

2023



***STRATEGIC PLAN***  
***2023-2027***



## Strategic Plan 2023-2027

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### Table of Contents

## Table of Contents

I.	Undergraduate Medical Education.....	3
	Learning Environment and Personal Growth Goals .....	3
	New Curriculum Goals .....	4
	Academic Quality Goal.....	5
II.	Graduate Medical Education.....	6
	Residency and Fellowship Program Goals.....	6
III.	Research and Scholarship.....	7
	Research Goals .....	7
IV.	Community Service.....	9
	Community Health Goals .....	9
	Primary Care in West Texas Goals .....	10
V.	Department of Medical Education and Education Research .....	11
	Department of Medical Education Research.....	11
VI.	Wellness and Mental Health .....	12
	Wellness, Resiliency, and Mental Health Goals .....	12
VII.	Faculty Satisfaction .....	13
	Faculty Satisfaction Goals .....	13
VIII.	Clinical Practice.....	14
	Clinical Practice Goals.....	14

## Strategic Plan 2023-2027

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### I. Undergraduate Medical Education

#### Learning Environment and Personal Growth Goals

Provide learning environment to support personal growth of medical students leading to high student satisfaction as measured by internal and external AAMC surveys.

##### **Initiatives:**

1. Provide online resources to support and enhance the curriculum; survey students on need for any additional resources
2. Develop *Programs of Distinction* to enhance student confidence and sense of achievement; develop projects as scholarly efforts and tailor learning for professional growth
3. Provide sufficient study space, library resources, and relaxation space
4. Minimize student mistreatment
5. Develop strong and effective offices in Academic Affairs and Student Affairs (including student wellness)
6. Ensure a responsive and cultivating learning and work environment promoting resilience and supporting community wellness
7. Promote interprofessional learning and scholarship, comprehensive mentoring, and career advancement
8. Monitor student satisfaction in all years of the curriculum
9. Ensure and enable rural rotations for medical students
10. Maintain and/or expand the student summer research program
11. Provide hourly funding for students who can continue their research program in year 2
12. Increase the number of faculty with skills to assist students in their research programs
13. Provide research experiences for students in year 3 and 4
14. Enhance the *Program of Distinction* in Research

##### **Metrics:**

1. 8.01- AAMC GQ Satisfaction with the Quality of Medical Education will be greater than 90%; greater than top 25% in nation (greater than 75<sup>th</sup> percentile)
2. Provide UWorld, Pathoma, Sketchy Firecracker, VxMed, and Boards and Beyond to all students (cost greater than \$300,000/year); reevaluate annually
3. Put in place at least four *Programs of Distinction* – Research, Humanities and Ethics, Care of the Underserved, Leadership; enroll at least 20 students in each program; consider adding in the future both Addiction and Women’s Health
4. 5.8-1 AAMC GQ student satisfaction with library resources at least 80% and above national average
5. 5.11-1 AAMC GQ student satisfaction with study space at least 80% and above national average
6. 5.11-3 AAMC GQ student satisfaction with relaxation space at least 80% and above national average
7. 12.3-1 AAMC GQ student satisfaction with mental health services greater than 80% and 10% above national average
8. Y2 Q25 student mental health services above 75<sup>th</sup> percentile (currently 79.1%)

## Strategic Plan 2023-2027

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9. Table 18 AAMC GQ student satisfaction for health services at least 80% and above national average (SOM currently at 82.8%; national average at 77.9%)
10. Table 13 AAMC GQ student satisfaction maintain emotional climate at or above 9.5 (75<sup>th</sup> percentile), currently 10.3
11. Table 13 AAMC GQ student satisfaction maintain student faculty interaction above 15 (75<sup>th</sup> percentile), currently 15.0
12. Y2 Q 30 mistreatment – all 16 standards answer *never experienced* >90%, currently 91-99%
13. Y2 Q 6 overall satisfied with medical education at 90%, currently 89.3 (71<sup>st</sup> percentile)
14. Table 12 AAMC GQ greater than 80% students have research mentor (SOM currently 81.2%; national 84%)
15. Greater than 50% of medical students have:
  - a. Coauthor a peer-reviewed published paper
  - b. Presented a poster or talk at a national or international meeting
  - c. Presented a poster at the student summer research week
16. Continue to provide the Dean’s Contingency Fund to support student travel costs to attend conferences; evaluate how to support student publication costs
17. Greater than 50 faculty members support the summer research program

