STRENGTHENING TRADITION—ENSURING INNOVATION
UMKC School of Medicine Strategic Plan
Executive Summary
Betty M. Drees, MD, Dean
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Background. The UMKC School of Medicine was founded in 1971 as an innovative medical education system based on: early and continuous clinical experiences, humanities woven throughout the curriculum, small group learning centered around a physician “docent,” continuous assessment of student progress, and an emphasis on application of the basic sciences in clinical medicine. The format and setting for this innovative medical education system was also unique for the time: a combined baccalaureate/MD program in a community-based setting. The combined degree program allows the school to accept the majority of its students directly out of high school and to develop the skills, knowledge, and attitudes of these students longitudinally over six years with a goal of instilling the highest standards of medical professionalism, competency, humanism, and altruism during a highly formative period of their lives. The community-based setting has freed the school of fiscal and administrative concerns over the management of hospitals and practice plans.

Time has proven the value of the innovative concepts and format of the original design of the medical school. The Academic Plan, which is the published outline of the structure and function of the medical school, has proven to be a remarkably durable document. What once was innovative has now become relatively common. Many schools have adopted some form of combined degree program; many others have developed longitudinal small group learning formats; divesting ownership of hospitals and practice plans has become common; there is increasing recognition of the need to link medical education to community needs; and there is increasing public demand for medical schools to accept responsibility for training physicians in the non-cognitive areas such as professionalism, humanism, and altruism.

Over the 30-plus years of the existence of the UMKC School of Medicine, the education and research enterprise has become more complex. There are now a little over 600 medical students enrolled, 570 full-time faculty, 670 volunteer faculty, 375 residents and fellows in 32 ACGME sponsored programs, four affiliated hospitals, one affiliated physician practice plan, growing research programs, and new opportunities to link to community activities. The challenge for the school in the 21st century is to build on its strengths while developing new and innovative programs in response to current opportunities. This strategic plan is designed for Strengthening Tradition and Ensuring Innovation.

Process. The strategic planning was performed in conjunction with preparation for the next Liaison Committee on Medical Education accreditation site visit scheduled for April, 2003. The extensive database collected for the accreditation visit and the self study of the data allowed for broad-based participation by faculty, staff, students, residents, alumni, hospital partners, and others. Together these two documents provided a rich source of information for assessment of strengths, concerns, opportunities, and strategies. A group of faculty, students, staff, and hospital representatives met in two half-day facilitated retreats to take the results of the recommendations of the self study and prepare the draft of the strategic plan. The group was charged to develop the plan in the context of the recently released university strategic plan (Our Emerging Future), the external advisory committee report on life science research (The Danforth Plan), the enduring education concepts of the Academic
Plan, and the Master Plan for campus building and development. The group was specifically charged to develop a plan that addressed graduate and undergraduate education programs (including faculty development), student affairs, research, and community engagement. Crosscutting themes that the group was charged to include were: diversity, collaboration, professionalism, competency, quality of care in the education setting, and informatics. The draft plan will be widely distributed to faculty, students, residents, staff, community partners, and other stakeholders before finalization. The implementation of the plan will drive the resource decisions related to space, finances, personnel, curriculum design, assessment of education outcomes, and faculty development for the next three to five years.

Financing. Financing the implementation of the plan will present a challenge. Success will depend on development of a strong public/private partnership for state support, other public support, endowments, and extramural research and education grants. The projected cost of implementation is an additional $10-15 million in annual revenues from combined sources. The cost is modest relative to the tremendous opportunities for excellence in education, research, and community benefit.

Collaborations. This plan will set the general framework for the direction of education, research, community engagement, and resource allocation. Since much of the success will depend on collaborations with other academic units within the university (Nursing, Dentistry, Pharmacy, Biological Sciences, Law, Business, Arts and Sciences, Integrated Computing and Engineering, Research and Graduate Studies, Libraries), support units within the university (Student Affairs, Development, Communications), hospital affiliates (Truman Medical Centers, Saint Luke’s Hospital, Western Missouri Mental Health Center, Children’s Mercy Hospital), research institutes (Stowers Institute for Medical Research, Midwest Research Institute, Kansas City Area Life Sciences Institute), other medical schools (University of Missouri-Columbia, University of Kansas, University of Health Sciences), the business community, government agencies, and others, there are exciting opportunities to leverage resources and create programs not even conceived at this time. Excellent communications within the life sciences and academic communities will be critical. This strategic plan should set the groundwork for that network of conversations.

The Plan: Strengthening Tradition and Ensuring Innovation

I. Mission. The UMKC School of Medicine improves the health and serves the community through undergraduate and graduate medical education of a competent, humanistic, altruistic, and diverse physician workforce. The School of Medicine engages in life sciences research to translate basic biomedical discoveries into improved health care for the individual and the public. The School of Medicine and its faculty members serve as a community resource on public health, continuing medical education, advances in health care, and applications of biotechnology.

II. Vision. The UMKC School of Medicine will:

A. Create a vibrant health science learning community on Hospital Hill
B. Lead in innovative medical education programs
C. Develop a strong translational research program
D. Partner with the community in medical education and life science research
III. Goals.

A. **Student Affairs.** The School of Medicine will create a **vibrant health science learning community** on Hospital Hill for students, residents, faculty and staff by developing

Specific Objectives:

1. A culturally rich applicant pool and student and resident body
2. A nationally recognized model for academic counseling and support
3. A comprehensive career-counseling center
4. A Hospital Hill student, resident, faculty, and staff Well Being Center.

B. **Education.** The School of Medicine will lead in **innovative medical education programs** through developing and/or strengthening

Specific Objectives:

1. Competency-based education
2. Performance-based assessment of competencies
3. Tighter alignment between education in the clinical setting and patient outcomes
4. Innovative education technology
5. Faculty scholarship in education.

C. **Research.** The School of Medicine will develop a **strong translational research program** through development of

Specific Objectives:

1. A research infrastructure to facilitate faculty research and development
2. Centers of Research Excellence around areas of current and emerging research strengths
3. New endowed chairs.

D. **Community Engagement.** The School of Medicine will **partner with the community in medical education and research** to:

1. Achieve recognition as a premier academic health education system in the Kansas City region
2. Develop student service learning programs and standards.
STUDENT AFFAIRS

Introduction

Goal. The School of Medicine will create a vibrant health science learning community on Hospital Hill for students, residents, faculty and staff.

The specific objectives of the five-year strategic plan for student affairs concern the following:

- Culturally rich applicant pool and student body,
- Nationally recognized model for academic counseling and support,
- Comprehensive career-counseling center,
- Hospital Hill student, resident, faculty and staff well being center.

Background

The database and self study preparation work for the 2003 LCME site visit provided necessary assessments based on our past and current performance and what is necessary for the future.

Selection. In the area of Selection, there is tremendous strength already in the efforts of minority recruitment and retention. The applicant pool continues to provide outstanding candidates for the School of Medicine and is rich with diversity. There are limitations in recruiting efforts related to high educational fees and a paucity of merit scholarships.

Student Affairs. Under the realm of Student Affairs and student well-being the physical and conceptual design of the School around the Docent system continues to be an outstanding model. The building does lack consistent space for food services and for relaxation and socialization between faculty, staff and students.

