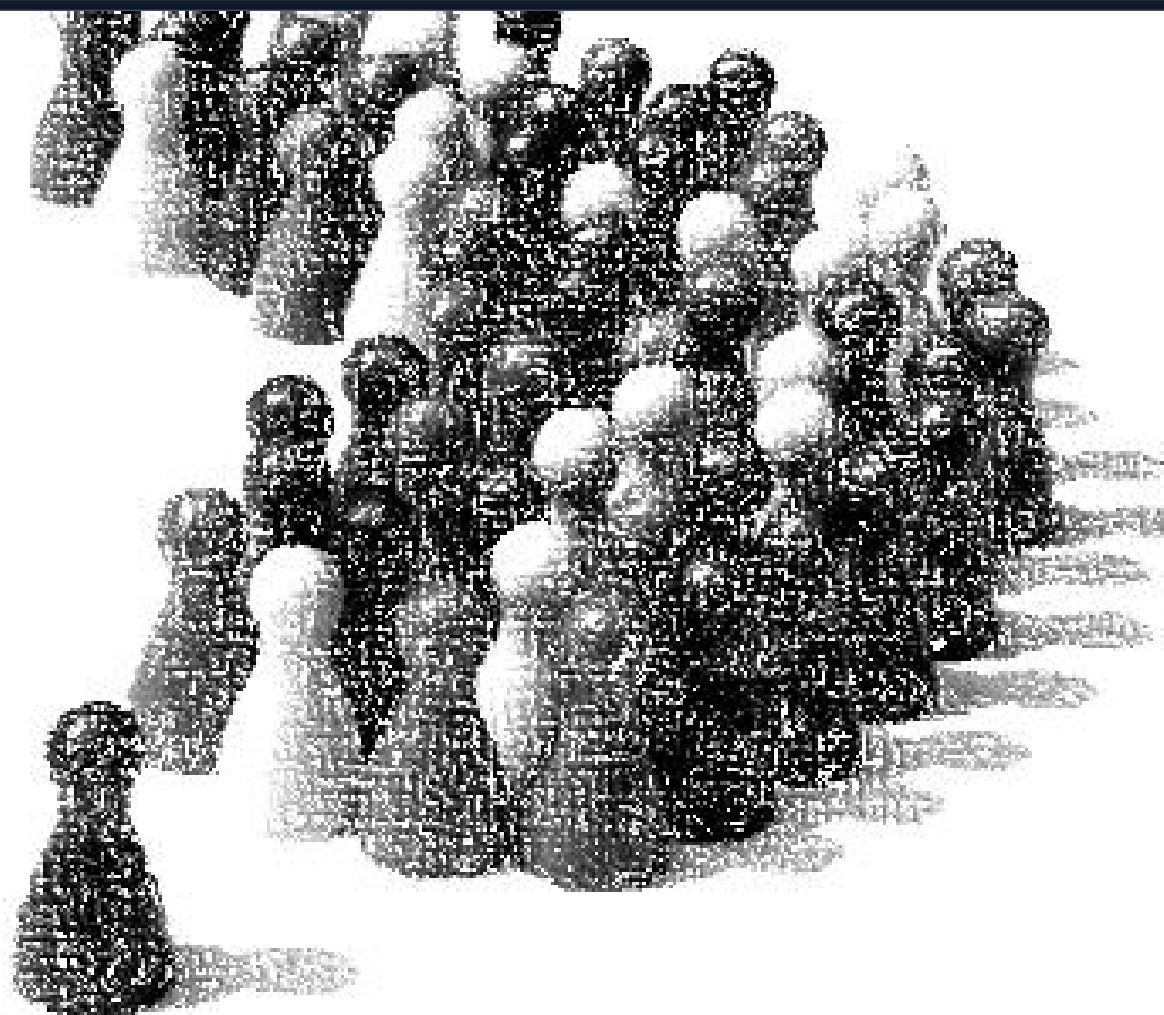


West Virginia University  
Robert C. Byrd Health Sciences Center  
School of Medicine

## 2016 Strategic Plan

*“Leading the way to a healthier West Virginia”*



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# Message from the Dean

West Virginia University recently completed a process of re-evaluating its overall plans for the future in light of its historic mission as a Land Grant University, the needs of the people of West Virginia, and the responsibilities the state has placed on us as its flagship institution of higher education. The School of Medicine, including representatives of each of our campuses, was an integral part of the University's planning effort.

The adoption of the [WVU 2020 Strategic Plan](#) – and a [companion plan](#) created for the Health Sciences Center -- placed an obligation on each of the University's schools and colleges to revisit our activities and develop a strategic plan for our own future. The faculty, staff, and students of the School of Medicine approached this task with the knowledge that our decisions today will have a great impact on the next generation of students in each of our programs, and on our ability to reverse the historic health disparities that place a serious burden on individuals and families across our state.

Our first task was to define our mission and our vision. A strong consensus developed that we need to be very clear and very direct about these statements, as they would guide all of the participants in thinking about the specifics of our plan and in making decisions about how we should allocate resources. These statements distill the essence of what we do as a school:

## **Mission**

***The West Virginia University School of Medicine improves the lives of the people of West Virginia and beyond through excellence in patient care, education, research, and service to our communities.***

## **Vision**

***The West Virginia University School of Medicine, leading the way to a healthier West Virginia***

These statements informed the entire process of developing this School of Medicine Strategic Plan. The process by which the mission and vision were transformed to a plan is described in this document.

An enormous number of talented people contributed a great deal of work and thought to this process. But their work will become valuable only if we are able to move from planning, to action, and then to achievement. This plan will serve as a guide to our School's leadership and will be a yardstick by which our future actions can be measured.

**Arthur J. Ross III, MD, MBA**

**Dean**



**West Virginia University School of Medicine**

# **2016 Strategic Plan**

# The Process

The process of creating the WVU School of Medicine's Strategic Plan involved over 500 faculty, staff and students and took over seven months to complete. A strategic planning steering committee and five sub-committees were established in January 2011. Each sub-committee had two co-chairs and one staff member assigned. The sub-committee co-chairs and staff formed the Strategic Planning Steering committee that was chaired by the Dean.

Sub-Committee	Co-Chair	Co-Chair	Staff
Education	N. Ferrari	J. Arbogast	K. Trimble
Research	J. O'Donnell	M. Vernon	C. Martin
Service	M. Mandich	T. Crocco	S. Saaid
WVU Healthcare	J. Charlton	S. Emery	R. Blizzard
Infrastructure	L. Miele	M. Schaller	L. Saurborn

Faculty, staff, and students received a survey soliciting their participation in the strategic planning process. Over 100 responses were received from this survey. Sub-committees were then populated based on the responses received. Each sub-committee was required to have faculty, staff, and students participate as well as representatives from all three School of Medicine campuses (Morgantown, Charleston, Martinsburg).

