

Based upon prudent assessment of past accomplishments, our strategic plan simultaneously considers the present status of our mission-oriented programs and anticipates future needs. With broad participation from all ranks of administrators, faculty and students, this plan maps our future direction.

The current strategic plan provides a blueprint to address the changes in academic medicine; identifies and prioritizes the needs and resources of the College; and places value on our richest resource, the College of Medicine faculty.

This plan presumes that a dynamic College of Medicine will adapt to the changing medical needs of society and respond to the needs of its faculty and students, as well as citizens of the State of Florida and the nation. With high expectations and great enthusiasm, I invite every member of this academic community to participate in achieving the aims charted in this document.

Kenneth I. Berns, M.D., Ph.D.
Dean

II. EXECUTIVE SUMMARY

Since the early 1990s, when our previous strategic plan was developed, the College of Medicine (COM) has confronted tremendous changes in managed care as well as shifts in clinical revenues. Our leadership has changed as well: in October 1997, Dr. Kenneth I. Berns, MD, Ph.D., assumed the role of dean for the COM; currently he is also interim Vice President for Health Affairs. Under his direction, the COM makes marked, steady progress in accomplishing its short-term objectives in the areas of education, health-care delivery, and research - - and is positioning itself to reach its long-term goals for the next century.

Administration/Governance

Dr. Berns revamped the College's organizational structure and empowered senior administrators with budget accountability for each mission of the College: education, research, and service. The overall goal of this administration is to enable the faculty and staff to attain its COM missions, utilizing shared vision and values. The administration also strives to support departmental, core, and faculty leadership; ensure fiscal responsibility and high accountability for the budget and databases of the school; affirm and account for the productivity of faculty and staff; fully integrate the operations of the campuses in Jacksonville and Gainesville; renovate or create new facilities to ensure adequate teaching space; and establish a base of private funding for needs not met by the State.

Further, since 1996, the college produces budgets by mission (research, teaching, and clinical service). In addition, the efforts of each faculty member are tracked by mission. Monthly budgets are produced for all units of the COM and the Executive Fiscal Affairs Committee (EFAC) reviews investment decisions of the departments and administration. As a result, the financial condition of the College and the accountability of faculty and administration have

never been stronger.

Education

The past seven years have been vigorous and exciting for the education programs at the University of Florida College of Medicine. Under the guidance of Robert T. Watson, MD, senior associate dean of educational affairs, the education mission of the College has been clearly defined and significant advances in the quality and training of medical students, basic scientists, physician assistants, and house staff are occurring. The COM Education Center has been developed to provide educational leadership and provide support for the various education programs. Further, under the guidance of the curriculum committee, a renewal plan founded on both a clinical presentation model and a competency-based program has been implemented.

The curriculum committee has been in the forefront of addressing major issues that include development of annual performance-based evaluation, establishment of a new structural plan for the first two years - - one that limits contact hours and encourages time for independent learning, redesign of the third-year clerkships and inclusion of a new 12-week interdisciplinary clerkship focusing on the generalist disciplines, and development of a comprehensive evaluation system derived from a competency-based educational program with standardized course objectives and evaluation criteria.

Three major categories of goals guide the education programs: 1) empowering the administrative education unit to develop, implement, and evaluate all aspects of the educational programs in the College of Medicine, and creating a humane environment that fosters respect, professional integrity and service orientation; 2) providing and improving the general professional education program that helps prepare our students for any residency they may choose;

and 3) enhancing our other educational programs in graduate medical education, biomedical graduate student education, continuing medical education, and the physician assistant program.

Research

Over the past decade, the level of research productivity by COM faculty has nearly doubled. The garnering of research funds from the National Institutes of Health (NIH) by COM faculty is at an all-time high. Approximately 20% of all COM funding is from the NIH. The number of faculty conducting research has increased. At Gainesville, 39% of clinical faculty and 90% of basic science faculty are conducting funded investigations; so are 16% of clinical faculty and 20% of basic science faculty at Jacksonville. Established in 1998, the Brain Institute has amassed national and international recognition through its state-of-the-art research programs related to diseases and injuries of the brain and spinal cord. The launching of various centers of research allows broad interdepartmental and campus-wide collaborations.

With a sound, dynamic research foundation, the COM is positioned to excel in its research mission. Major research goals for the future include increasing research and scholarly productivity, strengthening resource management and support, improving interdisciplinary research programs, and gaining national and international recognition for research achievement of faculty and the overall college.

Clinical Service

Since the early 1990s, the clinical services of the College has grown dramatically. The College and its closely aligned Shands HealthCare are now part of a seven hospital and 46 outpatient clinic system covering a broad northern Florida geography. In addition, Shands HealthCare is expected to soon control University Medical Center in Jacksonville (to be called Shands Jacksonville). With Shands Jacksonville, the UF/Shands clinical service system will include over 2,000 patient beds.

In 1997, Dr. Berns empowered Nicholas J. Cassisi, DDS, MD, as new senior associate dean for Clinical

Affairs, to interact with the Shands HealthCare management and to assist in better coordinated planning and communication for Shands at UF (the on-campus teaching hospital) and to encourage faculty to seek privileges at Shands at AGH (the community hospital 10 blocks from Shands at UF.)

Substantial progress has been made in streamlining management, coordinating planning and investment dollar allocations between the COM and Shands.

Faculty

Faculty serves as the primary force in accomplishing the missions of the COM. Recognizing the value of this dedicated team, the COM cultivates open lines of communication and solicits input through faculty representation on various committees, including the Executive Committee. In addition the Dean has monthly meetings with officers of the faculty council and holds regular meetings with faculty of the college.

For the future, the COM plans to institute and periodically assess programs for faculty recruitment, mentoring, development and retention; conduct annual reviews of the faculty compensation plan and modify it to reflect changes in the COM resources and contributions of all faculty; and provide an exemplary environment for clinical, educational and research pursuits

III. MISSION, VISION AND VALUES

The College of Medicine reaffirms its mission, vision, and values from the 1992 Strategic Plan. The College is an integral component of several public, academic and health care organizations. It serves the people of the State of Florida and it supplies support and, where appropriate, leadership to the University, Health Science Center, Shands HealthCare, the Gainesville Veterans Affairs Medical Center, University Medical Center in Jacksonville, and other affiliated institutions in matters relating to health care.

