Department of Medicine Strategic Plan 2009-10

Overview: *The faculty of the Department of Medicine at Boston University School of Medicine hereby seek to establish a strategic plan that focuses on improving the health of our underserved patient population, is faithful to the unifying principles of professionalism, service and excellence and that inspires all elements of the department's clinical, research, educational, and administrative programs. The plans articulated below are based on the firm belief that the department's missions are interdependent and essential. We also believe that in order to be responsive to the department's rich history and extraordinary opportunities, we must tirelessly and continuously value, model, and create excellence in discovery, clinical care, and education. We fully expect the department's future to enrich the enduring legacy of academic excellence and social mission that have characterized our past.*

Successful implementation of the department's strategic plan will:
- *Expect, support and reward high aspiration and exceptional achievement;*
- *Vigorously support a departmental community characterized by curiosity, collegiality, openness, mutual respect, diversity, integrity, generosity, and service for the greater good;*
- *Enhance the value of the department to individual faculty, trainees, and the citizenry;*
- *Seek continuously higher achievement relative to historical and external benchmarks with a particular aversion to complacency and pretentiousness;*
- *Be attentive to the special obligation and honor in providing exemplary and attentive care for all members of the community, especially our underserved patient population, and in empowering our trainees and faculty;*
- *Create discoveries that inspire our peers, establish new paradigms for future discovery, and ultimately improve the health of individuals and populations of patients;*
- *Establish and continuously refine new and effective models for achieving excellence by working across disciplines in our research, education, and clinical programs;*
- *Create policies and operations characterized by effectiveness, efficiency, integrity, equity, responsiveness, and value to internal stakeholders, regulatory agencies and our institutional affiliates;*

Ultimately, we seek a department that leads through the impact of our work, the generosity of our actions, the example we provide, and the value we bring to our profession and to the broader population.

Clinical: *The objectives of the department's clinical program are to provide outstanding clinical care that is responsive to the needs of our patient population, the educational needs of our trainees, and to opportunities for clinical investigation. The department's clinical programs should be distinguished by exemplary care for both individuals and populations in the domains of access, effectiveness, efficiency, timeliness, safety, equity, and patient-centeredness. The department's clinical program has grown substantially*

during the past three years, partly due to an increase in efficiency and partly to an increase in the number of clinical faculty. In addition, we have made substantial improvements in the quality of care rendered. The department has not fully implemented, however, the operational improvements necessary to consistently make our practice a model for academic clinical care in the domains listed above or to allow the department to achieve greater financial independence. The target size of our clinical practice will be determined by multiple factors: space, payment reform, payer mix of the patient population, contracts with payers, demand for services from patients and referring providers, BMC support, needs of the training program, performance of competing institutions in Boston and the region, and opportunities and needs for clinical and translational research. Moreover, changes in the financing of health care will fundamentally alter the distribution of resources among providers, departments, and institutions. The need for enhanced care management through primary care providers and interdisciplinary teams will increase. As society rightfully demands more quality and value in health care, the pressure on the department to excel in the aforementioned domains of quality and efficiency of care over the next five years will substantially increase. The department's ability to meet these challenges will determine our future as an academic center of excellence.

Goal	Strategy	Two Years	Five Years
Improve Communication within the Practice, with External Providers, and with Patients	Fully electronic medical record	All consults – inpatient and outpatient fully electronic; Consult requests and results communicated electronically with off site clinicians; pilot electronic access to medical record for patients	Access to electronic medical record and educational materials in all practices (fully interoperable Clinical Informatics System); patients will have electronic access to results reporting
	Develop "user friendly" electronic networks that facilitate communication with providers and patients	Identify and pilot a suitable information system	Implement an information system/portal to interconnect networks of providers and patients to facilitate education, transfer of clinical data, appointment reminders
	On going development of	Pilot expanded case management	High Risk populations will

	case management and patient navigator systems to facilitate communication and coordination of care	support and patient navigation for populations at high risk in 3 clinical areas	have case management support and patient navigators in all clinical areas.
Improve Patient Experience	Reduce wait time during the patient visit.	Clinic cycle time <2.0 x appt length;	Clinic cycle time <1.5 x appt length;
	Improve concern for Privacy in all patient encounters	Remove phone from reception areas in all practices.	Practices will be rated highly (>75%) by patients as measured by Press-Ganey on questions pertaining to Patient Privacy.
	Improve Ability to Contact Practice by Phone.	Reduce call abandonment rate by phone to < 10% to all practices.	Reduce call abandonment rate by phone to < 5% to all practices.
Improve Timelines of Access for Patients	Improve access for patients into our outpatient practice and increase retention of existing patients	All practices: >80% new patients seen within two weeks. Extend hours of clinic in all primary care practices.	95% of new patients seen within five business days or within two days of desired appt Retain 80% of existing continuity patients over time.
	Decrease no show rate to industry standards by negotiated patient appointments, reminder systems, and improved patient registration/pre-registration.	Decrease No Show Rate in all practices to < 20%. Utilize waitlist software so cancelled appointments are filled with waiting patients.	Decrease No Show Rate in all practices to <15%. All appointments scheduled >4-6 months away will utilize Recall System to make appointments.
Increase Clinical	Facilitate all	>98% of all	Increase inter-

