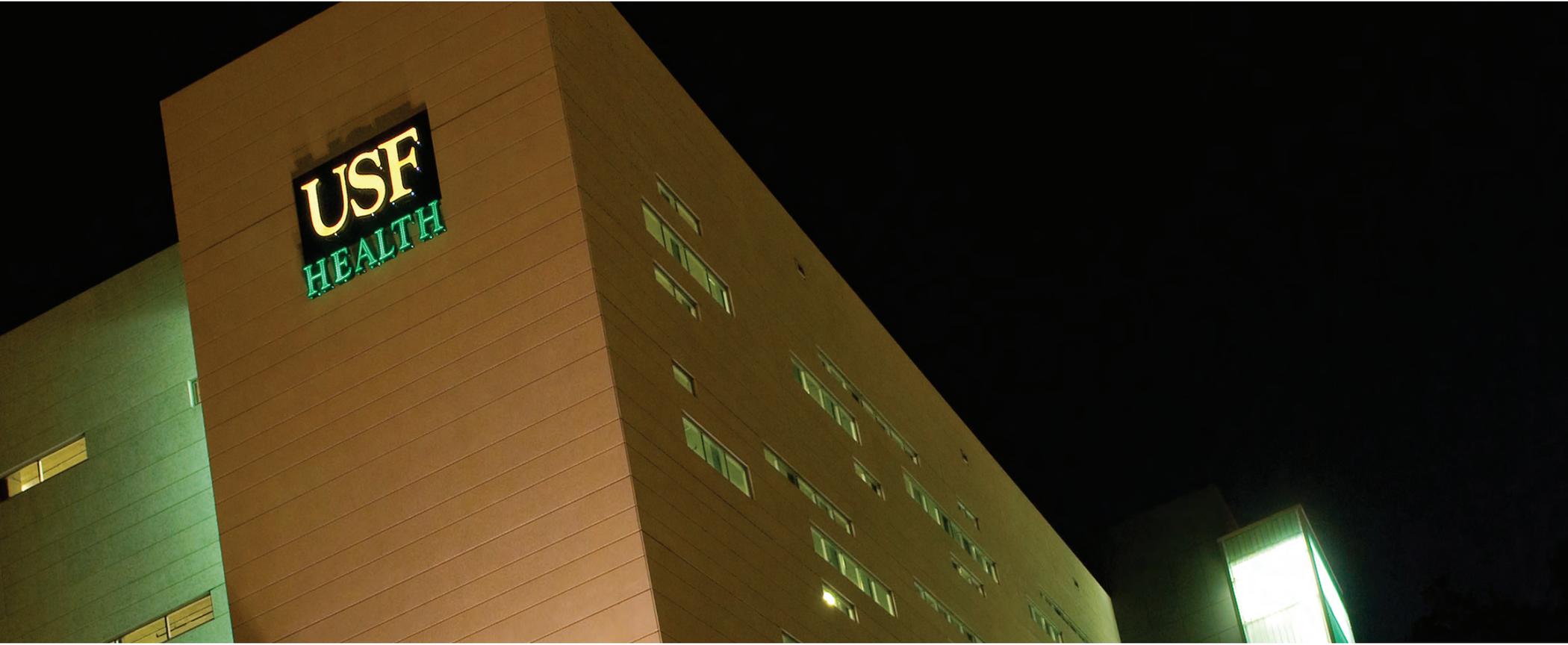


UNIVERSITY OF SOUTH FLORIDA



# COLLEGE OF MEDICINE

STRATEGIC PLAN

2010/11 – 2014/15



# OUR STRATEGIC VISION

The education of professional and graduate students in the medical sciences requires a strategic plan that maintains the ideals and traditions of the medical profession while recognizing the changing technologies of education and the changing realities of health care. The University of South Florida College of Medicine (COM) has accepted that challenge. The College has embarked on an aggressive strategic plan to position it well across the missions of research, education and health care, while building on the strengths and traditions of its founding. The University of South Florida COM was established in 1965 by leaders of the region to educate physicians and to enhance health in the Tampa Bay region and the state of Florida. More than 4,000 students have graduated and a greater number of residents have completed their education in USF-

affiliated programs. Most of the physicians who received their education at USF provide the core of clinical care to Florida's increasingly diverse population.

Our mandate is to provide innovative educational opportunities for students, advance scientific knowledge with important research discoveries, and provide primary to quaternary care for this growing region. It requires creativity, passion, innovation and partnership with the rest of the University and with other entities. This need and desire for partnerships that will improve the life and health of the community inspires our name: USF Health.

This strategic plan, developed and embraced by the faculty and staff, has a blueprint encompassing five overarching goals:

- **Creative Educational Models** follow on a competency-driven approach integrating basic education with the need to concentrate on and develop clinical skills. We are passionate about being leaders in educational technology and simulation. We recognize the importance of graduating health care professionals, physicians, physical therapists and pharmacists who understand the system of health care, as well as its science.
- **Entrepreneurial Academic Practice Models** incorporate the diverse and innovative models for patient care encompassed by our full-time clinical physicians, as well as our volunteer faculty in cooperation with our affiliated hospitals. We aspire to be a leader in the delivery of ambulatory health care through our USF Health Centers for Advanced Health Care, based on quality, service and technology.
- **Research Really Matters** is demonstrated by the commitment to focused recruitment, resources and direction in order to achieve national prominence. A keystone of this strategic plan is providing the infrastructure for a 21st century research model.
- **True Integration** focuses on the opportunities gained by collaborating with all other areas of the University and ensuring that USF Health truly reflects the advantages inherent in a

collaborative model across all three missions for medicine, nursing, public health, physical therapy, athletic training and pharmacy.

- **National Prominence** is demonstrated by recognition of innovative educational practices and quality patient care, achievement of competitive, peer-reviewed research funding and publications, and identification of the College as a role-model in multi-disciplinary and inter-disciplinary endeavors.

*The faculty, staff and administration of USF COM are committed to the framework as outlined. The model was developed after hundreds of hours of their time and input and will require even more effort to accomplish, an effort that the dean and everyone who works for USF Health are prepared to embrace.*

Stephen K. Klasko, MD, MBA  
Senior Vice President for USF Health  
Dean of the College of Medicine  
University of South Florida

# INTRODUCTION

The University of South Florida COM, which includes the School of Physical Therapy and Rehabilitation Sciences and the School of Pharmacy, along with the Colleges of Nursing and Public Health, comprise University of South Florida Health. USF Health is an enterprise dedicated to making life better by improving health in the wider environment, in communities, and for individuals. The name USF Health was chosen to reflect its collaborative focus on the full continuum of health, replacing the former name, USF Health Sciences Center (HSC). USF Health and the HSC are the same entities; use of the name varies in the document depending on the date of the activity. USF Health is based on the Tampa campus of the University of South Florida, which, with more than 47,000 students on four campuses, is one of the largest metropolitan universities in the Southeast and among the 20 largest universities in the United States. USF was designated as one of the state's Research I institutions in 1998, largely because of its strength in health sciences research.

The COM was established by the Florida Legislature in 1965 and enrolled its charter class in 1971. The College offers doctoral programs in Medicine (MD), Medical Sciences (PhD), Physical Therapy (DPT), Pharmacy (PharmD) and is fully accredited by the Liaison Committee on Medical Education. Several dual degree programs are also available, including the MD/PhD, MD/MBA, MD/MPH, and DPT/MPH. Multiple masters degree programs are offered; as is a Bachelor of Science in Athletic Training (BSAT). Since its establishment, more than 3,000 students have graduated with the Doctor of Medicine degree and more than 780 students have received graduate degrees in medical sciences (263 doctorates and 518 masters); approximately 170 degrees have been awarded in Physical Therapy (117 masters degrees and 51 doctorate degrees). Additionally, approximately 700 physicians enroll in resident physician training at USF-affiliated programs each year, selecting among 58 American Council on Graduate Medical Education-

accredited residencies, 10 residencies accredited by other entities and 29 fellowship programs. The majority of those who complete medical education and/or residency training at USF remain in the state to care for its citizens. The Tampa Bay community has been substantially enriched by USF-educated health professionals and by the patient care and outreach programs of the Colleges of Medicine, Nursing and Public Health.

The USF Physicians Group includes approximately 400 physicians and approximately 125 other practitioners, including physician assistants, advanced practice registered nurses, physical therapists, and athletic trainers. Specialties include anesthesiology, dermatology, emergency medicine, family medicine, oncology, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, otolaryngology, pathology, pediatrics, physical therapy, physical medicine and rehabilitation, psychiatry, radiology and surgery.

Scientific discovery and the application of knowledge are valued endeavors at the COM, with learners at all levels having the opportunity to participate in research activities. College faculty are involved in interdisciplinary research in a variety of fields, including neurosciences; diabetes and autoimmune disorders; allergy, immunology, and infectious diseases; cardiovascular health and diseases; and cancer. Research space is available on the College campus, at the adjacent Moffitt Research Center and at the Children's Research Institute in St. Petersburg.

The College is proud of its history of serving the community and the state in terms of education, service and research. Through creativity, innovation, passion and clear vision, the College strives to build on these past successes and develop even greater strength in the future.

# MISSION STATEMENT

The mission of the USF COM is to provide for the education of students and professionals of the health and biomedical sciences through the creation of a scholarly environment that fosters excellence in the lifelong goals of education, research activity and compassionate patient care.

# GOALS

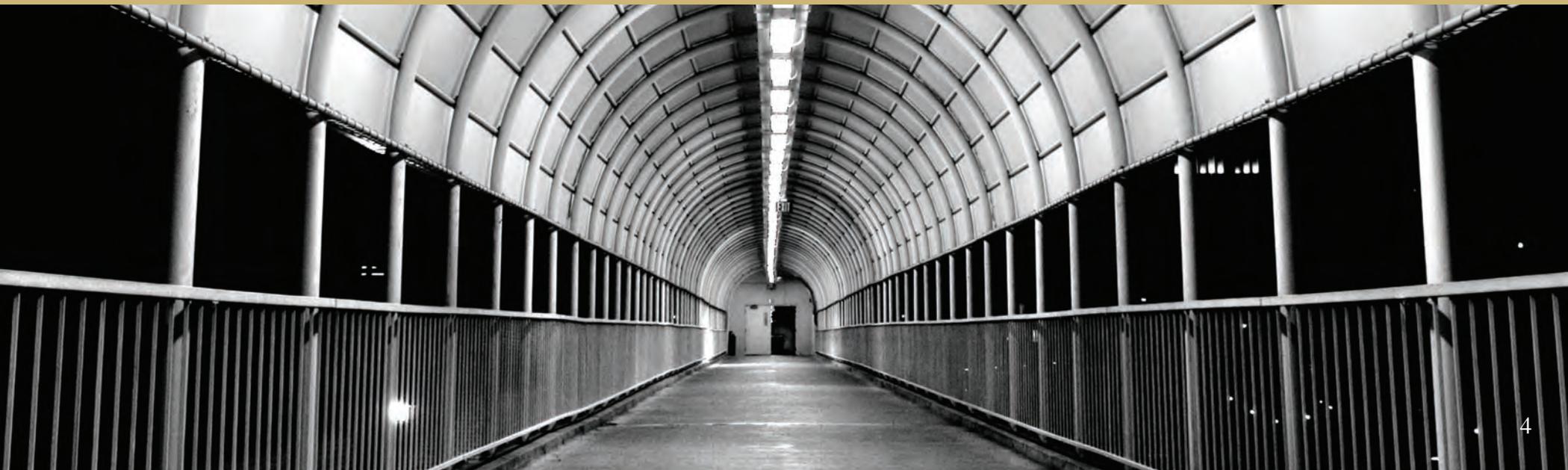
1. The COM will deliver the kind of creative and innovative education that produces “practice ready” physicians, physical therapists, athletic trainers, pharmacists and other health and biomedical sciences professionals and instills within them the knowledge, skills and attitudes required for the real world challenges of contemporary medicine.
2. The COM will advance collaborative learning and discovery through significantly expanded basic science, translational and

clinical research that contributes to improved preventive, diagnostic and therapeutic outcomes.

3. The COM will achieve fiscal self-sufficiency and a stable economic base through the establishment of entrepreneurial academic, research and clinical programs.
4. The COM will be a community of faculty, staff and students who are passionate about their work and who uphold the highest academic and ethical standards.
5. The COM will be the keystone in a network of institutions, programs and individuals that collaborate to provide innovative, high-quality, compassionate, accessible health care.

# VISION

The University of South Florida COM will strive for national prominence through excellence, professionalism, diversity, timeliness and strategic growth.



# VALUES

The faculty and staff of the COM commit to these values as guides for our decisions and behaviors:

**High Standards.** In upholding the highest standards we will:

- Demonstrate ethical leadership by example
- Conduct ourselves with integrity, avoiding conflicts of interest
- Hold our work to the highest academic standards

**Respect for Individuals.** In valuing respect for individuals, we pledge to:

- Treat others with respect and dignity, honoring individual differences
- Promote open communication and listen proactively
- Create a collegial environment based on loyalty to our co-workers

**Advancing Knowledge.** In expressing our passion for learning, we encourage:

- Exploration of new ideas in our teaching and research
- The courage to meet challenges and assume risk
- Diverse learning opportunities where creativity thrives
- Interdisciplinary teamwork

**Personal Development and Leadership.** Recognizing that exceptional quality begins with people, we create:

- A culture of personal development and professional fulfillment
- A workplace where expectations are matched by our reward system
- An atmosphere where people value the balance between work and family
- A mentor-rich culture where faculty, staff and students can enhance their leadership skills

**Commitment to Health.** Supporting our fundamental belief in the doctor/patient relationship, we are committed to:

- The highest quality medical care for our patients
- Training the next generation of physicians and health care

professionals to be capable and compassionate

- Promoting good health and well-being in response to the needs of our community
- Our community partners who help us achieve excellence in all that we do

The COM has engaged in a series of strategic planning activities over the past decade. There is a high degree of continuity across these planning activities in terms of the overarching goals of the College:

- A commitment to provide the highest quality and most relevant educational and training programs possible
- Dedication to conducting basic and translational research that advances knowledge and results in improvements in health and patient care
- The acquisition, generation and management of financial resources in a manner that makes the realization of these goals possible

COM Strategic Plan, 1997-2000

The COM adopted a Strategic Implementation Plan for the period 1997-2000 that included the following major goals and objectives:

1. To provide comprehensive programs of medical education that encourage intellectual curiosity and the acquisition of those skills necessary for the advancement of medical knowledge and health care practices, and improvement of the health of the community
2. To advance knowledge through research and other scholarly activities
3. To provide compassionate, exemplary health care to support medical education, enhance clinical skills, make research possible, and serve as a clinical resource to the community and the profession

These goals guided the COM during the period of review by the LCME in 1999 and provided interim guidance during the period of change that followed.

## *Strategic Direction-Setting Process, 2001-2004*

In March 2001, under the leadership of then-vice president for Health Sciences and COM Dean Robert Daugherty, the faculty and staff began a comprehensive process to redefine priorities and direction for the HSC. The COM, the largest of the Colleges comprising the HSC, played an integral role in this process. A steering committee comprised of faculty and staff representing all three Colleges within the HSC was created to guide the process. To maximize faculty and staff involvement in and ownership of the direction-setting process, a number of work groups and committees were formed to address specific issues and three HSC-wide events were held to provide for review and comment on the work products of the work groups and committees. A leadership development process was also initiated within each College.

An Environmental Scan Committee was created early in the direction-setting process and charged with reaching defensible assumptions and projections about how critical, existing elements and anticipated emerging trends in the external environment are likely to play out in the foreseeable future and how they are anticipated to impact the HSC. The environmental scanning process was intended to better position the HSC to seize opportunities and respond effectively to change. The process was designed to be dynamic enough to allow for systematic re-examination of the external environment and to allow for necessary adjustments and re-prioritization among identified elements. Among the strengths and opportunities identified during the initial two years of the environmental scanning process were:

- The location of the USF HSC in the Tampa Bay area, one of the largest, most diverse and attractive major metropolitan areas in the Southeastern U.S.
- The existence of numerous, premier research and clinical programs within the HSC that are responsive to critical societal health care needs.
- The high quality and strong national reputation of the HSC's faculty and students.

- The potential to greatly expand business and industry linkages, particularly in areas such as biomedicine and biotechnology.
- The unique competitive advantage that the existence of the Colleges of Medicine, Nursing, and Public Health, and the School of Physical Therapy within a single Health Sciences Center affords USF.

The HSC Direction-Setting Process also resulted in the identification of four strategic programmatic initiatives for the HSC:

- A comprehensive multi-disciplinary diagnostic assessment center for children
- Health promotion and disease prevention
- Infectious disease and bioterrorism research and management
- Aging, including hospice, end-of-life and palliative care, patient safety and neurodegenerative diseases, including Alzheimer's and Parkinson's diseases and stroke

These initiatives were in various stages of development and were prioritized for further development and potential implementation because:

- They address health care and quality of life issues that are critical to the HSC's and University's service area, the state and the nation.
- The HSC and the University have existing demonstrated strengths in relevant education, research and service delivery that can be developed to achieve national distinction.
- They provide enhanced opportunities for collaboration within the HSC and between the HSC and other USF Colleges and programs.

### *Blueprint for Strategic Action, 2004*

In July 2004, Dr. Stephen Klasko was appointed vice president for Health Sciences and dean of the COM. Under Dean Klasko's leadership, the COM embarked upon the creation and implementation of a Blueprint for Strategic Action. The process was highly collaborative, involving more than 100 faculty and staff from all departments and programs across the College. During the first phase, a fact-based overview of the COM's status was developed, which included an analysis of the

College's history and an assessment of its present strengths, weaknesses, opportunities and threats (SWOT analysis). The SWOT analysis, combined with a previous analysis of the HSC environmental scanning process, identified the following:

#### STRENGTHS/OPPORTUNITIES

- High quality, nationally competitive faculty, staff and students
- A densely populated, socio-economically diverse geographic service area that provides a challenging and attractive environment in which to operate
- Community leaders who have high expectations that the USF HSC will be engaged in meeting its health care needs
- Participation of faculty, staff and students in cultural, religious, and social organizations
- Location in an area of the state with a high concentration of medical and biomedical research, development and manufacturing firms
- A relatively stable financial base and access to capital (e.g. bonding capacity for construction programs)
- A solid base for growth in research based on strong performance compared to our peers
- Large, high-quality specialty clinical practices with dominant competitive position and solid financial performance
- A service area that includes numerous hospitals, nursing homes and hospices that provide a wide range of opportunities for education, research and health care delivery
- A state population that includes a disproportionate number of elderly (65+) and very old (85+) individuals who consume a higher-than-average amount of health care services and provide opportunities for research
- Part of a strong and growing university
- Innovative, dynamic undergraduate medical education curriculum
- A changing job market and emerging careers for bioscientists and health professionals that creates demand for more flexible, interdisciplinary education and training
- Significant federal funding available for research in areas in which the HSC has strength

#### WEAKNESSES/THREATS

- Historical growth pattern not directed by well-considered, coordinated strategies linked to clear objectives
- Lack of clarity and understanding of the College's economic model (e.g. performance vs. compensation; alignment of resources with responsibilities, etc.)
- Frequent changes in leadership, priorities and direction
- Facilities constraints
- Limited research cores
- Relatively low federal research overhead rate compared to benchmark institutions
- Large geographically dispersed faculty creating logistical, administrative, communications, program and service-delivery inefficiencies
- Clinical faculty members who identify more with hospital at which they practice than with the COM
- Multiple impediments to large group practice behavior
- Challenging access to clinical services
- Dependence on hospital affiliates
- An inadequate level of state support for academic "infrastructure," impeding the HSC's and University's ability to compete in the national academic arena and realize the expectations that the Research I designation implies
- Faculty development program that lacks focus and adequate financial support
- Community healthcare providers and facilities in the USF HSC service area may be more technologically advanced and administratively efficient than the HSC, making it difficult for the HSC to successfully compete with such providers for patients

The "SWOT" analysis enabled the College to gain a clear sense of its strengths, specifically those that could be leveraged most productively, as well as its greatest challenges and vulnerabilities. The following outline of major messages provided a template to guide strategic development of the COM:

# OUTLINE OF MAJOR MESSAGES

“Strive for national prominence through excellence, professionalism diversity, timeliness and strategic growth.”

