



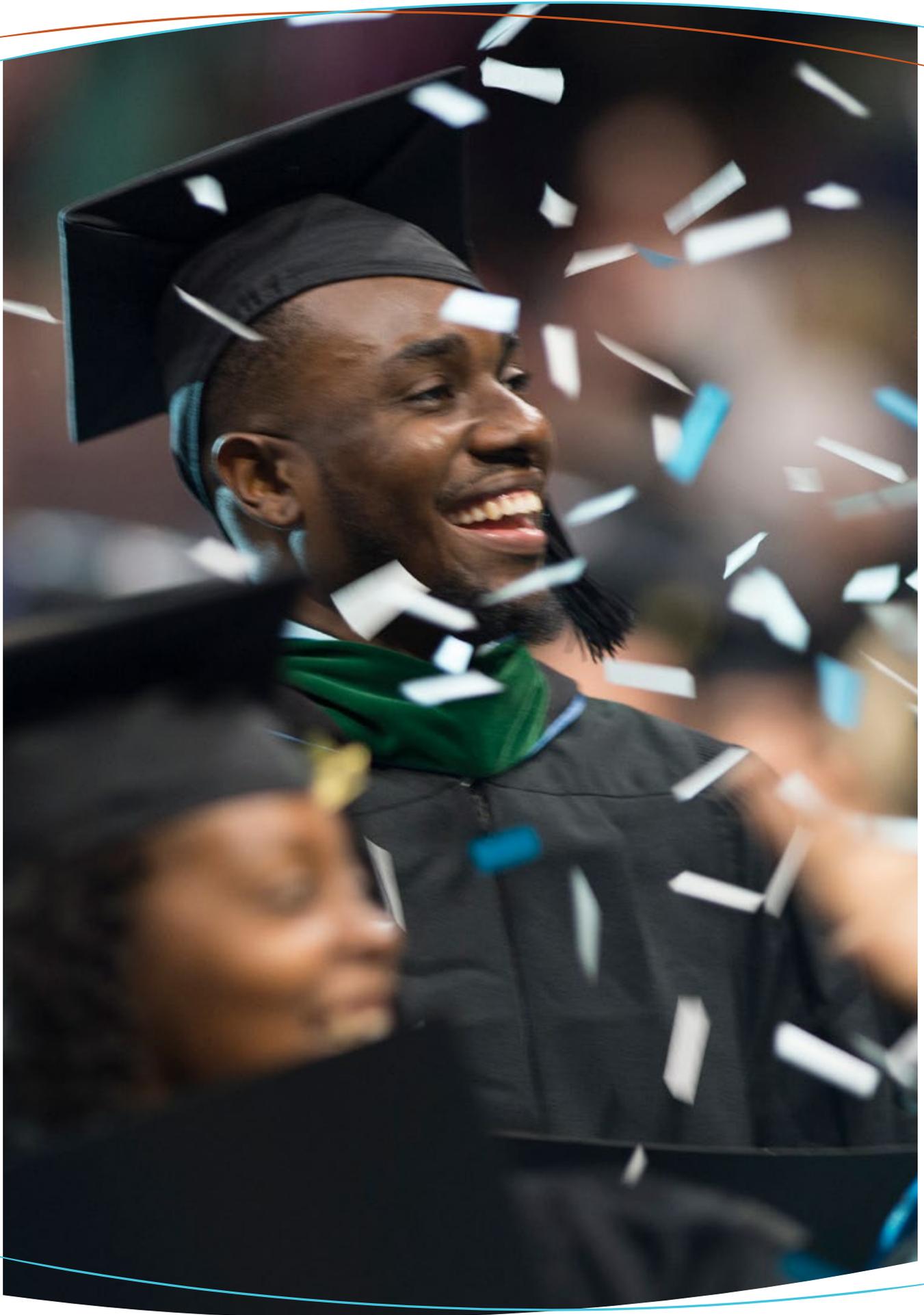
**EVMS**  
Eastern Virginia Medical School

**Thriving in Our Missions:  
Our Roadmap for the Future**

# STRATEGIC PLAN

FY2019 - FY2022

**Eastern Virginia Medical School**





## TABLE OF CONTENTS

### 5 Introduction

### 9 Executive Summary

### 13 Strategic Planning Theme 1 – EDUCATION

15 **Goal E1:** Strengthen the undergraduate medical education program

29 **Goal E2:** Strengthen the School of Health Professions educational programs

36 **Goal E3:** Develop and implement a Strategic Enrollment Plan for EVMS educational programs

37 **Goal E4:** Improve the clinical education sites for programs and maintain critical relationships with key partners that teach

### 41 Strategic Planning Theme 2 – RESEARCH

44 **Goal R1:** Enhance multidisciplinary research that aligns with funding opportunities, institutional goals and community health needs

### 63 Strategic Planning Theme 3 – CLINICAL

65 **Goal C1:** Right-size the academic faculty in the five core clinical departments with EVMS Medical Group with respect to undergraduate medical education

66 **Goal C2:** VMS Medical Group will become “ACO ready” to participate in Advanced Payment Models, vital to our financial success as well as our responsibility as educators to provide model practices

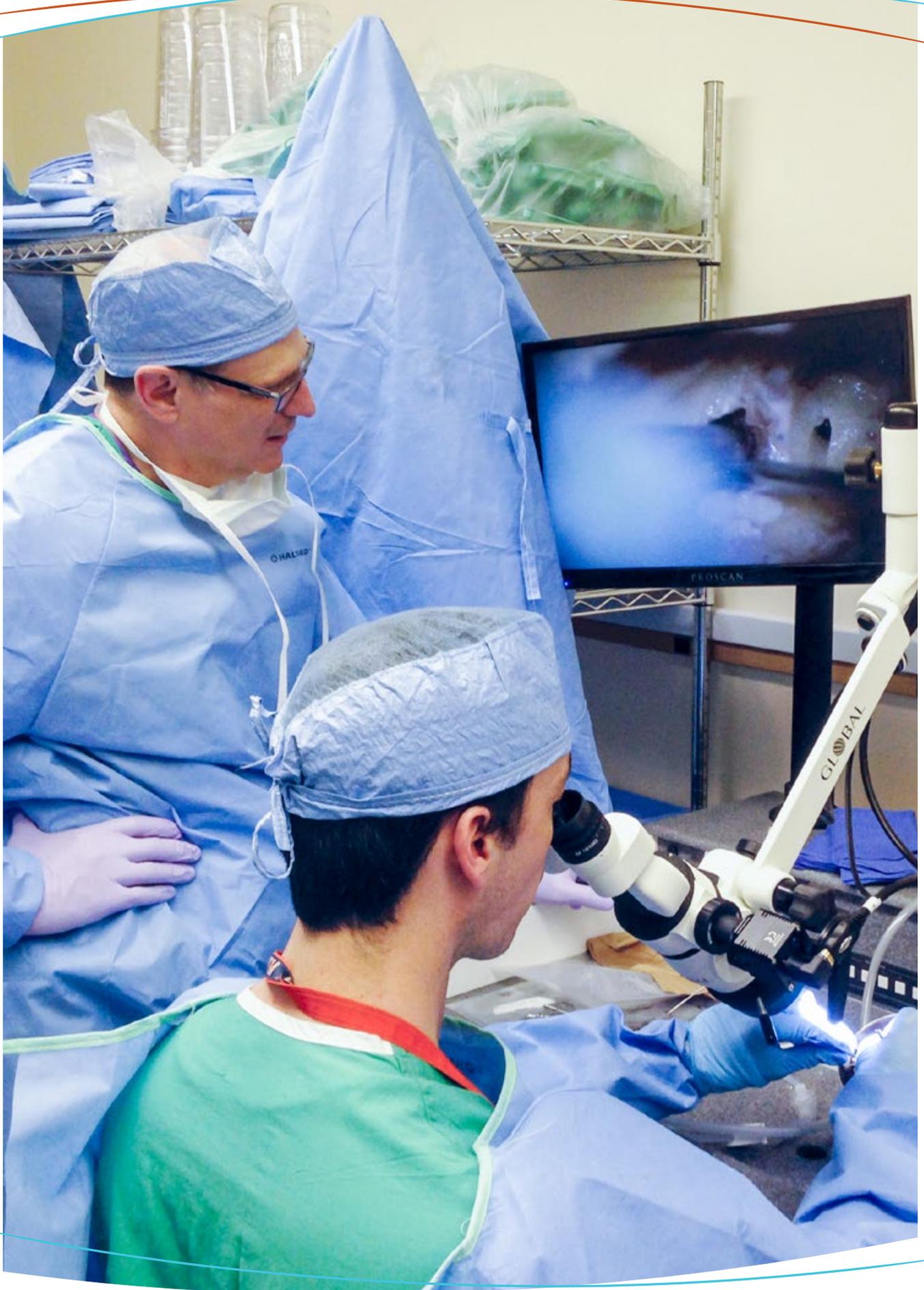
### 71 Strategic Planning Theme 4 – ADMINISTRATION

73 **Goal A1:** Examine wellness across the EVMS community and develop an institution-wide, coordinated wellness initiative

75 **Goal A2:** Develop a data collection, management, and reporting infrastructure to facilitate access to information internally and externally

87 **Goal A3:** Enhance communication among EVMS leadership, faculty, staff, residents, fellows, and students; between EVMS departments and divisions; and with our community teaching partners and the communities of Hampton Roads

### 95 Committee Members





## INTRODUCTION

Achieving excellence in its core missions of education, research, and clinical care while maintaining its community-based focus is the foundation underlying the overall mission of Eastern Virginia Medical School. As one of the nation's only academic medical centers founded and funded by its local community, this was the school's initial vision when established more than 40 years ago.

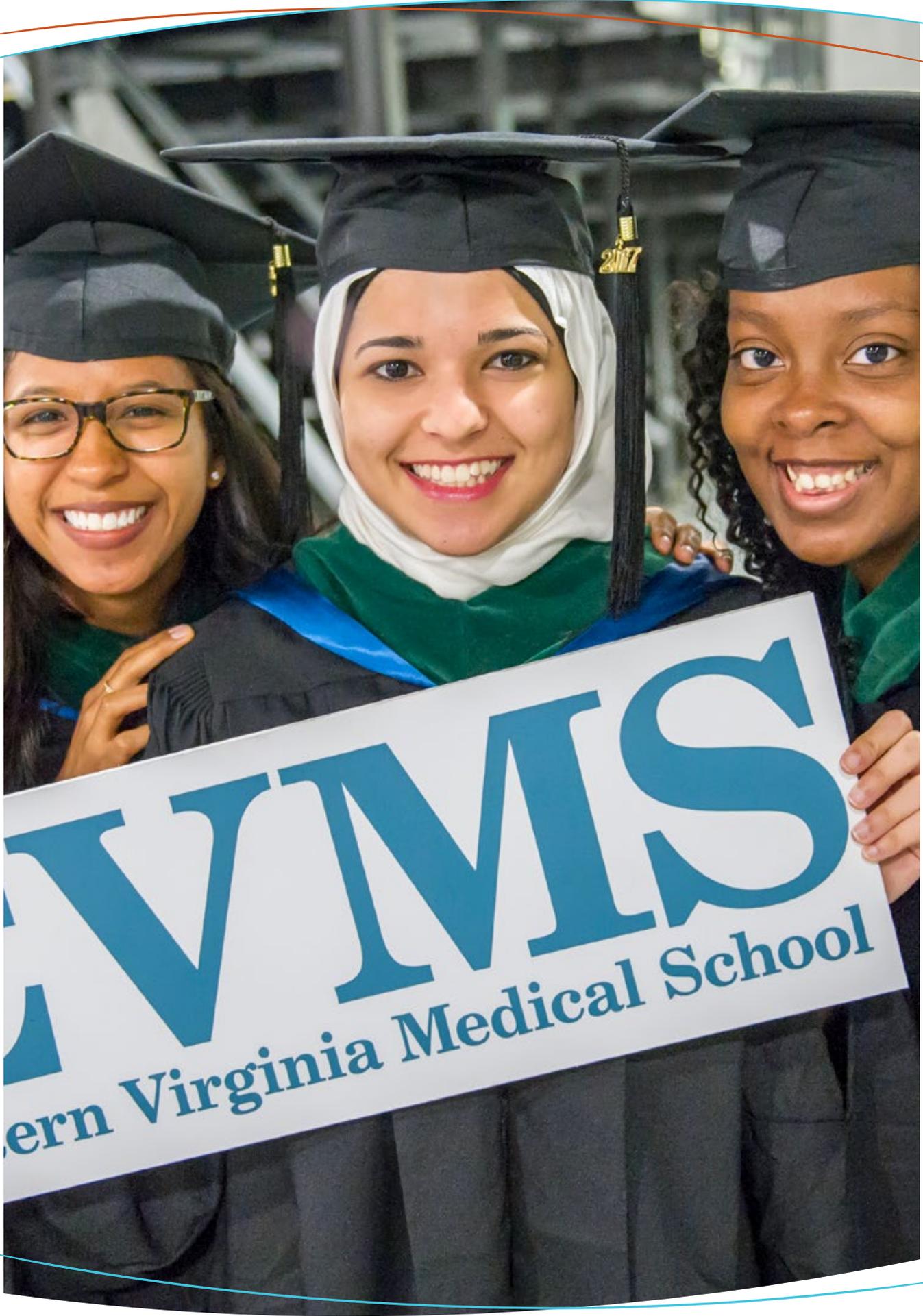
Today, EVMS serves as an integral community partner to industry organizations, academic institutions, healthcare entities and area municipalities, while also being a primary economic driver and healthcare workforce developer for the Hampton Roads region.

EVMS highly values the input of its campus community. The strategic planning process was designed to encourage transparency and participation, providing an opportunity for the institution's faculty, staff, and students to have a voice and actively participate. Throughout the proceedings, collaboration among the school's diverse population was not only encouraged but expected, as forums were structured to solicit feedback, generate open exchange of ideas, and facilitate thoughtful discussion.

Four strategic theme areas were identified, including the three core mission areas of Education, Research, and Clinical Care. The fourth strategic theme, Administration, is a broader area that strategically bridges and supports the other three mission areas. Subcommittees for each strategic theme were created, and the following guiding principles were provided for developing strategic goals and objectives.

### Guiding Principles

1. Improve quality
2. Identify/define deliverables
3. Provide a financial/academic return on investment
4. Project/advance the national reputation of EVMS
5. Define accountability
6. Align with EVMS' Mission, Vision, and Diversity statements
7. Demonstrate synergistic value across multiple mission areas



**VIMS**  
ern Virginia Medical School



## EVMS MISSION STATEMENT

Eastern Virginia Medical School is an academic health center dedicated to achieving excellence in medical and health professions education, research and patient care. We value creating and fostering a diverse and cohesive faculty, professional staff, and student body as the surest way to achieve our mission. Adhering to the highest ethical standards, we will strive to improve the health of our community and to be recognized as a national center of intellectual and clinical strength in medicine and health professions. Our commitment to ensuring institutional effectiveness is demonstrated by the continuous assessment processes we use to improve program performance and student learning outcomes.

## EVMS VISION STATEMENT

Eastern Virginia Medical School will be recognized as the most community-oriented school of medicine and health professions in the United States.

## EVMS CORE VALUES

Three core values drive our daily efforts:

**Excellence:** We determine with our stakeholders what is valuable and hold ourselves to high performance standards that fulfill our promises.

**Collegiality:** We serve our community and one another, building strong and mutually supportive relationships. We work as a cooperative, united team to further our purposes of education, research, and patient care.

**Integrity:** We strive to maintain the highest ethical standards and accept accountability for all we do and say.

## EVMS DIVERSITY STATEMENT

The education, research, and patient care mission of Eastern Virginia Medical School is shaped by many considerations: the demographics of the surrounding communities, the significant presence of military personnel, retirees and their families, the rural and underserved communities of the Commonwealth of Virginia, and the broader national and global need to address gaps in the health workforce and the accessibility of healthcare.

Eastern Virginia Medical School has a unique history as one of the few institutions in the United States established by the local community to serve the local community. Indeed, its vision is to be the most community-oriented school of medicine and health professions in the nation. In fulfilling that vision, EVMS strives to attract talented students, trainees, faculty, staff, and leaders who bring diverse attributes and experience to drive our collective commitment to excellence.

Eastern Virginia Medical School embraces diversity broadly defined, but places a special emphasis on recruitment of women, traditionally underrepresented minorities in medicine and the health professions (African Americans, Latinos, American Indians and Native Alaskans, and Native Hawaiians and Pacific Islanders), veterans, and individuals who come from socioeconomically disadvantaged backgrounds. Acknowledging that diversity is a fluid and evolving concept, we will continually strive to be inclusive of individuals and groups in the broadest possible manner.





## EXECUTIVE SUMMARY

The EVMS Strategic Plan for FY2019-FY2022 affirms the institution's commitment to continued excellence in its core mission areas of Education, Research and Clinical Care. The initiatives and priorities outlined are congruent with EVMS' mission and vision and represent an assortment of new program concepts, existing program enhancements, and operational advancements designed to better position EVMS for success.

EVMS highly values the input of its campus community. The strategic planning process was designed to encourage transparency and participation, providing an opportunity for the institution's faculty, staff, and students to have a voice and actively participate. Throughout the proceedings, collaboration among the school's diverse population was not only encouraged but expected, as forums were structured to solicit feedback, generate open exchange of ideas, and facilitate thoughtful discussion.

Four strategic theme areas were identified, including the three core mission areas of Education, Research, and Clinical Care. The fourth strategic theme, Administration, is a broader area that strategically bridges and supports the other three mission areas. Subcommittees for each strategic theme were created, and the following guiding principles were provided for developing strategic goals and objectives.

### Strategic Planning — Guiding Principles

1. Improve quality
2. Identify/define deliverables
3. Provide a financial/academic return on investment
4. Project/advance the national reputation of EVMS
5. Define accountability
6. Align with EVMS' Mission, Vision and Diversity statements
7. Demonstrate synergistic value across multiple mission areas

**EVMS STRATEGIC PLAN FY19-FY22**  
**Funding Requests by Mission**

<b>Target Funding</b>	<b>12,000,000</b>	<b>3,200,000</b>
<b>Funding Projections by Mission</b>	<b>One Time</b>	<b>Recurring</b>
Education	2,740,154	1,464,928
Research	5,733,087	254,408
Clinical Care	1,845,439	709,500
Administration	1,681,320	766,586
<b>Total</b>	<b>12,000,000</b>	<b>3,195,422</b>
<b>Under/(Over) Target</b>	<b>0</b>	<b>4,578</b>

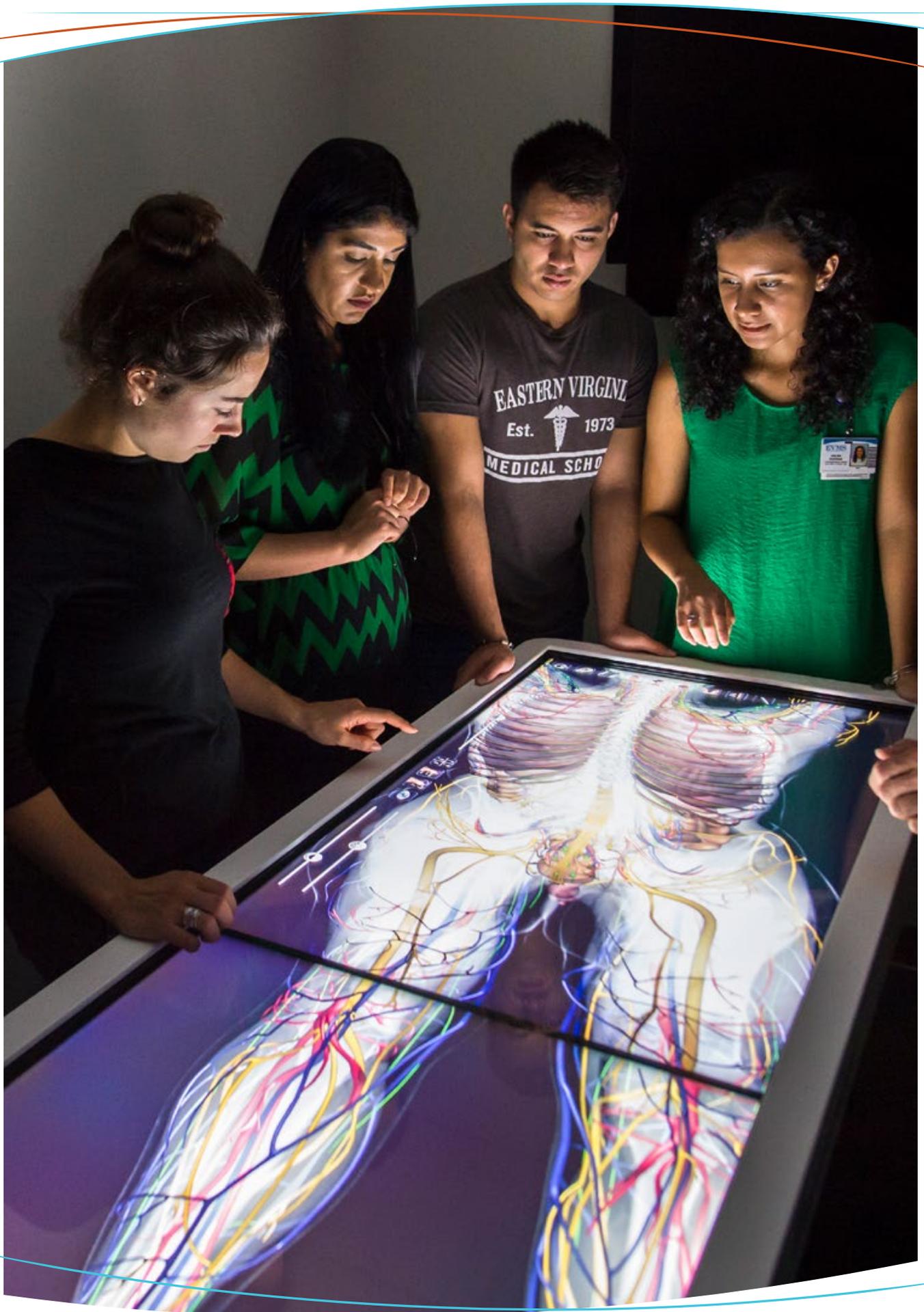


**EVMS**  
Eastern Virginia Medical School

**Thriving in Our Missions:  
Our Roadmap for the Future**

# STRATEGIC PLAN

## 2019 – 2022





**EVMS**  
Eastern Virginia Medical School

**Thriving in Our Missions:  
Our Roadmap for the Future**

## EDUCATION

**Goal E1: Strengthen the undergraduate medical education program.**

**Goal E2: Strengthen the School of Health Professions educational programs.**

**Goal E3: Develop and implement a Strategic Enrollment Plan for EVMS educational programs.**

**Goal E4: Improve the clinical education sites for programs and maintain critical relationships with key partners that teach.**





## Strategic Planning Theme — EDUCATION

Medical and health education is a labor-intensive enterprise. The revised EVMS medical curriculum has significantly improved the educational experience, but the move has left the institution with an acute shortage of faculty experts (both paid and volunteer) to effectively deliver the curriculum. In addition, the escalating competitiveness of residency programs requires that medical students have an optimal learning experience and preparation for residency training. Over the last several years, the School of Health Professions has experienced substantial growth as it has added programs in response to the evolving educational needs of the community. To accommodate the growth, the School of Health Professions needs additional faculty, improved infrastructure and a comprehensive strategy to drive student recruitment across all the educational programs. The Education subcommittee devised four goals to meet these needs.