	inpatient referrals	appropriate inter-hospital referrals to BMC accommodated	hospital referrals by 33% relative to 2008-9 baseline
	Increase number of patients receiving primary care in DOM practice	Increase number of patients in primary care by 100% within two years from 08-9	90,000 unique patients in primary care practice
	Improve referral base especially with CHC's	Increase referral number from CHC's by 5% per year	Increase referrals from all external sources by 40% relative to 08-9 baseline
Volume	Further develop new or existing clinical programs that are distinguished by their quality, demand for services, and educational needs of trainees	Enhance or develop four clinical programs relative to 08-9 baseline;	Enhance or develop five new clinical programs relative to 08-9 baseline; consolidate or eliminate programs to achieve greater efficiency and quality; positive return on investment on at least 75% of new clinical programs within two years
	Create a brand image and marketing strategy for the DOM Outpatient Practices.	Develop and implement an individualized marketing strategy for each of the Department of Medicine Clinical Programs	Continued implementation and revision of marketing programs for the DOM Clinical Programs
Enhance Quality of Care and Patient Safety	Compare favorably with HEDIS, CMS, NPSG, and UHC benchmarks in Quality of care and Patient Safety indices	Develop and implement metrics and reporting for outpatient practices & establish baseline performance. Achieve or exceed median in UHC mortality data, CMS and HEDIS metrics.	Achieve or exceed one standard deviation improvement in outpatient PQRI metrics (from baseline performance), exceed 75% rank in UCH, CMS, HEDIS metrics

	Improve Care Coordination	Primary Care Provider contacted >95% on all admits; All PCP's contacted by referring clinicians; Readmission rate reduced by 10% relative to 08-9; Develop systems for population based care management for quality metrics. Create alternatives for 1:1 face to face visit for care management - pilot in 1-2 practice sites.	Readmission rate reduced by 25% relative to 08-9 baseline; Fully implemented system of care coordination and disease management for all primary care patients. Reduce average number of patient visits per year by 25% relative to 08-9
		All patients seen for >75% of visits by the same provider	All patients seen for >85% of visits by the same provider
		Reduce ED visits by patients followed in primary care by 25% relative to 08-9 baseline	Reduce ED visits by patients followed in primary care by 40% relative to 08-9 baseline
Improve Financial Performance of Clinical Practice through both Revenue Enhancement and Cost Reduction	Increase overall volume per provider; continue leveraging clinical volume through investments in personnel, information systems, and space that optimize provider efficiency and satisfaction.	All faculty above 50th percentile for wRVU's and DOM total wRVU's per clinical ftee at or above 75th percentile relative to MGMA or UHC academic benchmarks; Utilize quality- and work-based incentive plans to reward qualitative and quantitative performance by providers;	All faculty above 50th percentile for wRVU's and DOM total wRVU's per clinical ftee at or above 75th according to MGMA or UHC academic benchmarks; Utilize quality- and work-based incentive plans to reward qualitative and quantitative performance by providers;

	Clinical dashboard	Fully implemented outpatient and inpatient dashboard to track qualitative and quantitative practice metrics by provider and section	
	Develop care coordination models that are less dependent upon a fee for service system	Depending on rate of health care reform, evaluate new contracting mechanisms for care	
	Reduce cost of care per patient	Reduce cost per inpatient by 3% and per outpatient by 5% relative to 08-9	Reduce cost per inpatient by 5% and per outpatient by 7% relative to 08-9
	Enhance collections for clinical activities	Enhance payment per wRVU by 15%; Net collection rate >95%; Cost of billing, collection, compliance <7.5% of total collections	Enhance payment per wRVU by 40%; Net collection rate>97%; Cost of billing, collection, compliance <7.25% of total collections
	Work with BU leadership to improve access and recruitment of BU faculty and staff to our clinical practice	CMG visit volume increase by 50% and new patient visits by 75% relative to 08-9 baseline	
Promote integrity of clinical practice	Coding of clinical work fully compliant with regulatory policies	Coding audits reveal <3% coding errors (up or down coding)	Coding audits reveal <2% coding errors (up or down coding)
Enhance Provider and Patient Satisfaction	Patient satisfaction	Patient satisfaction scores in Press Ganey at or above 50th percentile in all practices;	PG patient satisfaction scores at or above 75th percentile for all practices
		Pilot strategies to address our patient population's special needs	Benchmark patient satisfaction of subgroups of patients to entire population to ensure

			that no group more than 2 S.D. < mean
	Provider satisfaction and Staff satisfaction	Develop career development strategies for faculty; Insure salaries at or above 50th percentile (AAMC regional benchmark); Develop and implement provider and staff satisfaction tools with external benchmarks; Set improvement goals for provider satisfaction in inpatient and outpatient settings; provide real-time performance metrics to clinicians	Our provider satisfaction at or above national mean; improve provider and staff satisfaction by one standard deviation relative to baseline
Disseminate results of clinical innovation	Publish findings of DOM clinical practice in peer-reviewed journals, especially those that recognize our unique patient population	Two publications per year in peer-reviewed journals within two years	Three publications per year within five years

