STRATEGIC ACTION PLAN 2013

EDUCATION WORKING GROUP
EDUCATION WORKING GROUP

MEMBERSHIP

Co-Chairs:
Nicholas Ziats, PhD, Pathology
Clint Snyder, PhD, Interim Vice Dean for Education and Academic Affairs (appointed)

Members:
Keith Armitage, MD, Medicine
George Dubyak, PhD, Co-Director, MSTP Program
Paul MacDonald, PhD, Pharmacology
Michael McNamara, MD, Radiology
Lynda Montgomery, MD, Assistant Dean for Student Societies
Susan Padrino, MD, Assistant Dean for Clinical Sciences
Martin Snider, PhD, Biochemistry
Shannon Swiatkowski, MS, CTSC Office, SAC President
Peter Whitehouse, MD, PhD, Neurology
Amy Wilson-Delfosse, PhD, Asst Dean, Basic Science Education
## SWOT ANALYSIS

### Strengths

**What are our competitive advantages?**
- Tradition of educational innovation
- We have a tremendous strength of place with University Circle and the institutions here
- Attract highest level medical students
- A premier faculty
- Experience in research that can inform educational research
- Translational Research (CTSA)

**What are our core competencies?**
- All medical students required to do research
- Students learn in self-directed way to serves them well in clinical settings

**Where are we making the most impact?**
- Small group teaching/student directed learning
- Preparing research physicians of the future
- Team and leadership building
- Instructional approaches that promote critical thinking
- Longitudinal curriculum in bioethics that impact learners and degrees (here or in competitive advantages)

