VANDERBILT UNIVERSITY
SCHOOL OF MEDICINE
STRATEGIC PLAN

1985 - 1995

Written During the Summer of 1985
MISSION STATEMENT

The mission of the Vanderbilt University School of Medicine is threefold:

To educate physicians in the art and science of medicine.

To conduct research both as an educational experience and a search for new knowledge.

To provide exemplary patient care in a teaching environment and for modeling of health care delivery systems

Vanderbilt University School of Medicine is an integral part of the University, and, as such, is a community of scholars devoted to the acquisition and dissemination of knowledge. The primary mission of every school is to teach, and our mission is to educate physicians at all levels of their professional experience: undergraduate medical education; postgraduate medical education, including basic science and clinical experience; and continuing medical education, in both formal and informal settings. Education is a life-long experience, and we seek to provide our students with the attitudes and background, based on sound biomedical science, to continue their education. We seek to provide every medical student with access to examples of the highest standards of biomedical investigation and clinical practice in as many areas of medicine as is feasible within the limits of a four-year course of study. The desired end is a graduate who has been challenged and stimulated by the best there is to offer in all branches of medicine. Then, and only then, will we have provided potential physicians with the knowledge necessary to select careers most appropriate to their interests and talents which then can be applied to the benefit of society in general.

In addition to teaching, the faculty of the medical school has an additional and overlapping role as a part of a university in the generation
of new knowledge through research of the highest quality. Inculcation of the spirit of inquiry in students requires exposure to an inquiring faculty. Research should encompass both basic scientific questions and clinical problems, and those related to the health care system itself. The rigor of inquiry should be equal in all areas of problem solving, and scientific excellence should be the guiding principle of its execution.

Within the modern academic health center, a symbiotic relationship exists between the clinical program (hospital) and the educational program (school of medicine). This relationship includes the three major thrusts of the modern academic health center -- service, research, and education. The Medical School and the Medical Center Hospital have a coequal responsibility in integrating their separate efforts into a mutually supportive program in the several goals and priorities emanating from each in a realistic and responsible relationship. The clinical facility also provides the faculty with a laboratory setting for clinical research. The initiation of model programs of health care delivery, at primary, secondary, and tertiary levels, is consistent with our responsibility toward community service in the widest context.

Faculty members also have a responsibility as role models for young physicians. The teaching and practice of exemplary patient care at all levels will assure our participation in the provision of the highest qualified physicians of the future.

The strength of Vanderbilt University School of Medicine lies in its highly qualified and carefully selected students, its distinguished faculty in both basic and clinical sciences, and its close relationships with programs of the Graduate School. Only the preservation by an enlightened administration of the important ability for close physical and
intellectual contact between students and faculty, and between faculty members of widely disparate disciplines within the University, will assure that the mission of the Medical School will be fulfilled.

GENERAL ASSUMPTIONS

To implement its mission and develop a complementary strategic plan, Vanderbilt Medical School must look toward the future. Although the future cannot be predicted with certainty, several general assumptions can be proposed that can provide direction in leading the way toward planned effort, development, and purposeful outcomes. The following major assumptions are proposed for Vanderbilt Medical School's consideration.

1. The national pool of highly qualified medical school applicants will shrink, while the number of medical school places nationally will be reduced slightly but remain high. This, coupled with increased tuition, will make it more difficult for Vanderbilt Medical School to attract an adequate pool of outstanding applicants.

2. The disparity in state vs. private tuition will remain wide.

3. Both basic and clinical biomedical research are integral to all educational programs of the School.

4. Federal funding for biomedical research will become more competitive and less available.

5. Graduate (house officer) medical education programs, through which substantial undergraduate medical teaching is provided, will continue to be primarily hospital based and specialty focused. Experience will be expanded to less acute facilities (skilled nursing facilities, surgicenters, rehabilitation facilities, etc.)

6. The provision and supervision of high quality, humane, direct patient care is a necessary responsibility of the full-time and volunteer faculty of the School of Medicine; it is integral to the educational and research programs of the School.

7. Since patient service is an integral part of the basic educational and research programs of the School of Medicine, accomplishment of the mission of the School is dependent
on the success of the missions of its major affiliated hospitals.

8. University Hospital, Nashville General Hospital, Saint Thomas, and the Veterans Administration Hospital will continue to be the major hospital affiliates of the School of Medicine, and a dominant share of the full-time faculty will continue to be based at these institutions. Other affiliations may also be important to our programs.

9. There will be continuing pressure from government, insurers, and employers to contain the cost of patient care. Less "cost-shifting" will be possible for our teaching hospitals as third-party payers continue to isolate the costs of indigent care, medical education, and other non-recoverable costs such as amounts greater than prospective payment ceilings and subsidies for research.

10. Service to the community (including patient service) and research can be accomplished in ways that enhance, not diminish, the School's educational goals.

11. The School of Medicine, as a major component of Vanderbilt University will strengthen its ties with other schools of the University and encourage collaboration among the faculty.

LOCAL ISSUES AND CIRCUMSTANCES

After considering general assumptions about the future, Vanderbilt Medical School must analyze and respond to several current and impending issues and circumstances that require daily attention. These issues and circumstances exist at both national and local levels. The following lists of local and national issues and considerations directly influence the operation of the Medical School.

A. National Issues and Circumstances

1. Competition - contract medicine - new arrangements
2. "Oversupply" of physicians
3. Status of financial aid and economic status of students in the private medical school/biomedical science setting
4. Maldistribution by specialty and geography
5. Marketing -- entrepreneurial medicine
6. Decreasing number of "teaching beds" with oversupply of "general" beds
7. Residency selection -- increased competition for few places and circumstances of the Match/post-graduate medicine
8. Physician/hospital relationships
9. Status of the Match
10. Financing of graduate medical education
11. Status of training grants/center grants
12. Status of M.D./Ph.D. programs/post-doctoral fellowships
13. Academic medicine -- developing future faculty
14. Affiliation responsibilities and opportunities
15. Funding of research -- current, projected
16. Diagnostic Related Groups -- funding of graduate medical education and undergraduate medical education/faculty funding/institutional funding
17. Effects of alternative health care delivery systems
18. Investor-owned academic hospitals and investor-owned relationships
19. Continuing medical education/program/economics
20. Relicensure, recertification and the medical center
21. Declining pool of applicants for medical/biomedical sciences
22. General Professional Education of the Physician -- ambulatory care setting -- implications for Vanderbilt

