SOM Quest 2028

Strategic Plan

Transforming people. Inspiring discoveries. Advancing health.

VCU School of Medicine

Message from the dean

The VCU School of Medicine stands at a pivotal moment in its long history of service, discovery and education. This strategic plan reflects the shared vision of our faculty, staff and learners and our commitment to shaping a future where innovation and excellence define every aspect of our mission.

During the next three years, we will strengthen our learning environment, accelerate impactful research and expand access to high-quality, compassionate care. We will invest in our people, deepen collaboration across disciplines and pursue solutions that respond to the evolving needs of our patients and communities.

Thank you to everyone who contributed to this work. I am inspired by what we will accomplish together—and proud to share this vision for the future of the VCU School of Medicine.

With appreciation,

Stephen L. Kates, M.D.
Interim dean, VCU School of Medicine
Interim executive vice president for medical affairs, VCU Health System

Mission

At the VCU School of Medicine, we work with a collective purpose to uplift lives and create a positive and enduring impact by:

- **Educating and training** the physicians, scientists and health professionals of tomorrow
- **Conducting innovative research** to shape the future of medicine and science
- **Advancing healthcare for our community** that is compassionate, personalized and accessible

Vision

- Be a leading force in academic medicine by transforming possibilities into realities
- To redefine what's possible in academic medicine by integrating human insight with scientific and technological breakthroughs that transform education and patient care

Values

At the VCU School of Medicine, we are guided by values that define who we are and how we serve our community:

- **Passion for Our Mission** — We approach our work with a deep commitment to advancing education, research and health care.
- **Integrity in Action** — We hold ourselves to high ethical standards with kindness, compassion and humility.
- **Transformative Impact** — We strive to change lives and improve our community through excellence in all we do, with the courage to tackle even the hardest problems.

Environmental Scan

The VCU School of Medicine (SOM) stands at a pivotal moment in its almost 200-year evolution — guided by a clear set of aspirations and facing both compelling opportunities and complex challenges. This environmental scan assesses our internal landscape and external environment to inform an ambitious and mission-driven strategic plan.

Aspirations

A medical school should ultimately aspire to be an institution where the pursuit of science meets the provision of care, creating a legacy of healers who leave their local and global communities better than they found them.

Become a Top 50 institution in the NIH Blue Ridge Rankings—not a benchmark for the sake of achievement, but one that reflects our commitment to research excellence

Expand innovative educational experiences for students and residents that incorporates cutting-edge technology and leadership development

Optimize clinical access, quality and safety to provide the best patient experience possible

Build new community partnerships to benefit our region

Train future leaders in medicine and science

Institutional Strengths

Research Powerhouses: NCI-designated Massey Comprehensive Cancer Center, Wright CCTR, VIPPG and the SSLI provide a nationally and internationally competitive platform for high-impact discovery.

Educational Excellence: High-quality professional and graduate programs whose graduates are known for their competency, skill and compassion. Produce physicians who are known for their competency, skill and caring.

Operational Maturity: Clear alignment through Annual Team Roadmaps (ATRs) and unified Faculty Compensation Plans that promote equity, accountability and sustainability across missions.

Fiscal Resilience: Strong stewardship of diverse revenue streams and philanthropy for long-term faculty stability.

Community Supporters: Loyal, active alumni and a growing grateful patient base.

Critical Challenges

Infrastructure & Space: Significant limitations in both the quantity and quality of physical space and a need to modernize IT/Bioinformatics to support data-driven science and education.

Research Evolution: Disproportionate number of large-scale NIH (P- and U-series) grants compared to individual investigator awards.

Market Saturation: National expansion of medical programs is saturating clinical training sites against a competitive national residency match landscape, creating a ceiling for enrollment growth in medical students.

Talent Pipeline: Nation-wide shortage of physicians and modest postdoctoral trainee numbers, along with robust leadership succession planning across the faculty lifecycle are growing needs.

External Catalysts

Philanthropic Momentum: The "Unlocking Potential" campaign offers a substantial opportunity to expand endowed chairs and student scholarships.

Technological Frontiers: Rapid advancements in AI and Digital Health offer new ways to innovate in both personalized education and clinical research.

Regional Growth: Richmond's booming biotech and technology sectors position the SOM as a primary catalyst for regional economic and health development.

IMPACT framework

The acronym IMPACT provides the framework for the SOM Quest 2028 Strategic Plan:

I	**Innovation in Research and Discovery** **Goal Champion:** Dr. Fadi Salloum
M	**Meaningful Education and Training** **Goal Champions:** Drs. Luan Lawson, Michael Grotewiel, John Delzell and Nicole Karjane
P	**Patient-Centered Clinical Excellence** **Goal Champion:** Dr. Scott Stringer
A	**Advancing Strategic Investment** **Goal Champion:** Niles Eggleston
C	**Culture, Community, People and Leadership** **Goal Champion:** Dr. Aimee Grover and Paul Peterson
T	**Thriving Financial Stewardship** **Goal Champion:** Paul Peterson and Jeff D'Ambrosio

I – Innovative Research and Discovery

Goal champion: Dr. Fadi Salloum

Goal 1: Support the recruitment, retention and development exceptional researchers at all career stages

Rationale	VCU SOM needs to demonstrate our commitment to research by investing in the people to effectively grow our research enterprise as we seek to enter the top 50 in Blue Ridge rankings.
Expected outcomes	**IR&D Outcome 1.1:** Collaborate with departments, centers and the Office of Faculty Affairs to increase strategic hires of early career, established investigators and faculty who are representative of research priority areas **IR&D Outcome 1.2:** Provide greater support for post-doctoral fellows such that 80% of postdocs secure faculty / research positions; 10-20% of postdocs retained as VCU faculty
Year 1 tactics	**IR&D Tactic 1.1:** Conduct comprehensive workforce analysis with CIRC to identify gaps and to establish baseline **IR&D Tactic 1.2:** Conduct interviews with researchers to identify opportunities to enhance career development **IR&D Tactic 1.3:** Partner with the Wright Center to increase SOM participation in their grant writing and mock study section workshops by 10% **IR&D Tactic 1.4:** Strategically recruit early-career and established investigators to leverage available resources from VCU Research and Innovation funding **IR&D Tactic 1.5:** Work with the Office of Faculty Affairs to create clear career pathways for junior faculty with defined milestones and expectations **IR&D Tactic 1.6:** Refine recruitment practices and develop systematic on-boarding for researchers **IR&D Tactic 1.7:** Establish a postdoctoral office to centralize support and services in the SOM
Year 2 tactics	**IR&D Tactic 1.8:** Identify priorities for recruitment in specific research areas based on Year 1 analysis **IR&D Tactic 1.9:** Support postdocs with infrastructure to launch successful careers at VCU **IR&D Tactic 1.10:** Establish a database of NIH reviewers at the SOM and VCU to support early career and mid-career faculty as they submit grants **IR&D Tactic 1.11:** Building on the CIMER model, enhance mentorship training

Goal 2: Provide infrastructure and resources to efficiently support and promote team-based science across the enterprise.

