Quillen Strategic Plan
May 2013
Outcomes through 2019

In order to create an effective Strategic Plan, is important to be sure that the plan reflects the Mission of Quillen. Everything that we do should contribute to our Mission. In that regard, we begin this document with our Mission statement.

Mission
The primary mission of the Quillen College of Medicine is to educate future physicians, especially those with an interest in primary care, to practice in underserved rural communities. In addition, the College is committed to excellence in biomedical research and is dedicated to the improvement of health care in Northeast Tennessee and the surrounding Appalachian Region.

The Quillen College of Medicine endeavors to meet community and regional health needs by identification, creation, and execution of the necessary programs through utilization of its diverse resources. The college is a major health care provider for East Tennessee. In view of this responsibility, the college emphasizes primary care as the focus of medical practice and training programs. The primary care physician is defined as the physician of first and continuing contact, coordinating the entire care of the patient. Primary medical care is a function rather than a discipline. This care is provided by family physicians, general internists, general pediatricians, and obstetricians/gynecologists. In addition to meeting the clinical and service responsibilities, the college also supports a significant research endeavor.

In order to better evaluate our strategic needs and goals, this document is segmented into individual functional categories. These are not intended to be an exhaustive list of functions that need to be addressed but are identified as key areas of improvement and change that will require specific planning in order to be effective and accomplish our Mission.

Medical Student Education

Strategic Goal #1

Continue progress in curriculum integration and innovative learning pedagogy. Ongoing

Methods:
1. Complete Curricular Mapping and adjust learning activities to assure educational balance and achievement of Graduation Objectives. Course level mapping completed 2014. Session level mapping and updates ongoing. Curriculum uploads to AAMC Curriculum Inventory Portal yearly since 2014. Multiple Curriculum content reports were generated using the curricular mapping.
2. MSEC will continue to work towards the goal of enhanced integration across courses within segments of the curriculum and across the years of the curriculum. Recently established MS 1/2 and MS 3/4 review committees are mapping learning objectives and coordinating instructional content. Regularly scheduled course/clerkship director meetings facilitate this process. Ongoing efforts. 2019 AAMC GQ 79% of students agree or strongly agree that basic science courses had sufficient illustrations of clinical relevance (national benchmark 75%). Similarly 84% agree or strongly agree that required clinical experiences integrated basic science content (national benchmark 80%). The Basic Science Course Directors group was formed in 2014, meets every month and has increasingly been collaborating to promote integration.
3. Current small group learning activities and other alternatives to didactic based educational programs will be evaluated and expanded as effectiveness data is generated. Current programs include: Case Oriented Learning, Cadaver Case Presentations, Integrated Grand Rounds, Practice of Medicine, Transition to Clerkships and the Keystone Course. Small group learning activities are now components of Doctoring I,
Cellular & Molecular Medicine, Doctoring II, Microbiology (immunization workshop), all Rural Primary Care Track Courses and multiple activities in all clerkships. Flipped classroom methodology has been adopted in Medical Human Gross Anatomy and Embryology, Cellular & Molecular Medicine, and Pathology. The Basic Science Course Director’s group has fostered collegiality, exchange of skills and new pedagogic ideas and technology.

4. The following strategies are in development: The Clinical Integration Framework, emphasis on increased clinical relevance of test questions. The Clinical Integration Framework has been replaced by activities of the Clinical Integration Subcommittee. This subcommittee has issued reports on evidence-based medicine (3/3/15) biostatistics and evidence-based medicine (5/15/18), nutrition (9/15/15 and 12/16/18), rehabilitation (7/21/15 and d1/16/18), patient safety-quality improvement (1/19/16) human sexuality (5/19/15 and 10/16/18), substance use disorder (5/21/19). Recommendations from these reports have been incorporated into the curriculum. Ongoing efforts have been made to increase the clinical relevance of test items.

5. Explore the initiation of a curriculum in Information Sciences across the spectrum of medical education.
   a. Invite an expert in medical informatics to present curricular concepts to MSEC. David Slawson, MD presentation to MSEC March 19, 2013
   b. Define the resources, including faculty, required to develop, establish and implement the curriculum. Biostatistics and evidence based medicine report submitted to MSEC March 3, 2015. Suggestions to course and clerkship directors to add content to course and clerkships September 2015. Incorporation of additional content during 2015-2016 academic year in Case Oriented Learning, Biostatistics and Epidemiology, Cadaver Case Presentations, Profession of Medicine, Practice of Medicine, Transitions to Clinical Clerkships and multiple clerkships. Addition of Rachel Walden, associate dean for learning resources (expertise in informatics) as ex officio member of MSEC.
   c. Recommend course of action to dean. Implemented at level of Executive Associate Dean for Academic and Faculty Affairs

Strategic Goal #2

Develop and implement an innovative process for student evaluation and program assessment. Ongoing