The University of Florida College of Medicine must prepare physicians to provide high quality health care in a constantly changing scientific and socioeconomic environment. The medical education continuum must occur in a multitude of environments; the importance of learning in settings of exciting scientific discoveries and tertiary clinical care being balanced with learning in the community. Learning experiences should be as a member of the health care team, span the continuum of health and sickness, and have sufficient emphasis on prevention, rehabilitation, and caring. The College of Medicine must participate in the development of a health care system that is responsive to the needs of the patients, community, and sponsors. A clear mission and appropriate health care system will provide the framework for quality educational programs, and for success in biomedical research, caring for patients, and community service.

Premises For The College's Mission

- The College of Medicine's first priority is to produce high quality graduates. These graduates are trained as physicians, researchers or physician assistants.
- The College of Medicine will continue to attract excellent faculty and students who make it possible to learn in an environment of exciting dis-

coveries and high quality clinical care.

- The College of Medicine will strive to diminish the inherent resource conflict between its educational mission and the research and clinical service missions of the Academic Health Center; decisions will consider the effect of change on educational programs.
- The College of Medicine will provide leadership in the development of a health care system that supports educational programs while best serving its patients, community, and sponsors.
- The College of Medicine will constantly evaluate and revise its educational programs to provide proper learning experiences in appropriate environments.

The Mission of the College of Medicine

- To educate medical students, physician assistant students and physicians in the humanistic, scientific and practical principles of medicine to become, and remain, exemplary practitioners, academicians and leaders.
- To educate and train scientists for careers in research, teaching or industry.
- To provide compassionate, skilled and innovative healthcare of the highest quality.
- To foster discovery in science, medicine and healthcare.
- To promote health and prevent disease, and to educate the public in this regard.
- To provide leadership in assessing healthcare needs of the public; and to design, develop, and manage innovative approaches to meeting these needs.
- To promote professional and personal growth, productivity, and collaboration of faculty and staff.

Vision

We envision the College of Medicine to be, and to be recognized as, one of the leading medical schools in the United States. We envision an institution deeply committed to excellence, quality and scholarship in pursuit of its integrated educational, clinical and scientific mission. We envision a caring environment filled with enthusiasm, intellectual ferment, mutual support, and pride in personal, departmental, collegiate and University accomplishments.

- Other health care professionals and referring physicians
- The quality and potential of individual faculty and staff members

Display and Recognition of:

- Integrity
- Enthusiasm, human compassion and kindness
- Strong spirit of mentoring

We Value

Commitment to:

- Quality and excellence
- The mission
- Clearly defined and communicated goals and objectives
- Human diversity
- Innovation and innovators
- Scholarship and discovery
- Open and honest communication
- Empowerment of those we lead
- Balance between independence and teamwork
- Shared control, shared resources and an abundance mentality
- Collaborative problem solving
- Effective decision making based on data and vision
- The integration of individual departmental, collegiate, and university goals
- Appropriate and cost-effective utilization of resources
- Concordance among accountability, authority, accomplishment and reward

Respect for:

- Each other and each other's roles and needs
- Students, residents and other trainees
- The people with whom we work and their families
- Patients and their families and friends

IV. GOALS, OBJECTIVES & STRATEGIES

A. Administration and Governance

GOAL 1: To strengthen the leadership of the College.

OBJECTIVE 1: Establish and empower qualified senior administrators, with budget accountability, for each mission of the College that is responsible to the dean of the College.

Strategy 1: Continually review the organization and performance of all Associate/ Assistant Deans and the Dean, with input from within and outside the College.

Strategy 2: Annually review the position descriptions of all senior administrators and chairpersons and compare performance to assignments and goals.

Strategy 3: Continue to modify the committee and meeting structure of the College to ensure proper representation and the review of productivity and goals toward the stated missions.

Strategy 4: Enhance the involvement of the chairs in leadership of the College through interaction and discussion at the Executive Committee and Faculty Group Practice Board.

Strategy 5: Establish a Department of Genetics with a chair of national stature within three years.

Strategy 6: Recruit department chairs of proven national leadership as leadership changes/vacancies occur.

GOAL 2: To ensure fiscal responsibility and high accountability for the budget and databases of the school.

OBJECTIVE 1: Integrate the staffs of the Office of the Vice President and Dean to obtain increased productivity and reduced costs.

Strategy 1: As the Dean is also the interim vice president, combine the fiscal, personnel, information services and administrative staffs of these offices.

Strategy 2: Integrate the budget and accountability of the two offices with increased service to all areas of the Health Science Center.

Strategy 3: Integrate the reporting mechanisms and have cross-training to ensure depth in management and experience and at the same time decrease costs.

Strategy 4: Utilize a proven database to prepare, account for and drive the budget process for the College and Health Science Center to move toward a mission-based system.

Strategy 5: Ensure that all budgetary units of the College are held fiscally accountable.

Strategy 6: Develop budgets for all mission-based activities to include capital and recruiting budgets.

