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School of Medicine Academic Plan, 2009-2014

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School of Medicine

Academic Plan

2009-2014

School of Medicine Academic Plan

Institutional Identity and Mission

The University of Connecticut School of Medicine is the only public medical school in the state and one of only three public medical schools in the New England. Consequently, it plays a pivotal role in education, research, and healthcare delivery in both the state and the region. The primary mission of the School of Medicine is education at the undergraduate, graduate, and professional levels for practitioners, teachers, and researchers, conducted in an environment of exemplary patient care, research, and public service. The School of Medicine's mission is reflected in its programs, which incorporate four basic interrelated objectives:

- 1) to provide educational opportunities for Connecticut residents pursuing careers in the patient care professions, education, public health, biomedical and/or behavioral sciences;
- 2) to advance knowledge through basic, biomedical, clinical, behavioral, and social research;
- 3) to develop, demonstrate, and deliver health care services based on effectiveness, efficiency, and the application of the latest advances in clinical and health care research; and
- 4) to help health care professionals maintain their competence through continuing education programs.

Aspirations and Values

Our goal is to improve our already strong performance in the areas of education, research, and clinical care. There is no official ranking of medical schools in the United States, but US

News and World Report magazine conducts an annual ranking of medical schools that is often used as a benchmark. Currently the School of Medicine rank in the US News and World Report rating of research medical school is 56 overall and 26 among public medical schools. Our goal is to become one of the top 20 public medical schools. To accomplish this goal we must attract faculty, students, and staff of the highest quality who represent the diverse nature of the populations that we serve. Achieving this goal will require that we carefully steward the resources we possess and that we further our efforts to obtain additional resources from extramural sources, most notably the NIH. We also seek to enhance linkages and partnerships with other agencies and organizations in the state and region that will benefit the health and economy of our state. By achieving these objectives through raising the standards for education and increasing the size and scope of our research programs, the School of Medicine will assist the University of Connecticut in reaching its overall goal of becoming one of the top-twenty public research universities in the nation.

Themes

Within the themes of Our World, Our People, and Our Future in the UConn Academic Plan, the School of Medicine Academic Plan focuses most heavily on Our People and Our Future, combining our rich and important contributions in health care (including education, research, and clinical care) with strong ties to our partners in state agencies and in the private sector in Connecticut and beyond. As the national and state debate on universal access to healthcare evolves, our plan may also touch on the Our World theme in the context of healthcare as a human right. In addition, our growing international health activities and our training of international medical graduates speak to the Our World theme.

Goal 1 Undergraduate Education

The School of Medicine will provide undergraduate medical education of the highest quality and in doing so will help to meet the healthcare and biomedical workforce needs of the region, the state, and the nation. These efforts will address improving the health of individuals and populations.

Undergraduate medical education is defined as the four-year program leading to the M.D. degree after completion of a bachelor's degree. The School of Medicine is committed to providing high quality educational programs to undergraduate medical students. As the state's medical school our efforts and programs will specifically target Connecticut residents. However, we recognize that our programs must also be responsive to the healthcare workforce needs of the region and the nation. In short, we seek to provide our students with educational and training experiences that will allow them to excel and assume leadership roles in their chosen fields.

Strategy A: Recruit, admit, and matriculate well-prepared individuals to our strong teaching and learning environment.

- Admit students into our programs whose levels of preparedness maximize their chances of success.
- Work closely with the Storrs and regional campuses to facilitate the acceptance of well-prepared students into the School of Medicine.
- Develop a plan that enhances efforts to recruit and admit a diverse student body.

- In collaboration with the Storrs and regional campuses, as well as with the other health professions schools of the university, expand pipeline programs at the secondary school level to support the school's efforts for student diversity.
- Increase financial aid availability for all students, provide merit scholarships for the most qualified applicants/students, and increase scholarships to continue support the school's efforts for student diversity and to matriculate the best possible students.
- Monitor the physician (both primary care and subspecialty) and scientific workforce needs in Connecticut, and be prepared to adopt strategies to vary the size and composition of the medical school class as appropriate and as resources allow.