B. Local Issues and Circumstances

1. General Professional Education of the Physician -- curriculum modification
2. Funding of research
3. Funding of undergraduate medical education
4. Funding of graduate medical education
5. Diagnostic Related Groups
6. Maintaining adequate teaching beds -- number and type
7. Maintaining affiliations
8. Graduate medical education counseling
9. Space -- assignment/management/development
10. Interacting/developing alternative health care delivery systems -- ambulatory care, Health Maintenance Organizations, Preferred Provider Organizations, Individual Physician Associations
11. Academic medicine -- developing future faculty
12. Maintain and develop M.D./Ph.D. program
13. Future of tertiary care and the development of specialists
14. Continuing medical education
15. Class size -- oversupply of physicians?
16. Competition -- contract medicine
17. Marketing -- entrepreneurial medicine
18. Physician/hospital relationships
19. Environment in which medicine is practiced -- interactions
20. New facilities -- development/expansion
21. Development of new health services
22. Faculty development in current and projected circumstances
23. Budget development and enhancement
24. Public relations development (local, regional, national)
25. Appointments, promotions, tenure (faculty evaluation)
26. Malpractice -- costs -- relationships to a medical school
27. Vertical and horizontal case mix development
28. Student evaluation  
29. Student counseling  
30. Governance structure of a school in a center, in a university  
31. Chair vacancies and future development  
32. Financial development -- gifts, contributions, solicitations  
33. Computers in medical education  
34. Development of a learning resource center  
35. Minority medical education  
36. Admissions process -- student qualifications  
37. Financial aid -- status, external/internal sources  
38. Faculty status (promotions, appointments) and tenure focus on research/teaching, research/service, or teaching/service  

ORGANIZATIONAL OPERATING ENVIRONMENT  

The next logical step in developing a strategic plan is to present and analyze the current operating environment of the organization (Medical School). The operating environment includes the organizational and administrative structure, rules and procedures, constituent governance, and the general context or vehicle used to accomplish goals and objectives emanating from the School's mission statement.  

The medical school is a member of the university community and as such is a community of scholars devoted to the acquisition and dissemination of knowledge in the area of Biomedical Science and its application in practice. The long-term success of the Vanderbilt University School of Medicine has been attributable to the unique ability to maintain and to develop these basic aspects of a medical school in research, in service, and in education. At present, the department continues to be the primary functional unit of the School of Medicine though departments look to school administration for leadership and accordingly the School looks to the Medical Center and to the University for guidance. The cohesion of the School has been maintained by the fact that the faculty is committed to the unitary concept of education and in its divergent base which includes: education in discovery or research; education in its dissemination or
of two thrusts, rather than two medical schools of differing thrusts. There are clinical sciences and there are sciences basic to clinical action. They differ in thrust but are not separate. The close intellectual relationship of the school, its departments and centers within the medical school and within the university should be maintained and enhanced.

New programs, additions, or modifications must not be at the expense of the above stated standards. We build on strength and fill our essential programs. This implies that such new initiatives should be considered only in the framework of quality with input consensus from the faculty, administration, and students at both the planning and implementing stages. An opportunity for a medical program is not sufficient cause to initiate a program. This implies that individuals will understand direction and purpose of quality effort and will have a part in shaping that insofar as commentary and reporting are concerned. It should be recognized that medical schools are now sufficiently complex and sufficiently integrated with various societal and institutional levels that it is neither feasible nor advisable that institutional policy be derived by a general "vote" of the faculty in most matters. A diverse faculty rarely speaks with that singular voice which provides a cohesive policy base in quality effort in all essential areas. However, the institution must conscientiously seek the views of the faculty, students, and administration for the purpose of generating general understanding and support for policies and actions. The institution must act expeditiously but with a view toward high quality in matters affecting programs such that understanding is optimized and subsequent support is enhanced. This differs substantially from the institution of the 1950's, '60's, and early '70's where an institutional change of circumstances took place only very slowly and with what has become known as "diverse consensus".
Institutional pressures have increased with respect to the explosion of medical knowledge and requirements for proper physical facilities necessary for exemplary clinical care. Space is a limiting factor in the development of basic research and education. The former will require reassessment of the curriculum on a continuing basis and improved communication among faculty, and between faculty and the administration, with students always consulted and informed. This implies that the planning of facilities must not only include appropriate patient care areas but must be linked simultaneously with space for academic activities of the faculty and students.

The curriculum must be sufficiently flexible to afford individual initiative and sufficiently structured to implement performance standards that assure quality and ability in the institution’s graduates thereby carrying out the public trust. Evaluation and accountability will become more prominent in all areas of activity.

Societal pressures have increased with respect to the delivery of health care and access to health care, professional qualifications and the number of those in educational programs and in traineeships and related efforts, i.e., the fellowship. Regarding the former, the role of the general primary care physician, physician aids, paramedical personnel, nurse practitioners, and other types of health care providers can be expected to flourish or flounder based upon their meeting a need effectively (or otherwise) and their ability to reflect their activities in meeting societal needs. It is axiomatic that the country will still require physicians well trained in a rigorous scientific approach to medicine. What one does not understand one can hardly apply effectively. There will be a repository (not sanctuary) for those individuals developed to the fullest from the standpoint of the scientific approach, both as to
understanding and application as they relate to the art and science of clinical practice as well as to the art and science of those areas of understanding basic to medicine. The success of the Vanderbilt Medical School may in the future in large measure be based upon how effectively these various forces are dealt with from a standpoint of the support and action of the faculty. Considerable faculty initiative and understanding of institutional goals will be required in order for these goals to be achieved. As regards the professional qualifications of physicians and the number of students to be educated, it is critical that quality take precedence over quantity in all such plans at Vanderbilt. If the education of generalists is to be undertaken this should be with the same high regard for the scientific basis for the practice of medicine as with other physicians educated in this environment and within the framework of existing departments.

In summary, the major goals of the Medical School as an organization are to maintain a rigorous scientific approach to biomedical research and clinical practice and to the teaching of these matters within the Medical School and to maintain an environment in which a rigorous approach to biomedical research, clinical exposition of the science of medicine, and humane demonstration of its application to patient care will continue to flourish and be enhanced. Within these goals, the following general priorities guide the Medical School's development.

1. The student in the process of learning is the primary emphasis of the school, including the school's environment of scholarship, i.e., discovery and service.

2. Exemplary patient care and discovery are essential ingredients to the element of learning and need constant attention as a priority.