<i>Strategy 7:</i>	Establish a cash flow analysis for all teaching hospitals to ensure that the hospital and College each fund its appropriate share of shared costs.		administrative head for their respective areas.
<i>Strategy 8:</i>	Produce a single integrated database for evaluation of all missions by continuing to develop the Human Resources Information System (HRIS) and integrate it with the financial database.	OBJECTIVE 3:	Ensure that faculty on both campuses are under the same fiscal and human resource policies.
		OBJECTIVE 4:	Establish a committee to review the cash flow of both campuses.
		OBJECTIVE 5:	Establish a budget process and compensation plan common to both campuses.
GOAL 3:	To ensure and account for the productivity of faculty and staff.	GOAL 5:	Renovate or create new facilities to ensure adequate teaching space.
OBJECTIVE 1:	Update the College of Medicine faculty compensation plan so that it delineates the standards of productivity for all faculty and staff members, and any increase or decreases in compensation for their activities.	OBJECTIVE 1:	Determine the teaching space requirements of the College to ensure that adequate facilities exist for medical student teachers.
OBJECTIVE 2:	Hold each unit responsible for its goals, missions and budget.	<i>Strategy 1:</i>	Review all existing teaching space.
<i>Strategy 1:</i>	Establish realistic budgets for each unit and hold each unit head responsible for staying within that budget.	<i>Strategy 2:</i>	Quantify in space and cost the requirement for new or renovated facilities.
<i>Strategy 2:</i>	Use the Executive Fiscal Affairs Committee (EFAC) to monitor progress compliance.	<i>Strategy 3:</i>	Revise request for state funding and the capital campaign of the College in accordance with the established requirements.
GOAL 4:	Coordinate the administrative and financial operations of the campuses in Jacksonville and Gainesville.	GOAL 6:	To establish an adequate private funding base for needs not met by State funding through alumni and development offices.
OBJECTIVE 1:	Appoint a single chair for each department in the College for all geographic locations of faculty.	OBJECTIVE 1:	Determine the needs of the College not met by State funding.
OBJECTIVE 2:	Reorganize the administrative structure so that Gainesville and Jacksonville personnel report to the same	OBJECTIVE 2:	Establish a goal to meet such needs by July 2001.
		OBJECTIVE 3:	Keep private donors and alumni ap-

praised of the needs of the College.

OBJECTIVE 4: Seek gifts that will be eligible for enhancement through the State matching grant program.

OBJECTIVE 5: Increase the scholarship and loan resources of the College to enable all students to have access to potential funding for their education.

Strategy 1: Identify and project the financial needs of students.

Strategy 2: Highlight the needs through Alumni and Development and the faculty capital campaign.

Strategy 3: Make students aware of resources available for support.

IV. GOALS, OBJECTIVES & STRATEGIES (CONTINUED)

B. Educational Programs

The Educational Goals and Objectives from the 1992 Strategic Plan and 1991-1993 LCME self-study were reviewed and updated based on planning by the Curriculum Committee, students, faculty and chairpersons. This ongoing process started in 1993; a goal of our curriculum is continuous renewal. In the current self-study the Goals and Objectives are in three categories:

- a.) those for the administration of the educational programs;
- b.) those for achieving success in achieving the medical student education program; and
- c.) those for achieving our other educational programs.

Goals will be presented in the above category order.

Goals and Objectives for Achieving the Administration of Educational Programs

GOAL 1: Empower the centralized education unit to develop, implement and evaluate all aspects of the educational programs in the College of Medicine.

OBJECTIVE 1: Evaluate performances and achievements of the various assistant and associate deans, directors of educational programs, and chairs of educational committees, including the activities of the College of Medicine Education Center, and of the Admissions Curriculum and Academic Status Committees.

OBJECTIVE 2: Empower the Curriculum Committee to design, evaluate and revise the educational program leading to the M.D. Degree, with appropriate participation of the departments of the College of Medicine.

OBJECTIVE 3: Develop the College of Medicine Education Center to:

Strategy 1: Provide an administrative structure for the governance of our educational programs.

Strategy 2: Provide an infrastructure that coordinates and assists the efforts of the departments to efficiently implement educational programs.

Strategy 3: Assist learning and instructional activities for students and faculty.

Strategy 4: Provide a faculty development program.

Strategy 5: Provide state-of-the-art information technology.

Strategy 6: Develop and promulgate to students and faculty the policies and procedures for the evaluation and academic advancement of students, and the evaluation of faculty, courses, clerkships, and programs.

Strategy 7: Develop and maintain databases of these evaluations.

Strategy 8: Develop a system that recognizes and rewards excellence in education.

- Strategy 9:* Secure external funding from grants, foundations, and donors.
- Strategy 10:* Publish the results of its initiatives.
- OBJECTIVE 4:** Continue the development of the Harrell Professional Development and Assessment Center.
- Strategy 1:* Provide a series of performance based evaluations that utilize standardized patients and which students must pass for advancement and graduation.
- Strategy 2:* Provide performance based evaluations as part of the evaluation of medical students during their clerkships.
- Strategy 3:* Train standardized patients for teaching, as well as for evaluation.
- Strategy 4:* Continue relationships with the NBME as a pilot test site for the use of standardized patients in the licensing examinations (USMLE).
- Strategy 5:* Publish the results of studies carried out in the Harrell Center.
- Strategy 6:* Seek external funding from grants, foundations, the State, and private donors.
- Strategy 7:* Collaborate with other HSC colleges in the use of standardized patients.
- Strategy 8:* Provide opportunities for residency program directors to utilize standardized patients for teaching and evaluation.
- Strategy 9:* Serve as a resource for CME and physician evaluation.
- OBJECTIVE 5:** Monitor educational programs at geographically separated campuses at the Program in Medical Sciences at Florida State University and the University Medical Center in Jacksonville for compliance with all College of Medicine requirements and LCME standards for equivalency of educational experiences.
- OBJECTIVE 6:** Encourage faculty to remain active in appropriate professional organizations, e.g. the AMA, AAMC, and NBME in order to be aware of contemporary issues in medical education, and evolving accreditation standards.
- GOAL 2: Create a humane environment that fosters respect, professional integrity and service orientation.**
- OBJECTIVE 1:** Continuously strengthen procedures to select future physicians with the personal and intellectual characteristics expected of compassionate and competent physicians.
- OBJECTIVE 2:** Enthusiastically adhere to and support the principles of the Americans with Disabilities Act.
- OBJECTIVE 3:** Enhance diversity and tolerance among students, staff and faculty.
- OBJECTIVE 4:** Improve the service mission of the College; have the College, as does its faculty, serve in an ethical and compassionate manner the health care needs of its patients and community.
- OBJECTIVE 5:** Provide support for student humanitarian projects, e.g. Equal Access Clinic, Project Haiti, Outreach, Project Smile, and others that might be considered by our students.

OBJECTIVE 6: Support the Office of Professional Development and Counseling.

OBJECTIVE 7: Improve the programs of developing a code of ethics/professionalism by the matriculating class, and a White Coat Ceremony for the third year class prior to their clerkships.

