University at Buffalo Jacobs School of Medicine and Biomedical Sciences

Medical Education Strategic Plan, 2017-2021
STRATEGIC FRAMEWORK

- Vision
- Values
- Goals
- Strategies
Mission Statement
To advance health and wellness across the life span for the people of New York and the world through the education of tomorrow’s leaders in health care and biomedical sciences, innovative research and outstanding clinical care.

Vision Statement
To Educate, To Discover, To Heal

Education Vision
To develop and inspire exceptional physicians through transformative education.
Medical Education Core Values – Guiding Organizational Behavior and Shaping the Future

To develop and inspire exceptional physicians through transformative education.

Leadership

Lead educational innovation and create leaders in medicine.

Integrity

Integrate diverse perspectives and contributions of the communities in which we work, live and learn.

Excellence

Pursue excellence and adhere to the highest standards in all endeavors.

Community

Treat patients, families and colleagues with respect and integrity at all times.

Discovery

Create and implement innovative solutions that advance medicine and improve health.
Vision and Goals

To develop and inspire exceptional physicians through transformative education.

Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.

Goal 2: Foster an environment that creates and supports outstanding educators.

Goal 3: Ensure that all medical students graduate with the expertise to analyze and integrate advances in medicine.

Goal 4: Increase the number of students who pursue careers as physician scientists.

Goal 5: Instill a culture of professionalism, respect and commitment for patients, learners and peers.
## Goals and Strategies

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<thead>
<tr>
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<th>Strategies</th>
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| **Goal 1:** Prepare students to become exceptional clinicians to advance the health of our community and beyond. | 1.1: Evaluate and implement modern curricula and teaching modules.  
1.2: Ensure faculty are equipped to educate physicians of the future.  
1.3: Maintain and refine systems for continuous evaluation of instruction.  
1.4: Provide robust student advising and mentorship programs.  
1.5: Bolster interprofessional educational opportunities for medical students. |
| **Goal 2:** Foster an environment that creates and supports outstanding educators. | 2.1: Establish the Academy for Advancing Medical Educators.  
2.2: Strengthen faculty succession planning.  
2.3: Identify, support and incentivize outstanding medical educators.  
2.4: Elevate engagement between volunteer faculty and JSMBS full-time faculty. |
## Goals and Strategies

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<tr>
<td><strong>Goal 3: Ensure that all medical students graduate with the expertise to analyze and integrate advances in medicine.</strong></td>
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<td>3.2: Integrate research opportunities into medical students’ pre-clinical and clinical educational experiences.</td>
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<td><strong>Goal 4: Increase the number of students who pursue careers as physician scientists.</strong></td>
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<td><strong>Goal 5: Instill a culture of professionalism, respect and commitment for patients, learners and peers.</strong></td>
<td>5.1: Create an inclusive environment where diversity is respected and the impact of unconscious bias is minimized.</td>
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STRATEGIES AND TACTICS
Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.

Strategy 1.1: Evaluate and implement modern curricula and teaching modules. (1 of 2)

Tactics to Support the Strategy:

a. Ensure the new curriculum addresses current advances in health care delivery and innovative technologies while emphasizing personal and professional development.

b. Ensure students graduate with core clinical competency.
   i. Define fundamental clinical skills and ensure proficiency.
   ii. Redefine clinical years to ensure graduates are prepared for residency.
   iii. Consider a reduction in time devoted to pre-clinical training.
   iv. Ensure clinical electives offer students a quality personalized medical experience.

c. Confirm students graduate with cultural competencies; consider training in:
   i. Social determinants of health;
   ii. Health disparities/population health; and
   iii. Unconscious bias.
Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.

Strategy 1.1: Evaluate and implement modern curricula and teaching modules. (2 of 2)

Tactics to Support the Strategy:

d. Assess modern teaching methodologies to consider for evaluation and implementation.
   
i. Develop an integrated “spiral” curriculum that aligns educational content with clinical clerkships.
   
ii. Incorporate additional flipped classrooms.
   
iii. Include more active learning activities.
   
iv. Evaluate the use of standardized lectures (either internal or Khan Academy).
   
v. Incorporate simulation training across all four years of the curriculum.

e. Evaluate space to ensure it supports medical education operations.
   
i. Assess adequacy of medical educational space for students and residents in clinical practices.

f. Develop a communication plan to educate faculty, students and staff about the new curriculum.
**Goal 1:** Prepare students to become exceptional clinicians to advance the health of our community and beyond.