## CREATIVE EDUCATIONAL MODELS

- Develop practice-ready students who “get it”
- Joint degrees for emerging workforce
- 3rd/4th year curriculum
- Outcomes-based education and training
- Service learning and community outreach

## ENTREPRENEURIAL ACADEMIC MODEL

- Creative/successful practice and outreach models
- New strategic models for clinical sites, community partners

## NATIONAL PROMINENCE

- Excellence
- Educationally superior
- Technologically superior
- Build superior patient safety, access and outcomes
- Put us on the map
- Unique collaboration across health disciplines

## RESEARCH REALLY MATTERS

- Hire world-class teams
- Big ideas, research cores and teams: e.g., cell therapy, homeland defense, biotech
- Measure quality and productivity
- Goal: Top 50 public research universities

## TRUE INTEGRATION: COM + HSC + UNIVERSITY

- Interdisciplinary across departments, colleges, university
- Opportunities: Research cores, engineering, technology, international, MD/MBA, bioengineering, bioinformatics

## COM STRATEGIC PLAN 2005/06 – 2009/10

The COM Strategic Plan developed for 2005/06 - 2009/10 was based on work of the Strategic Work Groups, which were called for in the 2004 Blueprint for Strategic Action. Each work group was charged with identifying specific activities required to close the gap between where the College was and where it aspired to be. Three work groups, those for clinical, research and education, addressed the College's mission development. Six work groups, those on the faculty, financial management, diversity, organizational effectiveness, fundraising and communications/media, addressed operations development. A facilities work group had specific responsibility for oversight of activities relating to the new Centers for Advanced Health Care and other facilities-related issues. The work groups were held to the achievement of aggressive three- and six- month action plans they developed within their specific areas of responsibility to guide the College through the initial stage of the blueprint's development and subsequent implementation. Work groups became operational in a variety of forms, such as the "replacement" of the Financial Management Strategic Work Group by the Asset Investment Management System (AIMS) Council.

These developments were reflected throughout the Strategic Plan, which addressed education (undergraduate medical, physical therapy, graduate medical sciences, graduate medical and continuing professional), research, clinical programs, faculty development, institutional resources (library/information resources, instructional and information technology, finances, development, facilities, planning) and organizational culture (organizational effectiveness, diversity and communications, media and marketing). Each of these sections of the strategic plan included an introduction to the issue, strategic assessment and strategic initiatives. The timeline for the implementation of each strategic initiative was short-term (to be completed by 2005-06 academic year); intermediate term to be completed by (2006-07); and long term to be completed by (2009-10). More than 60 strategic initiatives were identified, which guided the COM through dynamic growth and expansion.

## USF Health Components of University of South Florida Strategic Plan, 2007-12

The goals of USF Health are consistent with and supportive of the USF Strategic Plan. The goals of USF are:

- Goal I: Expanding world-class interdisciplinary research, creative, and scholarly endeavors.
- Goal II: Promoting globally competitive undergraduate, graduate and professional programs that support interdisciplinary inquiry, intellectual development, knowledge and skill acquisition, and student success through a diverse, fully-engaged, learner-centered campus environment.
- Goal III: Expanding local and global engagement initiatives to strengthen and sustain healthy communities and to improve the quality of life.
- Goal IV: Enhancing all sources of revenue, maximizing effectiveness in business practices and financial management to establish a strong and sustainable economic base in support of USF's growth.

Within the USF Strategic Plan are performance metrics to gauge the University's progress. USF Health contributes significantly to many of these critical performance measures, including federal research and development expenditures, graduate enrollment, doctorates awarded, endowment assets and post-doctoral appointees. Through its academic and research programming, USF Health contributes to USF's increased standing in institutional rankings, such as that of the National Science Foundation and in the Top American Research Universities annual report.

# ORGANIZATION OF STRATEGIC PLAN

ORGANIZATIONAL CULTURE	11
GLOBAL HEALTH	14
EDUCATION	16
• Undergraduate Medical Education	16
• Graduate Medical Sciences Education	22
• Physical Therapy Education	25
• Athletic Training Education	29
• Pharmacy Education	31
• Graduate Medical Education	34
• Continuing Professional Development	36
RESEARCH	39
CLINICAL PROGRAMS	43
FACULTY AND STAFF DEVELOPMENT	46
INSTITUTIONAL RESOURCES	48
• Library/Information Resources	48
• Information Services	51
• Finances	53
• Development and Alumni Relations	56
• Facilities	59
• Planning	62
• Communications, Media and Marketing	63
DIVERSITY	66

## EACH SECTION CONTAINS

Introduction  
 Strategic Assessment  
 Strategic Initiatives

## IMPLEMENTATION TIME LINE

A time line for implementation follows each strategic initiative listed below:

- Short-Term – to be completed by end of 2010-11 academic year
- Intermediate Term – to be completed by end of 2011-12 academic year
- Long-Term – to be completed by end of 2014-15 academic year.

SETTING PRIORITIES IN THE NEW YEAR 69

# ORGANIZATIONAL CULTURE

## INTRODUCTION

The USF College of Medicine is undergoing a fundamental shift in its culture as the College continues to move beyond its roots as a community medical school to embrace a broader mission as an academic medical center with a global impact. The College strives to be a model for innovative student education even as it becomes a center for groundbreaking research and state-of-the-art clinical care.

The College also works to follow an academic entrepreneurial model of medicine. The entrepreneurial academic model means bringing the best of both worlds together: the strategy, focus and discipline of the academic world with the creativity, passion and flexibility of the entrepreneurial world. This merger, which encourages faculty members to reach higher in their scholarly and clinical activities through collaboration, teamwork, passion and creativity, allows an organization to feel even more confident and excited about its future when the external environment is most uncertain.

This shift requires changing our organizational culture, a process that is neither easy nor quick and requires buy in from all constituencies to be successful. The College is working to transform its culture through several self-assessment and development programs. Then, in parallel with transforming the organizational culture of the USF College, specific Strategic Initiatives will be undertaken to achieve the College's goals over the next five years and beyond.

## STRATEGIC ASSESSMENT

**LEADERSHIP DEVELOPMENT.** The transformation of an organization starts with changing the leadership culture ~ one leader, and one potential leader, at a time. In essence, it requires changing the physiology of the medical school itself. Towards this end, in 2005, USF Health created a Center for Transformation and Innovation. The Center's charge was to accelerate the vision of USF Health by transforming the leadership DNA at all levels within the organization. The goal was to develop leaders through a systematic succession-planning and talent-management process, providing the necessary skills through leadership development, removing disincentives, and shifting beliefs. This Center created a path to leadership development through a model program, the Leadership Institute at USF Health, designed to promote a culture of leadership excellence and success for physicians, scientists and administrators.

For four years, the Leadership Institute at USF Health has guided faculty and staff members through cultural and leadership challenges in a way that builds the organization's core vision – transforming how healthcare is developed and delivered and how health is understood in a continuum, from the environment, to the community, to the individual. This Center created a path to scientist and physician leadership, which included creating the right environment, and developing leaders in a way that met our goals.

The College now needs to enter the next phase of faculty and staff development, a more universal approach customized for each individual to reach their personal and institutional goals. Over the next two years, the College aims to provide the tools that faculty members need to succeed across all three missions of education, research and patient care. This next phase of “across the board” leadership development will be one of the most exciting and yet most challenging opportunities for USF Health.

**BRINGING FACULTY TOGETHER.** The College will continue to pursue the goal of having a more connected and optimistic faculty. Since the medical school began, a common theme has been the geographic, and in some cases philosophical, disconnectedness across the faculty. Some of this is related to the geographic distances and disparities in our hospital partnerships. Some of it stems from the frequent changes in leaderships that occurred prior to 2004. But all of it is solvable, as the College is committed to shared governance, financial accountability and transparency, and a renewed focus on our stated academic, research and educational missions. If the faculty members feel that they are members of a USF COM team, they will take pride in not only their own accomplishments, but those of their fellow faculty members and those of the team as a whole.

The College leadership is working with the Faculty Council on areas for improvement that are based primarily on the findings from a recent in-depth survey of the faculty. The leadership will continue to work with the faculty to make sure that as many of the resources as possible are being channeled back to the faculty and staff through AIMS, research incentives, educational value units and merit increases. The goal will be to ensure that compensation, bonuses and other incentives are provided to faculty, staff and leadership in a mutually-agreed upon, transparent way that appropriately rewards members of the USF COM team for extraordinary achievement and attempts to bring each component of the team to the same and, if possible increasing, position relative to their peers

in similar institutions. Given the difficult economic times, leadership is working to decrease administrative and other expenses in order to have a pool of resources for investment in the most productive current members and in activities for their professional development and to recruit new members to the team. The leadership also will continue to meet with faculty members through town hall meetings, breakfasts, and individual meetings, providing an atmosphere that is more transparent and inclusive.

**LIVING THE PROMISE.** In 2009, more than 100 people across the College participated in developing an important statement that will have an ongoing impact on our organizational culture. Participants included faculty members, students, administrators, residents, and a prospective student.

This statement is our promise to new MD students. The promise symbolizes our commitment to help our students become the physician leaders of the future. It will help us to aim higher and reach new heights in the quality and creativity of our educational efforts.

*We promise aspiring, passionate students an open culture of accessibility to faculty, patients and technology through a challenging curriculum with diverse educational experiences. Transcending old paradigms, we are empowered by a fresh perspective on learning. We foster an environment where students realize their own creativity and innovation to make a difference in the lives of patients and their community. Upon graduation, our students will possess the skills and confidence as leaders in the ever-changing business of health care without ever sacrificing their initial inspiration to care for patients.*

The College intends to live this promise. It plans to use it to help prospective and new students understand that the USF COM is not just any medical school. It's a place that stands out because its leaders, faculty members and staff are dedicated to developing students' special talents and place a premium on caring for our community and carrying

out innovative basic, transformational, and clinical research that will promote the patient care of tomorrow. The scholarly concentrations programs, the interdisciplinary and multi-degree graduate programs, the new USF leadership track, the fine work that USF students do at the BRIDGE Clinic are all creative ingredients that are part of this statement. It embodies the vision and goals of the USF COM as it moves into the future.

## STRATEGIC INITIATIVES

- 1. The College will continue to foster an atmosphere of increasing transparency and shared governance by continuing to bring major initiatives and budget priorities and concerns to the department chairs and the Faculty Council. (Short and Long term)**
- 2. The College will continue to collect detailed information about what is great, good, and not so good about the USF COM organizational culture and how to improve it through:**

Short and Long term

- Town Hall meetings, small group conferences, and confidential questionnaires from all constituencies, including medical and graduate students and patients;
  - Regular meetings between the COM dean and Faculty Council president and vice president;
  - Regular meetings between the COM dean and department chairs;
  - A confidential idea/suggestion web site.
- 3. Based on these data, the College will set clear goals for improving organizational culture by increasing the effectiveness, collegiality, and mutual trust and respect of students, faculty and administration. (Intermediate and Long term)**

- 4. The College will develop procedures for correcting actual and perceived disparities between the College and its institutional peers in faculty and student satisfaction, administrative and faculty salary and benefit percentiles and total administrative costs, quality and cost of education and research, and global impact, to be discussed and recommended/approved by the Faculty Council. (Intermediate and Long term)**

- 5. The College will boost its leadership development efforts to help faculty members reach their full potential and thereby improve the organizational culture by:**

Short term

- Continuing to promote several programs already in place, such as the Leadership Institute, the annual Research Day, and cross-department “speed dating” and social hours that encourage faculty members to learn more about each other’s basic and clinical research capabilities and interests

Intermediate and Long term

- Initiating new programs for faculty training, particularly related to educational innovation and clinical research.
- 6. The College will continue to promote the recruitment of the best medical and graduate students and faculty to the COM with the goal of identifying and training future leaders in medical research, education and care and building a USF COM esprit de corps. (Short and Long term)**

# GLOBAL HEALTH

## INTRODUCTION

The College of Medicine is in the process of creating new initiatives consistent with USF Goal III: “Expanding local and global engagement initiatives to strengthen and sustain healthy communities and to improve the quality of life” through activities involving education, research and improvement of patient care worldwide, consistent with developing activities of the University and USF Health.

USF Health is a unique strategic partnership of the Colleges of Medicine, Public Health and Nursing committed, through interdisciplinary collaboration, to the improvement of the full spectrum of health ~ from the environment, to the community, to the individual. The organizational leadership recognizes the importance of international interrelationships in a globalized society, and especially, considering the geographic and strategic location of the state of Florida, with our neighbors within the Americas. The COM strives to be recognized as a leading U.S. Academic Health Center, first globally and then with a special focus in the Ibero-Americas. The intent is both to achieve national and international recognition and to provide opportunities for better understanding and participation in today’s global world economy.

## STRATEGIC ASSESSMENT

Under the leadership of the Associate Dean for International Affairs, a series of partnerships have been innovatively forged globally that include, in addition to student exchange activities, a series of internationally prominent collaborative partnerships in research and faculty/staff activities in:

- China (3 Universities/Health Departments);
- Dominican Republic (4 hospitals/other institutions including a partnership with Tampa General Hospital);
- India (11 collaborations with clinics, foundations, colleges of medicine, and hospitals);
- Kazakhstan (curriculum development in public health and HIV);
- Thailand (Srinakharinwirot University) for student exchange;
- Republic of South Korea (Yeungnam University, College of Medicine, Daegu, South Korea) for student observerships and exchange under the Stephen Klasko Fellowship Program.

These achievements have principally been accomplished within the last three years and have been accomplished through direct involvement of senior leadership of USF, underscoring the emphasis on global outreach and interaction appropriate to a major global research university with international impact on health and education. Since existing relationships change frequently the website at [health.usf.edu/medicine/ia/partners](http://health.usf.edu/medicine/ia/partners) is the best site for current information.

Goals of the USF Health Ibero-Americas programs are to contribute to health education, professional development and research in the Ibero-Americas, impacting effectively and in a sustainable manner, the region’s health care needs as a continuous and interactive learning institutional process for better understanding of world society and its diversity through the nexus developed, particularly in Panama.

The USF Health Ibero-Americas concept is very broad, since it includes all countries within the Americas and the Iberian Peninsula, composed mainly of English-, Spanish- and Portuguese-speaking communities.

General affiliation agreements have been signed with:

- International Center for Sustainable Development, City of Knowledge, Panama;
- Universidad de Carabobo, Venezuela;
- Universidad de Panama, Panama;
- Universidad Latina de Panama, Panama.

Affiliation agreements are under development with:

- Groningen University, Netherlands;
- Netherland Antilles Foundation for Clinical Higher Education;
- Universidad de Santander, Colombia;
- Universidad CES Medellin, Colombia.

Student exchange agreements and continuing education and professional development activity agreements are under development with:

- Universidad de Panama, Panama;
- Universidad Latina de Panama, Panama;
- Universidad Carabobo, Venezuela;
- Universidad del Norte, Colombia;
- Groningen University, Netherlands.

Through such activities complementing other strategic initiatives in this plan, USF COM can achieve a distinctive presence in global health in the Western Hemisphere in addition to its well-established programs in Europe and Asia.

## STRATEGIC INITIATIVES

**1. Leverage with the USF Health International Foundation and/or other organizations in Panama to foster overall capacity building and north-to-south and south-to-south collaborations (Short term)**

**2. By creating innovative and entrepreneurial models of collaboration, develop specific initiatives in the Ibero-Americas in five areas**

Short and Intermediate term

- Networking, leadership, partnership and community engagement
- Health education:
  - undergraduate, certificates, masters, PhDs, post-doctoral training
  - medical education/graduate medical education: observerships, clinical rotations, specific trainings for specialists, fellowships
  - health continuing education courses and meetings collaboratively with USF Health Professional Conferencing Corporation and USF Health International Foundation
- Research opportunities
- Exchange of faculty and students
- Entrepreneurship and ventures

**3. Understand, update, articulate, organize and synthesize the social, economic, environmental and cultural determinants of health in the Ibero-Americas region whereby the COM can participate (Long term)**

**4. Establish sustainable and permanent links with educational institutions, professional societies, national, regional and local governments, public and private organizations and individuals interested in creating better health in the American and Iberian countries and their diverse communities (Long term)**

**5. Promote and provide health education, research, professional development and leadership in the Ibero-Americas to effectively impact, in a sustainable manner, the region's health care needs (Long term)**

# EDUCATION

## UNDERGRADUATE MEDICAL EDUCATION

### INTRODUCTION

Assessment and enhancement of the undergraduate medical education curriculum is an ongoing process at the COM. By design, this ongoing process reflects the College's commitment to continuous quality improvement and our desire to develop and deliver a rigorous and innovative medical student curriculum. Since 1999, the College has made significant modifications in the Year 1 and 2 curricula, moving to a model that is more integrated and interdisciplinary and that places a greater emphasis on the application of important basic science concepts to clinical medicine.

Early clinical experience is a critical component of the Year 1 and 2 curriculum. The Longitudinal Clinical Experience (LCE) program pairs first- and second-year medical students with medical school faculty and private medical practice preceptors for one half-day per week. Over the course of two years, each medical student works with three different preceptors in primary and specialty practice areas. Providing students with the opportunity to work directly with practicing physicians throughout their medical school careers is widely recognized as a best practice.

In 2004, the College began "The Program to Advance Clinical Education" (PACE) to evaluate the adequacy of Year 3 and Year 4 curricula. The process resulted in:

- Development and implementation of an interdisciplinary clerkship model
- Creation of a new methodology for oversight of clerkships
- Assurance that learning experiences expose students to common disorders that are representative of those seen in clinical practice, include important concepts of the major fields of medicine and develop procedural skills appropriate for all medical school graduates, including patients presenting de novo who do not yet have a diagnosis
- Integration of important contemporary issues in medicine
- A more robust fourth year
- Enhanced use of technology.

Refining and implementing these results will continue to drive much of our curricular initiatives.

Expectations for dramatic changes in health care delivery systems, e.g. evolving practice requirements, increasing emphasis on quality improvement and evidence-based medicine and continuing innovations in medical informatics and technology, have never been greater. The recent report from The Josiah Macy, Jr., Foundation, entitled "Revisiting the Medical School Education Mission at a Time of Expansion," provides a curricular road map for academic health systems to follow.

