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## Strategic Plan for Excellence, Equity and Diversity

**I. Introduction**

This strategic plan articulates the School's overarching objectives to continue to lead our students, faculty and staff to excellence in the framework of a growing, dynamic, intellectually stimulating, creative, innovative, supportive, and inclusive community. The plan reaffirms our vision of a strong and ongoing commitment to our mission and core values that will ensure diversity, equity and excellence in teaching, research, patient care, and community engagement.

**II. The Planning Process**

The planning process began with the solicitation of representatives from all the School's units, the student body and staff. Department heads recommended faculty to serve on the planning task force. The recommendations were formally appointed to the School's Strategic Planning Task Force. When the Committee felt key unit representation was absent, it added additional members for their perspectives. Three committees (Education, Research and Community) of 50 task force members were created. Diversity planning was the responsibility of all three committees. Spread across departments, centers and special interest groups with staff and student representation, the members represented a breadth of disciplines, from basic to applied and bench to social sciences, in the three areas of the School's mission. Committee chairs included associate deans largely responsible for or knowledgeable about a specific area of the Committee's charge to address. Appointed in December 2010, the committees met in January, February and March and submitted their respective draft plans in March 2011. A combined draft plan based on common themes, strategies, and committee recommendations was distributed among the task force members, to all members of the School electronically, and the plan was also placed on Blackboard for School-wide discussion and comment. The committee then incorporated all input into the final plan. Following several rounds of revisions after incorporating comments and feedback where appropriate, the writing group finalized the Plan document and submitted to the Provost.

A working group from the Deans Office composed of Isaac Wood, MD, PonJola Coney, MD, Cheryl Al Mateen, MD, Kathleen Kreutzer, MA, assisted by Kelli Parmley, Ph.D., and staffed by Kimberly Zicafoose and Patricia Strong, coordinated logistical issues throughout the process and maintained the written records of all discussions.

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In the spirit of working toward the goals and objectives of the Plan for Equity and Diversity, specific departments within the School are asked to take the lead in developing models for improving cultural competence of medical providers and monitoring consumer satisfaction. An example is found in the department of physical medicine and rehabilitation. Multiple rehabilitation providers assembled to address medical outcomes disparities and to develop a plan for improving cultural sensitivity of service delivery. All levels of rehabilitation faculty, staff and students as well as representatives of the McGuire Veteran's Administration Hospital PolyTrauma Unit worked together for over a year to create a Blackboard cultural competence course and a plan to assess effectiveness of this intervention.

Final approval by the School's Executive Committee (department heads, center heads, deans, at large faculty, department administrators) occurred on October 12, 2011.

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**III. Mission, Vision, Diversity*****Mission***

The mission of the School of Medicine is to provide preeminent education to physicians and scientists in order to improve the quality of health care for humanity. Through innovative, scholarly activity and a diverse educational context, the School seeks to create and apply new knowledge, and to provide and continuously improve systems of medical and science education. Furthermore, it is our mission to develop more effective health care practices to address the needs of the diverse populations we serve, and to provide distinguished leadership in the advancement of medicine and science.

**Vision**

The VCU School of Medicine will build on its excellence in the basic, clinical and behavioral sciences to improve human health by advancing the prevention and treatment of diseases. Training programs will incorporate commitment to diversity and the advancement of healthcare yielding a quality diverse workforce in a welcoming and accepting environment.

**Diversity**

Diversity at VCU's SOM is a commitment and ongoing process of inclusion with special attention to such characteristics such as gender, age, religion, disabilities, sexual orientation, socioeconomic status, race, ethnicity and geographic region and acceptance of these differences in an environment that encourages the presence and participation of all, reflecting the demographics of those we serve. We believe that diversity drives our institution toward excellence in teaching, research, service and learning through the production of distinct thoughts, ideas and beliefs. Diversity permits students to develop in an environment which parallels the world in which they will live thereby facilitating an understanding and appreciation of the ideas and practices of others, building for the recognition, acceptance and value of differences.