OBJECTIVE 8: Provide appropriate lounge space for students while they are learning the basic sciences or on the hospital wards.

OBJECTIVE 9: Recognize and reward compassionate faculty role models.

OBJECTIVE 10: Recognize and reward extraordinary student achievement.

Goals and Objectives for Achieving the Medical Student Educational Program

During the past eight years we have been developing numerous innovations and improvements in our educational program which prepares our students for any residency program that they may choose. We became aware that these activities were based implicitly on sound principles of educational design. Over the past four years we set about to articulate these principles to serve as yardsticks for evaluating our educational program and keep our planning and renewal process on target. Our current goals and objectives are derived from them.

The Principles of Educational Program Planning:

- 1.) The general professional education of the physician is the goal of the curriculum.
- 2.) The educational program and evaluations are competency based.
- 3.) A conceptual framework for defining knowledge promotes learning and effective utilization of that knowledge and serves as a basis for curriculum integration.

4.) The ability to learn independently is essential for physicians to provide quality health care and promotes the development of life-long learning habits.

5.) Incorporation of the characteristics of outstanding physicians in the educational program is essential for complete professional development of students.

6.) Effective health care delivery requires the consideration of family and community contexts.

7.) Appropriate faculty and appropriate clinical settings are essential for students acquiring mastery of the required competencies.

8.) The educational program must be responsive to the emerging needs of society.

9.) Informatics is essential for effective utilization of information by students and practitioners.

10.) Discovery of new knowledge and solutions are part of the medical profession.

11.) Health care delivery requires individual and team efforts.

12.) Learning and professional development requires a humane environment which fosters respect, personal integrity, service orientation and a sense of personal well being.

GOAL 1: Provide a program that defines a core curriculum designed to provide the foundations of medical science and practice and prepares students for any residency of their choosing.

GOAL 2: Develop a competency based curriculum and evaluation system.

OBJECTIVE 1: Develop comprehensive list of competencies.

OBJECTIVE 2: Develop course learning objectives based on competency categories. (<http://www.med.ufl.edu/oea/cc/exhibit4.html>)

- OBJECTIVE 3:** Ensure that the student evaluation process assesses student progress towards attainment of these competencies.
- OBJECTIVE 4:** Implement recommendations of the evaluation subcommittee of the curriculum committee. (<http://www.med.ufl.edu/oea/cc/exhibit6.html>)
- GOAL 3: Adopt the clinical presentation model as the integrative framework.**
- OBJECTIVE 1:** Develop UFCOM clinical presentation list. (<http://www.med.ufl.edu/oea/cc/exhibit5.html>)
- OBJECTIVE 2:** Utilize clinical presentation as basis for basic science clinical correlation.
- OBJECTIVE 3:** Develop clinical presentation schematics to aid basic science courses in developing course objectives.
- OBJECTIVE 4:** Assign clinical presentations to clinical science courses as primary learning objectives.
- OBJECTIVE 5:** Develop clinically relevant basic science questions to be integrated with the performance-based evaluations in the Harrell Center. These questions are asked at computer interstations after a standardized patient encounter.
- OBJECTIVE 6:** Continue to develop the integrated course, “Essentials of Patient Care,” in the first two years of medical school with the ongoing goal of teaching the pre-clinical curriculum in the context of total professional development. The curriculum of this course will be coordinated with the learning of basic science concepts and emphasize human relationship building, communication, and ethical and professional behavior.
- GOAL 4: Develop structure and learning methodologies that foster independent learning.**
- OBJECTIVE 1:** Adopt a structure in the first two years that allows no more than 1/2 day of contact hours for basic science courses.
- OBJECTIVE 2:** Assure that scheduled faculty contact with students during the pre-clinical years does not exceed 25 hours per week.
- OBJECTIVE 3:** Develop independent study modalities such as computer assisted learning modules.
- GOAL 5: Develop curriculum and programs to encourage the highest standards of professionalism.**
- OBJECTIVE 1:** Develop a faculty statement of exemplary professionalism.
- OBJECTIVE 2:** Derive a list of professionalism competencies from the above statement.
- OBJECTIVE 3:** Develop a curriculum addressing professionalism competencies.
- GOAL 6: Develop learning experiences to focus on the family and community context.**
- OBJECTIVE 1:** Continue to develop the curriculum in Essentials of Patient Care in the first two years of medical school and during the Interdisciplinary General-

- ist Clerkship in the third year with emphasis on the health needs of the community and society as well as those of individuals and families.
- OBJECTIVE 2:** Continue to develop the Keeping Families Healthy course.
- OBJECTIVE 3:** Maintain required clerkship in Family Medicine.
- OBJECTIVE 4:** Provide students with knowledge about community resources that complement the role of the physician in caring for patients.
- GOAL 7: Utilize diverse clinical settings and utilize our best teaching faculty in those settings.**
- OBJECTIVE 1:** Maintain appropriate balance of ambulatory versus inpatient training.
- OBJECTIVE 2:** Expand the use of the Jacksonville campus.
- OBJECTIVE 3:** Improve access to general pediatric clinical settings.
- OBJECTIVE 4:** Expand clinical facilities that offer opportunities to gain experiences in a multitude of health care settings, care for a wide spectrum of patient problems, and participate with other members of the health care team.
- OBJECTIVE 5:** Empower the Office of Generalist Education and Community programs to develop community clinical educational opportunities.
- OBJECTIVE 6:** Continue to work closely with the North Florida AHEC to enhance student exposure to the practice of medicine in rural settings.
- OBJECTIVE 7:** Have faculty available as a resource, in laboratories, by WWW or on email to assist students in solving problems during non-scheduled hours.
- OBJECTIVE 8:** Have faculty serve as facilitators of learning, as well as sources of information, in order that students will learn to retrieve information, critically evaluate the literature, solve problems, apply the scientific method, and make appropriate clinical decisions.
- GOAL 8: Develop an educational program that is informed by and responsive to multiple constituencies involved in health care delivery.**
- OBJECTIVE 1:** Appoint community members to the curriculum committee.
- OBJECTIVE 2:** Charge the curriculum committee with refining and updating the competency list so that our curriculum remains up to date and responsive to society's needs.
- OBJECTIVE 3:** Develop curriculum in contemporary health care issues such as managed care, health care financing and geriatrics.
- OBJECTIVE 4:** Maintain a balance of training settings as more care is shifted to an ambulatory base.
- OBJECTIVE 5:** Continue to work with AHEC to provide community based training opportunities.
- OBJECTIVE 6:** Develop a flexible curriculum component, "Contemporary Issues in Medicine" which focuses on current community and national issues such as substance abuse, violence, AIDS,

and teenage pregnancy.