Research: *The objectives of the department's research program are to provide the evidence-based underpinning for improvements in the health of our vulnerable patient population. Toward that end we will create an outstanding environment for training new investigators, including physician scientists, to develop new paradigms and methodologies for initiating and integrating biological, clinical, and population-based research, to especially target areas of discovery for medical problems that afflict patient populations, and ultimately to create new knowledge that is valued both by peers and the public, and leads to improvements in the public health. The department's outstanding research programs have benefited from a long history of dedication to excellence, superb faculty, improving research infrastructure, and a collaborative spirit on the campus that facilitates productive and collegial interactions across disciplines and departments. The department's research program will need to continue to aggressively align resources and research space allocation with programmatic goals, refine and develop core research infrastructure, further develop effective approaches for training of young investigators,*

enhance clinical research through recruitment and nurturing of physician scientists, insure rigorous integrity in research, and make wise investments that mitigate the inevitable fluctuations in the research funding environment.

Goal	Strategy	Two Years	Five Years
Increase impact of research program, especially in areas that affect vulnerable populations	Support research in health disparities, diabetes-obesity, pulmonary, substance abuse, infectious disease, and cardiovascular disease, and chronic renal disease	Improve performance on citation indices; Increase number of submitted grants focused on target areas by 10%/yr	Increase research funding in targeted areas by 75% relative to 08-09 baseline
Enhance clinical and translational research	Co-invest in research infrastructure with CTSI; improve training of faculty and trainees in clinical and translational research; ensure that both clinical and translational research recognized in the appt/promotions process	Number of funded grants with human subjects increase by 10% per year	Number of funded grants with human subjects increase by 60% relative to 08-9
Enhance interdisciplinary research	Develop the Evans Center for Interdisciplinary Biomedical Research; focus on target areas and develop new research foci related to disease states, continue pilot grant program; develop pilot grants with other programs on the BUMC and CRC campuses; seek industry collaborators; continue Evans Days; organize interdisciplinary and multidisciplinary symposia; develop an expanded Web site; develop Webinar or Webcast capability	Three new P grant applications by ARC's of the Evans Center; 10 new RO1 or equivalent applications from ARC's of the Evans Center; Increase number of grants with co-I or co-PI's from CRC by 25% relative to 08-9	5 new P grants from Evans Center; 15 new RO1 or equivalent grants funded through ARC's of the Evans Center; Increase number of grants with co-I or co-PI from CRC by 100% relative to 08-9
Enhance training and recruitment of physician scientists	Develop mentoring program for physician scientists; recruit physician scientists to training programs.	Increase number of physician scientists on faculty by 10% relative to 08-09	Increase number of physician scientists on faculty by 20% relative to 08-09

Enhance capacity to derive and analyze biological material and associate with disease	Establish Section of Computational Biomedicine	Establish section; Recruit two new faculty in this area	At least five peer reviewed grants by investigators new to faculty since 08-9
	Improve sequencing and computational infrastructure	Invest in sequencing and computational infrastructure	
	Work with faculty outside the DOM and on CRC to enhance systems-based approaches to disease	At least one successful grant between campuses in systems biology	Pilot diagnostic and therapeutic strategies based on personalized medicine approaches
Improve impact of preventive health interventions	Enhance collaboration with the SPH and in research and training among investigators with expertise in the science of prevention	Further develop Preventive Medicine section, recruit two new faculty to this area	Increase in grant support of 100% relative to 08-9 baseline
Enhance Faculty Success in Securing Research Support	Improve IT support of research; continue to reward highly successful investigators financially; link research faculty with appropriate mentors; First Step program to improve specific aims of research proposals; Provide administrative support to all faculty applying for grants with standard IDCs.	R grants per R-funded investigator at 1.7; Increase number of faculty with PI role on P and U grants by 10% per year relative to 08-9	R grants per R funded investigator at or above 1.9 within five years; Number of faculty with PI role on P and U grants twice the 08-9 level
		Number of Peer reviewed research grants should increase by 15%; income from intellectual property should increase by 10% per year	Number of Peer reviewed research grants should increase by 40% within five years; income from intellectual property should increase by 15% per year