Methods:
1. Continue to develop the Educational Milestones across the learning objectives for all four years. The curriculum development milestones were abandoned with the adoption of a new set of Institutional Educational Objectives based on the AAMC Physician Competency Reference Set in 2014. The milestones facilitated the transition to the new objectives
2. Develop a student evaluation process that utilizes the Commencement Objectives as a core element of defining student progress in each course. The Commencement Objectives were replaced by the new Institutional Educational Objectives as noted above. Student assessment in pre-clerkship courses is based on those institutional educational objectives to which course objectives are mapped. Student assessment on clerkships is based on the major domains of the objectives mapped through EPAs.
3. Provide MSEC, Course Directors and all faculty with educational programs that will train them to develop, utilize and study the establishment and implementation of Commencement Objective linked evaluations. Training related to student assessment incorporated at least annually into course and clerkship director meetings. Faculty development program includes session on assessment annually. Online resources available on faculty development website. Evaluations based on the Institutional Educational Objectives have been in place since the 2015-2016 academic year.
4. Systematically evaluate the student assessment programs implemented to provide additional objective information to complement the current student Graduation Questionnaire data. Each student completes an evaluation on all courses, clerkships, selectives, and electives. This system
has migrated to New Innovations since 2014. Beginning in the 2014-2015 academic year first, second and third year students participated in an optional end of academic year survey reflecting on the year as a whole. Beginning in the 2015-2016 academic year students have participated in the AAMC Year Two Questionnaire.

N.B. Nomenclature is confused above. Correct use should be “assessment” is performed on students, “evaluation” is performed on programs.

**Strategic Goal #3**

Expansion of Quillen educational programs throughout the region.

Methods:

1. Continue to work with Sevier County to expand medical education programs. **Generalist Track students have participated in the six week Community Medicine clerkship since July 2011. Through January 2019 over 400 third year medical students have rotated through Sevier County.**
   
   a. Maintain a robust Community Medicine Clerkship. Student evaluations of the Community Medicine Clerkship have improved over time. **While still not at the desired level they have shown steady improvement.** *(2.62/5.0 in 2011-2012 to 3.70/5.0 in 2017-2018)*
   
   b. Work with LeConte Medical Center (Covenant System) to establish GME program(s). **To date there has been no progress in this regard. This possibility has been raised repeatedly with leadership of Covenant Health Systems who indicate no desire to move forward.**
   
   c. Explore the possibility of expanding the affiliated campus in Sevierville. **The College of Medicine presence has been stable with no plans for expansion. The university as a whole has expanded programs in Sevier County.**

2. Collaborate with the King School of Medicine, Inc. President and Board of Directors to establish a medical school campus in Abingdon, VA. **2015 The King School of Medicine, Inc. longer exists rendering points a.-c. moot.**
   
   a. Execute a Memorandum of Understanding. 2013
   
   b. Define the Guiding Principles for the relationships. *(2013)*
   
   c. As appropriate, move forward with planning and establishment of medical student educational program in conjunction with ETSU and TBR leadership.
   
   d. Establish Graduate Medical Education programs in Johnston Memorial Hospital. **Johnston Memorial Hospital chose to develop osteopathic instead of allopathic residency programs**

**Resources Needed**

- Additional administrative staff to support curricular mapping, milestones evaluation and development.
  
  o One additional technical clerk in the Office of Academic Affairs. **A technical clerk position was added in 2014.**
  
  o Identify staff support needs for course directors and faculty related to curriculum mapping. **Part-time employees have been used to enter session-level data into curriculum database starting in 2017.**

- Review IT needs for administering Quillen educational programs and oversight. **The use of the New Innovations undergraduate medical education suite has been expanded in support of educational programs. ExamSoft has been implemented for exam administration and for mapping of assessment to content.**
  
  o Consider establishment of Director of IT position in the COM. Job responsibilities to consider would include the development, oversight and coordination of IT systems across Quillen. Present the options, OIT implications, and budget implications in recommendation on course of action to dean. **No action has been taken on this item.**
  
  o Identify or develop cost-effective system(s) for administering educational oversight.
- Scheduling New Innovations
- Evaluations New Innovations
- Assessments New Innovations
- Test delivery and analysis ExamSoft
- Curriculum monitoring/mapping New Innovations
- Tracking of student experiences and work hours New Innovations
- Student credentialing New Innovations

Graduate Medical Education

Strategic Goal #1

Sustain mission-based resident selection process that focuses on the college’s mission and addresses diversity. Ongoing

Methods:
- At the program level, maintain continuous review of application data and Match results to refocus recruiting efforts as necessary to ensure alignment with mission. Diversity recruitment reports are collected annually from all programs by the GME office and forwarded to the Office of Academic Affairs and the Diversity Council. Data sources do not address mission from the perspective of rural and underserved primary care.
- Continuous review of aggregate selection data across programs centrally by the Graduate Medical Education (GME) Office. Beginning July 2019 GME began collecting diversity information for the Office of Academic Affairs and is forwarded to the Diversity Council.
- ACGME Web ADS update beginning 2019 requires all programs to discuss their process for resident and faculty selection base on diversity