Strategy B: Establish School of Medicine initiatives to improve the quality of medical education

- Continuously improve teaching and learning through an ongoing process of assessment, faculty development, and by adopting best practices across all disciplines and at all levels of education.
- Establish an effective faculty development initiative with appropriate resources to ensure success and with the goal of ensuring that faculty members are effective teachers in all instructional settings.
- Ensure that professionalism and humanism are part of all levels of training and practice.
- Conduct a comprehensive review of the 4-year medical school curriculum, including comparisons of student performance to national norms (e.g., licensing exams).
- Conduct the Liaison Committee on Medical Education (LCME)-required self-study of the School of Medicine.

- Based on the results of the curriculum review, the self-study, and the results of the LCME accreditation survey that will occur in January 2010, develop an appropriate curriculum revision plan.
- In conjunction with the curriculum revision process, identify facility (e.g., classroom) and infrastructure (e.g., education technology) needs to support the educational program.
- In conjunction with the curriculum revision process, identify critical faculty recruitment needs in education across all disciplines including the recruitment of diverse faculty to support the school's diversity efforts.
- Improve understanding of the differences between the workplace cultures of in residence and tenure track faculty.
- Assess effectiveness of curricular revisions.

Strategy C: Prepare students for success and leadership in the field of healthcare in a diverse society by increasing their exposure to people and patients from racially, ethnically, culturally, and economically diverse populations.

- Develop efforts to increase student contact with people of diverse backgrounds and to provide students with the ability to recognize relationships between diversity and healthcare disparities.
- Identify curriculum opportunities to educate students about diverse and global populations.
- Identify curriculum opportunities that prepare students with appropriate skills for providing culturally competent health care.
- Expand student participation in cross-cultural learning opportunities.

- Enhance existing relationships and establish new partnerships with community agencies in Hartford to facilitate faculty and student activities.
- Enhance existing relationships and establish new partnerships with institutions abroad to facilitate faculty and student exchange programs.

Strategy D: Increase opportunities for experiential, interdisciplinary, and service learning consistent with LCME standards

- Enhance formal collaborations and interdisciplinary learning activities with other health professions schools at the University.
- Expand opportunities for students to be involved in learning experiences that include healthcare professionals from other disciplines.
- Expand experiential learning opportunities for students that involve medically underserved individuals and populations.
- Create mechanisms to support collaborative teaching partnerships among the School of Medicine, Storrs, and the regional campuses.

Strategy E: Contribute to the traditional undergraduate educational programs at Storrs and regional campuses in selected health related fields

- Continue current teaching by School of Medicine faculty in Schools on the Storrs campus (e.g. the Physiology and Anatomy course in the School of Pharmacy and the Patient and Healer course in the College of Liberal Arts and Sciences).
- Continue to provide faculty for the Rowe Mini Medical and Dental School.
- Continue to provide summer research opportunities for Storrs students in the Combined Program in Medicine.

- Develop new course offerings on the Storrs campus by School of Medicine faculty as opportunities and resources permit.

Goal 2 Graduate and Professional Education

The School of Medicine will sustain and develop select graduate and professional programs of national and international distinction.

In the School of Medicine, graduate and professional education includes residency and fellowship programs for recent medical school graduates as well as continuing education for practicing physicians. In addition, several programs in the Graduate School of the University are taught by School of Medicine faculty and/or enroll medical students. These programs include the Ph.D. in Biomedical Science, the Master of Public Health (M.P.H.), the Ph.D. in Public Health, the Master of Clinical and Translational Research (M.C.T.R.) and combined programs leading to the M.D./Ph.D., the MD/M.P.H., M.D./M.C.T.R., and the M.D. /M.B.A. degrees.

Strategy A: Support a wide range of residency and fellowship programs of high quality.

- Improve communication and collaboration between Graduate Medical Education (GME) residency and fellowship programs to foster excellence in evaluation and measurement of educational outcomes.
- Provide guidance and support for program faculty to develop competence in curriculum development, evaluation, and scholarship.

- Recognize and encourage faculty participation in national discipline-specific educational committees and regulatory committees.
- Support collaboration of institutional leaders to ensure alignment of educational outcomes with patient-care outcomes.
- Ensure that all GME programs become compliant with Phase 3 of the American Council on Graduate Medical Education (ACGME) Outcomes Project.
- Ensure that GME programs are responsive to the workforce needs of the state and nation for primary care and subspecialty physicians

Strategy B: Offer a resource-rich training environment for all graduate and professional students including residents, fellows, graduate students, and postdoctoral fellows.