OBJECTIVE 7: Develop learning experiences in health care economics.

OBJECTIVE 8: Increase the number of opportunities for students to experience the practice of medicine in a managed care environment.

GOAL 9: Develop a curriculum and services to develop student skills in informatics.

OBJECTIVE 1: Implement the informatics curriculum plan adopted by the Curriculum Committee.

OBJECTIVE 2: Continue to develop online course exams and web-based course materials.

OBJECTIVE 3: Encourage the use of information technology to monitor areas of rapid advancement in the care and treatment of patients.

OBJECTIVE 4: Have the Office of Information Technology continue helping faculty and students develop innovative learning methods and programs.

OBJECTIVE 5: Assist students to learn the practical utilization of information technology in the everyday care of their patients.

OBJECTIVE 6: Develop an Internet-based system to provide students and faculty access to secure information about their performance.

GOAL 10: Develop a curriculum which emphasizes new knowledge and discovery.

OBJECTIVE 1: Continue to develop the CRC research experience in the first year.

OBJECTIVE 2: Encourage research activities by continuing to offer mini grants for educational research.

OBJECTIVE 3: Encourage and support medical student involvement in research efforts.

OBJECTIVE 4: Enhance the MD/PhD program.

GOAL 11: Develop a curriculum fostering an interdisciplinary and multi-professional approach to health care delivery.

OBJECTIVE 1: Continue to develop the Interdisciplinary Generalist Clerkship.

OBJECTIVE 2: Work with other Health Science Center colleges to develop interdisciplinary learning opportunities in the community, e.g., at the Eastside Clinic and through the newly funded Managed Care Education Program.

OBJECTIVE 3: Continue to identify and utilize sites with multi-professional services and foster team building in those sites.

GOAL 12: Develop a curriculum and educational program that fosters student well-being and personal growth.

OBJECTIVE 1: Continue to refine the Essentials of Patient Care course as an early exposure to strong faculty role models serving as mentors.

OBJECTIVE 2: Continue to support student on-site counseling services.

OBJECTIVE 3: Continue to develop student career counseling services.

OBJECTIVE 4: Develop curriculum and student support groups to address the issues of death and dying.

OBJECTIVE 5: Clearly define a set of professional behavior, human relationship and communication competencies.

The Goals and Objectives for Achieving Our Other Educational Programs

GOAL 1: Provide sufficient oversight for our Graduate Medical Education programs.

OBJECTIVE 1: Empower the Associate Dean for Graduate Medical Education and Associate Chief of Staff for Housestaff Affairs.

OBJECTIVE 2: Maintain institutional oversight and strategic planning to coordinate undergraduate and graduate medical education programs.

OBJECTIVE 3: Maintain highly competitive and effective training programs at all locations as determined by ACGME accreditation, certification passing rates, and evaluation of the programs by graduates and trainees.

OBJECTIVE 4: Ensure full participation by residents in the education of medical students.

OBJECTIVE 5: Enhance the effectiveness of this participation by emphasizing and developing resident teaching skills. Using feedback from students to help design these teaching efforts.

OBJECTIVE 6: Develop a comprehensive strategic plan for GME which considers:

- 1.) The most efficient and cost-effective organizational structure for our GME programs.
- 2.) The size and distribution of our GME programs.
- 3.) GME funding and method of allocating those funds.
- 4.) The size and mix of our residency programs.
- 5.) The structure and functions of the Institutional Committee for Graduate Medical Education.
- 6.) Development of an educational strategy for a common GME curriculum, faculty development for teaching residents, and training residents as teachers.

OBJECTIVE 7: Maintain ACGME accreditation.

GOAL 2: Provide state-of-the-art Continuing Medical Education (CME) as an integral part of our health care system.

OBJECTIVE 1: Empower the Associate Dean for CME and Faculty Development to provide:

- 1.) CME Programs to all physician members of the Shands Integrated Delivery System, if requested.
- 2.) Faculty development programs in education and research.
- 3.) Programs to help residents as teachers.
- 4.) The Florida Personalized Education for Physicians Program.
- 5.) The Harrell Professional Development and Assessment Center for faculty, resident, and practicing physicians CME experiences, when appropriate.
- 6.) Expanded use of information technology.

OBJECTIVE 2: Retain full accreditation from the ACCME.

OBJECTIVE 3: Provide postgraduate educational programs to meet the needs of College of Medicine faculty, affiliated physicians, and others practicing in the region, country, and world.

GOAL 3: Strengthen graduate education programs in the basic sciences.

OBJECTIVE 1: Empower the Associate Dean for Graduate Education to:

- 1.) Solidify and improve upon the Interdisciplinary Graduate (Ph.D.) Program.
- 2.) Continue developing Masters level programs and dual degree opportunities for College of Medicine students: Master of Science/MBA, Ph.D./MBA, M.D./MPH, M.D./J.D., and others.
- 3.) Develop an M.D./Ph.D. clinical scientist program.
- 4.) Assist cooperative initiatives of appropriate departmentally based programs.
- 5.) Develop plans for oversight of postdoctoral fellow programs.

GOAL 4: Maintain a high quality Physician Assistant Program.

OBJECTIVE 1: Empower the Director of the Physician Assistant Program.

- 1.) Continue to educate students and place a high proportion of graduates in federally-designated medically underserved areas.
- 2.) Provide the quality of education to maintain a high pass rate on the Na-

- 3.) Continue to provide opportunities to educate physician assistant students in clinical settings with medical students and residents in order to forge collaborative attitudes in training for future members of the health care team.
- 4.) Encourage graduate placement in Florida to meet the health care needs of the State.
- 5.) Continue to develop on-going self-assessment strategies for didactic, clinical and graduate outcome evaluation.