Strategic Goal #2

Stabilize residency positions and funding. Position planning continues to be an ongoing process in GME

Methods:
- Seek opportunities to expand GME programs in other locations, especially those with rural health focus (e.g., Sevier County, Morristown-Hamblen County, and Abingdon). No success has been achieved in expanding GME programs in other locations. GME in Abingdon has committed to osteopathic GME with other sponsoring institutions. Covenant Health Systems has been approached multiple times and has not been willing to move forward with GME discussions.
- Balance the loss of funded positions with the need to prioritize the college’s rural and primary care mission while ensuring strong GME programs. In February 2018, the two private hospital systems, Mountain States Health Alliance and Wellmont Health System, where residents/fellows rotate, merged into one system, Ballad Health. The certificate of public advantage, COPA, includes resources to enhance resident/fellow education. The GME Office is working closely with Ballad Health in resident/student education. One initial result is the agreement to begin the steps to create and apply for an addiction medicine fellowship to be housed in the Family Medicine Department (AIR 2017-2018)
- Residency positions have been stable since 2017 and the numbers have increased.
  - Holston Valley Osteopathic Orthopedic Residency came under the governance of ETSU GME January 2018
    - This is a 2-2-2-2 resident program.
    - The residents’ salary and benefits are paid by Ballad.
    - Ballad pays a stipend for the program director’s time as the program director (has an ETSU part-time appointment)
• Ballad pays salary for the program coordinator (ETSU employee)
• Ballad pays stipend for three assistant program directors and four core faculty (all have ETSU part-time appointments)
• The program moved from pre-accreditation to initial accreditation September 2019
• Currently Ballad and ETSU are planning and creating an ETSU Department of Orthopedics
  o Addiction Medicine Fellowship
    • Initial accreditation October 2019
      • One-year fellowship with two fellows/year to begin July 2020
    • Housed in the Department of Family Medicine at the Johnson City Family Medicine Residency
    • Ballad will cover fellow salary and benefits
    • Portions of the faculty salary covered by Ballad
      • The program director is a fulltime ETSU Family Medicine Faculty
      • The associate program director is a part-time ETSU Psychiatry Faculty
    • Ballad pays salary for the program coordinator (ETSU employee)
  o Ballad agreed to cover salary and benefits for a Family Medicine Resident at the Kingsport Family Medicine Residency beginning July 2018 that was previously covered by the COM
    • Ballad now covers 17 of 18 positions for this residency
    • Discussions ongoing for the final position to be covered by Ballad
  o Ballad Agreed to cover salary and benefits for two extra Pediatric Residents beginning July 2019 that were previously covered by the COM
    • Ballad now covers 21 of 21 positions for this residency
  o Ballad agreed to cover salary and benefits for one OB/GYN resident beginning July 2018 that was previously covered by the COM
    • Ballad now covers 13 of 13 positions for this residency
  o Discussions between Ballad and ETSU ongoing to create new residencies
    • Currently considering Neurology, Urology, and Emergency Medicine

Ballad agreed to increase resident/fellow stipend/benefits by 3% per year for three years beginning July 2018

**Strategic Goal #3**

Implement new processes and initiatives related to central oversight of education and accreditation.
Methods:
- Create a new GME program dashboard or scorecard system for Annual Institutional Review (AIR). 2013 Accomplished.
- Improve central management of program oversight while strengthening the ability to serve as a resource for programs. Ongoing Substantially accomplished and continuing to improve.
- Build new relationships with hospitals in the areas of quality improvement and patient safety plans for greater alignment with resident curricula. 2015 More residents are participating in hospital quality improvement programs. Residency programs have conducted quality improvement programs demonstrating value to the hospitals, e.g. Pediatrics asthma project.
- Michael Ostapchuk, MD, MSEd, assumed the role of Designated Institutional Official and Associate Dean of Graduate Medical Education on November 6, 2017. To address ACGME citations related to the DIO working in collaboration with the Graduate Medical Education Committee (GMEC), changes were made to the structure and function of the GMEC meetings. A restructuring of the GMEC included downsizing the committee from 40 voting members to 19 voting members, all of whom are dedicated to the mission and responsibilities of oversight by the GMEC. The new meeting format follows ACGME Institutional Requirements.
- The sponsoring institution received an ACGME Letter of Notification on March 27, 2018 stating the institution had moved from continued accreditation with warning to continued accreditation. The letter listed one extended citation and two new citations.
- The sponsoring institution received an ACGME Letter of Notification on March 2019 stating the institution continued with ‘Continued Accreditation’ with one extended citation only.
- GMEC Oversight Checklist created December 2017.