### New Curriculum Goals

Optimize new curriculum for student success.

#### Initiatives:

1. Lectures – reduce number of didactic instruction and increase number of classroom discussions, case presentations, team-based learning, and other active learning sessions
2. Evaluate student performance on NBME exams in Phase 1 and Phase 2, and student satisfaction regarding individual course blocks and clerkships (including end of block, clerkship and AAMC GQ Questionnaires) and revise any course for which NBME performance deviates significantly from national comparison data and/or that is below 50% on student satisfaction
3. Extend curricular content related to biostatistics, societal problems, and healthcare disparities.
4. Improve transition to clerkships and preparatory clinical training during Phase 1 by updating the Introduction to Clinical Medicine course and developing bootcamp/capstone days on regional campuses before core clerkships begin
5. Clinical training – develop best methods to measure success of clinical training and preparation for residency including entrustable professional activities, clinic assessment, and interprofessional education
6. Clerkship Coordinators – improve use of and quality of clerkship coordinators considering appropriate classification, possible central management, and quarterly evaluation
7. Increase student satisfaction with the new curriculum
8. Evaluate NBME scores in the new curriculum against national comparison data
9. Use entrustable professional activities throughout the medical school curriculum to ensure students are prepared for residency
10. Increase exposure opportunities for rural medicine rotations and clerkships
11. Improve Spanish learning opportunities for medical students

## Strategic Plan 2023-2027

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### Metrics:

1. Reduce didactic sessions to 50% of scheduled sessions by AY 2026/27
2. Increase active on-campus learning to 50% AY 2026/27; list new in-person activities
3. Average NBME exam performance in Phase 1 targeted to be no more than 3% below national comparison data for any block NBME (comparison group USMLE Step 1 item usage)
4. Average NBME exam performance in Phase 2 targeted to be no more than 3% below national comparison data for any clerkship NBME (comparison group 8-week national clerkship data)
5. Evaluate student satisfaction in biostatistics content and new introduction to clinical medicine course on future AAMC GQs for successive improvement to surpass the 90<sup>th</sup> percentile
6. List all interprofessional education programs and include student satisfaction survey for these activities; evaluate if below 90%
7. Use national program director's assessment to evaluate preparedness of students for residency (equal to or greater than 35% to *exceed expectations*, greater than 97% to *meet and exceed expectations*)
8. 7.8-2, 7.1-4, 7.6-3 AAMC GQ – students agree/strongly agree in all categories that they are prepared to begin residency greater than 90%
9. Prepare new clerkship coordinator position description after consultation with Human Resources
10. Use OSCE data to assess entrustable professional activities

### Academic Quality Goal

Strengthen academic quality.

### Initiative:

1. Determine best measures of academic quality following first time board pass rates, match rates, number of students participating in a *Program of Distinction*, follow faculty views on academic excellence

### Metrics

1. USMLE 1 – greater than 93%
2. USMLE 2 – greater than 96%
3. Match rate – greater than 90%
4. Number of students having completed a *Program of Distinction* (goal is having 20 students in each program)
5. Q12b AAMC Faculty Standpoint – My medical school is accomplishing its mission >80% (currently 81%; peer group 71.3%)
6. Q12g AAMC Faculty Standpoint – My medical school fosters teaching excellence >75% agree or strongly agree (currently 76.8%; peer group 70%)



## Strategic Plan 2023-2027

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### II. Graduate Medical Education

#### Residency and Fellowship Program Goals

To evaluate new residency and fellowship programs across all campuses and expand post-graduate training to meet community needs and to maintain excellence in all accredited programs.