### Goal E1: Strengthen the undergraduate medical education program.

**Objective E1.1:** Expand the number of foundational sciences faculty to serve as medical education experts.

- Recruit two co-modular directors in foundational sciences to address identified needs in the M1 and M2 years.
- Recruit a curriculum coordinator to manage logistics of pre-clerkship education under the Care Forward Curriculum

### Background and rationale

The CareForward Curriculum (CFC) has significantly improved the quality of pre-clerkship education by many metrics, including student satisfaction and performance. However, with the implementation of more contemporary pedagogies (case-based learning, small group and team-based learning sessions) and faculty involvement in many programs (PA, SA, MHPE), there is an acute shortage of faculty experts to effectively deliver the curriculum.

The faculty shortage has led to:

- A lack of experienced faculty to lead the pre-clerkship year modules as Module Directors. Currently, there are faculty who lead more than one module as a Module Director.
- Some disciplines, such as physiology, being taught in multiple modules by a single faculty member who also holds leadership positions within the School of Medicine and School of Health Professions.
- A lack of alternatives to immunology despite poor rating by the students for two consecutive years.
- A reduced number of board certified pathologists available to teach in the pre-clerkship years. This problem has been accentuated by the transitioning of Dr. Fantaskey to the PA program.
- The potential for one less teaching faculty with pharmacology expertise (currently seeking a residency training position).
- A lack of faculty for back up in times of emergency and transition planning.
- Difficulty in planning for re-visitation of the basic sciences during the clinical years (an LCME requirement).
- A shortage of faculty to lead small group sessions.
- A lack of time for existing faculty to attend workshops and conferences to improve their teaching skills, to effectively revise curricular contents and to address student concerns in a timely manner.
- Less time spent on educational scholarship.

### Defined Objectives

- Increase the number of foundational sciences faculty to deliver CFC (3 FTE).
- Retain educational foundational sciences faculty line for education (i.e. pharmacology/physiology).
- Improve the quality of individual disciplines in the pre-clerkship years.
- Provide increased and improved integration of disciplines across all modules.
- Provide narrative feedback to the students through increased longitudinal small groups.
- Improve performance on high-stakes USMLE exams.

## Implementation/Components

- Engage with faculty to determine the best way to distribute the 3 FTEs.
- Explore part-time immunology and pathology faculty commitment from clinical departments.
- Create a job description for the full-time and part-time positions.
- Assemble a search committee to review and recommend a candidate for the newly created positions.
- Invite the clinical faculty for an audition lecture and seek faculty and student feedback.

## Investment/Resources

3X\$130,000 = \$390,000 recurring funds for the three FTE's

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES
YEAR 1	<ul style="list-style-type: none"> <li>• Discussion of specifics with teaching faculty on distribution of the 3 FTEs</li> <li>• Creation of job descriptions and assembling search committee</li> <li>• Audition of part-time clinical faculty</li> <li>• Review, shortlist and interview for new full-time vacancies</li> <li>• Begin engaging the clinical faculty in pre-clerkship years teaching beginning Fall 2018</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Review faculty evaluation reports for the part-time clinical faculty</li> <li>• Review faculty evaluation reports for the newly hired full-time faculty</li> <li>• Review student performance on CBSE and USMLE</li> <li>• Review student satisfaction reports on the curriculum</li> </ul>
YEAR 3 and Beyond	<ul style="list-style-type: none"> <li>• Improved USMLE Step-1 performance</li> <li>• Improved student retention rates (reduce attrition)</li> <li>• Improve coverage of basic sciences in the clinical years</li> <li>• Improve Graduation Questionnaire (GQ) results</li> </ul>

**Objective E1.2:** Create a co-clerkship director position for every core clerkship at EVMS to oversee each department's undergraduate medical-education teaching and faculty development.

## Background and rationale

LCME Standard 4.1 Sufficiency of Faculty states that a medical school should have in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

Given the increase in class size, there is a need to modify pedagogy and optimize the teacher-to-learner ratio. The escalating competitiveness of graduate medical education requires that medical students be provided an optimal learning experience and preparation for residency training.

## Justification

Clerkship directors oversee their department's undergraduate medical education teaching and faculty development. Their essential duties and responsibilities include:

- Creating, implementing, assessing and overseeing the department's eight-week clerkship and four-week acting internship. This includes developing and obtaining approval for a curriculum for the clinical clerkship experience and acting internship that meets departmental and school learning objectives for every student.

- Coordinating and recruiting multiple sites and preceptors for the scheduling of 25-27 students per eight-week block.
- Providing faculty and resident development and feedback on teaching and evaluating medical students.
- Providing formal, written and in-person mid-clerkship feedback with every student to allow sufficient time for remediation if needed, as well as assisting with remediation plans for these students.
- Providing direct observation of students' clinical skills and progress.
- Completing a narrative final student evaluation for every student within six weeks of the end of the clerkship.
- Reviewing student evaluation appeals.
- Directly advising students in the residency selection process and advising the department chair on all issues related to student education and training in the department.

Clerkship directors at EVMS also are often the medical student specialty advisor and fourth year acting internship course director — jobs typically held by multiple faculty members at other institutions. Additionally, the FTE for clerkship directors varies by department.

Clerkships with a co-clerkship director are:

- More likely to complete student evaluations by the required LCME six-week mark. This academic year 89% (8/9 blocks) of clerkships with a co-clerkship director met this requirement compared to only 11% (1/9 blocks) of clerkships without a co-clerkship director.
- More likely to provide accurate, documented feedback at the mid-clerkship mark required by the LCME. This academic year 100% of mid-clerkship evaluations were completed by the clerkship director in clerkships with a co-clerkship director. Meanwhile, clerkships without co-clerkship directors relied on a random assortment of residents and faculty members to complete this task. One clerkship without a co-clerkship director did not complete mid-clerkship reports for two blocks of students. This is a reported item on the GQ survey.

**Objective E1.3:** Develop and implement an Academy of Educators, as an organizational unit within the existing EVMS infrastructure. This academy will foster excellence in teaching, learning, and scholarship and will recognize EVMS healthcare educators for outstanding contributions to the educational mission of the institution.

### Background and rationale

An Academy is a mechanism for ensuring education as an important and integral component of academic medicine alongside clinical care and research. It is a formal organization with a purpose to recognize and promote teaching excellence and educational scholarship.

Examples of Academies, many of which were developed in the late 1980s and early 1990s, are well described in the literature. They utilize measures to define educational excellence and to support the assessment of quality scholarly activities.

An Academy will support the educational mission of EVMS by:

- Providing a forum for visionary change in the culture of healthcare education.
- Fostering excellence in teaching, learning and scholarship through professional development.
- Advancing the quality of educational products and programs by providing a forum for EVMS faculty to exchange ideas and foster collaboration.
- Facilitating the development of future educational leaders through formal training, mentoring and coaching.
- Recognizing and enhancing the status of healthcare educators who have made outstanding contributions to the school's community through sustained excellence in teaching, curricular innovation and commitment to scholarship and educational leadership.

## Implementation/Components

- Scan and assess the EVMS environment using an inclusive and transparent process to align needs with the structure and operations of the Academy.
- Define key components of the Academy's foundation including leadership and governance.
- Develop an initial two-year roll-out plan:
  - Nomination process
  - Levels of membership
  - Create a fellowship, aligned with the Academy, as a pipeline for future educational leaders
  - Track outputs, outcomes and value to EVMS
- Document the purposeful process of establishing an Academy, and furthermore its implementation, to create opportunities for scholarly activity.

## Feasibility/Assessment

An EVMS Task Force (TF), with institutional-wide representation, is charged with making recommendations for the structure and functional aspects of an Academy of Educators aligned with the EVMS mission, infrastructure and institutional needs.

The TF has reviewed and discussed evidence-based literature, and benefited from direct engagement with nationally recognized leaders of academies who have provided experiential guidance on key considerations for establishment, implementation and tracking of inputs/outcomes. The remit of the TF will end when the recommendations are completed.

With the Academy embedded as an organization unit within EVMS Faculty Affairs and Professional Development (FAPD), it will orchestrate mentoring of junior faculty interested in education as well as improvement of educational programs. Through the professional development activities FAPD offers and will create, faculty will implement curricula guided by pedagogical principles learned and will develop scholarship that will advance the disciplines of teaching and learning and their own careers as educators.

Benefits to EVMS, faculty and students include:

- **Reputation.** An academy will put EVMS on the map as recognizing teaching as an academic endeavor alongside other well-known institutions (Duke, UCSF, Harvard and Johns Hopkins). Aims of the Academy are aligned with EVMS' revised promotion criteria and scholarship standards defined by Boyer.
- **Recognition.** Academy members are recognized as being highly accomplished and dedicated educators, innovators and leaders in medical education across the institution.
- **Institutional support.** The Academy will support the mission area of education as an academic priority and a career pathway.
- **Advancement.** When faculty apply for promotion or are eligible for external funding from faculty development programs, Academy membership contributes to establishing their credibility as having achieved excellence in teaching and instructional development.
- **Inspiration and Collaboration.** Participation in Academy meetings and activities provides members with opportunities to interact with other faculty with similar interests to strengthen their own teaching and to promote excellence in teaching, assessment and educational leadership throughout EVMS.

Benefits to EVMS students:

- Provides a mechanism to allow faculty to dedicate adequate time to teaching, mentoring and role modeling to the trainees interested in education as a career path.
- Through development of faculty, Academy serves as an enabler of an improved educational experience for students with programs implemented using sound pedagogical principles.
- Serve in an advisory role to EVMS leadership and/or to the Curriculum Committee(s) on innovative projects related to educational reform.

- Provide role models for students and residents who wish to pursue careers in medical education.
- Development of a national and regional forum for faculty academy members to interact and exchange ideas with faculty from other academies.

### Investment/Resources

- Protected time for person responsible for the operation of the Academy.
- Individual (staff/part time) to coordinate Academy activities.
- Release time for faculty who enter the Academy.
- Recognition of senior faculty (including research time) for mentoring and advising of junior faculty.
- Non-staff related resources including books, website, marketing, educational scholarship day, etc.
- Funding for scholarship activities.

### Project Leader

Faculty Affairs and Professional Development

### Performance Metrics

- Completion of needs assessment and recommendations to guide the formation of the EVMS Academy. TF remit is completed and an Academy Advisory Council has been created.
- Academy formalized with assigned leadership and a structure of governance.
- A two-year plan of activities developed and implemented.
- The number of faculty who join and complete Academy programs
- The career progression of Academy members
- Evaluation of the Academy including faculty satisfaction, impact on practice, scholarship and institutional outputs.

**Objective E1.4:** Hire part-time clinical education faculty to lead key components of the CareForward Curriculum.

The faculty member will:

- Lead the STEP course.
- Co-lead the clinical skills component of the new curriculum.
- Co-lead the Synthesis-II module.

### Background and rationale

With evidence to suggest that the graduating medical students are not fully prepared to perform the list of 13 EPA, it is critical to improve our current STEP program to make our graduates both competent and competitive. The current STEP program lacks a dedicated clinical faculty member with protected time to lead this course.

The clinical skills thread in the Care Forward Curriculum (CFC) runs across both M1 and M2 years and a clinical skills component also exists in various clerkships. In addition, the CFC has implemented two comprehensive clinical skills assessments (CSAs) in the pre-clerkship years. We are also in the process of improving the CSA that is conducted as a preparation for USMLE Step-2 CS.

Currently, there is only one primary care faculty who is leading all the clinical skills components of the curriculum. There is a need for an additional part-time clinical faculty to lead specific components of the clinical skills thread to ensure better transition of our students from pre-clerkship to clerkship and UME to internship.

The M2 year culminates with a two-week course (Synthesis II) aimed at integrating key concepts from all organ systems modules with a goal to improve student preparedness for the high stakes USMLE Step-1 exam. This module needs one clinical faculty to work with a foundational science faculty to design and implement components of this course. Because CSA is a part of this course, it is preferable that the same person oversees components of the clinical skills component and the Synthesis-II course.

## Implementation/Components

- Listing of the specific roles and responsibilities involved in this position.
- Faculty appointed to these roles.
- Faculty to design and implement the components as described in the rationale.

## Investment/Resources

Recurrent funds for salary support

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES
YEAR 1	<ul style="list-style-type: none"><li>• Design and implement an improved STEP program in Spring 2018</li><li>• Design and implement Synthesis-II course in Spring 2018</li><li>• Explore the best options for faculty contributions in clinical skills</li></ul>
YEAR 2	<ul style="list-style-type: none"><li>• Review course evaluations from STEP and Synthesis-II</li><li>• Review module director evaluation for Synthesis-II</li><li>• Design and implement an improved clinical skills curriculum</li></ul>
YEAR 3 and Beyond	<ul style="list-style-type: none"><li>• Improved preparation of graduates for residency</li><li>• Improved GQ results</li><li>• Better preparedness of our students entering clerkship years</li></ul>

**Objective E1.5:** Improve the Interprofessional Education (IPE) component in the CareForward Curriculum.

- Identify and appoint a clinical faculty expert to design and monitor the IPE component across the undergraduate medical-education continuum.
- Empower the IPE Thread Director to engage with the School of Health Professions and other institutions in Hampton Roads to organize learning sessions.

## Background and rationale

The LCME standard 7.9 is on interprofessional collaborative learning and requires medical schools to create IPE sessions beyond just learning about the roles and responsibilities of various healthcare professionals. To fulfill this standard, our curriculum should have learners from various health professions working together, beginning in their pre-clerkship years. Our new CareForward Curriculum (CFC) has no dedicated clinical expert to lead and longitudinally monitor the IPE aspect of our curriculum.

The faculty shortage has led to:

- Non-compliance of the LCME standard related to IPE.
- Students entering clerkship years without adequate knowledge about the roles and responsibilities of members of the care team.
- The lack of dedicated faculty to lead the IPE component of the curriculum in the clinical years and to document the nature of the sessions along with the assessed outcomes.

## Implementation/Components

- Engage with clinical departments to identify faculty who have the interest, expertise and time to perform the role.
- Invite faculty for auditions
- Appoint faculty
- Assist faculty with instructional resources and mapping out the IPE opportunities in the UME

## Investment/Resources

FTE of a primary care faculty

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES
YEAR 1	<ul style="list-style-type: none"> <li>• Present the opportunity to the primary care clinical departments</li> <li>• Discuss the option with interested faculty members</li> <li>• Interview potential candidates</li> <li>• Appoint the clinical faculty with a designated role</li> <li>• Explore and engage in collaborations with the School of HP and regional institutions (ODU, HU etc.) to design IPE learning sessions</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Review faculty evaluation reports for the part-time clinical faculty</li> <li>• Review student feedback and satisfaction reports on learning experiences</li> <li>• Review alignment of learning sessions with other components of CFC</li> </ul>
YEAR 3 and Beyond	<ul style="list-style-type: none"> <li>• Improved GQ scores</li> <li>• Improved readiness of our students in working in care teams during the intern year</li> </ul>

**Objective E1.6:** Enhance the operating room (OR) skills of interprofessional students with early introduction of asepsis and suturing technique within a longitudinal curriculum. This includes:

- Creating a dedicated mock OR suite to practice and master asepsis and suturing techniques.
- Allocating funding for the supplies necessary to create a four-year longitudinal curriculum for asepsis and suturing technique.

## Background and rationale

### *Asepsis and Suturing Technique*

Students are expected to have mastered asepsis and suturing techniques prior to their clinical rotations, however, there is currently a lack of space and a dedicated curriculum.

Current training lacks consistency due to space and funding to support a longitudinal course. Feedback regarding our students who rotate at local ORs at other institutions is that our students are not as comfortable in the OR setting. Student feedback from intersession, Surgery, OB-GYN, and Family Medicine consistently centers on requests for more training in asepsis and suturing technique.

Patient safety and improved infection control is the ultimate goal.

### Space considerations

Currently, space is limited due to multiple programs' need for this curriculum and the number of scrub sinks in the CAST room. The CAST room is utilized by the PA, Med Masters, SA and MD students for various courses.

The Sentara Center for Simulation and Immersive Learning has a small OR space without scrub sinks available for modeling asepsis technique.

Ideally, a space would be available that could accommodate a minimum of 25 students and that is similar to an OR suite, including storage space, OR table, lighting and scrub sinks to best prepare students for comfort in the OR setting.

Additionally, students would benefit from receiving individual suture kits and skins during the M1 year, with the supplies to practice asepsis and suturing technique at least once per semester.

## Investment/Resources

One time cost, \$400,000

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES
YEAR 1	<ul style="list-style-type: none"><li>• Implement an asepsis and suturing curriculum in Fall 2018</li><li>• Gather research data for curriculum assessment</li><li>• Engage multiple interprofessional programs and students</li></ul>
YEAR 2	<ul style="list-style-type: none"><li>• Review course evaluations</li><li>• Design and implement an improved asepsis and suturing curriculum</li></ul>
YEAR 3 and Beyond	<ul style="list-style-type: none"><li>• Improved preparation of graduates for residency</li><li>• Improved GQ results</li><li>• Better prepared students entering clerkship years</li></ul>

**Objective E1.7:** Create and fill an Assistant Dean for Assessment and Evaluation position. This position would implement an MD program-wide educational continuous quality improvement (CQI) initiative, conduct a comprehensive program evaluation plan prior to the 2020 LCME and SACS visits, advise faculty on best practices in grading, and monitor consistent grading policies across all four years of the MD program.

## Background and rationale

The LCME Standard 1 and element 1.1 requires us to engage in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, resulting in the achievement of measurable outcomes that are used to improve programmatic quality and ensure effective monitoring of the medical education program's compliance with accreditation standards. To fulfill this requirement the MD program should have a leadership position dedicated to perform this role and advise faculty on the same.

There continues to be a challenge in the pre-clerkship and clerkship years on educational-standard setting. This has led to inconsistency in grading policies and delays in reporting of grades. There is no centralized mechanism for accreditation compliance monitoring for both LCME and SACS for the MD program. Further, with Mr. Golay's transition into the role of Registrar, there is no dedicated person to oversee all the assessment activities.

## Implementation/Components

- Create a job description and assemble a search committee that comprises representation from key stakeholders.
- Post the vacancy in all potential venues.
- Review applicants, create shortlist and interview candidates.
- Invite finalists for a campus visit and in-person interview.
- Identify the finalist and offer the position.

## Investment/Resources

Recurrent funds for salary support

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES
YEAR 1	<ul style="list-style-type: none"> <li>• Create a job description and assemble a search committee with representation from key stakeholders</li> <li>• Post the vacancy in all potential venues</li> <li>• Review applicants, create shortlist, interview shortlisted candidates</li> <li>• Invite finalists for a campus visit and in-person interview</li> <li>• Identify the finalist and offer the position</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Design a comprehensive program evaluation plan</li> <li>• Formalize consistent grading policy standards across all four years</li> <li>• Conduct faculty development sessions on assessment best practices</li> </ul>
YEAR 3 and Beyond	<ul style="list-style-type: none"> <li>• Implementation of a educational CQI and program evaluation plan for the MD program</li> <li>• Better preparation for LCME</li> <li>• Improved process for data based decision making</li> </ul>

**Objective E1.8:** Establish EVMS as the global leader in Point of Care Ultrasound (POCUS) for undergraduate medical and health professions education.