Faculty Development

Rationale

In order to provide a vibrant educational atmosphere and encourage and engender high performing faculty, an ongoing program to continuously work to develop the skills and support the career aspirations of each faculty member is required. This process should provide faculty with feedback, support, skills and career development opportunities and insure that all faculty have the requisite skills to effectively educate medical students, residents and faculty and community colleagues.

Strategic Goal #1:

Provide a systematic program of needs assessment and skills development for each faculty member at Quillen regardless of rank or position. The Administrative Council will review the process annually and make recommendations to the dean on the additional leadership, organizational structure and resources required to achieve these goals. This goal has been only partially accomplished. The oversight of Faculty Development has been assigned to the Associate Dean and Chief of Staff. Aspects of faculty professional development are contained within the annual faculty evaluation process that includes dialogue with the Department Chair.

Methods:

1. Provide a college wide consistent approach to all faculty development. After a period of inactivity, the Office of Academic Affairs has begun a monthly faculty development series focused on curriculum and educational methods and theory beginning in April 2017. Faculty development has been incorporated into course director meetings and MSEC meetings. Individual departments have conducted faculty development within their departments.
a. Role: Work with Department Chairs to develop and/or coordinate a specific development plan to ensure that each faculty member has required knowledge and skills to be an effective clinician, educator and/or scholar.

b. Expectations and Methods:
   i. Meet with each faculty annually to:
      1. Review Annual Evaluation Accomplished.
      2. Review Promotions and/or Tenure status Accomplished
      3. Review career and skills development needs Partially accomplished as some departments such as Family Medicine use the annual faculty evaluation process in various form to accomplish this
      4. Develop specific plan to address needs and work successfully toward career advancement The Department of Biomedical Sciences (DBMS) accomplishes this through the annual FAP/FAR/FAE process. The Department of Family Medicine uses a formal supervisory dialogue to accomplish this. Other departments use the annual faculty evaluation process in various form to accomplish this.
   ii. Develop, design and implement a robust program for all new faculty to be sure that they understand: This section been only partially accomplished
      2. Basics of curriculum design Six faculty development sessions address this topic 2017-2019.
      5. Promotions and Tenure Requirements In DBMS New Faculty are made aware of the minimum criteria and progress monitored formally via the annual FAPFARFAE process. One faculty development session on this topic on 2019 from the Office of Academic Affairs with each department offering assistance by reviewing promotion and tenure criteria and progress toward achievement.
      6. Scholarship as part of being a medical school faculty member In DBMS this is formally done via the annual FAPFARFAE process as well in Departments in which scholarly activity is an ACGME requirement such as Family Medicine
      7. Identification of and engagement with mentors In DBMS this is done via the course directors and VC for Education creating a teaching training plan. Research mentors are available from our Research and Mentoring Committee, and though senior collaborators. We recruit in research areas of strength, in part so that we can have strong mentorship available.
   iii. Develop, design and implement a program that prepares junior to mid-career faculty to understand the components of successful career advancement In the Departments of Family Medicine and Biomedical Sciences this has been effectively accomplished through the annual faculty evaluation process and through departmental mentoring and faculty evaluation and the development of a Certificate Faculty Development Fellowship in the Department of Family Medicine
      1. Educational program design and implementation Addressed in MSEC, course/clerkship, and M1/M2 course development meetings. Also addressed in faculty development sessions
      2. Management and Administrative skills education Addressed in course and clerkship director meetings.
      3. Basic financial management instruction Not accomplished
      4. Advocacy and participation with national organizations Not accomplished
5.  Health systems design **Not accomplished**
6.  Developing a portfolio of scholarship **Not accomplished**
7.  Basics of successful research and funding **In DBMS, the chair and others forward NIH and other materials relevant to grant writing. Specific aims meeting are held to provide feedback from senior investigators.**
8.  Specific plans and instruction required for individual career aspirations **Addressed during annual FAP/FAR/FAE evaluation process.**

iv.  Develop, design and implement a program for senior faculty/Quillen leadership to develop skills necessary to be effective managers and leaders **This section has largely not been accomplished**
   1.  Basics of strategic planning
   2.  Advanced financial management
   3.  Giving and receiving feedback as important components of annual evaluations
   4.  Skills for effective advocacy
   5.  Participation and leadership of national organizations