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**IV. Where are we now?**

## a. Environmental Scan

To ensure that the planning process be forward looking, we began with an environmental scan, including:

- ❖ The Liaison Committee on Medical Education (LCME) 2008 Letter of Accreditation to the School.
- ❖ A review of the previous 3 years of data from the **Annual AAMC Graduation Questionnaire**, which is completed each year by graduating medical students. This survey is conducted by the AAMC who provides the data to the School.
- ❖ Review of completed **Climate** Surveys

Current faculty-led initiatives in the School periodically monitor the climate for minority and women faculty and staff, provide updates on event and opportunities, and coordinate minority affairs projects among offices within the School of Medicine. The Dean appoints and supports the Multicultural Affairs Advisory Board (since 2002) and the Council on the Status of Women and Minorities (since 1994). These groups coordinate and develop projects that are targeted towards the recruitment, retention and development of minorities in the School as well as providing support to those who are members of minority or underrepresented groups. Representation on these groups includes African-American, Latino, Muslim, and Gay/Lesbian/Bisexual/Transgender members of the VCUHS Community from the student, resident and faculty populations. The results of **Surveys** on faculty status, gender and race conducted in the School over recent years can be viewed at: <http://www.medschool.vcu.edu/wims/cosowam/>, and <http://www.diversity.vcu.edu/diversityplan/climatesurvey.html>

- ❖ Review of **benchmark data** published by the AAMC and available to member schools Association of American Medical Colleges: U.S. Medical School Applicants and Students 1982-83 to 2010-2011 [www.aamc.org](http://www.aamc.org) and <https://www.aamc.org/data/facultyroster/reports/usmsf09/>.
- ❖ A Review of benchmark data on graduate training programs published by the National Science Foundation that is available to stakeholder groups: NSF Division of Science Resources Statistics, [http://www.nsf.gov/statistics/nsf09317/content.cfm?pub\\_id=3920&id=2](http://www.nsf.gov/statistics/nsf09317/content.cfm?pub_id=3920&id=2) and data included in the National Academy of Sciences report

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“Research Training in the Biomedical, Behavioral and Clinical Research Sciences” [http://www.nop.edu/catalog.php?record\\_id=2983](http://www.nop.edu/catalog.php?record_id=2983)  
Both of these reports provide aggregate data on the number and diversity (as measured by ethnicity and gender) in graduate programs. The National Academy of Science report also provides benchmark data on participants in combined degree programs (e.g. M.D. / Ph.D.).

## b. Positioning for the future

From these reports and surveys, we gleaned a foundation of facts, insights and observations that informed the strategic planning process. The School has a legacy of success, is in a position to meet the challenges and competition faced by medical schools today, and is prepared to embrace the need for change that will lead to continued success. The key features of this plan include: a focus on teaching and learning, strengthening our position in translational research, championing community engagement and partnerships, continuing to advance diversity, and constructing the academic program and facilities necessary to ensure success in these areas.

Strategic Advantages*Curriculum*

In 2008, the LCME Accreditation Survey team spoke to the School’s rich and diverse learning environment for students. The team highlighted the School’s exceptional support and responsiveness to students, and the many innovative programs for students that foster student well-being and promote altruism and professionalism in medical students and the educational community.

*Research*

In 2010, VCU received a prestigious **Clinical and Translational Science Award (CTSA)** joining a nationwide consortium of research institutions working to turn laboratory discoveries into treatments for patients. This network of academic research institutions accelerates the transformation of laboratory discoveries into treatments for patients, engages communities in clinical research, and trains a new generation of clinical and translational researchers. Therefore, translational research is the central focus of our research strategy.

*Community Engagement*

The School benefits from Richmond’s rich cultural, intellectual, and artistic diversity and physical resources. These characteristics enable us to offer unique professional and educational opportunities for our faculty, staff and students. We also have a responsibility to partner with the

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community as we use our professional expertise in the quest to seek solutions to improve the health of the members of our community. This focus is critical if we are to embrace service-learning and civic engagement objectives.