##### **Initiatives:**

1. Increase the number of PGY 1 residency positions as opportunities present
2. Develop a Surgery residency program in Amarillo
3. Develop a Surgical Oncology fellowship in Lubbock
4. Develop a Gastroenterology and Pulmonary fellowships in Permian Basin
5. Provide necessary resources for new residency and fellowship programs and monitor standards with the campus GME office
6. Evaluate the development of a Pediatrics/Psychiatry/Child Psychiatry combined program at Lubbock
7. Evaluate the development of a Family Medicine/Psychiatry combined program at Permian Basin
8. Expand the Family Medicine Program at Lubbock to:
  - a. Community Health Centers of Lubbock
  - b. Plainview- Rural Track
9. Educate residents and fellows in telehealth
10. Improve exposure of residents to rural medicine training opportunities

##### **Metrics:**

1. Attain provisional accreditation for all new GME programs
2. Attain accreditation with commendation in newly established programs whenever possible
3. Maintain accreditation (with commendation in existing programs whenever possible)

## Strategic Plan 2023-2027

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### III. Research and Scholarship

Performing high quality research is integral to the mission of medical education. It ensures that faculty are actively involved in generation of new knowledge and thus are imparting current knowledge important to the practice of medicine and knowledge needed by students to understand the science of medicine as it will exist years after they graduate. Research as measured by peer-reviewed grants, high-impact publications, and changes in medical practice (such as defining standard-of-care therapies or leading to FDA registration approvals) are major components of how a school of medicine is judged and ranked. Thus, striving for research excellence is essential to promoting the reputation of the SOM, which impacts recruitment of students and faculty and also impacts success of students in competing for post-graduate medical education opportunities.

#### Research Goals

1. Improve USNWR research ranking (currently 87/192) and the overall reputation of the SOM by increasing the annual SOM NIH research funding (average over rolling 3-year periods). Identify non-NIH grant funding that supports and enables success with NIH grant funding and increase success with those peer-reviewed grants
2. Increase the number of publications in high-impact (> 10 impact factor) journals, and improve total number of peer-reviewed, MEDLARS listed publications
3. Increase the number of SOM faculty with peer-reviewed external research funding
4. Become a national leader in providing research opportunities for students, to enable research opportunities for students it is essential that faculty have active research programs

#### Initiatives:

1. Collect a comprehensive set of data by faculty member (those with research as part of their faculty effort profile) and department on external research grant funding (by source, funding amount, and IDC generated), number and impact factor of peer-reviewed publications, H-index, students and fellows trained (and placement of those trainees), SOM and TTUHSC support (attributed to the research portion of faculty effort), and lab space occupied
2. Utilizing data on faculty and department research productivity identify opportunities to revise allocation of internal research funding, endowed chairs, and lab space to reward and improve strong research productivity
3. Conduct external review by engaging a panel of NIH-funded and highly research-experienced medical school faculty from outside of TTUHSC to review the data collected on research at TTUHSC SOM, site-visit TTUHSC SOM, and provide suggestions for how to enhance research productivity
4. Evaluate core resources for laboratory and clinical research, including the Clinical Research Institute (CRI), to determine if they are optimally supporting research in the TTUHSC SOM and when feasible, avoid duplication of instruments between institutional cores and departments, and adjust support for core resources to enhance effective core support for clinical and laboratory research
5. Together with the TTUHSC SVP for Research, identify areas of research with the highest potential for expanding research publications and grant support to SOM (based on national and state funding opportunities and current research productivity strengths and expand the

