



**Roy J. and Lucille A. Carver College of Medicine**

*Strategic Plan*  

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*2005-2010*



 **UNIVERSITY of IOWA  
CARVER COLLEGE  
OF MEDICINE**  

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University of Iowa Health Care

# *Mission Statement*

**The University of Iowa Carver College of Medicine advances health through collaborative discoveries, innovations in education and science, and exemplary service.**



# *Vision Statement*

**The University of Iowa Carver College of Medicine, in partnership with the UI Hospitals and Clinics, will demonstrate the academic difference as the provider of choice for Iowans. This will be accomplished through leadership in scientific discovery, innovative education, and patient-centered care.**

# Goals

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## College-wide Goals

- Goal A: Strengthen the CCOM/UIHC partnership to enhance clinical care, clinical research, and medical education at all levels.
- Goal B: Cultivate preeminent faculty and excellent staff by creating a work environment where talent thrives.
- Goal C: Strengthen the financial position of CCOM and its departments, programs, and centers.
- Goal D: Optimize the organizational structure to enhance communication, collaboration, and effectiveness.
- Goal E: Increase the national stature of clinical programs, research programs, and educational programs.
- Goal F: Diversify the community of clinicians, researchers, students and staff.
- Goal G: Increase collaboration with other units of the University as well as private organizations for the purpose of advancing the mission of the College.



## Research Goal

- Goal H: Emphasize the growth of excellent basic, translational, clinical and multidisciplinary research programs, leading to increased extramural funding.

## Education Goals

- Goal I: Provide educational programs that attract top applicants, deliver innovative curricula, achieve superior outcomes, and lead the field in the development of new models of teaching excellence.
- Goal J: Optimize research training experiences for medical students, graduate students and post-doctoral fellows.

## Clinical Goals

- Goal K: Develop patient-and family-centered multidisciplinary programs that optimize service, outcomes and efficiency while training future providers.
- Goal L: Integrate patient-centered service with cutting edge clinical research.

# *Research strategies and tactics*

## **Strategy #1: Recruit and retain outstanding investigators.**

1. Recruit research talent to further strengthen the CCOM research programs.  
Retain outstanding faculty by emphasizing the following priorities to all department chairs:
  - a. Recruitment of good graduate students and post-doctoral fellows
  - b. Competitive salaries
  - c. Adequate lab space
  - d. Access to core facilities at a reasonable cost
2. Provide mentoring, training, and support to both junior and senior faculty investigators.
3. Recognize and feature CCOM research faculty and their research programs.

## **Strategy #2: Focus on identified research areas of emphasis.**

1. Apply the criteria developed by the Research Strategy Design Team to any research program under consideration for further development at the Carver College of Medicine, during implementation of the Strategic Plan.
  - a. Current strength
  - b. Scientific potential in next 5-10 years
  - c. Potential funding sources
  - d. Multidisciplinary
  - e. Infrastructure in place at CCOM
  - d. Clinical populations available
  - e. Health benefit to Iowa/world
  - f. Alignment with the UIHC Strategic Plan
2. Based on the application of the program evaluation criteria, the CCOM should focus on five priority research areas for investment:
  - a. Cardiovascular
    - ◇ Build upon the recent recruitment of the new program head.
    - ◇ Strengthen patient-oriented research through collaborations with the cardiovascular disease program and with neuroscience researchers.
    - ◇ Promote cardiovascular research to the donor community and to philanthropic organizations.
  - b. Cancer
    - ◇ Strengthen the overall research program and scientific leadership; recruit national figures in translational/clinical research and basic cancer biology.
    - ◇ Build both basic and applied research through recruitment, including recruitment in cancer genetics.

c. Neuroscience

- ◇ Seize the opportunity for new leadership through the recruitment of two key faculty positions, including the department chair in neurology.
- ◇ Strengthen neuroscience research collaboration across the Departments of Neurology, Neurosurgery and Psychiatry as well as with other clinical and basic science departments.
- ◇ Consider development of a neuroscience basic science (academic) department and/or a neuroscience research institute.
- ◇ Address need for greater neuroscience research laboratory space adjacencies, as current space is geographically dispersed across campus. Identify more dedicated molecular neuroscience laboratory space.
- ◇ Build upon the CCOM's reputation among graduate students and MSTP students as a premier neuroscience program.

d. Lung/Host Defense/Microbes

- ◇ Target additional grant funding to further build research programs in these areas.

e. Pediatrics/Developmental Biology

- ◇ Strengthen multidisciplinary research programs in developmental biology.
- ◇ Further build collaborative relationships between researchers and the Children's Hospital of Iowa; target philanthropic funding via this relationship.