For residents and fellows:

- Solidify alliances with our area teaching hospital partners and community-based practitioners in order to ensure stable ongoing financial and in kind commitments for residency and fellowship education.
- Continue development of a state of the art simulation center.
- Expand and enhance the use of the Clinical Skills Center.
- Continue to support programs to foster resident/fellow scholarly activity and its presentation.
- Recruit and retain skilled clinical educators to provide direct-observation of house staff performance, deliver an outstanding educational experience, and develop novel curriculum and evaluation tools.

- Create a stronger link between undergraduate medical education and GME in all disciplines with the goal of retaining more School of Medicine graduates as practicing physicians in Connecticut

For graduate students and postdoctoral fellows:

- Provide support for attendance at short courses at other institutions.
- Provide support for travel to scientific meetings.
- Provide training on laboratory management skills.

Strategy C: Enhance placement of graduate and professional students in top positions.

- Create an office of career counseling to advise students and conduct outreach to prospective employers.
- Develop/strengthen faculty mentor programs to improve advising and subsequent placement of graduates.
- Support travel of students to national/international meetings where job recruitment occurs.
- Develop a web-based alumni directory to enable students to network with recent graduates in their field.

Strategy D: Contribute to Graduate School programs in health related areas

- Continue to develop the Master of Clinical and Translational Research program.
- Increase the number of available faculty research mentors for students in the Ph.D. in Biomedical Science and M.D./Ph.D. programs.
- Increase options for the Ph.D. portion of the M.D./Ph.D. degree by including areas such as public health and bioengineering.

- Strengthen efforts to recruit graduate students from under represented populations.
- Maintain strong financial support for graduate education at both the Ph.D. and Master's levels.
- Enhance the relationships between the Master of Public Health and Ph.D. in Public Health programs with health related state and municipal agencies and non-profit healthcare organizations.

Strategy E: Enhance the impact of continuing and community education in regard to provider performance and patient outcomes.

- Centralize the administration of Continuing Medical Education (CME) programs, including the acquisition of educational grants.
- Implement a revised and simplified CME application process.
- Offer continuing medical education credits to physicians and other providers completing clinical performance improvement projects.

Goal 3 Research and Scholarship

The School of Medicine's scientists and physicians will focus on and accelerate the process of bringing discoveries from laboratory bench to bedside and from the bedside to the general population, thus bringing patients effective new treatments. The strategic areas will include Stem Cell Biology/Regenerative Medicine and Engineering, Nanomedicine, Musculoskeletal Science, Cardiovascular Research, Genomic/Proteomic Medicine, Neuroscience and Behavioral Science, Structural Biology, Immunology and Inflammation, Cancer and Aging.

Improving the School of Medicine's national and international prominence depends heavily

on sustaining and expanding our interdisciplinary approach and clinical and translational research.

The overall goals of the School of Medicine's 2009-2014 academic plan allow the research engine to navigate in an era dominated by large interdisciplinary groups and by a focus on bringing discoveries from the bench to the bedside. While the basic science disciplines and the efforts of individual investigators will continue to serve as a foundation of the School of Medicine's research engine, these should be interwoven in a multidisciplinary mosaic that supports clinical and translational research. This new direction is set forth in the *NIH Roadmap*, "an integrated vision to deepen our understanding of biology, stimulate interdisciplinary research teams, and reshape clinical research to accelerate medical discovery and improve people's health." The School of Medicine's academic research plan must also be in step with major state initiatives such as those in stem cell biology and in nanotechnology.

