The education of medical students in a changing environment requires a strategic plan which maintains the ideals and traditions of the medical profession while recognizing the changing technologies of education and the changing realities of health care. The University of South Florida College of Medicine has accepted that challenge and has embarked on an aggressive strategic plan which will position it well across the missions of research, education and health care while building on the strengths and traditions of its founding. The University of South Florida College of Medicine was established in 1965 by leaders of the region to educate physicians and to enhance health in the Tampa Bay region and State of Florida. Over 2,600 students and an equal number of residents have completed their education in USF affiliated programs. Most of the physicians who received their education at USF provide the core of clinical care to Florida’s increasingly diverse population.

Our mandate, namely providing innovative educational opportunities for medical students, advancing scientific knowledge with important research discoveries and providing primary to quarternary care for this growing region, is one which requires creativity, passion, innovation and partnership with the rest of the University and with other entities. In fact, this need and desire for partnerships which will improve the life and health of the community inspires our name—USF Health.

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

• Creative Educational Models based on a competency driven approach integrating basic education with the need to concentrate on and develop clinical skills. We are passionate about being leaders in educational technology, simulation and the importance of graduating physicians who understand the system of health care as well as its science.

• Entrepreneurial Academic Practice Models incorporating the diverse and innovative models for patient care encompassed by our full time clinical physicians as well as our volunteer faculty in cooperation with our affiliated hospitals. We plan on being a leader in the delivery of ambulatory health care through our USF Health Centers for Advanced Health Care, based on quality, service and technology.

• Research Really Matters is demonstrated by the commitment to focused recruitment, resources and direction in order to achieve national prominence. A keystone of this strategic plan is providing the infrastructure for a twenty-first century research model.

• True Integration focusing on the opportunities gained by collaborating with all other areas of the University and ensuring that USF Health truly reflects the advantages inherent in a collaborative model across all three missions for medicine, nursing, public health.

• National Prominence as demonstrated by recognition of innovative educational practices and quality patient care, achievement of competitive, peer reviewed research funding and publications, and identification of the College as a role-model in multi-disciplinary and inter-disciplinary endeavors.
The faculty, staff and administration of USF Health are committed to the framework as outlined. The model was developed after hundreds of hours of their time and input and will require even more effort to accomplish, an effort that the dean and everyone who works for USF Health are prepared to embrace.

Stephen K. Klasko, MD, MBA
Vice President for USF Health
Dean, College of Medicine
University of South Florida
The University of South Florida College of Medicine (COM), which includes the School of Physical Therapy, along with the Colleges of Nursing and Public Health, comprise the University of South Florida Health Sciences (HSC). The Health Sciences Center is based on the Tampa campus of the University of South Florida (USF), which, with over 43,000 students on four campuses, is one of the largest metropolitan universities in the Southeast and among the 20 largest universities in the United States. USF was designated as one of the state's Research I institutions in 1998, largely because of its strength in health sciences research. The COM was established by the Florida Legislature in 1965, and enrolled its charter class in 1971. The College offers doctoral programs in Medicine (MD), Medical Sciences (PhD), and Physical Therapy (DPT) and is fully accredited by the Liaison Committee for Medical Education. Several dual degree programs are also available, including the MD/PhD, MD/MBA, and MD/MPH. Multiple Masters Degree programs are offered.

Since its establishment, more than 2600 students have graduated the COM with the Doctor of Medicine Degree, 197 students have received degrees in Medical Science; and 100 students have received Master of Science degrees in Physical Therapy. Additionally, approximately 500 physicians enroll in resident physician training at USF-affiliated programs each year, selecting among our 45 American Council on Graduate Medical Education (ACGME) accredited residencies and 21 fellowship programs. The majority of those who complete medical education and/or residency training at USF remain in the state to care for its citizens. The Tampa Bay community has been substantially enriched by USF educated health professionals and by the patient care and outreach programs of the Colleges of Medicine, Nursing and Public Health.

The USF Physicians Group (USFPG) includes approximately 400 physicians and approximately 125 other practitioners, including advanced registered nurse practitioners and physical therapists. Specialties include anesthesiology, emergency medicine, family medicine, oncology, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, otolaryngology, pathology, pediatrics, physical therapy, physical medicine and rehabilitation, psychiatry, radiology and surgery.

Scientific discovery and the application of knowledge are valued endeavors at the COM, with learners at all levels having the opportunity to participate in research activities. College faculty are involved in interdisciplinary research in fields including cancer; brain disease and repair, such as Alzheimer’s and Parkinson’s diseases, and stroke; aging studies; cardiovascular disease; children’s health; patient safety; cell therapy; and infectious diseases and biodefense. Research space is available on the College campus, at the adjacent Moffitt Research Center and at the Children's Research Institute in St. Petersburg.

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

MISSION STATEMENT

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

Goal #1 The USF College of Medicine will deliver the kind of creative and innovative education that produces "practice ready" physicians, physical therapists and other health and biomedical sciences professionals and instills within them the knowledge, skills and attitudes required for the real world challenges of contemporary medicine.

Goal #2 The USF College of Medicine will advance collaborative learning and discovery through significantly expanded basic science, translational and clinical research that contributes to improved preventive, diagnostic and therapeutic outcomes.

Goal #3 The USF College of Medicine will achieve fiscal self-sufficiency and a stable economic base through the establishment of entrepreneurial academic, research and clinical programs.

Goal #4 The USF College of Medicine will be a community of faculty, staff and students who are passionate about their work and who uphold the highest academic and ethical standards.

Goal #5 The USF College of Medicine will be the keystone in a network of institutions, programs and individuals that collaborate to provide innovative, high quality, compassionate, accessible health care.

VISION

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

VALUES

The faculty and staff of the University of South Florida College of Medicine commit to these values as guides for our decisions and behaviors:

High Standards – In upholding the highest standards we will:
  • Demonstrate ethical leadership by example
  • Conduct ourselves with integrity, avoiding conflicts of interest
  • Hold our work to the highest academic standards

Respect for Individuals – In valuing respect for individuals, we pledge to:
  • Treat others with respect and dignity, honoring individual differences
  • Promote open communication and listen proactively
  • Create a collegial environment based on loyalty to our co-workers

Advancing Knowledge – In expressing our passion for learning, we encourage:
  • Exploration of new ideas in our teaching and research
  • The courage to meet challenges and assume risk
  • Diverse learning opportunities where creativity thrives
  • Interdisciplinary teamwork

Personal Development and Leadership – Recognizing that exceptional quality begins with people, we create:
  • A culture of personal development and professional fulfillment
  • A workplace where expectations are matched by our reward system
  • An atmosphere where people value the balance between work and family
  • A mentor-rich culture where faculty, staff and students can enhance their leadership skills

Commitment to Health – Supporting our fundamental belief in the doctor/patient relationship, we are committed to:
  • The highest quality medical care for our patients
  • Training the next generation of physicians and healthcare professionals to be capable and compassionate
  • Promoting good health and well-being in response to the needs of our community
  • Our community partners who help us achieve excellence in all that we do
The College of Medicine (COM) has engaged in a series of strategic planning activities over the past decade. There is a high degree of continuity across these planning activities in terms of the overarching goals of the College:

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

**COM Strategic Plan, 1997-2000**

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

**Goal #1** To provide comprehensive programs of medical education that encourage intellectual curiosity and the acquisition of those skills necessary for the advancement of medical knowledge and healthcare practices, and improvement of the health of the community

**Goal #2** To advance knowledge through research and other scholarly activities

**Goal #3** To provide compassionate, exemplary health care to support medical education, enhance clinical skills, make research possible, and serve as a clinical resource to the community and the profession

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

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

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

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

- The location of the USF HSC in the Tampa Bay area, one of the largest, most diverse and attractive major metropolitan areas in the Southeastern U.S.
- The existence of numerous, premier research and clinical programs within the HSC that are responsive to critical societal healthcare needs
- The high quality and strong national reputation of the HSC’s faculty and students
- The potential to greatly expand business and industry linkages, particularly in areas such as biomedicine and biotechnology
- The unique competitive advantage that the existence of the Colleges of Medicine, Nursing and Public Health and School of Physical Therapy within a single Health Sciences Center affords USF
The HSC Direction Setting Process also resulted in the identification of four strategic programmatic initiatives for the HSC:

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

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

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

**HSC Components of University of South Florida Strategic Plan, 2002-07**

The HSC component of the 2002-2007 University of South Florida Strategic Plan establishes the following actions and initiatives as priorities for the HSC as a whole and specifically for the COM:

- Creation of an inter-collegiate, interdisciplinary HSC that collaborates with units throughout USF and with external entities
- Promotion of a nationally distinctive research program with emphasis in such priority areas as public health policy considerations and health areas as: children; infectious diseases and bioterrorism; health promotion and disease prevention; patient safety; hospice, end-of-life and palliative care; and cell therapy/neuroscience/brain repair, particularly Alzheimer’s disease, cardiovascular disease, cancer and stroke
- Promotion of nationally distinctive educational programs
- Full engagement of the HSC and its programs, faculty, staff and students in the advancement of health in the community
- Construction and/or renovation of facilities that enhance opportunities for collaboration across Colleges, disciplines, programs and external entities
- Achievement of fiscal self-sufficiency and development of a stable economic base for health sciences units

The USF Strategic Plan also includes selected accountability measures for the Health Sciences Center including targeted increases in:

- The number of MD, PT and graduate degrees granted
- The number of post-doctoral appointments
- The number of inter-disciplinary and collaborative degrees and certificates awarded
- The dollar amount of federal contracts and grants received and the percent of the HSC budget derived from contracts and grants
- The number of entrepreneurial initiatives undertaken with potential for clinical applications or commercialization

**USF Health**

USF Health is the enterprise dedicated to making life better by improving health in the wider environment, in communities, and for individuals. The name USF Health was adopted in fall 2005 to reflect its collaborative focus on the full continuum of health replacing the former name USF Health Sciences Center. USF Health has, as its core, the three Colleges of Public Health, Nursing and Medicine, including a School of Physical Therapy as well as the health care delivered by its clinicians. USF Health and HSC are the same entities; use of the name varies in this document depending on the date of the activity.
In July, 2004, Dr. Stephen Klasko was appointed Vice President for Health Sciences and Dean of the College of Medicine. Under Dean Klasko’s leadership, the COM has embarked upon the creation and implementation of a Blueprint for Strategic Action (BSA). The process, which has been highly collaborative, involving over 100 faculty and staff from all departments and programs across the College, has included several phases. During the first phase, a fact-based overview of the COM’s status was developed, which included an analysis of the College’s history and an assessment of its present strengths, weaknesses, opportunities and threats (SWOT analysis). The SWOT analysis, combined with a previous analysis of the HSC Environmental Scanning Process, identified the following:

**STRENGTHS/OPPORTUNITIES**

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

**WEAKNESSES/THREATS**

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

The “SWOT” analysis enabled the College to gain a clear sense of its present strengths, specifically those that can be leveraged most productively, and its greatest challenges and vulnerabilities. The following outline of major messages has provided a template to guide strategic development of the COM:
The Blueprint next called for the creation of a number of Strategic Work Groups (SWGs), each of which was charged with identifying specific activities required to close the gap between where the College is now and where it aspires to be. Three SWGs, the Clinical, Research and Education SWGs, are addressing the College's mission development. Six SWGs, the Faculty, Financial Management, Diversity, Organizational Effectiveness, Fund Raising and Communications/Media SWGs, are addressing operations development. A Facilities SWG has specific responsibility for oversight of activities relating to the new Center for Advanced Health Care and other facilities-related issues. The SWGs were held to the achievement of aggressive three and six month action plans which they have developed within their specific areas of responsibility to guide the College through the initial stage of the Blueprint's development and subsequent implementation. As BSA work continued, SWGs became operational in a variety of forms such as the "replacement" of the Financial Management SWG by the Asset Investment Management System (AIMS) Council. These developments are reflected throughout this strategic plan.
ORGANIZATION OF STRATEGIC PLAN

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Each Section Contains:
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  • Strategic Assessment
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IMPLEMENTATION TIME LINES

A time line for implementation follows each strategic initiative listed below:
  • Short-Term — to be completed by end of 2005-06 academic year
  • Intermediate Term — to be completed by end of 2006-07 academic year
  • Long-Term — to be completed by end of 2009-10 academic year.
UNDERGRADUATE MEDICAL EDUCATION

INTRODUCTION
Evaluation and improvement of the undergraduate medical education curriculum is an on-going process at the College of Medicine. Since 1999 the College has made significant modifications in the Year 1 and 2 curricula, moving to a model that is more integrated and interdisciplinary and that places a greater emphasis on the application of important basic science concepts to clinical medicine.