**What are we doing well?**
- Recruiting diverse medical school class
- Graduating students in a timely manner and prepared for success in varied career paths
- Preparation for licensure examinations
<table>
<thead>
<tr>
<th>Weaknesses</th>
<th>Case Western Reserve University School of Medicine</th>
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</table>
| What areas are we avoiding?| • The graduate programs need to be examined with regard to the numbers and types of degrees granted  
|                            | • Most medical teachers, particularly physicians, have priorities that supersede teaching  
|                            | • Robust faculty development for faculty, residents, graduate students  
|                            | • Inability of faculty to fulfill teaching obligations due to competing priorities and faculty reward systems  
|                            | • Budgetary issues due to high contribution of federal grant dollars to our operating budgets, and inability to increase tuition further  |
| Where do we lack resources?| • The physical building  
|                            | • There needs to be better support around instructional technology  
|                            | • Center for Medical Education and support for educational development and research  |
| What are we doing poorly?  | • Containing medical school costs by increasing scholarship dollars  
|                            | • Publication of our educational outcomes  
|                            | • Continuity of medical education from UME to GME to CME  
|                            | • Promoting careers in primary care  |
| Where are we losing reputation? | • The paucity of professional socialization, career preparation, of our PhD learners, for their future  
|                            | • Focusing on the business and management aspects of medicine, research and health care  |
| What needs improvement?    | • Our technology infrastructure, course management software  
<p>|                            | • Looking at long-term outcomes that reflect the impact of changes on our learners and the broader society  |</p>
<table>
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<tr>
<th>Opportunities</th>
<th>Case Western Reserve University School of Medicine</th>
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| Any beneficial trends?            | • Our community partners as our teachers – we need to continue this trend  
|                                   | • Continued and increased focus on community and public health  
|                                   | • Medical students selecting careers that reflect societal need  
|                                   | • We are focusing on development of pipelines – this has to continue  
|                                   | • Beginning to expand to nursing, dentistry, social work, i.e., cross education-horizontal and vertical  
|                                   | • UME to GME to CME, need to build on this trend |
| Niches that competitors are missing? | • Use of digital storytelling apps  
|                                   | • True community linkage with education – future students, collaborators, high school and college  
|                                   | • Interprofessional education to include PhDs and MDs together in the learning environment, for both faculty and learners  
|                                   | • Building of Health Alliances  
|                                   | • Social entrepreneurship in medicine, being good stewards of scarce resources in health care, education and research  
|                                   | • Expand advocacy for the community and populations throughout the curriculum  
|                                   | • Expand the Center for Medical Education to embrace biomedical graduate education |
| New technologies?                 | • Instructional technologies are important in moving forward  
|                                   | • Flipped classroom, but we don’t have (or know about) the technologies  
|                                   | • Social networking tools to improve learning |
| New needs of students/faculty/staff? | • Personalized medicine, including narrative  
|                                   | • Preparation for interprofessional health care, both faculty and learners  
|                                   | • Faculty need for meaningful instructional technology development and mentoring  
|                                   | • Increased training opportunities in translational medicine  
|                                   | • Students need formal learning responsive to their needs and wants (not necessarily classroom)  
|                                   | • Master’s Programs, Medical Illustration, Physician Assistants, Undergraduate student education  
|                                   | • Translational research to the graduate arena  
<p>|                                   | • Professional skills development |</p>
<table>
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<tr>
<th>Threats</th>
<th>Case Western Reserve University School of Medicine</th>
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<tbody>
<tr>
<td>Obstacles to overcome?</td>
<td>• Failing physical structure</td>
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<td></td>
<td>• Reluctance to change</td>
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<td></td>
<td>• Hospital partners not fulfilling their commitment by protecting teaching time</td>
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<td></td>
<td>• Competition for clinical training sites</td>
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<tr>
<td>Competitors doing it better?</td>
<td>• Scholarship money</td>
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<td></td>
<td>• Interprofessional curriculum, not just events</td>
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<tr>
<td>Negative economic conditions?</td>
<td>• Federal grant dollars</td>
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<td>• Students unable, unwilling to pay our mounting tuition, medical education, graduate education costs</td>
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<td></td>
<td>• How the changing health care system endangers clinical teaching</td>
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<tr>
<td>Vulnerabilities?</td>
<td>• Heavy reliance on federal dollars with inability to increase tuition</td>
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<tr>
<td></td>
<td>• Competition for clinical training, e.g., CSU/NEOMED</td>
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<td></td>
<td>• Process to reflect on educational improvement, change</td>
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<tr>
<td>Objective</td>
<td>Measured By</td>
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| Recruit and retain high quality students in the medical and graduate programs | Increase available scholarships and degree options available to highly qualified medical students | • Pursue external funding for scholarships for the best students  
• Offer scholarships immediately to students who commit to matriculation  
• Promote dual-degree programs to attract highly motivated students |
| | Expand the research and teaching assistantships available to highly qualified graduate students | • Increase submissions that include support for high quality graduate students  
• Promote graduate programs to attract highly motivated undergraduate students |
| | Institute a Master of Science in Physician Assistant Studies (MSPAS) degree to meet the changing needs of health care | • Complete application for approval of a MSPAS program  
• Recruit inaugural class for the 2016-2017 academic year |
| Create a state-of-the-art health professions education facility to train learners for the 21\textsuperscript{st} century | Plan for instructional space to meet the changing needs of learners and the discipline | • Configure working groups to examine learning spaces  
• Determine learning spaces that will best speak to the needs of the 21\textsuperscript{st} century learner  
• Plan instruction that makes use of learner-centered teaching spaces |
| | Examine all aspects of instruction to implement technology and forward-looking pedagogical approaches | • Challenge Block Leader group to examine implementation of technology into instruction  
• Establish a curriculum working group to examine most recent approaches to instruction |
| | Design instructional space that allows for learner-centered teaching in interprofessional groups | • Increase the use of small and medium-sized group teaching rooms/spaces  
• Plan interprofessional instruction to bring together health professions trainees in team learning |
<table>
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<tr>
<th>Develop a structure that maximizes the opportunities for teaching in clinical settings</th>
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<tbody>
<tr>
<td>Examine the core clinical training curriculum for a structure that make the most efficient use of our clinical training sites</td>
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</table>
| • Challenge the Joint Clinical Oversight Group to review the structure of clinical teaching  
• Determine weeks, types and disciplines of clinical training that can be accommodated in the existing clinical sites |
| Expand the clinical training sites available for students to train |
| • Examine alternate clinical sites that could be developed into training sites for the clinical curriculum  
• Develop core clinical curriculum training sites in rural and community settings |
| Develop clinical faculty to increase their participation in the clinical curriculum |
| • Survey and recruit clinical faculty for interest in participating in the clinical curriculum  
• Provide faculty development programs around curriculum, teaching and evaluation to prepare these faculty for their teaching roles |
| Integrate interprofessional education in the medical, graduate, and professional programs curricula |
| Establish a Master of Physician Assistant Studies program to train health professionals for team-based care |
| • Prepare application for site review in December 2015  
• Establish a working group to identify points of common curricular training for PA and MD trainees |
| Continue the Macy Interprofessional Learning Exchange and Development (I-LEAD) program integrating medicine, nursing, dentistry and social work |
| • Evaluate the current I-LEAD project for efforts that have been most effective and should be continued  
• Establish a working group to determine the next phase of a Macy proposal to continue the I-LEAD program |
| Identify opportunities in curriculum for sustained, longitudinal, interprofessional education |
| • Establish a working group among medicine, nursing, dentistry, social work and physician assistant programs to examine opportunities for interprofessional education  
Assign to Curricular Affairs the task of devising a longitudinal curriculum to link instructional opportunities |
| Increase scholarship in health professions education to promote our achievements | Expand the Center for Medical Education to include Scholarship and Research | • Provide leadership and resources to the Center of Medical Education to support scholarship  
• Gather educational data into a central database in the Center for Medical Education to facilitate scholarship  
• Promote institutional relationships through shared scholarship around education  