The first NIH roadmap initiatives announced in 2004-2005 included those of New Pathways to Discovery: 1) Building Blocks, Biological Pathways, and Networks; 2) Molecular Libraries and Molecular Imaging; 3) Structural Biology; 4) Bioinformatics and Computational Biology; and 5) Nanomedicine. Two recent additions are Epigenetics and the Human Microbiome Project. Another important NIH initiative is the Blueprint for Neuroscience that is designed to accelerate neuroscience research and its application in reducing the burden of nervous system disorders. The Neuroscience Blueprint will support the development of new tools, training opportunities, and other resources to assist neuroscientists in both basic and clinical research. Taken together, these NIH Roadmap initiatives will help to re-engineer the Clinical Research enterprise in order to ultimately enable researchers to provide new

treatments more efficiently and quickly to patients. The flagship of this re-engineering initiative is the development of the Clinical and Translational Science Awards (CTSAs) program.

Specific objectives are to assemble interdisciplinary teams of geneticists, engineers, chemists, biologists, physicists, bioinformatics specialists, computational scientists, clinicians and stem cell scientists to understand basic biological processes and apply this knowledge to human disease in order to discover new therapies and treatment modalities. In so doing, the School of Medicine will train the next generation of biomedical scientists and clinical researchers and expand education and training opportunities in underserved states and communities.

A major focus of the plan will be to develop biomedical, genomic, and clinical research informatics tools to analyze large-scale genome data from normal and diseased tissues and cells and to manage clinical trials. There will also be new initiatives to augment marketing and licensing opportunities for the School of Medicine research community.

Strategy A: Increase extramural support for research and scholarship

- Develop clusters of research faculty in support of the continued development of our focused areas of excellence: Stem Cell Biology/Regenerative Medicine and Engineering, Nanomedicine, Musculoskeletal Science, Cardiovascular Research, Genomic/Proteomic Medicine, Behavior and Brain, Structural Biology and Immunology and Inflammation, Cancer and Aging.
- Recruit world-renowned as well as promising young researchers in these interdisciplinary areas to build a critical mass in areas that are in phase with the

Clinical and Translational Science Award (CTSA) application to the NIH and increase opportunities for other extramural funding.

- Successfully compete for a CTSA award from the NIH.
- Integrate and expand public health research initiatives to prevent common diseases and those that disproportionately affect disadvantaged communities in Connecticut and throughout the world.
- Strengthen the existing community of outstanding behavioral and addiction researchers with additional recruitments.
- Advance the field of genomic medicine through the application of cutting-edge genetic and information technologies.

Strategy B: Improve the research climate and infrastructure.

- Update the University's compliance structures, such as the Institutional Review Board, so that they more effectively respond and adapt to our translational and clinical research mission.
- Actively support faculty pursuit of extramural funding through the creation of a faculty development office that includes workshops on grant writing and internal grant review committees to provide feedback to faculty.
- Develop a comprehensive program for the training of physician-scientists at all career stages to support our efforts in clinical and translational research.
- Ensure that graduate student and postdoctoral fellow training is integrated within the research enterprise.
- Provide faculty recruitments with competitive start-up packages and appropriate research space and support their efforts to secure extramural funding.

- Create research activities across the University and eliminate barriers to interdisciplinary work.

Strategy C: Intensify efforts to move our discoveries into applied outcomes that further enhance our standing as a research university and the quality of life for our citizens.

- Increase activities related to technology transfer and clinical research.
- Build productive relationships with partners in the private sector.
- Increase the number of invention disclosures, patent applications, and licensing opportunities.
- Ensure that practical scholarship (invention disclosure, patents awarded, and licensing activity) is appropriately recognized in salary, tenure, and promotion decisions.

Strategy D: Enhance the standing and national recognition of our programs of research, scholarship, and creative activity.

- Increase the visibility and volume of our research that appears in peer-reviewed journals of the highest impact and books published by major presses.
- Establish a system of regular program/unit review that benchmarks research and scholarly performance against peers/aspirants in top-tier research universities.
- Provide appropriate assistance for professional development opportunities, research-related travel, and sabbaticals that will facilitate scholarship at the highest level.
- Encourage and reward faculty who are leaders in prominent professional associations or serve as editors and board members of the leading journals in their field.

- Host, as appropriate, disciplinary and interdisciplinary conferences and research forums.

Goal 4 Diversity

As the State of Connecticut's medical school, we will strive to provide a physician and scientific workforce that will meet the needs of a diverse patient population and can address racial and ethnic disparities in health care. We will ensure that our student body, our faculty and the rest of our workforce reflect the diversity of the population we serve. We will work to sustain our excellent sources of diverse students and develop professional networks that will enable us to recruit a qualified and diverse faculty. We will develop mentoring and faculty development programs that will enable those we recruit to succeed, and enable us to retain those in whom we have invested our resources.