A critical component of the Year 1 and 2 curricular reforms is the Longitudinal Clinical Experience (LCE) program that pairs first and second year medical students with medical school faculty and private medical practice preceptors for one half-day per week. Over the course of two years, each medical student works with three different preceptors in primary and specialty practice areas.

In early 2004, the College began “The Program to Advance Clinical Education” (PACE), to evaluate the adequacy of the Year 3 and 4 curricula. PACE is being conducted within the context of the numerous published studies that have concluded that the clinical component of U.S. undergraduate medical education has not kept pace with changes in healthcare delivery systems, evolving practice requirements, changing patient expectations, increasing emphasis on quality improvement and evidence-based medicine and constant innovations in medical informatics and technology. The goals for the new Year 3 and 4 program include: (a) development of an interdisciplinary clerkship model; (b) creation of a new methodology for oversight of clerkships; (c) assurance that learning experiences expose students to common disorders that are representative of those seen in clinical practice, include important concepts of the major fields of medicine and to develop procedural skills appropriate for all medical school graduates, including patients presenting de novo who do not yet have a diagnosis; (d) integration of important contemporary issues in medicine; (e) a more robust fourth year; and (f) enhanced use of technology.

The new Clinical Skills Center opened in the fall 2005 and is one of the most advanced facilities of its kind in the nation.

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

• USF medical school graduates’ 2001 through 2004 for the first time pass rates on the USMLE Step 1 ranged from 99% to 100%. National pass rates ranged from 94% to 96%
• USF medical school graduates’ 2002 through 2005 for the first time pass rates on the USMLE Step 2 ranged from 99% to 100%. National pass rates ranged from 94% to 96%
• On the AAMC 2004 Medical School Graduate Questionnaire, 51% of USF COM graduates reported that they “strongly agreed” that they were satisfied with the overall quality of their medical education program, as contrasted to 39% of National medical school graduates
The College is committed to assuring that our medical school graduates possess the concepts, skills and attitudes required for the effective and successful practice of medicine in today's healthcare delivery environment. In addition to the modifications being made to the Year 3 and Year 4 curricula, several other initiatives are also underway.

The first initiative, internally referred to as the “Physicians Who Get It” initiative, identifies a skill set (including communication and negotiation skills, conflict resolution, leadership and management skills, the ability to work as a team member, etc.) that is considered imperative for today's practicing physicians to possess. The next challenge is to design curricular components for these skills and to reach consensus about how to incorporate them into the curriculum. The second initiative underway aims at significantly increasing the number of medical students who graduate with a dual degree. Highest priority will be given to the MD/PhD in biomedical sciences and a new program in biomedical engineering. We also offer MD/MBA and MD/MPH degrees. It is the College's objective that 20% of medical school graduates ultimately complete a dual degree. The College is also actively investigating the creation of a range of “scholarly concentrations” which would permit students to include a focus of study in a specific area of interest during their medical studies. Potential “scholarly concentrations” would include community/public health, international health, biomedical ethics/humanities, immunology, clinical research, leadership development, academic medicine, aging, the business of medicine, neurosciences, infectious diseases, oncology, bioinformatics/biostatistics and sports medicine, among others.

In order for the College of Medicine to be able to achieve the curricular and educational reforms that have been prioritized for implementation over the next five to ten years, it is imperative that the College's instructional technology resources be significantly enhanced. The College approved the following new computer requirements beginning the 2005-06 academic year:

- Notebook computers for all new students will permit each classroom and lab to serve as a computer lab
- Handhelds for all third year students will offer students experience with the technologies that now exist in clinical practice

Other instructional technology applications under consideration or being planned by the College include:

- An enhanced student clinical encounter system permitting real time review of activities in comparison to benchmarks
- Increased use of simulators
- Expanded use of computer-delivered testing
- Enhanced use of digital imaging for histology, pathology and microbiology

Like many other public schools of medicine, one of the significant challenges facing our program is maintaining and increasing funding for our educational mission in an environment of limited and competitive resources. There is the potential for increasing the number of state supported medical schools in Florida which would most likely negatively impact the funding provided to USF COM. General revenue funding, as a percentage of the College of Medicine’s operating budget, has declined steadily over the past five years from 22.4% in FY 1999-2000 to 15.1% in FY 2001-2005. This reality combined with increased pressure to produce more clinical revenue and contract grant funding has increased the emphasis placed on clinical practice and research. Concomitantly, the College is implementing critical curricular reforms, particularly related to increasing small group methods of active learning, that are often more costly than the traditional undergraduate medical curriculum. Unfortunately, however, some of the educational facilities of the College are 35 years old and inadequate to support further important curriculum reforms aimed at enhancing methodologies and programs within the College. While we have recently renovated larger-group classrooms for first and second year medical students that are state-of-the-art, and we have an innovative clinical skills center that is recently completed, there is still a significant need for a building that is designed for small-group instruction, mid-sized programs, learning communities and simulation. Beyond these very urgent needs, a new medical education building would allow the College to achieve greater national prominence and further all of its educational missions. Thus with this combination of pressures, the College needs to focus much of its energies on ensuring appropriate faculty and financial resources for the educational mission.

Despite these critical financial constraints, the College has responded to the strong demand in the state of Florida to increase access to undergraduate medical education by increasing its entering class size. With LCME approval, the enrollment at the USF COM has increased from 96 students in 2000/01 to 120 students in 2004/05. In addition, the COM has begun a new Medical Honors Program in conjunction with the University of Central Florida (UCF), Florida International University (FIU), and USF designed to facilitate the entry of highly qualified undergraduate students to the COM. It is hoped that these programs will also enhance diversity amongst the COM student body. This collaboration between USF, UCF and FIU is demonstrating synergistic effects not only for the institutions, but also for the students. Further expansion of class size, however, will require additional operating and facility funding from the state. To respond to the USF Board of Trustees call for additional student enrollment of up to a total of 200 matriculants per year, a provisional enrollment and facilities plan has been developed that would require significant resources for faculty and staff, as well as physical plant. Further LCME approval would be required.
STRATEGIC INITIATIVES

**Strategic Initiative #1:** Implement and periodically evaluate Program to Advance Clinical Education (PACE).

Intermediate Term:
- Revise Year 3 curriculum as needed through first year of implementation based on evaluations by faculty and student oversight committee
- Implement Year 4 curriculum 2006/2007 academic year

**Strategic Initiative #2:** Identify, develop, and implement new undergraduate curricular components for the “Physician of the Future” Initiative.

Short Term:
- Identify concepts/skills/attitudes to be addressed by end of first quarter 2006

Intermediate Term:
- Design of curricular components to be completed by December 2006
- New components to be incorporated into undergraduate curriculum by June 2007

**Strategic Initiative #3:** Expand the number of dual degree and interdisciplinary education programs offered by the College of Medicine.

Short Term:
- Develop implementation plan with matriculation of first dual degree MD students for the 2006/2007 academic year

**Strategic Initiative #4:** Establish areas of scholarly concentration.

Short Term:
- Begin planning, initiate pilot programs in selected areas

Long Term:
- Launch optional offerings in additional areas for Class of 2010

**Strategic Initiative #5:** Enhance the use of instructional technology.

Short Term:
- Approve recommendations regarding use of notebook computers and PDA for medical students
- Finalize plan for instructional technology within Clinical Skills Center and purchase technology
- Create an Educational Design and Technology Team
- Develop planning for new PDA-based resources including a new clinical encounter system
- Provide the gigabyte infrastructure for Information Services to enhance videoconferencing instructional modalities and streaming video use by students and faculty

**Strategic Initiative #6:** Enhance funding for medical student scholarships.

Long Term:
- Identify potential donors/sources for student scholarship programs
PHYSICAL THERAPY EDUCATION

INTRODUCTION

The University of South Florida School of Physical Therapy was established in 1998 as a department within the College of Medicine. The first class of 14 students graduated in 2001 and was awarded the entry-level Master of Science in Physical Therapy (MSPT) degree. The School has subsequently enrolled cohorts of 30 students in the MSPT degree program. Responding to national educational trends and changes in scope of physical therapy practice within the healthcare environment, School of Physical Therapy faculty developed and submitted a curricular implementation proposal to replace the entry-level MSPT degree with the first-professional Doctor of Physical Therapy (DPT) degree. Following University review and approval, the Florida Board of Governors granted new degree implementation authority to USF in October 2004, enabling USF to becoming the first public University in Florida to offer the Doctor of Physical Therapy entry-level degree. The charter DPT class of 30 students began their three year course of study in August 2005. The final two cohorts of matriculating MSPT students will complete their studies in August 2005 and 2006. A one year transitional Doctor of Physical Therapy (DPT) degree program is being made available for USF MSPT graduates and will begin in August 2006.

STRATEGIC ASSESSMENT

The quality of the USF School of Physical Therapy educational enterprise is best assessed by the following metrics:

Applicants for admission to the School's educational program have increased in number and quality with each successive admissions cycle. The 2004/05 admissions cycle selected the charter DPT class from a pool of over 100 applicants with a 3.4 GPA and 1100 GRE score profile. The School has been able to matriculate racially and ethnically diverse classes without the availability of substantial scholarship funds. USF School of Physical Therapy graduates' 2001 through 2004 pass rates on the National Physical Therapy Examination (NPTE), the standardized examination for licensure and practice in physical therapy required by all states and jurisdictions, has been at or near the aggregate rate for all US accredited physical therapy educational programs with 100% of graduates having secured employment upon licensure, generally within 3-6 months of graduation. Student exit interviews report general satisfaction with their entry-level educational preparation.