2.  Create a unified, comprehensive faculty evaluation process for the College of Medicine that will be used by all departments for all faculty. **All faculty members participate in an annual evaluation process that has been adopted to the needs of individual departments.**
   a.  Methods:
      i.  Identify the Dean’s key priorities for the evaluation process.
         1.  Promotion and/or Tenure Status
         2.  Individual career development needs
         3.  Comprehensive performance evaluation with predefined metrics. Metrics will be used to assist Chairs in defining/judging the performance of each faculty member and will be used to assist with important performance based decisions/summary evaluations (e.g. promotions recommendations, salary equity adjustments, etc.) **The DBMS evaluation system is based on metrics adapted to rank and percent effort. This is used for the FAPFARFAE.**
      ii.  Identify additional priorities from the Quillen leadership (Associate Deans and Department Chairpersons). 2014
         1.  Define an “FTE”, i.e. expectations of a full time position **Addressed in departmental workload policies.**
         2.  Requirement for physical presence at work **Each department has a departmental workload policy which addresses this issue.**
         3.  Post tenure review process **accomplished through the annual faculty evaluations.**
         4.  Annual prospective, quantitative job description **Accomplished in part through annual Faculty Activity Planning process.**
            a.  Clear expectations (goals, objectives, duties, etc.)
            b.  Time allocated for prep and delivery of didactics
         5.  Measurement of teaching quantity and quality **The DBMS has a guideline for calculating teaching effort that includes prep time per lecture.** Peer review of teaching is a required component of faculty teaching efforts with the creation of a Peer Review of Teaching form. The documents are submitted and reviewed in real time and during the annual evaluation process
         6.  Track lectures/session given to teaching
         7.  Include student evaluations with less emphasis on “popularity” **Student evaluations of courses and faculty are regularly and systematically assessed. These results are provided to faculty members, course/clerkship directors, and chairs.**
8. Measurement of clinical productivity *Measured through MEAC monthly reports which are reported to chairs and faculty members*
   a. Must include objective quantification of productivity (e.g. # of patients per session, RVU, etc.) *Reported as charges, collections, and RVUs.*
9. A particular score should not equal an automatic merit increase
   a. Must include Chair’s opinion/summary of performance *The chair’s summary of performance by faculty members is included in the evaluation process.*
   b. Must include evaluation of professionalism *This is not included in most faculty evaluations.*
   c. Respectful interactions, documentation up to date, etc. *This is not included in most faculty evaluations.*
10. Research/Scholarship
   a. Define expectations – should all faculty have some scholarly expectations? *Defined in departmental promotion and tenure guidelines*
   b. Regional, state, national meeting presentations
   c. Abstracts with residents/students

   iii. Establish a Task Force to design a comprehensive evaluation process that includes the priorities identified by the Quillen Dean and other leaders. *Not accomplished.*

**Strategic Goal #2**

Methods:
- Perform a needs assessment of the COM leadership group (Associate Deans and Department Chairs). *Not accomplished; however this has responsibility has been reassigned to the Associate Dean and Chief of Staff*
- Determine training needs and structure programs as defined by the needs assessment. *Not accomplished. see above*
- Leadership will participate in active succession planning. Ongoing Given lack of defined terms for many administrative positions, vacancies are difficult to anticipate. *Involvement of potential future leaders in lower level leadership responsibilities and involving them in relevant committee work begins the process of preparing for future leadership. Additionally the dean, chairs, and associate deans mentor appropriate candidates for future leadership roles. Participation in professional development meetings also facilitates this process.*
- Provide leadership skills development to junior leaders in the organization to prepare them for leadership roles. Ongoing *See above.*
- Provide structured feedback on a regular basis in order to develop people, skills and programs.
  - Annual Evaluations with the Dean. *The dean evaluates each chair annually*
  - 4 Year Summary Evaluation.
    - A formal Chair and Program Review Committee appointed by the Dean *The dean completes periodic review of administrators on a regularly schedule. Program Review Committees have not been appointed on a regular basis.*
      - COM leaders
      - COM faculty
      - External reviewer in discipline of the Chair being reviewed
      - Formal report to the Dean
- Parameters to be reviewed:
  - Annual Dean evaluations
  - Formal written report by Chair
  - Feedback from department faculty
  - Faculty progress
• Departmental progress

Strategic Goal #3

Recruit and retain a diverse faculty, which will bring a wide range of perspectives to the academic discourse of Quillen. **Ongoing**

Methods:

- Define the domains of diversity by which the faculty will be measured. 2011 *These are established in the diversity policy. A new Diversity and Inclusion policy defining these domains was approved July 2018.*
- Coordinate all faculty searches through the University Office of Diversity. University Policy *This is consistently accomplished*
- The Diversity Council will produce an annual report on diversity activities and effectiveness. *The Diversity Council regularly reviews activities but has not issued any reports to date.*
  - Through the report, the Diversity Council will advise the dean of leadership and resource requirements for effective ongoing diversity development in Quillen. **The dean meets with the Diversity Council two time per year to review diversity development; the Dean has assigned oversight of COM Diversity and Inclusion to the Associate Dean and Chief of Staff and works collaboratively with the Diversity Council and the ETSU Office of Diversity and Inclusion**
  - Provide consistent guidance of all faculty search committees on diversity policy. **The Diversity Council has Been involved in the faculty searches for the Chair of the Department of OB/Gyn and the Associate Dean for Research and Graduate Programs; the process to continue the involvement is being further developed within the Diversity Council with additional recommendations to the Dean to follow**
  - Monitor effectiveness through ongoing collection of data on faculty diversity to include, but not be limited to, national origin, race, and institution where terminal degree was achieved, socio-economic and educational environment through secondary school. **The data reviewed is evolving based on the new categories. The percentage of women faculty members and members of senior leadership has gradually increased.**
  - Conduct ongoing educational programs on diversity for the COM. **Faculty development programs have addressed implicit bias**
Strategic Goal #4