	Enhance research infrastructure by increasing core personnel, equipment and training	Implementation of online information resources, scheduling and billing system; All cores in use minimally 36 hrs/wk;Number of grants obtained by faculty via core use increase by 10% per year ; >80% of researchers rate cores very good or excellent); Hits on research websites to increase by 25% per year; introduce new training programs; Develop a human tissue-blood core	>90% of researchers rate cores very good or excellent; core usage increased by 10% per year
	Improve impact of departmental research resources- Bridge funding, pilot grants, junior and senior faculty merit/scholar awards	Percent of faculty recipients who receive f/u funding- bridge >80%, pilots >33%, Jr faculty merit awards>90%	
	Develop strategic space allocation and programmatic alliances	Adjust space allocation for sections that deviate significantly from median $$ per sq ft relationship; Add space plan to each section's website; Two new geographically-localized research programs	Four new geographically-localized research programs
Enhance the research training and support	Create the "Year of the Postdoc."	Design and implement policies and procedures to	Survey post doctoral fellow satisfaction,

environment			enhance the postdoc experience.	achieve >80% very good to excellent training rating
	Establish clear and transparent expectations of research trainees and trainers		Establish principles of fair expectations for trainers and trainees. Implement principles and develop mechanism for resolving conflicts or breaches of the principles	
	Provide a welcoming and supportive environment for new and old members of the DOM		Host two social events each year to met and interact with members of the DOM; improve orientation process for all trainees and new faculty	
Increase efficiency of research program	Improve research funding per unit of research cost		Increase IDC's/sq ft to minimum of $300 per sq ft	IDC's/sq ft > $400 per sq ft

Education:

Vision:

This strategic plan outlines the future direction of the educational program, emphasizing an environment conducive to learning and that fosters intellectual curiosity. To this end, the program must achieve and maintain a careful balance between autonomy and supervision for the trainees, to both ensure their professional growth and development, as well as the highest standards of patient care. The program will continue to benefit from and build upon, the department's strong and diverse faculty, who serve as outstanding role models and teachers.

Broad Goal:

To provide broad and diverse clinical experience in internal medicine for students, residents and fellows, in an academic atmosphere that fosters the professional

development of each trainee, while meeting all ACGME regulations and rigorously evaluating all educational initiatives to measure success.

*<u>**Measurable Objectives**</u>:*

Our trainees will-

> *1) Be recruited from a pool of highly qualified candidates, from diverse backgrounds*
> *2) Demonstrate broad medical knowledge, with critical thinking, well-honed clinical skills, and a commitment to life-long learning during training .*
> *3) Deliver high quality and appropriate clinical care to a culturally and economically diverse patient population with professionalism, and effective communication skills*
> *4) Actively and successfully participate in research and scholarly activities.*
> *5) Demonstrate the effective use of systems of care and actively participate in the formulation and conduct of quality improvement activities.*
> *6) Benefit from new teaching strategies that will anticipate and adapt to changes in health care, enhancements in information technology.*
> *7) Provide the highest quality clinical care, moving effectively and with ease between the inpatient and outpatient settings.*

GOAL	STRATEGY	YEAR 1-2	YEAR 4-5
Further develop and evaluate our residency program to provide comprehensive and diverse training experiences.	Expand the ambulatory focus of training, with increased time spent in outpatient settings, with hands on clinical responsibilities.	10 new ambulatory experiences developed and evaluated; positive trend in trainee satisfaction with ambulatory experiences and in metrics of trainee knowledge of ambulatory medicine topics	Curriculum tailored to clinical outcomes and national trends in health care needs; Skill development in Neurology, Psychiatry measured by OSCEs for all PGY 1 and 3 residents; pre and post tests in Derm, Ortho, ENT, Rehab Medicine, Adolescent Medicine
			Develop models for coordinated clinical care, such as the Medical Home model, with trainees moving beyond the hospital's walls, to develop new linkages to the community,
	Enhanced continuity between Inpatient-Outpatient care, with emphasis on chronic disease management	Residents' care of patients with chronic disease, both inpatient and outpatient, measured via HEDIS, chronic disease management guidelines	Ongoing, competency based review of the success of the curricular components; 100% Resident participation in ABIM Practice Improvement Modules (PIM)

	Implementation of a Residency Curriculum Committee	Comprehensive review of the training program curriculum completed	
	Expand the evaluation process	Implement ABIM's Milestones, specific to PGY level	Portfolios fully implemented for residents and fellows
		Develop portfolio for residents	New evaluation tools developed and tested; Skills uniformly assessed by direct observation by faculty, as measured by completion of evaluation tools
	Promote self assessment and ownership of the learning process by learners	Residents participate in the development of their Portfolio, reflecting skill progression and self assessment	
	Improve evaluation of house staff	Faculty complete >95% of evaluations on house staff within two weeks of rotation; further develop OSCE for interns and residents	Faculty complete 100% of evaluations on house staff within one week of rotation
GOAL	**STRATEGY**	**YEAR 1-2**	**YEAR 4-5**
Strengthen and expand ambulatory resident training in Community-based settings	Identify new and expand existing Community based training sites	Two new sites operational with appropriate numbers of residents	Additional new sites operational with appropriate numbers of residents
	Identify, recruit, and support excellent community-based IM faculty to provide supervision and training	Faculty recruited and trained	Continued support of community-based faculty leads to excellent educational outcomes and enhances residency training recruitment for Primary Care Physicians.