<table>
<thead>
<tr>
<th>Class Years 2001-2004</th>
<th>1st Time Pass Rate USF</th>
<th>1st Time Pass Rate All US Programs</th>
<th>4 Year Total Pass Rate USF</th>
<th>4 Year Total Pass Rate All US Programs</th>
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<tbody>
<tr>
<td>NPTE</td>
<td>85</td>
<td>81</td>
<td>94</td>
<td>95</td>
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Evaluation and improvement of the physical therapy curriculum is an on-going process within the School of Physical Therapy. Since August 2004, the School's curriculum committee has made significant modifications to the new DPT curriculum, building an innovative model that is more integrated and interdisciplinary within the resources of the College of Medicine and Health Sciences Center, and that places our year 1 DPT students with year 1 medical students in key “foundations of doctoring” courses. These changes were reviewed and approved by the College of Medicine Curriculum Committee in March 2005. Additional interdisciplinary opportunities are being developed and are evolving outside the classroom, so that teaching and learning together is translated into the teamwork of practicing collaboratively.

The School of Physical Therapy is also committed to assuring that our graduates possess the knowledge, skills and attitudes required for the effective and successful practice of physical therapy in today's healthcare environment. In addition to the significant curricular modifications being made with the implementation of the new DPT curricula, several other initiatives are in process which that will provide our graduates a skills set that will ensure they are “practice ready” (including communications and negotiations skills, conflict resolution, leadership and management skills, and the ability to work as an effective team member) that is considered imperative for today's practitioner to possess.

The School of Physical Therapy is not immune to the pressures to develop and produce clinical revenue and contract and grant funding. As part of the larger USF College of Medicine implementation of the mission-based AIMS System, the School of Physical Therapy is carefully analyzing and realigning faculty effort and accountability while implementing the new DPT curriculum. Demand for access to physical therapy education is strong and growing. The USF School of Physical Therapy has responded to this increasing demand for access to physical therapy education in Florida by increasing its entering class size from 30 in 2004/05 to 36 (+20% increase) with the implementation of the new DPT degree in 2005/06.
STRATEGIC INITIATIVES

Short Term:
  • Integration of DPT I students with MS I students in key Year I BMS “Foundations of Doctoring” coursework

Strategic Initiative #2: Enhance Use of Instructional Technology.
Short Term:
  • Successfully Implement Video Streaming of Key BMS Year I Course content to DPT Class of 2008
  • Successfully Implement PDA’s and Medical Workbench Software by DPT Class of 2008 During Longitudinal Clinical Experience I

Strategic Initiative #3: Achieve Successful Self-Study, Site Visit and Re-Accreditation of USF Physical Therapy Education Program by CAPTE.
Short Term:
  • Host Site Visit (December 3-6, 2006)

Strategic Initiative #4: Expand the Number of Dual Degree Education Programs Partnered in by the School of Physical Therapy.
Short Term:
  • Obtain Final Campus approval for DPT/MPH Dual Degree Program
Intermediate Term:
  • Pursue DPT/MBA and DPT/PhD Dual Degree Programs

Strategic Initiative #5: Enhance Funding for School of Physical Therapy Student Scholarships.
Short Term:
  • Identify, with Development Office, Ten Prospects to Cultivate for Student Scholarship Fund Contributions
Long Term:
  • Achieve an Endowment of at least $250,000 in Contributions for Physical Therapy Student Scholarships

GRADUATE MEDICAL SCIENCES EDUCATION (PhD and MS)

INTRODUCTION
Graduate education has been recognized as fundamental to achieving the strategic goals of the College of Medicine, both in the development and training of future scientists and clinicians who will be responsible for generating pioneering advances in health care and basic research and providing the educators and researchers of tomorrow. In addition, the development of new, interdisciplinary graduate programs can provide a pool of highly-qualified individuals who can compete for local academic and industrial positions. Thus, a strong graduate program that comprises a diverse array of talented Doctoral and Masters students provides an essential complement to the traditional medical student programs and stimulates the research endeavors of the faculty.

The College of Medicine offers graduate programs leading to the Doctor of Philosophy in Medical Sciences, the Master of Science in Medical Sciences, the Master of Science in Bioinformatics and Computational Biology and the Master of Arts in Bioethics and Humanities.

The Doctor of Philosophy degree in Medical Sciences is available with concentrations in Anatomy, Biochemistry and Molecular Biology, Medical Microbiology and Immunology, Neuroscience, Pathology and Laboratory Medicine, Pharmacology and Therapeutics, and Physiology and Biophysics. A combined MD/PhD program is also available and initial students are enrolled.

A recent development in preparing students for a research career has been the institution of a Multidisciplinary Biomedical Sciences (MBS) doctoral program that combines strong biomedical sciences training with increased research opportunities. This program enables students to enter graduate doctoral education in an undifferentiated status by participating (taking) in a comprehensive course entitled Foundations of Medical Science. Students enrolled in the MBS program participate in a common first semester curriculum that provides an essential background in biochemistry, molecular biology and cell biology, combined with laboratory rotations to identify an area of research and a mentor. In addition to the MBS program, students with a specific interest in one department/concentration may apply to both the MBS program and this one department/concentration.
Thus students are offered three choices when applying to the USF PhD Program in Medical Sciences: A) Multidisciplinary Biomedical Sciences track, B) Department – or Concentration-Based track, and C) Combination track, involving both the MBS and Department/Concentration-Based tracks.

Recognizing the very real need to address emerging issues in healthcare delivery and research, the HSC is developing a new interdisciplinary Masters Degree in Medical Sciences (MMS) that encompasses expertise in all three Colleges of the HSC, with a number of concentrations that respond to contemporary and anticipated workforce needs. The graduate program has been innovative in developing two new programs, the MS in Bioinformatics and Computational Biology and the MA in Bioethics and Humanities. The first students were admitted into these new degree offerings in the 2003/04 academic year. Additional concentrations, including Biochemistry and Molecular Biology, Medical Microbiology and Immunology, Clinical Microbiology, Anatomy and Pharmacology have also admitted students in the 2004/05 academic year.

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

A new Master of Science Degree in Entrepreneurship in Applied Technologies was launched in fall 2005. The College of Medicine is an integral partner in this program, in conjunction with the Colleges of Engineering and Business Administration. The program was developed by, and through, the Center for Entrepreneurship and will be administered through the Graduate School. The program is one year in length and can be taken in conjunction with the professional and graduate degrees offered in the Colleges of the Health Sciences Center. The Intellectual Property course in this program will be taught by faculty of the College of Medicine.

A new Master of Science Degree in Biotechnology is currently in the process of approval for offering in the fall of 2006.

A range of graduate certificate programs are offered in areas such as Bioinformatics, Biochemistry and Molecular Biology, Biotechnology, Clinical Investigation and Aging and Neuroscience. Additional Graduate Certificate programs, such as Molecular Medicine are under development.

STRATEGIC ASSESSMENT

The College of Medicine has made a considerable effort over the past decade to create interdisciplinary curricula for the PhD and Masters programs and to expand interdisciplinary graduate certificate program offerings. The success of these efforts has been evidenced by the strong enrollment growth that existing College of Medicine Masters and Doctoral programs in the biomedical sciences are experiencing, in part due to the increased recognition of USF as a Research I University. There is a continued need to increase interdisciplinary Masters and Doctoral Program offerings to address the growing need for individuals with advanced training that cut across what have traditionally been discrete areas of academic preparation. If additional essential state funding is appropriated, expansion of enrollment in Doctoral and Masters programs in the biomedical sciences, with particular emphasis on interdisciplinary programs, is warranted. More emphasis should also be given to developing doctoral programs.

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

The graduate program has increased from 32 students ten years ago to >175 students in the current year. Staffing during this time has not kept up with the student growth. The increase from 32 to 95 doctoral students, the addition of master’s degree programs, the addition of certificate programs and the movement of administration of the first year from departments to multidisciplinary programs has placed a major work load on the graduate office. All of the growth has occurred with minimal increase in state funding.

Postdoctoral scholars are a vital component of the research and instructional mission of the College of Medicine. An Office of Postdoctoral Affairs should be created within the Office of Research to serve as an advocate for all postdoctoral scholars at the College. The goals of this office would be to provide administrative support, develop educational opportunities and act as a liaison between the scholars and their mentors and the College’s administration. In addition, the office would be charged with enhancing
the postdoctoral experience at the College and assisting in preparing postdoctoral scholars for successful careers after the completion of their training. The office would be led by an Associate Dean of Postdoctoral Affairs who would be expected to provide leadership and direction for the postdoctoral school program.

STRATEGIC INITIATIVES

Strategic Initiative #1: Expand enrollment in Doctoral, Masters and Certificate programs in the biomedical sciences, with highest priority being given to securing funding for Doctoral programs.

Intermediate Term:
- Enhance recruiting tools (brochures, campus visits)
- Implement plans for combined MD/PhD program to train physician scientists

Long Term:
- Masters in Bioinformatics and Computational Biology
- Masters in Biomedical Ethics and Humanities
- Masters in Specific Biomedical Disciplines
- New program offerings

Strategic Initiative #2: Expand graduate program offerings with an emphasis on interdisciplinary opportunities.

Short Term:
- PhD in Biomedical Engineering
- Establish COM/College of Engineering Department of Bioengineering with a new model of shared governance

Intermediate:
- Master of Science in Biotechnology
- Continue to develop masters and certificate program to provide for student needs and the department support necessary to support the new programs with the intent of providing job related education but with emphasis on selecting students for doctoral level education

Long Term:
- Evaluate success of these programs relative to doctoral programs (i.e. consider the resources necessary and the effort expended relative to the goal of building a Research I University.)

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

Short Term:
- Continue return of tuition generated by certificate, masters and non-doctoral students to departments
- Provide health insurance supplements for doctoral students

Intermediate Term:
- Increase stipend levels to be competitive with universities in the Southeastern U.S.

Strategic Initiative #4: Increase administrative/staff support for Graduate Programs.

Short Term:
- Enhance recruiting, advising and marketing
- Reorganize Office of Graduate Affairs within Research Office

Intermediate Term:
- Establish an office of Postdoctoral Affairs
- Develop stable funding sources for student and program support
INTRODUCTION

The Graduate Medical Education Program of the University of South Florida endeavors to provide an ideal environment for the acquisition of the knowledge, skills, and attitudes necessary for its graduates to achieve the highest levels of professional and personal accomplishment and to safeguard the public trust. In so doing, we support a balanced educational program comprised of individual programs united under a common institutional goal, with shared participation in an interdisciplinary curriculum that promotes a culture of life-long learning. We recognize that residency training is a vital step in the continuum of medical education. We encourage residents to take an active role in the teaching and mentoring of medical students and provide residents with the skills necessary to serve successfully and effectively in this capacity.