A strategic planning process was defined in advance and workbooks were provided to each sub-committee member containing relevant planning materials. The School of Medicine's strategic planning process involved five distinct steps:

- **Evaluate old mission and vision statements and redefine**  
Mission and visions statements are the foundation to any strategic plan. They set the direction for the plan and all other components (goals/objectives/indicators) should be developed based on the content of these two critical statements.
- **Assess internal and external environments (environmental scan)**  
An environmental scan involves considering factors that may influence the direction and goals of the School of Medicine. Information and trends discovered during the Environmental Scan can provide the foundation for the SWOT Analysis.
- **Conduct a SWOT analysis**  
SWOT analysis is a tool that helps to identify the strengths, weaknesses, opportunities and threats of an organization. Specifically, SWOT is a basic, straightforward model that assesses what an organization can and cannot do - as well as help to identify its potential opportunities and threats
- **Formulate institutional goals & objectives**  
Goals and objectives are the core components of a strategic plan. A goal is a statement of what is to be achieved during a specified period of time. It must be specific and realistic. An objective is a specific action which enables you to accomplish a goal. Goals and objectives will be translated into activities during annual operational planning to ensure that the School of Medicine achieves the goals within the strategic plan.

West Virginia University School of Medicine

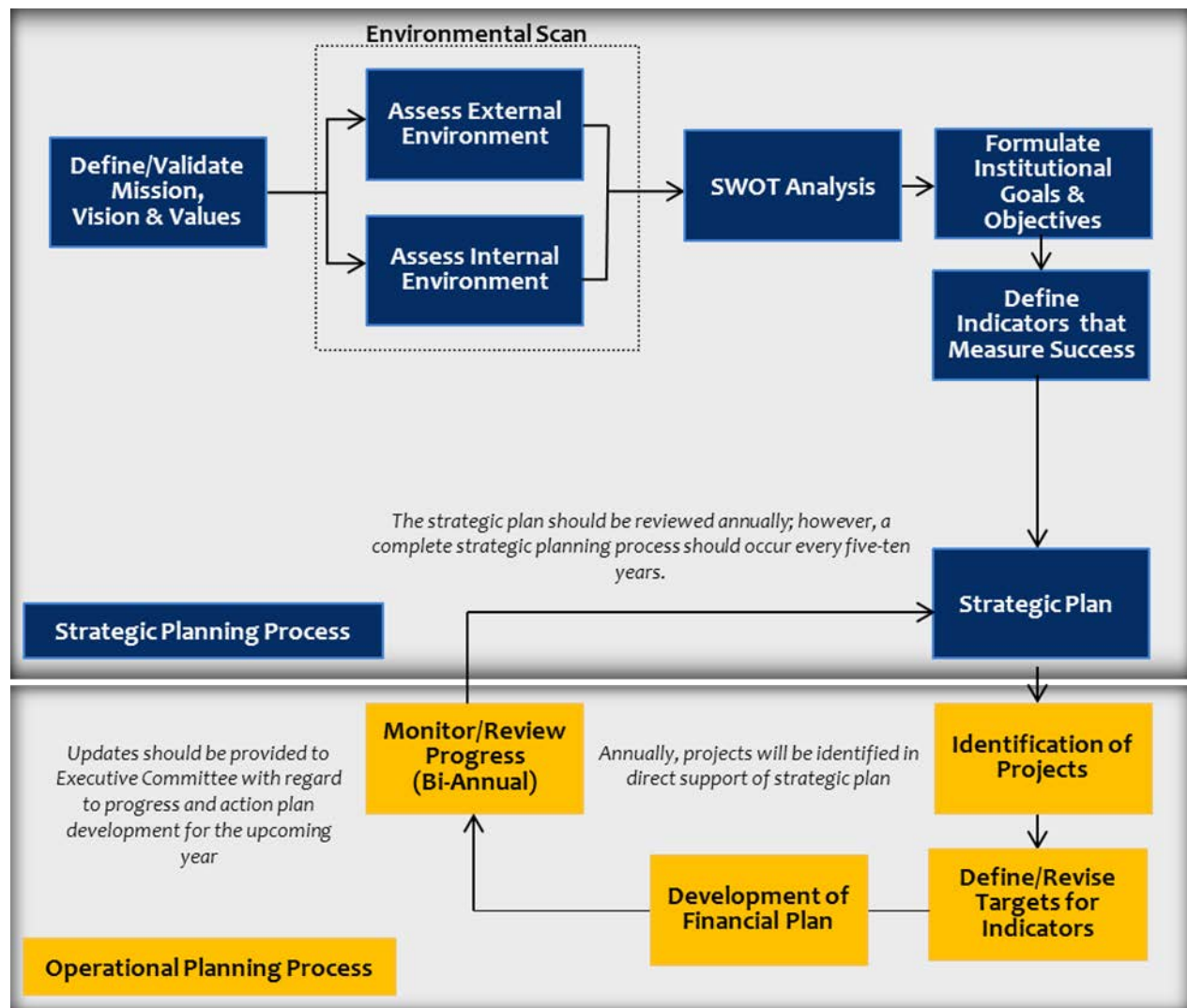
## 2016 Strategic Plan

# The Process

- **Define indicators that measure of success**

In developing a strategic plan it is important to develop mechanisms to measure success. Therefore, indicators and respective targets should be established for each goal. An indicator is the unit of measurement that is used to monitor or evaluate the achievement of goals a specified period of time. A target is the status intended to be attained (and which is believed to be attainable).

The diagram below summarizes the process of strategic planning as well as operational planning.