## Background and rationale

Ultrasound is gaining significant momentum as a tool that improves patient care, reinforces student learning and provides avenues for both clinical and foundational sciences research. It provides opportunities for interprofessional education, exploratory learning, competency and skill based medicine and integration of foundational and clinical sciences.

EVMS continues to grow as a leader in ultrasound for medical education and has the opportunity to extend this skill set to health professions as well.

## Defined Objectives

- Elevate the EVMS brand through recognition as the premiere center of excellence in ultrasound education for both medical and health professions curricula.
- Provide EVMS graduates with a skill set that is “value added,” making them more competitive for residency training programs and employment.
- Provide research opportunities in ultrasound for students, residents and faculty.

- Leverage ultrasound programs as a commodity to improve student recruitment across multiple programs.
- Leverage ultrasound as a value-added offering to community faculty and residents by developing certificate granting training opportunities.
- Develop the first PhD in medical education with a tract for specializing in ultrasound education.
- Leverage ultrasound as a vehicle to become a leader in competency-based medical education.
- Reduce the reliance on informal volunteerism for the delivery of the ultrasound curriculum by formalizing electives and a system of providing students work-study support programs.

## Implementation/Components

- Correct the undersized staffing for curricular expansion in MD and HP programs.
  - Hire a full-time staff member for operational logistics support.
  - In the future, hire a full-time lecturer/sonographer.
  - In the future, hire a full-time assistant or associate professor with RDMS certification and teaching experience.
- Strategically reassess curricular objectives and timing of events to be meaningful and repetitive progressions towards measures of competency – publish the curriculum and offer the assessment and delivery components to other schools.
- Address equipment needs to match ultrasound institutional goals by providing students with the option to graduate with an ultrasound probe in their possession to become change agents in their residency, regardless of specialty or location.
- Restructure and rename the ultrasound program at EVMS to reflect the comprehensive nature and inclusion of multiple programs. The Sonology Education Research and Teaching Center or Committee (SERT) should be formalized to provide a marketing platform for recruitment, marketing and branding.
- Create a new organizational structure to include a Director and Associate Director.
- Strategically develop a plan to market the EVMS ultrasound programs across academic communities, clinical practice communities and service-based communities at local, national and international levels.
- Develop an ultrasound research advisory group that focuses on publication.

## Feasibility/Assessment

EVMS is fortunate that we have already invested in the ultrasound infrastructure to become leaders in ultrasound education. By strategically restructuring the effort and setting appropriate benchmarks, each of the objectives are within reach.

Unlike many schools which struggle with ultrasound, we have more trained faculty, more hand held machines and more ultrasound spaces than most across the country. The largest continuing cost and biggest threat to the mission success is the lack of necessary personnel to deliver and manage the complex logistics of the ultrasound curriculum.

Costs for equipment in ultrasound continue to decrease and technological advancements will soon be cost effective enough to provide all students with a probe.

## Investment/Resources

Personnel:

- Stipend for Director of Ultrasound
- Hire a full-time staff member for operational logistics support
- In the future, hire a full-time lecturer/sonographer
- In the future, hire a full-time Assistant or Associate Professor with RDMS certification and teaching experience.
- EVMS marketing plan and recruiting materials focusing on ultrasound

- Equipment expansion for expanded programs and certification offerings
- Travel support for students and faculty presenting at conferences
- Local support for conference hosting and ultrasound event hosting
- Work study student funding to reduce reliance on volunteerism

## Project Leader

SERT Director  
 SERT Associate Director  
 Advisory Members  
 Medical Education

## Performance Metrics

- Curricular resources and logistical map for planning and budgeting
- Curricular plans for each program mapping competencies to events and assessment
- Residency preparedness survey
- Student feedback/satisfaction surveys on ultrasound programs
- Development of Community Ultrasound Training Certificate Program
- Hosted events
- Publications in peer-reviewed journals
- Applicant interest surveys for success of ultrasound marketing
- Number of students graduating with RDMS certifications
- Ultrasound faculty leadership roles in national/international ultrasound societies

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Restructure ultrasound programs into SERT &amp; form advisory committee.</li> <li>• Perform a curricular gap analysis for ultrasound.</li> <li>• Hire a full-time ultrasound lab manager/administrative assistant for logistical and operation support.</li> <li>• Hire an RDMS ultrasound instructor interested in the pursuit of a PhD in Medical Education with a special focus on Ultrasound Education.</li> <li>• Shore up existing ultrasound events in the curriculum and their assessment from the gap analysis.</li> <li>• Develop clear goals for each program with objectives, EPA's of graduates and competency measures.</li> </ul>	<ul style="list-style-type: none"> <li>• Hire an RDMS experienced sonography educator – preferably a non-practicing MD (a few possible candidates identified, Assistant or Associate, 10- month contract at \$80-90,000).</li> <li>• Develop a student ultrasound competition for delivery with the winners being sent to a national conference to compete as representatives of EVMS. (Wake Forest SUSME conference Sept 2018)</li> <li>• Host ultrasound conferences (2018 Operation Smile NEXT conference – May 2018 – and Host IFSER conference July 2018)</li> <li>• Develop ultrasound event-based templates for logistics, budgeting for each event and programmatic delivery costs.</li> <li>• Explore possibility of graduating students with probes in their hands.</li> </ul>

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 2	<ul style="list-style-type: none"> <li>• Begin integration of the EPA based curricular objectives.</li> <li>• Publish a manual for other institutions based on Event Based Ultrasound Education cookbook.</li> <li>• Develop a certificate pathway for student/faculty and residents interested in attaining RDMS certification prior to graduation (power users) offer certificate components to outside institutional faculty involved in ultrasound integration.</li> <li>• Develop electives and research opportunities with some associated funding for students focused on ultrasound education or research. Approximately \$8,000 per year.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement a system for paid TA positions for power users of ultrasound to reduce the strain on volunteers.</li> <li>• Propose that EVMS host SUSME conference and WINFOCUS conferences in 2020 and 2021 respectively.</li> <li>• Implementation of the longitudinal PA/SA ultrasound curricula – presented at AAPA conference.</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Recruitment surveys show the high interest of the US program for applicants</li> <li>• Certificate programs for US are becoming stable in attendance numbers and revenues as more medical schools look to start ultrasound programs</li> </ul>	<ul style="list-style-type: none"> <li>• Host SUSME conference – Sept 2020.</li> <li>• SERT center collectively produces three to five manuscripts/platforms for publication and presentation at national/international conferences.</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• SERT leadership begins to make impact in professional US society by obtaining leadership roles.</li> <li>• Graduate Survey reflects their immediate impact as valued residents due to their ultrasound competencies and skills. As do comments from residency directors reflecting their pleasure with the skill levels of the residents/employees from EVMS programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Host WINFOCUS conference – Sept 2020</li> <li>• First residents are arriving at residency with an ultrasound probe in their pocket ready to affect change.</li> <li>• Ultrasound focused community service and research articles from EVMS student efforts start to be published.</li> </ul>

**Objective E1.9:** Support the supervision, administration, and growth of EVMS Global Health programs.

### Background and rationale

There is a well-documented demand for global-health training and experience among undergraduate medical education and graduate medical education trainees nationally, that is mirrored by a clamoring for global health education among current applicants, undergraduate and graduate medical and health profession trainees, staff and faculty at EVMS.

The majority of U.S. medical schools have global health institutes, initiatives or programs to support global health training. Regionally, UVA has a well-staffed Center for Global Health and Global Public Health Studies track/certificate programs, and VCU has a well supported Global Health and Health Disparities Program to strengthen global health education and training.

Institutional support for EVMS Global Health programs will advance the educational mission of EVMS by:

- ❑ Reinforcing the integrated training, scholarship and community action of medical and health professions students, graduate medical trainees, faculty and Hampton Roads community members.
- ❑ Enhancing the quality of the EVMS medical education curriculum and positioning EVMS trainees favorably in the competitive climate of graduate medical education.
- ❑ Facilitating the breadth of scholarship presented on behalf of EVMS in regional, national and international settings.
- ❑ Building a safe, sustainable, ethical, well-supervised framework for global health training and research.

### Implementation/Components

- ❑ Hire a full-time program administrator to provide administrative support for work with community partners, students and EVMS faculty/staff in implementation of community-engaged Global Health programs.
- ❑ Support all travel necessary to build global health partnerships, present EVMS global health scholarship and program outcomes and supervise EVMS global health initiatives.

### Feasibility/Assessment

- ❑ The EVMS Director of Global Health oversees the ethical and sustainable development and implementation of interprofessional global health education programs, training opportunities and scholarship within EVMS Academic Affairs and in partnership with local, national and international multi-sectoral global health organizations.
- ❑ The EVMS Director of the Global Health will supervise the Global Health Program Administrator in the provision of staff support for educational programs, training opportunities and scholarship.
- ❑ The Director and staff of Global Health program will travel as necessary to provide supervision of local and international EVMS Global Health sites including leadership meetings with international partner organizations, direct supervision of EVMS trainees and presentation of program content and outcomes.
- ❑ The Director and staff of the EVMS Global Health program will implement systematic monitoring and evaluation of program outcomes including scholarship, community engagement and impact, and long-term academic and global health-related activities of EVMS trainees and faculty/staff.

Benefits to EVMS, faculty and students include:

- ❑ **Reputation.** A robust Global Health program with well-supported educational and training opportunities will attract high-quality trainees and faculty to the institution, and will reinforce EVMS as a school of medicine and health professions that was created by, and for, the community.
- ❑ **Institutional support.** The Global Health program substantiates the vision of the institution and the mission area of community-oriented education and healthy equity as (a) an academic priority and (b) a vital component of any medical or health professions career pathway.
- ❑ **Inspiration and Collaboration.** Participation in EVMS Global Health training programs, community initiatives and fieldwork provide the EVMS community with opportunities to act together upon a shared vision and to engage principles of advocacy and global health equity.

Benefits to EVMS students:

- ❑ Provides students with opportunities to integrate highly desirable global health education, training and scholarship into their medical and health professions education.
- ❑ Fosters student scholarship and leadership in local, national and international forums/organizations, positioning trainees favorably when applying to graduate medical education programs and future clinical and leadership roles.
- ❑ Brings trainees into contact with diverse community and global health mentors from across the EVMS campus and from a cohort of national and international leaders in global health and health equity.
- ❑ Leads to acquisition of valuable clinical, social and research skills that will positively inform trainees' future clinical and community pursuits.

## Investment/Resources

- Protected time for staff responsible for Global Health program administration.
- Funding for all student and faculty travel required for supervision of EVMS Global Health sites, support of EVMS Global Health partnerships and presentation of EVMS Global Health scholarship.

## Project Leader

Academic Affairs and Director of Global Health

## Performance Metrics

- Hiring of Global Health Program Administrator
- Inventory and review of EVMS Global Health initiatives and activities
- The number of trainees and faculty who engage in EVMS Global Health programs and their career progression
- Evaluation of the Global Health program including trainee satisfaction as related to specific global health initiatives and electives, impact on specialty and practice choices, scholarship and institutional outputs

**Objective E1.10:** Increase the number of individuals available to provide academic counseling services to learners at EVMS in order to improve student performance on assessments, including high-stakes USMLE exams .

## Background and rationale

There is an increased need for support of MD students to better prepare them for USMLE Step 2 CK (Clinical Knowledge). Our success with Step 1 is, in part, due to the frequency of meetings with struggling students. It would be beneficial to have additional support to meet the same need for Step 2 CK. If utilization of academic support services continues at the current rate, there will be an approximate 10% increase compared to last year, which was the largest utilization to date.

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES
YEAR 1	<ul style="list-style-type: none"><li>• Create a job description and assemble a search committee</li><li>• Complete hiring of acceptable candidate</li></ul>
YEAR 2 and Beyond	<ul style="list-style-type: none"><li>• Improve performance on internal assessments as well as USMLE Step 2 CK</li><li>• Improve student retention</li></ul>

## Goal E2: Strengthen the School of Health Professions educational program.

**Objective E2.1:** Hire one new full-time Biostatistics faculty member to deliver coursework for the Master of Healthcare Analytics (MHA) and Master of Public Health (MPH) programs. The faculty member also will be tasked with research and service activities as appropriate.

### Background and rationale

Four programs in the School of Health Professions — Master of Public Health (MPH), Master of Healthcare Analytics (MHA), Master of Healthcare Delivery Science (MHDS), and Doctor of Health Sciences (DHSc) — rely on a Biostatistician to deliver course content. Faculty within these programs, supplemented by planned support from HADSI personnel, will synergistically deliver seven courses. However, the MPH and MHA programs have a total of four courses that will not be covered beginning in fall 2018. Therefore, hiring a full-time Biostatistics faculty member is mission-critical for these academic programs. The faculty member will also be tasked with research and service activities. The new Biostatistician will be appointed in the School of Health Professions (SHP), MHA program, with 35% effort shared with the MPH program.

### Implementation/Components

Approve and fund the new Biostatistics faculty position, and allow the MHA Program to recruit and fill the position as soon as approved.

### Feasibility/Assessment

Hiring a new Biostatistics faculty member is mission-critical for the MPH, MHA, MHDS and DHSc academic programs.

### Investment/Resources

One FTE Biostatistics faculty member: salary plus 15% fringe at approximately \$138,000.

### Project Leader

Vice President and Dean of the School of Health Professions

### Performance Metrics

Biostatistics faculty member hired in FY19

### Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"><li>Approval and funding of Biostatistics faculty position.</li></ul>	<ul style="list-style-type: none"><li>Hiring of Biostatistics faculty position.</li></ul>

**Objective E2.2:** Hire one new full-time Health Management and Policy faculty member to deliver coursework in the MPH program, as well as support courses in the MHA, MHDS, and DHSc programs. The faculty member also will be tasked with research and service activities as appropriate.

### Background and rationale

The MPH program currently has one full-time faculty member who is part of the Health Management and Policy Track of the program. This faculty member is also the Program Director. Courses are being delivered using a mix of part-time EVMS faculty (the Dean and Associate Dean in the School of Health Professions) and Community Faculty. Advising and Community Practicum are being managed by the Program Director. In addition to the MPH program, the MHA, MHDS and DHSc programs demand a total of four courses from faculty with this expertise. The faculty member will also be tasked with research and service activities. Hiring a full-time Health Management & Policy faculty member is mission critical for these academic programs. The new Health Management and Policy faculty member will be appointed in the SHP, MPH program.

### Implementation/Components

Approve and fund the new Health Management and Policy faculty position and allow the MPH program to recruit and fill the position as soon as approved.

### Feasibility/Assessment

Hiring a new Health Management and Policy faculty member is mission-critical for the MPH, MHA, MHDS, and DHSc academic programs.

### Investment/Resources

One FTE Health Management and Policy faculty member: salary plus 25% fringe at approximately \$138,000.

### Project Leader

EVMS Vice President and Dean of the School of Health Professions

### Performance Metrics

Health Management and Policy faculty member hired in FY19

### Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>Approval and funding of Health Management and Policy faculty position.</li> </ul>	<ul style="list-style-type: none"> <li>Hiring of Health Management and Policy faculty position</li> </ul>

**Objective E2.3:** Provide approximately five faculty/staff within EVMS (per year) the opportunity for tuition waivers. (No funding required.)

### Implementation/Components

The selection and award process will be developed by the Vice President and Dean of the School of Health Professions and the Vice Dean for Faculty Affairs and Professional Development.

### Feasibility/Assessment

EVMS does not offer a tuition waiver benefit to employees. This effort will provide funding for up to five faculty/staff who wish to enroll in SHP certificates or programs, waiving tuition for a maximum of two years subject to continuing employment at EVMS.

### Investment/Resources

Students will be incorporated into existing programs on a space available basis and will not require an additional investment.

### Project Leader

EVMS Vice President and Dean of the School of Health Professions

### Performance Metrics

- Tuition waiver policy developed and implemented in FY19.
- Tuition waiver policy implementation continues in FY20-FY22.

### Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Approval</li> <li>• Tuition waiver policy, including selection and award process, developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Tuition waiver policy implemented.</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Tuition waiver policy implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Tuition waiver policy implemented.</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Tuition waiver policy implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Tuition waiver policy implemented.</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• Tuition waiver policy implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Tuition waiver policy implemented.</li> </ul>

**Objective E2.4:** Create and implement a marketing plan for new certificate programs offered through the School of Health Professions.

### Implementation/Components

Working in conjunction with EVMS Marketing and Communications, develop and implement promotional activities to market new certificates offered through the School of Health Professions.

### Feasibility/Assessment

There is growing demand for academic-and practice-based skillset training (sometimes referred to as badges) outside of degree programs. New certificate programs are being developed to meet these market demands and, once developed, will require marketing resources.

### Investment/Resources

New certificate marketing expenses: \$120,000 one-time cost with implementation in FY19-FY22.

### Project Leader

EVMS Vice President and Dean of the School of Health Professions

### Performance Metrics

- Marketing plan developed and implemented FY19.
- Marketing plan implementation continued FY20-FY22.

### Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Approval and funding.</li> <li>• Marketing plan developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing plan developed and implemented.</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Marketing plan implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing plan implemented.</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Marketing plan implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing plan implemented.</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• Marketing plan implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing plan implemented.</li> </ul>

**Objective E2.5:** Improve the educational infrastructure for distance education programs by renovating the studio to include reconfigured layout, furniture replacement, upgraded recording space and new equipment.

### Implementation/Components

- Engage A&E process to create the optimum space for Distance Education work and equipment. – SHP funded.
- Renovate studio to include reconfigured layout and furniture replacement – previously estimated to cost \$35,500; new estimate needed based on A&E proposal.
- Upgrade recording space, previously estimated to cost \$9,220; new estimate needed based on A&E proposal.
- Obtain updated vendor quote, receive and install new equipment (approved 911825).

### Feasibility/Assessment

The Lester 333 studio renovation, upgrade and lifecycle equipment replacement is mission-critical for Distance Education at EVMS to accommodate a growing program and to support on-ground instruction as needed. Per meetings in Fall 2017 with EVMS Director of Facilities, all present concurred that the approach we are now proposing is the ideal approach that will result in a studio space that is optimized for the work needed to support the student learning experience (our highest priority). Any delay will encumber the student experience and continue less-than-ideal working conditions for studio personnel.

### Investment/Resources

- Phase 1 of the capital project (\$50,000) is waiting on the A/E design work.
- User requirements/scope of work for phases 1, 2, and 3 of the total project was submitted to the EVMS Director of Facilities in late Fall 2017.
- Facilities will review and finalize the user requirements/scope of work. This document will be used to choose an A/E and obtain a design proposal. Facilities, with input from appropriate personnel, will negotiate the final proposal. The design scope of work includes full design for phases 1, 2, and 3.
- SHP will fund the A/E proposal and design work, which should be underway.
- In order to fix a number of issues, found in the original studio build out (previously estimated to be \$32,100, keeping in mind that the current proposal may cost more pending the A&E optimized plan):
  - Expand the overall footprint of both the control room and studio. A video production control room, typically has operating positions for two or more people. With its current limited footprint, only one person can operate 333 at a time.
  - Address issues surrounding ambient noise, which negatively impact recording quality. Noise from HVAC located in the studio ceiling is especially problematic. Post construction W.M. Jordan attempted to fix this, but only dampened the noise.
  - Reconfiguration of 333A's studio lighting grid and electrical.
  - Strip, sand and re-paint 333's Chroma key wall, adding two sides and a floor sweep.
  - Add 333 to Lester's emergency generator. Goal is not to run 333 for a long period of time, in an outage; rather, to permit a recording to finish and hardware to be shut down or notify students in a live distance class of the outage.

## Project Leader

EVMS Vice President and Dean of the School of Health Professions

## Performance Metrics

- A&E plan – Spring 2018
- Renovations and upgrades, equipment and furniture purchases – Summer/Fall 2018
- Fully-functional optimized studio by December 31, 2018

## Timeline & Deliverables

<b>STRATEGIC PLANNING YEAR</b>	<b>DELIVERABLES Months 1-6</b>	<b>DELIVERABLES Months 7-12</b>
YEAR 1	<ul style="list-style-type: none"><li>• Approval and funding of project March 2018</li><li>• A&amp;E plan selected March 2018</li><li>• Quotes updated March 2018</li><li>• Renovation and upgrade work begins by Summer 2018</li></ul>	<ul style="list-style-type: none"><li>• Equipment and furniture purchased and installed</li><li>• Renovation and upgrade work completed by December 31, 2018</li></ul>

**Objective E2.5:** Develop and implement an external-assessment process for School of Health Professions academic programs that do not have an accrediting body (currently 13). SACS and LCME require external and periodic program assessments.

### Implementation/Components

Hire consultants to guide the development and implementation of a program assessment process for SHP academic programs that do not have an accrediting body

### Feasibility/Assessment

Program assessments are required by SACS and LCME. Several SHP academic programs are not accredited through accrediting bodies, and require an assessment process to maintain compliance with SACS and LCME.

### Investment/Resources

Hire consultants to guide the development and implementation of a program assessment process for the 13 SHP academic programs that do not have an accrediting body. This is a \$91,000 one-time cost with implementation beginning in 2018.

### Project Leader

EVMS Vice President and Dean of the School of Health Professions

### Performance Metrics

- Consultant hired and program assessment process implemented beginning in 2018.
- Program assessments completed by 2019.

### Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Approval and funding.</li> <li>• Consultants hired.</li> </ul>	<ul style="list-style-type: none"> <li>• Program assessment plan developed.</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Program assessments conducted.</li> </ul>	<ul style="list-style-type: none"> <li>• Program assessments conducted.</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Program assessments conducted.</li> </ul>	<ul style="list-style-type: none"> <li>• Program assessments conducted.</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• Program assessments conducted.</li> </ul>	<ul style="list-style-type: none"> <li>• Program assessments conducted.</li> </ul>

## Goal E3: Develop and implement a Strategic Enrollment Plan for EVMS educational programs.

**Objective E3.1:** Hire a consultant to guide the process of development and implementation of the plan.

**Objective E3.2:** Develop an annual recruitment plan that supports the admissions and enrollment needs of all EVMS educational programs.

**Objective E3.3:** Develop a marketing and communications outreach plan to support recruitment efforts.

**Objective E3.4:** Produce admissions and enrollment marketing materials.

### Feasibility/Assessment

Developing and implementing a Strategic Enrollment Plan for EVMS' educational programs is mission-critical for continued academic and financial success. Each of the four components are keys to this strategic initiative.

### Investment/Resources

- Hire a consultant to guide the process of development and implementation of the plan: A \$50,000 one-time cost with implementation in 2018-2019.
- Development of an Annual Recruitment Plan: A \$24,000 one-time cost with implementation in 2018-2022.
- Development of a Marketing and Communications Outreach Plan: A \$300,000 one-time cost with implementation in 2018-2022.
- Production of marketing materials: A \$50,000 one-time cost with implementation in 2018-2019.

### Project Leader

Associate Dean of Admissions and Enrollment

### Performance Metrics

- Consultant hired and Strategic Enrollment Plan developed in FY19.
- Annual Recruitment Plan developed in FY19 and implemented in FY19-FY22.
- Marketing and Communications Outreach Plan developed in FY19 and implemented in FY19-FY22.
- Marketing materials developed and produced in FY19.

### Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Approval and funding of each of the four components.</li> <li>• Consultant hired.</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Enrollment Plan developed.</li> <li>• Annual Recruitment Plan developed and implemented.</li> <li>• Marketing and Communications Plan developed and implemented.</li> <li>• Marketing materials produced.</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Annual Recruitment Plan implemented.</li> <li>• Marketing and Communications Plan implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Recruitment Plan implemented.</li> <li>• Marketing and Communications Plan implemented.</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Annual Recruitment Plan implemented.</li> <li>• Marketing and Communications Plan implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Recruitment Plan implemented.</li> <li>• Marketing and Communications Plan implemented.</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• Annual Recruitment Plan implemented.</li> <li>• Marketing and Communications Plan implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Recruitment Plan implemented.</li> <li>• Marketing and Communications Plan implemented.</li> </ul>

# Goal E4: Improve the clinical education sites for programs and maintain critical relationships with key educational partners.

**Objective E4.1:** Negotiate with key partners to maintain opportunities and increase teaching activity at clinical sites.

**Objective E4.2:** Provide administrative support to improve access to clinical teaching sites.

**Objective E4.3:** Increase the number of EVMS alumni willing to serve as clinical preceptors for third- and fourth-year medical students or physician assistant students. (No funding required.) Develop a complete list of EVMS alumni who currently serve as clinical preceptors and identify the reasons/ barriers for EVMS alumni that decline to serve as preceptors. Develop tailored marketing materials to educate alumni on the need for clinical preceptors and asking them to serve.

## Feasibility/Assessment

- Increased competition in certain markets in medicine (i.e. pediatrics, women’s health, etc.) makes it increasingly difficult to secure teaching sites.
- Barriers may include willingness of partners to want to continue to help teaching, logistics may increase difficulty, and volume of students may impede ability to obtain all students the same clinical exposure

## Investment/Resources

- Administrative support at sites to help facilitate teaching and scheduling of students.
- Do not anticipate any need for IT or other items.

## Project Leader

Director of Clinical Education Recruitment and Support

## Performance Metrics

- Successful increase in pediatric clinical rotation sites.
- Retention of other clinical sites that are key to several programs.

## Timeline & Deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Secure meeting with key pediatric medicine stakeholders and work to create new rotations.</li> <li>• Deliver increased support to community partners, both here and at distant sites.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor new sites for pediatrics, and keep sustained relationship with partner.</li> <li>• Monitor community partners’ feedback and involvement with students, and adjust support as needed.</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Continue to work with community partners in pediatrics and adjust student involvement as necessary.</li> <li>• Deliver increased support to community partners, both here and at distant sites.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor community partners’ feedback and involvement with students, and adjust support as needed.</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Develop an assessment of success of pediatrics involvement.</li> <li>• Continue with negotiations with key stakeholders to improve our reach into critical teaching areas of need.</li> </ul>	<ul style="list-style-type: none"> <li>• Create and deliver impact study to make recommendations for Year 4 deliverables.</li> <li>• Make recommendations for new or added support based on impact study and community willingness to participate.</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• Continue with supporting program as funded, and continue to gain feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• Determine feasibility of continuation of program from prior strategic planning period, and consider discussions to make permanent part of budget.</li> </ul>

**EVMS STRATEGIC PLAN FY19-FY22 Financial Projections**

**MISSION AREA: EDUCATION**

Goals/Objectives	One Time	Recurring				Recurring Total
		FY 2019 Year 1	FY 2020 Year 2	FY 2021 Year 3	FY 2022 Year 4	
<b>E1 Strengthen Undergraduate Medical Education</b>						
E1.1 Co-Modular Director 1 - Foundational Sciences	–	86,250	87,975	89,735	91,529	355,489
Co-Modular Director 2 - Foundational Sciences (MD)	–	172,500	175,950	179,469	183,058	710,977
Curriculum Coordinator	–	73,200	74,664	76,157	77,680	301,702
Professional Development	100,000	–	–	–	–	–
Office Furnishings	6,000	–	–	–	–	–
<b>Subtotal</b>	<b>106,000</b>	<b>331,950</b>	<b>338,589</b>	<b>345,361</b>	<b>352,268</b>	<b>1,368,168</b>
E1.2 Co-Clerkship Directors	–	172,500	175,950	179,469	183,058	710,977
Professional Development	100,000	–	–	–	–	–
<b>Subtotal</b>	<b>100,000</b>	<b>172,500</b>	<b>175,950</b>	<b>179,469</b>	<b>183,058</b>	<b>710,977</b>
E1.3 Academy of Educators - Director	–	23,000	23,460	23,929	24,408	94,797
Academy of Educators - Coordinator	–	54,900	55,998	57,118	58,260	226,276
Operating Budget	–	15,000	15,000	15,000	15,000	60,000
Travel/CME/Other	400,000	–	–	–	–	–
<b>Subtotal</b>	<b>400,000</b>	<b>92,900</b>	<b>94,458</b>	<b>96,047</b>	<b>97,668</b>	<b>381,073</b>
E1.4 Lead CareForward Curriculum (Assistant Professor)	–	86,250	87,975	89,735	91,529	355,489
<b>Subtotal</b>		<b>86,250</b>	<b>87,975</b>	<b>89,735</b>	<b>91,529</b>	<b>355,489</b>
E1.5 Expanded Interprofessional Education	–	57,500	58,650	59,823	61,019	236,992
<b>Subtotal</b>		<b>57,500</b>	<b>58,650</b>	<b>59,823</b>	<b>61,019</b>	<b>236,992</b>
E1.6 Enhance Operating Room Skills	400,000	–	–	–	–	–
E1.7 Assist. Dean for Educational Assessment	–	172,500	175,950	179,469	183,058	710,977
Office Furnishings	6,000	–	–	–	–	–
<b>Subtotal</b>	<b>6,000</b>	<b>172,500</b>	<b>175,950</b>	<b>179,469</b>	<b>183,058</b>	<b>710,977</b>
E1.8 Ultrasound Education - Co Director	–	11,500	11,730	11,965	12,204	47,398
Ultrasound Ed. - Admin. Support	–	61,000	62,220	63,464	64,734	251,418
Supplies	6,000	–	–	–	–	–
Additional Transducers	475,000	–	–	–	–	–
<b>Subtotal</b>	<b>481,000</b>	<b>72,500</b>	<b>73,950</b>	<b>75,429</b>	<b>76,938</b>	<b>298,817</b>

Goals/Objectives	One Time	Recurring				Recurring Total
		FY 2019 Year 1	FY 2020 Year 2	FY 2021 Year 3	FY 2022 Year 4	
E1.9 Global Health - Admin. Support	–	73,200	74,664	76,157	77,680	301,702
Travel/CME/Other	200,000	–	–	–	–	–
<b>Subtotal</b>	<b>200,000</b>	<b>73,200</b>	<b>74,664</b>	<b>76,157</b>	<b>77,680</b>	<b>301,702</b>
E1.10 Academic Counseling	–	46,000	46,920	47,858	48,816	189,594
<b>Subtotal</b>		<b>46,000</b>	<b>46,920</b>	<b>47,858</b>	<b>48,816</b>	<b>189,594</b>
<b>E2 Strengthen Health Professions Educational Programs</b>						
E2.1 New Faculty - Biostatistics	–	138,000	140,760	143,575	146,447	568,782
E2.2 New Faculty - Health Management & Policy	–	138,000	140,760	143,575	146,447	568,782
E2.1/2.2 Professional Development	30,000	–	–	–	–	–
Operating Costs/Furnishings	57,000	–	–	–	–	–
E2.4 Marketing New Certificate Programs	120,000	–	–	–	–	–
E2.5 Renovations to Distance Education A/V	50,000	–	–	–	–	–
E2.6 Program Assessments - Non Accredited Programs	91,000	–	–	–	–	–
<b>Subtotal</b>	<b>348,000</b>	<b>276,000</b>	<b>281,520</b>	<b>287,150</b>	<b>292,893</b>	<b>1,137,564</b>
<b>E3 Strategic Enrollment Plan</b>	424,000					
<b>E4 Clinical Education Sites</b>	210,000					
<b>Unallocated One Time Funds</b>	65,154					
<b>Total Strategic Plan Funding</b>	<b>2,740,154</b>	<b>1,381,300</b>	<b>1,408,626</b>	<b>1,436,499</b>	<b>1,464,928</b>	<b>5,691,353</b>

**FY22 Recurring Annual Funding 1,464,928**





**EVMS**  
Eastern Virginia Medical School

**Thriving in Our Missions:  
Our Roadmap for the Future**

# RESEARCH

**Goal R1: Enhance multidisciplinary research that aligns with funding opportunities, institutional goals and community health needs.**





## Strategic Planning Theme — RESEARCH

National funding trends at NIH and other agencies require team-focused, multidisciplinary approaches to biomedical research. Opportunities for mentoring and promoting diversity are sometimes included in these new NIH initiatives. Additionally, LCME standard 7.3 Scientific Method/Clinical/Translational Research states that the faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients and applied to patient care). *Functions and Structure of a Medical School March 2017* LCME standards also indicate students need opportunities for self-directed learning experiences and independent study, of which research is an important component.

Research at EVMS has several strengths, including a small but competitive cadre of NIH-funded faculty, collegiality, partnerships with healthcare systems and other universities and a focus on community health needs. This strength is tempered, however, by weaknesses in mechanisms for collaboration and team-building among researchers, infrastructure shortfalls, faculty recruitment challenges and opportunities for and engagement of learners. As a result, EVMS has lagged behind in being competitive for NIH and other awards. This strategic initiative seeks to address these threats to EVMS research by providing new opportunities for enhancing faculty competitiveness for extramural funding and enriching research experiences for learners. The latter is particularly important to helping our education mission and addressing the growing interest by medical students in longitudinal research opportunities.

Three key and synergistic objectives are targeted to accomplish this goal (see Figure 1). They focus on Resource Augmentation, Faculty Recruitment and Expanding Learner Research capacities. Resource Augmentation is largely centered on faculty collaborations, seed funding, equipment and software/data enhancements. Faculty Recruitment will involve advisory focus groups and start-up funds. Expanding Learner Research Capacities combines a Research Development Facilitator with stipends and mentor support. All objectives work in synergy to accomplish the Research Strategic Goal of enhancing multidisciplinary research that aligns with funding opportunities, community health needs and institutional goals for enhancing research opportunities for learners and promoting a diverse and cohesive faculty.

Research teams will be cultivated that enhance competitiveness for major extramural funding, promote collaborations for a diverse and cohesive faculty and enrich student and resident research opportunities and experiences to improve student learning about research and strengthen compliance to LCME and ACGME standards. Diversity and inclusion as well as community partnerships should be integrated in all mission areas.

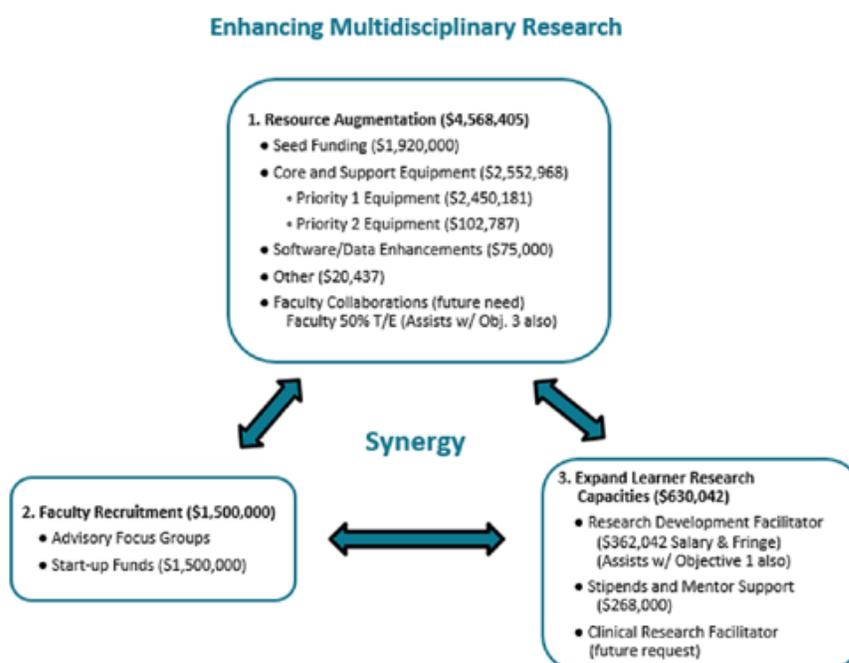


Figure 1. Strategic Plan Research Objectives: Interconnectedness of the three Research Objectives for Enhancing Multidisciplinary Research

# Goal R1: Enhance Multidisciplinary Research (MDR) that aligns with funding opportunities, institutional goals and community health needs

**Objective R1.1:** This objective is comprised of four specific and complementary elements: Faculty Collaboration, Seed Funding, Equipment Upgrades and Data Enhancements.

## 1. Faculty Collaborations for MDR

Key implementation components:

- Holding MDR-focused mini-meetings (Research Day as a potential venue)
- Encourage investigators to notify the Research office of MDR funding opportunities
- Identify MDR entry points in the funding-alert emails regularly sent out by the Research office
- Cultivate translational research that focuses on community health needs
- Utilize Research Development Facilitator hired in Objective 3 to assist with Objective 1
- Identify a faculty person in future years to act as a MDR Facilitator to assist in encouraging faculty to pursue MDR opportunities, help write multi-investigator and other grants and help seek industry collaborations with teams

**Justification:** The Research Development Facilitator will help promote faculty cohesiveness, facilitate new research opportunities for learners and help promote diversity and inclusion (in grant applications and with mentors and trainees) by seeking applicable funding opportunities.

## 2. Seed funding

Five types of Seed Funding Programs are planned. These components will build upon the success of past seed grant programs and provide a focus on MDR and involvement of students/learners in the research.

**Justification:** These seed funding programs are important to develop and maintain the MDR initiative. The various seed funds are required for writing successful grant applications as they will enable the generation of new data and methodologies to be incorporated into new MDR, competing renewal or first-time grant applications to major funding agencies. They will also allow for collaboration with external entities and capacity building for research projects available to students. By cultivating successful MDR grants, a return on investment (ROI) would be achieved in the form of indirect costs, publications and medical student participation in translational research. Additionally, the seed funding for individual researchers would bring stability to the EVMS research infrastructure and grow collaborations and community partnerships.

- MDR Internal Grants:** Foster competitive external MDR grant applications
  - Each year fund 1-2 two-year MDR grant applications @ \$100,000 per year, totaling \$200,000 yearly x 4 years = \$800,000 total
  - Encourage external collaboration with community partners, industry and academia to add targeted expertise on a fee basis. At least 75-85% of funds remains at EVMS.
- Vice Dean for Research Grant Enhancement Fund (GEF):** These funds will provide for up to \$25,000 annually to investigators to aid with developing data for addressing criticisms from previously submitted grants to major funding agencies, i.e. NIH, etc.
  - Modeled after the existing GEF grant-funding mechanism
  - \$125,000 annually x 4 years = \$500,000 total
- Seed Funding for Pilot Projects by individual investigators:**
  - Dollar amounts: \$10,000 - \$25,000 total per funded seed grant
  - Welcome external collaboration on a fee basis
  - At least 75-85% of funds remain at EVMS
  - Potentially award 2 pilot seed grants annually (\$50,000 yearly x 4 Years = \$200,000 total). Education research will be included.

- **Clinical Research Seed Funding:** This funding seeks to provide clinician scientists with funds for pilot projects, coordinator assistance, assays and other feasibility studies that will result in investigator-initiated clinical trials.
  - Administered by the Research office
  - Involvement of students/residents encouraged
  - Estimated \$100,000 per year x 4 years = \$400,000 total.
- **Seed Funds for Research Professional Development:** The aim of this seed funding program is to provide support to investigators wishing to learn a new technique, software application or clinical/translational model in another laboratory or institution.
  - Funds for travel and supplies are requested at \$5,000 per year x 4 years = \$20,000 total.
  - This aspect of seed funding would be performed in collaboration with the Faculty Affairs office and complement current PEG grant funding.

**Review and selection components:**

- MDR Internal Grants:
  - Requiring Letters of Intent (LOIs) is the first step to streamline the review workload. LOIs of less competitiveness may not be invited for full applications
  - Subsequently, a two-tiered review process will be used – first, by an internal review group which identifies applications to go for external review
  - Holding open meetings between external reviewers and applicants, aiming at increasing the success rate of the future/actual MDR applications
  - Principal Investigators must identify clear milestones for success
  - Student training opportunities are an important review criterion
  - Encourage MDR applications to consider health disparities and to involve community partnerships and/or focus on community health.
- GEF and seed funding for individual investigators and clinical research:
  - Using existing internal grant review mechanisms to prioritize seed applications
  - Principal Investigators must identify clear milestones for success
  - Student training opportunities are an important review criterion.
- Research Professional Development Funds:
  - Work in collaboration with Faculty Affairs office
  - Selection criteria based on probability of bringing a new technology to EVMS for MDR and other clinical research.

**3. Equipment Upgrades for MDR**

Several new analytical tools are required to undertake competitive MDR at EVMS. These complement and expand existing Core equipment capabilities for translational research in EVMS areas of research focus and provide upgrades to the training environment for biomedical graduate students and medical students.

Additionally, several essential research support items are aged and in need of replacement. Among these are centrifuges, freezers and freezer alarms systems, autoclaves, and isotope counters.

Support for Core service contracts is necessary to ensure efficient utilization and maintenance of core equipment. For Year 1, \$127,968 will be used to help with repairs and maintenance for existing equipment, annual Minus 80 alarm service fees and servicing major equipment not on a service contract (confocal, flow cytometer, cell sorter, etc.). Some of these funds will be used for consultant purposes to evaluate best practices for core utilizations like the biorepository, and \$4,500 will be used for a one-time purchase of 15 additional poster boards for Research Day. For Years 2-4, approximately \$153,000-\$161,000/year will be used to meet service contract costs for new equipment

(nanostoring, etc.). Annual Service Contract costs to be reviewed and approved by the Research office and based on usage over multiple years and NIH grant funding dependent on the equipment. This will help to centralize and coordinate core facilities at an institutional level and keep costs of use competitive for our faculty. Additionally, after obtaining these equipment upgrades, EVMS' participation in the equipment-sharing agreement with other Virginia institutions creates both the possibility for new research collaborations and collection of user fees to further offset service contract costs in the years subsequent to this Strategic Plan.

A detailed listing of these equipment items, with location, justifications and alternate funding sources if needed, is provided in the attached table. Estimated costs for Core Equipment Enhancements/Upgrades and all Priority Research Support Items, including maintenance, total \$2,552,968. Included in this total is \$142,600 for Minus 80 Alarms and monitoring for Tier 1 and Tier 2 priority freezers. This request, as with maintenance support, is a first step in an initiative to institutionalize research core services and support. The monitors will be part of a new policy to require monitors on all freezers with the selection of freezers for monitoring determined by the Research office. In the future, there may be a need to begin replacing old refrigerators and freezers with commercial-grade units.