Provide community faculty with the training, skills development, and feedback needed to assure that all community rotations have instructors who possess requisite educational skills. Ongoing

Methods:

- Rigorously evaluate the credentials of all potential community faculty. Credentials of volunteer faculty are reviewed by department chairs before faculty appointments are made.
- Perform regular needs assessments of community faculty teaching abilities with multiple methodologies. **Students complete evaluations of volunteer faculty teaching ability.**
- Provide all new community faculty with basic instruction in teaching and education and consider developing a certification process for community faculty. **Partially accomplished – community faculty receive instruction on learning objectives, expectation of students, and student assessment.**
- Regularly recognize outstanding community faculty. **Not accomplished.**

Research

Strategic Goal #1

Create an administrative infrastructure that facilitates the educational requirements of and research collaboration across the basic science enterprise.

Methods:

- Merge all Basic Science Departments into the Department of Biomedical Sciences. **Completed.** The merger of the departments officially occurred on March 15, 2012. During 2012, the administrative and support staffing of the department was realigned and reassigned to support the new centralized nature of services provided by the department, including course direction, human resources, time keeping, seminar series, gift program, grant and state accounting, grant submission, core facilities, ordering, travel and regulatory/compliance. In addition, departmental accounting was overhauled, aligning expenditures with income sources and creating cost centers for all department operations. Departmentally-supported research staff members were realigned to work with faculty based on research productivity and grant submissions. The department established a centralized departmental website and established a monthly departmental newsletter. Four committees were formed to govern the department, including Promotion and Tenure, Faculty Recruitment, Seminar, and Research and Mentoring Committees. New and necessary departmental policies and programs were implemented including Biomedical Sciences Faculty Meeting Policy, Policy on Non-Compensated Adjunct Faculty Appointments, Policy on Leave Payout for Grant Funded Staff, Faculty Leave Policy, Bridge Funding Policy, and a Mentor-Mentee Collaborative Grant Program. A preclinical course directors luncheon was initiated and support for course directors was reviewed and accounting procedures for tracking costs were adopted to allow for future budgeting that could respond to changing needs for courses.
- Recruit a new Chairperson for this department. **Completed In 2013, a search was conducted for a permanent chair and in January of 2014, a new chair of the merged department joined the college.**
- Reorganize current basic science faculty, staff and students into effective units. **Completed.**
- Create appropriate evaluation methods for basic science faculty performance and development needs. **Completed.** **The DBMS evaluation system for the FAE contains measurable expectations**
- Create required organizational functions to support this department. **Completed.**
**Strategic Goal #2**

Transition the research focus to become center and disease based, and advise the dean on the leadership and infrastructure requirements for meeting these goals. *In 2014, a new Center of Excellence for Inflammation, Infectious Disease, and Immunity was created. The Center serves as an integrated and synergistic environment for basic, applied and translational research that is focused on the development of new and novel approaches to the understanding, diagnosis and treatment of human diseases.* Furthermore, *the DBMS chair has worked to create the functional equivalent of centers in the disciplines of Neuroscience, Immunology, Cardiovascular, Microbiology, and Cancer within the DBMS.*

**Methods:**

- Evaluate the feasibility of establishing the position of Associate Dean for Research in the COM with emphasis on working with other Health Science research administrations to facilitate multidisciplinary and/or interdisciplinary collaboration between the colleges in the Health Sciences and other colleges in ETSU. *A Senior Advisor to the Dean for Research was appointed was appointed in 2014. An offer for an Associate Dean for Research and Graduate Programs was made in October 2019.*

- Develop effective interprofessional, multidisciplinary and translational approaches to biomedical research. Ongoing *Since inflammation is involved in many different illnesses, including psychiatric and neurological disorders, the Center of Excellence for Inflammation, Infectious Disease, and Immunity has served to stimulate inter-professional and multi-disciplinary approaches to biomedical research. Other endeavors currently underway, that includes many College of Medicine faculty members, is multidisciplinary translational research on neonatal abstinence syndrome and treatment of opiate dependence, led by the Center for Prescription Drug Abuse/Misuse in the College of Public Health.*