f. Cross-Fertilization Areas

- ◇ In addition to the five priority research areas, the following three "cross-fertilization areas" should be developed, as they are relevant and applicable to the future growth of the priority areas.
  - Aging
  - Obesity/Diabetes
  - Women's Health

g. Research Mechanisms/Techniques

- ◇ The top priority mechanisms listed below are also critical to the development of the research priority areas.
  - ◇ Top Priority:
    - ◇ Patient-Oriented Research
    - ◇ Genetics-Bioinformatics/Animal Models
    - ◇ Imaging
    - ◇ Structural Biology/Proteomics
    - ◇ Clinical Evidence Implementation
  - ◇ Second-Tier:
    - ◇ Tissue Engineering/Bioengineering/Nano-Medicine
    - ◇ Integrated Systems/Systems Biology
    - ◇ Stem Cell Research
    - ◇ Drug Discovery

**Strategy #3: Enhance research training and academic career development of medical students, fellows, and graduate students.**

1. Provide good mentors who are attentive to the career development needs of graduate students and post-doctoral fellows.
2. Assess the curriculum for graduate students.
3. Hold an annual "Career Day" to promote research and academic opportunities for medical students, fellows and graduate students.
4. Put mechanisms in place to reward and/or acknowledge faculty teaching assignments and efforts.
5. Target increased training grants.

**Strategy #4: Enhance interdisciplinary and collaborative research throughout the Carver College of Medicine.**

1. Assess the advisability of reorganizing faculty researchers into a more multidisciplinary model.
2. Identify and support individual(s) to function as catalysts for enhancing research collaboration.
3. Reorganize laboratory space to be more contiguous for research priority areas and further enhance interdisciplinary and collaborative research efforts.
4. Increase funding for interdisciplinary/collaborative research.
5. Increase interdisciplinary research across colleges at The University of Iowa.

**Strategy #5: Strengthen clinical and translational research.**

1. Strengthen the overall infrastructure for clinical research.
2. Strengthen the use of medical informatics across the CCOM and in partnership with UIHC.
3. Build synergies between basic science and clinical researchers.
4. Integrate clinical research into future plans for ambulatory clinics.
5. Promote to patients and referring physicians the various opportunities to participate in trials.
6. Increase the visibility of CCOM research faculty and their research programs.
7. Develop collaborations with other University of Iowa partners for further development of clinical and translational research (e.g. health sciences colleges).

**Strategy #6: Develop standards for faculty productivity that are mutually beneficial to both the College and faculty members.**

1. Ensure mechanisms are in place that allow faculty to maximize their productivity.
2. Review and evaluate the earlier ECG Consulting Group study recommendations regarding faculty productivity standards.
3. Reexamine the effectiveness of current tenure policies.
4. Acknowledge excellent faculty performance in scholarly and quality research accomplishments as part of the faculty productivity standards.
5. Create mechanisms that could be utilized routinely for measuring faculty productivity.
6. Evaluate the effectiveness of the new faculty compensation plan.

# *Education strategies and tactics*

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## **Strategy #1: Continue to innovate the medical school curriculum to meet both internal goals and external demands.**

1. Define the goals and demands of the curriculum.
2. Conduct a needs assessment relative to the education goals and strategies described above, and assess overall program effectiveness.
3. Consider and include all learners (medical students, residents, hospital program students, graduate students, faculty) in one integrated educational plan.
4. Define accountability of teachers in regards to the College and to students.
5. Recognize trainees and incorporate their formal role as teachers and their informal role as role models of professionalism.
6. Ensure a training program that recognizes the collegiate/ICCOM and hospital/UIHC obligation to provide all students with training in primary as well as secondary and tertiary care.
7. Foster and model multidisciplinary care through the integration of clinical experiences across departments and colleges.
8. Recognize the role of collegiate committees and their faculty members and recognize their authority and accountability in carrying out their respective charges as they relate to this strategic plan.

## **Strategy #2: Define basic teaching requirements for all faculty of the CCOM.**

1. Define requirements.
2. Define methods of accountability for quantity and quality.
3. Define and communicate achievable education related criteria for promotion.
4. Ensure that financial support for teaching is more transparent to all departments and faculty.
5. Assess educational infrastructure needs and address them to best ability.

## **Strategy #3: Ensure faculty possesses needed skills to be effective teachers.**

1. Identify specific competency requirements/standards from both an internal and external (LCME) perspective across all faculty levels.
2. Provide assessment (evaluation and feedback) of teaching skills to individual faculty.
3. Provide training to update/improve teaching skills as needed.
4. Develop life-long learning skills among faculty and encourage faculty to actively cultivate these skills in both clinical and classroom settings.