#### 4. Data Enhancements

For a successful MDR program, it is required that faculty have resources to identify research expertise within EVMS and to share data within and outside of the institution. There currently is no reliable research database at EVMS for faculty as well as students to query. Other research-focused medical schools and universities have such databases, including ODU. Adopting such a database system would help to increase awareness within EVMS of projects occurring on campus to enhance collegiality and collaboration. EVMS also has mechanisms to allow data sharing, but the faculty poorly understand cloud-based data storage and sharing policies and processes. To address these needs, the Research subgroup requests the following:

- Funds and support to acquire software that creates and maintains a research database. A program such as VIVO (\$75,000, one-time fee) and the effort of the Research Development Facilitator (requested below in Objective 3) will be sought. VIVO will facilitate communication and collaborations within EVMS, and also with investigators at other institutions. In order to facilitate development of diverse research teams, the tool can be configured so our investigators' profiles will appear in queries made by investigators at other institutions who are using VIVO to search for new collaboration partners.
- A working group with IT, Research and Administration Data groups will be developed to clearly communicate or develop procedures for data collection, storage and sharing by and among investigators and students.

#### Feasibility/Assessment

The consensus of the subgroup is that the above outlined objectives are highly feasible.

SWOT analysis:

- Strengths:**
  - Research expertise within EVMS
  - Past experience of the Research office and the Dean's Research Advisory Committee in administering internal grant funding
  - Unique patient populations for clinical trials.
- Weaknesses:**
  - Resources
  - Aging equipment
  - Lack of database about EVMS research.

□ **Opportunities:**

- Increased communication between departments to help foster a cohesive faculty
- Aligning EVMS researchers with renowned field experts outside EVMS
- Enticing community partnership engagement through the internal grant-funding mechanisms
- Increase reputation of the medical and health professions schools and health partners (Sentara)
- Opportunities to secure outside funds for multidisciplinary research
- Collaborate with HBCUs within Hampton Roads and promote inclusion and diversity with grant supplements for MDR training of underrepresented students
- More opportunities for translational research and future grant support
- Enhance technology development and new local job creation
- Currently, more students are interested in participating in research than there are available projects at EVMS. More active research programs on campus create training opportunities for students of diverse background (relates to Objective 3)

□ **Threats:**

- Federal funding environment may shift at a fast pace
- The highly competitive nature of federal research funding
- Federal research budget limited
- Competition for student applicants from other medical schools with developed MDR programs.

□ **Synergy:** Completion of this objective will assist with the successful completion of:

- Objective 2 by
  - a. Fostering a collegial environment suited for MDR
  - b. Upgrading equipment and other resources for research
  - c. Increasing the visibility of EVMS research by utilizing a research database accessible to other institutions.
- Objective 3 by
  - a. Increasing the number of research projects available to learners
  - b. Facilitating the creation of EVMS mentor-learner teams via a research database.

## Investment/Resources

- Full-time support for a Research Development Facilitator, implemented in Year 1, to coordinate with the faculty on MDR opportunities, databases and opportunities for student research. (See Objective 3)
- Unused server space remaining from RedCap can be used to house research database software and data
- Dedicated 50% T/E for a faculty MDR Facilitator (Future need).

### SEED FUNDS

Item	Total Amount Requested
Annual MDR Seed Funds	\$ 800,000.00
Annual GEF Seed Funds	\$ 500,000.00
Annual Clinical Research Seed Funds	\$ 400,000.00
Annual Small Pilot Project Funds	\$ 200,000.00
Annual Research Professional Development Funds	\$ 20,000.00
<b>Seed Funds Total</b>	<b>\$ 1,920,000.00</b>

**CORE EQUIPMENT ENHANCEMENTS/UPGRADES**

Description	Quantity	Estimated Unit Cost	Estimated Total
Real-time imaging system (some overlap with Image Stream)	1	\$ 190,000.00	\$ 190,000.00
Fluorescence microscopes & cameras	2	\$ 50,000.00	\$ 100,000.00
Tissue culture incubator	1	\$ 6,000.00	\$ 6,000.00
nCounter Analysis System from NanoString	1	\$ 260,000.00	\$ 260,000.00
Nanostring Supplies	20	\$ 3,000.00	\$ 60,000.00
Image Stream - X (with violet laser, Multi Mag and workstation)	1	\$ 300,000.00	\$ 300,000.00
Odyssey Imaging	1	\$ 55,000.00	\$ 55,000.00
ISEq 100 NGS	1	\$ 20,000.00	\$ 20,000.00
Gel document system (Axygen)	1	\$ 5,500.00	\$ 5,500.00
Bioinformatics computers	6	\$ 2,200.00	\$ 13,200.00
Corning Life Sciences Axygen Gel Documentation System	1	\$ 5,500.00	\$ 5,500.00
Thermo Fisher Automated Cell Counter, Countless II FL	1	\$ 5,000.00	\$ 5,000.00
Allegra Centrifuge with plate rotors	1	\$ 7,500.00	\$ 7,500.00
Service Contract Support		varies	\$ 491,446.00
<b>Core Equipment Enhancements/Upgrades Total</b>			<b>\$ 1,519,146.00</b>

**PRIORITY 1 RESEARCH SUPPORT ITEMS**

Item	Quantity	Estimated Unit Cost	Estimated Total
Gamma Counter	1	\$ 63,652.08	\$ 63,652.08
LSC	1	\$ 68,112.61	\$ 68,112.61
Emergency Freezer	1	\$ 8,939.19	\$ 8,939.19
Ultracentrifuges	4	\$ 52,889.41	\$ 211,557.64
Minus 80 Alarms for 274 Priority Units	274	\$ 520.44	\$ 142,600.56
Annual Minus 80 Usage Fees for 274 Priority Units	4	\$ 27,968.00	\$ 111,872.00
Edstrom Panels	2	\$ 16,000.00	\$ 32,000.00
Optimouse Racks w/ Autowater	2	\$ 32,500.00	\$ 65,000.00
Tecniplast Rack	1	\$ 48,000.00	\$ 48,000.00
Autoclave Req. #1 - Lewis	3	\$ 37,755.75	\$ 113,267.26
Autoclave Req. #2 - Vivarium	1	\$ 66,034.00	\$ 66,034.00
<b>Priority Research Support Items Total</b>			<b>\$ 931,035.34</b>

**PRIORITY 2 RESEARCH SUPPORT ITEMS**

Priority	Item	Quantity	Estimated Unit Cost	Estimated Total
Second Tier	Gamma Counter	1	\$ 63,851.00	\$ 63,851.00
Second Tier	LSC	1	\$ 38,936.00	\$ 38,936.00
<b>Priority 2 Research Support Items Total</b>				<b>\$ 102,787.00</b>

## MULTIDISCIPLINARY RESEARCH COLLABORATION SOFTWARE

Short Name	Estimated Cost
VIVO Software (Open Source)	–
VIVO Set-up (configure software and set-up researcher profiles)	\$ 75,000.00
<b>Multidisciplinary Research Collaboration Software Total</b>	<b>\$ 75,000.00</b>

### Project Leaders

Drs. Jerry Nadler and William Wasilenko are the leaders overseeing the implementation of the Research-oriented Strategic Planning.

MDR team building will be by the Research Development Facilitator;

Seed grants and funding will be led by Dr. Nadler and the Research Advisory Committee;

Equipment upgrades will be directed by Drs. Nadler and Wasilenko and the Research Committee Chair or appointee;

Data sharing will be coordinated with Research Committee faculty and Dr. Wasilenko.

### Performance Metrics

Objective Elements	Performance Metrics
Faculty Collaborations for MDR	<ul style="list-style-type: none"> <li>MDR teams taking form and submitting grants; mentoring medical students</li> </ul>
Seed Funding – MDR Internal Grants	<ul style="list-style-type: none"> <li>Meeting distinct milestones defined by Principal Investigators</li> <li>An external grant must have been submitted after 1 yr of funding</li> <li>Number of students trained directly by the MDR grants</li> <li>Successful federal funding of eventual MDR applications</li> </ul>
Seed Funding for Pilot Projects by Individual Investigators	<ul style="list-style-type: none"> <li>Meeting distinct milestones defined by Principal Investigators</li> <li>Number of students trained directly by the seed grants</li> <li>Successful external funding</li> </ul>
Clinical Research Seed Funding	<ul style="list-style-type: none"> <li>Efficiency improvements in clinical trial opportunities and performance</li> </ul>
Equipment Upgrades	<ul style="list-style-type: none"> <li>Increased publications and grant support; enhancement of faculty retention and recruitment</li> </ul>
Improved databases and data sharing	<ul style="list-style-type: none"> <li>Improved opportunities for grant collaboration and student mentoring</li> <li>Number of faculty and students using the database</li> <li>Improvement of faculty understanding of data storage and sharing processes</li> </ul>

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Create job descriptions for the new Research Development Facilitator position to serve with MDR and student research.</li> <li>• Faculty Collaboration MDR Mini-retreat at Research Day</li> <li>• Establish baseline for existing collaborations/teams</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Develop grant and review process for all potential grants (seed and MDR)</li> <li>• Develop clinical seed support process</li> <li>• Announcement LOI for opportunity along with criteria</li> <li>• LOI Deadline</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>• Determine space requirements and locations for equipment</li> <li>• Obtain updated quotes and begin purchase of new equipment</li> <li>• Develop freezer policy</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>• Determine software requirements</li> <li>• Obtain updated quotes and begin purchase of database software for research</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Recruit and hire the Research Development Facilitator</li> <li>• Plan and hold additional faculty collaboration event(s) targeted to specific grants</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Review LOI submissions</li> <li>• Full proposals due</li> <li>• Internal and external reviews</li> <li>• Review and announce full proposal winners</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>• Purchase and install new equipment</li> <li>• Purchase Minus 80 alarms and monitoring for Priority freezers</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>• Begin creating research database and data sharing processes and training</li> </ul>
YEAR 2	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Plan and hold additional faculty collaboration event(s)</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Quarterly - progress reports due for all grants</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>• Complete installation of new equipment</li> <li>• Purchase any remaining Minus 80 alarm units and monitoring</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>• Complete research database and conduct database training</li> <li>• Inform learners new research database available for use</li> <li>• Conduct training on data collection, storage, and sharing processes</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Plan and hold additional faculty collaboration event(s)</li> <li>• Determine number of new collaborations/teams established</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Final Progress report due</li> <li>• Quarterly – progress reports due for all grants</li> <li>• Determine number of students who worked on seed fund projects</li> <li>• Award Year 2 funding</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>• Training on equipment use</li> <li>• List new equipment on state shared equipment website</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>• Regular research database updates</li> <li>• Inform regional universities and companies for collaboration opportunities</li> </ul>

<b>STRATEGIC PLANNING YEAR</b>	<b>DELIVERABLES Months 1-6</b>	<b>DELIVERABLES Months 7-12</b>
YEAR 3	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Plan and hold additional faculty collaboration event(s)</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Prepare submission to Federal (R21/R03 or non-profit)</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>Training on equipment use</li> <li>Equipment utilization data</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>Regular research database updates</li> <li>Conduct database training</li> <li>Conduct training on data collection, storage, and sharing processes</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Plan and hold additional faculty collaboration event(s)</li> <li>Determine number of new collaborations/teams established</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Final progress report due</li> <li>Quarterly – progress reports due for all grants</li> <li>Determine number of students who worked on seed fund projects</li> <li>Award Year 3 funding</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>Training on equipment use</li> <li>Equipment utilization data</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>Regular research database updates</li> <li>Remind regional universities and companies for collaboration opportunities</li> </ul>
YEAR 4	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Plan and hold additional faculty collaboration event(s)</li> <li>Grant writing assistance provided</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Quarterly – progress reports due for all grants</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>Training on equipment use</li> <li>Equipment utilization data</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>Regular research database updates</li> <li>Conduct database training</li> <li>Conduct training on data collection, storage, and sharing processes</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Plan and hold additional faculty collaboration event(s)</li> <li>Determine number of new collaborations/teams established</li> <li>Determine total number of MDR grants submitted/awarded</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Final Progress report due</li> <li>Determine number of students who worked on seed fund projects</li> <li>Determine number of MDR grants submitted/awarded related to seed grant projects</li> <li>Determine number of publications/presentations from seed grants</li> <li>Award Year 4 funding</li> </ul> <p>Deliverable #3</p> <ul style="list-style-type: none"> <li>Training on equipment use</li> <li>Equipment utilization data</li> </ul> <p>Deliverable #4</p> <ul style="list-style-type: none"> <li>Regular research database updates</li> <li>Download software updates</li> </ul>

**Objective R1.2:** Strategic recruitment of faculty to strengthen competitiveness in MDR. Currently, EVMS researchers successfully compete for extramural funding. However, many, if not most, successful EVMS researchers work independently from other EVMS faculty. Many RFAs coming from NIH, major foundations and other funding agencies are targeted opportunities, requiring investigators with diverse backgrounds to collaborate on a topic requiring multiple areas of expertise. Successful applicants for these opportunities will be diverse and cohesive multidisciplinary research teams that are already working together and who can rapidly generate preliminary data focused on the specific requirements of a funding announcement.

EVMS currently lacks a critical mass of faculty actively engaged in biomedical research needed to successfully compete for some of these targeted research grants. Strategic faculty recruitment should be conducted with the objectives of increasing the pool and diversity of funded, successful researchers at EVMS and strengthening institutional competitiveness for MDR opportunities. The ability to obtain more research dollars (especially from sources which provide indirect costs) will enhance the overall research enterprise and reputation at EVMS by supporting the research infrastructure, research administration and student involvement in research, ultimately increasing opportunities for collaboration and community partnerships. NOTE: The elements of Objective 1 above are crucial to the successful recruitment aims below.

### Implementation/Components

- A focus group of NIH-funded and other active researchers with diverse representation across EVMS should be formed under the oversight of the Vice Dean for Research and with assistance from the Research Advisory Committee and Research Development Facilitator. They will meet regularly to discuss multidisciplinary RFAs and PAs put out by NIH and other funding agencies. The group will also review statements of research priority areas routinely published by funding agencies. Attendees will discuss funding opportunities, identify what's needed to be successful and articulate gaps and missing equipment/technologies/people/etc. This group will identify areas of collaborative strength and important weaknesses within EVMS and propose possible industry or collaborative partners. Feedback from grant reviews will be collated to identify important gaps in expertise, equipment, facilities and other resources.
- Faculty recruitment for vacant positions in basic science and clinical departments should be conducted to include research experience/expertise as a primary criterion for candidate selection. New faculty recruits should be solicited and selected with significant emphasis on research expertise and the ability to bring a sustainable, active research program with a new idea or technology to EVMS. Recruitment will be sought that matches existing and future areas of strength and priority. One function of the focus group will be advisory to help the Vice Dean for Research to contribute to the process of research faculty recruitment. Representatives of the group will be included as members of all faculty search committees in order to have input at the beginning of the recruitment (establish goals of the recruitment, assist with ad writing and ad placement, and address diversity and inclusion in the recruitment), review applications and help select candidates for interview. The focus group will report to the Vice Dean for Research on priorities and resources needed for recruitment.

### Feasibility/Assessment

SWOT analysis:

- **Strengths:**
  - Strong base of existing, successful researchers/research programs at EVMS
  - Small school enhances collegial interactions between basic science and clinical faculty
  - Expertise and NIH funding in certain research areas
  - Collaborations in healthcare systems and data
  - Biorepository and proteomics offer unique resources.
- **Weaknesses:**
  - Small numbers of faculty positions will be open and available for recruitment within the 3-5 year time frame for assessment of the success of this component of the Strategic Plan

- **Opportunities:**
  - Focus group will identify needs in faculty recruitment
  - Focus group will assist in recruitment to ensure there is a diverse pool of applicants with active research programs and needed research expertise
  - Targeted recruitment will enable development of specific MDR teams within EVMS applicable to funding opportunities and/or community health
  - Participation in focus groups will create interactions and generate discussions among EVMS faculty and increase the likelihood of additional collaborations, both within EVMS and in partnership with external entities
  - Increased capacity for both EVMS research in general and student involvement in research.
- **Threats:**
  - Competing priorities during recruitment (education/clinical/other specific expertise needed by recruiting department) may not allow hire of a researcher with identified expertise
  - Lack of competitive salary and/or startup funds may discourage highly-qualified candidates from applying or accepting an offer from EVMS
  - Limited core facilities and lack of modern research labs (our labs are old and not at standards of many medical schools) may discourage highly-qualified candidates from applying or accepting an offer from EVMS.
- **Synergy:** Completion of this objective will assist with the successful completion of:
  - Objective 1 by
    - a. Strategically recruiting faculty for MDR teams
  - Objective 3 by
    - a. Increasing the number of research projects and mentors available to learners.

## Investment/Resources

- Competitive startup funds for new recruits. Estimate \$500,000 per recruit for three -five recruits (\$1.5 million total) over the next five years.
- Food refreshments/venue for focus group meetings
- Administrative support to coordinate focus group meetings (provided from Objective 3)
- Administrative support to require inclusion of focus group members as search committee members (provided from Objective 3)
- Additional section on the EVMS grants submission form to track success metrics.

## Project Leaders

Vice Dean for Research, Dr. Diane M. Duffy or other basic scientist, and Chair of the search committee

## Performance Metrics

- Recruitment Focus Group established and meets regularly
- Number of new faculty successfully recruited
- Increased numbers of grants submitted, especially MDR projects
- Increased % of submitted grants funded, especially MDR projects
- Increased patent applications, start-up companies and licenses that may generate revenue for EVMS
- Increased medical student and graduate student research opportunities in contemporary technologies, measured by Research Day posters, abstracts and presentations
- Similar metrics under seed grant support, discussed above.

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Creation of an ad hoc recruitment focus group</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Vice Dean and Chairs identify future recruitment slots</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Ad hoc recruitment focus group meets to discuss RFAs, research priority areas, identify strengths/weaknesses, possible collaborations, and helps to prioritize targeted recruitment strategies.</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Ongoing. Vice Dean and Chairs identify future recruitment slots.</li> </ul>
YEAR 2	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Ad hoc recruitment focus group meets to discuss RFAs, research priority areas, identify strengths/weaknesses, possible collaborations, and helps to prioritize targeted recruitment strategies.</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Focus Group reports to Vice Dean for Research on priorities and resources needed for recruitment</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Ad hoc recruitment focus group meets to discuss RFAs, research priority areas, identify strengths/weaknesses, possible collaborations, and helps to prioritize targeted recruitment strategies.</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Recruitment plan begins</li> </ul>
YEAR 3 and YEAR 4	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Ad hoc recruitment focus group meets to discuss RFAs, research priority areas, identify strengths/weaknesses, possible collaborations, and helps to prioritize targeted recruitment strategies.</li> <li>Invite new ad hoc members</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Focus Group reports to Vice Dean for Research on priorities and resources needed for recruitment</li> <li>Candidates interviewed/hired for vacant positions</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>Ad hoc recruitment focus group meets to discuss RFAs, research priority areas, identify strengths/weaknesses, possible collaborations, and helps to prioritize targeted recruitment strategies.</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>Recruitment plan continues</li> <li>Candidates interviewed/hired for vacant positions</li> <li>Number of students involved in projects with new faculty</li> <li>Number of collaborations initiated with new faculty</li> <li>Number of grants submitted/awarded by new faculty</li> <li>Number of patent applications, start-up companies, licenses</li> </ul>

**Objective R1.3:** Develop research education infrastructure, resources and mentored experiences for trainees to successfully engage in scholarly projects that meet the needs for EVMS educational program completion, future residency or fellowship opportunities and/or LCME/ACGME requirements. This objective is comprised of two specific and complementary elements: *Centralized Support and Coordination of Team-based Projects, and Development of Project Mentors.*

**1. Create mechanism of centralized support and coordination of inter-professional team-based scholarly projects that incorporate multiple levels of trainees (MD and Health Professions students and residents) and faculty as mentors or trainees.**

**Rationale/Justification:** Although EVMS currently provides research support infrastructure through the Research office, IRB, HADSI and individual departments and programs, this support is fragmented and not equally accessible to all EVMS trainees and faculty. There is a growing need for individuals who can coordinate research opportunities for learners and help learners, mentors and other faculty with preparation of protocols to the IRB. A designated Research Development Facilitator would provide a mechanism to catalogue and link current resources and help maintain databases of projects and mentor expertise, identify existing gaps and serve to centralize and facilitate the trainees' project experience with the faculty mentors. This designated position will help facilitate and monitor students' needs/learning and support faculty to focus on mentoring versus administrative issues. Also, the position will assist faculty with obtaining grants and NIH grant supplements to increase research by underrepresented students, thus enhancing diversity and inclusion. After year 2, this new position can also assist the Education subgroup and curriculum committee with contributing to development of components in the curriculum that provide research training, which likely will aid with future LCME requirements.

### Implementation/Components

- To accomplish this objective, we propose to create one new position. Note: This position is critical for the attainment of both this objective and aspects of Objective 1 (Resource Augmentation).
  - In Year 1, a Research Development Facilitator (individual with Masters or doctoral degree and research experience) to support and manage the centralized research education efforts of learners and coordinate MDR teams. Duties would include:
    - a. Facilitate creation of multidisciplinary research teams (Objective 1)
    - b. Provide support for Advisory Focus Groups (Objective 2)
    - c. Provide a mechanism to catalog and link current resources (Objective 1)
    - d. Provide ongoing support and updates for database of projects and mentor expertise (Objective 1)
    - e. Serve to centralize and facilitate matching trainees' project experience with faculty mentors (Objective 3)
    - f. Help facilitate and monitor students' needs/learning (Objective 3)
    - g. Assist Research office staff in finding funding opportunities matched to MDR team interests, EVMS-targeted research areas, regional needs (especially community health or health disparities) and national priorities (Objective 1)
    - h. Connect research teams with support for conducting and disseminating MDR and other research, aligned with aims of Objective 1
    - i. Beginning in Year 2, survey all current research training curricula (e.g., research methods courses, resident research workshops, faculty development) (Objective 3)
    - j. Work with faculty to develop a central repository of online curricula that can be accessed by faculty mentors and trainees (Objective 3).
  - The Research Development Facilitator position would report to and be located in the Research office. Total 4-year estimated cost (Salary & Fringe) for the position is \$362,042.