Rationale	Team-based science has become more important to address increasingly complex scientific questions. VCU has a wealth of resources across the enterprise that could be better leveraged to compete for more funding opportunities. It is important to ensure that the infrastructure and incentives needed to promote team science are available to help overcome existing barriers to collaboration across our entities.
Expected outcomes	**IR&D Outcome 2.1:** 10% increase in number of multi-PI collaborative grants submitted and funded **IR&D Outcome 2.2:** Satisfaction with research processes and administrative support as demonstrated by survey responses (70% agree or strongly agree) **IR&D Outcome 2.3:** Increase in VCU research awards recognizing different types of contributions (team science, co-investigator awards, etc.) **IR&D Outcome 2.4:** Increase utilization of research connection tools/databases **IR&D Outcome 2.5:** Increase external visibility metrics (e.g., media mentions, presentations at conferences, etc.) **IR&D Outcome 2.6:** Office of Research is viewed as a partner and resource as demonstrated by survey responses (70% agree or strongly agree)
Year 1 tactics	**IR&D Tactic 2.1:** Conduct comprehensive needs assessment of research infrastructure to establish baseline **IR&D Tactic 2.2:** Develop infrastructure to support external and internal communications, especially promoting research accomplishments **IR&D Tactic 2.3:** Build on existing strengths/areas of excellence (e.g., cancer center, liver institute, etc.) leading to large-scale grant applications **IR&D Tactic 2.4:** Invest in staff training and recruitment for research support roles **IR&D Tactic 2.5:** Identify opportunities to reduce administrative and regulatory burden on researchers **IR&D Tactic 2.6:** Form an Executive Clinical Research Governance Committee to assess and improve IRB process **IR&D Tactic 2.7:** Develop incentives that reward different types of contributions to research (e.g., rewarding basic science, co-investigator awards, etc.) **IR&D Tactic 2.8:** Foster a culture that values the research process itself by recognizing curiosity, learning and discovery **IR&D Tactic 2.9:** Partner more closely with Grants & Contracts to ensure timely and accurate research billing and payments
Year 2 tactics	**IR&D Tactic 2.10:** Create intentional forums and pathways that bring together students, researchers and faculty across the university to leverage VCU's unique breadth of expertise **IR&D Tactic 2.11:** Build pro-investigator/service-oriented culture within the Office of Research by aligning practices and behaviors around partnership and support **IR&D Tactic 2.12:** Improve data management and analytics, statistical, computational and IT support **IR&D Tactic 2.13:** Strengthen communication and visibility by holding research retreats and sending an annual newsletter

Goal 3: Expand and diversify portfolio of federal and other research funding to sustain and grow the research enterprise.

Rationale	Federal funding remains essential, but has become increasingly challenging to secure and risky to sustain. While we continue improving our federal funding proposals, we need to seek alternative sources of funding to help grow the research enterprise.
Expected outcomes	**IR&D Outcome 3.1:** Achieve a 5-10% increase in grant application volume by funding source (federal, industry, foundation, philanthropy, clinical trials) **IR&D Outcome 3.2:** Increase number and dollar value of fee-for-service agreements with industry **IR&D Outcome 3.3:** Award pilot funding to increase the number of pilot-funded projects at least 20% while tracking those that lead to future extramural funding **IR&D Outcome 3.4:** Increase the number of training grant applications submitted and funded by 10% to have a greater number of trainees supported **IR&D Outcome 3.5:** Achieve clinical trials operations metrics that are competitive with peers (e.g., number of trials activated, enrollment rates, time from trial approval to first patient enrolled, etc.) **IR&D Outcome 3.6:** Increase number of meetings between School of Medicine departments with tech transfer office to achieve a once-a-year minimum for each department
Year 1 tactics	**IR&D Tactic 3.1:** Develop a clear understanding of how donors engage with research and intentionally connect them with researchers whose work aligns with their interests and motivations using understandable stories **IR&D Tactic 3.2:** Educate faculty about opportunities within the VCI Tech Transfer office
Year 2 tactics	**IR&D Tactic 3.3:** Develop/leverage mentoring expertise regarding technology transfer across departments **IR&D Tactic 3.4:** Coach faculty on how to engage donors on their research through MPAR medical philanthropy academy enhancements and partnership **IR&D Tactic 3.5:** Leverage partnerships with pharmaceutical and life-science companies for sponsored research opportunities especially given new pharma investment in Virginia

Goal 4: Align and streamline bench to patient successes to meet and exceed the dynamic needs of patients within the VCUHS.

Rationale	We need to build bridges across VCU entities to ensure that processes, infrastructure and incentives are aligned to streamline research efforts that positively impact patient care and health outcomes.
Expected outcomes	**IR&D Outcome 4.1:** Create an Executive Clinical Research Governance Committee that increases number of collaborative initiatives among VCU SOM, OVPRI and VCUHS leadership **IR&D Outcome 4.2:** Standardize processes, definitions and data systems implemented and adopted across entities **IR&D Outcome 4.3:** Improve administrative and operational efficiency metrics (e.g., PROC time, IRB time, contracting time)
Year 1 tactics	**IR&D Tactic 4.1:** Engage leaders across VCU SOM, OVPRI and VCUHS to align aspects of the SOM's research priorities with the health system's clinical priorities **IR&D Tactic 4.2:** Identify the key systems and processes needed to build efficient cross-collaboration between and among VCUHS, VCU SOM and VCU to enhance administrative and operational efficiency and establish baseline **IR&D Tactic 4.3:** Establish cross-university team to establish a dashboard with standardized processes, definitions and data systems for evolving needs **IR&D Tactic 4.4:** Document and share lessons learned from high-pressure situations as a way to promote permanent improvements
Year 2 tactics	**IR&D Tactic 4.5:** Implement lessons learned from high-pressure situations as a way to promote permanent improvements **IR&D Tactic 4.6:** Launch and/or refine systems and processes as critical to efficient cross-collaboration

M – Meaningful Education and Training

Goal champions: Dr. Luan Lawson (Undergraduate Medical Education), Dr. John Delzell and Dr. Nicole Karjane (Graduate Medical Education), Dr. Michael Grotewiel (Graduate Education)

Undergraduate Medical Education goals and tactics

Goal 1: Support the recruitment, retention and development exceptional researchers at all career stages