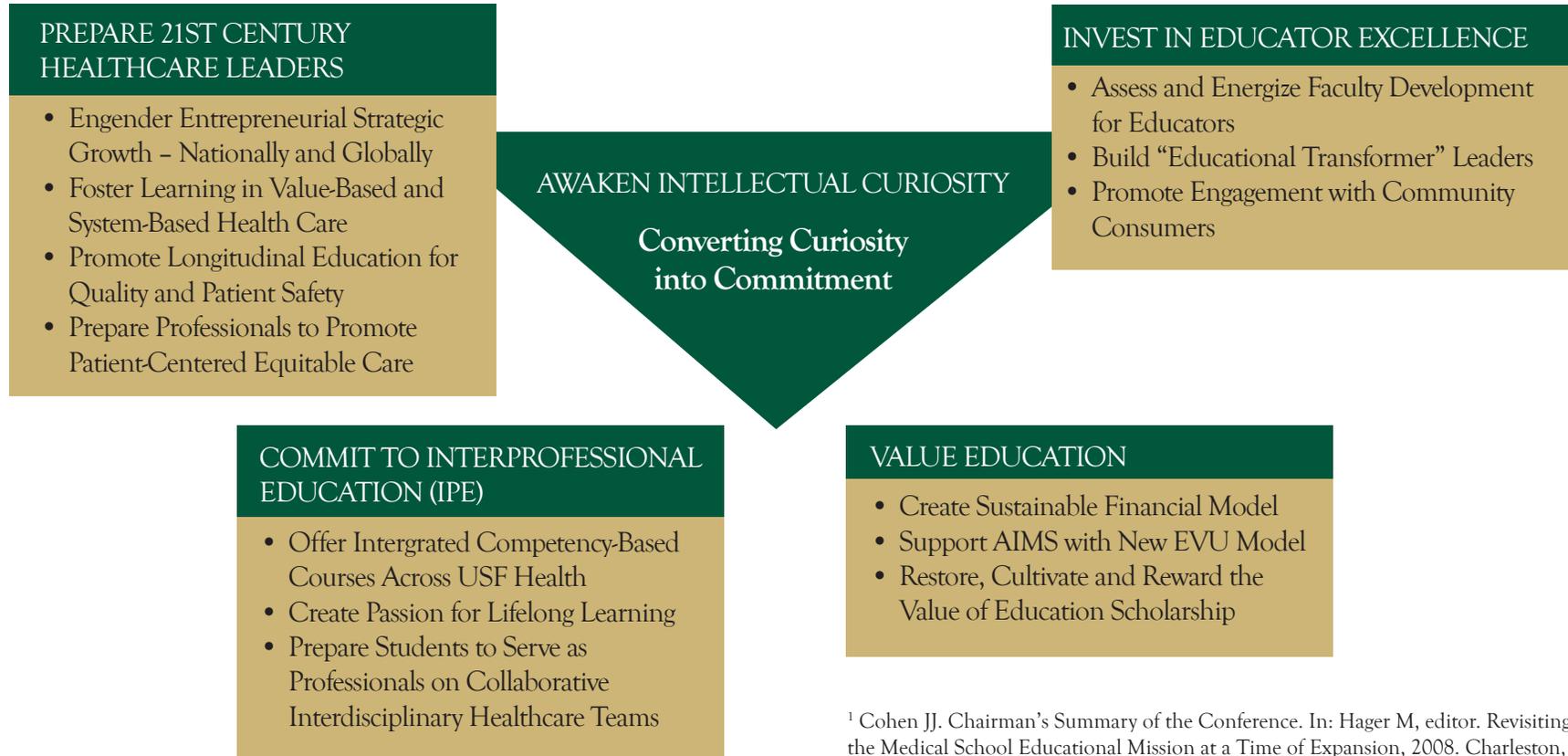
Specifically, as medical science and technology have advanced, medical education has not adequately responded to the pace of scientific discovery; the need for more public accountability; the unsustainable rise in

health care costs; gaps in health care quality; racial and ethnic disparities in health care; and the increase in the burden of chronic illness and disease among an aging population.<sup>1</sup>

Guiding the educational mission of the COM within USF Health is a “Blueprint for MD Education,” completed in May 2009. Evolved from

the 2004 COM Blueprint for Strategic Action (and updated in January 2007), the Blueprint for MD Education summarizes the overall strategic planks for the education mission, as well as horizon maps, goals and milestones for each of the strategic planks.

# STRATEGIC PLANKS



<sup>1</sup> Cohen JJ. Chairman’s Summary of the Conference. In: Hager M, editor. Revisiting the Medical School Educational Mission at a Time of Expansion, 2008. Charleston, SC. Josiah Macy, Jr., Foundation 2008.

## STRATEGIC ASSESSMENT

The quality of the USF COM undergraduate medical education program consistently ranks among the best in the nation, according to such national measures as the following:

- USF medical school graduates 2005 through 2009: first-time pass rates on the USMLE Step 1 ranged from 94 to 98%. National pass rates ranged from 92 to 94%.
- USF medical school graduates 2006 through 2009: first-time pass rates on the USMLE Step 2CK ranged from 95 to 100%. National pass rates ranged from 94 to 97%.
- USF medical school graduates 2005 through 2009: first-time pass rates on the USMLE Step 2CS ranged from 95 to 97%.
- On the AAMC 2009 Medical School Graduate Questionnaire, 96% of the USF COM graduates reported that they “strongly agreed” or “agreed” that they were satisfied with the overall quality of their medical education program, as contrasted to 87% of national medical school graduates.

The College is committed to assuring that our medical school graduates possess the concepts, skills and attitudes required for the effective and successful practice of medicine in today’s health care delivery environment. Gaining national prominence through innovative educational and co-curricular programs is also a high priority.

One particularly innovative program that students have the opportunity to participate in is the Scholarly Concentration Program. Created in 2007, the purpose of the program at the College is to provide opportunities for students to participate in areas of inquiry, scholarship and creative endeavors so they are prepared to become leaders in their fields and contribute optimally to the practice of medicine. The program fosters interdisciplinary approaches to issues in medicine, with

concentration leadership and student mentorship provided by faculty members from multiple colleges at USF. Goals for student participants include gaining information in fields that enhance their understanding of medicine, undertaking experiences that contribute to their development as future physicians, and completing independent and creative legacy projects. The program aims to strike a balance between the need for academic rigor and the desire not to detract from the time necessary to succeed in the medical school curriculum. Currently, the College offers the following concentrations: Business and Entrepreneurship, Health Disparities, Health Systems Engineering, International Medicine, Law and Medicine, Medical Education, Medical Humanities, Public Health, and Research. For the 2009-10 academic year, 68% of the incoming students signed up for one of these, and 57% of College students are now enrolled.

Opened in Fall 2005, the Center for Advanced Clinical Learning and Simulation (CACLS) is now one of the most advanced facilities of its kind in the nation. In the 2008-2009 academic year, the center had 36,000 standardized patient visits with a bank of 167 cases that represent a different medical ailment. The center was developed to both teach and evaluate students on their clinical and patient communication skills. The comprehensive standardized patient program allows students to practice healthcare skills with real “patients” in a risk-free medical environment. It also emphasizes communication and interpersonal skills vital to patient safety, satisfaction and quality care. The CACL has 12 state-of-the-art clinical examination rooms, each equipped with advanced digital video monitoring, as well as a closed circuit computerized evaluation system, with computer capabilities both inside the room and a student station immediately outside the clinical room. Each room is linked to a master video monitoring display in the control room and has access to the video monitoring room itself. The center is an integral part of the Admission’s Office weekly presentation to prospective students and is a significant partner at USF Health where we utilize simulation to enhance patient care and safety.

Over the past four years, and moving forward, the COM has undergone dynamic curricular and educational reform in tandem with enhanced instructional technology resources. Some of the enhancements include:

- Increased use of simulators and simulation training
- Enhanced use of digital imaging for histology, pathology and microbiology
- An enhanced student clinical encounter system permitting real time review of activities in comparison to required benchmarks
- Notebook computer and printer requirements for all new students
- Expanded use of computer-delivered testing
- Video-streaming of all lectures in MS Y1 and MS Y2

Responding to the impending physician shortage and the need to reform medical education and our current healthcare system, the College has developed a partnership with Lehigh Valley Health Network (LVHN) in Allentown, PA, to develop a new clinical branch campus at LVHN. LVHN will serve as the MS Y3, MS Y4 clinical teaching site for USF students admitted to a new USF COM/LVHN program. The College will admit an additional 24 to 56 students each year who will be enrolled in the program. The mission of the program is to train a cohort of medical students who will become the next generation of healthcare leaders. Medical students matriculating in the new program will be required to meet all core institutional goals and competencies of the main COM program, as well as the goals and competencies of the new program. The primary competencies for the new program include: leadership development, values-based healthcare delivery and redesigning health systems to ensure team-based learning and increased patient safety. Students in the new program will spend MS Y1 and MS Y2 years on the main campus in Tampa and MS3 and MS4 years at LVHN. The development of these additional LVHN teaching sites will also benefit the USF students in the traditional track.

Having received LCME approval, enrollment at the College, including the students in the LVHN program, will increase from a class size of 120 students in 2009/10 to 144 students in 2011/12. At full capacity, total USF Tampa class size will grow to 592 (480 current students plus 112 newly enrolled students); USF-LVHN class size will be 112. The projected maximum will be 224 students across both campuses, and the full USF program total will be 704.

To graduate students who are prepared to be tomorrow's physicians, we will engage in recruiting and reviewing students in a holistic manner, taking into consideration factors beyond grades and test scores, the diversity of applicants' backgrounds and their life experiences. Similarly, we are committed to addressing issues of student debt load and will redouble our efforts to increase student scholarship support.

Thoughtfully designed pipeline programs, as well as our Medical Honors Program in conjunction with University of Central Florida, University of West Florida, Stetson University, Florida Southern College, Florida Gulf Coast University, and USF provide synergistic effects for the institutions and the students. The College also offers MD/PhD, MD/MPH, MD/MBA and MD/JD degrees. Furthering the scope and impact of these programs and resources for our college is an important part of our strategic vision.

Along with the development of the LVHN clinical campus and refining our Blueprint for MD Education in 2009, we began a process to develop our unique brand promise. In this process, we engaged in focus groups, facilitated discussions and workshops with students, faculty and many other key stakeholders. Through these initiatives we have developed a broad community who learned and now know what we stand for:

*We promise aspiring, passionate students an open culture of accessibility to faculty, patients and technology through a challenging curriculum with diverse educational experiences. Transcending old paradigms, we are empowered by a fresh perspective on learning. We foster an environment where students realize their own creativity and innovation to make a difference in the lives of patients and their community. Upon graduation, our students will possess the skills and confidence as leaders in the ever-changing business of health care without ever sacrificing their initial inspiration to care for patients.*

Like many other public schools of medicine, two significant challenges facing our program are maintaining and increasing funding for our educational mission in an environment of limited and competitive resources, and the current state of the national economy. In 2007, state-supported medical schools were established at the University of Central Florida and Florida International University (the first classes matriculated in Fall 2009). The establishment of these new medical schools, in conjunction with the beginning of a global recession and national financial crisis, has subsequently impacted the amount of new state funding available to the USF COM. In fact, from 2007-2009, the USF COM lost about 20-25% of its general revenue base support due to these factors.

This general revenue reality, combined with increased pressure to produce more clinical revenue and contract grant funding, has increased the emphasis placed on clinical practice and research. Concomitantly, the College is implementing critical curricular reforms, particularly related to increasing small group methods of active learning, that are often more costly than the traditional undergraduate medical curriculum. While large-group classrooms for first- and second-year medical students were renovated to state-of-the-art condition between 2005 and 2007, they will need further enlargement with the expansion of class size. In addition, there is still a significant need for a building that is designed for small-group instruction, mid-sized programs, learning com-

munities and simulation. To address some of these concerns, additional renovations to create rooms with variable seating and room partitioning capabilities will begin in summer 2010. Included in the renovations will be the renovation of older student wet labs into rooms that will accommodate large, small and individual study space for students. In addition, the current auditorium will be renovated to accommodate up to 300 students with learning-friendly desks, WI-FI and video capture. Beyond these very urgent needs, a new medical education building would support the College to achieve reforms aimed at enhancing methodologies, enhance our national prominence, and further all of its educational missions. Thus, with this combination of pressures, the College needs to focus much of its energies on ensuring appropriate faculty and financial resources for the educational mission.

## STRATEGIC INITIATIVES

### 1. Prepare 21st century healthcare leaders

Short term

- Identify competencies related to physician leadership development and patient safety education

Short and Long term

- Enhance institutional support for scholarships, grants, and fundraising for students
- Review curriculum to allow for greater content integration, more active learning, increased training in communications and cultural competence, and increased number of student electives

Intermediate term

- Create formal process for recruiting a more diverse physician workforce
- Incorporate NBME Patient-related Professional Behaviors and enhanced communications assessment into exams conducted at the CACL
- Evaluate the addition of a MS Y4 Scholarly Concentration block requirement

Long term

- Incorporate use of tele-medicine as an approach to distance learning and care delivery

## 2. Invest in educator excellence

Short term

- Launch “teaching skills” development initiative
- Develop Standardized Patient Certificate Program

Intermediate term

- Create and pilot faculty peer-assessment model
- Develop joint faculty development sessions with key affiliates
- Create mechanisms to recognize and support educational scholarship in the Appointment, Promotion and Tenure (APT) process

## 3. Commit to inter professional education (IPE)

Short term

- Establish an IPE Council

Intermediate term

- Conduct an internal “audit” of cross-over courses
- Define IPE competencies and metrics to assess learning outcome

Long term

- Provide funding for IPE scholarship at national conferences
- Create mechanisms to recognize and support IPE scholarship in APT
- Extend recruitment of Scholarly Concentration leaders and mentors to additional colleges within USF

## 4. Value education

Short term

- Support teaching and student learning outcomes by encouraging and supporting faculty
- Develop a comprehensive educational model that will ensure that faculty contributions to the educational programs are acknowledged and that resources are appropriately allocated to support educational activities
- Recommend a methodology for the allocation of state resources to support educational activities

Intermediate term

- Provide data to support APT
- Reward excellence in teaching and curricular innovation



# GRADUATE MEDICAL SCIENCES EDUCATION (PhD, MS and Certificates)

## INTRODUCTION

Graduate education has been recognized as critical to achieving the strategic goals of the COM, both in the development and training of future scientists and clinicians who will be responsible for generating pioneering advances in basic and translational research and in providing the researchers and educators of tomorrow. The development of new, interdisciplinary graduate programs can provide a pool of highly qualified individuals who can compete for local academic and industrial positions. A strong and vibrant graduate program that features a diverse array of talented doctoral, master's and certificate students provides an essential complement to the traditional medical student programs and both stimulates and enhances the research endeavors of the faculty. The COM offers graduate programs leading to the Doctor of Philosophy in Medical Sciences, the Master of Science in Medical Sciences, Professional Science Master's programs in Bioinformatics and Computational Biology and in Biotechnology and the Master of Arts in Bioethics and Humanities.

The Doctor of Philosophy degree in Medical Sciences is available with concentrations in Allergy, Immunology and Infectious Disease, Clinical and Translational Research, Molecular Medicine, Molecular Pharmacology and Physiology, Neuroscience, Pathology and Cell Biology. A combined MD/PhD program is also available and initial students are enrolled.

The development of the Multidisciplinary Biomedical Sciences (MBS) doctoral program has been designed to prepare students for academic and research careers and combines strong, interdisciplinary biomedical sciences training with increased research opportunities. This program enables students to enter graduate doctoral education in an undifferentiated status by participating in a comprehensive course entitled "Foundations of Medical Science" together with the first course designed to teach "experimental design." Students enrolled in the MBS program participate in a common first-semester curriculum that provides an essential background in biochemistry, molecular biology and cell biology, combined with laboratory rotations to identify an area of research and a mentor. In addition to the MBS program, students with interest in a specific department can apply to both the MBS program and their chosen department.

Thus students are offered three choices when applying to the USF PhD Program in Medical Sciences: A) MBS track, B) Department/Concentration-Based track, and C) Combination track, involving both the MBS and Department/Concentration-Based tracks.

Recognizing the very real need to address emerging issues in research and healthcare delivery, USF Health is developing new interdisciplinary Master's Degrees in Medical Sciences (MMS) that encompasses expertise in all three Colleges, with a number of concentrations that respond to contemporary and anticipated workforce needs. The graduate program has been innovative in developing three new programs, the

Professional Sciences Master's degrees in Bioinformatics and Computational Biology and in Biotechnology and the MA in Bioethics and Humanities, which have experienced robust enrollment since their inceptions in the 2003/04 and 2007/08 academic years. A number of additional concentrations, including Clinical and Translational Research (2006), Health Sciences (2008), Interdisciplinary Medical Sciences (2007), Molecular Medicine (2007) and Women's Health (2007) have been added, together with a new executive master's concentration in Metabolic and Nutritional Medicine that is designed for practicing clinicians and other health care professionals. In addition, the Health Sciences concentration is the first full on-line MS program of its type in the state of Florida and is one of the fastest growing programs.

A PhD-PLUS program is also offered that combines the PhD in Medical Science specialty of Molecular Medicine with a Masters Degree with concentration in one of the following areas: Bioinformatics and Computational Biology, Biotechnology, Bioethics and Medical Humanities, Business Administration, Management Information Systems or Public Health. This essentially constitutes a dual-degree approach to graduate education and opens possibilities for students desiring to develop unique areas of expertise.

The College has developed an extensive range of graduate certificate programs that mirror the master's concentrations and are offered in such areas as Aging and Neuroscience, Biochemistry and Molecular Biology, Bioinformatics, Biomedical Ethics, Biotechnology, Clinical Investigation, Health Sciences, Medical Biochemistry, Microbiology and Immunology, Medicine and Gender, Metabolic and Nutritional Medicine, Molecular Medicine, and Pharmacy Sciences. A new certificate in Health Informatics is under development.

## STRATEGIC ASSESSMENT

The COM has made a considerable effort over the past decade to

create interdisciplinary curricula for the PhD, masters and certificate programs. The success of these efforts has been evidenced by the strong enrollment growth that existing COM master's and doctoral programs in the biomedical sciences are experiencing, in part due to the increased recognition of USF as a Research I University. There is a continued need to increase interdisciplinary masters and doctoral program offerings to address the growing need for individuals with advanced training that traverse what have traditionally been discrete areas of academic preparation. If additional essential state funding is appropriated, expansion of enrollment in doctoral and master's programs in the biomedical sciences, with particular emphasis on interdisciplinary programs, is warranted. More emphasis would also be applied to developing doctoral programs.

The growth of the graduate program is dependent on the development of research and RO1 grant funding. About 80 % of student support (stipends and tuition) comes from these grants. The limiting factor in accepting doctoral candidates is the research funding available to support students. Maintaining and enhancing diversity in the student body will be a goal for the future and the recent policy change in graduate tuition, establishing the in-state rate for out of state and international students, will be critical in achieving this goal.

The graduate program has increased from 32 students 10 years ago to more than 580 students in the current year. Staffing during this time has not kept up with the student growth. The increase from 32 to 90 doctoral students, the current portfolio of 14 master's and 13 certificate programs, combined with the movement of administration of the first year from departments to multidisciplinary programs and sponsorship of a number of MS and certificates, has placed a major workload on the Office of Graduate and Postdoctoral Affairs. All of the growth has occurred with minimal increase in state funding.

Postdoctoral scholars are a vital component of the research and instruc-

tional mission of the COM. Graduate education has been broadened to include Postdoctoral Affairs to advocate for all postdoctoral scholars at the College. With the increase in graduate education and postdoctoral activities, the office should be led by a vice dean of Graduate and Postdoctoral Affairs who would be expected to provide leadership and direction for all aspects of graduate education and postdoctoral training.