## **Strategy #4: Recognize and reward excellence in teaching.**

1. Ensure a clearly defined career path for those interested in education.
2. Consider using teaching RVU's in the faculty compensation formula.
3. Define measures of academic productivity and achievement for educators.

4. Define education accomplishments for the tenure process.
5. Ensure that faculty understand scholarly and promotional requirements for education.
6. Actively promote accomplishments in education.
7. Cultivate “Distinguished Scholars” in education.
8. Assess the development of an academy model for collegiate faculty.

**Strategy #5: Cultivate critical thinking, an environment of curiosity, and a spirit of inquiry among students, trainees and graduates.**

1. Define desired competencies.
2. Develop a scholarly project for medical students given desired competencies and other demand on students’ time.
3. Promote research opportunities to give students and trainees interested in research careers in-depth exposure to research methods and analysis.
4. Integrate basic science experiences into medical student clerkship rotations to promote the cross-fertilization of ideas and perspectives and provide opportunities for innovative insights into clinical care.

**Strategy #6: Ensure that students and trainees are effective teachers at an appropriate level.**

1. Define and assess competency at all levels.
2. Prepare students, at a minimum competence, to teach patients and be effective in future housestaff roles.
3. Offer students and housestaff interested in teaching, more in-depth opportunities to develop teaching skills.
4. Strengthen the educator role of residents.

# *Clinical strategies and tactics*

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**Strategy #1: Promote greater clinical operational efficiency.**

1. Provide better management information to clinical and administrative department managers.
2. Determine whether an alternative organizational structure for the whole ambulatory practice is necessary to improve operational efficiency.
3. Empower multidisciplinary clinic managers with sufficient control and flexibility to manage clinic operations for maximum efficiency and effectiveness.
4. Standardize teaching practices in clinics.
5. Establish teaching and non-teaching clinics.
6. Explore alternative financial arrangements between the hospital and medical group.
7. Ensure routine communication between faculty and hospital management regarding operational issues.
8. Improve the efficiency and overall operation of surgical services.
9. Optimize the use of physician extenders.

10. Set a reasonable clinic schedule for physicians; ensure that scheduled clinic coverage is predictable and frequent enough to meet patient needs.
11. Create an Electronic Medical Record that supports all practices across the medical group.

### **Strategy #2: Maximize effectiveness of quality initiatives.**

1. Establish an information and clinical support infrastructure to effectively implement programs to enhance care and measure their outcomes.
2. Identify programs that have been implemented effectively (e.g., PIC line) to serve as models for further development.
3. Collaborate with the Office of Operational Improvement at UIHC.
4. Design and implement standardized treatment protocols.
5. Develop more expertise in the group practice to conduct outcomes analyses.
6. Use quality outcomes data in marketing services to employers and payers.

### **Strategy #3: Improve the financial position of CCOM clinical programs.**

1. Increase the ratio of new versus return visits.
2. Clarify roles and responsibilities within the CCOM for financial management.
3. Strengthen consultative services.
4. Increase faculty productivity.
5. Prepare an annual report showing sources of salary support for each faculty member.
6. Optimize collections.
7. Identify a target case mix for each specialty.

### **Strategy #4: Enhance patient access to clinical programs.**

1. Develop a highly integrated center to more effectively manage physician scheduling.
2. Offer patient-friendly clinic hours; consider late appointments on select weekdays and weekend hours.
3. Consider the development of off-site clinics.
4. Make short-notice clinic visits available each day.
5. Ensure consistent physician presence in the clinics.

### **Strategy #5: Strengthen clinical and translational research.**

1. Strengthen the overall infrastructure for clinical research.
2. Strengthen the use of medical informatics across the CCOM and in partnership with UIHC.
3. Build synergies between basic science and clinical researchers.
4. Integrate clinical research into future plans for ambulatory clinics.
5. Promote to patients and referring physicians the various opportunities to participate in trials.
6. Increase the visibility of CCOM research faculty and their research programs.
7. Develop collaborations with other University of Iowa partners for further development of clinical and translational research (e.g. health sciences colleges).

# *Leadership strategies and tactics*

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## **Strategy #1: Create an engaging, supportive and intellectual working environment that gives faculty and staff a greater sense of autonomy and efficiency in the workplace.**

1. Achieve and maintain equity in staff pay and promotion practices between CCOM and UIHC.
2. Provide greater career development opportunities for all CCOM staff.
3. Regularly assess and enhance employee satisfaction by putting in place standardized measurement tools across the Carver College of Medicine.
4. Ensure that operational systems throughout the CCOM are efficient and provide the necessary support for faculty and staff to have greater control over processes for which they bear responsibility.
5. Strengthen the spousal support program for all faculty.
6. Ensure that the research staff understands the pay and promotional ladder.
7. Continue to assess parking issues for faculty and staff and determine the appropriate means to address them.