Rationale	An integrated, experiential curriculum equips students to connect science with patient care and systems thinking. Active learning strengthens clinical reasoning, teamwork and adaptability essential for modern healthcare practice. Ensuring early and progressive training in the use of the electronic health record (EHR) will further support students' clinical readiness, documentation accuracy and understanding of real-world care delivery.
Expected outcomes	**UME Outcome 1.1:** 95% of preclinical and clinical courses will include at least one active learning modality (case-based, simulation, or team/problem-based activity) with an overall increase in active learning by 10% **UME Outcome 1.2:** ≥8 integrated learning experiences (cases, simulations, or team-based activities) will explicitly connect basic, clinical and HSS content **UME Outcome 1.3:** All students will receive structured, developmentally appropriate EHR training throughout the entire curriculum
Year 1 tactics	**UME Tactic 1.1:** Expand use of case-based, simulation and team-based learning modalities across the curriculum. • 1.1a. Conduct a comprehensive inventory of current active learning strategies across preclinical and clinical phases to identify gaps, redundancies and opportunities for active learning and integration. • 1.1b. Explore the feasibility of Problem-Based Learning (PBL) as an instructional strategy in the preclinical curriculum, including evaluation of required faculty, space and resource needs. • 1.1c. Design and pilot 1 PBL or active learning case for the preclinical curriculum. • 1.1d. Pilot focused faculty development on effective facilitation of PBL and other active learning formats, emphasizing learner engagement and assessment strategies. • 1.1e. Identify opportunities to incorporate simulation and/or observed structured clinical examinations in the clinical curriculum **UME Tactic 1.2:** Embed longitudinal health systems science content into active learning sessions, emphasizing real-world application and integration with the basic and clinical sciences across all phases of the curriculum • 1.2a. Conduct comprehensive mapping of existing HSS content across the preclinical and clinical phases to identify gaps, redundancies and opportunities for longitudinal integration of HSS competency domains • 1.2b. Collaborate with course and clerkship to identify instructional strategies and priorities on where to intentionally embed HSS principles throughout the curriculum • 1.2c. Design and pilot integrated learning cases that link basic, clinical and health systems science using authentic scenarios

Year 1 tactics (cont.)	**UME Tactic 1.3:** Increase early clinical exposure and enhance training on electronic health record (EHR) systems to better prepare students to deliver effective patient care • 1.3a. Provide EHR access for all incoming students • 1.3b. Collaborate with VCU Health IT and Compliance to establish EHR training, providing the opportunity that allows students to practice documentation, order entry and clinical decision support in a safe, educational setting • 1.3c. Collaborate with Practice of Clinical Medicine course directors to identify opportunities for progressive EHR training into the preclinical curriculum, emphasizing documentation, information retrieval and patient communication • 1.3d. Form an interdisciplinary work group of preclinical and clinical course/clerkship directors to design a developmentally appropriate EHR curriculum that prepares students for clinical responsibilities • 1.3e. Begin a coordinated planning process to establish a structured, longitudinal approach for EHR instruction and utilization across all phases of the curriculum **UME Tactic 1.4:** Integrate technology, including artificial/augmented intelligence (AI) literacy and application, into the curriculum, focusing on discerning appropriate and ethical use, clinical decision support and innovations in healthcare delivery • 1.4a. Establish a working group on Technology and AI in Medical Education to identify priority competencies in AI literacy, ethics and clinical decision-making • 1.4b. Develop and pilot a longitudinal curriculum for the M3 year on ethical, safe and equitable use of AI in the clinical setting in case-based instruction • 1.4c. Develop and pilot an OSCE that deliberately introduces an AI-induced error or "hallucination" where failure to detect the error could cause patient harm, with standardized artifacts (EHR extract, AI summary, education materials) and standardized patient scripts
Year 2 tactics	**UME Tactic 1.5:** Expand use of case-based, simulation and team-based learning modalities across the curriculum • 1.5a. Identify lecture-based content that could be streamlined or replaced by PBL cases to create time for PBL cases to promote deeper learning and integration across disciplines **UME Tactic 1.6:** Embed longitudinal health systems science content into active learning sessions, emphasizing real-world application and integration with the basic and clinical sciences across all phases of the curriculum • 1.6a. Design and pilot integrated learning cases that link basic, clinical and health systems science using authentic scenarios **UME Tactic 1.7:** Increase early clinical exposure and enhance training on electronic health record (EHR) systems to better prepare students to deliver effective patient care • 1.7a. Identify opportunities to increase early clinical experiences that reinforce patient-centered communication and effective and appropriate use of the EHR in care delivery

Goal 2: Promote personalized professional identity formation through tailored academic and para-curricular programs.

Rationale	Intentional, individualized opportunities for exploration and mentorship support professional growth and professional identity formation, helping students align their personal values, career goals and scholarly pursuits.
Expected outcomes	**UME Outcome 2.1:** At least 4 fully developed Pathways of Distinction (e.g., Research, Medical Education) will be established and accessible to students. **UME Outcome 2.2.:** Development and implementation of at least 6 new electives or para-curricular offerings across the M1–M4 years that align with professional identity formation.
Year 1 tactics	**UME Tactic 2.1:** Develop and implement tailored para-curricular pathways of distinction (e.g., research, medical education and teaching, etc.) that include mentored scholarly projects and foster longitudinal identity formation • 2.1a. Identify a workgroup to develop and formalize a comprehensive framework for the Pathways of Distinction, including overall structure, instructional design, governance structure, capstone requirements and longitudinal expectations • 2.1b. Select and prepare one Pathway of Distinction for launch in Year 2 based on institutional priorities, faculty expertise and student interest • 2.1c. Recruit key leadership and faculty—including a Pathways Program Manager, Pathways Directors and faculty mentors—to support the design, implementation and evaluation of the initial Pathways • 2.1d. Form a Pathways Leadership Team to provide ongoing oversight, coordination and continuous quality improvement of curricular content, mentorship structures and governance processes **UME Tactic 2.2:** Create structured opportunities for professional growth, career exploration and skill development to support life-long learning and evolving professional goals • 2.2a. Establish a work group to identify opportunities for professional growth and career exploration across all phases of the curriculum, with a focus on students not participating in Pathways of Distinction • 2.2 b. Explore options for expanded programing, including M1 electives, M3 electives and other para-curricular experiences that foster skill development and professional identity formation

Goal 3: Offer leadership development as a core component of the student experience to cultivate the skills, values and behaviors expected of physicians as everyday leaders in clinical teams and communities.

Rationale	Embedding leadership training fosters the communication, collaboration and advocacy skills physicians need to lead effectively in clinical teams, health systems and communities.
Expected outcomes	**UME Outcome 3.1:** A longitudinal leadership development curriculum will be fully implemented across all four years of the MD program. **UME Outcome 3.2:** 50% or more of MD students will engage in authentic theory to practice leadership opportunities.
Year 1 tactics	**UME Tactic 3.1:** Design a leadership development curriculum, emphasizing self-awareness, communication, collaboration, systems thinking and advocacy • 3.1a. Form a leadership curriculum design team representing faculty and students to define core leadership competencies aligned with national standards and the institutional mission • 3.1b. Conduct a comprehensive review of existing leadership-related content across the curriculum, student organizations and institution to identify opportunities for collaboration and integration • 3.1c. Develop and pilot an interactive leadership development session that introduces foundational skills in self-awareness, communication, collaboration and advocacy **UME Tactic 3.2:** Create an inventory of current activities (e.g., student government, societies, student organizations, community engagement initiatives) where leadership competencies are practiced
Year 2 tactics	**UME Tactic 3.3:** Develop a leadership competency framework outlining progressive milestones for followership, leading self, leading others and leading teams **UME Tactic 3.4:** Offer theory to practice opportunities to apply leadership skills to real-world situations • 3.4a Engage the leadership curriculum design team to identify opportunities for students to apply leadership skills in authentic team projects, student organizations, academic settings and community engagement collaborations

Goal 4: Offer leadership development as a core component of the student experience to cultivate the skills, values and behaviors expected of physicians as everyday leaders in clinical teams and communities.