**Strategy 1.2:** Ensure faculty are equipped to educate physicians of the future. *(Links to Goal 2)*

**Tactics to Support the Strategy:**

a. Expand professional development opportunities for faculty and residents.
   i. Offer instruction on new and innovative curriculum and teaching modalities.
   ii. Host bi-annual national conferences on medical education.

b. Convene a cohort of professional educators to provide teaching guidance to faculty and resident peers.

c. Leverage existing UB scholarly resources to strengthen medical education.
   i. Partner with UB Center for Educational Innovation and UB Graduate School of Education.
   ii. Leverage UB Royal College of Physicians (RCP) program to strengthen:
      ▪ Pedagogy for adult learning.
      ▪ Teaching in clinical settings.

d. Pursue educational research programs to ensure continued excellence.

e. Provide curriculum development support for teachers (protected time and admin support).
Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.

Strategy 1.3: Maintain and refine systems for continuous evaluation of instruction. (1 of 2)

Tactics to Support the Strategy:

a. Continue to identify meaningful outcome measures to assess effectiveness of new teaching modalities and curriculum changes.
   
i. Develop goals for ‘non-cognitive’ skills achievement.
   
ii. Consider both student evaluations and test scores in assessment measures.
   
iii. Monitor course attendance.

b. Refine existing processes to ensure routine evaluation of courses and timely performance feedback to faculty, residents and chairs.
   
i. Offer real-time feedback evaluation opportunities.
   
ii. Utilize peer teaching evaluations.
   
   ▪ Provide faculty coaching and professional development to build capacity in instructional evaluation.
   
   ▪ Leverage the UB RCP course to learn how to give and receive feedback.
   
   ▪ Employ those trained in UB RCP methods to conduct evaluations.
Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.

Strategy 1.3: Maintain and refine systems for continuous evaluation of instruction. (2 of 2)

**Tactics to Support the Strategy:**

c. Ensure expert resources and staff to oversee evaluation; ensure capability in:

   i. Use of simulation, videotaping;
   
   ii. Data collection and analysis; and
   
   iii. Other skills as identified in student evaluations.

d. Develop concrete steps for program remediation when evaluations are consistently poor.

e. Provide timely communication with students regarding the impact of student feedback.
Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.

Strategy 1.4: Provide robust student advising and mentorship programs. (1 of 2)

Tactics to Support the Strategy:

a. Develop a student learning center that provides an environment for students wishing to enhance their current academic performance as well as those experiencing academic difficulty. Programming should cover:
   i. Study skills;
   ii. Test taking strategies;
   iii. Time management, organization and planning;
   iv. Study group management; and
   v. Step 1 exam preparation and planning.

b. Coordinate and strengthen linkages between student affairs, program directors and department chairs.
   i. Align departmental expertise with academic advising.

c. Enhance student counseling and mental health support on campus.

d. Support departmental student interest groups and provide opportunities for faculty, staff and students to foster relationships with each other and to develop a culture of teamwork and collaboration.
Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.

Strategy 1.4: Provide robust student advising and mentorship programs. (2 of 2)

Tactics to Support the Strategy:

e. Foster a culture of mentorship that enables students to be productive, successful and engaged in the UB JSMBS community.

f. Increase the number and expertise of mentors to ensure students have access to guidance and advising early in their academic training.
   i. Train faculty and residents to be mentors.
   ii. Leverage local professional societies to identify community mentors.
   iii. Progressively increase residents’ mentoring responsibilities vis-a-vis medical students.

g. Provide institutional support and professional development for mentors.
   i. Encourage mentors to emphasize student’s cognitive skills in years 1-2 and professional skills in final years.
   ii. Replicate successful departmental mentoring programs across UB JSMBS.
   iii. Reward faculty and residents for participation in mentoring activities.
   iv. Provide faculty with guidance on how to write effective letters of recommendation.