OBJECTIVE 1: Maintain program accreditation through the Accreditation Review Committee on Education for the Physician Assistant recognized by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

IV. GOALS, OBJECTIVES & STRATEGIES (CONTINUED)

C. Clinical Practice

The clinical practice goals of the College from the 1992 Strategic Plan were reviewed and the College's progress described in a separate document. The clinical practice portion of the College has undergone tremendous change with the reorganization of the College and closer integration with Shands HealthCare. Clinical practice continues as a large portion of the College's effort and its revenue does support in part, the academic and research missions of the College.

The College continues to strive for the highest overall quality of healthcare and medical services for the people of Florida and the southeastern United States. The following goals, objectives and strategies have been determined for the clinical practice of the faculty of the College.

GOAL 1: Provide convenient, efficient and compassionate medical care with the highest standards of customer service to our patients.

OBJECTIVE 1: Develop standards of care for faculty and residents that focus on customer service and providing efficient care.

Strategy 1: Identify areas of opportunity from the inpatient satisfaction surveys related to customer service.

Strategy 2: Address issues of concern with hospital management related to customer service and work to resolve these areas through the CQI process.

Strategy 3: Continue working through the Re-

source Utilization Committee (co-sponsored between the College and Shands HealthCare) on providing efficient care.

OBJECTIVE 2: Establish on-going work groups with the hospital management to address issues related to care provided in the Emergency Department and the hospital outpatient departments, including Radiology and Labs.

Strategy 1: Identify the areas of highest opportunity for improvement (e.g. wait times, billing, registration, etc.)*

OBJECTIVE 3: Develop primary care strategy with clinic management to ensure patients have access to primary care.

OBJECTIVE 4: Encourage and foster systems to facilitate affiliations with non-related hospitals who wish to have transfer relationships with Shands and the College of Medicine for tertiary/quaternary patient care.

**NOTE: The College of Medicine has contracted with Shands to provide managerial oversight of the COM clinics. Many of these issues are addressed in the Shands/FGP Management Agreement.*

GOAL 2: Seek national and international prominence in the following clinical areas of excellence:

- **Aging/Geriatrics**
- **Cardiology/Cardiovascular Services**
- **Diabetes**
- **Genetics**

- **Neurosciences**
- **Oncology**
- **Transplantation**
- **Nephrology**

OBJECTIVE 1: To select or recruit a key faculty leader for each program.

OBJECTIVE 2: To create clear organizational and administrative structures that will foster one accountable leader for each program.

Strategy 1: Each program leader will develop an organizational structure, with approval by their department chairman and/or Dean, and communicate that structure to key stakeholders and constituents within six months of being identified as program leader.

Strategy 2: Program leaders will identify gaps in administrative support and discuss needs with department chairman and/or Dean.

OBJECTIVE 3: To have clear, agreed-upon objectives for each program, to give appropriate start-up resources to achieve the objectives and to hold the program leader accountable for progress.

Strategy 1: Each program leader will develop a set of clinical service goals for their program area, with input from key stakeholders and constituents, within six months of arrival.

Strategy 2: Program leaders will be required to evaluate their program's performance with these goals on a yearly basis

Strategy 3: Start-up resources will be discussed with the College's senior management and integrated into its budget system.

OBJECTIVE 4: To provide administrative support from the Dean's office (marketing, legislative issues, finance, space, planning) to facilitate the agreed-upon programmatic objectives.

OBJECTIVE 5: To encourage cutting-edge research in these program areas that will translate to innovative patient treatment.

Strategy 1: Program leaders will foster culture of innovation and creativity.

Strategy 2: Program leaders will discuss clinical research goals and needs with faculty and determine integration with research priorities to meet the above state objectives.

Strategy 3: Program leaders will identify research trial opportunities that will facilitate achievement of the program objectives.

GOAL 3: Work with Shands HealthCare to provide services and to undertake new initiatives, working together cooperatively and to mutual benefit. These initiatives should recognize and preserve the separate corporate cultures of the two institutions.

OBJECTIVE 1: Continue process that has already started to work together to solve problems related to the hospital and College clinical service.

Strategy 1: The Program Planning Committee, begun in 1998 and comprised of senior leadership in the College and Shands HealthCare, has developed a program planning process.

Strategy 2: An extensive analysis of the flow of funds between the COM and Shands

- HealthCare is in progress. This analysis increases the understanding of how Shands supports the academic mission of the COM.
- Strategy 3:* Provide opportunities for real discussion and understanding between the hospital and College. Senior executives from the College and Shands HealthCare meet monthly to discuss common interests. Additionally, the CEO of Shands and the Dean of the College meet biweekly to address common issues and concerns.
- OBJECTIVE 2:** Cooperate with the hospital to reduce cost while providing efficient and quality medical care.
- Strategy 1:* The Resource Utilization Committee, composed of senior leadership of the College and Shands at UF and begun in 1998, addresses quality care and operating efficiencies.
- Strategy 2:* The Chief of Staff's office at Shands at UF and the College of Medicine faculty are working to create quality improvement initiatives. Recently the positions of Chief of Staff of the hospital and Senior Associate Dean for Clinical Affairs have been agreed to be held by one person.
- OBJECTIVE 3:** Measure and evaluate agreements between the College of Medicine and Shands HealthCare in new programs of mutual benefit. Make decisions to continue or discontinue programs.
- Strategy 1:* The Program Planning Committee has discussed adopting the role of measuring and evaluating programs. Currently, the purview of the Committee is to monitor and evaluate programs which have been approved by the Committee.
- Strategy 2:* To encourage and continue projects that provide improved patient care, more efficiency and increased market share.
- OBJECTIVE 4:** Incorporate the College of Medicine's teaching and clinical service at the Shands community hospitals: AGH, Starke, Lake City and Live Oak.
- Strategy 1:* The clinical chairmen of the College of Medicine met in 1999 to strategize on opportunities to provide care at Shands-AGH. Chairmen provided ideas to the Dean and efforts are currently underway to operationalize several initiatives, including programs in Urology, Cardiology, Otolaryngology, Neurosurgery, Radiation Oncology.
- Strategy 2:* The College completed interviews in 1999 to identify areas of opportunity at the rural hospitals owned by Shands HealthCare (Live Oak, Lake City, Starke). Efforts are underway to match needed services in those communities and ability of faculty members to satisfy those needs. In addition, the College created an open communication with the administrators of the hospitals, allowing for future collaboration.
- OBJECTIVE 5:** Determine and implement optimal and efficient manner to link the planning departments of the College and Shands HealthCare.
- Strategy 1:* Merge the Planning staff of the Health Science Center/College of Medicine with that of Shands HealthCare under one vice president.
- Strategy 2:* Allocate responsibility of staffing the Program Planning Committee to the

merged Planning staff to ensure consistent process, methodology and quality.