Advising. In the realm of advising, the support of the educational coordinators continues to be a strength. It is identified that academic support needs to be enhanced as our curriculum continues to be restructured.

Medical School Goals and Objectives, UMKC Goals, and Cross-Cutting Themes

All of the medical school student affairs goals and objectives are in sync with the UMKC campus-wide goals, mission, vision, and values. They also embody the cross-cutting themes of professionalism, diversity, competency, and collaboration. Please see Table 1 in Appendix 1 for further detail.

Action Steps and Measures:
Specific Objective 1. Developing a Culturally Rich Applicant Pool and Student Body

Steps. We will increase our applicant pool of qualified applicants in a manner that raises the stature of UMKC. We will be the model of developed programs at all educational levels – elementary, middle school, high school, and undergraduate schools, that nurture and promote future leaders in healthcare
who can be successful in their chosen fields. It is the expectation that all steps will be in place within two years. The numeric measures will be done on an annual basis and used to modify the steps if the objective is not being achieved.

- We will train and utilize the existing talent of students, faculty and alumni in furthering our efforts and mission;
- We will further develop a variety of marketing tools using print materials, alternative media and Internet;
- We will provide faculty and student development in cultural awareness with workshops and non-cognitive variable training;
- We will enhance our recruitment process by:
  1. targeting traditionally minority rich campuses;
  2. developing and supporting premed programs in targeted undergraduate campuses in our community;
  3. supporting initiatives for pipeline development in the K-12 schools in our community and state;
  4. developing and supporting programs for the successful transition of MD only students into our student body.

**Measures.** Achievement of these objectives will be indicated if the results listed below occur:

- The number of qualified applicants will increase by 25% by 2006;
- By January 1, 2008, the UMKC School of Medicine will have a culturally rich applicant pool and student body that reflects the percentage of populations underserved by medicine in the state and/or underrepresented in the medical profession; and
- By January 1, 2008, enrollment fees and scholarship support will be in line with the 50th percentile for public medical schools in the U.S.

**Action Steps and Measures:**

**Specific Objective 2. Nationally Recognized Model for Academic Counseling and Support**

**Steps.** Medical students and residents seek out UMKC because of its outstanding reputation in advising and academic support. Our staff is widely known locally and nationally for their innovative programs in support of student academic success. The staff is active in publication and development activities nationally for other institutions.

1. Academic advising including scheduling, completion of course evaluations, and submission of grades will be done online utilizing software that is compatible with School of Medicine and People Soft needs;
2. Education coordinators will participate in professional development so that they may develop and enhance academic support for Docent unit education efforts;
3. Academic development will be enhanced with more learning resource specialists to provide evaluation and educational efforts for all students in all years, for example by:
   - Expanding Year 1 orientation to provide a better foundation of learning skills necessary for academic success;
• Expanding supplemental instruction and tutoring, as well as development of pre-entry programs designed to recognize students at risk;
• Enriching supplemental instruction for the Year 3 basic science curriculum;
• Increasing assistance for preparation for Steps 1 and 2 of USMLE;
• Assessing the need for academic support for residents in their Step 3 USMLE and in-service exams.

**Measures.** Achievement of the steps above will be indicated if the following measures are met:

• On-line academic advising will result in fewer advising errors and greater satisfaction with advising among students and advisers;
• Expanded staff will be associated with
  • Higher retention rates, overall;
  • A higher percentage of students who promote on time at the end of Years 1, 2, and 3;
  • Pass rates on Step 1 that consistently equal or exceed national rates;
  • Higher mean scores on Step 1 and 2 with a smaller percentage of students scoring below the national mean than in the past;
  • Increased student satisfaction with learning support services; and
  • Increased resident scores on Step 3 and in-service exams.

**Action Steps and Measures:**

**Specific Objective 3. Comprehensive Career Counseling Center**

**Steps.** This premier career-counseling center will meet the unique needs of students and residents alike. It will be a model for medical education nationally. It will collaborate with other health science units and include financial planning education. It will have program and educational efforts directed toward expanding horizons and options for careers in underserved areas and academics. Following are the steps:

1. Upgrade and enhance usability of alumni database for both students and residents in exploration of specialties and practice locations. Docents, educational coordinators, and residency coordinators will be trained in its utilization.
2. Implement and analyze students’ use and response to “Careers in Medicine” (CIM) sponsored by AAMC. Based on our experience with CIM, we will expand its use or create a tool more specific to our needs.
3. Evaluate the response to initial offering of the financial planning course for graduating students in 2003 and expand/modify it for other students and residents.
4. Research and develop database of careers in underserved areas (examples include rural, urban core, underrepresented minority) to include all programs in place to aide in these careers such as grants, fellowships, loan forgiveness programs, practice support, etc.
5. Collaborate with other Health Science units for coordination of efforts in achieving mutually desired objectives of enhancing career satisfaction of graduates and providing for the needs of our community and state.
6. Develop a tool for assessing that the objectives are met for residents and administered annually.
Measures: Achievement of a fully operational and comprehensive career-counseling center will be indicated if the results below are met.

- Students’ positive responses to GQ questions about career counseling, financial aid counseling, and debt management will increase;
- Match rates for our medical students will increase and exceed national rates overall; and
- A greater percentage of graduates will practice in underserved areas than in the past;
- At least 85% of graduates will express satisfaction with their career choices five to ten years after graduation;
- At least two-thirds of the residents who have received career counseling from the school’s center will be satisfied with the information and advice received.
- The Career Counseling Center is fully operational by January 1, 2008.

Action Steps and Measures:

**Specific Objective 4. Hospital Hill Student, Resident, Faculty and Staff Well Being Center**

**Steps.** The Hospital Hill Student Well Being Center will be a vibrant, active center where students, residents, faculty, and staff come together in a setting that enhances and restores body, mind and spirit. It will provide activities of learning and research that further the overall well being of the community and ourselves. It will be a national model for integration of academic and community health and provide support in the areas of physical health, cultural awareness, service learning, and employee needs for optimal work environment. The following action steps will be necessary to implement this Center:

1. Develop a variety of ongoing regular activities by end of 2003 to include such items as:
   - journal and book meetings;
   - stress management workshops;
   - discussions and workshops on diversity, professionalism, politics, community health, and recreational activities promoting collegiality among all users;
2. Assure that student services are readily available to Hospital Hill students;
3. Establish a day care center to provide for the needs of the students, residents, faculty and staff of the Hospital Hill campus as well as to be a laboratory for service learning;
4. Establish a community education center where activities are held for the benefit of our community partners and neighbors- health fairs, parenting classes, diet and exercise classes, etc.