The College’s primary teaching hospital affiliates are:

- Tampa General Hospital — a private, non-profit 975-bed facility and the area’s only Level 1 Trauma Center and Burn Unit, is the primary training site for the USF College of Medicine’s medical students and residents. Specialty services include aeromedical services, transplantation and a freestanding rehabilitation center.
- James Haley Veterans Hospital — a 640 bed hospital next to the USF Tampa campus, the Haley VA, which is one of the busiest VA hospitals in the nation, along with Bay Pines Veterans Hospital in St. Petersburg, is one of two Dean’s Committee VA hospitals in the Bay area. The medical center provides opportunities for training in all adult fields and in specialty care in its Women’s Center, Spinal Cord Injury Center, Rehabilitation/Traumatic Brain Injury Center and Nursing Home Care Unit.
- All Children’s Hospital — a private, non-profit 216 bed children’s facility that is the primary pediatric training site for USF medical students and residents. The hospital has a main campus in St. Petersburg and a service site in Hillsborough County adjacent to the USF campus.
- Moffitt Cancer Center and Research Institute — a designated NCI, private, non-profit 162 bed facility located on the USF campus and closely integrated with the USF College of Medicine that focuses on research, education, prevention and treatment of cancer.

In addition to its primary teaching hospital affiliates, the College of Medicine also has limited training affiliations with over 100 facilities throughout the state for single training programs or programs involving a small number of trainees and owns, leases or contracts with 13 facilities in the Tampa Bay area, 7 of which are on the USF Tampa campus, where clinical teaching and research by College of Medicine faculty occurs.

STRATEGIC ASSESSMENT

The College’s five primary hospital affiliates are financially sound, not-for-profit institutions that have been spared the problems associated with mergers. Tampa General Hospital, which has successfully transitioned from public to private status, is economically sound and very busy. Affiliations with two large, tertiary care VA hospitals and a full-service children’s hospital affords the College a breadth of residency opportunities. The College has implemented new competency-based curricula in its sixty-one residency and fellowship programs, developed new web-based residency program evaluation tools and fully implemented new residency duty hour requirements. Program directors have embraced the new curriculum and evaluation mechanisms and actively participate in the administration of the GME program. The majority of residency programs are highly competitive nationally and virtually all programs fill during the match with highly qualified applicants. Residency program content is comprehensive and of high quality as reflected by residents’ high pass rates on certifying examinations. A well developed intranet has improved communication with program directors and residents and has allowed for the development of web-based resident evaluation tools and monitoring of work hours. The new Center for Advanced Healthcare will increase the visibility of the College as a practice entity, which will have the ancillary effect of enhancing the quality and reputation of the residency programs.

Florida ranks 46th nationally in terms of the number of residency positions per 100,000 state population and would need to add approximately 2,600 residency positions to meet the national ratio of GME positions per 100,000 population. Competition for Florida residency positions is expected to increase as a result of the creation of the Florida State University College of Medicine in 2000, the potential that one or more additional medical schools may be established in Florida in the near future and the predicted growth in existing medical school enrollment at both the state and national levels. Despite the need for additional GME positions in Florida, efforts to expand graduate medical education have been hampered by the abolition of the Community Hospital Education Program, a long-standing state program that provided dedicated state appropriations to support GME until 1999, the caps on Medicare direct and indirect GME funding imposed by the federal Balanced Budget Act of 1997 and the absence of any
private funding to support GME. USF has created nine new residency programs, totaling 82 GME positions in dermatopathology, emergency medicine, physical medicine & rehabilitation, spinal cord injury medicine, family practice, rheumatology, addiction psychiatry, vascular and interventional radiology and combined internal medicine/pediatrics since the imposition of the Medicare cap on GME funding. Creation of these GME programs has been driven primarily by the hospital affiliate's service requirements, rather than by the physician workforce needs of the state and nation. As financial pressures on hospitals' bottom lines continue to increase, the College's primary hospital affiliates have become unwilling to support the creation or expansion of GME programs or to recognize and assist in defraying the GME-related costs incurred by the College. This trend is likely to continue unless hospitals can be convinced that supporting GME is cost effective. To this end, the College is completing a study that will demonstrate that residents and fellows provide patient care at a cost to the hospital that is significantly below the cost of using advanced registered nurse practitioners and physician assistants. Until significant and sustained new state and/or federal funding for GME programs is available, the College will focus its attention primarily on enhancing the quality of its GME programs, rather than on expanding their capacity. The College will, however, work in collaboration with the Office of Development to identify potentials for private donor support for GME.

STRATEGIC INITIATIVES

**Strategic Initiative #1:** Incrementally implement simulation and patient safety tools into residency curricula — Long Term.

**Strategic Initiative #2:** Complete study of the cost effectiveness of patient care provided by residents and use study to advocate for maintenance and expansion of GME with current primary hospital affiliates and potential new affiliates — Short Term.

CONTINUING PROFESSIONAL DEVELOPMENT

INTRODUCTION

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

The OCPD operationalizes its mission by engaging the HSC faculty and other national and international experts in identifying learner needs/interests, planning learning activities to address the identified needs and performing outcome evaluations to determine the impact of the learning activity on the attitude, skills and/or knowledge of the learner. The most frequent type of Continuing Education (CE) activity sponsored by the COM is live conferences. The format varies from the one hour regularly scheduled conferences (grand rounds) to multi-day international scientific symposia. In addition to live conferences, the office produces enduring materials (monographs, journal, CD-ROMS, DVDs) and Internet-based CE activities.

The OCPD offers a menu of services that clients may select based on the course requirements and projected budget for their continuing education activity. For the majority of CE activities sponsored through the College of Medicine, the OCPD manages all aspects of instructional design, conference management and credit certification. The COM affiliate hospitals, Tampa General Healthcare, All Children's Hospital, H. Lee Moffitt Cancer Center and Research Institute, Bay Pines VA Medical Center and James A. Haley VA Medical Center, have internal CE staff that collaborates with the OCPD for certification of the courses for AMA PRA category 1 credit.

A joint program for continuing professional development has been created with the College of Business Administration and the Center for Entrepreneurship using a condensed version of course material developed for the Master of Science Degree in Entrepreneurship in Applied Technologies. The 12 hour program is offered twice per year and is marketed to physicians and healthcare executives. In addition, an expanded curriculum in Entrepreneurship will be developed for on-line presentation with marketing focused on the same target audience.
STRATEGIC ASSESSMENT

Presently, the OCPD operates through Medical Services Support Corporation (MSSC) which is a direct support organization (DSO) of USF. In 2004, the USF Board of Trustees approved the formation of a separate DSO, the Health Professions Conferencing Corporation, for the operations of the OCPD. Assets are to be transferred to this DSO during FY06. The DSO will be governed by a seven member board and the daily operations managed by the Associate Vice President of Continuing Professional Development. The OCPD has been totally self-supporting for three years. The fees are established through internal and external benchmarking and have increased once in nine years. The OCPD has a staff of 21 FTE’s and is positioned to engage temporary staff as projects demand. This provides the required flexibility to quickly respond to emerging program needs.

The OCPD is integrally involved with the Continuing Medical Education (CME) enterprise on a national and state level. In November 2002, the OCPD received a 6 year reaccreditation with commendation from the Accreditation Council on Continuing Medical Education (ACCME). The Associate Vice President for Continuing Professional Development serves as the Association of American Medical College’s (AAMC) representative to the ACCME’s Accreditation Review Committee, serves as a board member for the Society for Academic Continuing Medical Education and as a member of the Florida Medical Association’s Committee for CME Accreditation.

Continuing education activities are local, statewide, national and international in scope reflecting the reach of USF as identified in its mission statement. For FY05, the OCPD sponsored 695 activities and 51 grand rounds that reached 63,405 learners. The numbers of courses and participants have been consistent over the past three years. Between 55-60% of the learners are from the State of Florida thus supporting USF’s commitment to improving the clinical and leadership skills of our state’s healthcare workforce.

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

A new initiative, proposed in 2002 by the OCPD, is the development of a private/academic partnership to create the Center for Advanced Medical Learning and Simulation (the Center). The Center will be a $60 million dollar high-tech, state-of-the-art training facility adjacent to a 350 room hotel that will facilitate the achievement of the HSC research and education missions by allowing the development and implementation of innovative teaching models for residency training and post graduate education. The primary components of the center are the surgical skills laboratory, simulation center/virtual hospital, prototype development laboratory and center for research in healthcare education.

The OCPD will be located at the Center and have a contract with the developer to manage the strategic plan, research and development activities, programs and daily operations of the Center. The OCPD will hold approximately 35% of its existing courses at the Center and will work with HSC faculty and other national and international experts to develop new courses in the areas of surgical skills training and retraining, maintenance of certification and procedural training for new technologies. The prototype development laboratory will provide space for multidisciplinary research initiatives involving the Colleges of Medicine, Nursing, Public Health, Engineering, Computer Science and industry partners.

STRATEGIC INITIATIVES

Strategic Initiative #1: Assure participation in providing a continuum of activities complementing the undergraduate and graduate medical education activities of the College using adult learning to emphasize learning for post graduate practitioners of the health sciences.

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

Intermediate Term:
- Actively participate with the Monthly Review of Education to initiate new collaborative learning opportunities that cross the continuum of medical education
- Support the initiatives of the College in collaboration with the Colleges of Engineering and Business and the Center for Entrepreneurial Leadership through initiation of collaborative programs and projects
- Support the efforts of the CRISPS and strategic workgroups by producing relevant continuing education and outreach opportunities
Long Term:
  • Refine collaborative model to continue generating new opportunities for collaboration
  • Implement model for consistent identification, implementation and evaluation across the continuum of education
  • Work with CRISPS and SWGs to identify long term CME goals to facilitate national prominence

Strategic Initiative #2: Provide project management for the Center for Advanced Medical Learning and Simulation and manage the Center’s operations once it opens.
Intermediate Term:
  • Identify and plan joint education, training and research programs for Center
  • Identify and develop new program and research opportunities for Center
  • Identify potential industry partners for Center

Strategic Initiative #3: Partner with the Faculty Development Advisory Council and Faculty Development Program to support the development of creative and innovative activities for faculty academic development in both leadership and education in support of the mission and vision of the College — Intermediate Term.
INTRODUCTION
Faculty, staff, and students in the College are engaged in many areas of biomedical research. Institutional and faculty initiatives and direction setting processes have identified four areas of current or emerging research strength as initial targets for investment in infrastructure and human talent:

• Neurosciences
• Cardiovascular Health and Diseases
• Infectious Diseases and Biodefense
• Oncology

These research thrusts are multidisciplinary – they promote teams that span both basic and clinical departments within the College and HSC – and they will drive new collaborative relationships with researchers across the USF campus and with many partners in our community and throughout the state, the nation, and the world.

These four research thrusts do not preclude the development of other complementary areas or special opportunities. Moreover, they all require the creation or expansion of significant core facilities and expertise in:

• Bioinformatics
• Genomics
• Proteomics
• Bioengineering
• Nanotechnology
• Immunology
• Stem cell and developmental biology

The College is committed to significantly growing its basic science, translational and clinical research enterprises that contribute to improved preventive, diagnostic and therapeutic outcomes in the field of medicine. Performance assessment and accountability are essential parts of our plan. No single metric offers a complete picture of the “state” of research at an institution. Biomedical research is expensive and requires a substantial infrastructure, so National Institute of Health (NIH) rankings and “indirect cost” rates offer information about an important type of peer-reviewed research. As USF moves toward its goal of being a top 50 public research University, the College should strive to increase its ranking among all medical schools in NIH extramural funding from a rank of 79 (2004 Expenditures) to a rank of 60 by July 1, 2010. Achieving this goal will require doubling of NIH awards above and beyond the expected increase of universities currently ahead of USF. Other important indicators include citations of peer-reviewed publications, the number and quality of students and fellows who choose to study at the institution, and awards and prizes.