Rationale	A culture of humanism, professionalism, belonging and service strengthens resilience, mitigates burnout and reinforces the sense of purpose that sustains physicians throughout their careers.
Expected outcomes	**UME Outcome 4.1:** A longitudinal service-learning curriculum will be fully implemented throughout the curriculum **UME Outcome 4.2:** A service recognition program will be established that encourages medical students to participate in community service **UME Outcome 4.3:** At least one event per semester will be implemented to promote student well-being and foster meaningful faculty–student engagement
Year 1 tactics	**UME Tactic 4.1:** Expand community engagement and service-learning experiences across all four years, with emphasis on improving health of the community • 4.1a. Establish a community engagement and service-learning working group to identify existing opportunities and areas for growth • 4.1b. Identify opportunities to integrate service-learning into all four years of the M.D.curriculum **UME Tactic 4.2:** Create opportunities to enhance student well-being and engagement with the VCU School of Medicine and larger community through formal and informal programming • 4.2a. Develop a catalog of wellness and engagement events (community service days, "Meaning in Medicine" gatherings, student-faculty socials, society events) and effectively communicate them to students to promote connection and belonging • 4.2b. Launch at least 1 pilot initiative for students that foster peer support, mentorship and positive learning environments **UME Tactic 4.3:** Create at least 1 opportunity for informal faculty-student engagement to strengthen relationships, mentoring and model professional engagement
Year 2 tactics	**UME Tactic 4.4:** Expand community engagement and service-learning experiences across all four years, with emphasis on improving health of the community • 4.4a. Expand SOM connections with community organizations that serve Richmond and surrounding areas and enhance the webpage • 4.4b. Explore approaches to recognize students who demonstrate exemplary commitment to service and community engagement such as "Service Award" for sustained, meaningful contributions

Graduate Medical Education goals and tactics

Goal 1: Education & Research: Cultivate a dynamic and well-rounded faculty to support the next generation of learners and leaders in medical education.

Rationale	Creating professional development opportunities for our faculty will improve our residents' and fellows' educational and professional experiences.
Expected outcomes	**GME Outcome 1.1:** Create a mentoring training program and other infrastructure to support program directors and program coordinators **GME Outcome 1.2:** Implement faculty development programming to improve teaching, evaluation and feedback and track progress using: (a) participation/completion rates, (b) adoption of standardized evaluation/feedback tools and (c) learner-reported quality of feedback and teaching **GME Outcome 1.3:** Establish an office to connect housestaff with research opportunities and support their activities through collaboration **GME Outcome 1.4:** Establish and implement a framework for incorporation of AI into training residents and fellows
Year 1 tactics	**GME Tactic 1.1:** Disseminate a needs assessment and create a list of program director and program coordinator "content experts" to serve as mentors for new program leaders **GME Tactic 1.2:** Create a faculty development program, in close collaboration with the faculty development office, with quarterly workshops to include education on teaching strategies, evaluation and effective feedback **GME Tactic 1.3:** Establish a research support hub under new Director of GME Research to assist housestaff to find faculty mentors, provide guidance on research design, assistance with IRB and regulatory hurdles, referral for statistical support and connection to a community of physician researchers **GME Tactic 1.4:** Establish working group on housestaff utilization of AI **GME Tactic 1.5:** Create guidelines for housestaff utilization of AI in clinical documentation
Year 2 tactics	**GME Tactic 1.6:** Implement mentoring/coaching development program for PDs, PCs and faculty **GME Tactic 1.7:** With the 2025-2026 academic year as a baseline, achieve annual increases during the next three years of 10% or more in the number of residents and fellows who have had posters accepted to local, regional and national meetings during their training **GME Tactic 1.8:** Implement framework for housestaff utilization of AI in clinical decision-making

Goal 2: Community Collaboration: Integrate graduate medical education into the broader VCUHS community by expanding partnerships with rural-based facilities and equipping their providers and staff to effectively work, teach and collaborate with housestaff.

Rationale	Integrating graduate medical education across the VCUHS community, and in particular, at our rural sites (such as Community Memorial Hospital, etc.), will prepare providers and staff to effectively work, teach and collaborate with housestaff, and it will prepare housestaff to provide care to diverse populations in multiple settings.
Expected outcomes	**GME Outcome 2.1:** Understand needs of faculty and provide programing to support educational mission at our rural hospitals **GME Outcome 2.2:** Establish a baseline level of faculty participation in existing GME faculty development programs and increase participation by 5% annually **GME Outcome 2.3:** Enhance GME footprint at our rural facilities by creating and supporting elective rotations
Year 1 tactics	**GME Tactic 2.1:** Disseminate needs assessment to faculty at our rural hospitals to inform content creation **GME Tactic 2.2:** Actively engage faculty to participate in existing GME faculty development programs to establish a baseline level of faculty participation **GME Tactic 2.3:** Work with existing programs to create rural rotations at CMH and Tappahannock
Year 2 tactics	**GME Tactic 2.4:** Create and implement quarterly faculty development programming for our rural sites **GME Tactic 2.5:** Implement rural health resident rotations at CMH or Tappahannock for at least 2 programs

Goal 3: Workplace Wellness: Enhance resident and fellow wellness by fostering professionalism in the clinical learning environment, improving access to comprehensive support resources and cultivating a culture that is respectful, inclusive and equitable.

Rationale	Fostering a culture that is respectful, inclusive and equitable is critical to the academic and educational success of our graduate medical students.
Expected outcomes	**GME Outcome 3.1:** Implement a structure that enables Housestaff to get an urgent appointment at CTC or EAP within 72 hours and a preventative care appointment at CTC within 30 days **GME Outcome 3.2:** Develop and promote peer support programs for housestaff through collaboration with the Employee Assistance Program **GME Outcome 3.3:** Promote inclusion and belonging for our housestaff **GME Outcome 3.4:** Synergize with the Joy in Medicine program where it makes sense

Year 1 tactics	**GME Tactic 3.1:** Improve housestaff access to primary care and mental health resources through the Center for Team Care and the Employee Assistance Program **GME Tactic 3.2:** Work with EAP to train at least 10 peer supporters (combination of faculty and residents) and create framework for engagement and sustainability **GME Tactic 3.3:** Increase participation in our Housestaff Council by 50% **GME Tactic 3.4:** Hold at least 2 events to support inclusion and belonging with the institution
Year 2 tactics	**GME Tactic 3.5:** Implement opt-out transition check-in and support program for new interns with EAP **GME Tactic 3.6:** Evaluate success of Peer Support Program and implement framework for sustainability **GME Tactic 3.7:** Work with SOM to establish Mentorship Academy that incorporates the UME, GME and faculty

Goal 4: Patient-Centered Care: Ensure patient care is consistently safe, skilled and kind through effective training, supervision and feedback of housestaff.

