



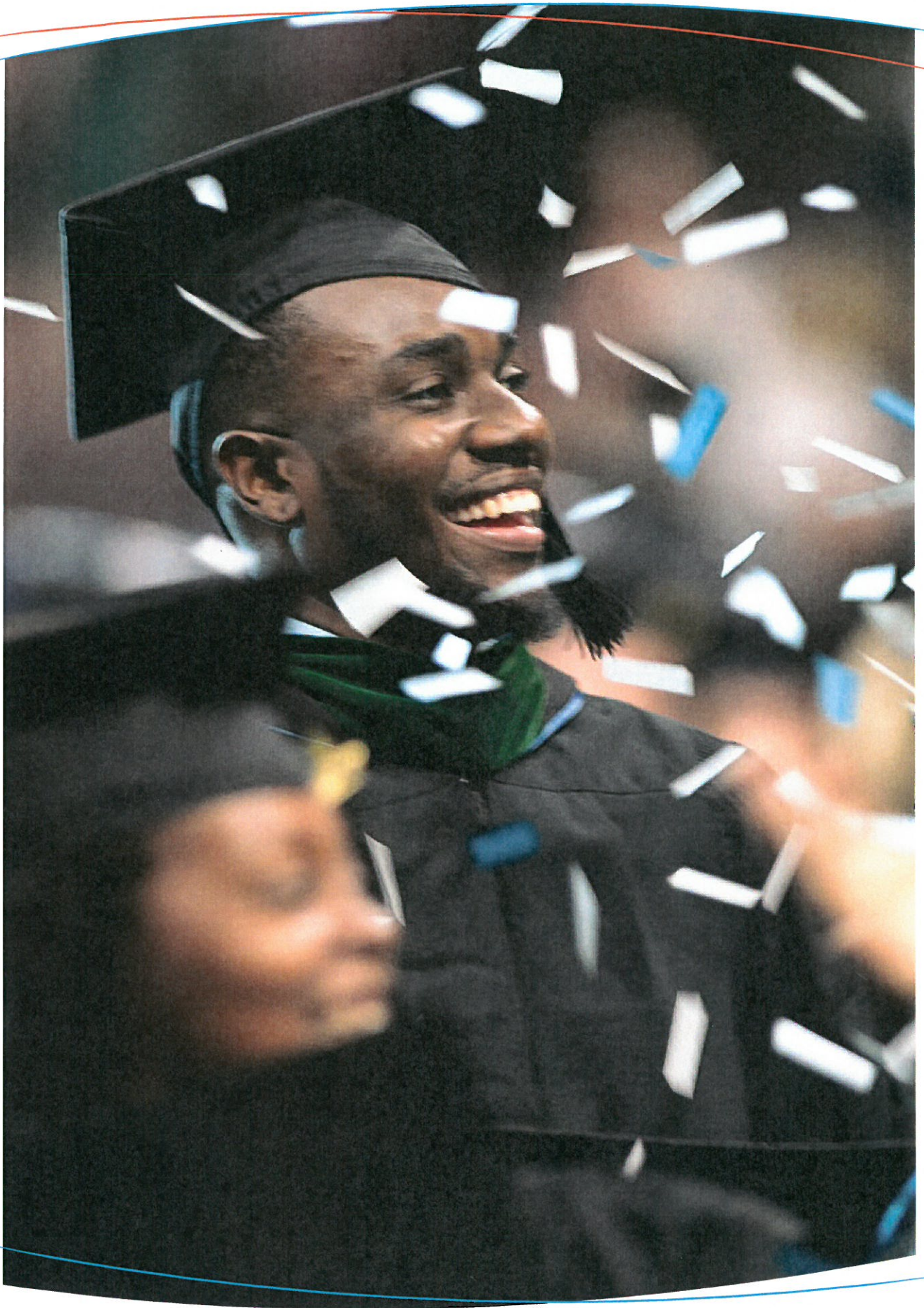
EVMS
Eastern Virginia Medical School

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

STRATEGIC PLAN

FY2019 - FY2022

Eastern Virginia Medical School



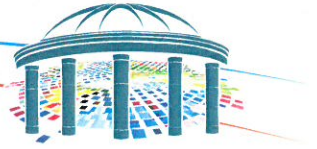


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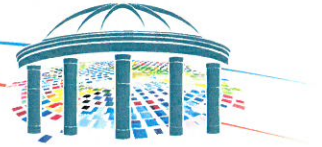
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INTRODUCTION