Strategy A: Create more opportunities for interaction with people from different cultures and backgrounds by improved recruitment and retention.

- Improve recruitment and retention of faculty and staff from underrepresented groups.
- Institutionalize training in best practices for recruiting underrepresented faculty and staff as an element of all search processes.
- Strengthen programs that improve access to medical education for underrepresented students and students from disadvantaged backgrounds.

- Provide training for directors of graduate and professional programs to facilitate recruitment and retention of underrepresented and international students and trainees.

Strategy B: Strengthen programs that promote cultural competency among faculty, staff and students.

- Provide development opportunities to increase faculty and physician skills in culturally sensitive education and health care delivery.
- Develop strategic efforts to increase student contact with people of diverse backgrounds, and provide students with the ability to recognize how racial, ethnic and economic background impacts health, access to care, and leads to health disparities.
- Identify curriculum opportunities to educate students about diverse and global populations.
- Identify curriculum opportunities that prepare students with appropriate skills for providing culturally competent health care.
- Enhance the design and delivery of programs that aim to eliminate harassing and discriminatory behavior.
- Ensure that the physical environment of our campuses is welcoming and accessible to faculty, staff, students, alumni and visitors with disabilities and from different cultural backgrounds.
- Develop assessment tools to measure progress in cultural competency skill acquisition for faculty and students.

Goal 5 Public Engagement

Enhance the contributions of the School of Medicine faculty, staff, and students to the state, nation, and world through appropriate collaboration with the public and private sectors.

The School of Medicine has a long and distinguished history of public engagement through the work of its faculty, staff, and students on projects at the local, state, national, and international levels. These efforts include medical students teaching health education in the Hartford School System as well as providing free medical care for the homeless at the South Park Inn and for migrant farm workers. Students also participate in health related projects through the program in global health.

Faculty deliver free care as well as collaborating with community health centers and the Department of Public Health on educational programs and grants. Faculty often serve as resources for regional and national media on health topics in the news. Many faculty also serve as reviewers and members of committees at the national and international level.

Strategy A: Increase the visibility and accessibility of faculty expertise.

- Foster strong partnerships with media to encourage consultation with School of Medicine experts, as appropriate.
- Provide media training for faculty and staff and make them aware of the possibilities that may be available to share their work with audiences across the state and the nation.

- Encourage School of Medicine faculty members to serve as members of public and private sector health-related review groups, task forces, and commissions, and share their knowledge through testimony at legislative hearings and in other advisory capacities.
- Create mechanisms to recognize and reward faculty participation in public engagement in merit evaluation and promotion and tenure review.

Strategy B: Improve public access to University-housed health resources

- Enhance public knowledge of resources available in the Lyman Maynard Stowe Library.
- Improve the visibility and reach of health related programming for the public such as the Discovery Series, which is designed to promote lifelong learning about health issues.

Strategy C: Develop new and stronger partnerships throughout the state to improve healthcare.

- Continue and strengthen relationships with the Connecticut General Assembly, Department of Public Health, other state agencies and organizations, the city of Hartford, and community groups to identify common health-related challenges and develop partnerships to collaboratively address them.
- Work closely with regional hospitals to enhance medical education and the accessibility of cutting-edge developments in healthcare.

- Establish research ventures with partners throughout the region to jointly address the continuum of bench-to-bedside-and-back healthcare challenges.

Strategy D: Strengthen the State’s K-16 education system by continuing School of Medicine efforts to promote health careers and supporting students in preparing for health careers

- Continue and strengthen outreach to students and teachers in the K-16 education system by the Aetna Health Professions Partnership Initiative to promote and support interest in medical, dental, and other health careers by students underrepresented groups.
- Support and enhance the Area Health Education Center Program’s statewide efforts, especially its Youth Health Service Corps’ and Collegiate Health Service Corps’ activities to recruit K-16 students in urban school districts into the broad range of health careers.
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Strategy E: Engage communities in collaborative efforts to address pressing public health issues.