Rationale	Effective training, supervision and feedback will ensure our patient care is consistently safe, skilled and kind.
Expected outcomes	**GME Outcome 4.1:** Expand education on the social drivers of health and understanding of Epic SDoH tools, incorporating interprofessional training and collaboration to individual departments in a Grand Rounds setting **GME Outcome 4.2:** Work with office of VCUHS Chief Quality and Safety Officer to train at least 25% of overall housestaff on principles of high-reliability organizations, with particular emphasis on communications skills
Year 1 tactics	**GME Tactic 4.1:** Create and disseminate educational programming on social determinants of health and how to incorporate into quality improvement **GME Tactic 4.2:** Institution provides summary information of patient safety reports to housestaff and faculty members. Programming (Year 2) developed from gaps identified in the reports
Year 2 tactics	**GME Tactic 4.3:** Work with VCUHS leadership to create and disseminate educational programming on principles of high-reliability organizations and effective interdisciplinary communication

Graduate Education goals and tactics

Goal 1: Modernize and expand enrollment in our graduate programs to meet the needs of today's and tomorrow's learners.

Rationale	Graduate programs need to evolve to match how students learn and work today, with more flexibility, different types of training and better connections to various career opportunities.
Expected outcomes	**GE Outcome 1.1:** Submission of at least two proposals for new graduate programs in 2026 that will lead to a broadened portfolio of graduate training opportunities in the biomedical sciences **GE Outcome 1.2:** Increase by two-fold professional development opportunities for graduate students by 2028 **GE Outcome 1.3:** Increase by two-fold training grant and fellowship applications supporting doctoral students by 2028 **GE Outcome 1.4:** Increase by 10 - 15% total graduate student enrollment by 2028
Year 1 tactics	**GE Tactics 1.1:** Modify graduate programs to unify biomedical sciences MS and PHD curricula **GE Tactics 1.2:** Develop non-thesis options for biomedical sciences MS programs **GE Tactics 1.3:** Facilitate or lead the development of new MS and certificate programs in partnership with clinical departments within and outside of the School of Medicine **GE Tactics 1.4:** Explore accelerated MS programs through partnerships with VCU and potentially other institutions **GE Tactics 1.5:** Explore development of a Mentoring Academy for faculty in collaboration with SOM Faculty Affairs **GE Tactics 1.6:** Identify opportunities for training in new technologies such as artificial intelligence into MS and PHD program curricula
Year 2 tactics	**GE Tactics 1.7:** Explore new PHD, MS and certificate programs that align with research themes in the School of Medicine **GE Tactics 1.8:** Facilitate the awarding of additional training grants and individual fellowships for doctoral students through partnerships with SOM graduate programs, SOM Office of Research and SOM Research Administration **GE Tactics 1.9:** Incorporate the Mentoring Academy for faculty in collaboration with SOM Faculty Affairs to be launched in 2027 **GE Tactics 1.10:** Incorporate training in new technologies such as artificial intelligence into MS and PHD program curricula

Goal 2: Develop a holistic, dynamic, coherent and broad communication strategy that articulates VCU SOM's distinctiveness as a research and clinical training institution to prospective learners, faculty and staff.

Rationale	A strategic communication plan with emphasis on brand recognition, training opportunities and career paths will raise awareness with key stakeholders and thereby increase applications to and enrollment in our programs.
Expected outcomes	**GE Outcome 2.1:** Development and implementation of a more robust communication plan that includes digital and other forms of marketing by early 2026 **GE Outcome 2.2:** Increase by 20% total applications to graduate programs by 2028 **GE Outcome 2.3:** Increase by 15% total enrollment in graduate programs by 2028
Year 1 tactics	**GE Tactics 2.1:** Triple our efforts in digital marketing, social media and in-person events to better promote our premedical certificate and biomedical sciences **MS programs:** • Highlight the VCU School of Medicine as "the destination" for training in the biomedical sciences and targeted clinical areas • Articulate the value proposition of earning a graduate degree from the VCU School of Medicine • Answer the question of "Why choose the VCU School of Medicine for graduate training?" **GE Tactics 2.2:** Identify and understand key audiences for communication plan **GE Tactics 2.3:** Celebrate the successes of our graduate students by telling their stories both within and outside of the School of Medicine
Year 2 tactics	**GE Tactics 2.4:** Expand marketing to include additional PHD, MS and certificate programs **GE Tactics 2.5:** Evaluate effectiveness of communication plan and refine accordingly **GE Tactics 2.6:** Develop partnerships with alumni as well as local and regional communities to help support graduate students and increase enrollment in our graduate programs

Goal 3: Establish VCU School of Medicine as the premier talent pipeline for the Virginia biotech and life sciences industry.

Rationale	VCU School of Medicine has a strategic opportunity to expand graduate enrollment and strengthen its regional impact by positioning itself as a key workforce solution for the emerging pharmaceutical/biotech industry in Virginia.
Expected outcomes	**GE Outcome 3.1:** Development of a comprehensive plan (that includes training programs, personnel, space, financial resources and any other key considerations) for pursuing this goal during 2026 **GE Outcome 3.2:** Relationships with at least two local and/or regional partners to explore development of graduate training programs whose alumni will be well suited for employment opportunities in those industries by 2027 **GE Outcome 3.3:** Design and submit proposals for at least two targeted graduate programs to serve the needs of current employees of partner industries by 2027 **GE Outcome 3.4:** Expand partnerships with at least 10 alumni working in the pharmaceutical or biotech industries to provide networking opportunities for our graduate students and to provide recruitment opportunities for industry partners by 2028
Year 1 tactics	**GE Tactics 3.1:** Develop a comprehensive plan for training programs, personnel, space, financial and other resources needed to pursue this goal **GE Tactics 3.2:** Partner with School of Medicine leadership to organize a team of School of Medicine expertise to engage in this opportunity
Year 2 tactics	**GE Tactics 3.3:** Identify and fill new positions for VCU School of Medicine faculty and staff to serve as liaisons for industry partners **GE Tactics 3.4:** Leverage our location within an emerging biotech hub to develop industry partnerships in RVA and VA **GE Tactics 3.5:** Partner with local pharmaceutical and biotech companies to design and submit for approval graduate programs that address their workforce needs and provide career ladders for their employees **GE Tactics 3.6:** Build a strong alumni network, especially as it relates to local and regional companies' work in pharmaceutics, biotech and life sciences

P – Patient Centered Clinical Excellence

Goal champion: Dr. Scott Stringer

Goal 1: Foster a culture of professionalism, collegiality and excellence that empowers faculty, staff and learners to find purpose, pride and joy in advancing our shared mission.

Rationale	When people feel valued, supported and connected to a shared mission, they find greater purpose, pride and joy in their roles.
Expected outcomes	**PPCE Outcome 1.1:** Press Ganey engagement scores meet or exceed national medians for academic medical centers **PPCE Outcome 1.2:** Medical student ratings of faculty professionalism meet or exceed medians for peer institutions
Year 1 tactics	**PCCE Tactic 1.1:** Provide VCU and VCU Health-branded gear for faculty and staff to wear and promote the institution **PCCE Tactic 1.2:** Share accomplishments and successes widely through all available media channels **PCCE Tactic 1.3:** Apply continuous learning and improvement principles to all aspects of our work **PCCE Tactic 1.4:** Make leadership development accessible and systematic **PCCE Tactic 1.5:** Enhance and promote Make it Easy Council efforts
Year 2 tactics	Continue Year 1 tactics

Goal 2: Foster a culture of professionalism, collegiality and excellence that empowers faculty, staff and learners to find purpose, pride and joy in advancing our shared mission.