**Measures.**

- Monthly seminars and workshops are highly rated;
- The percentage of students, residents, faculty, and staff who participate in well being activities will increase, from one year to the next;
- The percentage of students, residents, faculty, and staff who agree that the School of Medicine nurtures their personal well being and development will rise from one year to the next along with general satisfaction with the workplace environment;
• The percentage of students, residents, faculty, and staff who report they experience dysfunctional stress will decrease;
• The ratings that UMKC graduates receive from residency supervisors for their self-awareness and personal development will increase, compared to graduates’ ratings in these areas for the past five years.
• By January 1, 2008, the UMKC School of Medicine will have a Hospital Hill Student, Resident, Faculty and Staff Well Being Center;*

* The objective of a freestanding Well Being Center will need to be collaborated with campus administration, other hospital hill units and partners, as well as the community. The endeavor will also require collaboration with Volker campus Student Affairs and their current activity and interest in developing a new Student Center there. It will also require collaboration with the other units on Hospital Hill to assess their needs, resources and ideas. The location will have to be researched and will greatly impact its cost. How much of this can be included in the new Health Sciences building versus being a part of Student Housing (to be developed), using the old health sciences building, or developing a freestanding building has yet to be determined. There is rich potential to utilize grants and private funding/donations.
UNDERGRADUATE, GRADUATE, AND CONTINUING MEDICAL EDUCATION

Introduction

Goal. The School of Medicine will lead in innovative medical education programs.

The specific objectives of the five-year strategic plan for the education programs focused on medical students, residents, faculty, and community physicians concern the following. They are listed in descending order of priority:

1. Competency-based education,
2. Performance-based assessment of competencies,
3. Tighter alignment between education in the clinical setting use and patient outcomes,
4. Innovative education technology,
5. Faculty development in education and the scholarship of education.

Background

Using the school's Academic Plan, these objectives flow from the self study conducted during 2002 as part of the LCME accreditation process.

Competency-based education. The self study noted that although courses and clerkships for medical students have adopted competencies listed in the Experience-based Curriculum Guide, further work remains to implement the competency-based curriculum completely. Tasks include more detailed specification of the knowledge, attitudes, and skills that relate to each competency and the development of additional learning activities explicitly tied to the competencies. The self study also noted that residency programs must meet ACGME requirements for assuring that their graduates can meet requisite competencies. Compliance of UMKC residency programs with the ACGME expectations awaits additional direction from national trends. But progress toward full compliance will have to be evident during the next five years. Finally, the self study concluded that faculty themselves will require additional training in competency-based education and support from experts versed in competency-based education if objectives are to be attained.

Performance-based assessment. As the self study observed, a competency-based curriculum demands that assessment of learners must go beyond testing knowledge to examining how well learners can perform tasks related to competency areas. A new system for assessing medical students’ competencies has just recently been introduced through the use of ratings scales tied to competencies areas in the Experience-based Curriculum Guide. The system rests upon faculty observation of students’ actions day to day. The literature shows that such observations may not offer assessments as reliable as more structured performance-based assessment using standardized patients and perhaps simulations can provide. At UMKC, state of the art performance-based assessment of medical students has only just begun. Opportunities for performance-based assessment of residents, faculty, and community physicians are not available at all at UMKC.

Patient outcomes in the clinical setting. The ultimate purpose of medical education is, of course, appropriate patient care resulting in as desirable outcomes as possible. Training learners to construct
education programs tailored to improving patient outcomes by using evidence-based medicine is cutting-edge pedagogy. This approach should be more formally recognized in the selection of topics for education in clinical settings. It can involve the education of medical students and must involve the education of residents, according to ACGME requirements. To align education in the clinical setting more closely with patient outcomes requires trained faculty, but current faculty development opportunities at UMKC have not yet included topics that are relevant to this objective. Workshops on teaching evidence-based medicine and on using patient outcomes to design education based on continuous quality improvement are needed. Because faculty might perceive these workshops as more relevant to their patient care duties, more might participate in faculty development programs, a need that the LCME self study identified. The self study also suggested that teaching evidence-based medicine should be a focus for faculty development programs.

**Innovative technology.** Increasingly, medical students and resident physicians will expect the curriculum to be delivered through innovative technology. Although faculty at UMKC have increasingly incorporated computer-assisted instruction, the need for expanding innovative instructional technology depends on the improvement of the medical school infrastructure for the use of technology of the future. The self study identified a number of technology needs that must be met if the school is able to deliver instruction to medical students, residents, faculty, and community physicians in state-of-the-art formats.

**Faculty development.** Members of the faculty at the University of Missouri-Kansas City School of Medicine come from a variety of partner institutions. Likewise, their participation in the School varies from full-time to part-time and adjunct commitments. Effectively integrating this diverse faculty into a scholarly academic constituency is an important long-range strategic objective. A more immediate priority is advancing faculty knowledge and skills in education and promoting scholarship in education.

### Medical School Goals and Objectives, UMKC Goals, and Cross-Cutting Themes

Each of the education objectives of the medical school is related to UMKC goals. The medical school objective to “fully implement the practice, teaching, learning, and assessment of the undergraduate and graduate competencies expressed in the Experience-based Curriculum Guide for medical students or the ACGME outcomes document for resident physicians” relates to the UMKC goal of nurturing and developing leaders. The medical school objective should be applied not only to learners but also to faculty and community physicians, the strategic planning committee decided. Accordingly, it recommends that the UMKC goal should be expanded beyond its present focus on students to include additional constituencies. The school objective “create a state-of-the-art performance-based assessment center for medical students, residents, faculty, community physicians, and other health professionals” also relates to nurturing and developing leaders. It also concerns the goal of UMKC as an indispensable community partner. The medical school objective “adapt education in the clinical setting to the needs of patients and the community by taking patient outcomes into account” bears on the two previously mentioned UMKC goals plus the goal of leadership in scholarship. The medical school objective “incorporate innovative technology to achieve the ideal learning environment that enables medical students, residents, faculty, and community physicians to practice medicine in an increasingly information-based society” relates to the UMKC goal of nurturing leaders and UMKC as
an indispensable community partner. Finally, the medical school objective of faculty development relates to the UMKC goal of nurturing leaders.

Table 2 in Appendix 1 details the relationship between the School of Medicine objectives in education and the missions, vision, and values of the entire campus. Here too the medical school goals and objectives reflect the campus thinking.

The education objectives identified in Table 2 in Appendix 1 also embody key cross cutting themes: competency, professionalism, diversity, collaboration, quality of care issues in education, and technology.

**Action Steps and Measures**

The steps necessary to achieve the above goals and objectives along with the indicators of attaining the objectives are summarized below.

**Action Steps and Measures:**

**Specific Objective 1. Competency-based Education for Medical Students**

**Steps.** In order to implement competency-based education more fully for the undergraduate medical education curriculum, the following action steps are necessary. Dates for completion are listed. Since the campus-wide strategic plan focuses on June, 2006, as a target date, steps 1 through 10 should be completed by then.