3. Identify means wherein the faculty feel related and informed regarding the process of problem resolution together with plans for alternatives for action as a school within the Medical Center organizational complex.
4. Commentary from students must be a part of the major decision process regarding circumstances in which they and their learning are affected.

5. Departmental functioning as an extension of the Executive Faculty and Executive Administration of the school must be enhanced with firmer responsibilities felt and firmer action provided including evaluative efforts.

6. Balance between the service, education, and research points of emphasis must be maintained and constantly monitored and understood by the school community.

OPERATIONAL OBJECTIVES

With the establishment of a mission statement, assumptions about the future of medical education, an analysis of immediate or impending national and local issues and circumstances, and an analysis of the current operational environment of the organization, the natural order leads to operational objectives. These objectives need to written in a way that accomplishment is realistic and timely and that outcomes can be identified, measured, and evaluated. The following lists of objectives are presented by purpose and/or organizational sub-unit.

A. Objectives of the Organization (School)

1. To maintain high academic standards with a reaffirmation of the physician, specialist, scientist, educator, as the foundation of the informed effort.

2. To enhance the ability of students to cope with the expanding knowledge by curricular modifications which include adequate time for courses, stringent assessment of elective courses, development of more jointly taught and integrated courses, and finally the development of the concept and habit of continuing education as a part of the daily life of every physician-in-training.

3. To provide to medical students exemplary clinical role models by considering and emphasizing clinical and teaching skills as important factors in the selection of new faculty and rewarding these skills in appropriate professional and financial ways including the promotion to tenure.
4. To provide an appropriate clinical teaching environment in which work can be productive.

5. To provide students with access to superior examples of primary health care delivery built upon and monitored as common parts of a unified clinical teaching program. With respect to formal training programs in primary and specialty practice and similar disciplines a variety of approaches can be successful depending upon local circumstances, funding measures, and practice arrangements.

B. Medical Education Objectives

1. Offer a curriculum which provides a broad knowledge of medicine to all students and which allows development of individual and elective interests within that framework.

2. Continue to develop the concept of an evaluation program for medical students rather than only a "grade".

3. Couple and continue the evaluation of curriculum with the evaluation of faculty and the evaluation of program and students. Relate insofar as possible the postgraduate placement of medical student to the postgraduate and undergraduate performance of students.

4. Development of a departmental and institutional program of screening to identify strengths and weaknesses in the curriculum. Provide from this an institutional profile on an every three year cycle.

5. To develop and institute a system for periodic review of all elective and regular courses offered in the medical school.

6. To complete a review of course content of the required curriculum in the medical school with cross indexing of emphasis points.

7. To expand the presently available methods of information transfer and self-instruction for medical students and practicing physicians (initial and continuing education as a continuum).

8. To examine the role of the medical school in health education of the public and define Vanderbilt Medical School's objectives in the health education of the public (broadened continuing education).

9. To draw up and define the educational relationship between the various hospitals and Vanderbilt Medical School, particularly the Nashville General Hospital, Saint Thomas Hospital, and the Veteran's Administration Hospital. Is there a
natural emphasis in education for each of our affiliated hospitals as well as the more general common emphasis.

10. Establish a program of consumer student acceptability and feasibility in the curriculum. If possible, develop an index in this regard which can be followed over the several years of review.

11. Evaluate the present status and future directions of the student advisory system at Vanderbilt and nationally.

12. Evaluate the present function and future programs for the Office of Student Affairs, Office of Student Services, and Office of Educational Operations.

13. Develop an ongoing program in constant and continuous preparation for the accreditation/evaluation process of the school.

14. Develop a program to introduce and enhance the regular participation in continuing medical education of all levels of the medical community related to the school.

15. Link continuing medical education to undergraduate programs in medical education such that students learn early regarding personal responsibility in this regard.

16. Develop acceptable education based off quarter programs for students which are within our financial means, and which can be evaluated as to end result and impact.

17. Develop basic responsibility for curriculum in matters of school, departmental, and student responsibility. Cost account these activities.

18. Identify the relationship between funds spent and educational programs offered.

19. To develop a program of academic excellence and innovation which can be measured and followed.

20. To encourage a heterogenous student body with appropriate attention to today's social needs, with equality of opportunity for all applicants and without compromise of standards of excellence.

21. To train individuals in the biomedical sciences and the application of this knowledge to clinical medicine.

22. To develop the student's ability for critical review and decision making skills based on the principles of biomedical and behavioral sciences.
23. To develop and promote, in students, an excellence of clinical skills measurable and critically reviewed.


25. To provide appropriate counseling and coursework to assist in the transition from medical student to physician.

26. To promote awareness of social issues relevant to medicine, i.e., medical ethics, economics.

27. To develop, train, and educate physicians who will provide high quality medical care to patients, and who are compassionate, caring, knowledgeable, and sensitive to individual and societal needs.

28. To foster an attitude of continued self-learning, self-assessment, and independent education for its faculty and staff.

C. Service and Patient Care Objectives (In Conjunction With the Health Care Facility)

1. To improve the facility and system for ambulatory health care delivery in the medical school's sphere of influence and responsibility.

2. To provide leadership for and participate in the regionalization of maternal and child care in the greater Nashville area.

3. To develop written descriptions of activities, attitudes, and accomplishments to be used in determining competence for excellence in research, teaching, and service function for the appointment and promotion to tenure positions of the Vanderbilt faculty.

4. To define criteria for appointment and promotion to the part-time clinical faculty of the medical school, and full-time faculty.

5. To improve administration-faculty communication and participation of faculty in the planning and decision processes for which the Medical School is responsible.

6. To publish a loose leaf manual leading to a more definitive publication describing information flow, decision points and other administrative mechanisms and responsibilities in the Medical School.

7. To establish and iterate a philosophy of medical school-government relationships as part of the university government's and center government's programs and efforts.
8. To develop a handbook identifying areas of both issue and information important to faculty understanding and full participation in the program of research, service, and education at Vanderbilt.

9. Link patient care with education and research priorities in tangibly visible ways in conjunction with the health care facility.

10. Integrate Vanderbilt Professional Practice Program (VPPP) with school programs and priorities in conjunction with the VPPP and office of the Vice-Chancellor for Health Affairs.

11. Develop equitable relationships between VPPP income and research income as they relate jointly to the school and its expenses and objectives.

12. Demonstrate the various presently used, recommended and experimental means of health care access to students.

13. Provide information on medical economics and make it broadly available to medical students together with other local and national issues in health care.

14. Demonstrate the positive aspects of preventive care in health of the physician.

15. Demonstrate continuity of care, refer all practices and programs for care in relationship to primary care, secondary care, and tertiary care.