## **Strategy #2: Broaden the public's understanding of the value of an academic medical center in the State of Iowa.**

1. Develop models of community engagement between the CCOM and the communities of Iowa.
2. Promote the College's role in serving as an advocate for the health of all Iowans.
3. Increase patient, employer and community awareness of the College, its programs, faculty and staff.
4. Strengthen relationships with local, regional, and national philanthropic organizations.

## **Strategy #3: Improve faculty retention and satisfaction with the CCOM work environment.**

1. Increase opportunities for faculty career development.
2. Reward and recognize faculty accomplishments.
3. Clearly communicate to CCOM departments and faculty the resource allocation processes and how these decisions are made.
4. Regularly assess faculty job satisfaction by putting in place standardized measurement tools across the CCOM.
5. Determine approaches to provide faculty with opportunities to review/give feedback to CCOM leadership.

## **Strategy #4: Build the philanthropic base of the CCOM.**

1. Strengthen relationships with local, regional and national philanthropic organizations.
2. Target the following areas as focal points when developing philanthropic partners:
  - a. Research Priorities
  - b. Clinical Priorities
  - c. Endowed Chairs
3. Further strengthen relationships within the local community and with grateful patients.
4. Set minimum goals for increasing fund-raising achievements.

**Strategy #5: Strengthen the partnership between UIHC and CCOM administration, faculty and staff.**

1. Create a common understanding of purpose and benefits of UIHC/CCOM collaboration.
2. Assess and strengthen the organizational structures of both institutions so that each is designed to facilitate UIHC/CCOM collaboration.
3. Align incentives and measures of successful implementation of joint strategies across UIHC and the CCOM.
4. Build an institutional identity that supercedes organizational, departmental and subspecialty boundaries.
5. Collaboratively implement strategies developed through the joint UIHC/CCOM planning sessions (delineated below) that will further strengthen the partnership.

**Strategy #6: Increase the diversity of faculty, staff, students and trainees in the Carver College of Medicine.**

1. Collaboratively implement the recommendations made by the UIHC/CCOM Diversity Steering Committee.
2. Create an Office of Minority Affairs in the Dean's Office.
3. Reassess the CCOM's current minority recruitment strategies, continuing with successful approaches as well as exploring new approaches.
4. Ensure that under-represented minority medical students feel comfortable and confident within the CCOM culture.
5. Work with residency program directors across departments to increase diversity among UIHC residents.
6. Ensure successful careers at the Carver College of Medicine for under-represented minority faculty and staff.

**Strategy #7: Build collaborative relationships within the University and with external partners.**

1. Conduct a comprehensive health needs assessment for the State of Iowa to identify collaborative opportunities.
2. Ensure that collaborative initiatives are congruent with community needs and the missions of the College and the University.

**Strategy #8: Demonstrate the economic and other contributions to various constituencies by CCOM, UIHC, and other UI health sciences colleges.**

1. Work with the state to ensure a climate that encourages the commercial development of CCOM discoveries, within Iowa.
2. Publicize external funds coming into the state as a result of CCOM.
3. Track and promote industry spin-offs resulting from faculty discoveries.
4. Document employment impact and contributions to the local economy.
5. Use the methodology outlined in the Batelle report as a model.

**Strategy #9: Ensure equal opportunity for all faculty, staff, students and trainees.**

1. Reduce gender disparities in tenure track positions.
2. Increase the availability of affordable childcare for faculty, staff, students and trainees.
3. Address the career development needs of older faculty.

# *UIHC/CCOM jointly adopted strategies and tactics*

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## Inpatient and Ambulatory Care Delivery

### **Strategy #1: Develop patient and family-centered innovative care, including multidisciplinary programs, which optimize service, outcomes and efficiency.**