*Diversity and Equity*

As a School, we seek to decrease health disparities and increase social justice. Established professional expectations for diversity recognize the importance of capturing the talent and intellect of all people to drive productivity. Many initiatives have been in place to address diversity in the School and have resulted in significant gains. In particular, we have made significant strides toward closing the gap in equitable compensation for women and minorities. Strategic initiatives in this plan are focused on strengthening and expanding those efforts. Diversity efforts focus on Underrepresented Minority groups (URM), which include African American (AA), non white Hispanic/Latino, Alaska Native, Pacific Islander, and Native American populations. In fall 2010, student demographics in the SOM showed that in the medical school, the URM students comprised 10% of enrollees and 12% of graduates at VCU compared to a national rate for all medical schools of 7.0% and 6.8% respectively. URM doctoral student enrollment comprised 9% of the total student enrollment and 7% of the graduates. The most recent available national data from the National Science Foundation is available for 2008 and shows that URM enrolled doctoral students comprised 9.3% and graduates were 7% for all doctoral programs. Twenty six percent of our faculty is from an underrepresented population and 4% are AA compared to the national average of 20% and 3% respectively. Incentive programs are in place to facilitate recruitment of URM faculty. The focus will continue on recruitment, development and retention of URM faculty. The Climate will continue to be monitored by the Committee on the Status of Women and Minorities (COSOWAM), the Women in Science, Dentistry and Medicine, (WISDM), and the Multicultural Affairs Advisory Board (MAAB). These are groups have been in place in the School for several years, report to and are supported by the Dean's office.

The workgroup to develop the Diversity Plan was guided by the following standards required by the Liaison Committee on Medical Education (LCME) for the School of Medicine to maintain accreditation:

**IS-1.** An institution that offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes.

To ensure the ongoing vitality and successful adaptation of its medical education program to the rapidly changing environment of academic medicine, the institution needs to establish periodic or cyclical institutional planning processes and activities. Planning efforts that have proven successful typically involve the definition and periodic reassessment of both short-term and long term goals for the successful accomplishment of institutional missions. By framing goals in terms of measurable outcomes wherever circumstances permit, the institution can more readily

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track progress toward their achievement. The manner in which the institution engages in planning will vary according to available resources and local circumstances, but it should be able to document its vision, mission, and goals; evidence indicating their achievement; and strategies for periodic or ongoing reassessment of successes and unmet challenges.

**IS-16.** An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

The LCME and the CACMS believe that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment will facilitate physician training in:

- Basic principles of culturally competent health care.
- Recognition of health care disparities and the development of solutions to such burdens.
- The importance of meeting the health care needs of medically underserved populations.
- The development of core professional attributes (e.g., altruism, social accountability) needed to provide effective care in a multi-dimensionally diverse society.

The institution should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. The institution should consider in its planning elements of diversity including, but not limited to, gender, racial, cultural, and economic factors. The institution should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty members, staff, and others.

**ED-21.** The faculty and medical students of a medical education program must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. Instruction in the medical education program should stress the need for medical students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on patients' health. To demonstrate compliance with this standard, the medical education program should be able to document objectives relating to the development of skills in cultural competence, indicate the location in the curriculum where medical students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.

**ED-22.** Medical students in a medical education program must learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of health care delivery. The objectives for instruction in the medical education program should include medical student understanding of demographic influences on health care quality and effectiveness (e.g., racial and ethnic disparities in the diagnosis and treatment of diseases). The objectives should also address the need for self-awareness among medical students regarding any personal biases in their approach to health care delivery.

**MS-8.** A medical education program must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission. Because graduates of U.S. and Canadian medical schools may practice anywhere in their respective countries, it is

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expected that an institution that offers a medical education program will recognize its collective responsibility for contributing to the diversity of the profession as a whole. To that end, a medical education program should work within its own institutions and/or collaborate with other institutions to make admission to medical education programs more accessible to potential applicants of diverse backgrounds. Institutions can accomplish that aim through a variety of approaches, including, but not limited to, the development and institutionalization of pipeline programs, collaborations with institutions and organizations that serve students from disadvantaged backgrounds, community service activities that heighten awareness of and interest in the profession, and academic enrichment programs for applicants who may not have taken traditional pre-medical coursework.

Challenges and Opportunities*Curriculum*

Attendant to the recommendations of the LCME in 2008, the School began a process of redesigning the content of the curriculum and the process by which it is delivered. The preclinical curriculum is predominantly lecture-based and, as noted by the LCME Survey team, provides few opportunities for students to engage in self-assessment of their learning needs or to independently identify, synthesize, and evaluate information to meet those needs. Development and delivery of the new curriculum will emphasize learner-centered rather than content-centered instruction, students working in teams that represent the diversity of society, and faculty development to embrace and master more effective means of educational pedagogy. This emphasis will dictate more frequent and robust programmatic assessment targeting improved learning outcomes. The curriculum of the future will also ensure graduates' appreciation of cultural competency and diversity, bioethics and social justice, integrative /complementary medicine, physical and psychological comfort of the patient, social and behavioral context of health and illness, and wellness and prevention. The Masters and PhD granting programs need formal external and internal review in aggregate, measuring the students' experiences and satisfaction with their education including an assessment of the learning environment and diversity-related issues.