16. In conjunction with the health care facility, demonstrate care of patients — what is primary care, secondary care, and tertiary care. Define the difference between them and focus upon the differences and similarities between internal medicine, general internal medicine, family medicine, and primary care.

17. Identify means whereby students may have active access to the several areas of emphasis in medical practice as a prototype precept experience.

D. **Research Objectives -- A Special Note**

Research objectives must be held in high regard in any faculty for the advancement of knowledge is basic to knowledge itself and its application. What one does not understand one can hardly apply or teach. Accordingly, it is proposed to maintain and enhance the excellence of the investigative pursuits of the institution, it will be necessary to provide better mechanisms for monitoring these efforts and to reward efforts in ways significant to both the individual and the institution.
E. Biomedical Research Program Objectives

1. To establish an "investment" in faculty initiative funds to be used for improving the research sources for programs at the Vanderbilt School of Medicine.

2. To develop a faculty institutional prospective regarding present and projected research emphasis at the Vanderbilt Medical School with reference to quality, scope, and depth in specific areas of biomedical and clinical research.

3. To promote communication between faculty and administration both in school and university. A greater exchange of ideas between faculty and administration is deemed desirable and essential.

4. Enhance the development of centers through the development of necessary central or core space.

5. Organize the program of grants management so as to be predictive as well as status dependent in its reporting.

6. Chart on a quarterly basis our status in relationship to an acceptable standard in the field of "grantsmanship".

7. Make an assessment of the faculty in relationship to primary research emphasis and correlate this with resources, development, and expenditures.

8. Develop a program of research seminars in relationship to graduate biomedical science education which cross disciplinary lines and bridge the area between application and basic discovery.

9. Evaluate the continuing feasibility of the tuition payment for certain numbers of graduate students in lieu of training grants as established in the early and mid '70's.

10. Identify the research mode and emphasis for research thought in the institution as a profile of the institution.

11. Prepare a program of effort related to the predicted retirement dates of the several chairmen.

12. To develop and maintain appropriate research facilities, including laboratories, clinical research opportunities, library resources and administrative support services.

13. To attract to its faculty, individuals of high quality with demonstrated achievement or potential in the field of biomedical science.
14. To educate post doctoral research students for the demands of future biomedical research.

15. To encourage research and the advancement of medical knowledge as an important foundation for undergraduate medical student education.

16. To provide programs for junior faculty to enhance their abilities as investigators, educators, and clinicians.

F. Societal Role Objectives

1. It should be a primary charge to the institution to define its societal role in relationship to the educational, service, and research efforts of the institution.

2. Specifically it is proposed among other efforts to expand the breadth and depth of immunology as a program at the medical school should this be deemed by the faculty to be a priority.

3. To improve housing for medical students and other graduate students and to create a community environment between the students.

4. To enhance the library function and expand it toward a learning resource function of multiple approaches.

5. Further to centralize the program of financial support.

6. To upgrade and expand the animal care facilities of the institution.

7. Develop a program of student initiative in matters of understanding the societal role of a school of medicine, perhaps through a student newsletter and cost evaluate the feasibility of this modality.

8. To identify programs of education for medical students regarding the context in which health care is provided including the economics of health care in related areas.

9. A number of areas should be considered, including the development of a computer-based instructional support program for both examination and instruction, i.e., performance-based part to the curriculum.

10. The development of television, mini-instructional modules.

11. The development of computer-based scheduling for medical students as well as scheduling for the institution.
12. To develop a cultural enrichment program for students and faculty which could occur during the normal 8 to 5 working hours.

13. To establish a hotline for medical student's problems related to personal matters as well as matters relating to their educational program.

14. Develop a policy and procedures manual for various administrative levels as well as a student manual for the instruction and guidance of students as well as faculty.

15. Expand and develop continuing medical education both within the context of the medical school for physicians-in-training as well as physicians-in-practice.

16. In conjunction with the medical center and hospital, make contributions through faculty and staff to health care planning and policy making by cooperating with governments, public agencies, medical societies, health organizations, schools, planning agencies, and others in advancing the public health of the community.

17. To assume leadership roles in the medical profession in areas of school emphasis and expertise; in direct delivery of medical care as an educational emphasis; in academic and investigative medicine, including careers in basic science; and in public health and administrative medicine.

G. Continuing Medical Education

1. Develop a circumstance wherein students demonstrate real application and appreciation in matters of continuing medical education.

2. Develop a method for causing institutionalization of continuing medical education without diminishing any of the initiatives of the continuing medical education efforts at the departmental level.

3. Balance continuing medical education and link continuing education with the medical center program in resource development and public relations.

4. Develop a program of continuing medical education which is within itself a balanced program of offering rather than simply a reactive program of what others offer. Physician needs need to be tapped and integrated with the community as well as with alumni affairs. It must be driven by physician need and must be responsive to departmental initiatives.
H. Financial Objectives of the School

1. Development of a plan and program of presentation and form for financial histories and projections of the school.

2. Regularize the program of formal planning in the medical school for its part in the medical center to permit integration of the school so that the school's financial circumstances will appear prominently within the priority circumstances of the center.

3. Issue financial forecasting in (1) service-based funds, (2) education-based funds, (3) research-based funds, as these impact on a 5-1-5 basis.

4. Regularize meetings with the departmental chairmen and their principal advisors in relationship to resource development and allocation and these in relationship to past, present, and predicted circumstances.

5. Determine a method wherein financial input can be identified as to impact upon program outcome and relate the two insofar as possible.

6. Develop a financial profile of the school over the preceding ten years as a basis for planning.

7. Identify sources of income and expenditure specific to service or patient care, education or teaching, and research or discovery.

I. Space and Facilities Objectives

1. Establish an every three year review of space assignments and these in relationship to the priorities of program circumstances of the school.

2. Determine what the potential is for future space from the several standpoints of the beneficiaries, i.e., programs, people, faculty development, and program development from the standpoint of the school.

3. Recognize that the beneficial use of space is not necessarily related to percent occupancy, but to the beneficial use of the program. Develop a means whereby beneficial use may be reduced to a common measure.

4. The space decisions of the institution must be demonstrably directly related to the mission statement.
J. **Medical Center / Medical School / Hospital Relationships -- Objectives**

The relationships and responsibilities of the medical center, hospital, and medical school have been defined and published. The following are presented to develop these relationships further and to provide for the address of more advanced efforts based in these definitions.