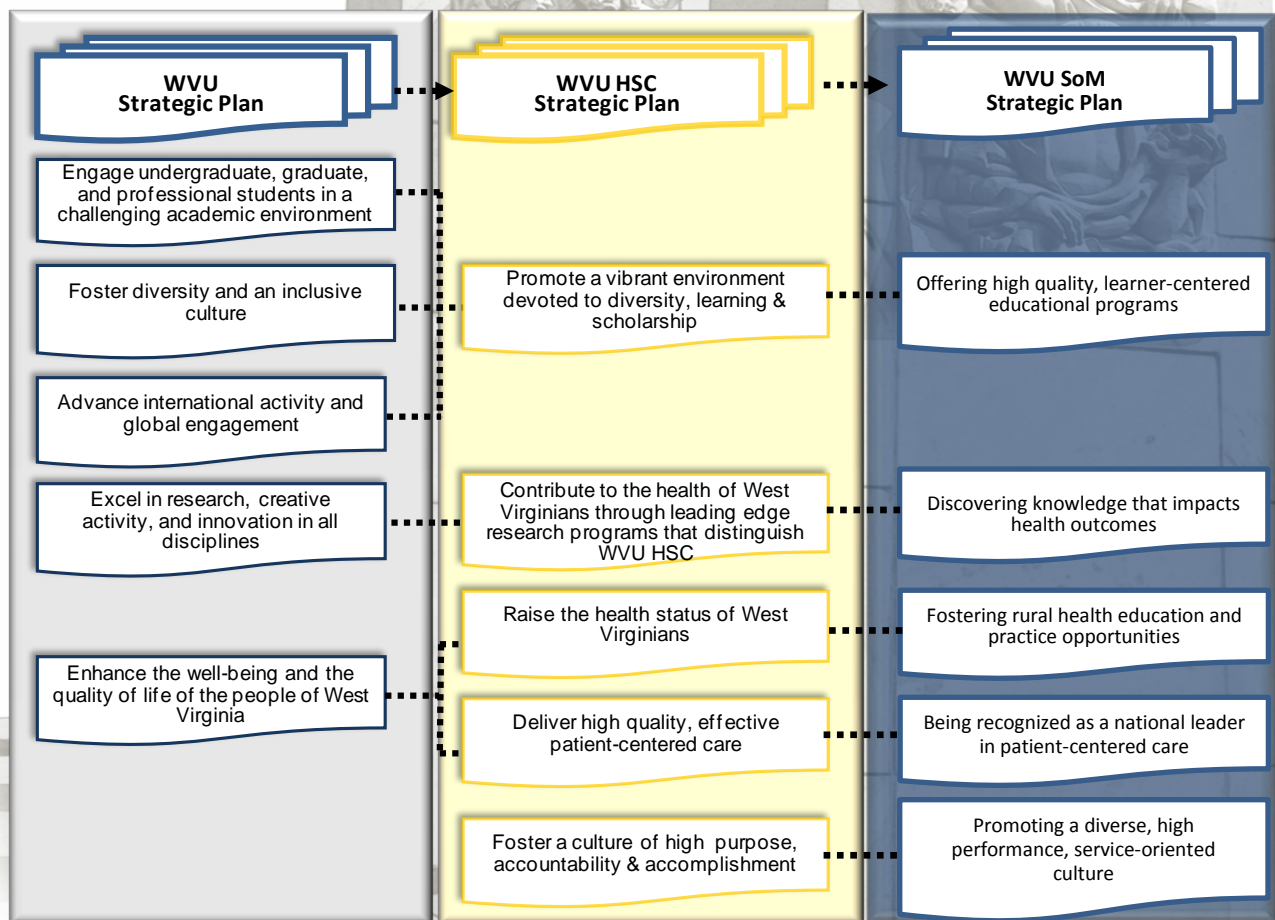


West Virginia University School of Medicine

## 2016 Strategic Plan

# Mapping Back

The WVU School of Medicine's strategic plan is in direct support of the University's and Health Sciences Center's strategic plans. Efforts were made throughout the entire planning process to ensure alignment amongst these plans. In addition, a separate strategic planning process for the clinical mission – **WVU Healthcare** – occurred in parallel with the School's process. WVU Healthcare's goals and objectives have been included in the School of Medicine's plan for continuity purposes. The diagram below illustrates how the School of Medicine Strategic Plan maps back to the University's and HSC Plans.





# Research

*Discovering knowledge that impacts health outcomes*

## Goal 1

**Create a strong and integrated clinical and translational research enterprise that addresses the health care disparities of the people of West Virginia**

1. Facilitate evidence-based medicine and practice-based research through comparative effectiveness, implementation, and dissemination research among clinical departments
2. To sustain and further enhance excellence in basic research programs to complement the developing clinical and translational research enterprise
3. Formalize an academic health science center philosophy and practice that all patients should have the opportunity to participate in research protocols, recognizing the high level of care associated with such participation
4. Incorporate research philosophy, education, and training at all levels of the educational processes, including those for medical students, residents, fellows, and faculty
5. Utilize developments associated with the establishment of WVU Healthcare and the Faculty Compensation Plan to enable clinical departments to invest in sustainable research endeavors
6. Develop a user-friendly support system for faculty, fellows, and residents in clinical departments to obtain the support needed to develop and submit applications for external funding and to manage grant funding that is received

## Goal 2

**Establish a coordinated process for recruiting and developing new faculty to ensure the availability of the basic, translational, and clinical research expertise**

1. Develop a transparent system, involving both leadership and faculty, to evaluate faculty recruitment plans in order to maximize the use of resources and ensure that a strong and diverse research enterprise is maintained, recognizing the importance of multidisciplinary research
2. Establish a uniform mentoring system for new faculty to aid in their development as productive researchers making significant contributions to the education and service missions
3. Coordinate the recruitment and development of research-intensive faculty in clinical departments with relevant expertise in basic science departments and centers
4. Develop a financial model to provide a sustainable method to create competitive start-up packages to support the recruitment of new faculty

## Goal 3

**Increase the research productivity of existing faculty**

1. Establish and fund a bridge grant mechanism to maintain the research competitiveness of faculty by pairing funding with structured, intensive, peer mentoring
2. Initiate a series of tutorials and short courses to enable faculty to remain competitive by enhancing their understanding of developing technologies, improving use of shared research resources, and sharpening grant-writing skills
3. Ensure that all faculty have adequate pre- and post-award support for grant applications
4. Improve faculty retention and morale by ensuring that existing, productive faculty are provided resources and support at least equivalent to new faculty

West Virginia University School of Medicine

# 2016 Strategic Plan

# Research

*Discovering knowledge that impacts health outcomes*

## Goal 4

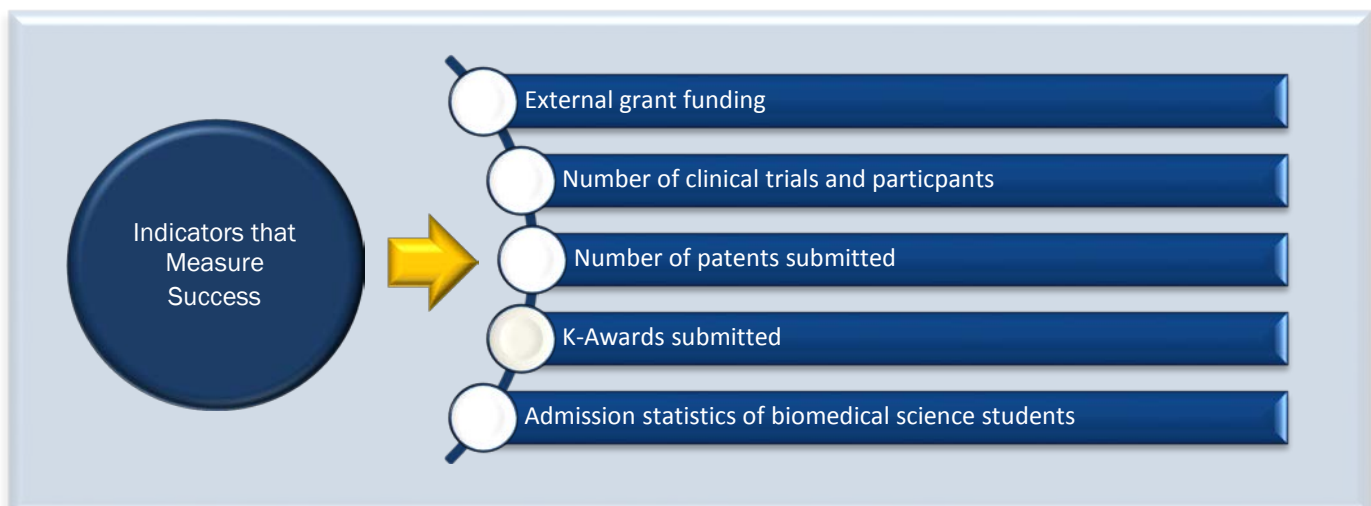
**Improve graduate and postdoctoral education and training in a manner that enhances the overall research enterprise**

1. Improve the applicant and matriculant pool for the biomedical PhD programs, in terms of numbers, qualifications, and diversity
2. Increase opportunities for students and fellows to obtain training and experience in multidisciplinary research
3. Increase the number of institutional pre-doctoral training grants and the percentage of PhD and MD-PhD students submitting individual pre-doctoral fellowship applications
4. Increase the number and quality of postdoctoral fellows by creating a competitive, SOM-funded fellowship program and by establishing a venue for collegial interactions among all postdoctoral fellows
5. Obtain institutional postdoctoral training grants in clinical departments to support the research training of residents and clinical and postdoctoral fellows

## Goal 5

**Improve the infrastructure that supports research and research training**

1. Expand and support shared resources for basic, translational, and clinical research that are cutting edge, adaptable, user-friendly, and cost-efficient
2. Develop a centralized organizational unit to coordinate and disseminate information and access to shared equipment, technology, and facilities, faculty research expertise, and research partners
3. Improve the pre- and post-award infrastructures to facilitate grant submission and management