Provide support for faculty interested in publication of educational findings | • Provide evaluation and analytic support for faculty interested in educational scholarship  
• Implement a series of workshops to introduce educational research opportunities and resources to faculty  

Support faculty to present research findings at national meetings | • Make financial support available to faculty for travel to educational meetings  
• Establish a clearinghouse for opportunities to share educational findings  

Development of Faculty Education and Mentoring Programs | Expand faculty development in scholarship and education | • Continue to support and promote the Scholar’s Collaboration in Teaching and Learning program  
• Continue to implement and support the Master Teachers and Academy of Scholar’s programs  
• Further develop education/teaching portfolios for promotion of faculty  
• Promotion of Medical School Chair’s involvement with curriculum  
• Explore ways to support clinical faculty involvement in curriculum  

Develop and promote faculty mentorship programs | • Examine ways to provide mentoring programs for senior and junior faculty interactions  

Promote diversity | Increase the proportion of students from underrepresented backgrounds | • Target recruitment from undergraduate programs of diversity  
• Continue efforts in pipeline programs  

Recruit faculty who expand the diversity of our clinical teaching workforce | • Pursue faculty members from diverse clinical sites for participation  
• Develop faculty from diverse clinical sites for participation in the curriculum  

Integrate topics of diversity throughout the curriculum | • Examine opportunities in existing curriculum for diversity issues to be infused  
• Map a longitudinal curriculum for topics of diversity |
School of Medicine Strategic Plan 2013
Research Working Group

Co-Chairs:  Mark Chance, PhD, Vice-Dean for Research
            Eric Pearlman, PhD, Ophthalmology & Visual Sciences

Members:   Richard Zigmond, PhD, Neurosciences
           Jackson Wright, MD, PhD, Medicine
           Jiayang Sun, PhD, Epidemiology & Biostatistics
           Theresa Torres Pizarro, PhD, Pathology
           David Katz, PhD, Neurosciences
           Matthias Buck, PhD, Biophysics & Physiology
           Mukesh Jain, MD, PhD, Medicine
           Paul Tesar, PhD, Genetics and Genome Sciences
           Stan Gerson, MD, Director, CCCC
           Jill Barnholtz-Sloan, PhD, General Medical Sciences
           Derek Abbott, MD, PhD, Pathology
           Anne DeChant, MS, MBA, Special Projects
## SWOT Analysis for Research Working Group

### Strengths
- CFAR, Cancer Center, CTSC
- Global Health, Infectious Diseases, Neurosciences
- Collaborative atmosphere, multi-disciplinary research support
- Recruiting (esp. Assistant Professor level) and fundraising
- Linking of CTSA in State of Ohio - leverage these for benefit of SOM depts
- Cleveland is a great place to live with solid close-by affordable housing and cultural infrastructure
- The School of Medicine and School of Engineering are crown-jewels of CWRU and Cleveland
- The close proximity of our affiliate hospitals are an advantage

### Weaknesses
- Faculty professional development
- Graduate students and post-doctoral fellows – in recruitment, training, support
- Lack of nimble administrative processes
- Education of faculty about commercialization of discoveries

### Opportunities
- Leverage IT support
- Communications and marketing expansion
- CTSC: utilization and participation from faculty
- Undergraduates: pool of exceptional students, recruit to labs and utilize the talents here at CWRU
- Leverage connection with Cleveland Clinic