Foster a spirit of inquiry in trainees, increase participation in scholarly activities	Development of a Research and Scholarship Curriculum for residents; Develop and implement a longitudinal research elective(s) mentored by core research faculty	100% of house staff complete a scholarly project	80% of house staff projects lead to publication or national presentation
		Measured increased use of the on-line suggested core articles (tracked on the web)	Use of medical literature in clinical decision making, as measured by resident surveys, faculty feedback forms and Chart Stimulated Recall exercises
		Benchmark house staff performance on standardized examinations and continue to increase exam performance relative to historical baseline	Continue to increase exam performance by house staff relative to each individual's historical baseline
		Develop a graduate survey to assess career satisfaction, participation in CME, use of medical literature, active participation in student and resident teaching	Follow up data of our program graduates re: efficacy and utility of curriculum, measured by self-report on the program graduate survey; Revise curriculum and evaluation measures based on results from the graduate survey
GOAL	**STRATEGY**	**YEAR 1-2**	**YEAR 4-5**
	Promote Critical Thinking (CT) by all trainees	Develop new evaluation tools to measure critical thinking in medical training; emphasize and assist faculty in modeling CT skills and in utilizing available resources for CT skill development	Evaluation instruments implemented and disseminated nationally via publications and national meetings; demonstrate measurable improvements in resident's CT skills

GOAL	STRATEGY	YEAR 1-2	YEAR 4-5
Enhance modeling and teaching of professionalism throughout Dept's training programs	Expand professionalism curriculum throughout training programs in department	Develop metrics for professionalism in training programs; train faculty in use of evaluation tools	Develop and disseminate national model for curricula in Professionalism and Communication
Continue to recruit highly qualified and diverse intern applicants and graduate students	Develop additional outreach strategies to applicants	Continue to improve selectivity of intern match and graduate student recruitment	Continue to improve selectivity of intern match and graduate student recruitment
	Expand mentoring of BUSM students by DOM faculty	Increase number of BUSM students recruited to internal medicine	Increase number of BUSM students recruited to internal medicine
	Expand impact of URM faculty on training program; increase minority recruitment efforts	Increase percent of URM's in each intern class relative to historical baseline	Increase percent of URM's in each intern class relative to historical baseline
	Develop pipeline programs for students, linking to labs and research opportunities	Outline one pipeline program in collaboration with undergraduate program (s)	Increase recruitment of minority students into the medical sciences at BU
GOAL	**STRATEGY**	**YEAR 1-2**	**YEAR 4-5**
Externships: Enhance extramural training opportunities (off site rotations-	Formalize externship experiences	Established partnerships with two international sites and two domestic sites, with appropriate supervision, learning goals, and evaluation	Graduate Survey instrument to assess impact of experience on current career

		Summary of externship experience presented to peers and faculty	Develop rigorous evaluation tool to measure impact on trainees attitudes and career plans and on clinical care and education in the host site
domestic and international) and measure impact on participating trainees and on host site			
Promote Educational Scholarship among faculty and trainees	Develop a Center for Educational Research, with resources to support faculty and trainees in the completion of scholarly products for dissemination; increased collaboration with BUSM's Office of Medical Education	Two publications related to education in peer reviewed venues per year; Two education-related grants within two years	Five peer-reviewed publications per yr in peer reviewed journals; Three education-related grants within five years
Excellence in fellowship training	Reporting and oversight infrastructure for the fellowship programs	All fellowships fully accredited with commendation by the RRC	All fellowships fully accredited with commendation by the RRC
	Faculty development for educators	Develop on-site faculty development program for clinical educators; 100% pass rate on subspecialty boards; Trainee and faculty surveys to assess education leadership effectiveness; all core teaching faculty to have taken at least one professional development course; Increase in published	Evans Educators, and clerkship directors; Increase in published scholarship from faculty and fellows