- Leverage our human, infrastructure, and other resources to maximally increase our competitiveness for research funding. Ongoing *The DBMS has established a competent grants management team to support submissions, and has leveraged Faculty expertise to provide feedback to Faculty who wish to submit grants during specific aims meetings and by reviewing grants. The DBMS is investing in Core Facilities to improve infrastructure. The DBMS has an external seminar program with leading scientists in various research areas who are likely to sit on Study Sections. This exposure/advertisement greatly improves the perception about our research environment at Quillen. It also often helps to establish collaborations with leading investigators, leading to more competitive grants.*

- Transition the current COM disciplinary organization of research to a center/disease based organization with an emphasis on interdisciplinary and translational research. *The DBMS is recruiting faculty with research expertise and focus in one of four areas: neuroscience, cancer research, immunology/infectious disease, and cardiovascular research. New faculty members have been recruited in neuroscience, cancer, and cardiovascular/immunology research.*
Strategic Goal #3

Implement a comprehensive faculty recruitment plan that will replace retiring basic science faculty, produce the next generation of academic leaders and will increase retention of current faculty at Quillen.

Methods:
- Establish research focus areas. As noted above, the DBMS is recruiting new faculty that have research expertise and focus in one of four areas: neuroscience, cancer research, immunology/infectious disease, and cardiovascular research.
- Define criteria, resource allocation and resource requirements for Research Centers and advise dean on implementation of research centers. One center has been created as noted above with an additional four centers identified for potential development based on faculty expertise.
- Define faculty staffing priorities for basic science faculty including educational needs and faculty needs for focus areas and Research Centers. Educational needs of the DBMS been assessed and faculty that can effectively cover the spectrum of basic science education for medical students are being recruited.
- Identify critical functions of retiring faculty and advise on national trends in developing a recruitment plan. Course directors, the Executive Associate Dean for Academic and Faculty Affairs, and Dean communicate with the DBMS chair regarding anticipated recruitment needs to fulfill the educational mission.
- Over the next 5 years recruit faculty into research focus areas that are consistent with the development of research centers. Additional research centers had been identified but no further progress was made awaiting the recruitment of an Associate Dean for Research and Graduate Programs with an offer made October 2019.

Strategic Goal #4

Establish sustainable undergraduate, graduate, and clinical post-graduate research opportunities in the COM. Ongoing The DBMS is accomplishing this through recruitment of successful researchers who are building up their labs, and including these students in their grants, e.g., undergrads in NIH R15s. The DBMS has been a strong proponent and financial supporter of the medical student summer research program. This responsibility will fall to the Associate Dean for Research and Graduate Programs with the offer in October 2019.

Methods:
- Secure funding sources to support stipends that guarantee long-term student participation in research and provide ACGME mandated research experiences for clinical post-graduate training. Ongoing
- Perform a review of the Biomedical Sciences graduate program consistent with the leadership reviews described under Faculty Development Strategic Goal #2. Completed in 2016. This responsibility will fall to the Associate Dean for Research and Graduate Programs with the offer in October 2019.
- Evaluate and recommend on the feasibility of an M.D./Ph.D. program in the COM. 2017 No longer identified as a priority.

Clinical Practice, Education and Research

Strategic Goal #1

Leverage our participation in health care reform initiatives to grow the financial viability of our clinical services. Ongoing
Methods:
- Aggressively pursue excellence in the “Triple Aim” paradigm. Each clinic is working towards improving the patient experience, improving quality and reducing cost.
  - Improved Patient Experience Ongoing
    - Coach Administrators in the concept of “Improved Patient Experience” and meet regularly to promote dialogue and discuss progress. Being actively addressed in the Dyad Committee for Clinical Practices that was established in January 2019 (Dyad Committee consists of Department Chairs, Clinical Coordinators, the CMO, CFO, COO, and the Dean)
    - Promote a consistent approach to patient interactions across the organization that supports outstanding customer service. See above
    - Measure patient satisfaction and work to improve scores. Utilize positive outliers to assist negative outliers with improvement of their patient service. Patient satisfaction scores are being measured and reported to clinic administrators, department chairs, and individual physicians; continues to be addressed within the Dyad Committee
    - Work to eliminate individual clinic variations so that a consistent, identifiable product is produced by all Quillen clinics. See above
  - Quality Care for Patients Ongoing
    - Continue to enhance the current Electronic Health Record platform to facilitate acquisition of quality data for all providers. Allscripts has been effectively integrated into the clinical practice and is providing quality data. Continued interaction with MEAC EHR trainers and updating of the EHR product are ongoing events. Allscripts continues to be reevaluated and EPIC is currently being examined as a possible alternative in light of possible hospital mergers.
    - Join an Accountable Care Organization that assists with the collection of quality data and is committed to improving quality. ETSU Physicians and Associates joined the Anew Care ACO in 2014. This partnership did not prove to be effective and in 2016 ACO membership was moved to Qualuable. Subsequently this arrangement also was ineffective and ETSU Physicians and Associates will join a Ballad ACO January 2020.
    - Work with providers to create quality metrics based on evidence based protocols and best practices. Metrics developed by third party payers and the ACO are being utilized.
    - Assist providers with the skills needed to practice in an environment that promotes teamwork and best practices. Teamwork and best practices are discussed in team meetings. Daily huddles have been implemented within clinical care teams. Nurse practitioners, pharmacists, social workers, psychologists, patient educators, and case managers are integrated into various clinical teams. The Departments of Family Medicine and Pediatrics have fully integrated interprofessional clinical teams with this method of clinical care delivery being explored in other clinical areas. High Risk Obstetrics uses interprofessional clinical care approach to those receiving Medication Assisted Treatment during pregnancy within their clinic.
    - Embrace and implement the principles of the Patient Centered Medical Home across the enterprise. Some clinics have achieved certification as Patient Centered Medical Homes. Others are beginning the process.
  - Lower the Cost of Care Ongoing
    - Examine and standardize workflows across the clinical enterprise. This not only improves the patient experience; it also eliminates costly variations in care. Being addressed in the Dyad Committee
    - Eliminate compartmentalization of clinics and practices to facilitate the flow of patient information throughout the organization while maintaining patient confidentiality. The incorporation of a single EHR has facilitated patient
communication by allowing appropriate access by primary physicians and consultants within ETSU Health. The Dyad Committee is continuing to address