Rationale	Integrating education, research and clinical care across departments strengthens the quality of patient care, accelerates discovery and enhances the learning environment
Expected outcomes	**PPCE Outcome 2.1:** Comprehensive assessment of barriers to interprofessional care and steps to address them identified **PPCE Outcome 2.2:** Learner ratings of interdisciplinary exposure and team-based care will improve
Year 1 tactics	**PCCE Tactic 2.1:** Charge a multidisciplinary working group to conduct an assessment of barriers to interprofessional care **PCCE Tactic 2.2:** Convene cross-entity groups to create shared goals and metrics
Year 2 tactics	**PCCE Tactic 2.3:** Pair executive partners from all relevant entities **PCCE Tactic 2.4:** Establish mechanisms for transparent communication of best practices for interprofessional care

Goal 3: Integrate advanced technologies into faculty clinical practice and learner training to improve patient outcomes, reduce administrative burden and prepare the next generation for technology-driven medicine.

Rationale	Advanced technologies are rapidly reshaping how care is delivered and how current physicians can utilize technology and how we train future physicians.
Expected outcomes	**PPCE Outcome 3.1:** Learner satisfaction with digital learning tools **PPCE Outcome 3.2:** Reduction in clinical documentation time **PPCE Outcome 3.3:** Percentage of faculty/learners actively utilizing new clinical technologies will increase
Year 1 tactics	**PCCE Tactic 3.1:** Establish groups dedicated to exploring technology governance, defining best practices for the use of emerging technology and shepherding the implementation of cutting-edge applications across the enterprise **PCCE Tactic 3.2:** Promote a culture that actively embraces new technologies by enabling pilots, providing resources for training and recognizing teams that adopt tools that improve effectiveness
Year 2 tactics	**PCCE Tactic 3.3:** Integrate digital platforms into educational programs to encourage flexible learning **PCCE Tactic 3.4:** Build infrastructure to efficiently and effectively test and implement promising technologies

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A – Advancing Strategic Philanthropy

Goal champion: Niles Eggleston

Goal 1: To empower the next generation of physicians by making medical education more accessible and impactful through philanthropic investments that will raise $30M over the next three years in commitments (endowed, current use and planned gifts) to fund scholarships and to support students.

Rationale	Our commitment to shaping the future of health care begins with reducing the student debt burden so that financial constraints do not limit who can pursue a career in medicine. By easing this barrier, we open doors for talented individuals from all backgrounds, strengthening our ability to build a provider workforce that truly reflects the diverse communities we serve.
Expected outcomes	**ASP Outcome 1.1:** Raise $30m and reduce the medical student debt burden to an average of $200k or less in three years
Year 1 tactics	**ASP Tactic 1.1:** Support and expand the McGlothlin Scholars program with transformational and matching gifts **ASP Tactic 1.2:** Develop student stories as recruitment tools **ASP Tactic 1.3:** Create multiplier effect messaging showing how individual gifts create ripple effects **ASP Tactic 1.4:** Primary Giving increases by 5% per year **ASP Tactic 1.5:** Major gift proposals increase by 30 over the next 3 years (10/year) **ASP Tactic 1.6:** Principal gift proposals increase by 3 over the next 3 years (1/year)
Year 2 tactics	**ASP Tactic 1.7:** Primary Giving increases by 5% per year **ASP Tactic 1.8:** Major gift proposals increase by 30 over the next 3 years (10/year) **ASP Tactic 1.9:** Principal gift proposals increase by 3 over the next 3 years (1/year)

Goal 2: To establish $100M in dedicated funds over the next three years for pioneering research to address the most pressing health issues of our time.

Rationale	Through the power of philanthropy support biomedical innovation by combining visionary talent, immersive technologies and sustained funding for programs and people.
Expected outcomes	**ASP Outcome 2.1:** Secure $100m in support for the Dean's accelerator fund as well as translational programs of excellence in Neurosciences, Cardiovascular, Cancer, Integrated Care and Medicine, inclusive of basic health sciences and with preferences for multidisciplinary efforts
Year 1 tactics	**ASP Tactic 2.1:** Develop case for support **ASP Tactic 2.2:** Engage MPAR team and faculty in efforts to share opportunities for support **ASP Tactic 2.3:** Demonstrate clear ROI through documented spend, measurable impact and compelling stories of success **ASP Tactic 2.4:** Promote interdisciplinary research teams through events and communications tactics **ASP Tactic 2.5:** Establish stewardship systems showing gratitude, changing donor impressions and positioning supporters as partners in transformational work
Year 2 tactics	**ASP Tactic 2.6:** Submit three transformational proposals ($10M+) for consideration

Goal 3: To increase funding by $40M over the next three years for endowed faculty chairs, professorships and recruitment funds to attract and retain distinguished clinicians and researchers with world-class expertise to our institution.

Rationale	Recruit and retain innovative and world-class faculty to support and drive research, education and clinical initiatives for better outcomes in our community, the commonwealth and beyond
Expected outcomes	**ASP Outcome 3.1:** Secure 20 new professorships and chairs over the next three years **ASP Outcome 3.2:** Celebrate new chairs and professorships through revised installation ceremony
Year 1 tactics	**ASP Tactic 3.1:** Develop case for support in areas of focus and expand into the basic health sciences **ASP Tactic 3.2:** Secure five professorships and chairs **ASP Tactic 3.3:** Propose annual celebration and potential investitures for the school of medicine
Year 2 tactics	**ASP Tactic 3.4:** Develop case for support in areas of focus and expand into the basic health sciences and cultivate expanded philanthropy by sharing impact of recruitments **ASP Tactic 3.5:** Secure seven professorships and chairs **ASP Tactic 3.6:** Effective stewardship of existing professorships
Year 3 tactics	**ASP Tactic 3.7:** Secure eight professorships and chairs **ASP Tactic 3.8:** Effective stewardship of existing professorships

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C – Culture, Community, People and Leadership

Goal champions: Dr. Aimee Grover, Paul Peterson

Goal 1: Foster an environment in which faculty and staff feel included, valued and connected to the mission of the School of Medicine.