GOAL 4: Continue development of an integrated Group Practice.

OBJECTIVE 1: Develop mechanism to share expenses and revenue in a fair and equitable manner among the members of the Faculty Group Practice in the College of Medicine. This would include implementing a mechanism where clinic expenses are fairly distributed, expenses of the Dean's office are fairly allocated and all departmental faculty equally share in the success or failure of the College's clinical mission.

GOAL 5: Integrate and coordinate the clinical service practice of Jacksonville with the Gainesville campus.

OBJECTIVE 1: Determine clinical programs where clinical program integration is best for patient care.

OBJECTIVE 2: Consider integration of required administrative or financial support structures, i.e. billing, collecting, Medicare compliance, information systems.

IV. GOALS, OBJECTIVES & STRATEGIES (CONTINUED)

D. Research

General Goals

GOAL 1: Increase research and scholarly productivity

OBJECTIVE 1: Improve overall college NIH rank for funding to top quartile of medical schools, and each department research funding (from all sources) into the top 10 rankings of their respective fields.

OBJECTIVE 2: Maximize opportunities for funding interdepartmental and interdisciplinary research programs.

Specific Areas of Research Emphasis

GOAL 1: Genetics

OBJECTIVE 1: Bring overall UF program to national prominence.

OBJECTIVE 2: Recruit established faculty for new interdisciplinary institute.

OBJECTIVE 3: Establish contiguous space for initial genetic faculty grouping.

OBJECTIVE 4: Seek funding for institute building.

GOAL 2: Cancer

OBJECTIVE 1: Achieve designation as comprehensive cancer center.

OBJECTIVE 2: Seek funding for building.

GOAL 3: Diabetes

OBJECTIVE 1: Identify and support overall program leadership.

OBJECTIVE 2: Achieve excellence in diabetes.

OBJECTIVE 3: Improve space resources for existing program.

GOAL 4: Brain Research

OBJECTIVE 1: Enhance research programs in trauma and degenerative diseases.

OBJECTIVE 2: Consolidate strong programs e.g. vision research, developmental neurobiology.

OBJECTIVE 3: Achieve recognition in aging research.

GOAL 5: Immunology

OBJECTIVE 1: Develop transplant research programs and capabilities.

OBJECTIVE 2: Promote human based immune disease research.

GOAL 6: Clinical Trials Research

OBJECTIVE 1: Expand programs and improve marketing.

OBJECTIVE 2: Establish permanent Phase I Unit in Gainesville.

OBJECTIVE 3: Fully integrate Gainesville and Jacksonville operations.

OBJECTIVE 4: Enhance biotechnology transfer.

Strengthen and Enhance Research Resource Management, Support and Administration

GOAL 1: Faculty Development

OBJECTIVE 1: Invest in faculty research and support and facilitate their research needs.

Strategy 1: Establish an ORA Advisory Board.

Strategy 2: Establish Senior Faculty Review Panels for College Award Programs.

OBJECTIVE 2: Develop incentives and support for increasing program project and training grant proposal applications.

GOAL 2: Grants Administration

OBJECTIVE 1: Establish an efficient, proactive, competent OTL.

OBJECTIVE 2: Coordinate proposal electronic submissions with DSR and educate and assist faculty regarding electronic submission of proposals.

OBJECTIVE 3: Improve UF IRB.

GOAL 3: Scientific Integrity

OBJECTIVE 1: Develop and implement education programs on scientific integrity for

students, post-docs and new faculty.

OBJECTIVE 2: Streamline the process for review of cases.

GOAL 4: Resources and Space

OBJECTIVE 1: Improve Animal Facility operations.

OBJECTIVE 2: Continue development and improvement of space management and productivity evaluation systems.

OBJECTIVE 3: Renovate or create new facilities to ensure adequate research space.

OBJECTIVE 4: Evaluate, strengthen and support core research facilities.

IV. GOALS, OBJECTIVES & STRATEGIES (CONTINUED)

E. Faculty

The College of Medicine values its faculty members and recognizes the importance of fostering these human resources. To successfully compete in the scientific arena and in clinical practice, the College and Health Sciences Center depend on the academic and scholarly expertise and public recognition of the faculty. Consequently, recruitment, development, retention, and support of superb clinical faculty and basic science researchers remain essential goals of the College.

GOAL 1: Recruit faculty of the highest quality to meet present and future needs of departments and centers, and to carry out missions of the College.

OBJECTIVE 1: Maintain sufficient funds and a consistent focus on excellence for the recruitment of chairs, division chiefs and center or program directors.

OBJECTIVE 2: Increase the diversity of the faculty to better serve our students.

Strategy 1: Set targets for the increased recruitment of women and members of underrepresented ethnic groups - - in junior, mid-level, and senior and administrative ranks.

Strategy 2: Develop a database that catalogues the recruitment, retention and development of faculty, with emphasis on representation of women and minorities.

Strategy 3: Provide opportunities for training and

advancement of women and minorities into administrative and policy-generating positions.

GOAL 2: Develop and retain junior faculty of the highest caliber.

OBJECTIVE 1: Institute and monitor the effectiveness of programs that promote fairness among all faculty members, regardless of gender or ethnicity.

Strategy 1: Define faculty job descriptions and expectations for performance in writing.

Strategy 2: Base the annual or semiannual faculty evaluation on progress toward and achievement of the assignments stated by the department chair and/or division chief.