## Strategic Plan 2023-2027

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- resources (internal funding, faculty recruitment “slots”, lab space) allocated to those areas of research
6. Evaluate current Centers of Excellence and determine if continued, increased, or decreased support is warranted
  7. Develop a SOM plan for recruiting new research faculty that ensures recruitment of faculty that have a high potential for generation of NIH grant funding and peer-reviewed publications, while ensuring recruitment efforts are aligned with SOM priority areas for research so as to enhance the national and international reputation of the SOM in those identified areas of research strength
  8. Foster and reward the submission of grants (especially if those grants are awarded) that support SOM research efforts beyond an individual faculty laboratory, such as grants that enable junior faculty recruitment and support of junior faculty, core grants that support multiple faculty/departments, and training grants
  9. Identify and enhance areas for translational or clinical research that can lead to improved health care for patients served by the SOM
  10. As a major engine for research in the SOM are PhD and MD PhD students in the GSBS, and as many faculty in GSBS are appointed in and supported by the SOM, it is important to develop policies and methods by which the SOM and GSBS work together as partners to allocate resources and placement of students with research mentors in SOM
  11. Establish a formal structure for monitoring and fostering research productivity in the SOM that contain identified leaders responsible for clinical research, translational research, and basic science research, ensuring these SOM research leadership will be integrated with and work closely with TTUHSC research leadership to monitor and increase SOM research productivity
  12. Work with TTUHSC Government Relations to develop a plan to revise the provision available state funds that support research, i.e. the Texas University Fund (TUF) as unlike the Permanent University Fund (PUF), the TUF does not support medical schools

### **Metrics:**

1. Require all SOM faculty establish a publicly accessible Google Scholar account and review it to ensure accuracy of publications included. Using Google Scholar collect data each year on individual faculty, department, Centers of Excellence, and SOM as a whole publication numbers and H-index values. Include the evaluation of publication quantity and impact on evaluations of faculty, departments, and Centers of Excellence.
2. A key metric in evaluating faculty, departments, and Centers of Excellence will be the total external grant funding and total NIH funding per year, and is utilized in determining the adequate research space per researcher
3. Metrics for evaluating core resources supported by TTUHSC and/or TTUHSC SOM are the number and impact of peer-reviewed papers generated with support from the core, the number and funding amounts of total external grant support and NIH grants accrued due to the core and to the portion of the core resource supported by external grants





## Strategic Plan 2023-2027

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### IV. Community Service

#### Community Health Goals

Support community health needs with student and faculty engagement.

##### **Initiatives:**

1. Provide medical school student organizations with basic/clinical staff resources; provide financial support for up to ten projects per calendar year
2. Attract students and residents to remain in State of Texas to practice medicine
3. Support the student led free clinic with resources as requested, now on all campuses
4. Utilize the Dean's Ambassadors to represent TTUHSC SOM at public events
5. Support TTUHSC Communications and Marketing with expert advice regarding promotional initiatives, public relations, social media, and branding
6. Activate COVID vaccine programs if they again become necessary
7. Fund and support the Blood Pressure/Barbershop student group (working with local private barbers and hair stylists)

##### **Metrics:**

1. Number of students participating in Lubbock student led free clinic; at least 50% of each class (MS1 and MS2); leadership team will provide at least one presentation per year on the impact of the free clinic at a local or national opportunity
2. Increase number of students and number of organizations involved in community engagement after developing current database
3. Number of students active in the Blood Pressure/Barbershop program – greater than 20
4. AAMC MMT Mission 1 graduates practicing medicine in Texas; maintain at or greater than current 51.1% or 95<sup>th</sup> percentile nationally
5. AAMC MMT Mission 1 percent of students practicing Family Medicine; maintain at or greater than current 13.3% or 87<sup>th</sup> percentile nationally (29.6% of graduates in a Primary Care specialty or 87<sup>th</sup> percentile nationally)



## Strategic Plan 2023-2027

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### Primary Care in West Texas Goals

Continually work to meet the need for primary care services in West Texas.