1. Distinguish CCOM/UIHC on the basis of quality.
  - a. Be a national and state leader in outcomes and patient safety.
  - b. Innovate in the development and application of evidence-based medicine.
  - c. Make extensive use of standardized treatment protocols/pathways.
  - d. Increase the number of clinical programs that are regionally or nationally recognized.
  - e. Achieve high patient/family satisfaction relative to peer organizations.
  - f. Expand the use of technology to collect quality data and track progress.
  - g. Promote a culture of service throughout CCOM and UIHC.
  - h. Establish multidisciplinary programs focused on patient-centered care and outcomes.
2. Improve access for both inpatients and outpatients.
  - a. Strengthen referring physician relations and communications.
  - b. Improve intake mechanism to accommodate referrals and transfers.
  - c. Integrate scheduling.
  - d. Extend clinic hours and develop off-site clinics.
  - e. Consider using scheduling software to facilitate scheduling process.
3. Increase operational efficiency.
  - a. Improve throughput throughout the organization.
  - b. Refresh, implement, and monitor ambulatory care standards of practice.
  - c. Create and implement inpatient standards that parallel the ambulatory standards of care.
  - d. Use information technology to improve efficiency and monitor results.
  - e. Design programs that are organized around the needs of patients.
4. Increase number of clinical programs recognized regionally and nationally.
  - a. Prioritize clinical services.
  - b. Establish a business planning process that develops clinical programs on a regular basis, supports innovation and encourages new ideas.
  - c. Measure and monitor each business plan implementation to ensure goals/measures are being met.
  - d. Enhance relationships with the community through business development opportunities.

# *Clinical research*

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## **Strategy #1: Strengthen clinical research.**

1. Strengthen the overall infrastructure for clinical research.
  - a. Strengthen the internal database capabilities across the CCOM and UIHC that provide the necessary infrastructure for clinical research.
    - ◇ Choose an electronic medical record that can provide an interface for downloading data to a clinical research database.
  - b. Ensure that there is sufficient space to conduct clinical research and store archival files.
  - c. Improve the efficiency of the IRB process.
  - d. Further define and develop the research cores needed to support clinical research.
    - ◇ Expand the responsibilities of the clinical trials unit beyond its current administrative role.
    - ◇ Build a cadre of shared clinical research nurses.
    - ◇ Standardize research protocols across the CCOM and UIHC.
2. Strengthen the use of medical informatics across the CCOM in partnership with UIHC.
  - a. Ensure that data collected via the Electronic Medical Record is available for research.
  - b. Maintain records for all CCOM and UIHC patients in a master database.
  - c. Consider capturing DNA sample data for every patient.
  - d. Address HIPAA regulation compliance.
  - e. Utilize University information technology resources as much as possible.
3. Integrate clinical research into future plans for ambulatory clinics.
4. Engender collaboration between basic science and clinical researchers to strengthen multidisciplinary clinical, translational and basic science research.
5. Develop collaborations with other University of Iowa partners for further development of clinical research (e.g., health sciences colleges).
6. Promote opportunities to participate in trials and other research programs to patients, referring physicians and community providers.
  - a. Determine communication vehicles (e.g., internet, intranet, newsletters, etc.) for promoting participation in trials.
  - b. Strengthen clinical trials partnerships with community hospitals, other health facilities, and community physicians.
7. Increase the visibility of CCOM research faculty and their research programs.
  - a. Consider implementing a faculty campaign that promotes faculty research programs akin to promotion of clinicians throughout the hospital.
  - b. Proactively promote CCOM/UIHC clinical research programs to external funding agencies, including the NIH and industry.
  - c. Proactively promote CCOM/UIHC clinical research and its influence on local, regional, state and national politics and economic development.

# *Graduate Medical Education*

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## **Strategy #1: Increase clinical operational efficiency in conjunction with graduate medical education programs.**

1. Establish teaching and non-teaching clinics.
2. Standardize teaching practices in the UIHC.
3. Educate housestaff on health care practice management issues in preparation for entering medical careers.

## **Strategy #2: Create an environment that fosters the development of a cadre of exceptional educators.**

1. Recognize and reward excellence in teaching.
2. Ensure a clearly-defined career path for faculty interested in education.
3. Consider teaching effort in the compensation formula.
4. Actively recognize and feature accomplishments in education.
5. Make education-related funding transparent.
6. Define roles, responsibilities and compensation of program directors.
7. Provide faculty with protected time for resident teaching.
8. Create a professional cadre of residency coordinators.

## **Strategy #3: Cultivate critical thinking, an environment of curiosity, and a spirit of inquiry among residents.**

1. Define desired competencies for all housestaff.
2. Promote research opportunities to give residents interested in research careers an in-depth exposure to research methods and analysis.
3. Maintain a respectful, autonomous environment that recognizes students as consumers of education and training.
4. Ensure that trainees are culturally competent in their roles as trainees and teachers.

## **Strategy #4: Ensure that residents are effective teachers at an appropriate level.**

1. Define and assess competency at all levels.
2. Strengthen resident teaching skills in conjunction with students and patients.
3. Offer housestaff interested in teaching, more in-depth opportunities to develop teaching skills.





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