## STRATEGIC INITIATIVES

### 1. Expand enrollment in doctoral, masters and certificate programs in the biomedical sciences, with highest priority given to securing funding for doctoral programs

Intermediate term

- Enhance recruitment and recruiting tools (institutional visits, information brochures and videos, redesigned web site)
- Develop plans for enhancing the combined MD/PhD program to train physician scientists
- Develop an integrated master's program for pre-professional students

Long term

- Master's concentration in Health Informatics
- Master's concentration in Medical Robotics and Clinical Simulation
- Master's concentration in Athletic Training and Sports Medicine

### 2. Expand graduate program offerings with an emphasis on interdisciplinary opportunities and enhanced distance education activities.

Short term

- PhD in Allergy, Immunology and Infectious Disease
- Distance master's degree in Healthcare Administration and Leadership.

Intermediate:

- PhD in Autoimmune Disorders
- Master's concentration in Biomedical Communications and Marketing
- Master's concentration in Clinical Nutrition

- Continue to develop master's and certificate programs to provide for student needs and the department support necessary for new programs with the intent of providing job-related education, but with emphasis on selecting students for doctoral level education

Long term

- Increase the number of executive master's programs focusing on mid-career professionals in the health sciences
- Evaluate success of these programs relative to doctoral programs (i.e. consider the resources necessary and the effort expended relative to the goal of building a Research I University)

### 3. Develop and increase funding for doctoral and graduate students, including tuition waivers and stipends for qualified full-time students

Short term

- Continue return of tuition generated by master's, certificate and non-degree seeking students to departments
- Continue to provide health insurance supplements for doctoral students

Intermediate term

- Increase stipend levels to be competitive with universities in the Southeastern U.S.
- Collaborate with the Development Office to cultivate individual endowed doctoral student fellowships

### 4. Increase administrative and staff support for graduate and postdoctoral programs

Short term

- Increase academic staff support to facilitate development and implementation of additional distance courses
- Enhance marketing, recruiting and graduate student advising

Intermediate term

- Develop courses that enhance student and postdoctoral professional development
- Develop stable funding sources for student and program support

# PHYSICAL THERAPY EDUCATION

## INTRODUCTION

The University of South Florida School of Physical Therapy was established in 1998 by the Florida Board of Regents as a department within the COM. The first class of 14 students graduated in 2001 and was awarded the entry-level Master of Science in Physical Therapy (MSPT) degree. The School subsequently enrolled cohorts of 30 students in the MSPT degree program. The final cohort of matriculating MSPT students completed their studies in August 2006. Responding to national educational trends and changes in scope of physical therapy practice within a dynamic healthcare environment, School of Physical Therapy faculty developed and submitted a curricular proposal to replace the entry-level MSPT degree with the first-professional Doctor of Physical Therapy (DPT) degree. Following University review and approval, the Florida Board of Governors granted new degree implementation authority to USF in October 2004, enabling USF to becoming the first public university in the state of Florida to offer the Doctor of Physical Therapy entry-level degree. The charter DPT class of 30 students began their three-year course of study in August 2005 and graduated in May 2008. Subsequent cohorts of 36 students have been enrolled in the DPT degree program each year. The School changed its name in 2007 to add “Rehabilitation Sciences” reflecting an additional emphasis on its scholarly and research activities.

## STRATEGIC ASSESSMENT

### EDUCATION

The quality of the USF School of Physical Therapy and Rehabilitation Sciences (SPTRS) educational enterprise is best assessed by the following metrics:

Applicants for admission to the School’s educational program have increased in quantity and quality with each successive admissions cycle. The 2004-05 admissions cycle selected the charter DPT class from a pool of more than 100 applicants with an average 3.4 GPA. The most recently completed application cycle for 2009-10 yielded a pool of more than 250 applicants with an average GPA of 3.6. The School has been able to matriculate racially and ethnically diverse classes without the availability of substantial scholarship funds.

Pass rates for USF SPTRS DPT graduates on the National Physical Therapy Examination (NPTE), the standardized examination for licensure and practice in physical therapy required by all states and jurisdictions, has been 100%, with average scores above that of all U.S. accredited physical therapy educational programs. USF ranks second only to the University of Miami’s Miller School of Medicine physical therapy program in the three-year ultimate pass rates for graduates of programs in the state of Florida.

All of our graduates secure employment upon licensure, generally prior to or within two months of graduation. Student exit interviews report general satisfaction with their entry-level educational preparation.

The innovative DPT curriculum was reviewed by CAPTE, physical therapy's specialized accreditor, in the spring of 2008 with the program receiving a reaffirmation of accreditation with commendation through 2016. The School achieved national recognition in late 2008 through its ranking (69th of 200+ programs) by *U.S. News and World Report* magazine on their listing of the best physical therapy educational programs in the United States.

The unique DPT curriculum, built around an innovative educational model that is integrated and interprofessional within the resources of the COM and USF Health, partners Year 1 DPT students with Year 1 medical student peers in key "foundations of doctoring" basic science courses. Learning together in the classroom has stimulated additional interprofessional opportunities that have evolved outside the classroom, i.e. BRIDGE Clinic and the International Health Services Collaborative overseas trips. The strong didactic preparation of our students has been noted by the clinical instructors in our growing national network of clinical education facilities. USF DPT students are now able to compete for placements at centers of excellence around the U.S. The School is also committed to assuring that our graduates possess the knowledge, skills and attitudes required for the effective and successful practice in today's dynamic health care environment. The DPT curriculum includes formal education in business pro-forma development and in health care policy, management and administration that produces a "practice ready" clinician.

### **SCHOLARLY ACTIVITY and RESEARCH**

SPTRS faculty fulfill their roles not only as educators, but also as scholars and researchers. Faculty frequently present at state, national and international meetings and are prolific authors of high-impact journal articles and textbooks. The number of grant proposals submitted by SPTRS faculty has risen exponentially over the last several years, with

funding being realized around the School's new Human Functional Performance Laboratory.

### **CLINICAL PRACTICE**

The School's faculty practice, based at the USF Physical Therapy Center on the third floor of the Morsani Center for Advanced Healthcare, has, as part of the USF Physicians Group, experienced slow and steady growth in patient volumes and revenues over its six years of existence. The Center provides not only high-quality, evidence-based care with a personal touch that has become the standard for the Tampa Bay region, but a model educational environment for students from all health care disciplines.

### **OPERATIONS and SUSTAINABILITY**

SPTRS is not immune from the pressure to develop and produce both clinical revenue and contract and grant funding. As part of the larger USF COM implementation of the mission-based AIMS System, SPTRS carefully analyzed and realigned faculty effort and accountability while implementing the new DPT curriculum. The School has continued to operate in a fiscally sound and solvent manner during the ongoing reductions in the levels of state support. Demand for access to physical therapy education is strong and growing. The USF SPTRS responded to this increasing demand for access to physical therapy education in Florida by increasing its entering class size from 30 in 2004-05 to 36, a 20 % increase, with the implementation of the new DPT degree and today maintains an authorized enrollment of 108 students.

### **STRATEGIC INITIATIVES**

- 1. Establish the PhD degree in Rehabilitation Sciences and Engineering**

Short term

- Plan and submit for COM approval as a concentration within the COM PhD in Medical Sciences

Intermediate term

- Implement as a concentration within the COM PhD in Medical Sciences

Long term

- Plan and submit for USF Graduate School, USF Board of Trustees and Florida Board of Governors approval as a USF PhD degree

## **2. Establish a clinical residency in orthopaedic physical therapy, accredited by the American Board of Physical Therapy Specialties**

Short term

- Plan
- Complete application
- Host site visit

Intermediate term

- Implement

## **3. Increase the number of grants and contracts and amount of extramural funding received**

Short term

- Achieve at least one extramural grant/contract submission per year per tenure pathway faculty
- Achieve at least \$300K in aggregate annual extramural funding

Intermediate term

- Achieve greater than one extramural grant/contract submission per year per tenure pathway faculty
- Achieve at least \$600K in aggregate annual extramural funding

Long term

- Maintain greater than one extramural grant/contract submission per year per tenure pathway faculty
- Achieve at least \$1.5M in aggregate annual extramural funding

## **4. Enhance philanthropic funding**

Short term

- With Development Office, identify 10 prospects for student scholarships
- Increase cultivation and stewardship of current benefactors

Intermediate term

- Achieve an endowment of at least \$250,000 for student scholarships

Long term

- With Development Office, identify prospects to achieve funding for:
  - endowed school director position
  - two professorships
  - named human functional performance laboratory

## **5. Expand the number of dual-degree educational programs**

Short term

- Investigate the creation of the DPT/PhD in Medical Sciences

Intermediate term

- Implement the DPT/PhD in Medical Sciences

Long term

- Investigate the creation of a DPT/MBA

## **6. Develop international clinical and scholarly opportunities for faculty and students**

Short term

- Explore academic and clinical opportunities available for faculty and students through USF Health Panama City of Knowledge

Intermediate term

- Explore establishing relationship with World Spine Care

Long term

- Establish an international clinical education elective



## 7. Pursue the creation of a named College of Physical Therapy and Rehabilitation Sciences

Long term

- With Development Office, identify prospects to achieve funding to name College
- Achieve University, Board of Trustees, Board of Governors and Legislative authority to name College

# ATHLETIC TRAINING EDUCATION

## INTRODUCTION

The USF Athletic Training Education Program (ATEP) became part of the College of Medicine in 2007, as it was relocated from the School of Physical Education, College of Education. ATEP received its initial accreditation in 2003 from the Commission on Accreditation of Allied Health Education Programs (Commission). ATEP is the first athletic training program in the country to reside in a Department of Orthopaedics and Sports Medicine and is one of only a few within a college of medicine. The move to Orthopaedics and Sports Medicine further strengthened the COM's role in sports medicine at USF Health and enhanced the Sports Medicine and Athletic Related Trauma Institute. The program was reaccredited in 2009 for the maximum 10 years by the Commission and is recognized as one of the top athletic training programs in the country.

## STRATEGIC ASSESSMENT

### Mission

The mission of USF ATEP is to provide students with the most comprehensive, progressive, educational and clinical foundation on which to build a career in athletic training. The educational program encompasses current research and formal instruction in the prevention, recognition, evaluation and rehabilitation of the physically active. Upon successful completion of the program, students are eligible to sit for the National Athletic Trainers Association Board of Certification examination.

### Vision

The vision of USF ATEP is to be recognized as a leader in the field of athletic training by contributing to and advancing the knowledge base of injury prevention, injury recognition, injury management, and inter-professional collaboration. Through the acquisition of evidence-based information and the use of new techniques and research, USF ATEP will serve as a model for community partnerships and innovative programming.

## EDUCATION

USF ATEP continues to be successful and is recognized as one of the top athletic training programs in the country.

Admission to USF ATEP is limited to 30 students per year and has become increasingly competitive. Currently there are more than 250 pre-athletic training majors at USF. The attrition rate of admitted students from 2006-2010 is less than 2%.

More than 70% of program graduates continue their education at the master's or professional degree level. Pass rate on the Board of Certification examination is near 100% and first-time pass rate is at or above the national average.

Student exit interviews and alumni surveys report considerable satisfaction with entry-level educational preparation.

## Interprofessional Education

The athletic training faculty and students have been increasingly involved in interprofessional education within USF Health. Athletic Training faculty currently teach musculoskeletal units and/or assist as Course Directors in the MD program including Physical Diagnosis I and II and Skin and Bones. Athletic Training students serve as preceptors in the musculoskeletal skills sessions for first- and second-year MD students.

## SCHOLARLY ACTIVITY and RESEARCH

Faculty members are engaged in scholarly activity on the national and international level and are recognized as subject matter experts in athletic training. Faculty members are continually invited to present at national and international conferences in sports medicine and have authored numerous textbooks and manuscripts.

## STRATEGIC INITIATIVES

### 1. Develop a Master's Degree in Youth Sports Injury

Short term

- Design curriculum for approval
- Market program to potential students

Intermediate term

- Enroll students in the Fall of 2011

Long term

- Maintain enrollment of more than 20 students per year

### 2. Enhance philanthropic funding for ATEP

Short term

- Announce and promote the Dr. David Leffers Athletic Training Education Suite Foundation Fund
- With the foundation, organize alumni events at regional and

national meetings

- Identify potential donors

Intermediate Term

- Develop plans for an endowed professorship

### 3. Interprofessional education

Short term

- Explore opportunities for interprofessional education with the Colleges of Nursing and Public Health

Intermediate Term

- Participate in interprofessional education across USF Health.

### 4. Develop international clinical and scholarly opportunities for faculty and students

Short term

- Continue relationship with Morinomiya University of Medical Science

Intermediate term

- Explore international opportunities for education and research
- Identify accreditation hurdles for international programs

Long Term

- Establish an international athletic training degree

### 5. Expand the Athletic Training Physician Extender Residency Program

Intermediate Term

- Cultivate relationships with vendors who sponsor residents

Long Term

- Obtain a sponsorship for an additional athletic training resident

### 6. Establish a multidisciplinary Concussion Center anchored in the Department of Orthopaedics and Sports Medicine

# PHARMACY EDUCATION

## INTRODUCTION

Initial considerations for a Doctor of Pharmacy program at the University of South Florida (USF), and more specifically USF Health, were generated in 2004 as part of the 10-year projection for new and expanded programs at the USF Health Sciences Center. USF has been designated a Research I institution by the former Florida Board of Regents, and is a Carnegie I Research Institution. USF will place increasing emphasis on graduate and professional education in order to meet the expanding needs of the Tampa Bay region, and the state of Florida. The profession of pharmacy has been widely recognized as a necessary and integral component of the health care system. Pharmacy as a discipline and as a profession co-exists extremely well with all other health professions. Pharmaceutical and medicinal agents are profoundly important for health care to be administered by healthcare professionals and for pharmaceutical science researchers to continue their quest for new discoveries. The USF School of Pharmacy will focus on accomplishing USF's stated mission and goals statements, in particular: "Patient research and scientific discovery...translation of new knowledge across disciplines... build sustainable, healthy communities." The stated mission of the USF School of Pharmacy directly aligns with the University's goals of achieving national and international prominence. The pharmacy program will capitalize upon relationships that currently exist within USF Health to achieve excellence in patient-centered care that will be offered by our pharmacy graduates to various communities throughout Florida, the nation, and the world.

## STRATEGIC ASSESSMENT

Accountability measures submitted to the state of Florida and approved by the Florida Board of Governors are to be evaluated annually with reports generated and submitted to the various executive councils, the vice president of USF Health, and the vice president of academic affairs for the University of South Florida. An accountability matrix was generated to easily display all the accountability measures being evaluated and assessed. The annual reports will be available for Accreditation Council for Pharmacy Education annual program review and will include the progress made for each accountability measure.

Evaluation of the identified accountability measures will be achieved by using various assessment tools. Validated formative and summative assessment tools will be screened by the initial administrative leadership for use and implementation for the program. Annual formative evaluations will be used for data collection. Performance evaluations of faculty and staff activities will be conducted separately from programmatic formative evaluation. Summative evaluations will also be performed for both faculty and students. Students' postgraduate activities will be tracked; data collected will be included in the accountability measures grid. Exit surveys of students and faculty will be implemented to assess feelings and perceptions of the institution, and their own professional development.

## STRATEGIC INITIATIVES

### 1. Development of outstanding clinical pharmacy practitioners with enhanced patient-interactive skills

Short term

- Innovative early-experience clinical practice in community health centers, retail pharmacies, and hospital institutions
- Enhanced advanced-experience clinical practice by collaborating with inter-professional health care teams in patient-care settings

Intermediate term

- Emphasize various clinical research models throughout the curriculum, preparing the graduate pharmacist for 21st century clinical practice and management

### 2. Development of strategic relationships

Short term

- Identify institutional and community pharmacy directors and managers in the Tampa Bay region and throughout Florida
- Establish initial advisory boards (according to pharmacy-related discipline)

Intermediate term

- Establish School of Pharmacy Advisory Board composed of key thought leaders from national healthcare and pharmaceutical-based companies

### 3. Develop enhanced interprofessional clinical and research relationships

Short term

- Assist in establishing an Interprofessional Council within USF Health
- Establish clinical affiliations with USF COM departments and divisions

Intermediate term

- Establish an integrated interprofessional curriculum between academic disciplines within USF Health.
- Establish clinical collaborations between School of Pharmacy clinical faculty and COM and CON clinical faculty

### 4. Creation of faculty development resources

Short term

- Faculty recruitment
- Develop faculty retention initiatives, and implement teaching-training modules for newly hired faculty

Intermediate term

- Establish faculty research-training modules
- Emphasize clinical practice collaboratives and pharmaceutical sciences research

### 5. Entrepreneurial models of clinical practice and clinical research

Short term

- Establish pharmacy clinical practice sites in clinical locations that lack clinical pharmacists
- Engage the USF research community to establish collaborative research initiatives

Intermediate term

- Develop Pharmacy Practice Center for Innovation
- Develop an Institute of Pharmaceutical Sciences to focus on drug development initiatives

### 6. Innovative approaches in developing curricular design

Short term

- Podcast of classes
- Minor in Scholarly Concentrations

Intermediate term

- Implement virtual classrooms for student instruction
- Develop technology-driven curricular innovations for students and faculty



#### 7. Development of global health initiatives and relationships

##### Short term

- Establish communication with USF/ Panama clinical collaboration
- Establish relationship with global pharmaceutical companies

##### Intermediate term

- Develop faculty sabbaticals with global locations
- Develop academic collaborations with USF College of Global Sustainability

# GRADUATE MEDICAL EDUCATION

## INTRODUCTION

The Graduate Medical Education (GME) program of the University of South Florida endeavors to provide an ideal environment for the acquisition of the knowledge, skills and core competencies necessary for its graduates to achieve the highest levels of professional and personal accomplishment and to safeguard the public trust.

In doing so, we support a balanced educational program comprised of individual programs united under a common institutional goal, with shared participation in an interdisciplinary curriculum that promotes a culture of life-long learning. We recognize that residency training is a vital step in the continuum of medical education. We encourage residents to take an active role in the teaching and mentoring of other residents and medical students. Our programs provide residents with the skills necessary to serve successfully and effectively in this capacity.

The College's primary teaching hospital affiliates are:

- Tampa General Hospital - a private, non-profit 988-bed facility is the area's only Level 1 Trauma Center and Burn Unit. It is the primary training site for the USF COM's medical students and residents. Specialty services include aeromedical services, transplantation and a freestanding rehabilitation center.
- James A. Haley Veterans' Hospital - a 504-bed hospital next to the USF Tampa campus that is one of the busiest VA hospitals in the nation. It is one of two Dean's Committee VA hospitals in the bay area and provides opportunities for training in all adult fields. Specialty care training is available in its Women's Center, Spinal Cord Injury Center, Rehabilitation/Traumatic Brain Injury Center

and Nursing Home Care Unit.

- All Children's Hospital - a private, non-profit 259-bed children's facility that is the primary pediatric training site for USF medical students and residents. The hospital has a main campus in St. Petersburg and a service site in Tampa adjacent to the USF campus.
- Moffitt Cancer Center and Research Institute - an NCI-designated Comprehensive Cancer Center that is a private, non-profit 175-bed facility located on the USF campus, closely integrated with the USF COM and focuses on research, education, prevention and treatment of cancer.
- Bay Pines VA Hospital - a 403-bed hospital located in St. Petersburg that is the other VA facility in the Bay area providing training in all adult fields.

In addition to its primary teaching hospital affiliates, the COM has more than 380 educational letters of agreement linking GME programs to facilities and medical centers throughout the state. The COM owns, leases or contracts with 11 facilities in the Tampa Bay area, seven of which are on the USF Tampa campus, where clinical teaching and research by COM faculty occur.