1. **Provide for a continuing definition of the status of the medical center and its functions in relationship to school and hospital.**

2. **Establish continued broad understanding of the relationship between hospital priorities and medical school priorities as they inter-relate or relate separately as to method of development, method of integration, and method of resolution of differences.**

3. **Provide for the definition of present status and perception of hospital-driven programs and medical school-driven programs addressed as follows:**
   a. the determination of the desired status
   b. changes, if any, to be developed in this regard
   c. priority determination

4. **The evaluation of the circumstances faced by the office of the Vice-Chancellor for Health Affairs, the office of the Dean, and the office of the Executive Director of the Hospital in relationship to the priorities as understood on a regular basis in relationship to the already established descriptions of these offices.**

Of great importance is the development of the unification of the faculty both among those individuals focusing their attention on the sciences basic to clinical medicine as well as the clinical practice of medicine itself. The involvement of the Dean of Medicine in matters relating to both practice and outcome of the Vanderbilt Professional Practice Program is essential to the programmatic and fiscal health of the school. The school's involvement in matters of affiliation, particularly as the affiliation relates to education at Nashville General
Hospital, Veteran's Administration Hospital, and Saint Thomas Hospital, will be of great importance. Continuing liaison with the Vanderbilt Hospital will be important to the mission and activities of both the hospital and the medical school.

Interaction between the Vice-Chancellor for Health Affairs, the Chancellor of the University, the Executive Hospital Director, and the Dean of the School of Medicine will be important in all of these matters, and particularly important in some of the more sensitive ones.

The program of effort identified to stimulate faculty interest in initiative with reference to "grant getting" as well as an effort internal to the faculty for program surveillance toward excellence will be essential to the further development of resources for the institution. The continuing program of fund raising will also be important, both from a faculty as well as an administrative standpoint such that priorities are clearly established and faculty are informed regarding these priorities and circumstances.

A Ten-Year Plan of Action 1985 - 1995

The balance of this Strategic Plan presents a plan of action for the next ten years and is based on the information discussed above. The plan of action is divided into the following categories.

A. Education
B. Research
C. Service
D. Faculty
E. Affiliations
F. Physical Plant

G. Resources

H. Affirmative Action

I. Planning

The organization within each category includes stated goals and/or objectives, action to be taken, and a timetable for accomplishment.
GOALS AND OBJECTIVES

A. EDUCATION

1. The enrollment of undergraduate medical students will be maintained at the current level, as the School’s resources are sufficient to maintain that level.

   a. The School will keep tuition as low as possible while fulfilling its other objectives.
      Ongoing

   b. The School will put in place outreach techniques and other efforts centered around the Admissions Office to ensure the enrollment of our chosen student body (See Education 2. c.).
      Fall 1985 start
      Ongoing

   c. The School will utilize a portion of the funds raised in the new campaign to enhance student aid.
      1985 start
      1990 complete

   d. The School will initiate a program to facilitate long-term fiscal planning by medical students. It will also initiate formal programs to aid students in their personal and career development.
      Fall 1986 start
      Ongoing

2. The School will maintain its pool of outstanding undergraduate medical school applicants at the current level.

   a. Admissions requirements will emphasize excellence and breadth of scholarly achievement and success in non-formal educational experiences; concentration in science will not be required beyond an essential educational core of courses.
      Ongoing

   b. The School will encourage favorable stories and reports about faculty, students and programs in the public media and scholarly literature.
      Summer 1985 start
      Ongoing
GOALS AND OBJECTIVES

3. The educational program leading to the M.D. degree should prepare students to assume supervised responsibility in graduate medical education programs by providing a general education balanced in scientific biomedical knowledge, fundamental clinical skills, and enlightened attitudes toward the patient and the physician as members of humanity. It is the School's philosophy that the undergraduate medical education program is a general preparation for subsequent specialized professional training and lifelong learning. This program should develop in each student a capacity to analyze scientific and clinical problems critically, seek information effectively, and solve problems logically in a manner that best serves the well-being of individual patients. This should begin with an understanding of the basic concepts and mechanisms that comprise the core of our current understanding of human biology, and an application of scientific investigation and its relevance to quality patient care. The program should promote in students the self-education skills to deal with the accelerating expansion of knowledge, and communication skills to further their relationships with patients.

ACTION STEPS

- c. National outreach programs for the most talented undergraduate college students will be established and maintained.

In order to continue to meet these goals and objectives the School is considering curriculum changes to require:

- a. More tutorial and participatory exercises, and improved, more flexible systems of evaluation.

- b. Continuing participation of clinical faculty in basic sciences teaching, and increased participation of basic scientists in clinical training.

- c. Definition of the "core academic" component -- i.e., topics the mastery of which should reasonably be expected at this stage for all prospective physicians -- (and "non-core"), and implementation of ways to structure part of the curriculum around material.

- d. Development of a "flexible academic" component to allow for diversification of the curriculum to meet emerging topics and reward diverse talents and career goals.

- e. Reexamination of the framework of the "patient-based" component -- core clerkships and pre-clerkship

TIMETABLE

- Fall 1985 start
- Ongoing

- Winter 1985 conclude information gathering and committee meetings

- Winter 1986 outline plan for curriculum framework governance

- Spring 1986 discussions on new programs to be established within framework; final recommendations on governance prepared for Spring General Faculty meeting

- Summer 1986 Admissions Office begins presenting program to prospective students