- Follow cost metrics for each practice and each individual in the clinical enterprise. Use these metrics, along with the quality metrics, measure provider performance, provide feedback and create expectations to which each provider will be held accountable. Individual and practice quality metrics are distributed to individual faculty in the Department of Family Medicine; however no cost data is given; expectations to this point are to meet goals as defined by third party payers.

**Strategic Goal #2**

Create a culture of transparency and equity in the clinical enterprise as it pertains to the allocation of resources across the college of medicine. Ongoing

Methods:

- Work with COM leadership to:
  - Create a common culture of collaboration and consistency across the organization. This will require a process whereby how our decisions are made significantly change. We will need to navigate from a culture where each Chair makes decisions based on what is best for their department in isolation to a culture where many of those decisions will need to be made by the leadership group based on what is best for the organization in support of the Mission. Departments have some autonomy to make decisions based on departmental interests and needs; however, the Dean is informed of key decisions during monthly meetings with each department chair to review alignment with the COM mission. Some decisions necessarily have been made from larger institutional perspectives, e.g. EHR decisions, ACO membership.
  - Eliminate unnecessary variations in financial management between departments/clinical units. Each department creates and submits a budget that is reviewed by the Dean and approved by the Board of Directors.
  - Standardize compensation models/policies across the organization and clearly, consistently and repetitively communicate these to all faculty. The goal is to align compensation models to meet the mission of the COM.
  - Continuously evaluate the faculty compensation plan as to how it facilitates and incents the needs of the organization as well as the needs of the faculty. This will require periodic structured feedback from all faculty. At least two different compensation committees have been convened and felt no changes were needed.
  - Engage a consultant in evaluating the current faculty compensation plan and recommend changes. Establish a committee empowered to make changes in the current faculty compensation model based on consultant, faculty and leadership input. No consultant was engaged due to the committee recommendation that no changes were needed.

**Strategic Goal #3**

Provide outstanding educational experiences to all learners who utilize our clinical practices for their education and training. Ongoing

Methods:

- Create a Sub-committee for Clinical Education within the structure of MEAC. 2014 The role of this group will be to:
  - Create methods for learners to provide feedback to each unit as to how effectively the clinical structure facilitates learning. Not accomplished.
o Create and implement a coordinated program for residents and medical students to learn about health care reform, practice management and quality improvement. In addition, topics such as population health management and value versus volume based payments for services need to be included. **Elements of this have been accomplished in isolation but a coordinated program for residents and medical students has not been achieved. Medical students learn about health care reform (Profession of Medicine/Doctoring 1 course), Quality Improvement (Practice of Medicine/Doctoring 1 course), and population health (Community Medicine Clerkship). These elements are addressed in various places within the different residency curricula.**

o Facilitate the integration into our clinical practices of the learning and graduation objectives created by MSEC. **Not accomplished.**

o Standardize the educational experiences across our clinical enterprise. **Not accomplished.**

o Regularly discuss the educational implications and impact of decisions made by the MEAC Board of Directors. **Ongoing**

**Strategic Goal #4**

Integrate clinical research into our network of clinical practice. **Ongoing** This occurs only sporadically and is not integrated across the clinical practice; this will be one of the responsibilities of the new Associate Dean for Research and Graduate Programs as will the methods listed below.

Methods:

- Create a Clinical Research Center to apply for, coordinate and maintain grants and other clinical research opportunities.
- Integrate the Centers created by the research strategic plan into the clinical enterprise. **Only one actual center exists. It is integrated into the clinical enterprise, e.g. infectious diseases.**
- Make discussion of clinical research programs a regular part of all Board of Directors meetings.