*Research*

The School has achieved national leadership in many areas of research and scholarship to include cardiac disease, brain trauma and injury, transplantation medicine, neuroscience, genetics, and cancer. We should strengthen and develop certain interdisciplinary areas of research in order to establish the translational pipeline within certain disciplines such as: metabolism, cardiovascular disease, addiction medicine, and immunology while maintaining, improving, and ensuring services for the administration of research grants and shared core facilities. This is critical to motivate and facilitate collaborations among faculty. This plan provides the opportunity to build upon existing areas of research strengths.

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We note that the environment for both research and training offers a particular heightened exposure to the global diversity, which is an increasingly important factor in our missions. Roughly 30% of our doctoral trainees come to us from outside the United States as do well over 50% of our postdoctoral trainees. This provides a heightened exposure to a broad variety of individuals from distinct cultures, beliefs, geographic regions and educational systems.

*Community Engagement*

In order to accomplish our mission of successful research initiatives concerning community and population health, we must promote stronger collaborations and partnerships between the School and the community to include K-12 schools and nonprofit organizations.

*Diversity and Equity*

Demographic shifts, health disparities, and health reform are among the urgent issues moving academic medicine toward inevitable transformation, with an ultimate goal of better health for all. We embrace the implicit commitment to educate all learners in a community that fosters openness and respect and in which they can engage in meaningful learning to achieve their potential. Consequently, diversity must be viewed in broad terms that reflect the complexity of the issues of inequity: underachievement, enormous demographic diversity at the primary and secondary school levels, and the absence of demographic diversity across the spectrum of academic success. Diversity is one of our core values. We strive to create an environment that embraces the diversity of this country, commonwealth, and community to stimulate an intellectual climate that improves diversity in education and career advancement. Broadening the concepts of diversity and inclusion and attaching these to excellence in medical education, research and patient care will require that we build on and enhance our prior and ongoing work in this area, including increasing multicultural competence and social justice awareness.

The School's primary efforts are on the pipeline for applicants: efforts to increase the numbers of high school and undergraduate students who are prepared to pursue a career in the health professions and research based options. The School currently has dedicated faculty and staff coordinating these efforts with 2.5 million dollars in funding support to increase the number of underrepresented minorities pursuing scientific careers, which require research-based training at the graduate level. These programs enhance the exposure to research, an understanding of graduate level training and exposure to careers in academe offering a balance in the emphasis on research and teaching is evident. Female faculty comprises 35% of our total faculty, equal to the national average for all medical schools. However, the advancement of women into leadership positions is inadequate. Since the number of women admitted to medical school is increasing, we expect the number of women entering academic medicine and achieving leadership roles will increase. We should measure ourselves by these metrics. We have similarly seen an even more rapid alteration in the gender distribution in doctoral training such that well over half of our graduate students in basic science

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and public health areas are female. Recent recruitments have improved the advancement of senior leadership in these units; of the eleven departments housing advanced degree (graduate) programs, five of the Chairs are female. Finally, we are challenged to become an exemplary employer across the entire spectrum of staff. Years of budgetary constraints and cuts have eroded staff numbers and morale. However, specific data for this group was not available to the committee during this period of discussion and planning.

This plan focuses on identifying new strategies while also sustaining and strengthening existing strategies and initiatives that have proven successful at contributing to our diversity and our educational and research programs. An educational imperative is increased access to our professional school and biomedical research programs as a way of enriching the intellectual excellence of our School. In addition, this plan will maintain the educational quality and graduation rates of our programs.

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**V. Action Plan**

**Theme I) Innovation in Teaching and Learning:** Educate our graduate and professional students in nationally recognized curricula that attract a diverse, high quality student body and prepare them to enrich our society through research, education, and clinical care.