West Virginia University School of Medicine

**2016 Strategic Plan**



# Education

*Offering high quality, learner-centered educational programs*

## Goal 1

**Focus on Learner-Centered Education throughout all programs**

1. Create, dynamic, ongoing curricular development through validated learner satisfaction data, benchmarked curricular outcomes, graduate and employer surveys, and competitiveness in the national market
2. Assign appropriate resources to all educational missions based on continuous needs assessment
3. Develop and implement new programs when facts-based needs and financial viability are demonstrated
4. Create a School of Medicine Inter-Professional Education taskforce to coordinate and promote educational activities across all programs: professional, undergraduate medical education and graduate medical education
5. Develop an Inter-Professional Education objective structured clinical exam (OCSE) as an assessment tool

## Goal 2

**Create dynamic succession plans for educational leadership to ensure on-going program success and quality educators**

1. Assess current state and future needs for faculty to deliver the education mission including a transparent recruitment plan that ensures a strong and diverse teaching faculty
2. Establish expectations for teaching excellence and link to objective evaluation process
3. Increase faculty development activities related to use of simulation for Inter-Professional Education, learning and assessment
4. Actively enlist qualified participants in the teaching scholars program and summer institute
5. Identify future leaders for all education leadership positions and provide leadership learning opportunities and mentorship

## Goal 3

**Elevate the prominence of professional programs within the state and nation**

1. Raise national rankings for all programs to top 10 status to attract high quality faculty staff and students
2. Reduce student debt through tuition and fee control and increased scholarship opportunities to ensure a national competitiveness
3. Increase student diversity with attention to Appalachian culture and provide more rural and community based experiences
4. Improve both matriculant and graduate academic profile to high quality graduates
5. Renovate facilities for education and research for professional programs to enhance the students educational experience

West Virginia University School of Medicine

# 2016 Strategic Plan

# Education

*Offering high quality, learner-centered educational programs*

## Goal 4

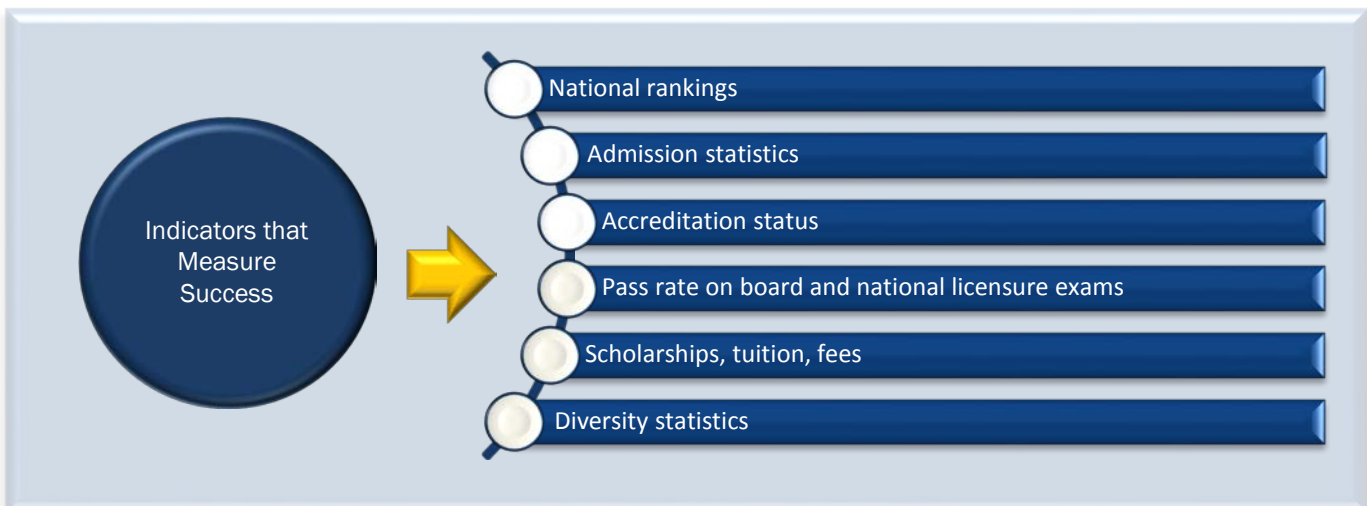
**Offer high quality graduate medical education programs that exceed national standards for accreditation**

1. Implement a centralized graduate medical education infrastructure that provides accreditation expertise and monitors the quality of all programs
2. Complete phase two of the Simulation, Training, and Education for Patient Safety (STEPS) facility to enhance standardized patient experience
3. Create additional centralized curricular offerings that support common program requirement to ensure consistency and efficiency
4. Develop and implement more defined simulation curriculum for all six core competencies

## Goal 5

**Develop and maintain national reputation for undergraduate medical education program**

1. Increase student diversity with more attention to students from the rural Appalachian region
2. Attain United States Medical Licensing Exam (USMLE) first time pass rates that are better than national average on all steps
3. Develop technology curricula in education delivery and assessment
4. Implement faculty Direct Observation methods for assessing students in the clinical setting
5. Reduce student debt through tuition and fee control and increased scholarship opportunities to ensure national competitiveness



West Virginia University School of Medicine

**2016 Strategic Plan**

# Service

## *Fostering rural health education and practice opportunities*

### **Goal 1**

#### **Foster a positive and sustainable impact on the health of state**

1. Establish brand recognition as “WVU” for healthcare delivery throughout the state
2. Utilize evolving frameworks (such as Ambulatory Care Organizations) to develop inter-professional healthcare delivery models to citizens throughout the State of West Virginia
3. Model preventive efforts by developing and delivering information on prevention and health to all WVU students
4. Develop, in conjunction with faculty involved with school health education, curricular materials to be used in K-12 health education recognizing the opportunity to impact the health of the State through collaborations with public education

### **Goal 2**

#### **Enhance national recognition for leadership in rural health**

1. Promote rural health initiatives to result in national recognition
2. Elevate the School’s reputation in rural health as applicants’ primary selection criterion for graduate medical education
3. Increase extramural funding for initiatives (including outreach, research, education, and community engagement) related to rural health
4. Develop and maintain a school-wide repository of information related to rural health activities conducted by the School of Medicine and its partners, including education and service

### **Goal 3**

#### **Develop innovative models for coordination of care that can serve as national examples**

1. Develop, distribute and utilize smart phone applications and other mobile technologies for health management
2. Offer state-of-the-art telemedicine system to connect patients and providers in outlying areas
3. Establish and disseminate an internal recognition structure to reward innovative models in outreach and service

### **Goal 4**

#### **Promote didactic and practical experiences related to rural, underserved and health disparity issues**

1. All students, from baccalaureate through graduate medical education will fulfill a rural health requirement, the nature of which is to be determined by the sponsoring unit
2. All students will participate in meaningful interdisciplinary educational experiences during their time at WVU