		scholarship from faculty and fellows	
	Enhance peer-reviewed support for fellowship training	Increase number of T32 or equivalent grants by two relative to 08-09 baseline;	Increase number of T32 or equivalent grants by five relative to 08-09 baseline
Professional Development for Program Directors, Clerkship Directors, Evans Educators and other key teaching faculty	Feedback process for program directors, associate program directors, clerkship directors and Evans Educators; Improve faculty evaluation process	100% of all faculty evaluations completed by house staff and shared with the faculty in a timely fashion; faculty development programs targeted at all levels, for all teaching faculty. Catalogue all teaching/educational activities, including efforts in interdepartmental programs	Trend of improvement in metrics of performance of education leadership; Successful academic promotion of key educators
Integrate doctoral program in educational activities of the Department	Increased "cross-pollination" between clinical teaching activities and PhD programs	Needs assessment completed with PhD faculty, assessing areas of interest for teaching clinical trainees;	NIH-funded training program to support at least 6 trainees; Implementation of joint seminars and teaching sessions with residents and fellows and post-doctoral students,
	Increase interaction between trainees in the Graduate Program in Genetics and Genomics and other trainees in the DOM	Apply for T32 for GPMM; improve recruitment of most outstanding candidates; improved GPA and GRE scores of matriculants; 2 new interdisciplinary graduate courses	
GOAL	**STRATEGY**	**YEAR 1-2**	**YEAR 4-5**
	Enhance quality and training experience of GPMM trainees	Emphasize translational research opportunities for teaching and research participation for faculty, students and residents	Development of true multidisciplinary training for students, residents, nursing, pharmacy students.

Enhance education for medical students	Enhance role of Evans Student Educators; measure and reward house staff teaching of students	Development of an innovative "team" model" for ambulatory-based education; 93% of students rate inpatient clerkship as very good-excellent; >90% of students rate ambulatory rotation as very good-excellent	>95% of students rate inpatient clerkship as very good-excellent; >95% of students rate ambulatory clerkship as very good-excellent
	Development of new sites for Ambulatory Education	Improve bedside observation and feedback by residents and faculty, with expanded "Teaching the Teacher" sessions	95% of students rate ambulatory rotation as very good-excellent
	Enhance the teaching of core clinical skills in history taking, physical examination		Improvement in medical student performance on SHELF and Step 2 Board examinations

Faculty Development and Diversity:

Vision
Foster a respectful, creative and collaborative environment that will support the faculty to reach their full potential and maximize their contributions to cultivating excellence in the educational, research, clinical, and service missions of the DOM, BU and contribute to the community at large.

Goal
The goal of faculty development and diversity efforts are to recruit, retain, promote and nurture a vibrant and diverse faculty.

Broad measurable outcomes
- *Recruitment: improve ability to recruit most talented diverse faculty*
- *Retain, nurture, advance and promote faculty in all tracks*
- *Identify faculty in rank for extended time and work with Section Chief and faculty member to develop personalized faculty development strategy*
- *All faculty members will have an individual development plan with articulated strategy to advance their career.*
- *Faculty satisfaction on annual survey with department leadership will improve in the domains of mentoring, and DOM FDD leadership performance*

Goal	Strategy	Two Years	Five Years
Enhance faculty recruitment, retention, advancement, promotion and vitality.	**Mentoring** ▪ Review literature and websites, identify best practices; ▪ Develop sustainable mentoring program ▪ Create expectation for mentoring ▪ Include quality mentoring as expectation for promotion	▪ Pilot program so that faculty, particularly junior faculty have diverse mentoring options ▪ Conduct annual reviews of faculty to identify and improve mentoring ▪ Have mentoring program and support documents available on FDD web	▪ Experiment with supporting peer mentoring opportunities [e.g. consultancies, learning communities] ▪ Have a mentoring document and program that can be included in training grants ▪ Foster longitudinal peer learning communities **Outcome:** ▪ Mentoring program to be utilized by >90% of faculty interested in mentorship ▪ Faculty satisfaction will improve on annual survey ▪ Faculty will advance more rapidly through promotion. ▪ 90% of faculty members at rank of Associate Professor or below will have identified at least 1 and preferably two mentors to Section Chief.

	Professionalism	▪ Have section of FDD website devoted to professionalism including
		  o Web posting document developed by Professionalism committee
		  o Have web links to professionalism articles [disruptive physicians, etc.]
		  o Have BUMC seminar on professional conduct 2010
		▪ On FDD web site post web links to BU ethical hotline, BU faculty assistance and BU ombuds
			Outcome
			On annual survey
			▪ >90% of faculty will be familiar with BU DOM policy on professionalism
			▪ >90% of faculty will know who to contact for professional concerns
			▪ Percentage of faculty being subjected to unprofessional behavior will decline by ½ over the next 4 years.

	FDD Committee	▪ Develop FDD seminars ▪ Provide feedback to DOM leadership regarding faculty needs ▪ Evaluate FDD grants	▪ Recruit FDD representatives from all DOM sections

	Recruitment	▪ Encourage addition of FDDC member to faculty search interview panels.
		  ▪ FDDC members will articulate the importance of diversity and mentoring to applicants
		  ▪ FDDC member will encourage diversity of prospective candidates.
			Outcome:
			▪ Increase diversity of candidates interviewed and hired.