STRATEGIC ASSESSMENT
The College already has significant strengths in research which include:

• 35 NIH grants totaling $47 million in neurosciences and cardiovascular disease;
• 12 federally funded grants totaling $8.75 million in 2004 in ovarian and reproductive cancer;
• Neuroscience concentration and focused research in cardiovascular diseases and infectious diseases/immunology available as components of the PhD in Medical Sciences;
• A significant core of faculty with expertise in neuroscience, cardiovascular and infectious disease/biodefense research;
• Multiple centers, programs, faculty consortia and named laboratories with neuroscience, cardiovascular, oncology, infectious disease and biodefense focus;
• Two BSL 3 laboratories nearing completion for select agent research; relationship with the Florida Department of Health laboratory facilities in the USF Research Park provides four BSL 3 labs, select agent access and training for BSL 3 facility use;
• A strong clinical trials research program;
• Excellent lab space at the USF Technology Park Research Building for COM faculty recruitment;
• Research opportunities with the Haley and Bay Pines VA hospitals in areas including spinal cord and neuro-rehabilitation, patient safety, cardiovascular disease, etc.
• Relationship with Tampa General Hospital and Moffitt Cancer Center and Research Institute enhances oncology related research and training;
• Western IRB is utilized and stream-lined contracting processes are now in place to expedite clinical trials research;
• Reengineering of business office operations nearing completion to expedite grants and contract work flow;
• Bioinformatics research center expertise available.

The College of Medicine must address the following challenges in order to meet its research goals and objectives:
• Limited existing program grants within the College, including NIH Career Development (K) and Training (T) awards;
• Limited NIH-funded clinical research;
• Too few investigators seeking funding from other federal agencies such as the DOD, NASA, etc;
• Insufficient translational and clinical research currently being done in all strategic research areas;
• Inadequate infrastructure and administrative support centrally within the COM and within departments to grow current and emerging research strengths or to manage clinical research/trials;
• Inadequate core facilities, equipment and research laboratories to effectively conduct research in current and emerging areas of research strength;
• Limited funding for new hires and for required matching on equipment and construction grants;
• Accelerating competition within the state for available and declining state resources.

STRATEGIC INITIATIVES

Strategic Initiative # 1: Improve resources and financial support for research in the College of Medicine.

Short Term:
• Establish priorities to seek funding from the extramural sources
• Create writing teams to more effectively respond to funding opportunities
• Advocate for funding

Intermediate Term:
• Develop a plan to seek research support and funding from philanthropists and foundations
• Pursue development of proposals with the USF Development Office

Long Term:
• Increase ranking among all medical schools in NIH extramural funding from the current rank of 79 to the rank 60
• Expand plan to seek funding to support endowments, professorships, and research initiatives

Strategic Initiative # 2: Establish a research environment that gains national prominence.

Short Term:
• Create interdisciplinary program guidelines
• Identify and purchase core research equipment needed by a collaborating faculty
• Develop bench-marking for tracking faculty research progress and recognition of exemplary performance

Intermediate Term:
• Create a centralized clinical research services office (CRS)
• Implement a “bridge fund” policy

Strategic Initiative # 3: Employ “world-class” researchers.

Short Term:
• Recruit extramurally funded faculty teams and individuals with national/international reputations who complement research priorities
• Develop a strategy that assures that identified research strengths of the College are maximized.
INTRODUCTION

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

Tampa General Hospital (TGH), a private, non-profit 975-bed facility and the area’s only Level 1 Trauma Center and Burn Unit, is the primary clinical training site for the USF College of Medicine. In addition to TGH, James Haley V.A. Hospital, Moffitt Cancer Center and All Children’s Hospital, the College of Medicine also provides education, training and research programs at over 100 facilities throughout the USF service area and across the state.

On an ambulatory basis, most care is provided at one of two main campuses, the North Campus and South Campus. The North Campus includes the USF Medical Clinic, located adjacent to the Colleges of Medicine and Nursing, the largest outpatient practice site for the USF Physicians Group, the outpatient clinics at the Moffitt, and the USF Eye, Ear, Nose & Throat Institute. There were 127,507 patient visits to the USFPG’s north campus locations in 2004/2005. The South Campus is comprised of leased space at several clinic buildings adjacent to TGH. There were 75,182 patient visits to the USFPG’s south campus locations in 2004/2005. In addition, clinical education and training is also provided at numerous outpatient clinics throughout the region, often in conjunction with the Area Health Education Center (AHEC) regional network, including facilities that serve migrant farm workers, geriatric patients, pregnant women, and children.

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

The College of Medicine’s Faculty Practice Plan was created in 1973 as a not-for-profit corporation, the University Medical Services Association, Inc. (UMSA). UMSA bills, collects, administers, and disburses funds derived from the clinical practice activity of the College’s faculty physicians. The practice plan, branded as the USF Physician’s Group (USFPG), includes approximately 400 physicians, and 125 other practitioners, in specialties including anesthesiology, family medicine, oncology, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, otolaryngology, pathology, pediatrics, physical therapy, psychiatry, radiology and surgery.

STRATEGIC ASSESSMENT

USF Physicians Group (USFPG), in conjunction with its primary hospital affiliates, Tampa General Hospital, Moffitt Cancer Center & Research Institute, and All Children’s Hospital, has become the provider of choice among third party payers and employer groups in the Tampa Bay area. USFPG’s primary geographic service area is a highly competitive market with a significant number of hospitals and ambulatory surgical centers. Overall physician supply in the service area is currently adequate however population growth is expected to significantly increase demand for services across all medical specialties. USFPG, as the largest
multi-specialty physician group on the west coast of Florida, is positioned to emerge as the recognized leader in specific clinical services and to respond to the projected regional increased demand for medical services. To do so, however, USFPG must: (a) increase the number of its clinical faculty; (b) further increase efficiencies in the practice; (c) create new incentives for faculty effort; and (d) significantly expand and modernize its facilities.

Large, for-profit managed care organizations dominate the USF service area, with a market penetration of 40%. USFPG has been successful in negotiating increases of 10% to 33% in managed care contract reimbursement rates over the last few years. USFPG has experienced significant growth in productivity as evidenced by the following:

- Total charges increased by 44.9% from FY 1999 to FY 2004 to $218.4M
- Total collections increased by 38% from FY 1999 to FY 2004 to $88.3M
- Global Relative Value Units (RVUs) increased by 36% FY 2000 to FY 2004
- North campus patient visits increased by 38% from FY 1999 to FY 2004

Increasing clinical practice income is particularly critical for the USF College of Medicine because of the steady decline in state support for medical schools that has occurred in Florida over the past decade.

The new Center for Advanced Health Care (CAHC), an approximately 195,000 square foot, $64 million facility on the USF main campus, which is scheduled for completion in 2007, will dramatically increase the USFPG’s ability to provide state-of-the-art surgical/clinical care. The CAHC will initially house: (a) an Imaging Center, including computed tomography, MRI and ultrasound technology; (b) an Ambulatory Surgery/Procedure Center, including an initial four operating rooms and two endoscopy suites; (c) outpatient facilities, including sixty exam rooms; (d) patient support and administrative areas; and (e) a Patient Outreach and Education Center and will include substantial “shell space” for expansion to meet clinical program needs. In addition, the new South Campus Pavilion, an approximately 126,000 square foot, $22 million facility adjacent to TGH, will have an imaging center and physician offices. Scheduled for completion in late 2006/early 2007, this facility will create economies of scale through the migration of all South Campus clinics to be housed under one roof in a state-of-the-art office building that, in conjunction with the North Campus Clinics, will provide for a patient experience that is unparalleled in the community.

STRATEGIC INITIATIVES

**Strategic Initiative #1:** Implement plan to brand USF Health and market CAHC clinical and educational services to prospective patients, regional managed care organizations, patients, referring community physicians, community business/civic organizations and primary hospital affiliates.

Intermediate Term:
- USF Health branding marketing implemented
- CAHC marketing plan to be implemented

**Strategic Initiative #2:** Increase the number of clinical faculty in those specialties required to provide the full range of clinical services to be delivered in the CAHC.

Intermediate Term:
- All additional clinical faculty hired by spring

**Strategic Initiative #3:** Complete initiative to move to a paperless electronic health record system in all existing outpatient clinical facilities.

Intermediate Term:
- System to be fully implemented

**Strategic Initiative #4:** Continue planning for creation of one or more Clinical and Research Integrated Strategic Programs (CRISPS) — Short Term.
INTRODUCTION
The quality of the education program at an institution is dependent on the quality of the faculty and staff, specifically their knowledge and ability to successfully impart that knowledge in an educational environment. In addition to strong clinical educators, teachers, research scientists and staff, the sustained success of any organization is dependent upon its ability to develop future leaders who can provide renewed energy and possess the skills to position the organization to take advantage of its ever changing internal and external environment, rather than be overwhelmed by them. To accomplish this, a successful USF College of Medicine must maximize its scarce resources by aligning the efforts of its faculty and staff with the vision and goals of the College. Faculty and staff participation in organizational sponsored programs facilitates shared visioning which creates ownership for, and commitment to, the organization's goals.

In the latter part of 2004, the Strategic Workgroup (SWG) on Faculty Development was charged with identifying short term and long term goals designed to energize faculty and to provide opportunity for growth, development and continued contribution to the success of the College.

STRATEGIC ASSESSMENT
Currently, the College of Medicine does not have a comprehensive faculty and staff development program. Development initiatives are scattered throughout the College and departments with no over-arching direction and leadership.

A coordinated effort by both the Office of the Dean and the academic departments is needed to ensure that faculty and staff development efforts support the College's mission, vision and goals and reinforce its values. An infrastructure must be created to lead and support a comprehensive faculty and staff development and leadership program within the College of Medicine. Initial development activities should focus on faculty, with specific attention to three priorities: new faculty, revitalization of faculty, and executive leadership development. Necessary fiscal resources must be identified.

STRATEGIC INITIATIVES

Strategic Initiative #1: Create an Office of Faculty Development and Leadership.
Short Term
• Complete development of comprehensive faculty development curriculum; differentiate between those components appropriate for the College of Medicine as a whole and those that are appropriate for a specific department, specialty or administrative units

Strategic Initiative #2: Create Institute for Leadership in Academic Medicine (ILAM) that focuses on enhancing leadership skills and developing future leaders for the College — Short Term.

Strategic Initiative #3: Cooperate with Office of Development to identify extramural sources of funding for faculty development initiative — Intermediate Term.
INTRODUCTION
Founded in 1971, the University of South Florida Shimberg Health Sciences Library serves the students, faculty and staff of the Colleges of Medicine, Nursing, Public Health and School of Physical Therapy. In addition, the library strives to serve affiliated clinical health professionals, healthcare consumers, and residents of the State of Florida seeking health related information. The library’s mission is to support Health Science Center educational and research activities by facilitating access to information and teaching lifelong learning skills. The Shimberg Library strives for superior quality in all services and programs.