- 1986-87 new faculty educational administrators working with present structure

- Spring 1986 General Faculty meeting

- Summer 1986 Faculty approval
<table>
<thead>
<tr>
<th>GOALS AND OBJECTIVES</th>
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<tr>
<td>and peers. The educational program should take into consideration the significant</td>
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<tr>
<td>changes in the health care needs and desires of individuals, new organizational</td>
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<td>and fiscal arrangements for physicians and other health care providers, and the</td>
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<tr>
<td>changing relative balance of the roles of state and federal government agencies,</td>
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<tr>
<td>private institutions, corporations, and individuals in exercising their</td>
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<tr>
<td>responsibilities in the fields of health and biomedical sciences.</td>
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<tr>
<td>4. The School will ensure the highest quality graduate medical education in</td>
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<td>primary and subspecialty medical and surgical disciplines.</td>
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<th>ACTION STEPS</th>
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<tr>
<td>f. Improved instructional support environment including computer and</td>
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<tr>
<td>information management facilities and staff support for faculty in the</td>
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<tr>
<td>development of educational materials.</td>
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<tr>
<td>g. Strengthened incentives for the scholarly and educational activities of</td>
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<tr>
<td>those faculty members with major commitments to undergraduate medical</td>
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<tr>
<td>education.</td>
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<tr>
<td>h. Revision of curriculum governance towards a &quot;modular structure&quot;</td>
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<td>components which are responsive to the overall philosophy with defined</td>
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<tr>
<td>goals and objectives, but which can be evaluated.</td>
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<tr>
<td>i. Continuous monitoring of the curriculum and its teaching materials for</td>
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<tr>
<td>breadth and currency of topics.</td>
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<tr>
<td>a. Greater coordination and supervision of graduate medical education</td>
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<tr>
<td>programs will be carried out at the departmental level.</td>
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<tr>
<td>b. The School will take more responsibility through its departments for</td>
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<tr>
<td>assuring the quality of graduate medical education at its affiliated</td>
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<td>hospitals.</td>
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<tr>
<td>c. The School will monitor health</td>
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<th>TIMETABLE</th>
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<tr>
<td>Fall 1986 new curriculum begins with Class of 1990; appropriate phasing-in</td>
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<td>of new programs over 1986-89</td>
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<td>Fall 1986 and Spring 1987</td>
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<td>Ongoing</td>
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<td>Summer 1987 start</td>
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<td>Summer 1987 start</td>
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<td>Ongoing</td>
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<td>Ongoing</td>
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</tbody>
</table>
5. The School's continuing medical education programs will be expanded and increasingly incorporate the educational philosophy of the undergraduate medical education program. Two of its purposes shall be the facilitation and reinforcement of the educational objectives of the major affiliated teaching institutions. The School will serve as a major source of medical information in Middle Tennessee.

6. The School will insure the highest quality education in the basic biomedical sciences at the undergraduate (bachelors), graduate (masters and Ph.D.), and post-doctoral levels. As a corollary,

- care reimbursement policies with special attention to funds for medical education and lobby for continued governmental support at current or higher levels.
- Graduate medical education programs will be enriched by increasing interaction with basic scientists in order that house officers, like medical scientists, continue to receive reinforcement in their efforts to keep current with the rapidly changing base of scientific knowledge.

a. In light of the School's interest in the financial well-being of its affiliated hospitals, the School will coordinate its continuing education program with those of its affiliates and aid those in appropriate ways.

b. The School will undertake a study, with the support of one or more affiliated hospitals, to determine the feasibility and public relations advantages of a computerized education/medical information network for Middle Tennessee.

a. The School will follow action steps outlined under Research.

b. The School will continue to lobby for adequate governmental tuition and stipend support for graduate
Strategic Plan
Page 27

GOALS AND OBJECTIVES

the School will take steps to
insure that it attracts and
accepts basic science students
of the highest caliber.

ACTION STEPS

students in the sciences.

c. The School will seek private support
for graduate students where that
can be accomplished without sacri-
ficing academic freedom. A portion
of the new campaign funds generated
will be allocated to graduate
student support.

d. Medical School strengths will be used
to enhance programs that bridge one
or more schools, e.g., Biomedical
Engineering and Environmental Toxicology.
As an example, in Biomedical Engineer-
ing this might involve greater contact
among students and School of Medicine
faculty from outside the department.

TIMETABLE

Fall 1986 start
Fall 1991 in place

7. The School will support under-
graduate, graduate, and professional
programs in other schools and use
its strengths to enhance these
programs.

a. The School will explore joint
educational activities for medical
nursing, dental, and social sciences
students.

b. The School will develop new joint
degree programs, as part of a
new flexible academic program
that will allow concentration in
another field along with the
preparation for the M.D. degree.

Fall 1986 start
Fall 1989 in place

Spring 1986 start
Fall 1987 in place

B. RESEARCH

1. Lead other medical schools in seeking
new knowledge and understanding in
basic and applied biomedical sciences
in clinical disciplines, and in health

a. Because of the critical scientific
underpinning they provide to the
programs of the School, the basic
biomedical science departments will

Fall 1987 planning
intensified
Summer 1992 complete
2. Focus on carefully selected areas of investigation -- taking into consideration the importance of the problem to society, availability of scientific methods, be fortified with new leadership, new faculty appointments, and investment in modern equipment, facilities and start-up of research programs. This process will be carried out in a phased fashion in accordance with programmatic plans developed by a research committee of the School.

<table>
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<tr>
<th>ACTION STEPS</th>
<th>TIMETABLE</th>
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<tr>
<td>b. The School will encourage improved quality and quantity of clinical biomedical research, epidemiologic research, and health systems research.</td>
<td>Fall 1986 start Fall 1991 in place</td>
</tr>
<tr>
<td>c. The School will aggressively solicit basic and clinical science investment by foundations and industry (see Research 3.), including contractual arrangements between faculty and corporations.</td>
<td>Fall 1986 start Fall 1991 significant impact</td>
</tr>
<tr>
<td>d. The School will launch new efforts to seek Federal and State Grant funding at a level which will maintain or increase support when adjusted for inflation.</td>
<td>Spring 1986 start Ongoing</td>
</tr>
<tr>
<td>e. The School will expand and develop lobbying efforts at the State and Federal level for increased funding for research.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>a. There will be an emphasis on interdisciplinary investigation that attempts to relate basic scientific advances to improvement in health care.</td>
<td>Spring 1986 start planning Spring 1991 in place</td>
</tr>
</tbody>
</table>
GOALS AND OBJECTIVES

available faculty, the potential for recruiting talented investigators, needed facilities, and the potential for external generation of funds to support the efforts.

ACTION STEPS

b. The School will redeploy its resources toward research programs focused on carefully selected areas of investigation, taking into consideration the relative importance of the problem to the health of the people, understanding of fundamental human biology, available approaches to the problem, the existing pool of talented faculty, potential for recruitment of new investigators of exceptional ability, needed facilities and equipment, and the potential for generation of funds from external sources. The School's research committee will take on much of the responsibility for weighing these factors.

c. The research programs of the School will proceed along three major pathways whose goals are improved understanding of (1) disease treatment, (2) disease prevention, and (3) the basic biological processes which comprise living systems. The specific research activities which will be stressed within each of these areas are as listed below. This list is not an all inclusive catalog of all research activities of the faculty of the School of Medicine. It does, however, display those areas which will receive special emphasis and resource allocation, and in which we intend to retain or build centers of research excellence.