### Threats
- Administrative structure: slow moving, needs more efficiencies
- National economic conditions: NIH funding
- Competing research universities: recruitment of highest caliber students and faculty
Introduction
The School of Medicine has a long-standing reputation for garnering significant NIH funding. However, in today’s national economic state, overall NIH funding is greatly reduced and more difficult to attain. Therefore, the SOM must strive to improve its position, diversify its portfolio, and continue to recruit and retain the best faculty, medical students, and graduate students. The previous strategic plan developed key disciplines to focus our investments, areas of research strength at the SOM. To maintain a long range view, we have expanded that list to include new strengths and emerging disciplines, and will maintain momentum with strategic investments. The SOM is also developing plans to improve and enhance recruitment strategies to attract the nation’s top graduate students and post-doctoral scholars and fellows. To accomplish these goals, the SOM will continue to build and strengthen its relationships with affiliate institutions, improve and coordinate core operations to support research programs, and leverage the administrative processes to provide efficient and effective support to our researchers.

Vision
To establish the School of Medicine as world-class research institution by supporting research programs, guiding investments, and creating a culture of collaboration

Goals
1. Enhance the research portfolio. Build on strengths, develop emerging research areas, and strategically invest in high-risk ventures
2. Diversify the research portfolio to provide consistent support to researchers, despite uncertain economic conditions in federal funding
3. Develop recruitment strategies to attract the nation’s top graduate students and post-docs
4. Align research goals across schools and affiliate institutions to provide the best support possible to investigators
5. Improve and coordinate core operations to better support research programs
6. Leverage the administrative processes at the school (IT, communications & marketing, etc.) to provide efficient and effective support to our researchers

Strategies

Goal #1: Enhance the research portfolio. Build on strengths, develop emerging research areas, and strategically invest in high-risk ventures
- Strategic investments in three distinct types of research programs
- Continue to support areas of strength such as Cancer Center, Infection and Inflammation, Imaging and Structural Biology, Visual Sciences, and Cardiovascular research
- These areas of strength help anchor the entire research program at the school, support recruitment efforts, and provide shared resources otherwise not available to researchers
- Invest in emerging areas of research, areas growing both nationally and at the school – Informatics, Translational Neurosciences, Population and Community Health, and Genome Sciences
- Build these programs to become best in the nation
- Strategically invest in high risk and high return programs, which are not as well-established but have the potential to become nationally ranked – Therapeutics, Metabolic Sciences
- Invest in commercialization efforts – provide support, guidance, funding, and resources where needed to bring research efforts to the public sector
Goal #2: Diversify the research portfolio to provide consistent support to researchers, despite uncertain economic conditions in federal funding
- Continue to diversify portfolio by developing new avenues of research philanthropy, working closely with the Development Office to foster relationships with alumni and donors
- Enhance efforts through the Office of Strategic Initiatives, pursue alternative funding opportunities from state, county, and federal sources
- Grow the commercialization portfolio of the school, capitalizing on industry opportunities, fostering relationships with the public sector, and guiding researchers through the proper channels
- Utilize Chief Translational Officers to support these efforts, and to inform and teach investigators about commercialization and industry opportunities
- Support and devote resources to the Council to Advance Human Health (CAHH) program, High Throughput Screening (HTS) program, and others
- Work to provide funding through these programs to bring select research programs in line with biotech/pharma standards, resulting in licensing agreements, new companies, etc.
- Create a culture change in school personnel, developing a new understanding of commercialization, translational research, and business and licensing opportunities
- Reach out to students and provide information on alternative career opportunities, the process of commercialization, and business and licensing opportunities

Goal #3: Develop recruitment strategies to attract the nation’s top graduate students and post-docs
- Coming soon

Goal #4: Align research goals across schools and affiliate institutions to provide the best support possible to investigators
- Foster collaborative and team science within and between schools and affiliate institutions
- Jointly identify priorities for research, teaching and education, and clinical care
- Collaborate in recruitment efforts
- Create opportunities to share discoveries, network, and develop relationships with colleagues
- Enhance participation in multi-disciplinary, multi-institution programs such as CTSC, CCCC, and CFAR programs
- Jointly develop therapeutics, informatics and clinical data sharing, CLIA-based gene sequencing, and biobanks