Goal/Objective	Strategy/Initiative	Responsible for Strategy	Metric	5 Year Target
<i>Strategic enrollment management</i>				
Increase the Size of the Medical Student Class to 250 by 2015	Expand and diversify the Admissions Committee	Admissions	Size of M1 Medical Student Class to attain a class size of 250	Fall 2011 - 200 2012 – 210 2013 – 230 2014 - 240 2015 - 250
Reduce Medical Student Attrition	Develop a Comprehensive Learning Center for Student Support Supplementary learning opportunities	Medical Education & Student Affairs	Medical Student Attrition Rate	Reduce Attrition Rate to 2%
Assess Graduate Program Enrollment	Develop a Comprehensive Plan for Graduate Students Enrollment (based on considerations of capacity, competitiveness, required funding/fund recovery, and quality of matriculants and evidence of diversity)	Associate Dean for Graduate Education/Program Directors	Quality of Applicant Pool and Matriculants (GPA/GRE scores)  Yield of doctoral recruitment (matriculants/acceptances)  Graduate Student Attrition Rate	0.2 point increase in GPA and 5 percentile point increase in GRE verbal and quantitative scores of accepted students and matriculants  25% increase in matriculation rate  25% decrease in attrition rate
	Monitor diversity of applicant pool (as per NSF and NIH defined underrepresented populations), offers of acceptance and student acceptance of offers	Associate Dean for Graduate Education	Applicant, accepted students and matriculating students identified in aggregate by ethnicity and gender	Increase diversity of doctoral applications by 15% at the end of five years and enrolled from 6 to 10.

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Diversify Student Body	<p>Improve URMs M.D. and graduate program enrollment by:</p> <ul style="list-style-type: none"> <li>• Targeting URMs for pre-med Graduate Certificate to graduate programs</li> <li>• Implementing summer prep courses before Certificate program</li> <li>• Lowering MCAT requirement to 24 for certificate program enrollment</li> </ul>	<p>Associate Dean for Admissions, Associate Dean for Graduate Education, Assistant Dean for Graduate Education, Director of Research Support Services (COHD)</p>	<p>Number of enrolled URM graduate students</p> <p>% enrollment of URM in SOM MD program</p>	<p>Increase from 6 to 10</p> <p>Maintain at 10% with increase in class size: Increase from 89 to 100.</p>
	<p>Work with VCU undergraduate programs and Honors College/Med 101 class for sophomores and juniors to provide one on one counseling and better prepare students for professional schools' admissions processes</p>	<p>Associate Dean for Admissions, Director of Research Support Services (COHD)</p>	<p># of URM students in Honors College</p> <p># of Premed URM interactions with Admissions</p>	<p>Increase the number of URMs in Honors College from 1 to 4</p> <p>Increase the number of premed interactions by 50% from 4- 8</p>
	<p>Expand recruitment at HBCUs for students interested in biomedical research and medicine. Create a GMED program at an HBCU with an attached to commitment Enhance undergraduate awareness of health sciences/research based career options and VCU opportunities</p>	<p>Associate Dean for Admissions, Assistant Dean for Graduate Education, Director of Research Support Services and Research Training Director (COHD)</p>	<p>New URM student applicants and enrollees from HBCUs</p>	<p>Increase # of qualified URMs in applicant pool from HBCUs by 10% over 4 years</p>

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Diversify Student Body (continued)	Develop online module for MCAT preparation with target audience of URM's	Disparities Admissions	Average MCAT score for URM medical school applicants	Increase average MCAT from 23 to 25 in URM applicant pool
	Increase the amount of financial support for programs, services, and scholarships which target URM students.	Admissions MCV Alumni Development Office	Number of URM medical students receiving scholarships	Increase number of URM's receiving scholarships by 50%
<b><i>Student engagement and satisfaction</i></b>				
Increase Student Engagement	Develop shared doctoral student experiences to foster interdisciplinary activity	Associate Dean for Graduate Education, Senior Associate Dean for Faculty Affairs	# of interdisciplinary courses, seminars, research presentations/experiences organized	Establish benchmark /baseline number in FY 12 and increase by 50%
	Enhance Graduate Student Experience (Mentor Performance)	Associate Dean for Graduate Education	Student/Faculty Satisfaction and Engagement Survey	Enhance positive student response by 15%
	Increase student learning and engagement through simulation, experiential and experimental scenarios	Director, Center for Human Simulation and Patient Safety	# of simulation learning experiences	Increase number of total simulation learning experiences from 20 to 40.
	Create additional opportunities for URM students to engage in research and scholarship	Senior Associate Dean for Research Center on Health Disparities Research Training Director (COHD)	Sustain support of MORE programs and increase for targeted opportunities  #/% of URM students engagement in research and scholarship	Renew MORE grants  Increase 50%, the number URM students engaged in research