#### **Initiatives:**

1. Expand the FMAT program participation encouraging students to enter Family Medicine and keeping debt at graduation low; increase primary care/FMAT scholarships
2. Maintain current high ratio of graduating students entering primary care vs specialty care
3. Train students in telemedicine following the AAMC Telehealth Competencies developed for the entry to residency or recent medical school graduate tier
4. Increase resident numbers in Family Medicine residency programs with hospital funding support

#### **Metrics:**

1. Percent of graduating students entering a primary care residency greater than 45%
2. At least 15 FMAT students per year with growth to 25 over 5 years
3. Keep average tuition to less than \$25,000 in first year
4. Keep average debt to less than \$160,000 at graduation (currently \$142,713 for 2021 graduates)
5. Move USNWR Primary Care ranking from 43 to below 40 by increasing number of faculty
6. Assess telemedicine course value by diagnosis and discipline
7. Increase residency slots in Family Medicine on all campuses to be the top in country (Permian Basin is currently the largest program in Texas) negotiating with teaching hospitals and perhaps other community partners to fund the growth



## Strategic Plan 2023-2027

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### V. Department of Medical Education and Education Research

#### Department of Medical Education Research Goals

The Department of Medical Education (DOME) will develop MedEd Research in clerkships, electives, and selectives.

#### **Initiatives:**

1. Require a research component of all faculty appointed in the DOME utilizing applicable AAMC programs to build education research strength
2. Engage and support the DOME in developing scholarships, publications and presentations to represent our innovative learning environment
3. Develop a medical education database to be accessed for longitudinal or block and clerkship assessment and research into student outcomes; share with other medical schools to support robust research effort

#### **Metric:**

1. Each DOME faculty member will have one publication or presentation per year in the field of medical education
2. Include at least three medical education projects in the Student Summer Research Program
3. Office of Academic Affairs to report on the medical education database annually at a general faculty meeting
4. DOME faculty will submit a minimum of five educational extramural grants per year

## Strategic Plan 2023-2027

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### VI. Wellness and Mental Health

#### Wellness, Resiliency, and Mental Health Goals

Develop wellness, resiliency, and mental health initiatives for students, staff and faculty.

##### **Initiatives:**

1. Establish easily assessed mental health clinical services for students and faculty
2. Include description and examples of resiliency in first year curriculum
3. Incorporate student essays on examples of resiliency in P3 course
4. Discuss approach to losing a loved one, dealing with illness, relationship breakup, etc., as part of the P3 course
5. Assess cause and remedy for faculty burnout
6. Create new pathways and pipelines locally and statewide to provide educational opportunities for students who come from underrepresented in medicine backgrounds

##### **Metrics:**

1. Table 13 maintain emotional climate at or above 9.5, currently 75<sup>th</sup> percentile (SOM currently 10.3)
2. Table 13 Maintain student/faculty interaction above 15, currently 75<sup>th</sup> percentile (SOM currently 15.0)
3. Table 18 AAMC GQ student satisfaction with relaxation space greater than 80% and above national average (SOM currently 78.2%)
4. Table 18 AAMC GQ student satisfaction with study space greater than 80% and above national average (SOM currently 85.9%)
5. Table 18 AAMC GQ student satisfaction with mental health services greater than 80% and 10% above national average (SOM currently 81.3%)
6. Table 19 Q39 mistreatment all 16 standards answer *never* >90%; currently 91-99%
7. AAMC MMT Mission 2 number of total faculty who are women in 2021 was 185 or the 23<sup>rd</sup> percentile; goal is 200 by 2027
8. AAMC MMT Mission 2 percent total faculty HLS, B/AA, AI/AN in 2021 was 67 or the 34<sup>th</sup> percentile; goal is 80 faculty by 2027
9. AAMC MMT Mission 6 in-state cost of attendance in 2022 was \$297,179, keep level or improve currently at 8<sup>th</sup> percentile
10. AAMC MMT Mission 6 average debt of indebted 2022 graduates was \$151,801, keep level or improve currently at 25<sup>th</sup> percentile
11. Figure 10 AAMC Faculty Standpoint faculty burnout in workplace with goal less than 10% *burned out, symptoms of burnout won't go away or definitely burned out* (currently 26%)
12. Q13e AAMC Faculty Standpoint I feel the workplace culture at this medical school cultivates faculty wellness with a goal of 90% (currently 63%)
13. Develop, approve and implement a detailed wellness and resiliency program by 2026
14. Monitor time for a student, faculty or staff to obtain a mental health appointment (ideally three days or less)
15. Develop, approve and implement resiliency curriculum in the P3 course by 2026