- Partner with the Cobb Institute of the National Medical Association to address the issue of health disparities with a special focus on Connecticut.
- Establish partnerships between students, faculty, staff and community leaders to identify and address local public health challenges.
- Continue the delivery of free medical care to the homeless and migrant farm worker populations.

Goal 6 Administrative Organization, Capital Infrastructure and Budget Processes

To successfully implement this academic plan, the School of Medicine will carefully monitor the progress of the steps associated with specific strategies. To accomplish this, associate deans, department heads, and center directors of the relevant units will be directed to report on progress toward the objectives outlined in this plan. The School of Medicine will carefully review the results of the LCME Accreditation Site Visit, scheduled for January 2010, as an important part of tracking milestones outlined in this academic plan. In addition, any changes to the status of interactions of our affiliated teaching hospitals with the University of Connecticut School of Medicine will be carefully analyzed for their impact on the School of Medicine Academic Plan. Furthermore, as the School of Medicine Academic Plan goes forward, we intend to implement a finer grained strategic planning process including the elements of measurement, adjustment to changing external conditions, and transparency. As part of this finer grained strategic planning process the potential advantages of organizational changes will be monitored and evaluated. Two additional elements will be addressed to strengthen the administration of the School of Medicine. The first is ensuring that a program in leadership development is put into place to foster the emergence of a new cadre of leaders for the School of Medicine's future. The second is to ensure that administrative roles that are assumed by faculty members are given appropriate and adequate value and weight in evaluation of their importance. It is currently a time of great change, challenge, and opportunity for the School of Medicine. This academic plan will assist us in making these elements work to our advantage and to the advantage of the citizens of Connecticut.

Environmental Scan

The environmental landscape of the School of Medicine is complex by virtue of the fact that healthcare is multifaceted and is currently undergoing dramatic and rapid change at both the state and national levels. Demographic trends will continue to play a major role in defining the healthcare landscape. Although the number of high school graduates in the State of Connecticut is predicted to decline, we believe that other countervailing trends will keep the number of applicants for admission to the School of Medicine high. In particular, the demand for health care providers, including primary care and subspecialty physicians, will remain strong due to the aging baby boomers now reaching retirement age. The size of this large population cohort with its associated health issues will significantly increase the demand for healthcare services. A second trend that will also fuel this demand for increased healthcare services is the movement for universal health insurance coverage at both the state and national level. As illustrated by recent developments in Massachusetts, when more individuals have health insurance there is a dramatic increase in the demand for healthcare services, especially primary care services. A third trend that will also have an impact is the increase in the diversity of our population at the state and national level. As noted throughout this document, having a healthcare workforce that is diverse and that can respond appropriately to the healthcare needs of a diverse patient population is a critical element of our plan.

The other major element of the environmental scan is the climate for the financial support of the endeavors outlined in this School of Medicine Academic Plan. Many of the elements of this plan, particularly faculty recruitments, are only feasible with robust financial support. Clearly, the economic landscape of the state and nation is currently challenging. A combination of continued state support, extramural research funding, financial partnerships

with industry, and philanthropic funding will be required to carry out this plan. These components are tightly interconnected to one another. For example, increasing extramural research funding depends in large part on recruiting new faculty with competitive start up packages and providing them with ample research space. Thus, funds must be present from state and philanthropic sources if we are going to be able to increase our success at obtaining competitive extramural funding from the NIH, NSF, and other federal agencies.

An additional element of the environmental landscape that impacts the School of Medicine Academic Plan is the status of the economy and, in particular, job creation in the state of Connecticut. While many industries have suffered large job losses, healthcare has been somewhat more stable due in part to the large demand that results from the demographic trends outlined above and the fact that, by its nature, healthcare requires extensive interpersonal interaction that limits outsourcing. Healthcare is one of the work force areas in which jobs are predicted to increase over the next decade. This trend bodes well for the future of the School of Medicine and its Academic Plan.

Appendix A Metrics

Goal 1: Undergraduate Education - The School of Medicine will provide undergraduate medical education of the highest quality and will help to meet the healthcare and workforce needs of the region, the state, and the nation. These efforts will not only address improving the health of individuals, but of populations as well.