West Virginia University School of Medicine

# 2016 Strategic Plan

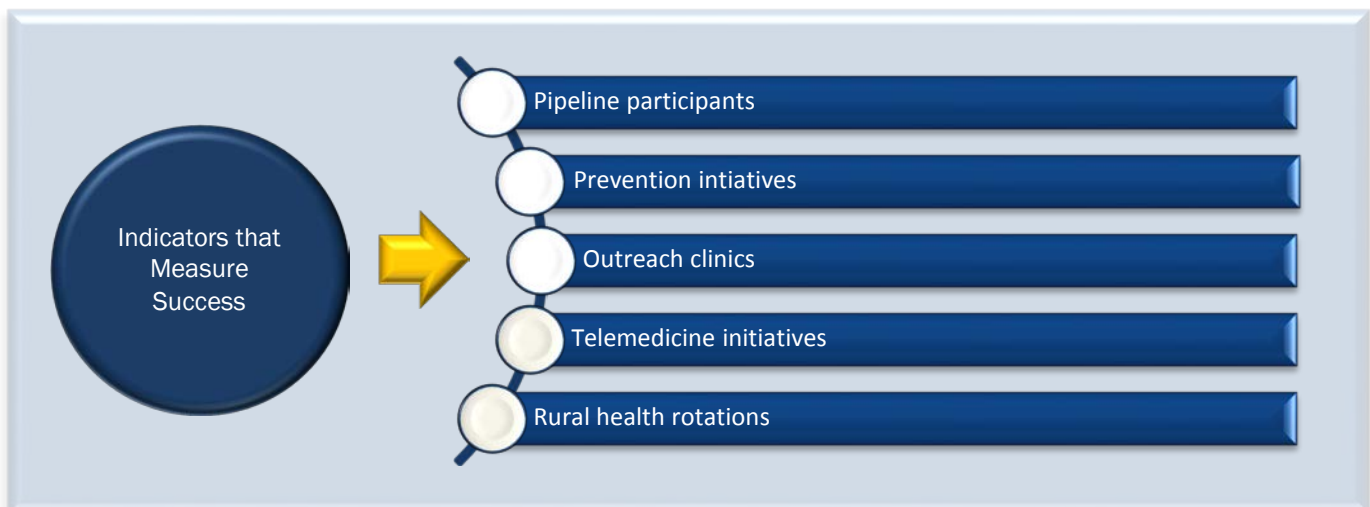
# Service

*Fostering rural health education and practice opportunities*

## Goal 5

Provide the state a supply of well-trained health care professionals that address the needs of West Virginia

1. Promote the pipeline programs within the state
2. Retain a higher percentage of graduates in the state
3. Align the types of education programs and number of students to meet West Virginia's healthcare needs



West Virginia University School of Medicine

# 2016 Strategic Plan

# Patient Care

*Being recognized as a national leader in patient-centered care*

[Excerpted from the WVU Healthcare Strategic Plan which serves as the Patient Care component of the SoM Strategic Plan – please see plan for details at <http://www.hsc.wvu.edu/hsc2020/hsc-plans> ]

## Goal 1

**An expanded regional healthcare delivery system**

1. Outpatient sites accessible to patients throughout the region.
2. Physicians at all West Virginia United Health System hospitals as well as regional affiliates.
3. Faculty and community divisions to meet diverse physician needs.

## Goal 2

**Consistent, integrated patient care recognized for delivering the right care in the right place at the right time at all sites**

## Goal 3

**Development of new approaches to improve health care including team-based models of care; expanding WVU clinical and translational research**

1. Developing new team-based models of care.
2. Expanding WVU clinical & translational research.

## Goal 4

**Educational programs throughout the network recognized for training uniquely qualified health care team members and leaders**

## Goal 5

**A culture of performance and excellence throughout the network**

1. A great work environment
2. Stewards of the community's health care resources



West Virginia University School of Medicine

**2016 Strategic Plan**

# Infrastructure

*Promoting a diverse, high performance, service-oriented culture*

## Goal 1

### **Recruit and retain the best and brightest faculty and staff - emphasizing diversity**

1. Develop a recruitment plan to address the future needs of the School in each mission
2. Identify and implement mechanisms to strengthen the recruitment of high caliber faculty and staff
3. Promote initiatives that foster a diverse workforce
4. Organize a robust faculty mentoring program
5. Ensure that faculty and staff development initiatives are offered and address the career continuum

## Goal 2

### **Develop strong and effective leaders in all missions**

1. Develop explicit, measurable performance expectations
2. Provide robust performance feedback on annual basis
3. Develop appropriate succession plans
4. Formalize a leadership development program
5. Encourage leadership opportunities for women and under-represented minorities

## Goal 3

### **Create a transparent, high performance, serviced-oriented organization**

1. Communicate major decisions in a timely fashion to all constituents - include relevant details
2. Strengthen mechanisms to evaluate faculty and staff performance at all levels – incentives should be tied to performance when possible
3. Strengthen “service-oriented” culture through the implementation of comprehensive quality improvement program
4. Ensure service level standards are developed and implemented for key infrastructure functions

## Goal 4

### **Promote an inclusive culture that lauds our accomplishments**

1. Document our collective achievements and develop mechanisms for internal and external communication of accomplishments
2. Improve communications and foster interactions amongst the three campuses
3. Enhance awards and recognition programs that celebrate faculty and staff achievement



# Infrastructure

*Promoting a diverse, high performance, service oriented culture*

## Goal 5

**Create a strong financial position that includes philanthropic opportunities**

1. Identify current sources and uses of resources – align resources by mission and identify future requirements
2. Allocate resources based on value added – business plans to be developed for new initiatives
3. Conduct periodic reviews of existing programs to determine current relevance
4. Develop a strategy (or plan) to generate capital funds to be used for program investment
5. Conduct a facilities needs assessment and five year plan that is tied to the School's recruitment efforts



West Virginia University School of Medicine

## 2016 Strategic Plan

# Implementation

The strategic plan is a roadmap. In order for us to move forward we will need to identify specific action items/projects that will help us achieve our goals and objectives (see Operational Planning on page 5). In March of each year, the School of Medicine's leadership will identify potential action items/projects that will be accomplished over the course of the upcoming academic year or slightly beyond. Financial plans will be developed for each of these proposed action items/projects and the list will be narrowed based on priority and available resources. Once action items/projects are approved by the School of Medicine's leadership, Project Managers will be assigned to manage each initiative to ensure completion. Updates with regard to the status of all major action items/projects will be provided on a quarterly basis to all faculty, staff, and students within the WVU School of Medicine.

In addition, for each "measure of success" identified within the strategic plan, baseline data will be collected and five year targets will be set as part of the operational planning process. When possible, national benchmarks will be used to measure our success on a national level. Annually, five year targets may be adjusted based on external factors that are out of our direct control such as a national decrease in National Institutes of Health funding. This data will be made available on an annual basis to all faculty, staff, and students within the WVU School of Medicine.