h. Offer students guidance in selection and engagement with mentors to ensure a productive partnership.
Strategy 1.5: Bolster interprofessional educational opportunities for medical students. (1 of 2)

**Tactics to Support the Strategy:**

a. Finalize leadership appointments for the Office of the Health Sciences Interprofessional Education.

b. Align professional school schedules to expand opportunities in order to foster an interdisciplinary environment.

c. Design the curriculum to support interprofessional practice that includes instruction in:
   i. Teamwork;
   ii. Collaborative decision-making; and
   iii. Knowledge of clinical competencies and professional perspectives of other health professions.

d. Leverage the simulation center for interprofessional training.

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**Goal 1:** Prepare students to become exceptional clinicians to advance the health of our community and beyond.
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**Strategy 1.5:** Bolster interprofessional educational opportunities for medical students. (2 of 2)

**Tactics to Support the Strategy:**

e. Ensure all students have opportunities to train in interprofessional clinical practices.
   
i. Partner with the School of Management to offer professional development around team-based patient care.

f. Increase opportunities for health sciences students to participate in interprofessional service learning opportunities.
   
i. Incorporate service learning into the first two years of the curriculum.
   
ii. Facilitate the health professionals’ student governments to foster interprofessional events and interests.
   
iii. Partner with community health groups to identify service learning opportunities.
   
iv. Organize students around major topics of interest (e.g., opioid abuse).
**Goal 2:** Foster an environment that creates and supports outstanding educators.

**Strategy 2.1:** Establish the Academy for Advancing Medical Educators. (1 of 2)

**Tactics to Support the Strategy:**

a. Provide all faculty, residents and medical students with the skills necessary to be effective educators.

b. Establish a Masters of Medical Education degree.
   i. Model curricular offerings after the UB RCP course.
   ii. Incorporate innovative technology into the curriculum.

c. Set criteria and expectations for teaching; align incentives accordingly.

d. Regularly evaluate and update educational practices to leverage innovative teaching modalities.

e. Ensure the academy has the resources to evaluate the effectiveness of educational programs and support faculty in educational scholarship.

f. Identify new funding sources to support development of the Academy for Advancing Medical Educators (e.g., the Cummings Foundation).

g. Recognize faculty, volunteer faculty, residents and students that participate in academy instruction (e.g. certificates, plaques, UB JSMBS white coats).
Strategy 2.1: Establish the Academy for Advancing Medical Educators. (2 of 2)

Tactics to Support the Strategy:

h. Provide teaching experience to residents through implementation of a residents-as-teachers program.

i. Ensure the academy is accessible and meets the needs of community-based educators; offer:
   - Evening and on-line courses.
   - Certificate and continuing medical education training.

j. Collaborate with the other health professional schools to develop teaching modalities that support interprofessional learning experiences.
   - Provide faculty development to ensure a broad appreciation for the value of interprofessional education.
Strategy 2.2: Strengthen faculty succession planning.

Tactics to Support the Strategy:

a. Identify outstanding clinicians and residents early in their careers to be groomed as successor teachers.
   i. Consider adding medical educator tracks for students and residents.

b. Clearly outline teaching expectations in faculty offer letters.

c. Provide routine evaluation of course coordinators; offer opportunities for refreshing leadership.

d. Teach residents and students to be better educators in order to build a pipeline.

e. Strengthen ties with community physicians to build the community faculty pipeline
   i. Understand the composition of existing voluntary faculty.
   ii. Develop more organized outreach (e.g., cultivate the alumni network).
   iii. Engage voluntary faculty in professional development as learners.

f. Reward, recognize and incentivize teaching excellence. (Links to Strategy 2.3)
   i. Remediate low-performing teachers.
Strategy 2.3: Identify, support and incentivize outstanding medical educators. (Links to Goal 5)

Tactics to Support the Strategy:

a. Increase communication at all levels, across and within departments.

b. Provide faculty with private and confidential coaching opportunities.

c. Reinforce the teaching requirement for appointment and promotion.

d. Celebrate faculty successes.

a. Engage and recruit community teaching faculty. (Links to Strategy 5.3)
   
i. Establish an Office of Volunteer Faculty to facilitate activities.
   
ii. Demonstrate appreciation for community faculty (e.g., thank you letters from students).
   
iii. Establish a clear path to promotion for voluntary faculty.
   
iv. Develop mechanisms to offset competing pressures of private practice.
   
v. Offer incentives to community faculty to engage in preclinical curriculum instruction.
Goal 2: Foster an environment that creates and supports outstanding educators.