## STRATEGIC ASSESSMENT

The College's five primary hospital affiliates are financially sound, not-for-profit institutions. Tampa General Hospital, which has successfully transitioned from public to private status, is economically sound and typically operates at full census. Affiliations with two large, tertiary care VA hospitals and a full-service children's hospital affords the College a breadth of residency opportunities.

The College has implemented new competency-based curricula in its 87 residency and fellowship programs, developed new web-based residency program evaluation tools and fully implemented new residency duty hour requirements. Program directors have embraced the new curriculum and actively participate in the administration of the GME program. The majority of residency programs are highly competitive nationally and virtually all programs fill during the match with highly qualified applicants. Accredited residency and fellowship programs account for 97% of our trainees.

All programs are held to a uniform high standard. Residency program content is comprehensive and high quality as reflected by residents' high pass rates on certifying examinations. A well developed intranet has improved communication with program directors and is a means for online continuing medical and resident education. The new Mor-sani Center for Advanced Healthcare has increased the visibility of the College as a practice entity, and will have the ancillary effect of enhancing the quality and reputation of the residency programs.

Florida ranks 43rd nationally in terms of the number of residency positions per 100,000 state population and would need to add approximately 2,700 residency positions to meet the national ratio of GME positions per 100,000 population. Competition for Florida residency positions is expected to increase as a result of the creation of the Florida State University COM in 2000, the more recent establishment of additional medical schools in Florida, and the continuing growth in existing medical school enrollment at both the state and national levels. Despite the need for additional GME positions in Florida, efforts to expand graduate medical education have been hampered by the abolition of the Community Hospital Education Program, a long-standing state program that dedicated state appropriations to support GME until 1999; the caps on Medicare direct and indirect GME funding imposed by the federal Balanced Budget Act of 1997; and the absence of any

private funding to support GME.

USF has created 14 new residency programs, totaling 87 GME positions in dermatopathology, emergency medicine, physical medicine and rehabilitation, spinal cord injury medicine, family practice, rheumatology, addiction psychiatry, vascular and interventional radiology, and combined internal medicine/pediatrics since the imposition of the Medicare cap on GME funding. Creation of these GME programs has been driven primarily by the ability to educate residents effectively and meet service needs of our affiliate hospitals rather than by the physician workforce needs of the state and nation.

As financial pressures on hospitals' bottom lines continue to increase, the College's primary hospital affiliates have become willing to support the creation or expansion of GME programs and to recognize and assist in defraying the GME related costs incurred by the College. This financial support is vital to the GME mission; more affiliates need to be convinced that supporting GME is cost-effective.

Until significant and sustained new state and/or federal funding for GME programs is available, the College will focus its attention on its relationships with its core affiliate hospitals working to jointly enhance the quality of its GME programs, rather than on expanding their capacity. The College will, however, work in collaboration with the Office of Development to identify potentials for private donor support for GME.

## STRATEGIC INITIATIVES

- 1. Continue to advocate for maintenance and expansion of GME with current primary hospital affiliates and potential new affiliates**  
(Short term)
- 2. Incorporate evidenced-based practices across residency curricula**  
(Long term)

# CONTINUING PROFESSIONAL DEVELOPMENT

## INTRODUCTION

The mission of the Office of Continuing Professional Development (OCPD) is to assist healthcare professionals with the development and maintenance of professional excellence through the ethical, innovative and efficient dissemination of knowledge and enhancement of skills required for clinical practice, research and education. CPD embraces the concepts of lifelong learning, interdisciplinary education, evidence-based practice, quality improvement and medical informatics to design learning activities that assist healthcare professionals in enhancing the knowledge, skills and attitudes required for excellence in practice.

The OCPD performs its mission by engaging the USF Health faculty and other recognized experts in (1) identifying learner needs, (2) planning learning activities to eliminate the practice gap or to address identified needs, and (3) performing outcome evaluations to determine the impact of the learning activity on the attitude, competence, or performance of the learner. The most frequent type of continuing education (CE) activity sponsored by the COM is live conferences. The format varies from the one-hour regularly scheduled conference (grand rounds) to multi-day international scientific symposia. In addition to live conferences, the office sponsors enduring materials (monographs, journal, CD-ROMS, DVDs) and Internet-based, performance improvement and point-of-care CE.

The OCPD offers a menu of services from which clients may select based on the activity's requirements and projected budget. For the majority of CE activities sponsored through the COM, the OCPD manages all aspects of instructional design, conference management and credit certification. The COM affiliate hospitals, Tampa General Hospital, All Children's Hospital, Moffitt Cancer Center and Research Institute, Bay Pines VA Medical Center and James A. Haley Veterans' Hospital, have internal CE staff who collaborate with the OCPD for certification of their courses for American Medical Association Physician Recognition Award (AMA PRA) category one credit.

## STRATEGIC ASSESSMENT

In 2004, the USF Board of Trustees approved the formation of a separate Direct Support Organization, the Health Professions Conferencing Corporation (HPCC), for the operations of the OCPD and other entrepreneurial activities of the COM. Assets were transferred from the Medical Support Services Corporation, a USF direct support organization, to the HPCC during FY06. HPCC is governed by a seven-member board; daily operations are managed by the associate vice president of Continuing Professional Development/CEO of the HPCC. HPCC has been operational for two years and received a clean external audit for FY09. The fees for HPCC are established through internal and external benchmarking and have increased once in nine years. The HPCC has 40 full-time staff and can engage temporary employees as projects demand, providing the flexibility to quickly respond to emerging program needs.

The OCPD is integrally involved with the continuing medical education enterprise on a national and state level. In November 2008, the OCPD received its second six-year reaccreditation with commendation from the Accreditation Council on Continuing Medical Education.

Continuing education activities are local, statewide, national and international in scope, reflecting the reach of USF. For FY08, the OCPD sponsored 928 activities and 45 grand rounds that reached 60,210 learners. The number of courses and participants have been consistent over the past five years. Between 55-60% of the learners are from the state of Florida thus supporting USF's commitments to improving the clinical and leadership skills of our state's healthcare workforce.

The College has a standing committee of the faculty, the CPD Advisory Committee, that advises the dean on policy issues related to continuing education. Each department and division of the College has representation on the committee. The committee is well attended and actively engaged in establishing policy, evaluating new initiatives and assuring the quality and financial stability of the overall operations of the CPD program.

The development of a private/academic partnership to create the Center for Advanced Medical Learning and Simulation (CAMLS) is an initiative proposed in 2004. CAMLS will be a \$52 million high-tech, state-of-the-art training facility adjacent to a 200-room hotel. It will allow the development and implementation of innovative teaching models for residency training and post-graduate education. The primary components of the center are the surgical skills laboratory, the daVinci Center for Computer-Assisted Surgery, a simulation center/virtual hospital, a research and innovations laboratory and a center for research in healthcare education.

The OCPD/HPCC offices will be located at CAMLS, where staff will manage strategic planning, research and development activities, programs and daily operations. The OCPD will hold approximately 35% of its existing courses at CAMLS and will work with USF Health faculty and other national and international experts to develop new courses in the areas of surgical skills training and retraining, maintenance of certification and procedural training for new technologies. The research and innovation laboratory will provide space for multidisciplinary research initiatives involving the Colleges of Medicine, Nursing, Public Health, Engineering, Computer Science and industry partners. CAMLS is anticipated to open in August 2011.

In 2009, two components of CAMLS were opened as proof of concept for the overall CAMLS initiative. The USF Health Simulation Center at Tampa General Hospital, opened in March 2009, is a multidisciplinary simulation center for the training of students, residents, fellows and practicing healthcare professionals. Activities held at the Center focus on the assessment of technical competence for credentialing, remediation, and maintenance of certification and focus on simulation-based education for the development of complex cognitive and procedural skills.

In August 2009, the daVinci Center for Computer Assisted Surgery opened at the COM vivarium. The daVinci Center houses the latest two robotic platforms, the Si dual platform and the S platform, for training surgeons in basic and advanced robotics procedures. The Center trains between 20 and 30 physicians per month in urologic, gynecologic, and thoracic procedures.

## STRATEGIC INITIATIVES

### **1. Assure participation in providing a continuum of activities complementing the undergraduate and graduate medical education activities of the College**

#### Short term

- Collaborate with Clinical and Research Integrated Strategic Programs (CRISPS) and Strategic Work Groups (SWGs) to identify needs/interest for CE activities

#### Intermediate term

- Actively participate with the Excellence in Education Committee to initiate new collaborative learning opportunities that cross the continuum of medical education
- Support the collaborative initiatives of the COM and the Colleges of Engineering and Business through the initiation of joint programs and projects
- Support the efforts of the CRISPS and SWGs by producing relevant continuing education and outreach opportunities

#### Long term

- Refine collaborative model to continue generating new opportunities for intraprofessional education
- Implement model for consistent identification, implementation and evaluation of projects across the continuum of education
- Work with CRISPS and SWGs to identify long-term goals to facilitate national prominence

### **2. Provide project management for CAMLS and manage the Center's operations once opened**

#### Intermediate term

- Identify and manage education, training and research programs for CAMLS
- Identify and develop new programs and research opportunities for CAMLS

- Identify potential industry partners for CAMLS and secure commitment to oversee projects and programs

### **3. Partner with Faculty Development Program to support the development of creative and innovative activities for faculty development in both leadership and education in support of the mission and vision of the College (Intermediate term)**

# RESEARCH

## INTRODUCTION

The COM's research program is central to the mission of the University and has embraced the following goals:

- Recruit world-class teams
- Build infrastructure to support the research mission
- Measure and reward research quality and productivity
- Advance medical science through bench-to-bedside basic, translational, and clinical research.

Faculty, staff, and students in the COM are engaged in many areas of scientific inquiry including basic, translational and clinical research. Institutional and faculty initiatives and direction-setting processes have identified two major research initiatives that are part of the COM and University strategic plans:

- Neurosciences
- Diabetes and Autoimmune Disorders

Three other areas of research priority in the College are:

- Allergy, Immunology and Infectious Diseases
- Cardiovascular Health and Diseases
- Oncology

During the last five years, USF has developed an integrative model of research and education that involves COM partnering with the Colleges of Public Health and Nursing to create USF Health. This model has recently been expanded to include the School of Pharmacy that was approved in 2009. The COM also houses the School of Physical Therapy and Rehabilitation Sciences, which further enhances the research mission of USF Health and the University. The research community

includes other colleges on campus (such as Arts and Sciences and Engineering) and involves the USF Health Byrd Alzheimer's Institute, and affiliate partners Moffitt Cancer Center and Research Institute, the James A. Haley Veterans' Hospital, All Children's Hospital (ACH), and Tampa General Hospital (TGH). This combination of entities has created a robust basic, translational, and clinical research environment with many collaborative projects.

The above has evolved from a reorganization of the College basic science programs to create three interdisciplinary departments: the Departments of Molecular Medicine, Molecular Pharmacology and Physiology, and Pathology and Cell Biology. In addition to this merger, three signature research programs were developed in the areas of neurosciences, cardiovascular diseases, and infectious diseases and immunology research areas. Leadership of the signature programs is shared between one basic and one clinician scientist, thus promoting translational research and student training. Currently, numerous collaborations with counterparts in areas that include medicinal chemistry, medical physics, biomarker development, biomedical engineering, nanotechnology, micro-electro-mechanical systems (MEMS) technology, vaccine development, cancer diagnostics and drug development have evolved as a result of this reorganization.

USF, established 1956, is a relatively young, but rapidly developing, research institution that is ranked 29th nationally among public institutions research and development expenditures by the National Science Foundation (NSF). Research awards to USF have increased more than 1300% in the last 20 years, and nearly 70% in the last 5 years,

with more than \$380 million in total extramural grants awarded to the institution. From the years 2000-2007, USF had a greater increase in federal expenditures than any other university in the nation.

The COM has contributed significantly to this remarkable research growth. College total awards for 2009 were \$212 million. USF COM faculty has successfully competed for program project grants in computational neuroscience, cell cycle regulatory control targets, Alzheimer's disease, and cancer drug discovery. The College houses the Pediatric Epidemiology Center, one of the most successful clinical research data centers in the U.S. The Departments of Pediatrics and Neurosurgery have been recognized nationally for their research programs. College faculty benefit from close ties to the Moffitt Cancer Center and Research Institute, the College of Public Health's Department of Global Health, the Department of Pediatrics Children's Research Institute on the campus of All Children's Hospital, the James A. Haley Veterans' Hospital, and most recently, the USF Health Byrd Alzheimer's Institute. The expansion of research has been accompanied by development and significant investment in core facilities for microscopy, cell sorting, mass spectrometry, structural biology (NMR and X-Ray), high throughput drug screening, animal imaging, behavior and telemetry, viral vector, and electrophysiology.

Additional facilities have recently been added to the USF campus with research capacity: the Carol and Frank Morsani Center for Advanced Healthcare (Morsani), the Interdisciplinary Research Building (IDRB), and the Byrd Institute. The Morsani, the major USF Health medical clinic, provides extensive opportunities for clinical research. The IDRB houses research on infectious diseases primarily involving the Colleges of Medicine, Public Health, Arts and Sciences, and Engineering. The USF Connect Incubator Building, adjacent to the IDRB, provides a facility for University and local company technology startup space and infrastructure and is available for expanded research collaborations.

The Byrd Institute houses significant neurosciences research focusing on the causes, treatment and prevention of Alzheimer's disease. The College has received a Clinical Research Curriculum Award (NIH/K30) to educate junior clinicians in the development of successful clinical/translational research programs and to expand and enhance research capacity among faculty.

## STRATEGIC ASSESSMENT

With this remarkable growth in the College, challenges still exist. The College is committed to expanding its basic science, translational and clinical research enterprises that contribute to improved preventive, diagnostic and therapeutic outcomes in the field of medicine.

The College already has significant strengths in research that include:

- Pediatric Epidemiology Center of Excellence in diabetes and rare diseases research;
- Cell therapies and the Center of Research Excellence in Aging and Brain Repair;
- Significant funding in neurosciences, allergy, immunology and infectious disease, cardiovascular disease, ovarian and reproductive cancers research;
- National prominence in research funding in the Department of Pediatrics and Department of Neurological Surgery and Brain Repair;
- Neuroscience concentration and focused research in cardiovascular diseases and infectious diseases/immunology available as components of the PhD in Medical Sciences;
- A significant core of faculty with expertise in neurosciences, cardiovascular diseases, allergy, immunology, infectious disease, cancer, and drug and vaccine development;
- Laboratory facilities for advanced biodefense and select agent research and enhanced research cores;
- Excellent research laboratory facilities at the Byrd Institute and the IDRB in the USF Technology Park Research;

- Development of an Office of Clinical Research (OCR) and appointment of an Associate Dean;
- Development of a Clinical and Translational Science Institute to expand and enhance clinical research in the College;
- Enhanced research opportunities with the Haley and Bay Pines VA Hospitals in areas including spinal cord injury, traumatic brain injury, post-traumatic stress disorder, and patient safety research;
- Robust network of affiliates across the Bay area with supportive clinical research infrastructure

The COM must address the following challenges in order to continue the expansion of its research goals and objectives:

- Limited resources to provide competitive offers for world-class recruitments and to provide counter offers to top researchers being recruited by other institutions;
- An inadequate number of existing program grants within the College, including NIH K and T awards;
- A limited number of investigator NIH-funded clinical research awards;
- Too few investigators seeking funding from other federal agencies such as the DOD, NASA, NSF;
- Insufficient translational and clinical research currently being done in all strategic research areas of the College;
- The need to support research infrastructure and to expand the OCR to grow current and emerging research strengths and to manage clinical research/trials;
- The need to provide state-of-the art core facilities, equipment and research laboratories to effectively conduct research in current and emerging areas of research strength;
- Increasing research administration complexity with limited budgetary and compliance expertise at departmental level;
- Limited start-up funding for new hires for required matching on equipment and construction grants;

- Accelerating competition nationally and within the state for available and declining state resources

## STRATEGIC INITIATIVES

### 1. Improve resources and financial support for basic, translational and clinical research in the COM

Short term

- Create a system/infrastructure to more effectively establish collaborative writing teams to respond to large multidisciplinary grant requests

Short and Intermediate term

- Provide sufficient support to the OCR to expand its mission

Short and Long term

- Continue to grow research awards and expenditures in the College from extramural sources including NIH, DOD, NSF, NASA and other federal agencies
- Promote utilization of core facilities to support their investments and expenditures
- Work with the USF Office of Research and Innovation to provide for faculty start-up, matching funds for equipment and construction projects and other financial research needs of faculty

Intermediate term

- Secure grants with higher indirect cost rates to improve overhead return
- Submit and secure an NIH Clinical and Translational Science Award

Intermediate and Long term

- Expand the number of applications for program project grants and for career development and training awards

Long term

- Seek research support and funding through the USF Health Office of Development from philanthropists and foundations to support the research mission

## 2. Establish a research environment of national prominence

### Short term

- Develop/submit a competitive Clinical and Translational Science Award (CTSA) application to the NIH with USF's partners and affiliates
- Develop/implement a plan to establish a strong program of mentoring for junior faculty to support the growth of their research efforts
- Fully implement bench-marking measures for tracking faculty research progress and recognition of exemplary performance

### Shorts and Intermediate term

- Purposefully expand research opportunities with Haley and Bay Pines VA Hospitals basic science and clinical researchers

### Short and Long term

- Support incentive research programs for faculty to maximize research growth in the College

### Intermediate term

- Secure renovation and/or construction grants or state funds to remodel out-dated research laboratories and provide for a state-of-the-art clinical research center
- Secure funding to build out research space in current shelled floors in the Morsani and the Byrd Institute

### Intermediate and Long term

- Continue to improve/increase externally funded basic and translational research programs and activities in clinical departments

### Long term

- Support incentive research programs for faculty to maximize research growth in the College
- Continue to expand core research equipment and facilities to meet 21st century research needs of faculty
- Establish/implement plans to create collaborative research programs with basic, translational and/or clinical researchers at Lehigh Valley Health Network

- Develop robust, nationally distinctive and highly competitive set of focused research programs
- Expand translational and clinical science research in every department through training and strategic hires
- Continue to strive for national recognition of research programs

## 3. Recruit, employ and develop “world-class” research teams and researchers

### Short term

- Develop a strategy that assures that identified research strengths of the College are maximized
- Develop a continuum of research education and training opportunities for undergraduates, residents, fellows, faculty and staff

### Short and Interim term

- Create strong and on-going professional development strategies to enhance research skills and productivity of faculty

### Short and Long term

- Implement and support a culture that promotes and rewards research productivity and scholarly activity
- Demonstrate support for translational research collaborations between and among basic and clinical faculty

### Intermediate and Long term

- Implement an on-going program of interdisciplinary research across campus, nationally and internationally
- Set high research expectations for each faculty member in areas of publications, grant and scholarly activity, and professional presentations

### Long term

- Recruit extramurally funded faculty teams and individuals with national/international reputations who complement research priorities
- Implement and support a culture that promotes and rewards research productivity and scholarly activity

# CLINICAL PROGRAMS

## INTRODUCTION

The clinical programs and activities of the USF College of Medicine are, first and foremost, an essential element of the College's central mission to educate and train physicians. The College is committed to maintaining this focus and priority on the provision of clinical care as a means to our primary goal of education and teaching. Additionally and importantly, the College's clinical programs and the clinical activities of its faculty contribute to the improvement of health for the citizens of our community, state and nation and provide a critical mechanism for the translation of science into new and innovative therapies and treatment modalities.