	FDD Seminars	▪ Annual seminar on promotion ▪ Two year curriculum, recurring themes ▪ Post seminars & workshops on web ▪ Solicit faculty input for seminar topics and speakers	▪ Refine and enhance seminars **Outcome:** ▪ 75% of ratings will be above satisfactory for seminars
	Enhance faculty members' ability to provide constructive and strategic feedback to DOM leadership and FDD Committee	▪ Survey the faculty annually regarding performance and suggestions of the Vice Chair of Faculty Development ▪ Create a portal at the FDD website to upload constructive suggestions	**Outcome:** ▪ Use FDD feedback to develop FAQ for faculty and for new hires to be included on website.
	BUMC FDD Workshops	▪ Work with BUMC FDD Committee to produce, cost-share BUMC faculty development workshops	▪ Develop FDD curriculum and run internal 9 month [bi-monthly] professional development programs
			▪ URM, women and male faculty will advance more quickly ▪ Faculty participating in longitudinal programs will set & achieve stretch goal(s) [e.g. promotion; funded grant; higher Press Ganey clinic scores; new curriculum]

Professional leadership & development, enhance faculty investment in the institution	**FDD Grants**	▪ Encourage URM and women to attend AAMC programs ▪ Post on FDD website application materials, past experiences, and web links to external programs ▪ Increase variety of programs available	**Outcome:** ▪ 4-5% of faculty members per year will pursue FDD programs ▪ >50% of DOM faculty from all DOM sections below rank of Professor in both clinical and research tracks will receive FDD grants within the next 5 years

Improve faculty community and networking	**Faculty meetings**	▪ Include in faculty meetings monthly shout outs of research, teaching, clinical & advocacy accomplishments
		▪ Include question on faculty survey about faculty meetings and access and transparency of DOM leadership
		▪ Experiment with faculty meeting structure to include
		  o Break out sessions
		  o Conversation cafes
		  o Speed introductions
		  o Strategy session
			Outcome
			▪ Faculty satisfaction with transparency and access to leadership on annual DOM leadership survey on average will be good

Increase faculty awareness of FDD opportunities and professional development concepts	**FDD Website**	▪ Develop robust FDD content areas including diversity page ▪ Work with VC of Research, VC of Education, and Clinical VCs to develop relevant web tabs to provide education, research and clinical faculty development content ▪ Develop web pages highlighting advocacy and community service of faculty	**Outcome** ▪ Hits to FDD website will increase by 25% per year internally and 10% per year externally ▪ Within 1 year >75% and within 3 years >95% of faculty members will have a faculty webpage with picture areas of interest, publications, and downloadable resume or CV.
Improve leadership transitions and transparency	▪ Encourage all DOM committees to develop documentation manuals for all work/processes		**Outcome:** ▪ DOM committees will each have a webpage with objectives listed, membership [linked to faculty members' webpages & contact data], documentation manual, where appropriate, meeting minutes
▪ **Improve new faculty transition to the institution/role** ▪ **Increase community, cross-disciplinary collaborations, understanding of promotion process**	▪ **Create DOM New Faculty Orientation** ▪ **Create BUMC orientation**	▪ New faculty orientation each fall with DOM leadership ▪ Develop FAQ section of the FDD website ▪ Develop, web post and email new faculty a document outlining all steps and processes essential to joining the faculty ▪ New faculty will be assigned and contacted by a faculty host 4-6 weeks before start date	▪ Survey participants at 15 days, 90 days and 1 year regarding how to improve integration onto BU faculty and redesign program **Outcome** ▪ All new faculty members will have a faculty host and will know steps necessary to integrate into DOM ▪ Survey of faculty at 90 days will have satisfaction with process at good within 1 year, excellent within 3 years

Enhance transparency and equity of searches	▪ **Ensure that search committees have diverse representation (sex, race, track, rank) and comply with Affirmative Action requirements**	▪ Create a search committee orientation packet that includes: www.aamc.org/data/aib/aibissues/aibvol9_no2.pdf , http://acpers.ucsf.edu/recruitment/recruitmentorganizations.xls and http://www.bu.edu/diversity/search-manual/index.html ▪ Mandate that searches be open with internal searches electronically notified, external searches to identify diverse candidates.	**Outcome** ▪ All faculty search committees will have diverse membership ▪ All faculty searches will interview URM and women candidates or provide documentation that appropriate outreach efforts were made, but unsuccessful
Align DOM awards and promotion with values	Awards reflect the core values of the DOM	▪ Add 2 new awards ▪ Junior Faculty Mentoring Award ▪ Outstanding Citizenship Awards	▪ Review DOM values and identify whether there are awards that should be added or deleted.
Increase recognition of DOM faculty nationally and internationally	▪ FDDC to identify awards by specialty ▪ Include in annual report for Section Chiefs submit 1 faculty for award outside BUSM	▪ Website link to sites featuring external awards ▪ Website link to article on how to write nomination letter ▪ Catalogue external awards by section ▪ Increase awards external to DOM by 2 per year	▪ Request section chiefs to report all external faculty awards semi-annually ▪ Report external awards in Chair's faculty meeting. ▪ Post prestigious external awards on FDD website awards tab and link to press coverage and faculty members website. ▪ Refer external awards to BU PR **Outcome:** ▪ Increase awards external to DOM by 3 per year