Strategy 2.4: Elevate engagement between volunteer faculty and JSMBS full-time faculty.

Tactics to Support the Strategy:

a. Leverage the alumni network to enhance interaction between community and JSMBS full-time faculty.

b. Better integrate community faculty into the JSMBS brand.
   i. Leverage public relations expertise to enhance the relationship with the community
   ii. Provide community faculty with wall plaques that note they are “faculty of UB JSMBS”.

c. Hold focus groups to understand the needs and concerns of community faculty.

d. Host a community faculty recognition day.

e. Create an accurate database in order to facilitate contact with community faculty.

f. Offer scholarships to community faculty learning to teach medical students.

g. Encourage preceptors to demonstrate professionalism in medicine.
Goal 3: Ensure that all medical students graduate with the expertise to analyze and integrate advances in medicine.

Strategy 3.1: Design a toolbox that includes relevant clinical research topics to be covered in the undergraduate medical education curriculum. (1 of 2)

Tactics to Support the Strategy:

a. Identify the set of tools and knowledge essential to all medical students; ensure training includes exposure to:
   i. Evidence-based medicine;
   ii. Critical review of literature;
   iii. Biostatistics;
   iv. Scientific reproducibility;
   v. Understanding of the regulatory environment (e.g., protection of animals in research and human subject research);
   vi. Knowledge of informatics;
   vii. Social determinants of health;
   viii. Interprofessional practice;
   ix. Health care delivery and financing; and
   x. Population health management.
Goal 3: Ensure that all medical students graduate with the expertise to analyze and integrate advances in medicine.

Tactics to Support the Strategy:

b. Develop an introductory research skills course to ensure students understand the value of research in the practice of medicine.

c. Utilize mandatory literature review to develop students’ critical appraisal, information literacy and critical thinking skills.

d. Create seminars that demonstrate how basic and translational research affect the practice of medicine.

e. Provide compulsory research activities that incorporate group learning and elements of choice to promote and motivate students to engage in research and to potentially pursue research careers.

f. Ensure medical and research faculty receive professional development to enhance the effectiveness of research instruction. (Links to Goal 2)
Goal 3: Ensure that all medical students graduate with the expertise to analyze and integrate advances in medicine.

Strategy 3.2: Integrate research opportunities into medical students’ pre-clinical and clinical educational experiences.

Tactics to Support the Strategy:

a. Create small in-course research experiences for students in their pre-clinical years.

b. Encourage faculty to integrate the use and understanding of research tools into all components of the curriculum.
   
i. Utilize high-impact, practice-changing studies in educational models to demonstrate how drugs/therapies were developed and studied.

   c. Ensure that medical educators recognize the value of student research and incorporate research opportunities into the curriculum wherever practical.

   d. Provide opportunities for students to participate in research experiences that require limited supervision while immersing students in the research culture of their profession; for example:
      
i. Assist with existing clinical trials to learn about the research process;
   
   ii. Ensure understanding and use of informatics; (Links to 3.1.a)
   
   iii. Critical appraising of literature for a review article; and/or
   
   iv. Preparing patient case reports for publication.
Goal 4: Increase the number of students who pursue careers as physician scientists.

Strategy 4.1: Establish a medical school track for students with an interest in academic medicine and science. (1 of 2)

Tactics to Support the Strategy:

a. Provide a research-intensive curriculum designed to educate future physician scientists.
   i. Vertically and horizontally integrate research into the curriculum.

b. Prepare students in advance of their research projects with the skills needed to make the experience as productive and educational as possible. (Links to Goal 3)
   i. Provide student mentoring to help navigate the research process, apply for certifications and receive basic research training three to four months prior to the start of their research experience.
   ii. Develop summer programs that cover research skills necessary for students pursuing a research track.
**Goal 4:** Increase the number of students who pursue careers as physician scientists.