1. Examine all basic science coursework throughout the program for relevance to competencies, sequencing, and scheduling to ensure that students are adequately prepared to meet national standards and to practice medicine in the 21st century, end of June, 2003;
2. All medical school basic science courses adopt, teach, assess some or all competencies, end of 2003;
3. Discuss competency-based education approach with course directors of required A&S and SBS courses and gain their cooperation in adopting appropriate competencies; end of June 2004;
4. All A&S, SBS courses that medical students take adopt, teach, assess selected competencies; secure cooperation from those units, end of 2004;
5. Design and implement Patient Physician Society series to address under-emphasized competencies such as self-awareness and personal growth, professionalism, moral reasoning and ethical judgment, etc.;
   - Year 4 series redesigned end of 2003
   - Year 3 series redesigned end of 2003
   - Year 2 series redesigned end of 2004;
6. Provide cultural enrichment series, end of 2004;
7. Enhance international studies, end of 2005;
8. Develop and implement additional combined degree programs involving medicine and other disciplines such as computer science, end of 2006
9. All competencies assessed in a reliable, valid, appropriate way including assessment of professional behavior, end of 2005;
10. Promotion guidelines revised to reflect competencies, end of 2006;
Measures. Achievement of a fully implemented competency-based curriculum for medical students will be indicated if the results listed below occur:

- Residency supervisor ratings of graduates in PGY-1 will rise;
- Ratings that graduates and graduating seniors give to curricular experiences will rise;
- Ratings that enrolled students give to courses and clerkships for promoting competencies will rise;
- Students’ performance on Step 1 will consistently reflect or exceed the national experience;
- The number of positive reports about professional behavior will rise; the number of negative reports will fall;
- All required courses and clerkships have printed syllabi that include clearly articulated learning goals and assessment standards paralleling the competencies;
- All residency programs are RRC accredited under the new guidelines;
- All faculty teaching in required courses and clerkships have attended CME workshops on competency-based education.

Action Steps and Measures:
Competency-based Education for Residents

Steps.

1. The key step to implementing competency-based education for residents is to update residency program guidelines so they include the six ACGME competencies and plans to implement the evaluation of those competencies.

Measures

- A success measure of implementing competency-based education into the residency programs will be that all residency programs receive ACGME accreditation under the new competency guidelines.
Action Steps and Measures:
Competency-based Education for Faculty (CME)

Steps.

1. Implementation of competency-based education for faculty will involve presentation of faculty development workshops and web-based materials mentioned above. These presentations should qualify for CME credit.

Measures.

• As a measure of success, all faculty teaching in required courses and clerkships will have attended a yearly CME workshop or completed web-based instruction in competency-based education.

Action Steps and Measures:
Specific Objective 2. Performance-based Assessment

Steps. The following action steps are necessary to establish a performance-based assessment (PBA) center for medical students, residents, faculty, community physicians, and allied health professionals. Dates for completion are listed. It is important to note that initially the use of the term “center” does not refer to a free-standing facility; rather it refers to the ability of the medical school to conduct performance-based assessments by using standardized patients (SPs), simulations, software, and objective structured clinical examination (OSCEs) methodologies. Ultimately, the presence of a permanent physical facility is envisioned.

1. Schedule assessments for medical education:
   • Continue communication exam Year 2 and Year 3
   • SP exam Year 3 clinical skills course, end of 2003
   • SP exam end of Year 4, end of 2004
   • Capstone OSCE end of Year 5, end of 2005
   • SP exam beginning & end of PGY 1, end of 2006
   • SP exam for CME for faculty, community physicians, end of 2008;
2. Identify collaborators from other professional schools to plan for permanent facility, end of 2003;
3. Throughout the period of the strategic plan, use community groups to help validate behaviors tested in the center; adapt assessments to changing cultural, patient needs; and

Measures. If the results listed below emerge, then it can be concluded that a performance-based assessment center for medical students, residents, faculty, community physicians, and allied health professionals has materialized.

• The number of assessment exercises offered per year will increase. Currently, there are three that are being conducted: communication skills in Year 2, intermediate
communication skills in Year 3, observed physical examination of a healthy person in Year 3;

- The amount and variety of resources allocated to PBA will rise;
- Residency supervisors’ ratings of UMKC graduates’ clinical skills will increase in comparison to ratings awarded to graduates in the past five years for their clinical skills;
- There will be a greater variety of learners who participate in PBA not only medical students, but also residents, faculty, community physicians, and other health care professionals.
- An identifiable space equipped for PBA will be available.

**Action Steps and Measures:**

**Specific Objective 3. Patient Outcomes in Education in the Clinical Setting**

**Steps.** In order to adapt education in the clinical setting to patient outcomes, the concepts of continuous quality improvement must be emphasized. The concepts and findings related to evidence-based medicine and results of national studies such as those completed by the Agency for Healthcare Research and Quality should be used. The following action steps are required. Dates for completion are listed.

1. Secure agreement to participate from affiliated hospitals; end of June, 2003;
2. Identify participating clerkships, residency programs, and departments; end of June, 2003;
3. Gain participation of the Department of Medicine since the continuing care clinic for medical students and the ambulatory care clinics for medicine are ideal settings for reaching this objective; end of June, 2003;
4. Secure external funding for project, end of 2003;
5. Develop task forces composed of faculty, residents, and students to design education programs, end of 2004;
6. Provide training for faculty to note outcomes, use them for providing education, to follow CQI processes via workshops and web-based materials, 2004;
7. Follow continuous quality improvement methodology to further develop and implement additional education plans 2005-2008.

**Measures.** The following indicators will signify success in adapting education of medical students, residents, and faculty to using patient outcomes in directing the thrusts for education and learning.

- Compliance with best practice guidelines and evidence-based medicine will occur;
- Development of at least one new education program in each required clinical clerkship that is coupled with measuring education programs’ influence on patient outcomes.
- Publication of at least one article in a peer reviewed journal regarding the above education programs and their influence on patient outcomes.

**Action Steps and Measures:**

**Specific Objective 4. Innovative Technology**
Steps. In order to incorporate innovative technology into the learning environment thereby enabling medical students, residents, faculty, and community physicians to practice medicine in an increasingly information-based society, the following action steps are necessary. Dates for completion are listed. Since the campus-wide strategic plan focuses on June, 2006, as a target date, steps 1 through 6 should be completed by then.

1. Identify resources to reconfigure medical school for wireless access to support IT curriculum, end 2004;
2. Reconfigure building 2005;
3. Approach vendors to offer attractive PDA & wireless computer packages for students and faculty 2005;
4. Acquire necessary equipment 2006;
5. Identify necessary technical personnel to support expanded IT program 2006;
6. Identify personnel, resources to assist faculty in introducing IT 2006;
7. Identify and train faculty to introduce IT 2007; and

Measures. Achievement of the technology objective will be indicated if the results listed below occur:

- The percent of courses and clerkships using IT will rise;
- The percent of clerkships using PDAs will increase;
- The percent of exams administered via computer will increase;
- The variety of ways that IT is used will expand;
- The percent of faculty using IT will rise;
- The percent of faculty who have undergone training for CAI will rise;
- The percent of faculty creating web pages for courses will increase;
- The QPE will be computerized;
- Development of at least one new education program utilizing innovation technology in every required School of Medicine course;
- Publication of at least one article in a peer reviewed journal regarding the innovative application of technology;
- Demonstration of competency in utilizing information technology by students, faculty, health professionals in the assessment center.

Resources. An important way to enrich the learning environment would be to require each student and resident to have a PDA. This is a low cost strategy that could easily be borne by the individual learner, especially if a group price could be negotiated. Ultimately, a large computer laboratory on Hospital Hill should be created through collaboration with the university and the other health professions schools.