TIMETABLE

Winter 1986 start planning
Fall 1987 complete planning
Spring 1988 implement

Spring 1986 implement
Ongoing
Clinical Research - Disease Related

*Cancer
  Diabetes and other endocrine diseases
  Renal disease and hypertension
  Cardiovascular and Stroke
  *Allergic and infectious diseases
  ы Genetic diseases
  *Respiratory diseases and cystic fibrosis
  Neuromuscular diseases
  Pulmonary diseases
  Population Center
  C-FARR

Research in Disease Prevention

*Aging
  Environmental health and toxicology
  *Neonatology, child and maternal health, and nutrition

Supportive Basic Biomedical Science Strength

Cell Biology
  *Neuroscience
  Metabolism
  Developmental biology
  Immunology
  Genetics

The research areas shown above preceded by an * are those areas which are the
3. Seek new sources of public and private funding; increase funding levels from existing sources

**GOALS AND OBJECTIVES**

**ACTION STEPS**

**TIMETABLE**

primary sites of existing NIH research center or program project grants. It is our objective to develop funding for those centers and between now and 1995 add several new NIH research centers or programs.

d. Outstanding new investigators will be recruited whose work focuses on major interdepartmental themes, and who either bring with them substantial research funding or who have extremely high probability of securing significant funding within three years of joining the faculty.

Spring 1986 start
Ongoing

a. Corporations will be asked to fund research at 3 different levels:
   (1) overall support, e.g., the donation of equipment or unrestricted funds to a department or the School as a whole;
   (2) program support, e.g., salary or equipment support to a research group for ongoing research in a specified area; and (3) purchase of the results of research for industrial purposes.

Fall 1986 start
Fall 1987 intensify efforts
Fall 1991 in place

b. Faculty will be encouraged to participate in programs that require technology. A mechanism will be developed within the School for identifying investigators with appropriate research interests.

Spring 1986 start
Ongoing
GOALS AND OBJECTIVES

C. SERVICE

1. The School will foster and promote the highest quality of health care delivered via its faculty and affiliated institutions.

2. The School will foster and promote continued improvement in the economic and efficient operation of its major affiliated and their clinical departments. Improving their competitive position will allow School of Medicine, hospital, and clinical department resources to be allocated in a manner that maintains these facilities and their clinical departments at the highest level of excellence.

ACTION STEPS

c. Foundation funding will be actively pursued for three purposes: (1) overall support as defined in 3. a. (1); (2) program support as defined in 3. a. (2); and cluster support, a new concept which will focus giving on broad areas of research

TIMETABLE

Fall 1986 start
Fall 1987 intensify efforts
Fall 1992 in place

a. The School will take responsibility, through its departments, for the faculty and house officers at each of the affiliated institutions.

b. The School will participate in decisions concerning new patient service programs, facilities, equipment, or personnel at its major affiliated institutions.

a. The School will promote cooperation among all its affiliated teaching hospitals (VUMC, NGH, St. T., VAH) in programs, resource allocation, and cost control. Interactions between University Medical Center, and Metropolitan General Hospital will receive high priority because of existing interdependence with each other and with the School of Medicine.

b. Policies of the School of Medicine will take into special consider-
3. The School will seek new opportunities to improve the health and health care of the community.

4. The School will work to insure that health care and related services are available to the poor.

ACTION STEPS

aton the economic interests and competitive market positions of University Hospitals and the General Hospital since these major affiliated institutions have continued to demonstrate their fundamental philosophic and substantial resource commitment to the mission of the School.

c. New affiliations by the School of Medicine will be undertaken in close cooperation with the School's existing ongoing affiliates. When needed

d. The School of Medicine and its affiliated hospitals will closely coordinate policies, allocation of resources, and program initiatives that relate to the faculty of clinical departments. The impact of these matters on the optimal long-term development of the clinical disciplines will receive serious attention. Ongoing

We will pursue Federal, State and Foundation grants that will enable us to work on solutions to the problems of access, quality of care, efficient provision of service, and cost containment.

a. The School will actively participate in finding solutions to health care reimbursement dilemmas. Spring 1986 start Winter 1988 complete
GOALS AND OBJECTIVES

b. The School will continue its lobbying efforts at the State and Federal level to insure that the health care needs of the poor are not neglected. Ongoing

c. We will maintain and develop efforts that familiarize our students and faculty with the needs of underserved areas and examine new models for service. Ongoing

ACTION STEPS

a. The full-time research-oriented faculty will be modestly increased as necessary to facilitate expansion of selected biomedical research programs of excellence (see Research 2. b. and 2. c.) and increased participation of this faculty in medical student instruction during their clinical rotations.

Fall 1986 begin rebuilding basic sciences
Spring 1991 implement research program of excellence Ongoing

b. Existing research faculty that have not secured external funding for several years will be aided in redirecting their efforts in more productive directions.

Fall 1986 start planning
Fall 1987 implement program

TIMETABLE

2. The growth of the clinical faculty will be closely monitored to take into account the educational.

a. The full-time clinically-oriented faculty will be modestly increased in accordance with the continued

Planning underway Ongoing
GOALS AND OBJECTIVES

research, patient care, and economic needs of the School of and its affiliated institutions.

ACTION STEPS

b. Appointments of the part-time clinically-oriented faculty to clinical departments will be closely monitored; a program will be developed to accomplish this. The criteria for appointment and reappointment will be based on needs to fulfill educational and research program requirements, the program needs and objectives of the major teaching hospitals, and that which will promote the practice activities of the full-time faculty at these hospitals.

TIMETABLE

Spring 1986 start developing monitoring program Winter 1987 implement Ongoing

3. Attention will be given to strategies maintaining a healthy distribution of ages and career stages among the faculty.

4. Faculty reward systems and appointment types will be reexamined periodically to insure that standards of excellence are maintained, taking into account changing demands on faculty.

Such distribution will be taken into account when acting on Faculty 1. and 2. above.

The Dean will propose a faculty review process to take into account the balance of academic activities faculty are required to perform to meet the broad spectrum of needs of the School and its affiliates. Standards for promotion will be

See Faculty 1. and 2. Spring 1986 start Spring 1987 implement Ongoing review
GOALS AND OBJECTIVES

E. AFFILIATIONS

1. The School will assure that its affiliations give students experience in the full range of health care settings.

2. The School's existing relationships and affiliations will be continuously reviewed and updated.

ACTION STEPS

a. The School will continuously review its affiliations to reflect the greater emphasis on ambulatory care, nursing home or skilled nursing facility care, and home care and other health care delivery systems. It will also ensure that its students have sufficient contact with all types of patients, including the elderly and the physically impaired undergoing rehabilitation.

b. The School will continue to promote its relationships with the VA Hospital in a manner that coordinates VA progress with that of the academic clinical departments.