# Appendix A

Sub-Committee	Member	Status	Department/Program	Campus
<b>Education</b>	Ken Landreth	Faculty	Microbiology	M
	Dorian Williams	Faculty	Family Medicine	M
	Hollynn Larabee	Faculty	Emergency Medicine	M
<b>Co-Chairs</b> Jim Arbogast Norman Ferrari	Bev Kirby	Faculty	Medical Lab Science	M
	Randy Bryner	Faculty	Exercise Physiology	M
	Dana Tiberio	Student	MD	M
<b>Staff</b> Kim Trimble	Rose Pignatora	Student	PT & Pub Health	M
	Justin Kupec	Student	Resident, Medicine	M
	Claire Noel	Staff	Graduate Studies	M
	Kim Lanham	Staff	OB/Gyn	M
	Toni Burbridge	Staff	Human Performance	M
<b>Research</b>	Vishy Ramamurthy	Faculty	Ophthalmology & Biochemistry	M
	Laura Gibson	Faculty	Microbiology & Cancer Center	M
	Christian Sirbu	Faculty	Behavioral Medicine	C
<b>Co-Chairs</b> Jim O'Donnell Mike Vernon	John Hollander	Faculty	Exercise Physiology	M
	Geri Dino	Faculty	Community Medicine	M
	Claudette Brooks	Faculty	Neurology	M
<b>Staff</b> Cliff Martin	John Barnett	Faculty	Microbiology	M
	Laurie Gutmann	Faculty	Neurology	M
	Lisa Salati	Faculty	Biochemistry	M
	Laura Esch	Student	Pub Health PhD, CMED	M
	Jonathan Hlivko	Student	GI Fellow, Medicine	M
	Daniel Vanderbilt,	Student	MD-PhD, Biochemistry	M
	Teresa VanNorman	Staff	Ophthalmology	M
	Lana Yoho	Staff	Biochemistry	M
	Val Lemasters	Staff	Research Office	M
<b>Service</b>	Bill Neal	Faculty	Pediatrics	M
	Rebecca Schmidt	Faculty	Medicine	M
	Jeff Coben	Faculty	Emergency Medicine	M
<b>Co-Chairs</b> Todd Crocco MaryBeth Mandich	Rosie Cannarella	Faculty	Family Medicine	E
	Kim Horn	Faculty	Community Medicine	M
	Greg Rosencrance	Faculty	Medicine	C
	Ann Chester	Faculty	Community Medicine	M
	Jim Brick	Faculty	Medicine	M
<b>Staff</b> Sahar Saaid	Allison Lastinger	Student	MD	M
	Lola Burke	Student	MD	E
	Lynda Nine	Staff	Alumni	M
	David DiBartolomeo	Staff	Outreach	M
	Sherry Kuhl	Staff	Center on Aging	M
	Julie Peasak	Staff	Neurology	M
	Alumnus Slot			
	Alumnus Slot			

West Virginia University School of Medicine

## 2016 Strategic Plan

# Appendix A

Sub-Committee	Member	Status	Department/Program	Campus
Infrastructure	Barb Ducatman	Faculty	Pathology	M
	Hassan Ramadan	Faculty	ENT	M
	Rob Broch	Faculty	Physiology & Pharm	M
Co-Chairs Mike Schaller Leslie Miele	John Lubicky	Faculty	Ortho	M
	Brad Mitchell	Faculty	Surgery	M
	Ann Cronin	Faculty	OT	M
	Dave Perry	Staff	Administration	C
	Lana Yoho	Staff	Biochemistry	M
Staff Lisa Saurborn	Tim Palencik	Staff	Administration	M
	Julia Phalunas	Staff	Development	M
	Leonard Lewis	Staff	Facilities	M
	Aaron Henry	Staff	Family Medicine	E
	Jason Peklinsky	Student	MD	M
	Morgan McBee	Student	MD	M
	Josh Briscoe	Student	MD	C

# Appendix B

## SWOT ANALYSIS

## INFRASTRUCTURE

	Strengths	Weaknesses
INTERNAL	<ul style="list-style-type: none"> <li>IT - fast, reliable, responsive, good customer service overall</li> <li>IT - collaborative efforts to work with WVU, Charleston, Eastern etc.</li> <li>Finance - stable state support/funding</li> <li>Finance - WVU healthcare - eventual \$\$ return to SOM</li> <li>Growth of Faculty - increase in total number of faculty - growth has been steady overall where hires exceeds departures</li> <li>New research building (Byrd)</li> <li>Classroom renovations Renovated labs</li> <li>Communication - there are efforts being made to communicate</li> <li>Faculty development - there is a desire for development and some programs are started</li> <li>Collegial faculty and staff</li> <li>University town community</li> <li>Good successes in education - student scores etc, awards won etc</li> <li>WVU SOM is the flagship in the state</li> <li>SOM and Allied are under one roof</li> <li>WVU SOM spans the state</li> <li>Some good faculty development workshops at SOM/HSC and WVU levels (MS)</li> </ul>	<ul style="list-style-type: none"> <li>Coordination of Communications</li> <li>Modesty (too much) - many not willing to announce their successes</li> <li>Self-confidence issue, i.e. well we are West Virginia</li> <li>Morale is low due to physical environment</li> <li>Feeling that reinvigoration of departments needs chair turnover</li> <li>Growth (aging) of faculty as a cohort - loss of teachers with uncertainty of replacement</li> <li>Lack of resources for junior faculty to develop fully</li> <li>Physical infrastructure and facilities</li> <li>Lack of a renovation plan &amp; minimal institution/state funding dollars available</li> <li>Contracts - takes forever to put together (this may be changing now with new legal)</li> <li>No facilities renovation/capital plan</li> <li>Limited capital</li> <li>Succession planning</li> <li>Don't publicize WVU's presence throughout the state (outreach clinics, etc.)</li> <li>Workforce diversity</li> <li>Lack customer service culture</li> <li>IT – separate WVU, HSC and hospital IT – is this efficient?</li> <li>IT – lagging in online testing for graduate education, esp. lockdown servers</li> <li>HR – Is there redundancy in the system – SOM/HSC/WVU?</li> <li>Faculty mentoring – a few programs are good, but overall this is a weakness</li> <li>Need for improved staff/administration training</li> <li>Too much time &amp; resources being wasted on committees being formed and coming up with many good plans/strategies that are either ignored or rarely ever implemented</li> <li>Hiring &amp; recruitment process takes way too long.</li> </ul>

West Virginia University School of Medicine

2016 Strategic Plan

# Appendix B

	Opportunities	Threats
EXTERNAL	<ul style="list-style-type: none"> <li>• New prioritized plans would offset a number of the weakness, e.g. comprehensive renovation plan would address some infrastructure issues</li> <li>• Foundation - maturation of early alumni to their "giving" years</li> <li>• Capital Campaign</li> <li>• HSC provides collaborative interschool opportunity for research</li> <li>• HSC provides opportunity for innovative interschool education</li> <li>• Statewide SOM provides statewide opportunity for education. Also for research particularly clinical and outcomes based research</li> <li>• Faculty recruitment – can steal a few good people in tough economic times</li> <li>• Our good reputation and presence throughout the state &amp; nation could enhance our SOM with forming strong collaborations with other leaders in our field</li> <li>• Morgantown has a strong/stable economic environment and has been recognized nationally (i.e. NBC nightly news) several times for our growth &amp; development while many other cities have suffered through the recent tough economic times</li> </ul>	<ul style="list-style-type: none"> <li>• Competition in state for education</li> <li>• Education competition becomes a serious issue when limited clinical experience opportunities exist.</li> <li>• Economy - \$\$ for research, from state, clinical revenue and foundation</li> <li>• Healthcare reform - particularly since high percentage of SOM income is based on clinical \$\$.</li> <li>• NIH funding cuts – should include all federal agency funding cuts, not just NIH</li> <li>• Competition for staff? – some internal</li> <li>• Competition for recruiting high quality faculty – how does our current packages compare to other institutions and paying "top dollar" to secure &amp; bring in new faculty at higher salaries creates concern for faculty that have been here a long time and may not be making an equivalent salary</li> <li>• Competition in state for funding to support implementation of new programs that are crucial for our competitiveness in the field, improvements to our facilities, dollars for necessary positions, raises or at least cost of living adjustments for current employees, etc</li> </ul>