The collection of materials includes 144,963 bound volumes, 22,948 book titles, 2,088 electronic journal subscriptions, 1,287 print subscriptions, 358 curriculum-related software and interactive multimedia, and 562 audio-visuals and over 400 health related databases. Online resources have grown dramatically with new electronic books, journals and databases being added yearly. Currently 72% of journal subscriptions are received in electronic format increasing from 452 in 2001 to 2,088 today. E-Books have increased from 69 in 2001 to 905 in 2005. Licenses to database products such as MD Consult, Stat Ref, Ovid, Cochrane, etc. are reviewed annually and increased when deemed necessary to support the growing USF Health population. New products are reviewed and purchased as funds permit to support new technologies such as PDA devices.

STRATEGIC ASSESSMENT
The primary goal of the Shimberg Health Sciences Library is to acquire, preserve and facilitate access to information resources and services that support the teaching, research and patient care endeavors of the College of Medicine. The Shimberg Health Sciences Library is a dynamic institution, providing numerous methods of access to digital and print information and promoting life long learning skills that are essential for the 21st Century health professional to succeed in a rapidly changing, complex information environment. There are five areas that have been identified for improvement or expansion. These strategic initiatives include obtaining additional recurring funds from multiple sources to grow the journal and book collection to elevate the Shimberg Library ranking among Academic Health Sciences Libraries (AAHSL) to the top 50% in the short term and to the top 25% in the long term. The Shimberg Health Sciences Library currently ranks in the bottom 20% of Academic Health Science Libraries for information resource expenditures based on the 2004 Annual Statistics of Medical School Libraries in the United States and Canada. The Library also acknowledges the need to perform an analysis of the collection and improve service as it relates to the delivery of electronic resources.

STRATEGIC INITIATIVES
Strategic Initiative #1: Become a premiere health sciences library.
Short Term:
• Move up in rank of peers from 2004 levels
• Evaluate existing electronic collections for relevance and cost effectiveness
• Increase electronic resources and develop specialized collections of excellence in support of existing and planned College programs
Intermediate Term:
  • Move up in AAHSL rank to the mean for information resource expenditures
  • Secure a percent of indirect research dollars
  • Digitize all Shimberg Library special collections and documents

Long Term:
  • Develop a Florida history of medicine special collection
  • Achieve ranking in top 25% of AAHSL in the US

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

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

Intermediate Term:
  • Increase staffing
  • Develop web based interactive tutorials
  • Identify opportunities for collaboration with innovative faculty

**Strategic Initiative #3:** Increase College and community awareness of available resources and services.

Short Term:
  • Demonstrate the latest products from publishers and database producers
  • Improve web site

Intermediate Term:
  • Expand “Road Show” outreach services

**Strategic Initiative # 4:** Develop facilities and technologies that are dynamic and adaptable to changing library usage patterns.

Short Term:
  • Create a designated area to showcase books/educational materials published by faculty and staff
  • Update library technology plan, computer resources and facilities including student computer lab, library classrooms, and laptop docking zones

Intermediate Term:
  • Build a Library Coffee Shop/Information Commons
  • Plan a patient education/consumer health library “branch” for the Center for Advanced Health Care

**Strategic Initiative #5:** Improve customer service.

Short Term:
  • Identify and reduce barriers that prevent library users from readily accessing electronic library resources
  • Identify and reduce technology barriers that interfere with the interlibrary loan/document delivery
  • Provide seamless, user friendly remote access to electronic journals

Intermediate Term:
  • Increase the number of hours that library faculty and professional staff are available to assist onsite or virtually
  • Add interactive survey components to the library web pages

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**INSTRUCTIONAL AND INFORMATION TECHNOLOGY**

**INTRODUCTION**

In order for the College to reach its goal of national prominence, it must insure that the education, research and clinical resources are of the highest quality. The COM is committed to providing the necessary information technology resources to achieve its stated missions. It is not good enough to promote advanced technology, but to integrate and simplify technology so that its use does not detract from the time and effort expended on the critical missions.

As part of USF, the College technology systems and services must be integrated to support the collaborative initiatives. The requirements for security, protection of confidential information, and associations with affiliate institutions need to be addressed without compromise to ease of use.
STRATEGIC ASSESSMENT

The COM is working to enhance all aspects technology and the use of technology to meet its strategic goals. These plans address all of the missions with an emphasis on the collaborative work, which is seen as a key ingredient to meeting the goals of the College.

The diversity to the College across the various physical locations requires similar diversity in the technical support structure. Plans call for remote IT offices located in different buildings across the USF campus, as well as the Tampa Bay area. These additional support staff and facilities will not only support the academic and clinical requirements, but will ensure that University services and initiatives will also be supported. The combination of these support efforts will help to maintain the continuity of services and support at all COM locations.

The use of technology in academic programs has grown rapidly and continues to grow in the areas of testing and learning centers, interactive learning programs, collaborative educational opportunities, and 24 hr access to classroom lectures.

Strategic plans for researchers include improvements in access to information, technical support for research projects, facilities to support faculty collaboration and business systems to streamline grant management and operations. The College recognizes the importance of making use of existing clinical information and is working to provide researchers better access to clinical data. The collaboration effort will be further enhanced by information systems that allow sharing and the exchange of research interest of other University faculty.

The COM clinical practice is striving to become a paperless operation. Several planned facilities around the Tampa Bay area are pushing the need to implement technology that allows information to be shared between facilities and clinical staff. These plans must take into considerations the diverse locations, which includes both USF and non-USF sites.

The College is committed to safeguarding patient and research subject information in whatever context or format used. All new technology must meet the requirements of privacy, integrity and availability, as defined within state and federal regulations.

STRATEGIC INITIATIVES

Strategic Initiative #1: Simplify and integrate Information Systems computer accounts, security requirements, applications and services.

Short Term:
- Establish single computer account for access to all College and HSC services
- Complete the HSC Directory project to identify and track all COM & HSC computer users which allow identification of account holder within the relative USF and USFPG business systems

Strategic Initiative #2: Promote emphasis on academic support technology.

Short Term:
- Establish equipment, software and services that provide enhanced technology usage within the College:
  - Record and video stream year 1 and 2 medical lectures, allowing students to remotely access daily classes
  - Provide web and PDA access for medical students to log books, class calendar and faculty evaluations
  - Implement patient encounters electronic systems to record and review clinical encounters with standardized patients
- Establish improved facilities and support for faculty development related to academic course material

Intermediate Term:
- Establish high tech center to create electronic learning materials with emphasis on collaborative efforts within the HSC and the University using the latest technology

Strategic Initiative #3: Support research within the College.

Short Term:
- Establish equipment, software and services specifically to serve research
- Advance research through a research directory project to view and track projects within the COM and HSC which will allow faculty to search through an interactive process

Long Term:
- Establish Research Support Group within HSC IS to provide dedicated and specialized staff to assist and develop research technology systems
**Strategic Initiative #4:** Promote use of sophisticated clinical systems within the USFPG.

Intermediate Term:
- Implement full electronic medical records system for all components within the USF Physicians Group

**FINANCES**

**INTRODUCTION**

The College must ensure that resource allocation decisions are consistent with and supportive of the University of South Florida Strategic Plan, Health Sciences Center Direction Setting and the College’s Mission Statement and Blueprint for Strategic Action.

To this end, a Strategic Work Group (SWG) on Financial Management was created and charged with;
- Defining an economic model for the College
- Defining and developing a plan to implement an asset investment management system
- Developing a plan to improve the financial performance of the College, the USFPG and the departments
- Developing a plan to target merit increases to performance
- Defining and developing a plan for incentive compensation

The following General Principles for Resource Allocation for the College have been developed and will be operationalized:
- An Asset Investment Management System (AIMS) Council has been established to develop a financial model for resource allocation for the College to be implemented in FY 06-07 and a productivity based salary incentive and bonus system for faculty and staff for implementation in FY 2006-07
- All missions of the College will bear their proportionate share of fiscal resources and accountability
- Human and fiscal resources will be maximized by aligning faculty and staff effort and maximizing efficiency and productivity
- Appropriate levels of fiscal self-sufficiency will be attained by academic and non-academic units
- Administrative and academic cost efficiencies will be considered throughout the COM’s basic science and clinical programs and administrative units, including consolidation of academic programs, services, departments, systems and operations to achieve efficiencies
- Tuition allocations and increases will be aligned with the academic mission of the College
- The College will pursue business opportunities that generate new revenues from sources such as patents and licenses, indirect cost reimbursements, fees, etc.
- Extramural peer-reviewed grants, bearing full indirect costs, are a priority and additional research incentives will be developed and encouraged. The highest possible indirect rate for state and private grants will be negotiated. Indirect rebate funds will be maximized in the College and include programs to build research cores
- Development of new “Master programs” and “incubator” projects will be encouraged in the COM under USF guidelines
- Utilization of USF space, COM leased space and research park space must be evaluated and assigned consistent with mission and definitive productivity measures; appropriate fees will be applied

**STRATEGIC ASSESSMENT**

Primary revenue sources for the College of Medicine have remained relatively constant, with funding derived from tuition, state enrollment-based general revenue, research and the practice plan on target and projected to grow slowly over the next five years. Aggressive research and clinical faculty recruitments will be necessary to increase revenue resources over 5%.

Dependence on clinical income is expected to remain flat as a percentage of all College of Medicine revenues, particularly as the research component grows at the same pace. One-time, nonrecurring resources are anticipated to be available to address present and future capital needs but may need to be augmented by research-generated funding donations and indirect rebate account funds.

Inconsistent salary increase allocations from the state over the past 20 years have created significant issues relating to faculty and staff salaries including salary compression for longer-term faculty and staff and lack of funding to provide merit increases and one-time lump-sum cash awards to recognize faculty and staff making extraordinary contributions to the College. Utilization of “non-tenure” resources will need to be considered to raise salaries for all pay plans and market levels to competitive levels.
STRATEGIC INITIATIVES

Strategic Initiative #1: Implement the Asset Investment Management System (AIMS).
Short Term:
- Review current draft resource allocation formula and eliminate confusion over EVU (educational value units) and allocation of E&G funding
- An Asset Investment Management System (AIMS) Office will be created to develop the financial information and tools required to enable the office to oversee implementation of AIMS and assess its effectiveness
- An AIMS Council will be created to revise and finalize the current mission-based resource allocation plan and methodology to align with current College priorities

Strategic Initiative #2: Improve College of Medicine, USFFPG and Departmental Financial Performance.
Short Term:
- Develop joint faculty and staff educational series to promote a better understanding of missions, budgeting and management in order to build cohesion across departments and programs
- Establish College-wide performance, assignment and assessment tool linked to promotion, tenure, post-tenure review and salary support, incentive and merit increases

Strategic Initiative #3: Implement mechanisms to link compensation to performance.
Short Term:
- The AIMS Sub – Committee on Faculty and Staff Compensation is to recommend policies and programs designed to assure that pay is linked to performance and is competitive with respect to the appropriate markets and will need to be improved by the leadership. The Committee will develop mechanisms for rewards for clinical, educational and research excellence and will revise the Faculty Compensation Plan accordingly