TIMETABLE

a. Ongoing

b. See Service

F. PHYSICAL PLANT

1. The quality of the School's physical facilities will continue to be upgraded.

The construction of the Ambulatory Care Center, the Cancer Research Center, the Child and Adolescent Psychiatric Hospital, Parking Garages, and the Learning Resource Center will be completed in a timely manner.

TIMETABLE

The construction of the Ambulatory Care Center is Underway Summer 1989 some others beyond 1989 to 1995.
GOALS AND OBJECTIVES

2. Expansion in our educational and research programs will be accommodated within existing Medical School buildings. Within the confines of existing structures, as much space as possible will be converted to laboratory facilities to house funded research programs.

3. The School will continue efforts to make the health sciences complex safe, secure and aesthetically pleasing for staff, faculty, and students.

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<th>ACTION STEPS</th>
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<td><strong>manner.</strong></td>
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<tr>
<td>a. Additional research laboratories will be provided in Medical Center North.</td>
<td>Underway continuous as needed and funded thru 1995</td>
</tr>
<tr>
<td>b. Utilization of all space within School of Medicine buildings for teaching, research, administration, and services will be continuously monitored to maximize availability of space for funded research programs and to assure that optimal educational facilities are in place.</td>
<td>Underway Ongoing</td>
</tr>
<tr>
<td>c. The Planning and Zoning Committee will monitor research space usage at University Hospital, the Veterans Administration Hospital, and the School of Medicine and make recommendations about the optimal assignment of space.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>a. Students, faculty, and staff groups will be consulted when changes to the physical plant and its surroundings are needed.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>b. The School will continue renovation projects on the outside spaces surrounding the School, and continue to apply its policy of identifying and responding to changes in usage that seem to be desired by the School community.</td>
<td>Ongoing</td>
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<tr>
<td>c. The School will coordinate its safety efforts with the University and with</td>
<td>Ongoing</td>
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</table>
GOALS AND OBJECTIVES

ACTION STEPS

other local institutions.

TIMETABLE

6. RESOURCES

1. Research project support will be increased by 25% after adjustment for inflation.

a. New efforts will be made to increase the competitive position of the School nationally for research funding through the development of new interdisciplinary programs, recruitment of outstanding investigators, and aiding in redirection of individual faculty research activities. Central support for these programs will be provided through the research committee of the faculty and the Dean's staff.

b. The School will focus its research on specific areas in order to gain reputation and competitive advantages.

c. The School will continue to be alert to funding possibilities from private foundations and disease specific organizations.

d. Research support from business and industry will be doubled (versus the 1983-84 level) by 1995, after adjustment for inflation through improved focusing of research areas, marketing of the School's
GOALS AND OBJECTIVES

2. $25 million in new funds for endowment, upgrading facilities, equipment, and student support will be generated.

3. Other sources of support will be necessary.

4. The School will optimally balance clinical, educational, and research activities among the faculty in order to fulfill the mission of the School while maximizing income.

ACTION STEPS

- capabilities, and incentives for investigators.

- $25 million Medical School fundraising campaign from private sources will be conducted to increase endowment support, upgrade facilities, and augment student loan and scholarship support.

- We will strive to be as efficient as possible. We will also continuously search for new sources of funding support.

- To minimize costs and maximize net income thereby increasing funds available for research and educational programs both within departments and the School at large, the practice plans of the full-time clinical faculty will be coordinated.

TIMETABLE

- Spring 1986 begin
- Spring 1991 complete
- Ongoing
- Fall 1985 start planning
- Summer 1987 implement
- Ongoing

H. AFFIRMATIVE ACTION

1. The School will provide equal educational opportunities for well qualified minority students seeking careers in medicine.

a. The School will continue its effort to enlarge the pool of qualified minority applicants through a program of campus visits and personal contacts with pre-medical students and their advisors at colleges and universities which enroll substantial numbers of black students.
2. The School will increase the numbers of women and minorities on its clinical and basic science faculties.

b. The School will continue to actively seek outside financial support for the expenses of the program and for stipends for minority students participating in it.

a. In cooperation with the University's affirmative action office, the School will review and re-establish (where necessary) department goals for recruiting women and minority faculty; goals will be established as a function of the present composition of the faculty, the number of positions available, and the size of the national and local applicant pool of available candidates in the particular departmental discipline.

b. The School's committee on Equity in Professional Affairs (general title) will continue its program of meeting chairmen in order to assist departments to analyze their goals; to identify faculty prospects (aided by committee members' contacts with minority and women's organizations); to focus attention on the entry level positions to faculty (namely, house staff, residents, post-doctoral fellows); and generally to remove the obstacles to successful recruiting of women and minority.
GOALS AND OBJECTIVES

3. The School will cooperate in programs the purpose of which is to increase the number of minority youths who will seek rewarding careers in medicine and the other health professions.

ACTION STEPS

a. In cooperation with various civic and other governmental organizations, the School will continue to develop programs and activities which inform minority youth about health careers and opportunities, provide them first-hand experiences related to these careers, and generally serve to motivate them to seek such careers; the School will join in efforts to secure public and private financial support for these programs and activities.

TIMETABLE

Ongoing

I. PLANNING

The School will treat planning as an ongoing function vital to the policy-making activities of the school.

a. The School will keep financial records and reports of activities of its various departments in order to have a complete understanding of the full-range of the School's financial and programmatic commitments. Both comprehensive and special purpose computerized simulation models will be used to provide important tools for planning and policy analysis which take into account the School's interrelationships with the rest of the University and its affiliated institutions.

b. The School will participate in project planning and overall strategic planning at its affiliated institutions.

c. The School will develop a system

TIMETABLE

Ongoing

Fall 1985 start
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<th>GOALS AND OBJECTIVES</th>
<th>ACTION STEPS</th>
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<td>to track progress toward the goals, objectives,</td>
<td>to track progress toward the goals, objectives, and action steps in the</td>
<td>Spring 1986 in place</td>
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<td>and action steps in the 1985-95 Strategic Plan.</td>
<td>1985-95 Strategic Plan. It is understood that the Plan will undergo</td>
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<td>It is understood that the Plan will undergo</td>
<td>alterations as external and internal circumstances change, and the</td>
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<tr>
<td>alterations as external and internal circumstances</td>
<td>monitoring system will make provisions for such alterations.</td>
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