# Appendix B

## FACULTY DEVELOPMENT

INTERNAL	STRENGTHS	WEAKNESSES
	<ul style="list-style-type: none"> <li>Experienced and dedicated teaching faculty</li> <li>Simulation Center-new teaching skills</li> <li>Robust Teaching Scholars Program</li> <li>Academy of Excellence in Teaching and Learning which encourages innovation and scholarship</li> <li>Faculty cooperation between departments</li> <li>New enthusiastic faculty in some programs</li> </ul>	<ul style="list-style-type: none"> <li>Many faculty with teaching experience are near retirement, particularly in basic science departments</li> <li>New faculty recruitment is not based on content expertise or maintain teaching programs</li> <li>Demise of teaching expertise in basic science departments</li> <li>Changes in administration results in loss of consistency of educational goals</li> <li>Absence of culture of teaching excellence in HSC</li> <li>Failure to document and reward teaching effort in P&amp;T decisions</li> <li>Absence of independent evaluation of faculty teaching</li> <li>High service demands on clinical faculty does not leave time for developing teaching programs</li> <li>Lack of release time for faculty development activities (national avg clinical time 67%)</li> <li>28.2% WVU-SOM grads plan academic careers vs 42.5% nationally</li> </ul>
EXTERNAL	OPPORTUNITIES	THREATS
	<ul style="list-style-type: none"> <li>ACGME requirement for mandatory faculty development</li> <li>Use LCME Accreditation Standards to frame faculty development needs</li> <li>Identify external development opportunities (e.g. team based learning conferences) and align with faculty with unique interests</li> <li>National leadership courses and programs to develop future education leaders</li> <li>New program development (HSC and main campus)</li> <li>Simulation center (SIMS) is opportunity to develop new teaching skills and programs</li> <li>Web-based course delivery</li> <li>Utilize colleagues and alumni at different institutions to help recruit faculty.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced external research funding affects faculty recruitment and retention</li> <li>Stereotypes about Appalachia deter faculty recruitment to WVU.</li> </ul>

# Appendix B

## PROFESSIONAL PROGRAMS

INTERNAL	STRENGTHS	WEAKNESSES
	<ul style="list-style-type: none"> <li>Health professions continues to be attractive due to employment</li> <li>Programs which have national ranking (Ex Phys, CLS) or national visibility due to attaining high scores on board exam pass rates (OT, PT) or accreditation (PT)</li> <li>Opportunities for articulation (i.e., EXPH and MLS to MD, PT, OT)</li> <li>Excellent student retention rate and graduation rate in many of the Professional programs.</li> <li>Strength in research as well as teaching (many excellent educators throughout the various programs).</li> <li>Many young faculty (not near retirement) in most programs.</li> <li>Strong undergraduate enrolment in Exercise Physiology (~800) and in all programs in Professional Programs</li> <li>Good support from current clinical affiliated hospitals.</li> <li>Strong alumni-based support.</li> </ul>	<ul style="list-style-type: none"> <li>Non- attractive, old laboratory spaces for some faculty, which are not incentives to attract either graduate students or new faculty. This also hinders the development and improving of current courses and expanding offerings.</li> <li>Difficult to find placement for students (i.e., PT will have difficulty finding enough clinical sites with 3 PT programs in the state)</li> <li>Lack of centralized support for student affairs within the School of Medicine. The MD program has more student affairs personnel for fewer students than that found in the Professional Programs.</li> <li>Lack of coordination of academic and student affairs within the HSC and SOM often causes communications from downtown administrators to not reach the students in the professional programs.</li> </ul>
EXTERNAL	OPPORTUNITIES	THREATS
	<ul style="list-style-type: none"> <li>Develop new on and off campus education programs to meet health care workforce, including opportunities for more articulation programs.</li> <li>Integration of basic and translational/clinical research.</li> <li>New Histotechnology Area of Emphasis has an enthusiastic and dynamic program director and is poised to acquire accreditation from NAACLS and garner national attention (as one of four programs in the USA.)</li> <li>Increase the national ranking to the top 3 via faculty recruitment, increased funding and internal support for Exercise Physiology. Increase national ranking of PT and other Professional programs.</li> <li>Increase national visibility by becoming a full department in the School of Medicine (Exercise Physiology).</li> <li>Interest in OT nationally is at an all-time high, leading to opportunities for innovative education programs.</li> </ul>	<ul style="list-style-type: none"> <li>Loss of RHEP infrastructure may negatively impact ability to get students placed in rural areas.</li> <li>As we expand the student enrollment we are running out of clinical rotations placements for students. (PT will have difficulty finding enough clinical sites with 3 PT programs in the state)</li> <li>Space/facilities for expansion – especially in laboratories</li> <li>There are no out of state scholarships to attract outstanding students.</li> <li>Compensation for faculty with large teaching roles is limited and as a result, these faculty feel disenfranchised.</li> <li>National Health Care reform may limit hospital resources which may then cause hospitals to withdraw from their affiliation with our programs.</li> <li>Pressure for funding (P&amp;T) on basic science faculty limits their enthusiasm for branching out to faculty who have less formal research training, but yet have the potential to contribute to translational/clinical research initiative. Also, without new money for such collaborative efforts, how can these new collaborative efforts really start in any meaningful way?</li> <li>Emphasis on research initiatives that are narrowly defined as NIH dollars disenfranchises faculty members whose scholarly activity is in educational research and other non-funded research activities.</li> </ul>

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## UNDERGRADUATE MEDICAL EDUCATION

		STRENGTHS	WEAKNESSES
INTERNAL		<ul style="list-style-type: none"> <li>Rapid growth of STEPS</li> <li>55% HSC students participate in RHEP (38% WVSOM, 7% MU)</li> <li>History of success placing students into primary care</li> <li>Nationally recognized for including health literacy in curriculum</li> <li>Introduction of simulation into first two years of curriculum</li> <li>Long history of full accreditation of well-established medical school</li> </ul>	<ul style="list-style-type: none"> <li>Indebtedness: WVSOM .90<sup>th</sup> %tile for students (95.1) receiving financial aid</li> <li>Faculty recruitment of basic science (or clinical) faculty not targeted for maintenance of content expertise for teaching programs</li> <li>Demise of the basic science departments; reduced importance of teaching skills of basic science faculty</li> <li>Absence of a culture of teaching excellence for basic science faculty</li> <li>Below average Scores on Step 2 CS and subsections of Step 1</li> <li>Lack of dedicated space for H7P skills, SP encounters and OSCE type exams</li> <li>Not enough simulation lab space to meet all the demands</li> <li>Faculty incentives with more emphasis on clinical revenue than education – disconnect between how time is spent and source of income/salary</li> <li>Inconsistent faculty role in modeling of clinical excellence. And lack of standard on what is considered excellent</li> <li>Limited opportunity for significant patient interaction until year 3</li> <li>Little diversity in student (and some degree faculty) population</li> <li>Students not observed enough. Feedback is inconsistent</li> <li>Lack of adequate scholarship support</li> <li>Annual increasing in tuition</li> </ul>
		OPPORTUNITIES	THREATS
EXTERNAL		<ul style="list-style-type: none"> <li>Web-based course delivery</li> <li>Effective utilization of STEPS</li> <li>Use LCME Accreditation Standards to curriculum needs</li> <li>Identify external development opportunities and align with faculty interests</li> <li>Introduction of EHR</li> <li>Redefine populations of added value from just traditional underrepresented minorities to include those from Appalachian region</li> <li>Planned changes to the USMLE subject exam</li> <li>Patient centered Medical Home model</li> <li>Social media</li> <li>Increasing demand for IPE</li> <li>Partnering with other med schools</li> <li>Expertise at 3 campuses</li> </ul>	<ul style="list-style-type: none"> <li>Web-based course delivery</li> <li>Dedicated faculty time for educational opportunities</li> <li>Future of RHEP</li> <li>Student duty hour regulations may be forthcoming</li> <li>HRSA (and other) funding opportunities diminishing</li> <li>2002-2010, 82% of LCME schools increased enrollment. By 2015 MD &amp; DO enrollment will be 36% greater than 2002</li> <li>Increasing pressure on faculty to generate income that erodes the education mission</li> </ul>