Improve the ethnic/racial diversity and vibrancy of the faculty	▪ Establish on-going working groups of URM to:
	  o Guide: identify real-time/contemporary issues
	  o Develop: pro-actively contribute towards URM Faculty development
	  o Lead: increase roles in DOM and national leadership positions
	▪ Increase safety for LGBT faculty members and address issues of concern to LGBT trainees and patients.
		▪ Encourage URM to attend AAMC minority FD program.
		▪ Develop robust faculty database to quantify status and progress for faculty advancement by sex, race/ethnicity, track, years at rank
		▪ Develop diversity page on website [†web-page].
		▪ Develop and support quarterly meetings of URM and LGBT faculty to brainstorm development needs and initiatives/methods by which to respond.
		▪ Target individuals at Instructor or Assistant rank for more than 5 years to advise regarding promotion
		▪ Develop targeted programs to encourage diversity
		▪ Work with DOM leadership and URM to develop strategic plan regarding recruitment, retention, and advancement of URM
		▪ Ensure diversity of leadership within DOM
			▪ Chair, Vice Chairs, Section Chiefs and Center Heads are accountable for diversity within the department.
			
			Outcomes:
			▪ Increase URM faculty by 100% relative to 2008-9;
			▪ Ensure that academic advancement for URM and women within one SD of faculty as a whole

Enhance professional/personal balance	▪ Solicit suggestions from faculty	▪ Institute Parent's in a Pinch for childcare ▪ Post parental leave link on website	

Improve faculty retention	▪ Diagnose reasons for leaving the institution to identify problematic patterns and best practices	▪ Monitor findings of BU web survey exit interview; Monitor retention rates in the DOM to identify correctible	▪ If web-based exit interview fails to capture ½ faculty departures institute and in person faculty exit interview **Outcome** ▪ Develop mechanisms for changing the climate or behaviors that lead to unexpected faculty resignations

Administration and Finance

The objectives of administration and finance are to provide excellent service and high quality financial information and administrative support for overall clinical, research, and education operations in particular recruitment, contracting, and information management. The administrative functions of the department should be efficient, compliant with all institutional policies and applicable regulations, responsive to the needs of internal and external stakeholders, and support a diverse professional staff through opportunities for self-improvement and education.

Goal	Strategy	Two years	Five Years
Establish excellent Financial Processes to support DOM research, education, and clinical activities	Account set up with complete information will be established	Accounts will be set up within 5 business days	Accounts will be set up within 3 business days
	Accounts payable (AP) turnaround and check distribution will meet benchmark standards	AP Requests will be processed within 7 business days	AP Request will be processed within 5 business days
Fiscal Controls will be continuously improved	Fiscal Checks and balances will be monitored on an ongoing basis	There will be 2 or less significant (Level 1) findings in the external audit	There will be 1 or less significant (Level 1) findings in the external audit
Budgets for EMF, BU, and BMC will be accurately completed and monitored	Budgets will be completed collaboratively	All variances to budget >5% will be documented consistently	

	Research funding will be quantified and monitored on an ongoing basis	Direct and indirect grant expenditures will be summarized by Section, quarterly	
Provide administrative support to faculty development and diversity initiatives	A comprehensive credentialing program for new faculty will be established	All new faculty hires will be oriented per a defined credentialing program	
	An accurate faculty database will be developed and utilized for clinical, research, and education initiatives	Faculty Database will be complete and 99% accurate within 60 days of a faculty change	Faculty Database will be complete and 99% accurate within 30 days of a faculty change
	All Clinical faculty will be credentialed appropriately	Insurance company credentialing for new clinicians will be obtained within 120 days from the date the provider obtains BMC hospital privileges	Insurance company credentialing for new clinicians will be obtained within 90 days from the date the provider obtains BMC hospital privileges
To supplement BU and BMC Information Management Support	Provide high quality supplemental IT support to faculty as measured by survey data	>90% Faculty IT software needs as measured by survey data will be met	>95% IT software needs as measured by survey data will be met
	DOM website will be leveraged	DOM website usage will increase 5% from 2009 baseline	DOM website usage will increase 10% from 2009 baseline
To provide professional development support to administrative staff	Complete a needs assessment and leverage various professional and development opportunities for administrative staff	Administrative staff satisfaction as it relates to the opportunity for professional development will be 90%	Administrative staff satisfaction as it relates to the opportunity for professional development will be 98%