## Feasibility/Assessment

SWOT analysis:

### Strengths:

- EVMS is supportive to address this possibility. We have research-experienced faculty who truly want to work with learners, but having additional logistical support would increase the number of faculty engaged in clinical, translational or outcome research.
- Some research support already exists across EVMS, so there is opportunity to learn from faculty and staff current services that are most valued and which are in shortest supply.
- These positions represent a key component of the success of the Strategic Goal.

### Weaknesses:

- This would be a new position at EVMS, so there is no history of success.
- In establishing metrics to demonstrate the value of this position, short-term impacts (less than 2 years) may be subtle.
- It may take time for faculty and trainees to learn how to make the most of such a position.
- The current fragmentation of support is institutionalized and will require a change in the way we think about having research support.

### Opportunities:

- Other than the limited Summer Scholars program, there is no organized structure for medical and Health Professions learners to become involved in research at EVMS. Coordination of student research by the Research Development Facilitator will help increase the number of students involved in research at EVMS.
- Institutions outside EVMS have developed positions, curricula, infrastructure and policies that can serve as models.
- Centralized MDR support can lead to increased efficiencies, collaborations at EVMS, grants funded, partnerships with other institutions and promote economic development.

### Threats:

- A major obstacle is funding for this position.
- With uncertain research funding prospects at the state and federal levels, EVMS researchers will find it increasingly difficult to accept trainees into their research programs.

## Investment/Resources

- 4-year approximately salary and fringe of \$362,042 to recruit a Research Development Facilitator
- Office space and computer in Research office or other locations
- IT support for development of webpage of services (VIVO, etc.) (See Objective 1)

## Project Leaders

Research office - Vice Dean for Research with direct report to Senior Associate Dean for Research.

## Performance Metrics

- Number of faculty-trainee teams initiated
- Number of teams working with Research Development Facilitator
- Number of grant proposals submitted, funded, conference presentations and publications by new teams
- Faculty and learner satisfaction
- Increase in medical student project activity
- Increase in faculty reporting mentoring trainees
- Expect additional extramural funding and opportunities for economic development in the region by creating new jobs and industry collaborations.

## Future Need

We have identified the need for a Clinical Research Facilitator who would assist with the development of IRB protocols by learners and faculty. This is targeted as a future funding item to support the objectives in this strategic plan. The Clinical Research Facilitator (MS or comparable) would be an individual with experience in clinical research support or related experience in regulatory protocol preparation to the IRB. Main duties would include:

- Assist medical students, residents, and faculty with IRB protocol applications
- Collaborate with IRB personnel, Education personnel, and GME personnel in the development of research curricula, training and workshops on IRB processes for students, residents and clinical faculty/staff.

## 2. Identify and develop a cadre of EVMS faculty willing to serve as project mentors to trainees for summer research and research opportunities throughout the year. This will enhance the students' learning experiences.

### Implementation/Components

We will identify and/or recruit faculty members with a proven track record of research accomplishments and mentoring learners on scholarly project development and execution. An incentive process that compensates mentors for their time/effort with a trainee will include:

- Providing resources to defray costs of supplies, equipment, travel, and other research-related expenses
- Revising promotion policies and procedures so that faculty are given credit for mentoring trainees
- Encouraging Chairs to provide release time and recognition to faculty for student research mentoring.

### Feasibility/Assessment

SWOT analysis:

- Strengths:**
  - EVMS already has a small cadre of research-active faculty who have mentoring experience through such programs as SPUR and Summer Scholars for student and resident projects across clinical departments. Many EVMS faculty would like to mentor additional trainees as their time and career priorities permit.
- Weaknesses:**
  - Faculty, especially clinical faculty, don't have the protected time designated in their workload for mentoring experiences that count towards promotion. Trainee-conducted research requires more resources than EVMS currently provides. Mentoring often decreases both research and clinical productivity.

□ **Opportunities:**

- Currently, Summer Scholars stipends are not competitive. With the proposed additional stipend support, the Summer Scholars program will be able to expand.
- Through the newly created HADSI program, senior-level EVMS faculty and selected Sentara clinicians will be more accessible to serve as mentors.
- Nearby research institutions such as Old Dominion University, Norfolk State and William and Mary expand the range of disciplinary expertise and mentoring options.
- Although funding faculty mentors for trainees has not been done regularly before at EVMS, other institutions use this model and it has worked.
- By providing support for student publications and travel to present research, EVMS research will receive more exposure.

□ **Threats:**

- Competition for clinical revenues and possible shrinking of clinical care dollars as the healthcare system undergoes transformation may be powerful incentives for potential mentors to be hesitant to participate in research teams.
- Shrinking external research dollars to investigators is also a challenge.

□ **Synergy:** Completion of this objective will assist with the successful completion of:

- Objective 1 by
  - a. Assisting with the implementation of the research database
  - b. Providing support for MDR teams to seek external funding and generate revenue in the form of indirect costs
  - c. Providing support for mentor labs
  - d. Encouraging faculty to participate and/or mentor students by providing incentives and an environment conducive to completion of research
  - e. Providing additional learners to assist in mentors' labs
  - f. Assisting with locating funding opportunities for MDR grants
  - g. Increasing EVMS' visibility and reputation by providing awards for publication and/or presentation of research
  - h. Tracking the success/metrics of internal grants and reporting back to the Vice Dean for Research.
- Objective 2 by
  - a. Providing administrative assistance for the Recruitment Focus Group
  - b. Increasing EVMS' visibility and reputation by providing awards for publication and/or presentation of research
  - c. Maintaining the research database.

## Investment/Resources

Financial compensation for the individual mentor's program or lab (\$500 per student; estimate 30 students and the need for \$15,000 annually). Funds deposited into an incentive account to be used for such things as research costs and travel (local and to conferences).

Additional stipend support for the Summer Scholars and allied research mentor programs is requested at \$50,000 yearly combined with the current annual amount of \$25,000 from the Research office. This will provide support for 30 summer scholars per year, at \$2,500 per scholar and represents a \$500 per year stipend increase (about 15 new scholar positions). The Research committee will review stipend levels to evaluate if an adjustment in higher stipend levels is required.

Annual amount of \$2,000 to partner with the Education office to support student publications and/or travel to meetings to present research.

## Project Leaders

The Research office, working collaboratively with HADSI, the Brock Institute, the Pediatrics Summer Scholars Program, the Faculty Affairs office and Education.

## Performance Metrics

- Number of faculty mentors recruited
- Number of faculty-trainee teams initiated
- Number of grant proposals submitted/funded, conference presentations and publications by teams led by new mentors
- Faculty and learner satisfaction
- Increase in medical student project activity
- Increase in faculty reporting mentoring trainees

Completion of this objective will provide a foundation to build new research training capacity for learners and residents at EVMS. Among the future outcomes from these activities will be the opportunity to work collaboratively within EVMS to:

- Design a longitudinal, research-project-based curriculum for UME and selected graduate health professions trainees that engages them in project development, implementation, analysis and dissemination through the duration of their training.
- Revise the resident GME Blackboard course on “Scholarly Projects and QI Development” to include other learners (fellows, faculty, and medical students)

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Create job descriptions for the new Research Development Facilitator position to serve with MDR and student research.</li> <li>• Review and select software for a research database (Obj 1)</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Develop a process for granting work release time and stipends for faculty for research mentoring.</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Recruit and hire the Research Development Facilitator.</li> <li>• Determine baseline (from previous year) for student participation in research and faculty collaborations</li> <li>• Create new section on EVMS grants submission forms (internal and external) to track success metrics (relates to Objective 1)</li> <li>• Begin implementation of the research database (Obj. 1)</li> <li>• Support Advisory Focus Group (Objective 2)</li> <li>• Begin forming MDR teams and mentor-learner teams</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Recruit a cadre of faculty (clinical, sciences, etc.) to serve as a pilot group for time release and stipends.</li> </ul>

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 2	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Continue forming MDR teams and mentor-learner teams</li> <li>• Complete research database and conduct database training</li> <li>• Inform learners new research database available for use</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Review feedback/data from pilot faculty and trainees regarding mentoring activities.</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Establish number of students participating in research and number of new faculty collaborations</li> <li>• Determine number of teams with whom RDF worked</li> <li>• Explore the design of a longitudinal research project-based curriculum for UME and selected graduate health professions trainees that engages them in project development, implementation, analysis and dissemination through the duration of their training.</li> <li>• Continue forming MDR teams and mentor-learner teams</li> <li>• Conduct database training</li> <li>• Inform learners new research database available for use</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Complete 1 year pilot of mentoring with faculty and trainees.</li> <li>• Determine number of faculty-trainee teams initiated. Revise program/process as indicated.</li> <li>• Determine number of grant proposals submitted/funded, conference presentations and publications by teams led by new mentors</li> </ul>
YEAR 3	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Pilot the UME research project-based curriculum with current M1s and M2s and selected health professions trainees.</li> <li>• Continue forming MDR teams and mentor-learner teams</li> <li>• Regular database updates</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Provide training/recruitment of clinical and sciences faculty to serve as research mentors</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Continue assisting with MDR teams and students</li> <li>• Regular database updates</li> <li>• Review mid-point and 1 year program data from pilot program faculty mentors and trainees and make revisions as needed.</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Expand the number of trained faculty research mentors to work with trainees.</li> <li>• Review data/feedback from participants.</li> </ul>
YEAR 4	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Continue assisting with MDR teams and students</li> <li>• Regular database updates</li> <li>• Explore next steps.</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Review program data and make revisions as needed.</li> <li>• Explore next steps.</li> </ul>	<p>Deliverable #1</p> <ul style="list-style-type: none"> <li>• Continue assisting with MDR teams and students</li> <li>• Regular database updates</li> <li>• Explore next steps.</li> </ul> <p>Deliverable #2</p> <ul style="list-style-type: none"> <li>• Review program data and make revisions as needed.</li> <li>• Explore next steps.</li> </ul>

## Financial pro-forma

### EVMS STRATEGIC PLAN FY19-FY22 Financial Projections

#### MISSION AREA: RESEARCH

Goals/Objectives	One Time	Recurring				Recurring Total
		FY 2019 Year 1	FY 2020 Year 2	FY 2021 Year 3	FY 2022 Year 4	
<b>R1 Enhance Multidisciplinary Research (MDR)</b>						
R1.1 Equipment/Maintenance	1,831,743	127,968	152,968	152,968	152,968	586,872
Seed Funding	1,920,000	–	–	–	–	–
Workshop Funding	20,000	–	–	–	–	–
Equipment/Maintenance - 2nd Priority	193,344	–	–	8,223	8,223	16,446
<b>Subtotal</b>	<b>3,965,087</b>	<b>127,968</b>	<b>152,968</b>	<b>161,191</b>	<b>161,191</b>	<b>603,318</b>
R1.2 Faculty Recruitment	1,500,000	–	–	–	–	–
R1.3 Research Development Facilitator	–	87,840	89,597	91,389	93,217	362,043
Student/Mentor Stipends	268,000	–	–	–	–	–
<b>Subtotal</b>	<b>268,000</b>	<b>87,840</b>	<b>89,597</b>	<b>91,389</b>	<b>93,217</b>	<b>362,043</b>
<b>Total Strategic Plan Funding</b>	<b>5,733,087</b>	<b>215,808</b>	<b>242,565</b>	<b>252,580</b>	<b>254,408</b>	<b>965,361</b>

**FY22 Recurring Annual Funding 254,408**

## SUMMARY

The three objectives described to achieve the goal of enhancing MDR will create a foundation for improving competitiveness for grants by EVMS faculty, develop new opportunities for engaging learners in research and elevate the reputation of EVMS for faculty and learner recruitment. The objectives also contribute to regional economic development and research in community health needs. The objectives contain multiple parts that work synergistically to accomplish the overall goal and meet the mission and goals of EVMS.





**EVMS**  
Eastern Virginia Medical School

**Thriving in Our Missions:  
Our Roadmap for the Future**

## CLINICAL CARE

- Goal C1:** Right-size the academic faculty in the five (5) core clinical departments with EVMS Medical Group with respect to undergraduate medical education to lower student to faculty ratios in these clinical settings.
- Goal C2:** EVMS Medical Group will become “ACO ready” to participate in Advanced Payment Models, vital to our financial success as well as our responsibility as educators to provide model practices.





## Strategic Planning Theme — CLINICAL CARE

The Clinical subcommittee identified two critical strategic areas of focus. The first is right-sizing the academic faculty in five core clinical departments with respect to undergraduate medical education. Over the last few years the size of the undergraduate medical education program class-size has increased significantly without a corresponding increase in the full-time salaried faculty. This along with financial pressures to generate more clinical revenue has resulted in a high student to faculty ratio and increased student dissatisfaction.

The second area of focus is to ensure the EVMS Medical Group becomes “Accountable Care Organization (ACO) ready” and continues planning and transforming its current quality initiatives to prepare for the payment changes outlined in the Medicare Quality Payment Program (QPP) and other value based reimbursement models. Addressing this is vital to our financial success as well as our responsibility as educators to provide model practices.

### **Goal C1: Right-size the academic faculty in the five (5) core clinical departments with EVMS Medical Group with respect to undergraduate medical education to lower student to faculty ratios in these clinical settings.**

Add faculty to the following core clinical departments:

- Family and Community Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Psychiatry and Behavioral Sciences
- Surgery

#### **Defined objective**

Over the last few years the size of the undergraduate medical education program class-size has increased significantly without a corresponding increase in the full-time salaried faculty. This along with financial pressures to generate more clinical revenue has resulted in a high medical student / PA to faculty ratio. Medical student have increasingly expressed dissatisfaction with the amount of individual attention and exposure to clinical situations.

#### **Implementation/Components:**

Provide on-going new EVMS financial support for the five (5) core clinical departments as well as negative working capital coverage over the first four (4) years for any new faculty recruited to assist in the undergraduate medical education program.

#### **Feasibility/Assessment**

In addition to the increased learner/teacher ratio, there is also a movement to involve more clinical faculty in the first and second years of the undergraduate medical education curriculum in an attempt to expose medical students to the clinical relevance of the “basic science” knowledge and information. However, to do so requires additional educational time and effort from the clinicians and has an economic impact on the practice plan and their clinical duties and responsibilities.

## Project leader

Chief Executive Officer, EVMS Medical Group

## Performance metrics

Recruitment of one (1) full-time faculty for each of the five (5) core clinical departments to ensure optimal undergraduate medical education.

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	Recruitment of one (1) full-time faculty for each of the five (5) core clinical departments of: <ul style="list-style-type: none"><li>• Family and Community Medicine</li><li>• Internal Medicine</li><li>• Obstetrics and Gynecology</li><li>• Psychiatry and Behavioral Sciences</li><li>• Surgery</li></ul>	Employment of one (1) full-time faculty for each of the five (5) core clinical departments of: <ul style="list-style-type: none"><li>• Family and Community Medicine</li><li>• Internal Medicine</li><li>• Obstetrics and Gynecology</li><li>• Psychiatry and Behavioral Sciences</li><li>• Surgery</li></ul>
YEAR 2 -4	Employment of one (1) full-time faculty for each of the five (5) core clinical departments of: <ul style="list-style-type: none"><li>• Family and Community Medicine</li><li>• Internal Medicine</li><li>• Obstetrics and Gynecology</li><li>• Psychiatry and Behavioral Sciences</li><li>• Surgery</li></ul>	

## Goal C2: EVMS Medical Group will become “ACO ready” to participate in Advanced Payment Models and enhance Medicare reimbursement payments as well as provide model practices for learners.

### Defined objective

It is critical that EVMS Medical Group continues planning and transforming its current quality initiatives to prepare for the payment changes outlined in the Medicare Quality Payment Program (QPP) and other value based reimbursement models. 2018 is the second year of the QPP program, and in 2019 the program will be fully implemented. There are significant advantages to performance scoring and success in QPP in addition to participating in a track one ACO Medicare Shared Savings Program. This one-sided shared savings model awards a MIPS score to all practices participating in the ACO. Because cost is excluded from the score, the score for practices in this model tends to be higher than in the traditional MIPS program. This will likely have a significant impact on financial performance for our medical group. Also, our responsibility as educators includes providing model practices that highlight skills and education for learners as well, in this evolving value based health system.

Sentara Healthcare has announced that they will pursue a Medicare ACO track one shared savings program in 2019. They will invite interested practices to participate, contingent on those practices being “ACO ready”. To participate, practices will need the skills and competencies necessary for success in this ACO model.

## Implementation/Components

Plan #1: Develop education and training for providers regarding HCC coding. This would include education modules and chart review and feedback from qualified reviewers.

Plan #2: Upgrade the telephone system so as to facilitate the patient appointment scheduling process and referring physician communication.

Plan #3: Review, revise and monitor EHR workflows to ensure that they are as efficient and effective as possible. A consultant would be hired to evaluate the various department workflows and recommend best practices to be implemented.

## Feasibility/Assessment and Performance Metrics

The needed practice competencies include the following:

1. The ability to capture data to measure the 31 quality measures contained in the ACO scorecard. These measures are largely primary care based, and the populations measured are those patients attributed to primary care practices. For EVMS Medical Group, that would include the family medicine, primary care internal medicine, and geriatrics practices. ACO measures fall into 3 domains:
  - a. assess clinical effectiveness using traditional “PQRS” measures such as rates of vaccinations, other preventive care and screenings, and control of chronic disease.
  - b. assess patient satisfaction using a CAHPS survey vendor.
  - c. excessive utilization and cost by measuring, thirty-day readmission rates, unnecessary ordering of high cost imaging, and efficient utilization of post-acute skilled facilities.
2. The ability to improve performance on these scorecard measures.
3. Care management of complex patients to prevent excessive utilization and cost of care to include preventing readmission (some following hospitalization), providing efficient, high quality care in post-acute facilities, good chronic disease management, and achievement of evidenced based prevention and screening recommendations for primary care attributed patients.
4. Enhanced access to care for both primary care patients and specialty care.
5. Consultant specialty care that is responsive to the needs of the referring physician. This requires, timely access for referrals and follow-up communication addressing the referral question. Both will make EVMS Medical Group specialty physicians a preferred consultant in a network that values quality outcomes together with a positive patient experience.
6. A high quality patient experience that results in improved CAHPS survey scores.
7. Proper HCC coding that accurately captures the complexity of patients cared for by EVMS Medical Group.
8. Physician engagement in the ACO improvement activities and network governance.
9. Cost conscious high quality care.
  - a. Improve patient access and the requisite operational systems to include but not limited to, telephone system, appointment scheduling, internal and external referral process, etc.

## Project Leader

EVMS Medical Chief Quality Officer

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ol style="list-style-type: none"> <li>1. Executed work order for upgraded telephone system</li> <li>2. Executed work order for Allscripts Workflow analysis</li> <li>3. Develop education/training for providers on HCC coding</li> </ol>	<ol style="list-style-type: none"> <li>1. Upgraded telephone system installed</li> <li>2. Allscripts workflow consultant analysis implemented</li> <li>3. Begin HCC coding education/training</li> </ol>
YEAR 2	<ol style="list-style-type: none"> <li>1. Develop workflows for enhanced telephone patient scheduling and referring physician communication</li> <li>2. Revise and monitor EHR workflows to ensure they are as efficient and effective as possible based on consultant and industry best practices</li> <li>3. Ongoing education/training for providers on HCC coding</li> </ol>	<ol style="list-style-type: none"> <li>1. Implement centralized telephone schedule based on workflows and best practices</li> <li>2. Monitor EHR workflows to ensure they are as efficient and effective as possible based on consultant and industry best practices</li> <li>3. Ongoing education/training for providers on HCC coding</li> </ol>
YEAR 3-4	<ol style="list-style-type: none"> <li>1. Monitor centralized telephone scheduling system based on workflows and best practices</li> <li>2. Monitor EHR workflows to ensure they are as efficient and effective as possible based on consultant and industry best practices</li> <li>3. Ongoing education/training for providers on HCC coding</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitor centralized telephone scheduling system based on workflows and best practices</li> <li>2. Monitor EHR workflows to ensure they are as efficient and effective as possible based on consultant and industry best practices</li> <li>3. Ongoing education/training for providers on HCC coding</li> </ol>

## Financial pro-forma

### EVMS STRATEGIC PLAN FY19-FY22 Financial Projections

#### MISSION AREA: CLINICAL CARE

Goals/Objectives	One Time	Recurring				Recurring Total
		FY 2019 Year 1	FY 2020 Year 2	FY 2021 Year 3	FY 2022 Year 4	
<b>C1 Right Size Academic Faculty for UME</b>						
MD - Family & Community Medicine	274,365	94,500	96,400	98,350	100,300	389,550
MD - Primary Care Internal Medicine	122,100	101,000	103,000	105,050	107,150	416,200
MD - Obstetrics & Gynecology	165,629	123,500	125,950	128,450	131,000	508,900
MD - Psychiatry & Behavioral Medicine	83,345	96,500	98,450	100,400	102,400	397,750
MD - Surgery	–	170,000	173,400	175,150	178,650	697,200
<b>Subtotal</b>	<b>645,439</b>	<b>585,500</b>	<b>597,200</b>	<b>607,400</b>	<b>619,500</b>	<b>2,409,600</b>
<b>C2 Become ACO Ready/Advanced Payment Models</b>						
C2.1 HCC Coding Education/Training	–	25,000	25,000	25,000	25,000	100,000
C2.2 Upgrade telephone system (half cost; see A2.5)	1,100,000	65,000	65,000	65,000	65,000	260,000
C2.3 EHR Workflows - Consultant	100,000	–	–	–	–	–
<b>Subtotal</b>	<b>1,200,000</b>	<b>90,000</b>	<b>90,000</b>	<b>90,000</b>	<b>90,000</b>	<b>360,000</b>
<b>Total Strategic Plan Funding</b>	<b>1,845,439</b>	<b>675,500</b>	<b>687,200</b>	<b>697,400</b>	<b>709,500</b>	<b>2,769,600</b>
				<b>FY22 Recurring Annual Funding</b>	<b>709,500</b>	





**EVMS**  
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**Thriving in Our Missions:  
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## ADMINISTRATION

- Goal A1:** Examine wellness across the EVMS community and develop an institution-wide, coordinated wellness initiative.
  