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

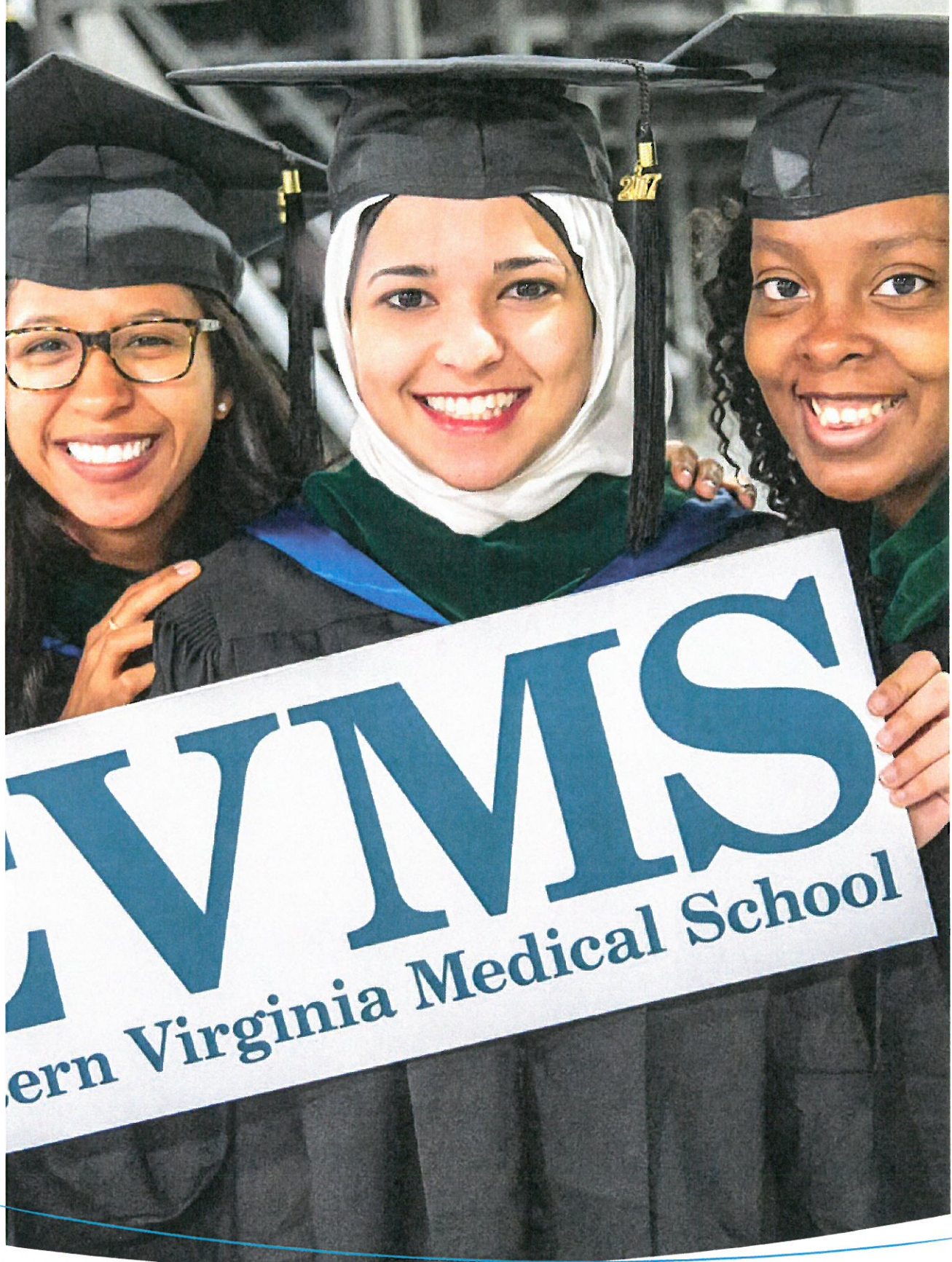
Today, EVMS serves as an integral community partner to industry organizations, academic institutions, healthcare entities and area municipalities, while also being a primary economic driver and healthcare workforce developer for the Hampton Roads region.

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

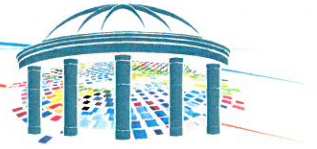
Four strategic theme areas were identified, including the three core mission areas of Education, Research, and Clinical Care. The fourth strategic theme, Administration, is a broader area that strategically bridges and supports the other three mission areas. Subcommittees for each strategic theme were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

Guiding Principles

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



VIMS
ern Virginia Medical School



EVMS MISSION STATEMENT

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

EVMS VISION STATEMENT

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

EVMS CORE VALUES

Three core values drive our daily efforts:

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

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

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

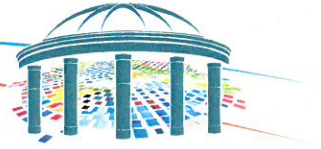
EVMS DIVERSITY STATEMENT

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

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

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





EXECUTIVE SUMMARY

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

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

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

Strategic Planning — Guiding Principles

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

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

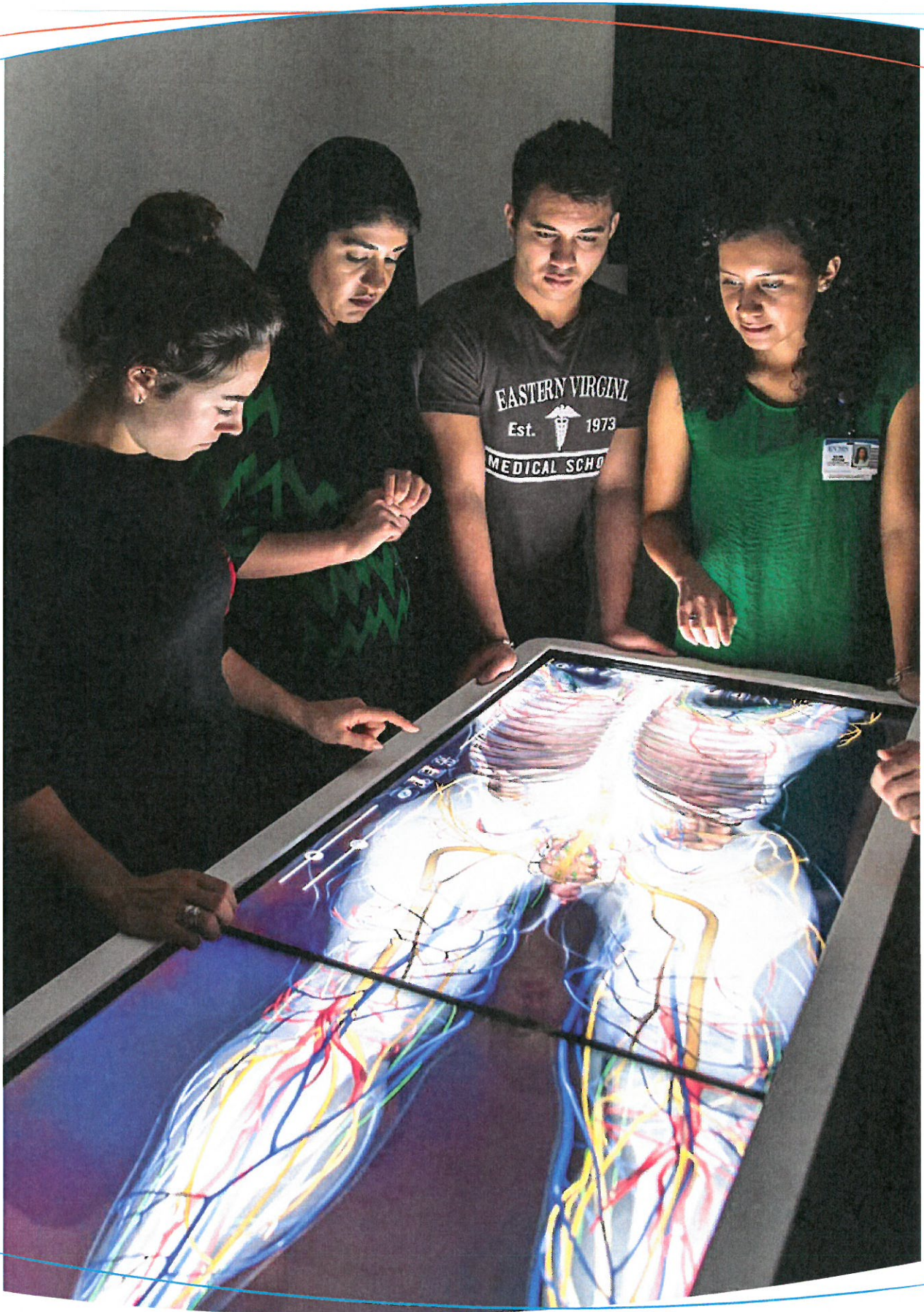
Target Funding	12,000,000	3,200,000
Funding Projections by Mission	One Time	Recurring
Education	2,740,154	1,464,928
Research	5,733,087	254,408
Clinical Care	1,845,439	709,500
Administration	1,681,320	766,586
Total	12,000,000	3,195,422
Under/(Over) Target	0	4,578



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STRATEGIC PLAN 2019 – 2022



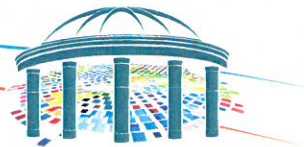


EVMS
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**Thriving in Our Missions:
Our Roadmap for the Future**

EDUCATION

- Goal E1:** Strengthen the undergraduate medical education program.
- Goal E2:** Strengthen the School of Health Professions educational programs.
- Goal E3:** Develop and implement a Strategic Enrollment Plan for EVMS educational programs.
- Goal E4:** Improve the clinical education sites for programs and maintain critical relationships with key partners that teach.



Strategic Planning Theme – EDUCATION

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

Goal E1: Strengthen the undergraduate medical education program.

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

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

Background and rationale

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

The faculty shortage has led to:

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

Defined Objectives

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

Implementation/Components

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

Investment/Resources

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

Timeline & Deliverables

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

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

Background and rationale

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

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

Justification

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

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

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

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

Clerkships with a co-clerkship director are:

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

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

Background and rationale

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

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

An Academy will support the educational mission of EVMS by:

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

Implementation/Components

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

Feasibility/Assessment

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

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

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

Benefits to EVMS, faculty and students include:

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

Benefits to EVMS students:

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

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

Investment/Resources

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

Project Leader

Faculty Affairs and Professional Development

Performance Metrics

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

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

The faculty member will:

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

Background and rationale

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

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

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

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

Implementation/Components

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

Investment/Resources

Recurrent funds for salary support

Timeline & Deliverables

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

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

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

Background and rationale

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

The faculty shortage has led to:

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