Action Steps and Measures:
Specific Objective 5. Faculty Development.

Steps
1. Define and develop a cohesive appointment and promotion process that clearly reflects the contributions and capabilities of faculty at various levels of participation:
   • Core faculty (clinical and non-clinical),
   • Volunteer faculty, and
   • Adjunct faculty.
2. Define a core academic clinical faculty to integrate those individuals into the University faculty system;
3. To reorganize the process of faculty participation in School of Medicine policy and governance in a meaningful and substantive manner (Faculty Council);
4. To develop a more cohesive faculty identity with the School of Medicine;
5. To develop a process that adequately recognizes and supports core faculty members who dedicate time to the specific goals and measures of the School;
6. To reorganize and develop a Faculty Affairs Office within the School of Medicine which provides both advocacy and administrative support for faculty at each of the clinical partner institutions;
7. To establish a defined faculty development process which supports the academic growth and development of faculty members and addresses the essential scholarly elements (service, teaching, clinical practice, research) necessary for promotion;
8. Develop an incentive and reward process/program to recognize faculty efforts and contributions to the goals of the School of Medicine.

**Measures**

- The number of promotions from assistant to associate professor and from associate professor to full professor compared to those eligible for promotion will rise.
- The percentage of faculty who participate in faculty development activities will increase.
- The satisfaction of faculty with career opportunities and with administrative support for faculty activities will rise.
RESEARCH

Introduction

Goal. The School of Medicine will develop a strong translational research program.

Federally funded research at the School of Medicine has doubled in the past two years due primarily to an enhanced effort to view research as a partner within the tripartite mission of the School. New research initiatives have included the building of a modest infrastructure considered essential for stimulating additional research activity. This is consistent with the vision of developing a critical mass of funded researchers, research facilities, and the recruitment of experienced support personnel. In almost every example of academically funded Life Science research, it is the School of Medicine that is the driving force, often allowing for the seeding of translational and outcomes research projects which incorporates collaborators from varied disciplines.

The strategic plan outlined below recognizes increasing opportunities for securing federal funding and a consequent expansion of UMKC's research activities in the Life Sciences. There was consistent agreement among representatives from the Medical School and its hospital research partners that real infusion of resources will be necessary in order to project UMKC's School of Medicine as an equal player in Kansas City's biomedical agenda.

The goal of the five-year strategic plan for research programs has a specific focus on building a strong translational research program. The specific objectives involve:

1. Research infrastructure to facilitate faculty research and development;
2. Centers of Research Excellence around areas of current and emerging research strengths;
3. New endowed chairs.

Background

The evolving Life Science Initiative within the Kansas City Metropolitan Area provides an opportunity to markedly increase research productivity at UMKC and especially within the School of Medicine. Since medicine is at the very heart of all biomedical research efforts, it is essential that the School of Medicine provide a leadership role in order for UMKC to achieve maximal productivity from investments in Life Sciences Research.

Research Infrastructure: The School of Medicine has a diversity of biomedical research strengths which enable it to provide this leadership. These strengths include well-established and productive partnerships with several clinical affiliates, including Saint Luke's Hospital, Truman Medical Center, Children's Mercy Hospital and Western Missouri Mental Health Center. These clinical affiliates provide the SOM with knowledgeable and productive clinical faculty to enhance clinical and basic science research programs as well as access to patients with a wide variety of clinical conditions, from diverse demographic backgrounds. Additionally, the Department of Basic Medical Science has developed strong collaborative relationships with our clinical partners thereby providing an outstanding opportunity for translational research. Collectively, these relationships enable the SOM to
study basic mechanisms of disease in the laboratory, contribute to the development of specific
treatment modalities, and evaluate the efficacy of these therapies in clinical settings.

The highest priority in our strategic plan is to improve research infrastructure to support the needs of
existing faculty, the anticipated recruitment of new NIH funded investigators and for expanded
research training opportunities for medical students and residents. Improvements include total
renovation of animal facilities on Hospital Hill, renovation of 15,000 square feet of laboratory space,
and acquisition of core scientific equipment necessary to support modern scientific research.

**Centers of Research Excellence:** There are two overriding themes for much of the research
conducted within the school of Medicine, and these themes cross many clinical/scientific disciplines.
These two major themes include Outcomes Research and Translational Research. Because of the
existing clinical and research expertise of our faculty and the broad patient base of our clinical
affiliates, the Medical School is positioned to fill a unique niche within the Greater Kansas City Life
Sciences Community. Selected foci of potential research strength at the SOM that can fall under the
umbrella of Outcomes or Translational Research include Women's Health, Infectious and
Immunologic Diseases, Genetics, Cardiovascular Disease, Neurologic Disease, Oncology, Geriatrics,
International Health and Integrative Medicine.

**Endowed Chairs:** One of the greatest strengths of the School of Medicine is its Endowed Chair
Program. The SOM has jointly recruited 18 Endowed Chairs and Professorships with our affiliated
hospitals, all of which hold faculty appointments in the SOM. These Chairs provide an established
nidus for highly productive translational research, which has to date not fully attained its potential.
Our clinical affiliates have also recruited several additional Endowed Chairs which are supported
entirely by the hospitals who also serve as faculty in the SOM. One major factor which has limited
the research productivity of our Endowed Chairs is that the School of Medicine has not provided
significant infrastructural support for their research activities.

A major hurdle in providing this support was that, prior to 1998, the School of Medicine lacked tenure
track faculty positions. The establishment of the Department of Basic Medical Science at the SOM in
January 1998 has provided a mechanism by which the SOM can recruit tenure track faculty to support
our research mission. The significance of this development cannot be overstated. The potential for
increased research productivity at the SOM is exceptional. The SOM and its affiliated institutions
have substantial research strength in the diseases targeted by the Kansas City Life Sciences Institute.
With focused investment of new capital, the SOM will transform these relative strengths into
internationally recognized Centers of Research Excellence. The impact of this investment will be new
Graduate Training Programs leading to an infusion of highly trained scientists into the Kansas City
area, a greatly enhanced influx of extramural research dollars into the Kansas City area, improved
cutting-edge care for patients with specific diseases, and the potential for significant economic
development resulting from biotechnology spin-off companies.

The technology transfer component, a priority noted in UMKC’s Strategic Plan, is greatly enhanced
through the conduct of research trials proving clinical efficacy. The “bench to bedside” capability at
UMKC is the embodiment of a collaboration in translational research which should focus on
established areas of research excellence.
These goals and objectives articulate well with those of the University of Missouri-Kansas City. The articulation is displayed in Table 3 in Appendix 1.

**Action Steps and Measures**

The steps necessary to achieve the above goals and objectives along with the indicators of attaining these objectives are summarized below.

**Action Steps and Measures:**

**Specific Objective 1. Research infrastructure to facilitate faculty research and development**

**Steps.** The following action steps are necessary to meet the objectives for developing a research infrastructure.

1. Major renovation of animal facilities on Hospital Hill;
2. Renovation of 15,000 square feet of laboratory space;
3. Acquisition of core scientific equipment necessary to support modern research;
4. Establishment of a fully staffed Office of Research;
5. Establishment of Research Council comprised of funded researchers within the School of Medicine and its partner institutions.