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Increase Student Engagement (continued)	All students have a high quality service learning experience	Associate Dean for Student Affairs, Senior Associate Dean for Student Affairs	# service learning opportunities  Enrollment (by student level) in service learning	20 service learning opportunities available 100% student enrollment in service learning
	Create and emphasize additional teaching experiences for doctoral students	Graduate Program Directors, Chairs of Basic Science and Public Science Health Departments	# of teaching activities/experiences	Increase # of students with defined experience by 20%
<b><i>Implement the new medical student curriculum</i></b>				
Develop a preeminent environment for educating a diversified group of learners in the School of Medicine	Develop interprofessional learning experiences between the health sciences schools	Medical Education	# of interprofessional learning experiences  % enrollment	10 interprofessional learning experiences 100% of students enrolled
	Professional Development Center for Faculty – address pedagogy	Faculty Affairs	Develop Professional Development Center Hire Associate Dean and staff for Center	Center developed by 2013 Associate Dean hired by 2012
	Coordinate the move to the Medical Building	Medical Education	Meet key milestones for new SOM building occupancy	Occupy new medical building by Spring 2013
	Develop a Curriculum Assessment and Improvement Plan	Medical Education Office of Evaluation	# of actions identified for curricular improvement based on assessment results	Develop and implement a Curriculum Assessment and Improvement Plan by 2012 with 100% implementation by 2013

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**Theme II) Excellence in Research:** Improve human health through outcomes-driven research across a broad portfolio of disciplines.

Goal/Objective	Strategy/Initiative	Responsible for Strategy	Metric	5 Year Target
<b><i>Strengthened capacity for interdisciplinary and translational research</i></b>				
Recruit the talent, provide training and establish competencies to create a preeminent program in interdisciplinary and translational research	Recruit strategically important translational scientists in cardiac electrophysiology, metabolism, addiction medicine, immunology/virology, structural biology, genomics, and health disparities.	Dean, School of Medicine Senior Associate Dean for Faculty Affairs Director, Center for Clinical Translational Research Director, Center on Health Disparities	# of translational physician-scientist investigators  # of peer reviewed publications from translational research	Add seven faculty identified as Translational Scientists in targeted areas  Increase by 50% over FY 11 benchmark
	Establish training program/support/mentoring to prepare physician-scientists to conduct translational research inclusive of an awareness of health disparities issues.	Director, Education Core and Director, Community Engagemenet Core, Center for Clinical Translational Research Senior Associate Dean for Faculty Affairs	# of students participating in translational research experiences on campus  # of URM students participating in translational research experiences on campus	100% increase over FY11 benchmark  100% increase over FY11 benchmark
	Create Clusters (network groups) to promote research and enhance conference initiatives that expedite and facilitate translational initiatives	Dean-appointed Task Force	# of active network groups	Task Force to set six-year goal

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Goal/Objective	Strategy/Initiative	Responsible for Strategy	Metric	5 Year Target
	<p>Develop diversity plan for all sponsored training awards.</p> <p>Each department/Center/Institute must establish guidelines and training plans for all funded research grants that receive support for graduate students and postdoctoral trainees.</p>	<p>Director,Center on Health Disparities Director of Research Support Services and Research Training(COHD) Department Chairs</p>	<p># of applications for NIH minority supplements</p> <p># of URM students receiving training in RO1 funded awards</p>	<p>Increase FY 11 benchmark by 50%</p> <p>Increase FY 11 benchmark by 50%</p>
	<p>Develop faculty and department competency in the development of individual mentoring plans for graduate and postdoctoral students</p>	<p>Faculty Affairs and Development</p>	<p># of training grant submissions and awards</p>	<p>25% increase in number and value of awards</p>
<b><i>Administrative leadership and infrastructure to support research and training</i></b>				
<p>Create the infrastructure and leadership needed for a preeminent program in research</p>	<p>Devise tenure guidelines that allow expanded probationary period for tenure-eligible faculty</p>	<p>Faculty Affairs Faculty</p>	<p>Revise P&amp;T guidelines to include flexible extended probationary period</p>	<p>Revised guidelines</p>
	<p>Create a Tissue Bank Resource to support translational research.</p>	<p>Dean-appointed Task Force representative of SOM research faculty</p>	<p>Availability of Tissue Bank Resource</p>	<p>Tissue Bank Resource available</p>
	<p>Expand affordable animal housing/care capacity.</p>	<p>Office of Research</p>	<p>Additional animal housing/care capacity</p>	<p>Increase by 20%</p>
	<p>Review and improve policy for access and procurement of Core Facility Services.</p>	<p>Dean-appointed “ad hoc” faculty committee</p>	<p>Create and implement policy for access and</p>	<p>New policy with faculty approval</p>