Tampa General Hospital (TGH), a private, non-profit 975-bed facility and the area's only Level 1 Trauma Center and Burn Unit, is the primary clinical training site for the USF College of Medicine. In addition to TGH, James A. Haley and Bay Pines V.A. Hospitals, Moffitt Cancer Center and Research Institute, All Children's Hospital (ACH), and Baycare Health System are also utilized by the COM with clinical training sites for students and residents. Education, training and research programs are provided at more than 100 facilities throughout the USF service area and across the state.

On an ambulatory basis, most care is provided at one of two campuses, the North Campus and South Campus. The North Campus includes our newest clinical facility, the Morsani Center for Advanced Healthcare (Morsani Center), the USF Medical Clinic, located adjacent to the Colleges of Medicine and Nursing, USF Psychiatry Center, and

the USF Eye Institute. There were 169,834 patient visits to the north campus locations in FY09. The new Morsani Center, a 195,000-square-foot, \$64 million facility on the USF main campus, opened in July 2008, and provides the USF Physicians Group (USFPG) with the ability to provide state-of-the-art surgical/clinical care. The Morsani Center houses: (a) an Imaging Center, including computed tomography, MRI and ultrasound technology; (b) an Ambulatory Surgery/Procedure Center, including an initial four operating rooms and five endoscopy suites; (c) outpatient facilities, including 60 exam rooms; and (d) patient support and administrative areas; and almost 96,000 sq. ft. of "shell space" for expansion to meet clinical program needs. In the 2009 calendar year, USF performed 4,237 procedures and 25,462 imaging studies. It is anticipated that the additional three floors will be built out over the next five years to add additional services at the Morsani Center facility and close down the USF Medical Clinic.

The South Campus is comprised of one main facility the South Tampa Center for Advanced Healthcare (South Tampa Center), which opened in 2007. The South Tampa Center, a 126,000-square-foot, \$22 million facility adjacent to TGH, also contains an imaging center and physician offices. This facility created economies of scale through the ability to migrate South Campus clinics to be housed under one roof in a state-of-the-art office building that, in conjunction with the North Campus Clinics, will provide for a patient experience that is unparalleled in the community. There were 121,765 patient visits to the USFPG's south campus locations in FY09 and 12,417 Imaging studies performed. Clinical education and training is also provided at numerous outpatient clinics throughout the region, often in conjunction with the Area

Health Education Center (AHEC) regional network, including facilities that serve migrant farm workers, geriatric patients, pregnant women, and children.

Changes in the undergraduate medical education curriculum, including the Longitudinal Clinical Experience Program in Years 1 and 2 and the increase in the number of hours in the ambulatory clinical block in Year 3 are creating an increased need for clinical faculty, preceptors and clinical training sites, leading the College of Medicine to aggressively seek new clinical alliances and affiliations.

The College of Medicine's Faculty Practice Plan was created in 1973 as a not-for-profit corporation, University Medical Service Association, Inc. (UMSA). UMSA acts as the University's fiscal agent to bill, collect, administer, and disburse funds derived from the clinical practice activity of the College's faculty physicians. The College's practitioners, branded as the USF Physicians Group (USFPG), includes approximately 360 physicians, and 125 other practitioners, in specialties including cardiology, dermatology, family medicine, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, orthopaedics, otolaryngology, pathology, pediatrics, physical therapy, psychiatry, radiology and surgery.

## STRATEGIC ASSESSMENT

USFPG, in conjunction with its primary hospital affiliates, Tampa General Hospital, Moffitt Cancer Center and Research Institute, and All Children's Hospital, has become the provider of choice among third-party payers and employer groups in the Tampa Bay area. USFPG's primary geographic service area is a highly competitive market with a significant number of hospitals and ambulatory surgical centers. Overall physician supply in the service area is currently adequate. However, population growth is expected to significantly increase demand for ser-

vices across all medical specialties. USFPG, as the largest multi-specialty physician group on the west coast of Florida, is positioned to emerge as the recognized leader in specific clinical services and to respond to the projected regional increased demand for medical services. To do so, however, USFPG must: (a) increase the number of its clinical faculty in primary care and entry level specialties; (b) further increase efficiencies in the practice; and (c) create new incentives for faculty effort.

Large, for-profit managed care organizations dominate the USF service area, with a market penetration of 40%. USFPG has been successful in negotiating increases of 10% to 33% in managed care contract reimbursement rates over the last few years. USFPG has experienced significant change in the last few years including the departure of the Division of Interdisciplinary Oncology (DIO) to Moffitt, but has continued growth in productivity as evidenced by the following increases FY 2005 to FY 2009:

- Total charges increased by 10% to \$279.3M;
- Total collections increased by 6% to \$100.1M;
- Work Relative Value Units (RVUs) increased by 8%;
- Out-patient visits at the USF facilities increased by 44%.

Increasing clinical practice income is particularly critical for the USF College of Medicine because of the steady decline in state support for medical schools in Florida over the past decade and the current economic crisis the state is facing.

## STRATEGIC INITIATIVES

**1. Continue branding USF Health and marketing clinical and educational services to prospective patients, regional managed care organizations, patients, referring community physicians, community business/civic organizations and primary hospital affiliates.**  
(Short Term)

2. Increase primary care clinical faculty and other specialties who provide entry level care by 25 to support the full range of clinical services to be delivered by USFPG (Long Term)

3. Establish and maintain “meaningful” use of electronic health records to receive stimulus funding. (Intermediate Term)



# FACULTY AND STAFF DEVELOPMENT

## INTRODUCTION

The quality of the educational program at an institution is dependent on the quality of the faculty and staff, specifically their knowledge and ability to successfully impart that knowledge in an educational environment. In addition to strong clinical educators, teachers, research scientists and staff, the sustained success of any organization is dependent upon its ability to develop future leaders who can provide renewed energy and possess the skills to position the organization to take advantage of its ever-changing internal and external environment, rather than be overwhelmed by them. To accomplish this, a successful USF COM must maximize its scarce resources by aligning the efforts of its faculty and staff with the vision and goals of the College. Faculty and staff participation in organizational sponsored programs facilitates shared visioning. This creates ownership for, and commitment to, the organization's goals.

## STRATEGIC ASSESSMENT

Currently, the COM has significant components of a comprehensive faculty and staff development program. Development initiatives are in the process of centralization throughout the College and departments as of the spring of Academic Year 2009-10.

A coordinated effort is underway to ensure that faculty and staff development efforts support the College's mission, vision and goals and reinforce its values with substantial consistency, integration, integrity and trust. This initiative includes the Office of the Dean, the Office

of Educational Affairs, the Center for Transformation Initiatives (CTI) and the academic departments. An infrastructure is being created to lead and support this comprehensive faculty and staff development and leadership program within the COM. Initial development activities will focus on new faculty, with specific attention to these priorities: mentorship opportunity identification with the USF Health Mentor Match Program, focused bonuses and incentives, revitalization of faculty, and executive leadership development. Necessary fiscal resources will continue to be a significant challenge to USF Health.

## STRATEGIC INITIATIVES

### 1. Integrate efforts in faculty development and leadership

Short term

- Continue development of comprehensive faculty development curriculum, differentiate between those components appropriate for the COM as a whole and those that are appropriate for a specific department, specialty or administrative unit
- Identify a continuum of efforts with progressive emphasis on: faculty orientation, faculty mentoring, and faculty engagement to shift the culture of the COM
- For selected individuals, programs will be created to enhance skills, competence and culture. This will include the development of an academic excellence program transitioning to an Academic Excellence Academy, as well as providing specific opportunities in the Leadership Institute to develop succession leaders

**2. Evaluate effectiveness, productivity and return on investment of the Institute for Leadership in Academic Medicine, now known as Center for Transformation and Innovation, that focuses on enhancing leadership skills and developing future leaders for the College**  
(Intermediate term)

**3. Identify extramural fund sources for faculty development in collaboration with the Office of Development** (Intermediate term)

**4. Develop educational programs at partnership campuses**

Long term

- Develop and deploy resources to support faculty at partnership campuses
- Evaluate effectiveness of process, procedures, and selected outcome measures including enrollment growth and development of resources

**5. Enhance faculty workplace satisfaction through Faculty Forward peer comparison and internal process development**

Intermediate term

- Develop and deploy Faculty Forward initiative of the AAMC to enhance faculty workplace satisfaction. Thematic areas of emphasis with faculty engagement will include:
  - collegiality and interdisciplinary collaboration
  - compensation, benefits and bonus procedures
  - equity in research space allocation
  - enhancement opportunities to improve communications
  - clarification of promotion processes and pathways

# INSTITUTIONAL RESOURCES

## LIBRARY/INFORMATION RESOURCES

### INTRODUCTION

Founded in 1971, the University of South Florida Shimberg Health Sciences Library serves the students, faculty and staff of the Colleges of Medicine, Nursing, Public Health and Schools of Physical Therapy and Rehabilitation Sciences and Pharmacy. In addition, the Library strives to serve affiliated clinical health professionals, healthcare consumers, and residents of the state of Florida seeking health-related information. The Library's mission is to support USF Health educational and research activities by facilitating access to information and teaching lifelong learning skills. The Library strives for superior quality in all services and programs.

The collection of materials includes 151,400 bound volumes, 30,110 book titles, 2,719 electronic journal subscriptions, 358 curriculum-related software and interactive multimedia, and 562 audio-visuals and more than 400 health related databases. Online resources have grown dramatically with new electronic books, journals and databases being added yearly. Currently 99% of journal subscriptions are received in electronic format increasing from 452 in 2001 to 2,719 today. E-Books have increased from 69 in 2001 to 938 in 2010. Licenses to database products such as MD Consult, Stat Ref, Ovid, Cochrane, etc., are reviewed annually and increased when deemed necessary to support the growing USF Health population. New products are reviewed and purchased as funds permit to support new technologies such as PDA devices and smart phones.

## STRATEGIC ASSESSMENT

The primary goal of the Library is to acquire, preserve and facilitate access to information resources and services that support the teaching, research and patient care endeavors of the COM. The Library is a dynamic institution, providing numerous methods of access to digital and print information and promoting lifelong learning skills that are essential for the 21st century health professional to succeed in a rapidly changing, complex information environment.

Library resources and services have been reviewed to identify areas for improvement or expansion. These strategic initiatives include obtaining additional recurring funds from multiple sources to grow the journal and book collection. This could elevate the Library ranking among the Association of Academic Health Sciences Libraries (AAHSL) to the top 50% in the short term and to the top 25% in the long term. The Library currently ranks in the bottom 20% of AAHSL for information resource expenditures based on the 2007 Annual Statistics of Medical School Libraries in the U.S. and Canada. The Library needs to perform an analysis of the collection and improve service in the delivery of electronic resources through multiple delivery mechanisms including PDAs and smart phones.

## STRATEGIC INITIATIVES

### 1. Become a premiere health science library

Short term

- Move up in rank of peers from 2007 levels in the Annual Statistics of

Medical School Libraries in the United States and Canada

- Evaluate existing electronic collections for relevance, research support and cost effectiveness
- Increase electronic resources and develop specialized collections of excellence in support of existing and planned College programs including University research initiatives

Intermediate term

- Move up in AAHSL rank to the mean for information resource expenditures
- Secure a percent of indirect research dollars
- Digitize all Library special collections and documents

Long term

- Develop a special collection on the history of Florida medicine
- Achieve ranking in top 25% of AAHSL in the U.S.

## **2. Improve information seeking and management skills of College faculty and students**

Short term

- Assist faculty who wish to integrate library research instruction, educational technology, or information management skills into their courses
- Develop measures of the effectiveness of library education programs and products
- Create instructional components using problem-based information-seeking skills

Intermediate term

- Identify opportunities for collaboration with innovative faculty

## **3. Increase awareness of available resources and services**

Short term

- Demonstrate the latest products from publishers and database producers

Intermediate term

- Expand “Road Show” outreach services to include departments and colleges on campus

## **4. Develop facilities, services, and technologies that are dynamic and adaptable to changing library usage patterns**

Short term

- Partner with the USF Tampa Library to include USF Health faculty publications in the digital Scholar Commons project
- Facilitate access and increase use of library resources through a laptop checkout service and improved wireless service
- Plan permanent exhibit to highlight textbooks and educational materials published or created by USF Health faculty and staff

Intermediate term

- Plan a patient education/consumer health library “branch” for the Morsani

## **5. Improve customer service**

Short term

- Identify and reduce barriers that prevent library users from readily accessing electronic library resources
- Provide seamless, user-friendly remote access to electronic journals
- Develop a remote access liaison program dedicated to supporting remote access issues and initiatives

Intermediate term

- Add interactive survey components to the library web pages

## **6. Support new programs of USF Health including the School of Pharmacy, the Lehigh Valley Health Network Campus and the Health Leadership Track for undergraduate medical students**

Short term

- Review library collection of pharmacy materials for relevance and currency and identify products (journals, databases, reference works etc.) to be acquired

- Create webinars, tutorials and classes to help Pharmacy students access electronic medical information through multiple platforms
- Insure that existing site licenses and agreements for interdisciplinary and general electronic resources are sufficient to support the addition of students in the School of Pharmacy
- Insure that librarians become proficient in use of pharmacy databases and other resources in order to effectively assist students and faculty
- Commence planning to meet the unique needs for the Lehigh Valley Health Network Campus and student placement as of 2013 and faculty support as of fall 2010

## **7. Become a participant in the global mission of USF Health through the Ibero-Americas Initiative**

### Short term

- Identify ways the Library can actively participate in the initiative through document/article delivery services and educational components



# INFORMATION SERVICES

## INTRODUCTION

The USF Health Information Services (IS) department now celebrates its 15th year, one that marks the department as being finally a full-featured and mature organization of nearly 100 staff members. Existing systems such as the HART data warehouse, the Allscripts/Centricity Electronic Medical Record, (complete with integrated peripheral systems like RIS/PACS/Periop and Materials Management) indicate the heavy requirements the USF Health organization places upon technology and their capabilities.

## STRATEGIC ASSESSMENT

IS understands that the educational mission of USF Health requires technological advances on a daily basis to enhance the reputation of the Colleges, to attract the best qualified students and to attract and retain the best staff and faculty. A new Learning Management System could be the linchpin in providing this appearance of modernity. In addition, the research mission now requires advanced clustered systems with massive amounts of data storage, as evidenced by recent Computational Biology and SPNS grant programs. Finally, the healthcare clinical system depends on high-speed responsive systems that have business continuity, disaster recovery and on-demand 24/7 access for providers, both on the campus and at remote sites. Further, they require seamless integration to systems owned by hospital partners.

These demands do not occur in an isolated vacuum, but occur in a time of state employee layoffs, practice plan cutbacks, budget reductions

and a national economic malaise. The Colleges recognize that the challenges for IS this year and for the foreseeable future are not only to “do more with less,” but to do far more with significantly less. One of the goals for IS, now and in the future, will be to generate revenue from sources outside of normal EandG funding: earmarks, grants, premium services and in-kind services.

Finally, these services need to be internet- or “cloud-based,” eliminating the inherent hardware and personnel costs of client server modalities. They must also be pervasive, and function upon many sundry mobile devices: iPhones, Android phones, BlackBerry or even reader platforms like the iPad or Kindle.

Fortunately IS has been able to produce at a high level, coding 72 applications over the last two years and consistently providing enhanced infrastructure updates, even as budgets have failed to keep pace with demand. IS has even expanded its support locations to three geographic sites, and to additional platforms, such as the Apple Macintosh and iPhone smart phone, and is the first USF organization to have a presence on the Apple App Store, with the iUSFHealth portal, and the first mobile cloud application, “ProFound.”

This year IS must provide on-demand quality data, anywhere, anytime, and do it with less staff and budget. As part of the budget realities, IS must continue its efforts to obtain funding from alternative sources. The strategic success or failure of this effort impacts all other missions. Because of this truth, IS will continue to require funding to upgrade the infrastructure needs that the businesses demand.

## STRATEGIC INITIATIVES

### 1. Re-shape and re-structure Information Systems, its personnel and funding model

#### Short term

- Fund technology via a single personnel budget (currently many budgets) and separate technology projects into a separate budget approved during budget creation process, allowing IS to plan projects for the year, knowing what funding is available, enabling IS to be more proactive and not reactive
- Implement “automatic” funding for normal infrastructure replacements and growth each year as a separate line item
- Establish formal lines of authority and delineation from the main campus group, based upon unique USF Health missions
- Reduce overall state and practice plan-funded personnel expense based on improved efficiencies by 5%

### 2. Focus upon revenue generation and cloud computing

#### Short term

- Establish a grant officer within IS to seek out, submit and win grants and earmarks to compensate for the 5% reduction above
- Focus development efforts to support not only client server and distributed web/database applications but also to support cloud computing and mobile data devices; formulate a tactical plan to cross develop all major applications simultaneously to support these new platforms (iPhone, BlackBerry, Android)

### 3. Increase focus of Information Systems upon educational and research missions

#### Short term

- Establish new admissions system, faculty evaluation system, curriculum management system
- Advance existing CREST system as linchpin for overall educational

- operations, and integrate more fully with HART Data Warehousing
- Implement Computational Biology and SPNS grant systems for research

#### Long term

- Establish research support group within USF Health IS
- Implement learning management system for graduate school and continuing medical education missions
- Enhance and support international missions through creative use of technology and technology-based communication systems

### 4. Promote use of sophisticated clinical systems within the USFPG

#### Intermediate term

- Enhance existing full electronic medical records system for all components within the USF Physicians Group with business continuity and disaster recovery systems
- Implement true “PaperFree Florida” throughout 20 county area including access to research specific electronic health record instance

# FINANCES

## INTRODUCTION

The College must ensure that resource allocation decisions are consistent and supportive of the University of South Florida Strategic Plan, USF Health, and the College's mission statement.

To this end, the senior management group:

- Reviews priority and strategic funding recommendations with the Dean
- Defines an economic model for the College
- Develops an evaluation allocation model for education, research, and clinical missions
- Models salary on performance-based metrics
- Defines strategic initiatives and source of funding for support

General principles for resource allocation for the College have been developed:

- A metric and allocation model for the College called HART/AIMS has been developed that enumerates the performance metrics for all missions and establishes financial support from the College
- All missions of the College will bear their proportionate share of fiscal resources and accountability
- Human and fiscal resources will be maximized by aligning faculty and staff effort and assignments
- Appropriate levels of self sufficiency and academic and business acumen are considered in establishing priorities and funding
- Organizational opportunities are reviewed to maximum efficiencies and to maximize results

- Tuition allocations and enrollment planning will be aligned with the strategic directions of the college and university and the state
- Extramural peer-reviewed grants bearing full indirect costs are a priority as well as new directions in clinical research and lab to bench side research
- Utilization of space, both USF and leased space, will be maximized by mission and reviewed for effectiveness and productivity

## STRATEGIC ASSESSMENT

Revenue sources for the COM have remained strong although tuition increases have replaced state appropriated growth. Research grants and development activities continue to be growth areas for the College and have replaced enrollment funding in some areas. Clinical finances have remained consistent as new facilities have opened on the South campus and on the North campus.

Dependence on clinical income continues to remain flat or shrinking as a percentage of total College resources as grant funding continues to increase and state appropriations are strained. One-time non-recurring funds have continued to be available and are utilized to stabilize areas affected by the economic downturn. Finances for the medical school and its mission remain appropriate and the state has recognized the need to fund the existing medical schools in the state in parity with the new medical schools.