**Measures.** Achievement of the specific objective will be measured by the following:

- Funds have been secured to renovate the Hospital Hill animal facility and 15,000 square feet of laboratory space and to purchase core scientific equipment necessary to support cutting edge research;
- The renovated animal facility and laboratories along with scientific equipment will meet with the approval of faculty researchers; and
- Researchers on the faculty of the medical school will perceive the Research Council as a critical group for responding to their needs and promoting an environment supportive of scholarly activity.

**Action Steps and Measures:**

**Specific Objective 2. Centers of Research Excellence around areas of current and emerging research strengths**

The second specific objective in the strategic plan is to develop new Centers of Research Excellence through strengthening and increasing support of institutional partnerships and endowed chairs, as well as strategic recruitment of new NIH-funded faculty. The current Shock Trauma Research Center will be utilized as a successful model from which to pattern these additional centers.

**Steps.**

1. Identify needs of existing Endowed Chairs relative to enhancement of research;
2. Recruitment of personnel to support needs of emerging Centers of Excellence – four postdoctoral fellows and two research technicians;
3. Recruitment of new NIH-funded faculty;
4. Increase and strengthen support of institutional partnerships.

Measures.
- Acquisition of $2 million in external peer reviewed research funding in each of at least three new areas;
- Attainment of extramural research support from the NIH (administered through UMKC) by at least half of existing Endowed Chairs;
- Four postdoctoral fellows and two research technicians will have actually joined the school’s research staffs;
- Establish three new Centers of Excellence; and
- The rate of publications and presentations by faculty members will increase, compared to the rate in 2002.

Action Steps and Measures:
Specific Objective 3. New Endowed Chairs

Steps.
1. Secure funding for four new endowment accounts of at least $1.1 million each;
2. Identify and recruit four senior scientists and three junior scientists;
3. Gain administrative approval for three tenure track faculty within the Department of Basic Medical Science;
4. Identify start-up funding for chairs and faculty;
5. Completion of laboratory renovation as identified in objective #1.

Measures.
- Establishment of two new Endowed Chairs in Department of Basic Medical Science (e.g., Proteomics and Bioinformatics)
- Establishment of two new Endowed Chairs (e.g., Outcomes Research and Translational Research)
- Recruitment of three new tenure track faculty to the Department of BMS
- Establishment of three new programs of research excellence (as identified in objective #2)

Conclusion
It is anticipated that return on investment will be rapidly realized. Success breeds additional success. The provision of a critical mass of researchers along with quality support services will allow for enhancement in recruitment and would project UMKC as a serious competitor in the federal funding arena.
SERVICE AND COMMUNITY OUTREACH

Introduction

Goal. The School of Medicine will partner with the community in medical education and research.

The specific objectives of the five-year strategic plan for service and community outreach concern the following.

1. Centers of clinical excellence. The UMKC School of Medicine and its partners will be recognized as a premier academic health care education system in the Kansas City region and will be the health care education option of choice for the faculty and students, as well as the community at large.

2. Service learning. Students will learn the joys and challenges of community service and appreciate the life experience of persons from diverse backgrounds, while serving as ambassadors of the University.

Background

These objectives flow from the self study conducted during 2002 as part of the LCME accreditation process.

Centers of Clinical Excellence. The self study noted that changes in reimbursement for health care as well as the weak economy have impacted negatively on each of the teaching hospitals, leading inevitably to some degree of impingement on the educational programs. While the School’s dependence on the affiliated teaching hospitals during a period of contraction is a concern, the relationships can also be viewed as an opportunity. Continued acquisition of private endowments for faculty positions as well as the contribution of faculty salaries by the academic health center partners is essential to the survival of the School. The School’s five-year finance plan includes efforts to leverage the acquisition of endowed chairs for research for better funding for the hospitals’ clinical programs. Also included in this plan is a joint information-sharing effort between the hospitals and the university, directed towards the state legislative agenda, to address the need for better funding of indigent care. Since faculty members of the School of Medicine are major providers of indigent care in the community, improved funding for this activity greatly benefits academic health care.

The strategic planning process has identified the lack of a shared identity and a shared decision-making process between the School and the teaching hospitals as a major barrier to progress on this goal. Each of the primary teaching hospitals predates the School of Medicine. One consequence of this historical fact is that the hospitals developed their own identity within the Kansas City community long before the UMKC School of Medicine was conceived. As a result, while individual faculty members and administrators are familiar with their hospital’s affiliation with UMKC, a typical patient or family member might be unaware of any academic linkage. The university affiliation is absent from the name of each hospital and any signage indicating such an association is minimal. Further, not only do faculty members at each hospital maintain two sets of letterheads in their stationary (one with the hospital logo and one with the UMKC logo) but also the School of Medicine stationary does not list
the teaching hospitals. Singular ties between the individual hospitals and the SOM may be strong, but there is little sense of a group identity or spirit.

Not only is the commingling of identities minimally-developed, there is also little evidence that this marriage of a university SOM with a set of hospitals has been attractive to potential patients. While some components of this teaching hospital consortium are highly regarded as centers of clinical excellence, most of the patients at the public hospitals in the group are there by default, and would chose alternative settings if they were enrolled in a health care plan which would allow for it. Faculty and students may utilize the highly regarded components of the consortium for their own care and the care of their families, but do not generally choose the public hospital settings when they have a choice. In short, the original vision of an academic center of excellence unifying a group of hospitals in an academic health center of excellence has yet to be fully realized.

This vision will not be realized until all members of the consortium are participants in an ongoing, shared decision-making and planning process. There may be few themes to bind these disparate organizations together, but two such themes must surely be research and education. Each of the hospitals maintains vibrant educational programs for medical students and residents. Each engages in at least a moderate amount of clinical research. Education and research are also integral to the mission of the School of Medicine.

Recent efforts to consolidate the employment of residents within the university may promote cohesion. The location of a medical student docent unit in Saint Luke’s Hospital may also contribute to this cause. However, if a unifying area of research excellence could be identified and developed it could contribute profoundly to the solidarity of the UMKC SOM system and ultimately enhanced funding for the academic mission.

One such potentially unifying area of research is that of clinical outcomes research in a setting of evidence-based medical practice. This concept is discussed in the Education Programs section of this document. Such an initiative would provide the SOM with a mechanism for tightening the bonds with, and between, the partner hospitals. It would provide a clinically relevant service, which would also directly support the goal of becoming a premier academic health education system in the region.

**Service Learning.** The six-year pathway to a BA and MD degree capitalizes on the burgeoning idealism, creativity and search for personal identity, which characterizes late adolescence and early adulthood. While the School’s academic program benefits from this developmental principle, the steady growth in demands for new information to be learned over the past 30 years has made extra-curricular commitments difficult, even risky, to make. Students frequently choose, perhaps wisely, studying over participation in athletics and supplemental courses over working for extra income and experience.