Intermediate Term:
- Develop mechanisms for incentives based on individual faculty and staff productivity, performance and achievement, in order to maintain gains and productivity, long-term and strengthen units that have been designated as Centers of Excellence
- Conduct an equity study to identify faculty and staff whose salaries are below the stated market target and develop a plan to address salary compression and inversion
- Determine salary adjustments necessary to assure internal and external equity among faculty and staff salaries
- Review existing methodology for linking pay to tenure
- Review existing policies and recommending new programs to recognize and reward behaviors that are consistent with the Colleges values and strategic goals

DEVELOPMENT

INTRODUCTION

The College is committed to creating a highly collaborative environment for education, discovery and care that is evidenced by academic programs that are truly interdisciplinary, clinical facilities that enable students to train together and faculty to practice together complemented by laboratory facilities where collaborative research can be conducted. To achieve this level of collaboration will require the College of Medicine to tear down academic, administrative, philosophical and physical barriers and create new ways to thinking about and providing health professions education and training, research and health care. A significant level of new funding will be required to support these efforts. To achieve its ambitious fundraising goals, the USF development operation is committed to more effectively capitalizing on the future fundraising opportunities that exist beyond the traditional and discrete categories of health professions education/training, research and patient care. Additional focus will be placed on fundraising that supports programs and activities occurring at the confluence of life science, neuroscience, heart health, women and children’s health and is heavily influenced by public health and entrepreneurial activity. This shift in focus will require organizational changes and enhancements to be made within the Office of Development that bring together the development expertise and efforts of USF Health and such entities as the USF College of Engineering, the Florida Metal Health Institute under one functional umbrella.
Throughout its brief history, USF Health development has been hampered by organizational immaturity, staff turnover, limited direction and a lack of development systems sophistication and resolute leadership. For this reason, development has been operating at less than optimal efficacy to support the ambitious goals of the USF President, the University Trustees and community leaders dedicated to furthering the USF Health mission and vision. Over the past four fiscal years, the HSC development operation has secured private funds totaling $22,776,250; $5,781,745; $7,475,478 and $6,521,802 respectively, through annual fund, planned, corporate and foundation as well as major gifts. There have been excellent strides in many areas and, in fact, identification and cultivation of donors has been exemplary.

Despite the many challenges, the development bar must be set significantly higher in order to realistically move forward in addressing our strategic initiatives. Development will spend the most significant amount of resources, time and energy on the cultivation and solicitation of major gifts, defined as those that are $25,000 or more. A prospect list totaling more than 200 viable philanthropists has been prioritized, researched and assigned a cultivation strategy and prospect manager. The primary focus of the major gift activities for the College between 2005 and 2010 is to secure funds for the Center for Advanced Healthcare for renovations to existing College classroom facilities to provide more space for small group teaching and learning and to increase the number of chaired positions in areas of priority. The College must also grow its annual fund so that it has a foundation for future fundraising excellence. This will require the annual fund and alumni affairs office to develop a program of communications and targeted events to maintain graduates’ connection with and support of the College.

The current development organization of 5.5 FTE positions receives salary and program support from the USF Foundation Office of Development. An additional, but lesser, program and salary support budget is provided by faculty practice funds. Development has been restructured and reorganized to create a shared sense of purpose and fund raising focus. Together the team has set measurable goals and objectives for the overall success of development, appropriately created an infrastructure that supports the USF strategic initiatives, has redefined staff roles and responsibilities and will identify other areas of fundraising priority.

An analysis of current operations and their impact on the success of future goals and objectives has identified several areas where additional staffing is imperative. It is obvious that the development operation as it exists should support annual fundraising of $7-$12 million in steady state. However, to grow opportunities in both major gift fundraising and alumni affairs and increase productivity of the philanthropic endeavor by 20-30% in annual fund and major gifts respectively, the operation will need to supplement the existing development and alumni affairs budgets and add a minimum of 3.5 – 4.5 FTE staff over the next 2 years.

**STRATEGIC INITIATIVES**

**Strategic Initiative #1:** Secure funding to implement optimal development organization – Short Term.

**Strategic Initiative #2:** Increase major giving to support College-wide health care and education initiatives.

Short Term:

- Complete feasibility assessment of private fund raising for support of medical student scholarships, research, graduate education, residency programs, etc., in preparation for University-wide capital campaign
- Build a comprehensive case statement for major gift giving to the College based on feasibility assessment
- Continue on-going individual cultivation and solicitation

**Strategic Initiative #3:** Create and implement development communication plan.

Short Term:

- Complete gap analysis to determine the most appropriate new communication tools for development
- Identify key messages for development in collaboration with the branding initiative Produce collateral material to support the development operation by Dec. 30, 2005

**Strategic Initiative #4:** Secure sufficient private funding to complete priority construction projects including the Centers for Advanced Health Care.

Intermediate Term:

- $8 million in funds to be raised
Strategic Initiative #5: Implement Alumni Affairs Model to optimize fund raising.

Short Term:
- Develop an online alumni community including: a means of electronic communication with and among College alumni and alumni websites for Colleges that allow for online giving, serve as an alumni directory, and provide a forum for inner-class communication.
- Collect and effectively manage and utilize alumni email addresses
- Develop benefits package for College alumni
- Develop alumni volunteer leadership structure in the College
- Develop class agent/class chair programs in the College and faculty leaders to support these efforts

FACILITIES

INTRODUCTION

The following principles have been adopted to guide the planning, development, construction and operation of College of Medicine facilities:
- Health is Our Core Value — Clinical facilities will provide health care to individuals in a manner that heals the body, lifts the spirit and promotes a healthy life style. Clinical facilities will facilitate active participation of our patients in their own care. Each person receiving care at our facility will be treated with respect and dignity and will gain the highest possible understanding of his or her health
- Patient Centered Care — Clinical facilities will feature patient centered care provided by teams that will promote new models of communications among patients and their healthcare teams, among faculty, and among students. Clinical facilities will use these models of communication to build a superlative design for the safety of patients and the insurance of quality in the delivery of health care
- Model for Learning — Facilities will provide an interdisciplinary environment for learning for its patients and providers. Practitioners will have access to advanced learning technology. Students in medicine, physical therapy, nursing and public health will learn together. Graduates who experience these programs will learn models of care for the future of interdisciplinary health. By transforming the healthcare journey for patients, we will transform the learning journey for students
- Research-based Health — Education and health care will be designed, monitored and evaluated. Outcomes research and clinical trials will assure that we are providing the very best care and education. Through research, College of Medicine facilities will combine the perspectives of public health, nursing and medicine to create a resource able to transform the health of our community

STRATEGIC ASSESSMENT

The COM's facilities dedicated to the teaching of medical students are generally well designed, equipped and maintained. The facilities have been rewired to accommodate an increase in computer-based instruction. However, an increasing number of courses in the first two years are using small group discussions of 10-20 students, which has created challenges in finding appropriate rooms for this type of instruction. Additional medium sized classrooms that hold 30-50 students are also necessary. In November 2005, we completed construction of an 8000 square foot technologically advanced clinical skills center that includes 12 exam rooms, one simulator room, a conference room and a classroom. The facility is used extensively in the teaching and testing of clinical skills throughout the four years of the educational program.

The COM's core laboratories and clinical teaching laboratories are approximately 30 years old and have never been completely renovated. These facilities have reached a point that they must be upgraded to keep abreast with the latest knowledge and technologies. In recognition of the need for expanded, up to date academic space, the COM is addressing the needs with a two-pronged approach: renovating sections of the existing facilities where economics of scale may exist; and adding new facilities. Space to be remodeled and/or built include large lecture halls, medium and small classrooms, computer equipped student areas and additional clinical skills areas, patient simulation areas, and clinical labs for mock procedures and clinical lab studies.

In support of the academic and research missions, expansion of the Shimberg Health Sciences Library is planned to provide a state-of-the-art biomedical knowledge and research center with technological infrastructure designed with the flexibility to adapt to the changing ways people obtain information and materials from the library.
The COM is currently under-funded for research space in comparison to other Research 1 universities and its present research laboratory space is under-built to meet the needs and standards for Research 1 University designation. The construction of a new Phase 3 research addition in 1997-98, brought about only a modest improvement in these areas. Federal funding has provided for renovation and expansion of research labs, lab support space, faculty and administrative offices for the Center for Aging and Brain Repair. However, if the COM is to be able to achieve the research objectives it has established for itself, which are identified in this strategic plan, additional laboratory facilities are needed and current laboratory facilities must be renovated. Recognizing this need, a research facility is included on the University capital improvement plan. The HSC Research Building II/Vivarium Expansion will house research laboratories faculty/staff offices and associated laboratory support. The vivarium will house various animal species for basic science and medical research, surgical suites, prep room, pre-clinical trial facilities, support facilities and staff offices.

Clinical/Academic space needs are addressed by two facilities that will be under construction this academic year. The new Center for Advanced Health Care (CAHC), an approximately 195,000 square foot facility on the USF main campus, will be a model facility for the provision of interdisciplinary education and training of students in medicine, physical therapy, nursing and public health and state-of-the-art health care. The CAHC will support the instruction and role modeling of the clinical and critical thinking skills necessary for practice in today’s outpatient environment. Testing, diagnostic and treatment capabilities in the facility will enhance the care patterns of physicians, physical therapists and nurses who teach students as they see patients. The CAHC will also significantly increase the faculty’s ability to provide state-of-the-art surgical/clinical care. The second, a 126,000 square foot, COM Medical Office Building adjacent to Tampa General Hospital will enable the COM to relocate, consolidate and expand “South campus” clinical and teaching activities in a single, well-equipped facility.

The COM has the unparalleled opportunity through a public/private partnership to build a 70,000 sq.ft. Conference Center for Advanced Medical Learning and Simulation with an adjacent 350 room hotel on the USF campus. Core facilities included in the Center are: a surgical skills laboratory consisting of an operating environment featuring 40 workstations and 2 master teaching stations; a virtual hospital with the capacity for live and virtual simulation; and interdisciplinary research space with 40 workstations. The surgical skills laboratory will provide a venue for residents and surgeons to learn and practice minimally invasive surgeries on animate and inanimate models and mannequins. The virtual hospital will be used for simulation research, validation and training and for preparation of first-responders and first-receivers providing care in response to natural disasters, bioterrorism and other mass casualty events.

**STRAEGIC INITIATIVES**

**Strategic Initiative #1:** Complete new ambulatory care facilities including the Center for Advanced Health Care and the Medical Office Building at Tampa General Hospital (TGH).
- Intermediate Term:
  - Medical Office Building at TGH to open
  - CAHC to open

**Strategic Initiative #2:** Complete major expansion and renovation of clinical teaching and core laboratories, construction and renovation of classroom space to accommodate expansion of small and medium group instruction; assuring that facilities support curriculum reforms.
- Short Term:
  - Establish design for facility related to small group, intermediate group classrooms, learning centers and simulation centers
- Intermediate Term:
  - Arrange funding
- Long Term:
  - Construct, occupy

**Strategic Initiative #3:** Expand availability of research space to support College and University priorities.
- Short Term:
  - Develop quantitative metric to assess adequacy/current use of space and to re-assign space for more efficient and appropriate utilization
- Intermediate:
  - Remodel, upgrade existing lab space
- Long Term:
  - Plan and construct additional research facilities
Strategic Initiative #4: Remodel and expand Shimberg Health Sciences Library — Long Term.