**Strategy 4.1:** Establish a medical school track for students with an interest in academic medicine and science. (2 of 2)

**Tactics to Support the Strategy:**

**c.** Increase the number of basic, clinical and translational research opportunities available to medical students.

- i. Consider making an elective focused on research available during the 4th year of medical school.
- ii. Provide support to enable student participation in “Year Out” programs (e.g. Sarnoff Foundation, NIH, etc.).
- iii. Revamp the “Dean’s Summer Research Fellowship” to allow faculty to compete for student funded research spots.
- iv. Encourage medical students to work with researchers who have peer-reviewed extramural support.
- v. Explore adding additional dual degree programs; e.g., credentialing in basic science training or a combined MS/MD degree.

**d.** Work with clinical partners to provide residents interested in research with sufficient time and funding for research training.

- i. Create a residency research track for students interested in continuing their research experience.

**e.** Secure financial resources to support students pursuing a scientific academic medicine path.

- i. Provide increased support for summer research experiences.

**f.** Explore opportunities to encourage students with a PhD, MPH, or MBA to pursue medical careers.
**Goal 4:** Increase the number of students who pursue careers as physician scientists.

**Strategy 4.2:** Increase awareness of and involvement in research opportunities among all medical students.

**Tactics to Support the Strategy:**

a. Increase the number of students who submit abstracts at national meetings.

b. Increase exposure to research early in students’ academic careers.
   i. Link medical school admissions website to academic medicine track.
   ii. Increase communication with students to help them understand available research opportunities.
   iii. Hold seminar series.
   iv. Provide lab tech opportunities.
   v. Hold research open-houses to allow accepted students to meet basic researchers.
   vi. Develop post-doc opportunities.

c. Leverage successful pipeline programs to prepare K-12 and university students to successfully pursue careers in academic medicine.

d. Identify research faculty and physician scientists as mentors to inspire students to pursue careers in academic medicine.

e. Integrate research methods training into the first two years of the curriculum. *(Links to Goal 3)*

f. Engage faculty in encouraging research-oriented students to pursue elective or extracurricular research projects.
Goal 5: Instill a culture of professionalism, respect and commitment for patients, learners and peers.

Strategy 5.1: Create an inclusive environment where diversity is respected and the impact of unconscious bias is minimized. (1 of 2)

Tactics to Support the Strategy:

a. Foster an inclusive environment where people from all backgrounds thrive and work together for a common good.

b. Establish mechanisms to strengthen cultural competencies and to mitigate implicit or unconscious bias throughout the organization.
   i. Partner with the community and the university to provide diversity training to faculty, students, residents and staff.
   ii. Invite speakers from different backgrounds to talk about their experiences.

c. Recruit outstanding faculty, residents, staff and students that are representative of the diverse community served by UB JSMBS.
**Goal 5:** Instill a culture of professionalism, respect and commitment for patients, learners and peers.

**Strategy 5.1:** Create an inclusive environment where diversity is respected and the impact of unconscious bias is minimized. *(2 of 2)*

**Tactics to Support the Strategy:**

e. Expose faculty, residents and students to a variety of experiences and populations in order to reduce unconscious bias. *(Links to Strategy 5.2)*

   i. Implement a “service learning” requirement for faculty.

   ii. Provide hands-on opportunities for all students, residents and faculty to participate in interprofessional training and practice.

   iii. Develop a bank of information slides (on social determinates of health, etc.) for faculty to incorporate into their courses.

f. Ensure that all faculty, residents, staff and students understand the definition, roles and responsibilities of professionalism in their interactions with colleagues and patients.

   i. Demand all faculty, residents, staff and students adhere to the university and school codes of conduct and UB JSMBS’s core values.
Goal 5: Instill a culture of professionalism, respect and commitment for patients, learners and peers.

Strategy 5.2: Recognize that faculty are role models in education, clinical care and research.