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## GRADUATE MEDICAL EDUCATION

		STRENGTHS	WEAKNESSES
INTERNAL		<ul style="list-style-type: none"> <li>Active GME committee, max accreditation through April 2015</li> <li>100% WVU GME programs currently accredited with overall increase in cycle length (100% accredited verses 95% national average)</li> <li>Large GME system (51 programs, 380 residents)</li> <li>Large number of WVU School of Medicine graduates within GME programs (31% in 2010)</li> <li>Collegiality between HSC Schools</li> <li>GME Education Week with aggressive emphasis on scholarly activity</li> <li>Residents as Teachers Module and additional Core Competency modules during orientation</li> <li>65% WVU students choose primary care residency compared to nation average of 47%</li> <li>State of the Art simulation center (STEPS)</li> <li>Decreased number of citations on scholarly activities among programs</li> <li>Availability of support persons with education training</li> <li>Electronic evaluation system to facilitate 360 evaluations</li> </ul>	<ul style="list-style-type: none"> <li>Number of current residents/fellows markedly exceeds federal cap/funding (~90 over)</li> <li>Large number of non-LCME graduates compared to national statistics (overall 40% in 2010, 33% IMG, 7% Osteopathic)</li> <li>Current lack of IPE</li> <li>Aging faculty within WVU</li> <li>Limited funding for GME presence at national conferences</li> <li>Centrally mandated GME funding cap</li> <li>Lack of adequate protected time for faculty to balance clinical, research, and education activities</li> <li>Programs with low board pass rates compared to national averages</li> <li>No in-state peer institution to partner GME educational activities</li> <li>Difficulty in recruiting quality residents in to some of our programs</li> <li>Inability for department leadership to provide adequate time and financial support to Program Directors to meet minimum requirements and develop innovations</li> <li>Limited space and staff for simulation training</li> </ul>
		OPPORTUNITIES	THREATS
EXTERNAL		<ul style="list-style-type: none"> <li>Innovative programs including "Professionalism boot camp" and "Business in Medicine" under development</li> <li>Development of centralized subject experts and learning opportunities</li> <li>Encouragement of inter-professional education programs</li> <li>Web-based learning modules, asynchronous learning</li> <li>GME Dashboard for monitoring key program targets (board pass rates, ACGME survey outcomes, etc)</li> <li>Many recently appointed program directors</li> <li>Spin off programs at Eastern division so they can progress and become their own independent sponsoring institution for GME</li> <li>Dissolve sponsorship of dual AOA accredited programs and utilize cost savings on other GME initiatives</li> <li>More career development for program coordinators with required TAGME certification</li> <li>Complete expansion of simulation center to increase opportunities for training evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Unknown impact of WVU Healthcare joint operating system on GME funding and educational initiatives</li> <li>New duty hours systems beginning in July 2011, unknown effects on education including didactic and bedside</li> <li>Increasing number of medical school graduates – higher relative to GME slots available in the US</li> <li>Shortage of physicians, especially primary care in WV (28<sup>th</sup>, 16<sup>th</sup> rank nationally)</li> <li>Aging WV population (rank 3<sup>rd</sup> nationally) predicts shortage in future</li> <li>Increase demand and necessity of simulation educational opportunities and limited space</li> </ul>

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## RESEARCH

	STRENGTHS	WEAKNESSES
INTERNAL	<ul style="list-style-type: none"> <li>• New leadership is supportive of research</li> <li>• Availability of newly constructed lab space with more to come in the near future</li> <li>• Biomedical graduate programs have improved in quality significantly</li> <li>• General willingness to collaborate across departments and schools</li> <li>• State flagship university</li> <li>• Good research incentive program for basic scientists</li> <li>• Reasonable and open bridge/seed funding programs</li> <li>• Current CoBRE and INBRE grants</li> <li>• Good reputations of a number of investigators</li> <li>• Funded plan for construction of a new animal facility</li> <li>• Faculty members are accessible to students</li> <li>• Improving diversity of graduate student population</li> <li>• Statewide reach with regional divisions and presence throughout state</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to implement</li> <li>• Overall external funding for research is low</li> <li>• A large amount of lab and animal space remains in poor condition</li> <li>• Few clinician-scientists and lack of recruitment in this area</li> <li>• Clinical demands can make it difficult to develop significant research efforts</li> <li>• Many departments lack a sound infrastructure for grants and contracts</li> <li>• Shared resource facilities are not well organized, accessible, and sustainable</li> <li>• Recent reductions in funding for bridge and seed grants and equipment</li> <li>• Space plan is not uniformly implemented</li> <li>• Lack of AALAC accreditation for animal facility</li> <li>• Center-department relationships remain complicated in some cases</li> <li>• F&amp;A rates for non-federal grants and contracts are a disincentive</li> <li>• Funding flows are not transparent and use of F&amp;A is not optimal</li> <li>• Lack of critical mass to establish signature programs</li> <li>• Resources often are not allocated based on performance</li> <li>• Lack of a clearly identified revenue stream for ongoing recruitment and start-ups</li> <li>• Lack of a universal mentor program for junior faculty</li> <li>• Lack of a universal vetting/development process for grant applications</li> <li>• Lack of clear policies and SOPs</li> <li>• Poor communication</li> </ul>
EXTERNAL	<ul style="list-style-type: none"> <li>• Comprehensive health sciences center/university provides a wide range of research expertise</li> <li>• EPIC/Merlin can be a significant resource for clinical research</li> <li>• Establishment of WVU Healthcare can align clinical care with investment in research</li> <li>• Established centers can focus efforts for programmatic funding such as program project, center, and training grants</li> <li>• Large, stable clinical population</li> <li>• Industry funding is a potential area of growth</li> <li>• Growth and improvement of public health- and health outcomes-related graduate programs</li> <li>• Licensing and accreditation guidelines may prompt medical student and resident research</li> <li>• Collaboration with other universities can enhance clinical research</li> <li>• Eligibility for three additional CoBRE grants</li> <li>• Development of better connections within the state to influence policies related to health research</li> <li>• Relative small size provide for some flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipated flat or reduced NIH and other federal support for research</li> <li>• Recruitment of our clinician-scientists by other universities</li> <li>• Uncertainty how health care reform will affect clinical revenue and investment in research</li> <li>• Loss of political influence and reduced ability to secure federal set-aside funding</li> <li>• Competition for State support with Marshall</li> <li>• Competition for well qualified graduate students</li> <li>• High cost of MD-PhD program makes it a target for budget cutting</li> <li>• Reductions in funding could reduce training opportunities for graduate students</li> <li>• BRNI competing for internal funding for research</li> </ul>

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