Strategic Initiative #5: Complete the Center for Advanced Medical Learning and Simulation — Intermediate.

PLANNING

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

STRATEGIC ASSESSMENT
The COM is continuously involved in strategic planning activities at the College, USF Health and University levels. These strategic planning activities have resulted in the identification of a series of general, over-arching goals and more specific objectives and initiatives for the COM. What the strategic planning process has lacked to date is:

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

STRATEGIC INITIATIVES

Strategic Initiative #1: Implementation of a systematic planning process for the COM, including enrollment and facilities.
Short Term:
- Identify participants, define parameters, implement process(es)

Strategic Initiative #2: Implementation of an organized process for the development of the College’s annual state and federal legislative agenda.
Intermediate Term:
- Identify stakeholders, identify and define parameters (issues); develop and implement process(es)

Strategic Initiative #3: Development of a strategic planning process at the programmatic and/or departmental level.
Long Term:
- Processes identified, developed and implemented by the end of the 2009-10 academic year
ORGANIZATIONAL EFFECTIVENESS

INTRODUCTION
In fall 2004, a Strategic Work Group was created to identify organizational roadblocks to effectiveness within the College of Medicine. The work group created a list of 48 potential roadblocks, which was used to create a survey sent to a representative sample of 420 College of Medicine faculty and staff, who were asked to rank the extent to which each potential roadblock was a problem, using a 6 point scale. The five most significant roadblocks identified were:

- Recruitment difficulties (22% of respondents)
- Inability to compete with the community (22%)
- People are either “in” or “out” based on personal agendas (21%)
- The need to know the “right” person to get anything done (17%)
- Lack of a “can do” attitude in the clinic (17%)

After eliminating those potential roadblocks included in the first survey that were clearly not problems, a second iteration of the survey was conducted in late spring 2005, which included 26 potential roadblocks.

STRATEGIC ASSESSMENT
The aggregate results of the two surveys suggest that there is a high and increasing level of frustration over organizational roadblocks within the College of Medicine, particularly among faculty. The majority of problems with organizational effectiveness can be attributed to a lack of standardization of behaviors and practices throughout the College of Medicine, in general. Particularly problematic are: (a) a lack of standardization of clinical records; (b) an absence of standardization of practices at clinical sites; (c) no standardization of recruitment and hiring practices; and, (d) no standardization of methods of internal communication.

STRATEGIC INITIATIVES

Strategic Initiative #1: Create a quality driven culture that strives for best practice standards in patient care and faculty-staff transactions in research and education.

Short Term:
- Promote customer service focus on optimizing the efficiency/effectiveness of the patient experience
- Use Six Sigma framework to develop standardized processes and scorecard of metrics/measures of success

Long Term:
- Effectively replicate clinical quality initiatives
- Improve community quality of care by advancing information systems and patient safety initiatives
Strategic Initiative #2: Promote organizational development and empowerment of employees.

Short Term:
- Create service theme, assess service priorities, and promote service behaviors.
- Implement Leadership Institute program

Long Term:
- Enhance USF Health identity to optimize negotiation effectiveness
- Implement specific drivers to improve internal communication and branding across the College

DIVERSITY

INTRODUCTION

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

The Office of Diversity Initiatives (ODI) was established in 1995 to enhance the recruitment and retention of those underrepresented in medicine, disadvantaged and female students. The goals of the office are to create a climate of inclusion in which all individuals are welcomed and treated with dignity and respect and all individuals have the opportunity and encouragement to achieve their full potential. In June 2005, the ODI changed its focus: ODI will specifically address faculty and resident recruitment and retention. To develop diverse faculty means better education outcomes for all students. The more diverse College and University faculty are, the more likely it is that all students will be exposed to a wider range of scholarly perspectives and ideas drawn from a variety of life experiences. The emergence within the last 30 years of new bodies of knowledge can be attributed to the diverse backgrounds and interests of faculty, including those of color.

Under the impetus of the Office of Diversity, a prematriculation program was established more than ten years ago to assist educationally disadvantaged students who were disproportionately underrepresented minorities. This program is an acknowledged success by objective measures in assisting selected students during the transition to the medical education curriculum. The pre-matriculation program has been successful in reducing the likelihood of students encountering insurmountable academic difficulties in medical school; it has been recently modified to provide problem based learning, development of unique learning communities, didactic lectures and introduction to modern methods of adult learning with participation in all six basic sciences. A unique feature is the direct incorporation of the University Learning Center as an integral part of the program emphasizing acquisition of study skills, time and stress management, and access to counseling and support for students. All first year medical students are considered for participation in the program during the summer prior to formal matriculation.

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

Programs and services offered by the OAE ensure success for underrepresented and disadvantaged students. High school, undergraduate and medical students are offered advising; pre-medical workshops, a pre-matriculation program, peer tutoring, support for student organizations and scholarship assistance. These initiatives have resulted in increased enrollment of underrepresented students in medicine.

The USF Area Health Education Center Program (AHEC) opened in 1993 and collaborates with both the ODI and the OAE. The AHEC has increase access to primary care services in rural and urban underserved areas through recruitment, training, and retention of primary care health professionals. Undergraduate medical students have community-based clinical experiences throughout their four years and the AHEC Program has contracts with residency programs in General Internal Medicine, Pediatrics, Obstetrics/Gynecology, and Psychiatry for the purpose of initiating or expanding community-based clinical experiences, especially in underserved areas. Community-based clinical training is also provided through AHEC for undergraduate and graduate students in nursing and for Public Health.

At the level of the College, there have been aggressive efforts to attract and retain a diverse student body, including students who are under-represented in medicine and health. One of the mechanisms that the College plans to use in expanding diversity is the
use of a new concentration in medical sciences within the existing Master of Science in Medical Sciences (MSMS) degree. This new concentration provides potentially qualified students who do not gain medical school admission advanced training in the sciences basic to the practice of medicine. The concentration provides the opportunity for students to demonstrate their ability to perform in courses similar to those taken by medical students as well as academic enrichment activities, mentoring and/or academic counseling. Increased funding for medical student scholarships would also enhance the College's ability to attract a diverse student body.

STRATEGIC ASSESSMENT

As part of the Blueprint for Strategic Action, a Strategic Work Group (SWG) on Diversity was created in November 2004 and charged with the following objectives:

- Developing and articulating a consistent definition of diversity and its importance to the USF mission
- Identifying and prioritizing areas requiring development
- Defining and implementing the required action plan for improvement
- Facilitating the HSC’s and College's objective to “living the definition”

The Diversity SWG reached consensus that the over-arching goal should be to create an environment at the College that embraces diversity in its broadest sense.

In an effort to ascertain the current climate of diversity in the College, a series of focus groups and climate surveys were conducted for faculty, staff and students. The results of the focus groups and climate surveys were as follows:

- There is general recognition that attempts are being made to increase diversity, particularly in the student population. More attention is considered necessary to increase faculty diversity, with the recognition that additional resources may be needed to successfully recruit the most qualified faculty
- When asked to evaluate the College, environment, generally, as a place to work/teach/study, responses varied widely within each respondent category (faculty, staff and students) and focus group
- When asked to evaluate College efforts to promote collaboration between people of diverse backgrounds, there was a general consensus that more needed to be done to promote collaboration, generally, among faculty, staff and students, regardless of diversity in their backgrounds
- There was general consensus that people in positions of authority within the College could be more sensitive than they are to diversity issues. Staff expressed a need for more training and follow-through from leadership
- When participants were asked to identify two things that the College could do to promote diversity, increasing diversity among the faculty was identified most often, followed by awareness/sensitivity training available for all faculty, staff and students, more social events, such as cultural fiestas and the implementation of some kind of mechanism to support/reward faculty and staff behaviors associated with diversity

STRATEGIC INITIATIVES

**Strategic Initiative #1:** Increase the enrollment of students from under-represented and/or disadvantaged populations.

**Short Term:**

- Enhance processes used to select these students for interviews
- Assure Admissions Committee develops and maintains skills required to interview under-represented minorities
- Identify and cultivate promising under-represented and disadvantaged applicants in order to retain them in the applicant pool through interview, acceptance and enrollment

**Intermediate Term:**

- Develop resources to assure competitive recruitment and enrollment

**Strategic Initiative #2:** Support objectives of the “USF CARES” program developed by the Curriculum Committee to effectively implement diversity and cultural competence through the undergraduate medical education curriculum — Short Term.

**Strategic Initiative #3:** Enhance recruitment and retention of diverse faculty and resident physicians through education, assignment of resources, and revised processes of identification, advertisement, and selection — Short Term and Continuing.

**Strategic Initiative #4:** Support administrative leadership in the development and implementation of a USF Health organizational culture shift to effective recognition of the value of Diversity/Cultural Competence — Short Term and Continuing.
Strategic Initiative #5: Encourage and ensure diversity representation on COM committees and University committees and promote the College of Medicine as a diverse and welcoming place to work.

Short Term:
- Identify pertinent COM & USF committees and evaluate representation
- Increase and promote collaborative diversity events/initiatives between the College and the University
- Promote the USF policy on religious observances in the COM Diversity/Cultural Competence Training

Intermediate Term
- Make recommendations to increase diversity of representatives on committees, as necessary and appropriate
- Target underrepresented groups to participate in COM job recruitment fair with particular attention to staff positions.
- Establish a Faculty Diversity Task Force to develop mechanisms to increase faculty diversity
- Identify grants available for faculty related to diversity

COMMUNICATIONS, MEDIA and MARKETING

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

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

The College’s messages center around the Blueprint for Strategic Action articulated by Dean Stephen Klasko:
- Creative Educational Models. Result
- Research Really Matters
- Entrepreneurial Academic Model
- True integration of the College with USF Health and the University
- National Prominence

STRATEGIC ASSESSMENT
The College of Medicine through the Vice President’s Academic Fund, supports a communications office for USF Health with the key components of media relations, clinical and academic marketing, community relations and support for fund raising.

The communications office has helped lead development of an identity statement about USF Health — positioning the three Colleges to be part of the philosophy of integrated learning and research about health.

The communications plan includes staging: Internal communications are the priority through 2006. We strongly believe that all employees (including faculty) should understand the direction of leadership, feel that USF Health cares about their health, and have the opportunity to gain satisfaction in their employment.

External communications focus on areas of excellence. The concept of integrated clinical and research enterprises drives branding efforts aimed at priorities such as Heart Health and Brain Health. With our hospital affiliates we aim to encourage pride in the University relationship—the notion that our physicians practicing in those hospitals constitute “USF inside.”

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

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

Strategic Initiative #1: Improve internal communications among faculty and staff.
Short Term:
- Implement internal communications improvement plan to enhance e-mail, voicemail, webcasting
- Begin electronic newsletter for re-named USFPG and an electronic newsletter for faculty accomplishments

Strategic Initiative #2: Improve Communications to Support External Relationships.
Short Term:
- Design and implement improved signage
- Create and approve USF Health logo packages, including communications and graphic standards manual for logo usage
- Implement branding campaign for clinical enterprise
Intermediate Term:
- Improve dissemination/coordination of research related information across USF Health and the University
- Establish a physicians' referral program to encourage relationships with community and referring doctors