The decision to begin career training upon completion of high school carries with it the inherent decision to forgo some of the informal educational aspects of the collegiate experience. Coupled with this is the fact that many students in the SOM have sacrificed some social aspects of their high school experience in favor of academic positioning for acceptance into medical school. Finally, the high financial commitment associated with attending the UMKC SOM has skewed the student population somewhat towards higher family income brackets.
These factors make the objective of service learning particularly relevant to students in the SOM. By engaging in service projects in the community they could learn useful skills, develop an appreciation for persons whose lives are very different than their own, serve as ambassadors for the university, and develop their own professionalism, particularly altruism. While many students and faculty are currently engaged in a rich and diverse array of service learning projects, there is a need for coordination and recognition of this activity.

Medical School Goals and Objectives, UMKC Goals, and Cross-Cutting Themes

Centers of Excellence. The university-wide strategic planning process envisions UMKC as an essential community partner and resource by the year 2006. The School of Medicine and its affiliated teaching hospitals would represent a central component of this vision as a premier academic health care education system in the Kansas City region. The university strategic planning process also envisions UMKC as a workplace of choice for Kansas Citizens while, as a complimentary notion, the School of Medicine and its partners envision their hospitals as the health care education system of choice for students, staff and the community at large.

The objective of being a premier academic health care education system in the region embodies two key crosscutting themes of collaboration and competency. The School’s strategic planning process confirmed the critical need for closer partnership, including shared identities and shared decision-making. It also produced a strategic avenue to achieving this level of partnership through the development of a research initiative in clinical outcomes, which would contribute to the refinement of the practice of evidence-based medicine.

Service Learning. The university-wide strategic planning process envisions UMKC as an essential community partner and resource whose faculty, students and staff engage in public scholarship, community-based or service learning, or community service; and whose students learn from and serve with the community. The SOM strategic planning process identified the development of a service-learning component of student experience as a logical way to achieve this goal.

The objective of developing a service-learning component of the student experience at the UMKC SOM embodies at least two key crosscutting themes, namely collaboration and diversity. Participation in a service-learning project would provide first-hand experience in the challenge of collaborating with non-medical persons and persons whose life experiences are very different from those of the students.

How the School of Medicine goals and objectives for service and community outreach relate to UMKC’s goals, mission, vision, and values is summarized in Table 4 in Appendix 1.

Action Steps and Measures

The steps necessary to achieve the above goals and objectives together with the indicators of attaining these objectives are discussed below.
Action Steps and Measures:
Specific Objective 1. Centers of Clinical Excellence

Steps. In order to implement the objective of being a premier academic health care education system in the region and the health care system of choice for faculty, students and the community at large, the following action steps are necessary. Dates for completion are listed. Since the campus-wide strategic plan focuses on June, 2006, the following steps should be completed by then.

- Conduct a self-analysis within the SOM to identify the advantages to the teaching hospitals of partnering with the SOM (faculty appointments, CME, research credibility, residency accreditation, outcomes research collaboration);
- Develop a brochure which articulates what the SOM has to offer a community partner;
- Gather data from other medical schools regarding marketing strategies, marketing budget, and strategies for developing a shared identity with teaching hospitals);
- Meet with leaders from the teaching hospitals to explore avenues/ barriers to a tighter affiliation (find out what they want and fear, articulate what the SOM can offer);
- Develop a community outreach coordinating program (e.g. healthcare screenings, speakers’ bureau);
- Partner with compatible city/state/federal/private agencies and foundations;
- Support the initiative on patient outcomes in education in the clinical setting being proposed in the Education Programs section of this document as a possible mechanism for binding the SOM and its partner teaching hospitals more closely together.

Measures. Achievement of a fully implemented development of centers of excellence will be indicated if the results listed below occur by 2006.

- The UMKC logo will appear on hospital stationary and signage; and the list of affiliated health care facilities will appear on SOM stationary;
- CEO’s of affiliated health care facilities will recognize their affiliation with SOM in public presentations about their institutions;
- Campus and local media will identify the SOM relationship in news stories about the affiliated health care facilities; and
- A majority of persons surveyed in Kansas City will identify the UMKC SOM and its affiliated health care facilities as a major health care education system that:
  - Prepares physicians for practice in the metropolitan area and the State of Missouri;
  - Advances the life sciences in Kansas City;
  - Improves the health of the community; and
  - Offers up-to-date easily accessed information about health, wellness, and common diseases and their treatment.

Action Steps and Measures:
Specific Objective 2. Service Learning

Steps. In order to implement the objective of developing a service-learning component of the student experience the following action steps are necessary (dates for completion are listed):
• Create a program within Medical School to coordinate, direct and promote a service learning program. Participation is optional (as with research) although required projects may be built into the Year I and II curriculum (e.g. geriatric medicine project);
• Develop learning objectives for this activity;
• Embrace current programs which align with this objective (free health clinic, international service, HIV and tobacco awareness programs);
• Require a written report in addition to the presentation and assign a faculty advisor to each student;
• Develop a Service Learning Day (similar to Student Research day; multiple tracks, posters);
• Promote the Schafer Award for community service;
• Support the objective of having a student, resident and faculty well-being center that is described in the Student Affairs section of this document, which includes the development of a service learning office;
• Partner with the Center for the City in developing service learning projects;
• Develop service learning projects in international medicine.

Measures. Achievement of the objective of developing a service-learning component in the student experience will be that indicated if the results below occur.

• 50% of the 2005 graduating class will have completed a service learning project;
• 25% of the 2005 graduating class will have presented their project to students, faculty, and staff during a Service Learning Recognition Day;
• 10% of the projects of the 2005 graduating class will have resulted in benefits that the group or population served recognizes;
• An increasing percentage of each subsequent graduating class will have completed a service learning project, presented it at Service Learning Recognition Day, and received recognition from the group or population served.

Bibliography

• Albritton T, Wagner P. Linking cultural competency and community service: A partnership between students, faculty and the community. Academic Medicine. 2002;77:738-739.
Appendix 1

STUDENT AFFAIRS

Goal. The School of Medicine will create a vibrant health science learning community on Hospital Hill for students, residents, faculty, and staff.

Table 1. Student Affairs Specific Objectives: UMKC School of Medicine Strategic Plan

<table>
<thead>
<tr>
<th>School of Medicine Specific Objectives</th>
<th>To which campus goal is this medical school objective related?</th>
<th>Which cross-cutting themes does this medical school objective embody?</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a CULTURALLY RICH APPLICANT POOL AND STUDENT BODY</td>
<td>GOAL: ATTRACT, NURTURE AND DEVELOP LEADERS</td>
<td>DIVERSITY</td>
<td>1</td>
</tr>
<tr>
<td>Offer a MODEL for ACADEMIC COUNSELING AND SUPPORT</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS</td>
<td>COMPETENCY, PROFESSIONALISM,</td>
<td>2</td>
</tr>
<tr>
<td>Develop a COMPREHENSIVE CAREER COUNSELING CENTER.</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS, GOAL: AN INDISPENSABLE COMMUNITY PARTNER</td>
<td>PROFESSIONALISM, COLLABORATION</td>
<td>3</td>
</tr>
<tr>
<td>Create a HOSPITAL HILL WELL BEING CENTER.</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS, GOAL: AN INDISPENSABLE COMMUNITY PARTNER, GOAL: THE WORKPLACE OF CHOICE</td>
<td>COLLABORATION, COMPETENCY</td>
<td>4</td>
</tr>
</tbody>
</table>
EDUCATION

Goal. The School of Medicine will lead in innovative medical education programs.