Rationale	Faculty and staff who feel connected and recognized for their contributions are more likely to stay and to continue to advance our missions.
Expected outcomes	**CCP&L Outcome 1.1:** Increase faculty participation in engagement surveys by 5% annually **CCP&L Outcome 1.2:** Increase faculty reporting they are engaged by 10% **CCP&L Outcome 1.3:** Increase faculty reporting alignment to the organizational mission by 10% **CCP&L Outcome 1.4:** Increase SOM staff participation in the VCU Human Resources Two-minute survey and the Annual Employee survey by 5% annually **CCP&L Outcome 1.5:** Increase the number of staff who affirm they have been shown appreciation as measured by the Two-minute Pulse survey from 60% to 75%. **CCP&L Outcome 1.6:** Increase the number of staff who affirm their workgroup is a place of welcome and belonging as measured by the Two-minute Pulse survey from 80% to 85%.
Year 1 tactics	**CCP&L Tactic 1.1:** Invest in infrastructure that supports faculty and staff engagement, recognition and well-being **CCP&L Tactic 1.2:** Rework faculty development programs and academic communities to provide greater meaning and support for just in-time learning for faculty **CCP&L Tactic 1.3:** Design and implement enhanced faculty and staff onboarding (including mentorship and mission alignment) **CCP&L Tactic 1.4:** Develop and implement a school-wide recognition strategy for staff that builds upon the Annual Staff Awards. **CCP&L Tactic 1.5:** Convene mid-level managers to provide community, training and support **CCP&L Tactic 1.6:** Convene a workgroup to develop tools for managers to use to inspire, reward and retain staff **CCP&L Tactic 1.7:** Perform stay interviews **CCP&L Tactic 1.8:** Encourage staff participation in VCU's Career Communities and the annual HR Staff Development Day **CCP&L Tactic 1.9:** Work with SOM Comms to develop a communications plan to support sharing HR information and staff recognition **CCP&L Tactic 1.10:** Design and implement comprehensive on-boarding program for staff
Year 2 tactics	**CCP&L Tactic 1.11:** Convene division chiefs, program directors and mid-career faculty for leadership development and peer community **CCP&L Tactic 1.12:** Establish transparent feedback loops showing how faculty input drives change **CCP&L Tactic 1.13:** Enhance exit/interview processes to understand faculty attrition **CCP&L Tactic 1.14:** Pilot initiatives to strengthen belonging, purpose and engagement **CCP&L Tactic 1.15:** Expand structured opportunities for faculty–staff collaboration and recognition **CCP&L Tactic 1.16:** Assess and refine faculty onboarding and integration processes **CCP&L Tactic 1.17:** Create feedback loops showing how input (e.g., listening sessions, surveys and follow-up communications) leads to action **CCP&L Tactic 1.18:** Update exit interview process to understand why people leave and address root causes **CCP&L Tactic 1.19:** Pilot programs that support practices that advance belonging, mattering and purpose • 1.19a. Celebrate postdoc, faculty and staff achievements through regular communications, awards and events • 1.19b. Build respect between faculty and staff through 2-3 structured opportunities for shared communication, collaboration and recognition • 1.19c. Assess and adjust staff on-boarding program

Goal 2: Cultivate leadership capacity at all levels across the School of Medicine as measured by gains in manager effectiveness, bench strength, internal mobility and adoption of core leadership behaviors.

Rationale	Leadership in academic medicine exists across roles—clinical, research, education and administration. Everyday leadership is relational and occurs at all levels, across titles and positions. Developing leadership capacity strengthens institutional impact and sustainability.
Expected outcomes	**CCP&L Outcome 2.1:** Offer Strengths training to all Dean's Office units and departments to build a common language and way to understand colleagues. **CCP&L Outcome 2.2:** ≥90% of faculty report their growth is supported by supervisors as indicated by department chair evaluations **CCP&L Outcome 2.3:** ≥80% of leadership roles have identified succession pipelines **CCP&L Outcome 2.4:** Establish baseline and increase participation in faculty leadership development programs **CCP&L Outcome 2.5:** Achieve full participation in core leadership training for faculty in formal leadership roles **CCP&L Outcome 2.6:** Increases in the clinical faculty Press-Ganey / AMA surveys

Expected outcomes (cont.)	**CCP&L Outcome 2.7:** Achieve 50% of staff develop a career development plan in Talent that reflects everyday leadership **CCP&L Outcome 2.8:** Achieve 90% of staff reporting their personal and professional growth is supported at VCU in the VCU HR Two-minute survey **CCP&L Outcome 2.9:** Achieve 80% of key roles identified with documented succession plans **CCP&L Outcome 2.10:** Measure the rates of staff attendance at formal leadership development programs to gain a baseline **CCP&L Outcome 2.11:** 100% participation in VCU HR manager training when it is implemented
Year 1 tactics	**CCP&L Tactic 2.1:** Identify key faculty and staff roles that require succession plans **CCP&L Tactic 2.2:** Define core leadership competencies for faculty roles (e.g., PI, educator, clinician leader) **CCP&L Tactic 2.3:** Expand access to existing development programs (e.g., AAMC, internal academies) **CCP&L Tactic 2.4:** Create project-based leadership opportunities (e.g., leading initiatives, committees) **CCP&L Tactic 2.5:** Identify 5 key training topics necessary for every supervisor and design training plan **CCP&L Tactic 2.6:** Invest in and expand access to existing programs (GEHLI, AAMC and other programs) **CCP&L Tactic 2.7:** Offer project-based leadership development opportunities **CCP&L Tactic 2.8:** Promote the VCU Career Development Communities and determine how many SOM staff participate **CCP&L Tactic 2.9:** Provide Strengths training to at least 4 Dean's Office units and 2 departments / divisions
Year 2 tactics	**CCP&L Tactic 2.10:** Implement succession planning to identify and prepare future leaders **CCP&L Tactic 2.11:** Design comprehensive leadership development program for staff **CCP&L Tactic 2.12:** Design and pilot mentorship program for staff **CCP&L Tactic 2.13:** Implement supervisor training plan **CCP&L Tactic 2.14:** Provide Strengths training to at least 4 Dean's Office units and 4 additional departments

Goal 3: Create a culture of shared accountability in which individuals uphold high standards of professionalism and the School of Medicine supports them by providing the optimal systems, tools and support needed to succeed.

Rationale	Faculty and staff operate in complex, high-stakes environments. Clear expectations, aligned systems and institutional support are essential to uphold professionalism and enable success.
Expected outcomes	**CCP&L Outcome 3.1:** ≥90% of faculty report a culture of civility and respect **CCP&L Outcome 3.2:** Establish and disseminate clear standards of professionalism across clinical, teaching and research settings **CCP&L Outcome 3.3:** Integrate professionalism expectations into faculty onboarding and promotion & tenure processes **CCP&L Outcome 3.4:** Review and align SOM faculty policies with university standards **CCP&L Outcome 3.5:** Achieve 90% of staff reporting that their work place supports a culture of civility and respect on the VCU HR Two-minute survey **CCP&L Outcome 3.6:** Establish service standards and train current and new staff on the standards **CCP&L Outcome 3.7:** Incorporate professional expectations and service into staff on-boarding
Year 1 tactics	**CCP&L Tactic 3.1:** Define and communicate clear expectations for professionalism across missions **CCP&L Tactic 3.2:** Identify key faculty / staff policies requiring alignment or revision **CCP&L Tactic 3.3:** Integrate expectations into faculty recruitment, onboarding and handbooks **CCP&L Tactic 3.4:** Assess barriers in systems/workflows that hinder faculty effectiveness **CCP&L Tactic 3.5:** Identify and design opportunities for staff recruitment/onboarding to acculturate people to SOM
Year 2 tactics	**CCP&L Tactic 3.6:** Embed professionalism and accountability standards into onboarding, evaluation and promotion **CCP&L Tactic 3.7:** Revise and align key faculty and staff policies **CCP&L Tactic 3.8:** Launch structured mechanisms to improve interdisciplinary collaboration and efficiency **CCP&L Tactic 3.9:** Implement systems and tools that reduce administrative burden and support faculty success **CCP&L Tactic 3.10:** Incorporate professionalism and service standards into staff recruitment/ onboarding to support each individual's understanding of expectations **CCP&L Tactic 3.11:** Update identified policies **CCP&L Tactic 3.12:** Launch formal structures within the School of Medicine to improve teamwork and efficiency among staff