## Strategic Plan 2023-2027

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### VII. Faculty Satisfaction

#### Faculty Satisfaction Goals

Maintain the highest level of faculty satisfaction possible and provide meaningful mentorship and faculty development opportunities annually.

#### Initiatives:

1. Examine standards in the AAMC Faculty Standpoint Satisfaction survey below the national cohort using subcommittees of the Faculty Council Executive Committee to analyze root causes
2. Provide opportunities for the best faculty development courses and programs
3. Continue to encourage women faculty to participate in the Executive Leadership in Academic Medicine (ELAM) program
4. Provide intramural programs on wellness, burnout, and clinical practice

#### Metrics:

1. Maintain or improve the 2022 faculty satisfaction standpoint survey results at next survey in 2026
2. AAMC Faculty Standpoint overall faculty satisfaction survey 77% satisfied vs 7% dissatisfied
3. AAMC Faculty Standpoint mean satisfaction scores 4.02; peer group 3.74, cohort 3.8
4. AAMC Faculty Standpoint I would again choose to work at this medical school; agree- 81% vs 6% disagree
5. AAMC Faculty Standpoint I would recommend this medical school; 75% agree vs 8% disagree
6. AAMC Faculty Standpoint satisfied with the clinical practice; 72% agree, cohort 62% agree
7. Office of Faculty Development and Affairs will annually track and list all courses attended by faculty outside of TTUHSC
8. Present two faculty per year as ELAM candidates (ideally have at least one accepted by ELAM per year)
9. Document intramural faculty CME programs each year



## Strategic Plan 2023-2027

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### VIII. Clinical Practice

#### Clinical Practice Goals

Maintain a strong clinical practice to provide optimal student and resident teaching and a strong financial base for the School of Medicine.

##### **Initiatives:**

1. LCME Annual Financial Report - maintain a positive operating margin
2. AAMC OMT reserve cash-on-hand
3. AAMC OMT keep high percentage of unrestricted net assets
4. MPIP will maintain appropriate number of physicians/providers on all campuses
5. MPIP will keep accounts receivable at national MGMA benchmark
6. Increase annual funding through the Master Coordinating Agreements with each hospital
7. Measure yearly profit margin on all campuses
8. Increase percentage of commercial patients in the Texas Tech Physician practice
9. Plan, develop and implement a Texas Tech Physician practice at the new UMC Health and Wellness facility (Lubbock only)

##### **Metrics:**

1. Keep OMT mean days cash-on-hand at 200 or better (SOM currently 245 days or 90% nationally)
2. Keep OMT operating margin at 102% or better (SOM currently at 102.5%)
3. Keep unrestricted net assets at mean or 50% or better (SOM 65.4% or 70% nationally)
4. MPIP yearly profit at \$5 million or better
5. Increase number of Texas Tech Physicians faculty/providers by 1 to 3% per year
6. Annually evaluate the percentage of commercial patients at all campuses and implement ways to improve by 1 to 2% each year
7. Increase the Master Coordinating Agreement funding from each hospital overall by 1 to 2% per year
8. Annually evaluate the accounts receivable against national benchmarks and implement ways to improve if above the average
9. Operationalize new clinical services at the UMC Health and Wellness facility starting in the second quarter of 2024 (Lubbock only)