Strategy 3: Clarify state, university, and college funding mechanisms for educational and academic activities.

OBJECTIVE 2: Support and empower all faculty in efforts to meet departmental expectations and advance individual careers.

Strategy 1: Sponsor a series of recurring workshops on professional development: lecture techniques, learning strategies, supervision of laboratory and office personnel, research skills, clinical-ward teaching, computer skills, manuscript/grant writing....

Strategy 2: Boost attendance of junior faculty at

	development sessions by arranging for senior faculty to cover clinical or teaching responsibilities.		and review of projects that incorporates a cross-section of departments and programs.
<i>Strategy 3:</i>	Support an adequate balance of time for academic and scholarly activities for all tenured faculty.	<i>Strategy 3:</i>	Initiate programs for professional development of mid-level and senior faculty.
<i>Strategy 4:</i>	Develop and implement a policy regarding “protected time” for scholarly activities of the faculty, including preparation of research and teaching materials.	<i>Strategy 4:</i>	Develop a sabbatical program through which selected faculty can acquire new medical and scientific techniques or pursue special projects.
<i>Strategy 5:</i>	Provide time for senior faculty to re-tool skills in teaching and research.	OBJECTIVE 4:	Encourage and improve mentoring of all junior faculty.
<i>Strategy 6:</i>	Exercise the influence of the College in gaining national and international opportunities for faculty members.	<i>Strategy 1:</i>	Initiate a program designed to facilitate a formal assignment of mentor relationships that may be intra- or interdepartmental.
<i>Strategy 7:</i>	Increase internal funding for start-up research.	<i>Strategy 2:</i>	Require mentoring as an assignment for all senior faculty.
<i>Strategy 8:</i>	Review and revise the procedures of the Promotion & Tenure Committee to ensure consistency between criteria for advancement and faculty job descriptions.	<i>Strategy 3:</i>	Aggregate and maintain data regarding faculty resignations including information from interviews with former faculty members.
<i>Strategy 9:</i>	Identify parameters of non-tenure-earning clinical and research tracks and provide incentives to assure their viability.	<i>Strategy 4:</i>	Enable chairs and division chiefs to designate mentoring as a separate category on faculty assignment sheets.
<i>Strategy 10:</i>	Foster collaboration of clinical faculty and basic science faculty.	<i>Strategy 5:</i>	Create resources and financial incentive plans for mentors that depend on the successful career development of those they advise.
OBJECTIVE 3:	Promote the development of faculty research expertise.	<i>Strategy 6:</i>	Provide senior faculty with formal training and guidance in mentoring.
<i>Strategy 1:</i>	Develop mock NIH or NSF panels to expeditiously review and modify grants internally before external applications are completed.	<i>Strategy 7:</i>	Arrange close physical proximity of the offices and laboratories of mentors and their charges when possible.
<i>Strategy 2:</i>	Develop a process for competition	<i>Strategy 8:</i>	Institute an award program for col-

	laboration and/or mentoring.		programs and other presentations that formally recognize excellence in teaching and research.
<i>Strategy 9:</i>	Enhance development of interdisciplinary centers and research programs to foster collaboration between senior and junior faculty.	<i>Strategy 2:</i>	Launch public information campaigns to enhance the reputation of the college.
GOAL 3:	Promote long-term retention of outstanding faculty members.	OBJECTIVE 3:	Optimize compensation and financial incentives for faculty.
OBJECTIVE 1:	Strengthen communication between faculty and administrators of the College, University, affiliated hospitals, and clinical facilities.	<i>Strategy 1:</i>	Review and update the 1996 Faculty Compensation Plan.
<i>Strategy 1:</i>	Encourage the dean's office to provide written documentation of important policies to faculty.	<i>Strategy 2:</i>	Monitor implementation of the compensation plan.
<i>Strategy 2:</i>	Inform the faculty how university-wide initiatives (e.g., increased graduate school enrollment) or Shands HealthCare business undertakings will affect faculty.	<i>Strategy 3:</i>	Periodically review internal and external salary data for medical schools, categorized by gender, academic rank, and ethnicity.
<i>Strategy 3:</i>	Create a public, semiannual Q&A forum between faculty and chief executives and administrators of the College, University, and Shands HealthCare.	<i>Strategy 4:</i>	Maintain and develop superior employee benefits (retirement, vacation, health/disability/life insurance).
<i>Strategy 4:</i>	Enhance responsiveness of all administrative levels of the COM to faculty ideas, suggestions for improvements, and the airing of specific complaints.	<i>Strategy 5:</i>	Establish a debt-reduction plan for junior faculty with significant education-loan balances, based on years of service to the College.
<i>Strategy 5:</i>	Require semiannual feedback, at the minimum, from chairs to individual faculty members regarding their professional development and accomplishments.	<i>Strategy 6:</i>	Assess and resolve salary issues and discrepancies.
OBJECTIVE 2:	Recognize and publicize faculty achievements.	<i>Strategy 7:</i>	Develop departmental compensation committees to advise the chair on financial considerations related to faculty staff evaluations.
<i>Strategy 1:</i>	Continue and expand faculty award	OBJECTIVE 4:	Utilize data on faculty egress as a learning tool to aid in long-term retention.
		<i>Strategy 1:</i>	Interview former faculty members about their reasons for leaving.
		<i>Strategy 2:</i>	Aggregate data on reasons for faculty

resignation.

Strategy 3: Build exit interviews for all faculty into the termination-and-resignation process.

GOAL 4: Provide an exemplary environment for clinical, educational, and research pursuits.

OBJECTIVE 1: Improve ancillary support for faculty, including secretarial, computer, nursing, and clinical administration.

Strategy 1: Maintain or develop excellent support for the HSC library, animal resources, audiovisual services and graphics, and other key ancillary departments.

Strategy 2: Optimize ancillary support departments serving the college by creating a satellite DSR office within the office of the assistant dean for research.

OBJECTIVE 2: Improve the physical plant.

Strategy: Renovate office and lab space in the Medical Sciences Building.

V. APPENDIX

College of Medicine Strategic Planning Steering Committee:

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