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Goal/Objective	Strategy/Initiative	Responsible for Strategy	Metric	5 Year Target
			procurement of Core Facility Services.	
	Improve Information Technology resources for the development, submission and monitoring of Grant Proposals	Office of Research	Implement new PI friendly technology	Click Commerce implemented  PI Dashboard up and functional
	Strengthen capacity for computational biology, medical informatics and system-wide database access	Office of Clinical Transformation SOM IT	Capacity for computational biology, medical informatics and system-wide database access	TBD

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**Theme III Engagement:** Continue to build partnerships with our community to foster clinical and translational work while also adding to the diversity of our students, staff, and faculty.

Goal/Objective	Strategy/Initiative	Responsible for Strategy	Metric	5 Year Target
<b><i>Community engagement and outreach</i></b>				
Build an integrated community outreach strategy	Create a network of community partners and collaborators in outreach efforts around health literacy and community empowerment	COHD CCTR	SOM representation in Richmond city community organizations, local and state agencies, and advocacy groups issues for the minority and disabled community	Increase by 100% the # of faculty engaged in community organizations
	Sponsor community workshops that aim to reach multicultural and multilingual groups on developing strategies to enhance health literacy.	COHD CCTR SOM Faculty	Culturally and community-based outreach interventions targeting health literacy	Increase by 100% the # of culturally and community-based outreach interventions targeting health literacy

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**Theme IV Diversity in Our Workplace:** Create and maintain a diverse and talented staff and faculty through equitable recruitment, hiring, retention, and reward.

Goal/Objective	Strategy/Initiative	Responsible for Strategy	Metric	5 Year Target
<b><i>Building our human capital, climate, and employee satisfaction</i></b>				
Assess the culture of diversity within the school and pursue efforts to promote equity	Implement annual in-service training on diversity monitoring strategies for key professional, technical, and skilled craft personnel	Dean’s Office	Annual Seminars	Meet seminar learning objectives as measured by participant survey
	Imbed cultural competency learning outcomes in curricula	Medical Education Graduate Programs	Cultural attitudes and behaviors of students	Above average cultural attitudes and behaviors of students as compared to peer institutions
	Survey the climate of learning and service environment in the school for students, staff, and faculty	Dean’s Office	Develop and conduct annual surveys of students, staff and faculty independently	Trend data and address barriers/issues facing diverse group members accordingly
	Foster job skill training for staff specific to strategic directives	Department Chairs Associate Dean for Finance and Administrations	Annual Report	TBD
	P&S salaries for faculty and staff comparable to peers	Dean Department Chairs	Annual report and analysis based on race and gender	Gaps are closed
	Foster advancement of URM faculty in tenured/tenure eligible ranks	Department Chairs	Percentage of total FY 2011	Increase from 3/11 to 10/20 %
	Foster advancement of women faculty in tenured/tenure eligible ranks	Department Chairs	Percentage of total FY 2011	Increase percentage from 24/43 to 35/50

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Goal/Objective	Strategy/Initiative	Responsible for Strategy	Metric	5 Year Target
	Foster advancement of URM into department chair positions	Dean	Percentage of total FY 2011	Increase from 3% to 6%
	Foster advancement of women into department chair positions	Dean	Percentage of total FY 2011	Increase from 20% to 30%
	Foster advancement of women into division chair positions	Department Chairs Dean	Percentage of Total F Y 2011	Increase percentage from 18% to 25%
Increase leadership by URMs within departments	Foster advancement of URM into division chair positions	Department Chairs Dean	Percentage of Total F Y 2011	Increase from 0% to 5%
Increase leadership by URMs within senior leadership of the school	Foster advancement of URM into Senior administrative positions in the Dean's Office	Dean	Percentage of Total FY 2011	Increase from 3% to 6%.

**VI. Measuring Success**

The outcomes of this Plan will be shared with the Leadership and constituencies at least annually with the first evaluation to occur one year after adoption of the Plan. The faculty, staff and students are encouraged to share observations and suggest revisions at any time. The Strategic Planning Committee will be responsible for the Strategic Plan Review and reporting to leadership.