Table 2. Education Specific Objectives: UMKC School of Medicine Strategic Plan

<table>
<thead>
<tr>
<th>School of Medicine Specific Objectives</th>
<th>To which campus goal is this medical school objective related?</th>
<th>Which cross-cutting themes does this medical school objective embody?</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully implement the practice, teaching, learning, and assessment of the undergraduate and graduate COMPETENCIES expressed in the Experience-based Curriculum Guide for medical students or the ACGME outcomes document for resident physicians</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS (AMONG STUDENTS, RESIDENTS, FACULTY) Values: education first Vision: unleashing human potential, academic excellence, new standards in higher education Mission: create vibrant learning experience</td>
<td>COMPETENCY, PROFESSIONALISM, DIVERSITY</td>
<td>1</td>
</tr>
<tr>
<td>Create a state-of-the art PERFORMANCE-BASED ASSESSMENT CENTER for medical students, residents, faculty, community physicians and other health professionals.</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS (AMONG STUDENTS, RESIDENTS, FACULTY) GOAL: AN INDISPENSABLE COMMUNITY PARTNER Values: education first, energized collaborative communities, integrity and accountability Vision: unleashing human potential, academic excellence, new standards in higher education, Campus without borders Mission: create vibrant learning experience, engage in urban issues</td>
<td>COMPETENCY, PROFESSIONALISM, DIVERSITY, COLLABORATION, QUALITY OF CARE ISSUES IN EDUCATION, TECHNOLOGY</td>
<td>2</td>
</tr>
<tr>
<td>Utilize PATIENT OUTCOME DATA to drive adaptation of the curriculum to the needs of our patients and community</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS (AMONG STUDENTS, RESIDENTS, FACULTY) GOAL: AN INDISPENSABLE COMMUNITY PARTNER GOAL: LEADER IN SCHOLARSHIP Values: education first, energized collaborative communities, innovation Vision: unleashing human potential, academic excellence, new standards in higher education, Campus without borders Mission: create vibrant learning experience, engage in urban issues (health)</td>
<td>QUALITY OF CARE ISSUES IN EDUCATION, DIVERSITY, TECHNOLOGY</td>
<td>3</td>
</tr>
<tr>
<td>Incorporate INNOVATIVE TECHNOLOGY to achieve the ideal learning environment to enable medical students, residents, faculty and community physicians to practice medicine in an increasingly information-based society.</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS (AMONG STUDENTS, RESIDENTS, FACULTY) GOAL: AN INDISPENSABLE COMMUNITY PARTNER Values: education first, energized collaborative communities Vision: unleashing human potential, academic excellence, new standards in higher education Mission: create vibrant learning experience, engage in urban issues (health)</td>
<td>TECHNOLOGY, QUALITY CARE ISSUES IN EDUCATION</td>
<td>4</td>
</tr>
</tbody>
</table>
### RESEARCH

Goal. The School of Medicine will develop a strong translational research program.

#### Table 3. Research Specific Objectives: UMKC School of Medicine Strategic Plan

<table>
<thead>
<tr>
<th>School of Medicine Specific Objectives</th>
<th>To which campus goal is this medical school objective related?</th>
<th>Which cross-cutting themes does this medical school objective embody?</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESEARCH INFRASTRUCTURE</strong> to facilitate faculty research and development</td>
<td>GOAL: A NATIONAL LEADER IN SCHOLARSHIP AND CREATIVE ACTIVITY&lt;br&gt;GOAL: ATTRACT, NURTURE, AND DEVELOP LEADERS&lt;br&gt;Values: Discovery and innovation, integrity, energized collaborative communities&lt;br&gt;Vision: Academic excellence, campus without borders, unleashing human potential&lt;br&gt;Mission: Lead in life and health sciences</td>
<td>COLLABORATION, COMPETENCY, QUALITY OF CARE IN THE EDUCATION SETTING</td>
<td>1</td>
</tr>
<tr>
<td><strong>CENTERS OF EXCELLENCE</strong> Around areas of current and emerging research strengths</td>
<td>GOAL: A NATIONAL LEADER IN SCHOLARSHIP AND CREATIVE ACTIVITY&lt;br&gt;GOAL: ATTRACT, NURTURE, AND DEVELOP LEADERS&lt;br&gt;Values: Discovery and innovation, integrity, energized collaborative communities&lt;br&gt;Vision: Academic excellence, campus without borders, unleashing human potential&lt;br&gt;Mission: Lead in life and health sciences</td>
<td>COLLABORATION, COMPETENCY, QUALITY OF CARE IN THE EDUCATION SETTING</td>
<td>2</td>
</tr>
<tr>
<td><strong>NEW ENDOWED CHAIRS</strong></td>
<td>GOAL: A NATIONAL LEADER IN SCHOLARSHIP AND CREATIVE ACTIVITY&lt;br&gt;GOAL: ATTRACT, NURTURE, AND DEVELOP LEADERS&lt;br&gt;Values: Discovery and innovation, integrity, energized collaborative communities&lt;br&gt;Vision: Academic excellence, campus without borders, unleashing human potential&lt;br&gt;Mission: Lead in life and health sciences</td>
<td>COLLABORATION, COMPETENCY, QUALITY OF CARE IN THE EDUCATION SETTING</td>
<td>3</td>
</tr>
</tbody>
</table>
SERVICE AND COMMUNITY OUTREACH

Goal: The School of Medicine will partner with the community in medical education and research.

Table 4. Service and Community Outreach Specific Objectives: UMKC School of Medicine Strategic Plan

<table>
<thead>
<tr>
<th>School of Medicine Specific Objectives</th>
<th>To which campus goal is this medical school objective related?</th>
<th>Which cross-cutting themes does this medical school objective embody?</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTERS OF EXCELLENCE</td>
<td>GOAL: UMKC AS AN ESSENTIAL COMMUNITY PARTNER AND RESOURCE</td>
<td>COLLABORATION COMPETENCY,</td>
<td>1</td>
</tr>
<tr>
<td>The UMKC SOM and its partners will be recognized as a premier academic health care education system in the KC region and will be the health care education option of choice for faculty, students, and the community.</td>
<td>GOAL: UMKC AS THE WORKPLACE OF CHOICE Values: Education first, energized collaborative communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mission: lead in life and health sciences, engage in urban issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICE LEARNING</td>
<td>GOAL: NURTURE AND DEVELOP LEADERS</td>
<td>COLLABORATION, DIVERSITY,</td>
<td>2</td>
</tr>
<tr>
<td>Students will learn the joys and challenges of community service and appreciate the life experience of persons from diverse backgrounds, while serving as ambassadors of the University.</td>
<td>GOAL: AN INDISPENSABLE COMMUNITY PARTNER Values: education first, energized collaborative communities discovery and innovation Vision: a community of learners making the world a better place: unleashing human potential, academic excellence, new standards in higher education, campus without borders Mission: create vibrant learning experience, engage in urban issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>