Goal #5: Improve and coordinate core operations to better support research programs
- Increase visibility of cores – website upgrades, weekly/monthly emails “did you know?”, central “catalog” of cores
- Clearly define various types of cores
- Develop Core Advisory Committee and Research Support Director position
- Develop panels of common cores (ex: Imaging) and convene meetings to discuss efficiencies and standard operating procedures
- Determine investment criteria standards for becoming a core, led by Dean and Advisory Committee
- Provide transparency regarding investments, business practices, etc.
- Evaluate billing and coordination procedures, develop efficiencies and common practices
- Create and implement reporting standards
Goal #6: Leverage the administrative processes at the school to provide efficient and effective support to our researchers

- Work with school and university leadership to develop administrative efficiencies to support faculty research programs
- Work with human resources to facilitate competitive staff hiring practices

### Key Focus Areas

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<thead>
<tr>
<th>Key Focus Areas</th>
<th>Key Enabling Technologies</th>
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<tr>
<td>Genome Sciences</td>
<td>Stem Cells</td>
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<tr>
<td>Cancer Biology</td>
<td>Imaging</td>
</tr>
<tr>
<td>Cardio-Pulmonary</td>
<td>Epidemiology/Biostatistics</td>
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<tr>
<td>Neurobiology</td>
<td>Bioinformatics/Outcomes</td>
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<tr>
<td>Metabolic Sciences</td>
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<tr>
<td>Therapeutics/Structural Biology</td>
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<tr>
<td>Immunobiology/Infection</td>
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Blue = key focus areas from 2008 strategic plan

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**Key Focus Areas Driving Key Clinical Programs**
SCHOOL OF MEDICINE

STRATEGIC ACTION PLAN 2013

PEOPLE WORKING GROUP
PEOPLE WORKING GROUP

MEMBERSHIP

Co-Chairs:
- Marjorie Greenfield, MD, Reproductive Biology (elected)
- Sana Loue, JD, PhD, MPH, MASSA, MA, Bioethics/Faculty Development & Diversity (appointed)

Members:
- David Bruckman, MS, MT, Prevention Research Center (appointed)
- Fabio Cominelli, MD, PhD, Medicine (elected)
- Trygve Dolber, medical student (appointed)
- Sonya Harris-Haywood, MD, MS, Family Medicine, UH (appointed)
- Robert Haynie, MD, PhD, Associate Dean for Student Affairs; Dean, Frederick Robbins Society-SOM (appointed)
- Vikas Jain, MD, Radiology, MHMC (elected)
- Barbara Juknialis, Bioethics/Staff Advisory Council, SOM (appointed)
- Sumita Khatri, MD, MSc, Co-Director, Asthma Center, CCLCM (appointed)
- William Merrick, PhD, Biochemistry, SOM (elected)
- Mireilla Astrid Moise, MD, Surgery, MHMC (elected)
INTRODUCTION

The following Statement contains the Vision, Goals, Strategies, and Action Plan developed by the People Working Group in connection with the 2013 Strategic Action Plan of the Case Western Reserve University School of Medicine.

The People Working Group formulated this report based on a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats); the findings of the 2010 Faculty Climate Survey, the 2012 climate survey task force, and the 2012 SOM Ideal Team Project Report, a review of the previous SOM Strategic Action Plan and its associated accomplishments, and issues brought to and/or raised by committee members.

The Working Group met as a whole on three separate occasions. These in-person discussions were augmented with e-mail correspondence between Working Group members. Either or both of the Co-Chairs and several of the Working Group members attended one or more of five Town Hall meetings (two at SOM, one at MHMC, one at CCF, and one at the VA) held between May 2013 and August 2013. The Co-Chairs also met on several additional occasions.

Marjorie Greenfield, MD
Sana Loue, JD, PhD, MPH., MSSA, MA
July 2013
## RESULTS OF SWOT ANALYSIS