## STRATEGIC INITIATIVES

### **1. Develop and implement certificate training program for financial, administrative and research staff**

Short term

- Develop educational series of courses related to university financial systems and state and federal regulations to provide better understanding of flow of funds and processes and procedures to comply with legal entities associated with university. These courses will be offered in both classroom and on-line web class settings
- Establish performance metrics to measure knowledge levels to improve efficiencies and productivity

Intermediate term

- Develop intermediate and advanced series of courses for continued training to staff in tracks such as administrative, research, accounting, etc.
- Develop mechanisms for financial incentives upon successful completion of both basic and/or advanced course series

### **2. Develop website to be used as valuable resource for finding information related to the business and financial services of USF Health and the University**

Short term

- Link to network of useful subject-matter websites at USF and other regulatory bodies
- Explain procedures and detailed steps to complete various administrative or financial forms
- List answers to “frequently asked questions” and current topics of interest
- Provide contact names for further assistance

### **3. In conjunction with USF Health IS, develop financial and statistical reports in USF Health data warehouse (HART) and Residency**

### **Tracking database to provide critical analytical data to make strategic business decisions**

Short term

- Expand on list of metrics and trends to be measured
- Coordinate reporting needs of various departments and senior management to assure all target audience needs are met
- Develop standard monthly and quarterly financial reports comparing budget to actual expenditures and remaining spending authority to fiscal year end
- Re-align sources and uses of funds for undergraduate medical education and graduate medical education based on trends and metrics developed

### **4. Mitigate compliance risks associated with sponsored projects**

Short term

- Develop compliance survey for distribution to department chairs and administrators to determine high-risk areas and implement internal controls to alleviate associated risks
- Develop and implement risk-assessment tools utilizing various auditing software to identify potential areas of risk
- Review areas of potential risk and make recommendations to alleviate identified risk

Intermediate term

- Assign staff to review financial and accounting processes in higher risk departments/areas
- Follow up with periodic reviews to assure source of risk has been resolved

### **5. Implement an electronic All Source Budget System**

Short term

- Get project approval and “buy in” from senior management
- Identify the funding that will be used to purchase and implement the software and properly train a core implementation and training team



- Assemble a team to identify the organizational needs that an electronic budget system needs to address
- Review product offerings from different vendors and select a vendor to purchase the budgeting software

Intermediate term

- Assemble a core team that will be tasked with implementing the software and training the USF Health community

#### **6. Refine and re-evaluate Asset Inventory Management System (AIMS)**

Short and Intermediate term

- Reallocate state appropriations based on the metrics and evaluation

systems for the three missions. Redeploy state appropriations based on the department, divisions, and faculty assignments to provide greater accountability and align the values of the College more directly with funding sources

- Establish college-wide performance, assignments and assessment bi-annually and link effective performance to salaries, incentives, promotions
- Monitor the post-tenure review process

# DEVELOPMENT and ALUMNI RELATIONS

## INTRODUCTION

The USF Health COM is committed to creating a highly collaborative environment for education, discovery and care that is evidenced by academic programs that are truly interdisciplinary and clinical facilities that enable students to train together and faculty to practice together complemented by laboratory facilities where collaborative research can be conducted. A significant level of new funding will be required to support these efforts. The mission of USF Health Development and Alumni Relations is to educate and engage our communities to provide resources that transform health. To achieve its ambitious fundraising goals, the USF Health Development and Alumni Relations operation is dedicated to effectively capitalizing on fundraising opportunities that exist beyond the traditional and discrete categories of health professions education/training, research and patient care.

## STRATEGIC ASSESSMENT

Between FY 2005-2008, the USF Health development operation secured private funds totaling \$22.8M, \$5.8M, \$7.5M, \$6.5M respectively, through annual fund, planned giving, corporations, foundation and major gifts. Historically, the USF Health Development program has been small in scale, but has operated very efficiently. As the numbers indicate, there was significant success in the early years through major gift fundraising initiatives. During that time, staff resources were not available to fully develop robust alumni and annual giving programs. Recognizing the need to deepen affinity and build a donor pipeline, significant effort has been directed toward implementing annual and

alumni programming. There have been excellent strides in many areas and, in fact, identification and cultivation of donors has been exemplary.

Development and Alumni Relations will spend the most significant amount of resources, time and energy on the identification, cultivation and solicitation of donor prospects across the giving continuum. A strong major gifts effort is fully in place. A prospect list totaling more than 200 viable philanthropists has been prioritized, researched and assigned a cultivation strategy and prospect manager. During FY 2009, significant resources were allocated to the development of a strong annual giving program to create a foundation for future fundraising excellence. Annual Fund and Alumni Relations are developing a program of communications and targeted events to maintain graduates' connection with and support of the COM.

In each of the past three fiscal years, the USF Health Development and Alumni Relations division has been restructured and reorganized due to budgetary restructuring. Since relationships are the key to successful fundraising, each time staff changes are made, relationships must be re-established. As a result, the timeline for concluding successful fundraising opportunities has expanded.

A core effort has been made to create a shared sense of purpose and fundraising focus among remaining staff. Together the team has set measurable goals and objectives for the overall success of development and alumni relations, appropriately created an infrastructure that supports the USF and USF Health strategic initiatives, redefined staff roles

and responsibilities and identified new areas of fundraising priority.

## STRATEGIC INITIATIVES

### **1. Secure funding to maintain a base level of activities for Development and Alumni Relations**

Short term

- Identify base-level activities to meet the USF Unstoppable Campaign commitments; maintain a continual pipeline of donors and provide services to alumni, donors and key constituents
- Determine staffing and budget to meet fundraising goals; provide ongoing program training, assessment, goal-monitoring and current best-practice sharing to accomplish these base activities

Short and Long term

- Identify incremental activities and budgets to meet the strategic commitments for this new plan

### **2. Create and implement an integrated plan that addresses moving students, donors and alumni through a process of volunteerism, annual giving and major giving to increase major giving support to College-wide initiatives**

Short and Long term

- Determine best practices and make recommendations that meet the needs of the College
- Identify key components across the spectrum of activities and implement or enhance existing programs to fulfill these requirements
- Develop and begin implementing a plan that moves beyond the key components in a deliberate manner
- Continue on-going individual cultivation and solicitation of prospects in the donor pipeline
- Discover and cultivate donors for support of medical student scholarships, including a strong stewardship initiative to deepen the

relationship with existing scholarship donors; instill a culture of philanthropy among scholarship recipients and initiate annual and major giving efforts with former scholarship recipients

- Continue donor-focused cultivation and solicitation

### **3. Campaign Management: Working with USF Foundation and Unstoppable Campaign Cabinet, strive to meet COM goals and objectives as identified in the Case Statement and subsequent revisions**

Short term

- Identify campaign leadership and convene a USF Health Campaign Cabinet to identify potential major gift support for the COM

### **4. Annual Giving: Build and increase a broad base of support through donor-centered cultivation and stewardship; build and utilize key partnerships inside the university and with external constituents and collaborators**

Short and Intermediate term

- Identify new and enhance existing strategies to improve COM's annual giving dollars and donors - objectively evaluate annual giving solicitation programs: direct mail, telemarketing, online, reunion giving, faculty and staff giving, membership drives, and matching gift strategies

Short and Long term

- Statistically analyze donor giving behavior – Use statistical analysis to examine year-to-year donor acquisition, retention, reactivation and attrition rates. Identify opportunities to renew and upgrade donors while identifying and engaging major gift and planned gift prospects/donors
- Add components to the existing annual giving program – Assess opportunities to implement reunion giving, Internet event appeals, faculty and staff leadership giving appeals, parent programs, corporate and small business appeals, student development programs, grateful patients, and others

Intermediate and Long term

- Survey the prospect population – Conduct email and paper mail surveys of alumni and key prospect populations for the purpose of identifying demographically differentiable opinions, perceptions and attitudes related to USF Health COM and its case for annual gift support. Identify the programs and services alumni and key prospects desire, and solicit their opinions of the student experience and the institution today.

**5. Alumni Program: Continue the development of a sustainable alumni program that engages alumni through volunteer and social activities**

Short term

- Based on the COM Strategic Plan, develop an MD Alumni Society strategic plan to engage the volunteer committees on activities that meet both plans.
- Continue to build the online alumni community including a means of electronic communication with and among College alumni and alumni websites for Colleges that allow for online giving, serve as an alumni directory, and provide a forum for inner-class communication
- Develop an alumni program for the School of Pharmacy to coincide with the entry of the first students

Short and Long term

- Develop class agent/class chair programs in the College and faculty leaders to support these efforts
- Expand the MD alumni program to include MS, PhD and medical residents, as well as the Leadership Cohort

Intermediate and Long term

- Continue the development of the Physical Therapy alumni program to include an alumni board with its own strategic plan

Long term

- Evaluate the feasibility of integrating Medicine, Physical Therapy and

Pharmacy into one alumni organization

**6. Major Gifts Program**

Short and Long term

- Continue to cultivate and solicit constituents identified in Annual Giving, Alumni Program and/or Campaign Committee who are capable of making major gifts to COM

# FACILITIES

## INTRODUCTION

The COM has established four principles to guide planning and development of facilities:

- Health is Our Core Value
- Patient-Centered Care
- Model for Learning
- Research-Based Health

The Operations, Facilities and Management (OFM) department has established goals in support of these principles, which focuses on providing effective facilities management. These departmental goals will center on acquiring the appropriate staff and funding resources to facilitate, manage, execute, and provide the required support services.

## STRATEGIC ASSESSMENT

The existing facilities at COM are fast becoming inadequate to support the requirements of a progressive and robust medical school program. Many areas of the current COM campus are more than 50 years old and are in desperate need of refurbishment and modernization. Renovating existing and adding new facilities to accommodate student and programmatic growth must continue and be the principle focus of the USF Health Facilities organization.

An aggressive planning and project development program will be necessary to transform and alter many areas of the USH Health campus. Facility support services will continue to be provided in the form of

facility improvement and new construction efforts throughout the clinical care, educational, research, and public health areas. Departmental efforts include, but are not limited to, progressive facility renovation and construction, upgrading and maintaining facility infrastructure systems, and introducing new computer management systems that will allow process improvement and facilitate intelligent business decisions.

Priority must be given to complete major expansion and renovation of teaching and instructional spaces, to accommodate expansion of small and medium group instruction, and to accommodate student enrollment and programmatic growth. The majority of USF Health's existing research laboratory space is fast approaching 40 years old. Major renovation, reconfiguration, and modernization work is desperately needed to conduct affective research and attract talented researchers.

## STRATEGIC INITIATIVES

### 1. Manage an aggressive facilities renovation and construction program

#### *Clinical Care Facilities*

##### Short term

- Develop plans and a work list to relocate old north clinic services
- Relocate old north clinic services to newly constructed Morsani facility
- Develop planning, design, and construction package for the build-out of Morsani

#### Long term

- Build out Morsani fifth floor space
- Develop mini-master clinical plan to identify construction projects based on projected community and regional needs
- Develop planning, design, and construction package to build new teaching hospital

#### *Educational Facilities*

##### Short term

- Complete major facilities improvement projects of existing class room, assembly, and learning centered spaces. Work includes converting auditorium space into a multi-purpose learning facility, converting existing student spaces to small-group learning spaces, creating multi-learning space out existing lecture halls, and refurbishing and upgrading existing anatomy laboratory teaching space
- Reconfigure existing COM campus site to reflect improved continuity in administrative support and student services that appeals to all users and visitors
- Develop COM mini-master plan that identifies facility modification and construction projects to accommodate projected student enrollment growth
- Identify and establish COM “front door”

##### Long term

- Facilitate the development of planning, design, and construction package to construct new medical education facility
- Construct a new medical education facility with state-of-the-art electronic media for world-wide connectivity that will serve as the cornerstone of the COM campus
- Remodel, reconfigure, upgrade Shimberg Health Sciences Library to make better use of the space and to accommodate COM current resource needs

#### *Research Facilities*

##### Short term

- Conduct physical condition and programmatic assessment of all research lab spaces to determine level of funding required for up grades and facility improvements
- Remodel, upgrade existing research lab spaces in MDC, CPH, MDT, and NEC as funding becomes available
- Ensure annual PECO allotment of at least \$1M is obtained for renovation work necessary for lab upgrades and refurbishing

##### Long term

- Build out fifth floor space of the USF Health Byrd Alzheimer’s Institute
- Plan and construct additional research facilities

## **2. Upgrade and maintain USF Health infrastructure systems**

##### Short term

- Pursue and obtain adequate POandM funding to properly staff and manage facility maintenance activities for all USF Health clinic facilities

##### Intermediate term

- Ensure annual infrastructure PECO allotment of at least \$1M is obtained for upkeep of utility infrastructure system and replacement of major components
- Conduct USF Health campus-wide physical condition assessment survey to established prioritized infrastructure and improvement projects

## **3. Deploy computerized tools/systems/processes to allow effective decision making and management**

##### Short term

- Continue to expand and use Facilities web site to disseminate information and policies

Intermediate term

- Develop Facility Space Management Policies
- Obtain computerized space management system that will provide graphic models and allow tracking of space utilization trends
- Identify Space Management Test-Site, i.e. MDC facility, to train and test system

- Development Facilities Management Training program
- Staff OFM meet the growing support demands

Long term

- Benchmark OFM support operations, funding, and staffing levels against other academic health science campuses



# PLANNING

## INTRODUCTION

A summary of strategic planning activities that the COM has either initiated or been actively involved in is included in the introduction (pp 6-9) of this strategic plan.

## STRATEGIC ASSESSMENT

The COM is continuously involved in strategic planning activities at the College, USF Health and University levels. These strategic planning activities have resulted in the identification of a series of general, overarching goals and more specific objectives and initiatives for the COM.

What the strategic planning process has lacked to date is:

- A clear prioritization of identified goals and objectives
- Implementation plans with specific time lines for each goal, objective and initiative
- Financial planning for necessary resources
- A process to continuously monitor the extent to which implementation plans and time lines are being met and goals and objectives achieved

The COM has made strides that contribute to successful planning in the clinical area by “reconstituting” the USF Practice Group Executive Management Committee and the Finance Committee. In research and education an Executive Committee on Research and Education (ECRE) has been appointed to provide strategic direction and recommendations about research and education missions in the College to the Vice Deans of Research and Education. The Vice Dean of Education has convened an “Excellence in Education” group that includes

all aspects of education to look at ways that the components can work together to expand national prominence and to strengthen our academic focus.

## STRATEGIC INITIATIVES

### **1. Implementation of an organized process for the development of the College’s annual state and federal legislative agenda**

Intermediate term

- Identify stakeholders, identify and define parameters (issues); develop and implement process(es)

### **2. Development of a strategic planning process at the programmatic and/or departmental level**

Long term

- Processes identified, developed and implemented

# COMMUNICATIONS, MEDIA AND MARKETING

## INTRODUCTION

Due to supportive leadership, the College of Medicine has played a lead role in developing integrated, message-driven communications for the University and USF Health. As a result, we can demonstrate the power of multiple wins—the combined strength of media relations, publications, community relations, fund raising and branding.

Most importantly, the communications staff has created a campaign to clarify and promote the explosion of creative change around the curriculum in the College. In fact, we've succeeded in attracting news media attention to the learning initiatives in the College, which is atypical since media attention is usually focused on research and patient care.

The College's messages center round the Blueprint for Strategic Action articulated by Dean Stephen Klasko:

- Creative Educational Models
- Research Really Matters
- Entrepreneurial Academic Model
- Integration of the College with USF Health and the University
- National Prominence

## STRATEGIC ASSESSMENT

The College of Medicine, through the Vice President's Academic Fund, supports a communications office for USF Health with the key compo-

nents of media relations, clinical and academic marketing, community relations and support for fund raising.

The communications office has helped lead development of an identity statement about USF Health – positioning the three Colleges to be part of the philosophy of integrated learning and research about health. The office recently has produced “Breaking Through,” a report that delivers a compelling message about the College of Medicine's bold vision for the future of health care.

The communications plan encompasses both internal and external communications. We strongly believe that USF Health faculty and staff members should understand the direction of leadership, feel that USF Health cares about their health, and have the opportunity to gain satisfaction in their employment. Communications initiatives can help bind the College of Medicine community closer together ~ as with the 2010 Match Day ceremony. When the communications office produced a live webcast on Facebook, the office changed the event. Graduating MD students prefaced opening their residency offer envelopes by greeting relatives and friends as far away as India and Dubai.

External communications focus on areas of excellence. The concept of integrated clinical and research enterprises drives branding efforts aimed at priorities such as chronic illness and neurosciences. With our hospital affiliates we aim to encourage pride in the University

relationship—the notion that our physicians practicing in those hospitals constitute “USF inside.” Our communications products also are a vital part of building strategic momentum toward major gifts and new programs in fund raising.

Integrating messages allows all external vehicles to support priorities. Messages are incorporated into all communications, both internal and external, including the USF Physicians Group. As part of USF Health, the practice group positions itself to identify itself with modern models of care and therefore learning.

Our message has been: By changing the learning journey for our students, we will change the healthcare journey for our patients.

## STRATEGIC INITIATIVES

### 1. Develop use of and standards for live streaming video

Short term

- Use of this new technology is recent; the communications office will develop plans for what types of events and news are best suited for live webcasts; breaking news, such as press conferences, will be a priority; a plan for evaluating other events is being formulated

### 2. Enhance and expand the use of social media as a communications tool

Short term and Long term

- Expand recent establishment of USF Health social websites, such as Facebook, Twitter, Flickr and YouTube, to broaden the reach of USF College of Medicine and USF Health to both internal and external websites and the press

### 3. Update the design of USF Health website to give a more modern look and offer more reader-friendly tools

Intermediate term

- Work with USF Health Information Services to analyze hits to USF Health homepage and links. Create a template map for the new website, keeping in mind the needs of students, patients, alumni and other audiences who frequently search the USF Health homepage

### 4. Improve internal communications among faculty and staff

Short term and Long term

- Continue to support Dean’s office efforts to reach out to faculty through regular communications and meetings
- Promote and coordinate other similar faculty events to promote cultural changes, improve faculty and staff morale and cohesion, and tell the story of USF Health’s vision for the future

### 5. Support fund-raising efforts to build strategic momentum toward transformational gifts

Short and Long term

- Continue to promote and strengthen major new initiatives, such as Bringing Science Home, through increasing capability to use video and other multi-media tools

### 6. Promote usage of new USF Health News Center website as a way to reach out to media contacts and promote USF Health news

Short and Long term

- Continue to develop News Center as a “one-stop shop” for USF Health news and development

### 7. Oversee implementation of communications plan to strategically position the USF Health-Lehigh Valley Health Network partnership as the premier educational program for aspiring physician leaders

Short and Intermediate term

- Work with agency ChappellRoberts and USF COM Educational Affairs to facilitate creation of a brand manual for the USF Health-LHV brand

- Work with ChappellRoberts and USF COM Educational Affairs to develop student recruitment materials for the program, including design and launch of a joint USF Health/LHV web site (micro-site); create brochures and other materials to complement web site



# DIVERSITY

## INTRODUCTION

The COM is aware of the importance of not only maintaining, but also enhancing, the diversity of its student body. The awareness is borne of the importance of educating culturally, racially and gender-diverse physicians to address the clinical needs of an ever diversifying patient population.

The Office of Diversity Initiatives (ODI) was established in 1995 to enhance the recruitment and retention of those underrepresented in medicine, disadvantaged and female students. In June 2005, the ODI changed its focus: ODI specifically addresses faculty and resident recruitment and retention. To develop diverse faculty means better educational outcomes for all students. The more diverse College and University faculty are, the more likely it is that all students will be exposed to a wider range of scholarly perspectives and to ideas drawn from a variety of life experiences. The emergence within the last 30 years of new bodies of knowledge can be attributed to the diverse backgrounds and interests of faculty, including those of color.