- Goal A2:** Develop a data collection, management, and reporting infrastructure to facilitate access to information internally and externally.
  
- Goal A3:** Enhance communication among EVMS leadership, faculty, staff, residents, fellows, and students; between EVMS departments and divisions; and with our community teaching partners and the communities of Hampton Roads.





## Strategic Planning Theme — ADMINISTRATION

Participant feedback from the Strategic Planning Survey and Strategic Planning Retreat showed that the most common “opportunities” and “road blocks” in the Administration section were related to three focus areas: Institutional Wellness; Data Collection, Management and Reporting; and Internal and External Communications. For example, feedback included frequent references to faculty burnout and low morale, out-of-date systems for data collection and management and the need for improved two-way communication. The Administration subcommittee believes that addressing those three key areas will strengthen EVMS overall and make it a more effective institution.

### Goal A1: Examine wellness across the EVMS community and develop an institution-wide, coordinated wellness initiative.

**Objective A1.1:** Identify a faculty member to champion the development and coordination of institution-wide activities focused on wellness, including burnout. Align a dedicated percentage of time and effort to perform this function, which would include working with Human Resources on maintaining a comprehensive wellness website.

**Objective A1.2:** Task the identified wellness champion with developing and implementing a mechanism for a targeted solution-based approach at the level of the departments and programs. This would include piloting a mechanism similar to the Professional Enrichment and Growth (PEG) grants (currently utilized by the Office of Faculty Affairs and Professional Development) to advance wellness.

**Objective A1.3:** Task EVMS Faculty Affairs and Professional Development and EVMS Human Resources with making workshops available to serve as an aid to improve professional well-being. *(No funding required.)*

**Objective A1.4:** Establish a Dean’s Standing Committee on Wellness, which would include the wellness champion, to serve as the reviewer of applications made to the funding mechanism noted in Objective A1.2. *(No funding required.)*

#### Implementation/Components:

- Identify a faculty member to be the wellness champion. Allocate dedicated time.
- Develop a pilot funding mechanism, similar to Professional Enrichment and Growth (PEG) grants, to allow departments and programs to identify specific needs, devise solutions, implement actions and track outputs and outcomes.
- Task Dean’s Standing Committee on Wellness with reviewing applications made to the funding mechanism.
- Have Faculty Affairs and Professional Development and Human Resources work jointly to provide professional development wellness-focused workshops throughout the academic year.
- Report progress on activities to the Dean’s Standing Committee on Wellness as a regular standing agenda item.

#### Feasibility/Assessment

- Individual well-being and the well-being of teams ultimately affect the health and well-being of patients and communities. Improving the health of the Hampton Roads community first requires a look at the well-being of the institution’s human capital. Faculty, staff and learners are an integral part of the institution mission, values and culture and efforts to promote their well-being are critical.
- The AAMC supports a culture in academic medicine that values the well-being of faculty, staff and learners. An environment that prioritizes health professionals’ well-being aligns with the AAMC mission of improving the health of all. (AAMC Statement on Commitment to Clinician Well-Being and Resilience)
- Faculty wellness is garnering attention as a growing amount of published data speaks to a degradation of well-being among medical school faculty across the U.S
- Data from a faculty wellness survey conducted at EVMS in July 2017 indicates that faculty expect EVMS to play a role in their wellness and desire a specific and targeted faculty wellness program. The survey data provide a view of faculty definitions of wellness and elucidate actionable ideas to promote faculty well-being

- Burnout is on the rise across clinical, research, education and administrative faculty. The literature speaks to the need to create a solution-based approach to address drivers of burnout. Solutions can be focused on the individual (e.g., through skills building), while the organization needs to do its part to mitigate the systemic and environmental issues that cause burnout. The literature suggests system issues are responsible for two-thirds of burnout.
- Nine Organizational Strategies to Promote Engagement and Reduce Burnout (Shanafelt, 2017) includes a need for targeted interventions that define high-opportunity work units and collaborative action planning, and that focus on specificity of the issue (identify, develop and implement).
- A focus on health system factors such as organizational culture, information systems, shared decision-making, performance measurement, and other areas may reveal important avenues to enhance faculty and learner well-being and resilience. (Association of American Medical Colleges (AAMC) Statement on Commitment to Clinician Well-Being and Resilience).
- There is a strong business case for investment in efforts to reduce burnout. Reduced faculty well-being can equate to demoralization and reduced productivity and can result in faculty turnover (estimated cost to replace a faculty member: about \$500,000 to \$1,000,000). The Business Case for Investing in Physician Well-Being provides a formula for calculating return on investment in reducing turnover costs resulting from interventions to reduce burnout.
- The AMA Stepsforward program provides case studies of interventions implemented at institutions (e.g., Carilion in Roanoke).

### Investment/Resources

- Alignment of dedicated percentage time and effort to a wellness champion.
- Potential need for office space and equipment if duties aligned with a new employee.
- Purchase of Well-being Index or other subscription based resource (i.e., for assessment of well-being.)
- Funds to aid scholarship and CME activities, such as books, journal subscriptions, attendance at one or two relevant professional conferences per year.
- Funding for external speakers to provide professional development activities.

### Project leader

EVMS Faculty Affairs and Professional Development

### Performance metrics

- Goal/objective delineation, inputs, outputs and outcomes specific to department or program defined activity.
- Individual Well-being Index measurements to track progress by and for the individual.
- Attendance at professional development workshops and evaluation of impact.

### Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Appointment of wellness champion.</li> <li>• Implementation process and timeline for administration of funding mechanism established.</li> </ul>	<ul style="list-style-type: none"> <li>• Application process for funding released.</li> <li>• Applications reviewed and funded.</li> <li>• Mechanism for anonymous individual assessment of ‘well-being of self’ launched.</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• 6-month assessment of progress of funded activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Year 2 application process for funding released. Applications reviewed and funded.</li> <li>• Annual report of year 1 funded activities.</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• 6-month assessment of progress of funded activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual report of year 1 and 2 funded activities.</li> <li>• Final report of outputs and outcomes for each funded activity.</li> </ul>

## Goal A2: Develop a data collection, management and reporting infrastructure to facilitate access to information internally and externally.

**Objective A2.1:** Develop centralized personnel and system infrastructure for institutional effectiveness – data collection, management and reporting.

### Implementation/Components

Establish the EVMS Strategic Planning and Institutional Effectiveness office responsible for developing strategic direction for defining and managing institutional data to drive effectiveness with expert staff to manage a centralized data system for data collection, analytics and reporting. Staff will include:

- Director of Data Analytics and Research: Directs and oversees high-level strategic and tactical decisions for business intelligence tools and applications. Facilitates organizational data strategies for governance, design, implementation, integration and usage. Responsible for leading the design and maintenance of business intelligence applications.
- Director of Institutional Effectiveness and Program Review: responsible for conducting institutional accreditation and strategic planning operations.
- Administrative Assistant

### Feasibility/Assessment

- Accreditation and granting processes are changing with increasing requirements to report on not only accomplished goals and objectives but also projections and systems in place for continuous quality improvement and monitoring.
- Standardizing data and reports, creating a system to continuously monitor changing requirements, and ensuring campus culture changes to support these objectives are imperative to EVMS' successful continued accreditation.
- A centralized, enterprise approach to data management with business intelligence applications has become an essential strategic consideration to enhance and maintain data quality and integrity and facilitate accurate analytics, reporting and decision making.
- Allocating the appropriate resources and authority to the staff of EVMS Strategic Planning and Institutional Effectiveness will facilitate this objective.
- Software and support are considered emerging technologies:
  - both Microsoft Business Intelligence (MSBI) and Tableau are good tools, are ranked best by Gartner Magic Quadrant, and are in significant use in higher ED
  - MSBI has an additional extraction tool (ETL) whose function pushes it ahead of others as it allows MSBI to work with other system.
  - EVMS should use the MSBI system since it is heavily built out as part of the Campus Management Nexus interface.
  - MSBI is a low-cost platform allowing startup in the cloud without having to purchase and build out infrastructure.
  - EVMS should build out a five-year platform review and funds to either migrate and upgrade their initial investment. This will allow the industry to move towards maturity.

## Investment/Resources

- Recruitment Search Firm: \$75,000
- Director of Data Analytics and Research: \$150,000 + fringe benefits
- Director of Institutional Effectiveness: \$85,000 + fringe benefits
- Administrative Assistant: \$45,000 + fringe benefits
- Software/Systems: \$55,000

## Project Leader

Vice Dean of Faculty Affairs and Professional Development

## Performance Metrics

- Annual campus survey to assess needs and outcomes
- Agreed-upon reporting metrics, aligning with accreditation requirements and other institutional needs
- Clients and IT utilizing data to make sound business decisions
- Campus culture change to effectively support data standards for accreditation
- Users at all levels, from administrative staff to executives, trained to transform data into action-oriented information and to use that information correctly
- Campus-wide views and custom reports for agreed upon metrics
- Integration of Business Intelligence technologies with strategic initiatives

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1		<ul style="list-style-type: none"> <li>• Hire recruiting firm</li> <li>• Hire Director of Data Analytics and Research to direct, organize and lead BI projects and implementation and use of new BI software tools and systems</li> <li>• Hire Business Intelligence Specialists and Administrative Assistant</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Conduct SWOT analysis of functional processes and requirements</li> </ul>	<p>Report</p> <ul style="list-style-type: none"> <li>• Includes an evaluation of internal and external customers' needs and abilities in order to provide appropriate solutions</li> <li>• Advise executives on how BI processes, practices, and technology play a critical role in improving business management and optimization</li> <li>• Advise on best practices</li> <li>• Recommend standards, policies, and procedures for the form, structure, and attributes of the BI tools and systems</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Design institute-wide reports</li> <li>• Develop best practices for report deployment</li> <li>• Design institute-wide dashboards</li> </ul>	<ul style="list-style-type: none"> <li>• Recommend quality metrics and ensure quality metrics are documented and tracked</li> <li>• Design and deliver end-user training and training materials</li> <li>• Train users, including senior management and chairs to transfer data into action-oriented information and to use that information correctly</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• Research business problems and create models which help analyze these business problems</li> </ul>	
ONGOING	<ul style="list-style-type: none"> <li>• Oversees the implementation of new systems or modifications</li> <li>• Analyzes testing results to ensure the solution meets the needs of EVMS</li> <li>• Stays abreast of BI products/tools and business strategies</li> <li>• Ongoing communication and collaboration with relevant departmental representatives through Data Efficacy Oversight Committee</li> <li>• Annual campus-wide survey of needs and outcomes</li> </ul>	

**Objective A2.2:** Develop a system for campus-wide standardization of data definitions and report production based on accreditation standards and grant requirements, and establish standards for ensuring data quality and integrity.

## Implementation/Components

- Finalize the list of data sets that are universally used for accreditation and grant applications.
  - Begin this process with the MSBI software available through the SIS implementation.
- Finalize the list of standard definitions reflective of the accreditation standards and grant requirements.
  - Hold bimonthly meetings to develop document. Develop inventory and supplement data obtained through MSBI software. Develop campus survey. Create list of definitions that require further discussion and agreement across departments (may include changes to process, i.e., community faculty definition, and process may need to change).
  - Engage consultant for initial assessment.
- Distribute “data dictionary” to the campus. This will be done annually at the start of the fiscal year.
  - Determine best method for distributing, as well as ongoing method to document. Determine method to receive feedback on regular basis.
- Identify the list of databases utilized on campus, the lists of people responsible for managing the databases, the types of data sets available from the databases and customers’ requirements across campus for each database.
  - Develop SWOT analysis regarding databases; data sets; listings of customers and end users. Determine if databases are tracking duplicative information. Eliminate duplication of efforts. Subcommittee members shall facilitate focus group discussions to assure that the assessment is accurate and reflective of needs of the campus.
- Develop a list of standard reports needed, dates required and lead person responsible, as well as agreed-upon standards for ensuring data quality and integrity. Hire Consultant to help with developing a document for institutional data standards and definitions.
  - The purpose is to turn this process into more of a “push” of data to the campus as a regular report. This will be assessed quarterly as standards may change or new reports may be required.
  - The work of the Data Efficacy Task Force will be expected to conclude in 2019 upon delivery of a comprehensive report. It is recommended that a scaled-down version of the committee meet quarterly with the EVMS Strategic Planning and Institutional Effectiveness to continue to have data hygiene and IE champions throughout campus.
- EVMS Strategic Planning and Institutional Effectiveness will assess and recommend possible campus-wide dashboards to provide standard information such as provided within local healthcare systems.
  - Determine software for dashboards. Determine data to be viewed on dashboards. Determine timing of data to be posted.
- Develop recommendations for a shared information solution by December 2021.
  - EVMS Strategic Planning and Institutional Effectiveness will conduct an assessment of a possible solution for shared information based on consultants’ recommendations.

## Feasibility/Assessment

- Accreditation and grant processes have become increasingly complex, and are only expected to become more so.
- A campus-wide representative stakeholder group, the Data Efficacy Task Group that has been meeting over the past year to explore how data is defined, collected and shared at EVMS, has identified a number of challenges including the absence of common definition and standards for data quality and integrity. Reporting to accrediting and funding bodies has been a challenge as a result.

- Standardizing our data and reports, creating a system to continuously monitor changing requirements, and ensuring campus culture changes to support the objectives are imperative to EVMS' successful continued accreditation.
- Reports suggest that a number of schools have launched Business Intelligence projects without planning and to find themselves several years later with nothing that works, despite large expenditures to build it. The subcommittee is recommending a multi-step approach to ensure success in building the Business Intelligence approach to data management and reporting.

## Investment/Resources

- Recruiting and hiring of Institutional Effectiveness Consultant:
  - The consultant will help the Data Efficacy Task Force to standardize, define and clean the institutional data and produce a guideline document. This would be the first phase of the activity to be conducted prior to the establishment of the recommended Office of Strategic Planning and Institutional Effectiveness and the hiring of the Director of Data Analytics and Research and Business Intelligence Specialist.
  - EVMS Strategic Planning and Institutional Effectiveness will be informed by this guideline document to establish policies and procedures for data management and reporting and quality improvement.
  - The Data Efficacy Task Force will transform into an Institutional Data Management Council to support the Office of Strategic Planning and Institutional Effectiveness in its work.
  - Estimated one-time expenses:
    - Planning phase estimate: \$30,000 plus travel
    - Deliverables: SWOT analysis and recommendations
    - Implementation Phase Estimate: \$125,000
    - Deliverables: Data Dictionary, improved reporting systems, standardized reports, expedient and accurate accreditation process guidelines.

## Project Leader

Initially led by Vice Dean of Faculty Affairs and Professional Development, as Chair of the Data Efficacy Task Force.

The above-noted EVMS Strategic Planning and Institutional Effectiveness, reporting to the Vice Dean of Faculty Affairs, would then assume leadership of this process, with advice and input from a scaled-back Data Efficacy Task Force to ensure campus needs are met and data standards have champions across campus.

An advisory committee to work with the Office of Strategic Planning and Institutional Effectiveness to include at minimum the following: IT, Education, Marketing, Development, GME, Registrar, Admissions, Medical Group.

## Performance Metrics

- Establish a guideline of standard definitions of accreditation standards and grant requirements.
- Compile list of databases utilized, individuals responsible and types of datasets available.
- Develop comprehensive list of standard reports needed, dates when reports are required and lead individuals responsible.
- Develop recommendation for continuous quality improvement of data collection and reporting.
- Develop a report of the definitions, standards and recommendations to hand off to EVMS Strategic Planning and Institutional Effectiveness.

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1		<ul style="list-style-type: none"> <li>By September 2018, the subcommittee will finalize the list of data sets that are universally used for accreditation and/or grant applications. Recommendation: Begin this process with the MSBI software available through the SIS implementation.</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>By September 2018, the subcommittee will finalize the list of standard definitions reflective of the accreditation standards and grant requirements. This “data dictionary” will be reviewed and updated at quarterly meetings of the committee and updates distributed.</li> </ul>	<ul style="list-style-type: none"> <li>By July 1 2019, this “data dictionary” will be distributed to the campus. This will be done annually at the start of the fiscal year.</li> <li>By September 2019, the subcommittee will identify the list of databases utilized on campus, the lists of people responsible for managing the data bases, the types of data sets available from the databases, and will have a comprehensive understanding of what the “customers” across campus might require of each database. Subcommittee members shall facilitate focus group discussions to assure that the assessment is accurate and reflective of needs of the campus.</li> <li>By December 2019, the subcommittee will develop a list of standard reports needed, dates required and lead person responsible. The purpose is to turn this process into more of a “push” of data to the campus as a regular report. This will be assessed quarterly as standards may change or new reports may be required. A report document comprising of definitions, standards, reporting procedures and recommendations for quality improvement will be developed for hand off to the Office of Strategic Planning and Institutional Effectiveness.</li> <li>The work of the subcommittee will be expected to conclude in 2019. Recommended that some type of committee meets quarterly with EVMS Strategic Planning and Institutional Effectiveness to continue to have data hygiene and IE champions throughout campus.</li> </ul>
YEAR 3	<p>By June 2020, EVMS Strategic Planning and Institutional Effectiveness will assess and recommend possible campus wide dashboards to provide standard information such as provided within local healthcare systems.</p>	
YEAR 4		<p>By December 2021 EVMS Strategic Planning and Institutional Effectiveness will conduct an assessment of a possible integration of databases or solution for shared information.</p>

**Objective A2.3:** Implement a mission-driven community engagement effort, supported by data.

### Implementation/Components

- Establish an EVMS Community Engagement Council (CEC), charged with coordinating community engagement activities across EVMS with representation from the M. Foscue Brock Institute for Community and Global Health, EVMS Service-Learning, and Development's Office of Community Engagement.
- Establish a Community Advisory Board, consisting of community members and community leaders.
- Establish an annual EVMS-wide process for identifying the top 10 priority community health needs.
- Establish an accessible reporting system campus-wide that provides a common reporting structure for all community engagement.
- Publish the following: (1) a data dictionary that includes all the fields required by our own needs, grant agencies, and evaluation or classification committees, (2) a database schema that depicts optimal relationships of data and recommended processes for data entry, data manipulation, and reports, (3) a listing of ancillary data, (4) guidelines to reporting based on the type of engagement, and (5) guidelines for evaluating and synthesizing data.
- Implement a process of data identification, quality improvement, and standardization related to community engagement in preparation for a Spencer Foreman Award submission and Carnegie Classification designation

### Feasibility/Assessment

A cross-program working group is crucial to meeting this goal. The data structures, or lack thereof, that are currently in place are inadequate to collect the type and depth of information necessary to draft a meaningful Spencer Foreman and Carnegie Classification submission. A strong, user-friendly database is necessary in order to meet the objectives.

### Investment/Resources

All requests made as one-time payments:

- Two MPH Interns @ \$8,000/semester = \$16,000
- National Assessment of Service and Community Engagement (NASCE) Survey = \$2,000 (one-time fee)
- Community Advisory Board stipends = 10 Board Members @ \$25 each/four times per year = \$4,000
- Community Engagement Database (i.e., Give Pulse) = \$2000/per year = \$8,000
- Total Request = \$78,000

### Project Leaders

Director of Service Learning, EVMS Education

Associate Director of Service Learning, EVMS Education

Associate Director of the M. Foscue Brock Institute for Community and Global Health

Director of Community Engagement, EVMS Development

### Performance Metrics

- Establish a data dictionary
- Articulate community engagement evaluation criteria
- Launch pilot phase of community engagement database
- Implement single-source reporting mechanism for community engagement
- Launch campus-wide community engagement database

- Prepare data structure for Spencer Foreman award submission
- Submit Spencer Foreman application
- Launch quality improvement project on data management
- Public top 10 community health needs
- Prepare data structure for Carnegie Classification designation
- Submit Carnegie Classification application

### Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Establish an EVMS Community Engagement Council (CEC)</li> <li>• Establish a data dictionary to include EVMS values, elements from AAMC Spencer Foreman Application, Carnegie Classification and other granting agencies (i.e. HRSA)</li> <li>• Community Engagement Council (CEC) articulates initial community engagement evaluation criteria</li> <li>• Launch pilot phase of community engagement database for Service Learning projects</li> </ul>	<ul style="list-style-type: none"> <li>• Implement a single-source reporting mechanism for community engagement on EVMS campus</li> <li>• Launch a campus-wide community engagement database</li> <li>• Prepare data structure for AAMC Spencer Foreman Award submission</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Launch quality improvement project on data management using lessons learned from campus-wide community engagement database</li> <li>• CEC publishes the top 10 community health needs to EVMS community</li> <li>• Submit Spencer Foreman Award application</li> </ul>	
YEAR 3	<ul style="list-style-type: none"> <li>• Submit Carnegie Classification application</li> </ul>	
YEAR 4	N/A	N/A

**Objective A2.4:** Implement a succession plan for EVMS' Chief Information Officer by adding one FTE at a level sufficient to be groomed as a replacement when the current CIO retires.