Tactics to Support the Strategy:

i. Take measures to ensure all faculty are good role models. *(Links to Goal 2.1)*

ii. Include UB JSMBS’s expectations regarding faculty participation and role in the education of future physicians in all recruitment letters.

iii. Provide opportunities for teaching excellence and add as a requirement for promotion. *(Links to Goal 2.1)*

i. Partner with departments and the public relations office to identify opportunities to nominate faculty for local, regional and national awards.

ii. Collaborate with clinical partners to identify volunteer faculty that are leaders and role models in their fields of expertise.

iii. Continue to recognize faculty who serve as student role models due to their exemplary instructional skill, and the ability to stimulate thinking via the Siegel Awards.

iv. Establish an award that recognizes faculty for exemplary career mentoring of junior faculty and students.
Goal 5: Instill a culture of professionalism, respect and commitment for patients, learners and peers.

Strategy 5.3: Foster an environment of accountability in which everyone is responsible for the quality of care.

Tactics to Support the Strategy:

a. Conduct a survey to identify the educational needs of volunteer faculty.

b. Continue to develop centralized and standardized systems to identify, measure, track and evaluate the quality of instruction and clinical care provided by UB JSMBS’s volunteer faculty.

c. Develop a centralized way to recognize, organize and work with volunteer faculty.

d. Collaborate with Great Lake Health Partners and UBMD Physician’s Group to identify opportunities to increase accountability and replicate best practices.
   i. Participate in morbidity and mortality rounds.
   ii. Align goals across department chairs and service line leaders.
   iii. Increase communication across clinical partners.

e. Increase the number of UB JSMBS quality improvement publications.

f. Replicate successful departmental quality improvement projects (i.e., Internal Medicine).
IMPLEMENTATION PLANNING
### Top Priority Strategies Identified by the Steering Committee

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<tr>
<th>STRATEGIES</th>
<th>1 High Priority (choose 6)</th>
<th>2 Medium Priority (choose 5)</th>
<th>3 Lower Priority (choose 5)</th>
<th>Total</th>
<th>Wtd Avg Priority</th>
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<td><strong>1.1:</strong> Evaluate and implement modern curricula and teaching modules.</td>
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<td><strong>1.2:</strong> Ensure faculty are equipped to educate physicians of the future.</td>
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<td><strong>1.3:</strong> Maintain and refine systems for continuous evaluation of instruction.</td>
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<td><strong>2.1:</strong> Establish the Academy for Advancing Medical Educators.</td>
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<td><strong>2.3:</strong> Identify, support and incentivize outstanding medical educators.</td>
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<td><strong>2.2:</strong> Strengthen faculty succession planning.</td>
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<td><strong>1.5:</strong> Bolster interprofessional educational opportunities for medical students.</td>
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| **Goal 1: Prepare students to become exceptional clinicians to advance the health of our community and beyond.** | • Board scores  
• Student satisfaction & graduation questionnaire  
• Residency placements  
• Survey residency programs about student performance |
| **Goal 2: Foster environment that creates and supports outstanding educators.** | • Student satisfaction  
• Teaching evaluations |
| **Goal 3: Ensure that all medical students graduate with the expertise to analyze and integrate advances in medicine.** | • Student poster presentations  
• Student participation in research activities  
• Clinical evaluations |
| **Goal 4: Increase the number of students who pursue careers as physician scientists.** | • Student poster presentations  
• Student participation in research activities  
• Participation in year out programs  
• Number who pursue secondary degrees (MS degrees) |
| **Goal 5: Instill a culture of professionalism, respect and commitment for patients, learners and peers.** | • Faculty and staff turnover  
• Faculty awards  
• Diversity of faculty, staff and students |
The construction and impending move to our new medical school has afforded us the opportunity to examine the path of medical education and plan for its growth and development at the Jacobs School of Medicine and Biomedical Sciences.

Developing a Strategic Plan

We have partnered with AMC Strategies, a premier strategic planning firm for medical schools, to assist in developing a medical education strategic plan.

A steering committee, made up of 25 of the school's leaders, including faculty and students, was assembled to oversee the process.