In addition to the Office of Diversity Initiatives, the Office of Student Diversity and Enrichment (OSDE) was established in June 2005 to continue supporting the goals of the ODI as it pertains to recruiting and retaining students as well as promoting a culturally competent curriculum. OSDE also encourages and promotes an environment at COM that welcomes and embraces diversity in the entire COM student body. The OSDE strives to ensure that all students feel supported and accepted at the COM in order to optimize their educational experience.

The USF Area Health Education Center Program (AHEC) opened in 1993 and collaborates with both the ODI and the OSDE. The AHEC increases access to primary care services in rural and urban underserved areas through recruitment, training, and retention of primary care health professionals. Undergraduate medical students have community-based clinical experiences throughout their four years and the AHEC Program has contracts with residency programs in general internal medicine, pediatrics, obstetrics/gynecology, and psychiatry for the purpose of initiating or expanding community-based clinical experiences, especially in underserved areas. Community-based clinical training is also provided through AHEC for undergraduate and graduate students in nursing and for public health.

## STRATEGIC ASSESSMENT

There have been aggressive efforts to attract and retain a diverse student body, including students who are under represented in medicine (URM) and disadvantaged. Programs and services offered by the OSDE ensure success for these students. The following initiatives and programs support have been developed:

- To increase the matriculation of URM pre medical students to the COM the office supports and participants in the holistic review processes that considers each applicant's experiences, accomplishments, personal qualities and potential to enhance the learning environment.

- The pre-matriculation program provides a retention effort that is an acknowledged success by objective measures in assisting selected medical students during the transition to medical school. The pre-matriculation program has been successful in reducing the likelihood of students encountering insurmountable academic difficulties in medical school. It provides problem-based learning, learning communities, didactic lectures, and introduction to modern methods of adult learning. A unique feature is the direct incorporation of the University Learning Center as an integral part of the program emphasizing acquisition of study skills, time and stress management, and access to counseling and support for students. All first-year medical students are considered for participation in the program during the summer prior to formal matriculation.
- The Master of Science in Medical Sciences with a concentration in Interdisciplinary Medical Science degree provides potentially qualified students who do not gain medical school admission advanced training in the sciences basic to the practice of medicine. The concentration provides the opportunity for students to demonstrate their ability to perform in courses similar to those taken by medical students, as well as academic enrichment activities, mentoring and/or academic counseling.
- To ensure a pipeline to medical school for URM and disadvantaged students, OSDE in collaboration with AHEC offers the Pre-Medical Summer Enrichment Program (PSEP) for students who are preparing for medical school. PSEP helps participants enhance science and communications skills needed for quality performance on the MCAT, the standardized test utilized in medical school admission; explores test-taking strategies to enhance learning skills; provides exposure to medicine through clinical experiences; and offers medical school admissions information.

- OSDE contributes significantly to the review, development and implementation of the MD admissions policies and guidelines, coordination of admissions recruitment events and interview day activities, and evaluation. OSDE coordinates and implements cultural competency activities within the Professions of Medicine course.

## STRATEGIC INITIATIVES

### **1. Enlarging the pool of qualified under represented minorities and individuals from disadvantaged backgrounds who are interested in pursuing medicine as a career.**

#### Short term

- Continue utilizing PSEP and IMS programs as means of identifying and recruiting URM and disadvantaged students.
- Enhance outreach efforts within the secondary and post-secondary educational system throughout the state

#### Intermediate term

- Supporting the holistic review processes that consider each applicant's experiences, accomplishments, personal qualities and potential to enhance the learning environment
- Development and implementation of the Diversity Summary Committee whose charge is to work in collaboration with MD Admissions and draft a written comprehensive diversity statement on applicants

### **2. Retaining admitted minority and disadvantaged medical students through the provision of support services**

#### Short term

- Continue coordinating diversity sessions during Profession of Medicine and Introduction to Clerkship, as well as the monthly USF Health Diversity Learning Lunches



Intermediate term

- Develop an all-inclusive outreach collaborative that embraces all student and faculty organizations to participate in outreach, recruitment, retention, curricular and co-curricular activities
- Expand the URM mentoring program
- Coordinate diversity in medical education activities involving faculty, staff and students

**3. Provide support to Office of Educational Affairs (OEA) in developing a culturally competent curriculum**

Long term

- Establish formal linkage between OEA and OSDE with respect to the cultural competence educational activities across the medical school curriculum

# SETTING PRIORITIES IN THE NEW YEAR

Stephen K. Klasko, MD, MBA - January 2010  
Senior Vice President for USF Health  
Dean of the College of Medicine

Dear Colleagues and Friends,

I hope you all had a fantastic holiday season and I wish you and your families a great 2010. Having had a chance to reflect on my first five years here at the University of South Florida, I recognize how fortunate our community, our state and, most importantly, our students are to have you as members of an exceptionally dedicated faculty and staff here at USF Health.

Rather than summarizing our opportunities and challenges or waxing philosophical, I thought I would start off the year with two lists. The first is the five things that I am most thankful for as we reflect on a very successful 2009 in a very difficult environment. The second list is the three most important things I hope to be saying this time next year. (Even though putting something this specific in writing may come back to haunt me.)

Thank you for:

## 1) **Keeping your eye on what's important!**

Given all the distractions, opportunities, and short-term crises that exist today in academic medicine, it is easy to lose track of where our priorities lie. At USF COM, we continue to be one of the most student-centered medical schools in the country. Despite our increasing research dollars, increased national profile and increased demands on clinical

revenue, our graduation questionnaires and my discussions with the students reflect their appreciation for the fact that you have not forgotten why we are here and that training the next generation of physicians is, as it should be, your priority.

Along with that, given the external changes in healthcare, if there was ever a time to rethink the educational mission, that time is now. At USF COM, you have responded in three ways:

## A) The Healthcare Leadership Track at Lehigh Valley Health Network

The Macy Report commissioned by the AAMC in 2008 was unanimous in the view that “medical educators should seize the current call for expanded enrollment as an opportunity to make additional improvements.” This report stated what we already know: namely that we need to bring medical education into better alignment with societal needs and goals. In essence, we are still teaching physicians what they needed to know in the past, instead of preparing them for the future.

Our goal was to take a cohort of students, select them based on leadership potential, create a four-year curriculum around the skill sets needed in the future, and then tailor their clinical clerkships and externships in such a way that the above biases will be deprogrammed from the start. During the formation of this track, it became clear to us in 2009 that, in order for this to be successful, we would need a hospital partner that was philosophically close to us in relation to leadership training, inter-professional education and commitment to the education and practice of quality and safety. It also became clear that geographic proximity was probably the least important parameter. The end result is a partnership

with a great hospital and community academic entity 1,150 miles away, in what is now the northern academic campus of USF. This medical school track will begin admitting students next year. Students will be selected based not only on scientific parameters, but valid emotional intelligence and leadership potential parameters. The curriculum will be both inter-professional and co-designed from colleagues in leadership executive education, as well as correcting the deficiencies cited above.

### B) Areas of Scholarly Concentration for Medical Students

At USF, we began a program whereby every medical student must take a 40-credit-hour “minor” that will expand their horizons and foster their creativity. That minor can be in business, public health, law, education, health disparities or research. This program not only adds another area of expertise for each medical student graduating from USF, but also allows for a smoother route to dual degrees, including MD-MBA, MD-JD, MD-MPH or MD-PhD.

### C) Inter-professional Education

The inability to create high-powered teams among healthcare professionals is one of the obstacles to future success in an environment where that teamwork will be a necessary component of a quality accountable system. Over the past three years, we have made a solid commitment to training doctors, nurses, public health professionals and pharmacists together. We want them to recognize how to combat the obstacles to team success, such as poor communication, lack of trust and personality issues.

### 2) Your willingness to look at things differently.

If there is one thing any of us can be sure of, it is that academic medicine will need to fundamentally transform in order to be successful.

One of the aspects of the last five years that I am most proud of is our willingness to accept that fact...and that challenge. I know it is not always easy, and very often it does not allow for short-term feedback. But our willingness to be entrepreneurial and academic and look at different models ~ instead of just doing the same old thing ~ has made people throughout the country take notice. The fact that the curriculum committee and key faculty on the education front did not reject a proposal to partner with a campus 1,150 miles away allowed us to be recognized at the AAMC national meeting as one of the most innovative medical schools in the country. As academic physicians, we are uncomfortable in an unsure environment (and Lord knows we are in one), but our willingness to take strategic risks and think creatively will be a key differentiating factor across all three missions.

### 3) Reinvigorating the research and intellectual property mission.

From drug discovery and development to nanotechnology to epidemiology to stem cells to health disparities, this last year has been groundbreaking for USF COM research. We have had groundbreaking discoveries in diabetes, neuroscience, infectious diseases and cardiovascular medicine, among other fields. While it will require some strategic rebuilding, our acquisition of the Byrd Alzheimer’s Institute and the faculty’s excitement toward having a premier multidisciplinary neuroscience research entity on our campus will further help catapult us higher in that arena. While numbers certainly do not tell the whole story, our extramurally funded research dollars, NIH dollars and blended rate all reached new highs for USF. The recent announcement of an important licensing agreement between our researchers and Astra Zeneca is but one of many potential lucrative IP research projects in the works. The recruitment of Dr. Robert Deschenes to lead the Department of Molecular Medicine, as well as our ability to retain key researchers is something we should all be proud of. The next step: creating a world-class clinical research college-wide apparatus that will put us in good stead toward the acquisition of a CTSA.

#### **4) Participating in the first steps of cultural transformation and leadership development.**

Changing culture is neither easy nor quick. Five years ago, I was asked to work with you to merge the best of what USF has traditionally stood for with a new model, one that will allow us to overcome the challenges of building an academic environment in a community model. We believed that the transformation of the organization starts with changing the leadership culture ~ one leader and potential leader at a time. In essence, we needed to change the DNA of our medical school. So, in 2005, we created a Center for Transformation and Innovation (CTI). Its charge was to accelerate the vision of USF Health by transforming the leadership DNA at all levels within the organization. The goal was to develop leaders through a systematic succession planning and talent management process, providing the necessary skills through leadership development, removing disincentives, and shifting beliefs. This Center created a path to physician leadership development through a model program, The Leadership Institute at USF Health, designed to promote a culture of leadership excellence and success.

For four years, The Leadership Institute at USF Health has guided some of you through cultural and leadership challenges in a way that builds our organization's core vision – transforming how healthcare is delivered and how health is understood in a continuum, from the environment, to the community, to the individual. To achieve this transformation, we enhanced the tools of leadership – Leading with Strategy, Leading People, and Leading for Results ~ with the four-year goal of converting over fifty medical staff/faculty members to leadership and strategically aligned roles in the organization. This center created a path to physician leadership which included creating the right environment, developing leaders in a way that met our goals.

We now need to enter the next phase of faculty and staff development, a more universal approach to faculty development—one which is customized for each individual to reach their goals. My goal over the next two years is to provide the tools that you need to succeed across all three missions. What I will ask you to do is to perform a self-assessment of what you will need to be a successful leader and “follower” as you realize your career goals. Whether it is providing opportunities to improve teaching skills, supporting grant writing and academic activity, or finding the best technology to support your clinical aspirations, we look at this phase of “across the board” leadership development as one of the most challenging (and exciting) opportunities for us at USF Health.

#### **5) Being willing to create an academic entity within a community model.**

It is not an accident that most of the medical schools that began their life as “community-based schools” have not aspired to the lofty goals that we have set for ourselves, nor have they achieved many of the milestones that USF has accomplished over the last decade. As we achieve national prominence in many academic and research areas, we need to maintain our focus, as many of you have, on the achievement of scholarly and academic activity. Once we lose that focus, then there is little difference between us and the community physicians or the other community-based schools. Specifically, we need to do everything we can in 2010 to bulk up our academic and educational activities in graduate medical education. That has been an issue in the past for the ACGME, and we have committed to a new, fresh, academic approach under the leadership of Dr. Charles Paidas. Dr. Peter Fabri has heroically shepherded the GME program through the last several years, and we need to recognize, as he and Dr. Paidas do, that the requirements are more stringent and our standards for academic excellence need to be higher.

We will need to look for transformative relationships with community physicians and leaders of healthcare entities that can help us in our clinical research, academic and educational missions. We have begun the process successfully of communicating to the business and political leaders of Tampa Bay about what makes us different and why having an academic medical center that is truly “academic” is so important to the region. We will need to recognize that neither undergraduate nor graduate medical education is the same as when many of us went to school, and we will need to be increasingly flexible internally and with our hospital relationships. Specifically, we are looking to improve our admissions process and applicant competitiveness, the guidance our students get as they prepare for residencies and to match them at the best possible institutions, and to have our residencies be sought after by some of the best students in the country.

Beginning this month, we will create some organizational changes to assist with this focus. Through the guidance of a faculty committee led by Drs. Deschenes, Phil Marty and Alicia Monroe, we have created ECRE, a faculty committee to guide research and education. Similarly, the clinical chairs have remodeled the EMC and finance committee of the practice group to be prepared for the clinical challenges facing the medical school and to provide faculty-driven governance of US-FPG. Finally, Dr. Monroe is leading a group that includes all aspects of education—UME, GME, CME, graduate school—to look at ways the components can work together to expand our national prominence and our academic focus.

Next, these are three things that I hope to be able to say at this time next year:

**1) The performance and finances of the clinical practice will have markedly improved.**

We have a lot to be proud of in the clinical mission. Our clinical

productivity continues to expand in a difficult economy, we represent the best physicians throughout Tampa Bay and we have built two ambulatory clinical facilities from scratch that provide some of the best service in the nation. Even beyond that, we have survived significant organizational changes, including the transition of the DIO to its own practice, an organizational shift to a more practice-centric organizational structure and the continuation of our being blocked from practicing some of the more lucrative specialties at our teaching hospitals. However, given the national anxiety and uncertainty, our challenge will not be easier in 2010. We will be facing a continuing eroding payor mix, decreased state funding and a national recognition that the healthcare financial crisis is a reality. We are committed to effecting an \$11 million practice performance improvement over the next 18 months.

Our ability to take the important and bold steps to make that happen will put us in a perfect position during a time when the successful practices in this country will be ones who have multi-specialty profiles with a pipeline of new physicians and a linkage to a large institution able to do research and provide new technologies. There is only one of them in Central Florida and we are it. That is why we have had an unprecedented amount of interest in physicians joining our practice group. But first we have to learn how to think, act and reward faculty and staff in an entrepreneurial multi-specialty manner. Hard work....culturally different...and we will get there.

**2) We will have a hospital strategy that will serve us well into the next decade....and allow us to reach our very ambitious goals.**

We should be very proud of the immense positive impact you have had on our four major hospital partners – Moffitt Cancer Center, Tampa General Hospital, Haley and Bay Pines VA Hospitals and All Children’s Hospital. And they have had a similar impact on us – we would not be as well poised were it not for their financial support, technology

and partnerships in teaching and research. In many cases, this was a very successful year with these partners. Our relationship with Moffitt is stronger than it has ever been in my time here and we are working with them on the Lehigh Valley project, Total Cancer Care, collaborations with Byrd and many other exciting potential research, clinical and academic synergies. Similarly, we just completed a very successful “renegotiation” with Tampa General Hospital that resulted in significant increases in revenue to the practice to support graduate medical education and the service you provide to the hospital. With the addition of Dr. Charles Brock as our VA liaison, we are anticipating an even greater partnership with both of our excellent VA entities. And we are working with All Children’s at a senior management and board level to redefine that relationship.

But as quickly as things change, some things remain the same. The best medical schools have strategically aligned hospital partners, the best medical schools are able to participate in the practice of all specialties and this medical school needs, in addition to our current partnerships, an opportunity to find a strategically aligned partner with:

- An organizational structure that ties USF and a hospital system together in our clinical enterprise. Under that model, USF is part of that hospital system’s clinical operation and the expectation of investment would be consistent with any other hospital entity. Stated in the negative, what USF does not want is a muddled organizational structure that does not articulate clear lines of responsibility and allow for joint strategic planning.
- A funds flow from the hospital system to USF COM to increase the national reputation of the joint enterprise. That could be in the way of chair recruits, faculty recruits, or dollars to improve the profile and visibility of the USF-hospital partnership.

- A recognition that the clinical, research and academic missions are inextricably linked, and what will differentiate the USF-hospital relationship is our ability to not only provide excellent care, but also to raise the bar for quality and safety in the region and provide new and innovative treatments.
- True co-branding between the hospital system and USF, which will drastically improve the national profile of the hospital system, USF, and the Tampa Bay community.
- An understanding that there will be delegated credentialing, e.g. that USF physicians will be able to get privileges at the hospital in an expedited manner.
- Moving forward quickly toward establishing an academic hospital presence (not necessarily exclusive) in clinical areas from which USF is now excluded or extremely disadvantaged, e.g. pathology, anesthesiology, radiology, orthopedics, and cardiology.
- Creation of a time line in which USF chairs will become the chiefs of service for the system in their respective areas, including investment in new chairs for departments where that would not be reasonable or feasible.
- Development of a tower/hospital that would satisfy the requirements of a lifespan-type USF Hospital and Medical Center consistent with the offering memorandum.
- An organizational and governance structure that reflects a partnership, as opposed to a takeover, and creates an opportunity to recruit top-flight executives to lead the USF Health portion of the enterprise.

Having said all that, the current situation evolved and has become entrenched over the last 35 years. As with any cultural change, transformation will not be easy. We view this as a “both-and” as opposed to an “either-or” and look forward to continued and even improved relationships with Moffitt Cancer Center, Tampa General Hospital, the VA Hospitals and All Children’s Hospital as USF continues to emerge. It is also possible that we will have to make some tough decisions as to what is possible today versus waiting for the “holy grail.” Either way, I expect our course to be clear and I look forward to working with you in creating this new USF enterprise by this time next year.

**3) We will begin the long journey toward a more connected and optimistic faculty.**

Another common theme over the past 35 years has been the geographic, and in some cases philosophic, disconnectedness across the faculty in the COM. Some of this is related to the geographic disparities in our hospital partnerships as noted above. Some of this is related to the enormous amount of leadership change that had occurred prior to 2004. But all of it is solvable, I believe, if we are committed to faculty governance, financial accountability and transparency, and a renewed focus on the academic, research and educational missions.

You will see a renewed commitment in all three of these areas. I plan on working with the faculty council and Dr. John Curran around some of the areas for improvement that came out of the recent “faculty forward” survey. We will continue to work with the faculty to make sure that as many of the resources as possible are being channeled back to the faculty and staff through AIMS, research incentives, educational value units and merit increases. Despite the dire economic conditions this past year, we were able to raise minimum salaries, afford merit bonuses or increases for many faculty members and not have any salary or benefit cuts in 2009. But we need to do much more. We need

to decrease all necessary administrative and no mission expenses so that we have a pool of resources for investment, especially investment in our productive faculty members and in the development activities referenced above. Finally, I will continue to meet with as many of you as possible through town hall meetings, breakfasts with the dean and one-on-one meetings. While I cannot promise that I can make each one of you happy, I am committed to understand what will enrich your professional life at USF Health.

Most importantly, I hope that 2010 brings you a great year of personal and professional growth. We have a lot to be thankful for at USF Health and I appreciate everything you do...every day.



USE  
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