T – Thriving Financial Stewardship

Goal champions: Paul Peterson, Jeff D'Ambrosio

Goal 1: Strengthen and sustain the School of Medicine's strong financial position by aligning with and supporting departments and IMPACT areas to achieve our strategic goals.

Rationale	The finance team will partner with stakeholders across the School of Medicine to support the successful implementation of our strategic plan, to find solutions to pressing resource questions and to empower people with simpler, more accessible data to do their best work. Taking a holistic view of what is needed to advance our strategy, we can work together to more effectively optimize our resource distribution and capacity for data-driven decision-making.
Expected outcomes	**TFS Outcome 1.1:** Effective and efficient stewardship of available resources **TFS Outcome 1.2:** IMPACT area leaders report that they have the resources needed to do what they are being asked to do **TFS Outcome 1.3:** Establish baseline view of resource allocation needs, where gaps exist and how to address the gaps over time **TFS Outcome 1.4:** Comprehensive dashboards for real-time financial monitoring are developed and implemented **TFS Outcome 1.5:** New approach to financial stewardship established to replace "use it or lose it" incentives
Year 1 tactics	**TFS Tactic 1.1:** Partner with Goal Champions from all IMPACT areas to: • 1.1 a. Proactively examine resource needs • 1.1b. Determine where the finance team can most support the implementation of their initiatives • 1.1c. Establish metrics to track implementation progress **TFS Tactic 1.2:** Lay the framework for supporting departments' ability to access timely, relevant and accurate financial data: • 1.2a. Begin the development of comprehensive dashboards for real-time financial monitoring • 1.2b. Analyze and propose standardized datasets that remove manual efforts and ad hoc reporting • 1.3c. Create the infrastructure to properly categorize mission-based revenue and expenses **TFS Tactic 1.3:** Support stakeholders' ability to be effective, mission-aligned stewards of institutional resources: • 1.3a. Develop a framework for responding to departmental budget requests that includes an overview of the request, all relevant data, what decision was made re: the request and the rationale for why that specific decision was made over others. • 1.3b. Build transparency into how resources support departments and individuals (e.g., could be a workshop topic, identify different venues in which to communicate, including SOM Executive Meeting)
Year 2 tactics	**TFS Tactic 1.4:** Support stakeholders' ability to access timely, relevant and accurate financial data: • 1.4a. Formally operationalize dashboards for real-time financial monitoring • 1.4b. Formalize and integrate datasets and reporting tools that create a consistent set of financial reports across units and departments • 1.4c. Roll out mission-based P&Ls that are aggregated at the school level and disaggregated at the department, division and individual levels • 1.4d. Integrate the established framework into the formal budgeting processes. **TFS Tactic 1.5:** Explore how to incentivize efficient utilization of the resources the school provides centrally to shift away from "spend it or lose it" approach Recognize and celebrate successes through actions such as: • 1.5a. Highlighting departments or leaders who used data to make mission-aligned decisions • 1.5b. Sharing short case examples of decisions that aligned spending with mission because stakeholders understood the data **TFS Tactic 1.6:** Develop preliminary plans and consistent modeling to address risks year-over-year **TFS Tactic 1.7:** Take stock of year 1 experience and financial modeling to inform the approach to year 2 annual planning and budgeting: • 1.7a. Determine where the School of Medicine has the most value or opportunity to invest • 1.7b. Align high-leverage opportunities with those of other impact areas to effectively steward institutional resources

Goal 2: Foster a service-oriented culture to improve transparency and strengthen the partnerships between finance and key stakeholders across the institution.

Rationale	Stakeholders ought to possess the information, knowledge and skills to be effective, mission-aligned stewards of institutional resources. Strengthening relationships between the finance team and stakeholders, establishing convenient opportunities for information-sharing and providing accurate and relevant datasets will give stakeholders the tools they need to succeed.
Expected outcomes	**TFS Outcome 2.1:** Establish baseline data for user experience and performance with the finance team to set achievable targets for year three **TFS Outcome 2.2:** Use the baseline survey results to identify key questions for future outcomes expectations and performance targets for beyond year one • 5% increase in stakeholder satisfaction of interactions with finance by 2028 • 5% increase in departmental satisfaction of relationship with finance by 2028 **TFS Outcome 2.3:** 5% increase in stakeholders who report that they can interpret financial reports and understand how decisions affect the broader enterprise **TFS Outcome 2.4:** 85-90% of department leaders indicate they feel confident using financial data to inform resource requests by 2028.

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Year 1 tactics	**TFS Tactic 2.1:** Partner with key stakeholders to define a clear, shared vision for what a service-oriented culture in Finance looks like **TFS Tactic 2.2:** Develop a custom user experience survey to conduct a baseline assessment of satisfaction, with a focus on understanding people's experience of the level of service, transparency and availability of the finance team **TFS Tactic 2.3:** Support the increased financial fluency of stakeholders across the enterprise: • 2.3a. Create opportunities for increased accessibility to the leadership and staff of the finance team to improve knowledge-sharing and service experience • 2.3b. Design a "one stop" central repository to ensure that all units have access to finance resources, information, training links and other materials • 2.3c. Develop a communication strategy, plan and timeline to help people across the School of Medicine understand the annual rhythms and processes for key milestones for finance • 2.3d. Create high-level, central strategy for each major funding source (federal grants, state funds, clinical earnings, philanthropy, foundation funds, tuition) that defines allowable uses, opportunities for enhancement, potential threats for each source and establish clear order of operations for how funding sources should be utilized • 2.3e. Establish guidance to help departments with order of operations and investing available fund sources in their mission
Year 2 tactics	**TFS Tactic 2.4:** Complete, refine and sustain the "one stop" central repository; analyze the effectiveness of the "one stop" central repository and refine it based on feedback **TFS Tactic 2.5:** Identify frequently asked topics and develop up to two workshops for knowledge-sharing opportunities, based on year 1 survey feedback **TFS Tactic 2.6:** Continue to support stakeholders' ability to be effective, mission-aligned stewards of institutional resources by: • 2.6a. Communicating and implementing strategies for each major funding source • 2.6b. Communicating guidance to departments regarding order of operations and investments towards their mission • 2.6c. Implementing utilization strategy incentives