In developing the metrics below, we note that the current criteria for screening applicants to the School of Medicine are already exceedingly stringent. The School of Medicine matriculates only 85 students per year from a pool of more than 2800 applicants. The average Medical College Admissions Test score of the entering students is 30.3 and the average GPA is 3.65. Our analysis has shown that above a certain threshold level (which we already exceed) admitting applicants with higher MCAT scores or GPA does not correlate positively with better performance in medical school. Therefore, we focus on outcome measures that reflect the “value added” nature of the School of Medicine educational experience.

Metric	Baseline	2014 Goal
% students passing United States Medical Licensing Examination (USMLE) step 1 exam	96	99
% students passing USMLE step 2 clinical knowledge exam	99	99
% students passing USMLE step 2 clinical skills exam	100	100
% students matching for a residency	95	100
% students from under-represented groups	15	18
% students receiving all forms of financial aid	92	95
% students receiving merit based aid	6	10

Goal 2: Graduate and Professional Education - Sustain and develop select graduate and professional programs of national and international distinction

Metric	Baseline	2014 Goal
% of core residency programs with 4 and 5 year review cycles	60	75
% pass rate of residency graduates on national board medical specialty certification examinations	85	100
% residency programs in phase 3 of ACGME Outcomes Project	85	100
% pass rate on national Master of Public Health board examination	80	95
Number of annual graduates from the Master in Clinical and Translational Research Program	3	6
Number of accredited Continuing Medical Education programs	40	60
Number of participants in Continuing Medical Education programs	1905	3000
Educational grants for Continuing Medical Education programs	\$61,500	\$100,000
Number of participants in performance improvement Continuing Medical Education programs	0	500

Goal 3: Research and Scholarship -The School of Medicine’s scientists and physicians will focus on and accelerate the process of bringing discoveries from laboratory bench to bedside and from the bedside to the general population, thus bringing patients effective new treatments. The strategic areas will include stem cell biology/regenerative medicine and engineering, nanomedicine, musculoskeletal science, cardiovascular research, genomic/proteomic medicine, brain and behavior, structural biology, immunology and inflammation, cancer, and aging.

The research and scholarship metric goals for 2014 given below are absolutely dependent on the acquisition of adequate financial support and research space sufficient to complete the 150 additional faculty hires noted in the table.

Metric	Baseline	2014 Goal
Number of funded research faculty	235	385
Extramural research awards	\$81 M	\$130 M
Number of postdoctoral appointees per 100 faculty	44	50
Number of articles in refereed journals	796	1034

Goal 4: Diversity - As the State of Connecticut’s medical school, we will strive to provide a competent physician workforce that will meet the needs of a diverse patient population and can address racial and ethnic disparities in healthcare. We will ensure that our student body, our faculty and the rest of our workforce reflect the diversity of our service population. We will work to sustain our excellent sources of diverse students and develop professional networks that will enable us to recruit qualified diverse faculty. We will develop mentoring and faculty development programs that will enable those we recruit to succeed and enable us to retain those in whom we have invested.

Metric	Baseline	2014 Goal
% Senior In Residence Faculty from under represented groups	4	10
% Junior In Residence Faculty from under represented groups	10	15
% Senior Tenured Faculty from underrepresented groups	3	9
% Junior Tenure Track Faculty from under represented groups	0	10
% Senior In Residence Faculty that are female	27	30
% Senior Tenured Faculty that are female	19	25
% Total student enrollment from underrepresented groups	15	18

The current value for the percentage of junior in residence faculty that are female is 49% and the percentage of junior tenure track faculty that are female is 56%.

Implementation of the diversity strategies will be detailed in a companion Diversity Plan to be developed with assistance from the Office of Diversity and Equity pursuant to the direction of the Provost.

Goal 5: Public Engagement - Enhance the contributions of the School of Medicine faculty, staff, and students to the state, nation, and world through appropriate collaboration with the public and private sectors.

Metric	Baseline	2014 Goal
Number of medical students participating in free clinics	75	90
Number of medical students teaching health education in Hartford School System	35	40
Number of Discovery Series events	8	10
Average number of volunteer hours reported by graduating medical students	57	70
Number of high school students participating in the Mini Medical and Dental School	82	100