- Hire an assistant CIO having a strong academic and business background with the understanding that on retirement of the current CIO a promotion would be in order.
- Task the new hire with the following:
  - Short- and long-term planning of technology strategies, budgets, workforce and application strategies
  - Directing, through subordinate supervisors, all program, operations and staff in assigned areas.
  - Performing work of unusual difficulty in the executive level management of major functional areas.
  - Responsibility for major programmatic areas of the institution's operations.
  - Applying advanced knowledge of management principles and practices.
  - Applying comprehensive knowledge of particular functions to the oversight of significant assignments.
- Contacts include institutional staff, other institutional directors, and other key administration leaders.

### Implementation/Components

- Recruitment
- Space
- Furniture and support
- Responsibility for ITAC
- Member of ITMT
- Active integration into all committee, team or workgroups directly supported by the CIO

### Feasibility/Assessment

- Existing senior IT staff are skill-specific and lack the generalist or overall systems development, implementation and management background needed to meet institutional needs. Further, none are interested in being groomed for the position.
- Ensuring the security and continuous quality improvement of our information system requires succession planning of the Chief Information Officer upon retirement.

### Investment/Resources

- Salary support for the new position and one-time funds for recruitment. The recruitment funds to retain a search firm will be bundled with other recruitment requests to ensure best pricing.

### Project Leaders

Vice President for Administration and Finance

Chief Information Officer

### Performance Metrics

- Job description
- Salary survey including municipalities, higher-ed, healthcare
- Recruitment
- Evaluation
- Interview
- Hire
- Introduction into EVMS IT projects

- Delivery of FY21 IT Capital budget and departmental budgets
- Delivery of FY21 IT 10-year budget
- Delivery of FY22 Workforce plan
- Delivery of FY22 IT Technology Roadmap

### Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Job description</li> <li>• Salary survey including municipalities, higher-ed, healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment</li> <li>• Evaluation</li> <li>• Interview</li> <li>• Hire</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Introduction into EVMS IT projects</li> <li>• Responsibility for ITAC</li> <li>• Member of ITMT</li> <li>• Active integration into all committee, team or workgroups directly supported by the CIO</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of FY21 IT Capital budget and departmental budgets</li> <li>• Delivery of FY21 IT 10-year budget</li> <li>• Delivery of workforce plan</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Delivery of FY22 Workforce Plan</li> <li>• Delivery of FY22 IT Technology Roadmap</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of FY22 IT Capital budget and departmental budgets</li> <li>• Delivery of FY22 IT 10-year budget</li> <li>• Delivery of workforce plan</li> </ul>

**Objective A2.5:** Enhance the institutional telephone-system platform bringing it up to date with capacities to capture communications data for quality improvement and deliver expanded capabilities. This will include better and more consistent local support with the following:

- New and improved telephony features:
  - Multiple role levels for access
    - a. Administrator – system-wide
    - b. Super-user – by group/function/program/department
    - c. ACD Agent – automated call distribution
    - d. User – handset management
  - reporting extraction capability and analysis
  - Call recording
  - Call analytics
  - User Interface improvements
  - Vendor delivered training
  - Voicemail to email
  - User feature customization per handset

- New or improved platform and system features:
  - Easier moves, adds, changes
  - Disaster recovery/business continuity potential
  - Smaller physical footprint
  - More streamlined workforce
  - Upgrade aging cable plant
  - Replace obsolete phone sets
  - 21st century VOIP technologies
  - Hybrid system capabilities (PBX and Cloud)

## Implementation/Components

Contract with the local vendor that includes:

- Project management
- Standup new PBX
- Standup new Cloud services component
- Transition of PBX system to new local switching (DRBC and analog services)
- Transition of PBX system to Cloud (general use)
- Installation of upgraded cable plant or conversion
- Deploy new phone sets
- Education and training
- Phasing by mission, location, opportunity, and ROI

## Feasibility/Assessment

- The current system is original to EVMS. It is obsolete and feature-poor, and replacement equipment is only available as after-market used. It is severely lacking in basic features required for clinical operations.
- A feasibility study was completed by OnCall Telecom International, a locally headquartered company specializing in transition and hosted services for unified communications. The recommendation was a hybrid solution. Other higher-education consultants' input has recommended either Avaya or Mitel as the most forward-thinking and sustainable vendors. Assertion confirmed with Gartner magic quadrant 2017.
- Improving the Institutional Telephone System Platform across the school and medical group has been identified as an important objective in the strategic goal to enhance data management and performance improvement.

## Investment/Resources

- Relocation of Telecommunications from Facilities to Information Technology, Network Information Center effectively re-classing service from a utility to an asset
- Purchase CISCO L2 switches including patch cables, interface modules
- Install dedicated Internet service.
- Replace or convert CAT3 cable infrastructure
- Add engineering-level support for VOIP - Telecom Analyst II

## Project Leaders

Vice President for Administration and Finance

Chief Information Officer

Director of Facilities

Director of Network Information Center

Telecommunications Manager

## Performance Metrics

- Feasibility study completed
- RFP completed
- RFP response evaluation completed
- Contract negotiations completed
- Development of multi-phase plan
- Physical plant modifications completed
- Hardware
- Test phase completed
- Phase I completed (phases include user training, ACD setup, VM setup, handset deployment, etc.)
- Phase II completed
- Phase III completed
- Phase IV completed
- Full Go Live
- Removal of obsolete infrastructure and physical plant
- Go-Live 1st anniversary assessment

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<ul style="list-style-type: none"> <li>• Feasibility study completed</li> <li>• RFP completed</li> <li>• RFP response evaluation completed</li> <li>• Contract negotiations completed</li> <li>• Relocation of Telecommunications from Facilities to Information Technology, Network Information Center effectively re-classing service from a utility to an asset.</li> </ul>	<ul style="list-style-type: none"> <li>• Install dedicated Internet service</li> <li>• Development of multi-phase plan</li> <li>• Physical plant modifications completed</li> <li>• Purchase CISCO L2 switches including patch cables, interface modules, handsets</li> <li>• Test phase completed</li> <li>• Replace or convert CAT3 cable infrastructure</li> <li>• Add engineering level support for VOIP - Telecom Analyst II</li> </ul>
YEAR 2	<ul style="list-style-type: none"> <li>• Phase I completed (phases include user training, ACD setup, VM setup, handset deployment, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Phase II completed</li> </ul>
YEAR 3	<ul style="list-style-type: none"> <li>• Phase III completed</li> </ul>	<ul style="list-style-type: none"> <li>• Phase IV completed</li> <li>• Full Go Live</li> </ul>
YEAR 4	<ul style="list-style-type: none"> <li>• Removal of obsolete infrastructure and physical plant</li> </ul>	<ul style="list-style-type: none"> <li>• Go-Live 1st-anniversary assessment</li> </ul>

## **Goal A3: Enhance communication among EVMS leadership, faculty, staff, residents, fellows and students; between EVMS departments/divisions; and with our community teaching partners and with the communities of Hampton Roads**

**Objective A3.1:** Define, assess and compare (against other organizations) existing communication processes and strategies to identify and fill communication gaps.

### **Implementation/Components**

Inventory current communication processes and strategies and use various data collection methods (for example, surveys, key informant interviews and focus groups) to determine which processes work best for each stakeholder group. Identify gaps and/or barriers in communication strategies and implement appropriate processes to fill those gaps. Specific components include:

- Contract outside vendor to conduct a communication audit of internal and external efforts by departments, programs and the organization as a whole.
- Restore and repurpose community perception survey (to be conducted every two years) to determine public support and effectiveness of EVMS communication.
- Poll other medical schools (including peer institutions) regarding their communication methods.

### **Feasibility/Assessment**

- Implementing these components will provide a solid baseline of data to determine what communication processes are working well and what processes need to be improved or added. As with most surveys and data collection efforts, there is always risk associated with asking employees and other stakeholder groups what needs to be improved unless the organization is willing to make actual changes in that regard.
- A communication audit typically collects examples of institutional and departmental communications, reviews processes, interviews various stakeholder groups, provides an objective assessment of effectiveness and makes recommendations for improvement.
- The most recent community perception surveys (phone-based regional surveys) were conducted roughly every two years (in 2009, 2011 and 2014) but were discontinued in 2016 due to budgetary constraints and a concern that the existing question set was not providing enough actionable intelligence. In its previous incarnations, the survey sought general perceptions of EVMS and clinical care provided, probed for understanding around the relationship between EVMS and Sentara, explored naming and branding issues, and examined exposure to EVMS advertising efforts.
- While that focus was exceptionally helpful in assessing and forming early brand and advertising strategy, the results became less valuable as our brand standards became more concrete and our advertising approach evolved. Reviving and repurposing the community survey would allow EVMS to collect general awareness data (to continue trend observation) and repurpose other questions to support baseline intelligence around new strategic priorities.

### **Investment/Resources**

- Communication audit: Ideally, a communication audit would best be performed by an external vendor to ensure honest feedback from stakeholders and objective evaluation of existing communication efforts. Cost: \$50,000 (one-time expense).
- Community perception survey: In the past, the survey was conducted every two years. We anticipate a cost of approximately \$30,000 for each community survey. Treating this as an ongoing expense would require budgeting \$15,000 operationally each year (to be set aside in a designated account to fund the survey every two years). This also could be funded as a pilot project (funded as a one-time total cost of \$60,000) to conduct two surveys (2018 and 2020) to ensure results are informative and drive decision-making in a way that adds value to the organization. In addition to funds required, staff time from Senior Management and Marketing and Communications would be required to identify areas for needed information and work with survey vendor to refine questions.

- Poll other medical schools regarding their communication methods: There are no associated financial costs for this. The only resource requirement is staff time for existing Marketing and Communications personnel to reach out to colleagues via the AAMC Group on Institutional Advancement list-servs.
- Recommendations for improved communications: Results of the communication audit, community perception survey and AAMC GIA data collection would be used by the Communication Task Group and Marketing and Communications staff to craft concrete recommendations for improving communications processes and transparency. Although there is no financial cost, staff time is required

## Project Leader

Assistant Vice President of Marketing and Communications

## Performance Metrics

- Baseline data regarding the effectiveness of and satisfaction with organizational and departmental communication efforts;
- Comparison data/approaches from other academic medical centers; and
- Development of recommendations for improving institutional, departmental and program communication efforts (based on audit and survey results).

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	Communication audit: <ul style="list-style-type: none"> <li>• RFP deployed 07/2018</li> <li>• Contract in place 08/2018</li> <li>• Audit conducted 09/2018 – 10/2018</li> <li>• Draft delivered by vendor 11/2018</li> <li>• Final Communication Audit delivered 12/2018</li> </ul> AAMC info: <ul style="list-style-type: none"> <li>• Results of GIA polling compiled and reported 12/2018</li> </ul>	Community survey: <ul style="list-style-type: none"> <li>• Survey instrument developed 12/2018 – 01/2019</li> <li>• Survey conducted 02/2019</li> <li>• Survey results reported 03/2019</li> </ul> Recommendations for enhanced communication: <ul style="list-style-type: none"> <li>• Based on audit, survey and poll of other academic medical centers, Communication Task Group and Marketing &amp; Communications will develop recommendations for enhancements and deliver them by 01/2019 (in case there are budget implications)</li> </ul>
YEAR 2		
YEAR 3		Community survey: <ul style="list-style-type: none"> <li>• Survey instrument developed 12/2020 – 01/2021</li> <li>• Survey conducted 02/2021</li> <li>• Survey results reported 03/2021</li> </ul>
YEAR 4		

**Objective A3.2:** Engage faculty, staff, students and leadership in two-way communication processes around challenges and opportunities for EVMS and related organizational actions.

### Implementation/Components

Create methods for stakeholders to regularly engage leadership in conversations to ensure greater knowledge of institutional challenges and opportunities as well as organizational constraints. Ensure that stakeholders understand what actions the organization will be taking to resolve problems. Specific components include:

- Create an online site for internal stakeholders to submit questions and/or express concerns (with option to do so anonymously) and for responses to be posted;
- Conduct focus groups and SWOT analyses with each major stakeholder group (HP students, MD students, residents/fellows, clinical faculty, basic science faculty, community faculty, non-compensated full-time/VA faculty, staff and administration);
- Launch a discussion series hosted by Senior Management Team members to facilitate open communication with internal stakeholders and expand awareness of the roles of Senior Management members; and
- Conduct internal online surveys regarding effectiveness of and satisfaction with institutional and departmental communication efforts.

*NOTE: Recommendations based on results of communication audit, survey and data collection (from Objective A3.1) may indicate additional components/funds are needed.*

### Feasibility/Assessment

- Surveys conducted during the strategic planning process revealed concerns regarding institutional communication and a need for enhanced communication strategies. While additional data will be collected via the components of Objective A3.1, EVMS can take steps to improve its communication efforts immediately and continue those actions in a sustained fashion.
- One concern was an inability to pose questions or share concerns (sometimes anonymously) outside of town hall meetings and other current venues. Capitalizing on existing skills and technologies within the organization, staff can create an online form to collect questions and/or concerns. These can then be routed to the appropriate department for answers/responses that can then be posted online for internal audiences. This will allow internal stakeholders to receive answers to specific questions while also providing a barometer for Senior Management and department heads regarding areas of concern.
- Focus groups provide an opportunity for a small group of similar stakeholders to gather with a trusted facilitator to share their thoughts and perceptions on the organization's operations and strategic direction. This can provide a qualitative sense of each group's general concerns and specific understanding of the organization's actions.
- An additional concern is a perception that Senior Management is not engaged with the entirety of the internal stakeholders and is not, therefore, aware of their concerns. One opportunity to engage with internal stakeholders is the creation of a discussion series. Hosted by two or three members of the Senior Management team, six discussions would be hosted throughout the year. Each session would include 20 to 25 internal stakeholders each (as a breakfast, lunch or after-work gathering). Four sessions would address specific topics/issues (with topics drawn from concerns expressed through focus groups or online questions), while two would be structured to address a variety of questions. An executive summary of the conversation would be shared with the campus at large after each session.

## Investment/Resources

- Online Q&A: The web and form submission platforms required already exist. Additional staff time is required to create the pages and form and to monitor submissions, traffic the questions for answers and post the resulting information. No financial resources are required.
- Focus groups and SWOT analyses: There would be minimal financial costs for materials and food/drink as needed to ensure participation in the nine focus-group sessions. Cost: \$3,000 total (one-time expense). The other resource requirement is staff time for Marketing and Communications, GME and Student Affairs personnel to develop and conduct SWOT analysis sessions, and then compile and analyze findings.
- Discussion series: Six sessions held roughly every other month (20-25 participants and two or three Senior Management facilitators per session). Cost: \$4,000 per year (\$16,000 total). Staff time will be required to plan and execute each discussion series session and disseminate information afterward.
- Ongoing internal-communication satisfaction surveys: These annual surveys can be conducted online using Survey Monkey (an expense already covered by Marketing and Communications) and deployed by existing MarComm personnel.

## Project Leader

Online Q&A and ongoing internal surveys: Assistant Vice President of Marketing and Communications

Focus groups/SWOT analyses: Assistant Dean of Graduate Medical Education

Discussion series: Assistant Vice President of Marketing and Communications and Vice Dean of Graduate Medical Education

## Performance Metrics

- Implementation and use of online forum for questions and answers.
- Attendance and participation in focus group sessions.
- Attendance and participation in discussion series sessions.
- Improvement in perceived effectiveness of and satisfaction with institutional and departmental communication as measured by internal surveys.

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	<p>Online Q&amp;A:</p> <ul style="list-style-type: none"> <li>• Online platform implemented 12/2018</li> </ul> <p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul> <p>Ongoing internal survey:</p> <ul style="list-style-type: none"> <li>• Internal survey questions completed 12/2018</li> </ul>	<p>Focus groups:</p> <ul style="list-style-type: none"> <li>• Nine stakeholder focus groups completed</li> </ul> <p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul> <p>Ongoing internal survey:</p> <ul style="list-style-type: none"> <li>• Baseline survey conducted 01/2019</li> <li>• Results reported 03/2019</li> </ul>
YEAR 2	<p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul>	<p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul> <p>Ongoing internal survey:</p> <ul style="list-style-type: none"> <li>• Survey conducted 04/2020</li> <li>• Results reported 06/2020</li> </ul>
YEAR 3	<p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul>	<p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul> <p>Ongoing internal survey:</p> <ul style="list-style-type: none"> <li>• Survey conducted 04/2021</li> <li>• Results reported 06/2021</li> </ul>
YEAR 4	<p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul>	<p>Discussion series:</p> <ul style="list-style-type: none"> <li>• Three discussion sessions conducted</li> </ul> <p>Ongoing internal survey:</p> <ul style="list-style-type: none"> <li>• Survey conducted 04/2022</li> <li>• Results reported 06/2022</li> </ul>

**Objective A3.3:** Increase communication about organizational and strategic plan successes to recognize stakeholder contributions to those achievements and enhance overall morale.

### Implementation/Components

Create opportunities to recognize those who make the realization of EVMS strategic priorities possible. Showcase individuals who are not regularly recognized for their contributions to organizational success. Components of the recognition process would include:

- Encourage departments and programs to nominate potential honorees;
- Utilize a committee of Senior Management to select honorees; and
- Recognize honorees via a variety of methods, channels and venues
  - Electronic channels such as the eNewsletter and campus digital signage
  - Printed “Honoree Boards” placed on easels in locations around campus
  - Thank-you letter from the President and/or appropriate Dean/Vice Dean
  - Recognition by department head at departmental staff meeting
  - Recognition as a group at regular Board of Visitors meetings

## Feasibility/Assessment

Moving the institution forward toward its strategic goals requires focused work, and employees have expressed that those in non-leadership roles who often make EVMS success possible are not often recognized. The organization has opportunities to improve morale by recognizing these contributors publicly and more regularly.

## Investment/Resources

The financial cost of this objective is minimal (\$1,800) and covers the cost of printing Honoree Boards and purchase of easels as needed. Staff time will be required to build an online nomination form; to encourage regular submissions of nominees; to vet submissions and select honorees; to create, print and/or post honorees; and to manage thank-you letter and Board-of-Visitors recognition.

## Project Leader

Assistant Vice President of Marketing and Communications

## Performance Metrics

Selection and publicizing of honoree each month.

## Timeline & deliverables

STRATEGIC PLANNING YEAR	DELIVERABLES Months 1-6	DELIVERABLES Months 7-12
YEAR 1	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>
YEAR 2	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>
YEAR 3	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>
YEAR 4	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>	Recognition: <ul style="list-style-type: none"> <li>• Minimum of one person per month recognized</li> <li>• All honorees recognized as a group at Board of Visitors meeting.</li> </ul>

## Financial pro-forma

### EVMS STRATEGIC PLAN FY19-FY22 Financial Projections

#### MISSION AREA: ADMINISTRATIVE

Goals/Objectives	One Time	Recurring				Recurring Total
		FY 2019 Year 1	FY 2020 Year 2	FY 2021 Year 3	FY 2022 Year 4	
<b>A1 Institutional Wellness</b>						
A1.1 Wellness Champion	1,000	58,700	59,804	60,930	62,079	241,513
A1.2 Wellness Activities	20,000	–	–	–	–	–
<b>Subtotal</b>	<b>21,000</b>	<b>58,700</b>	<b>59,804</b>	<b>60,930</b>	<b>62,079</b>	<b>241,513</b>
<b>A2 Institutional Data Management</b>						
A2.1 Office for Institutional Effectiveness	131,000	320,750	331,390	393,393	400,386	1,445,918
A2.2 Data Definitions and Reports (SWOT)	155,000	–	–	–	–	–
A2.3 Data Driven Community Engagement	83,120	–	–	–	–	–
A2.4 CIO Succession Plan	55,000	158,600	161,772	232,107	236,750	789,229
A2.5 Upgrade Telephone System (half cost; see C2.2)	1,100,000	65,000	65,775	66,566	67,372	264,713
<b>Subtotal</b>	<b>1,524,120</b>	<b>544,350</b>	<b>558,937</b>	<b>692,066</b>	<b>704,507</b>	<b>2,499,861</b>
<b>A3 Institutional Communication</b>						
A3.1 Effective Communications Baseline	110,000	–	–	–	–	–
A3.2 Engage 2 Way Communication	19,000	–	–	–	–	–
A3.3 Stakeholder Recognition	7,200	–	–	–	–	–
<b>Subtotal</b>	<b>136,200</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total Strategic Plan Funding</b>	<b>1,681,320</b>	<b>603,050</b>	<b>618,741</b>	<b>752,996</b>	<b>766,586</b>	<b>2,741,374</b>

**FY22 Recurring Annual Funding 766,586**





**EVMS**  
Eastern Virginia Medical School

**Thriving in Our Missions:  
Our Roadmap for the Future**

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