| **Strengths** | • Strong Dean with good fundraising abilities and a willingness to effectuate needed change  
• Recent development of FLEX leadership program  
• Development of Faculty Toolkit series  
• Establishment of endowed Chairs  
• Increase in number of tenured female faculty  
• Recruitment of strong students  
• Fundraising successes  
• A promotion process that supports promotion for teaching and service and a tenure process that supports tenure for collaborative research  
• Reasonable cost of living and good quality of life in Cleveland |
| **Weaknesses** | • Divergent hospital and SOM expectations of faculty  
• Difficulty retaining faculty, generating institutional loyalty, camaraderie and collegiality  
• Lack of succession planning  
• Disgruntled and unhappy departing faculty  
• Lack of transparency in distribution of internal funding  
• Low faculty morale and high level of faculty disengagement  
• Feeling among some faculty that they are not heard  
• Cleveland location  
• Cleveland weather |
| **Opportunities** | • Increased opportunities and emphasis on collaborative research  
• Increased programs to encourage and facilitate community-SOM collaborations  
• Recognition of collaborative research as a basis for promotion and tenure  
• Increased accountability of basic science Chairs  
• New Vice Dean position for Faculty development and Diversity  
• Development of website for Office for Faculty Development and Diversity to enhance communication  
• Center for Medical Education |
| **Threats** | • Perception of teaching as lacking value  
• Changing health care industry that threatens ability of hospitals to pay for non-clinical faculty activities  
• Hospital valuation of clinical productivity only  
• Decreasing availability of federal research funding and consequent associated anxiety among research faculty |
Vision: To develop strategies to increase faculty, staff, and student professional success and personal well-being

Goal: To align the goals and vision of SOM and affiliate hospitals to ensure consistency across institutions in faculty and staff expectations

Strategy: Conduct regular 360 degree evaluations of Chairs and other key leaders around their academic leadership

Action Plan: The Office of Faculty Affairs will develop and implement a revolving schedule for the conduct of these evaluations and ensure their completion and review, such reviews to include an assessment of the extent to which Chairs’ activities delineated in this Strategic Action Plan have been accomplished.

Strategy: Measure chairs’ academic success by faculty academic success

Action Plan: The Vice Dean for Faculty Development and Diversity will develop and implement a schedule of regular meetings with department Chairs for the purpose of reviewing and assessing the academic success of department faculty.

Action Plan: The Office of Faculty Affairs will ensure the completion of faculty activity summaries and annual reviews by each department Chair.

Action Plan: Reviews of department Chairs by the Dean of the School of Medicine will encompass a review and assessment of the department faculty’s academic success.

Goal: To align financial and non-monetary incentives with SOM expectations and standards

Strategy: Prioritize strategic use of resources to reward creativity of faculty and staff

Action Plan: Department Chairs and the Dean of the School of Medicine will develop mechanisms for the identification, acknowledgement, and reward of staff and faculty creativity that enhances some aspect of the School of Medicine.

Strategy: Develop clear metrics for the assessment of collaborative research success
Action Plan: The **Faculty Council** together with the **SOM leadership** will develop metrics to assess collaborative research success as a basis for faculty promotion and tenure.

**Strategy:** Ensure and demonstrate transparency in the promotion process of faculty and staff.

Action Plan: The **Office of Faculty Affairs** and **Human Resources** (within the SOM) will develop appropriate mechanisms to ensure transparency in the promotion process including, but not limited to, widespread dissemination of criteria for promotion and requirements for each position.

**Strategy:** Develop mechanisms to provide routine appreciation of faculty/staff contributions

Action Plan: The **Office of Faculty Affairs** and **Human Resources** (within the SOM) will develop mechanisms for the implementation of routine acknowledgement and appreciation of faculty and staff contributions to the SOM. Mechanisms are to include, but are not limited to, a luncheon to recognize years of service; a thank you letter or certificate upon completion of committee service with cc to Chair/division director; and a letter to all who applied for committee membership, with the election results and a note of appreciation for their agreeing to run.

**Strategy:** Achieve median salaries for faculty and staff

Action Plan: Using AAMC salary surveys as a guide for faculty and industry standards as a guide for staff, the **Financial Office** of the School of Medicine, together with the **Dean** of the SOM, will conduct periodic assessments of SOM faculty and staff to assess, disseminate information about, and remedy gaps between faculty and staff salaries and median levels for the respective positions.

**Goal:** To support faculty, staff, and student growth and development

**Strategy:** Identify career paths for faculty, staff, students, and postdoctoral fellows from early professional career through pre-retirement

Action Plan: **All faculty, staff, and students** shall develop a career development plan to assist them and their **Chairs, supervisors, and mentors** in the development and achievement of their career goals.
**Action Plan**: The **Office of Faculty Affairs** and **SOM Human Resources** shall develop a tracking plan to track faculty and staff career achievement.

**Strategy**: Develop a menu of creative job and career configurations and expectations to support diverse needs across the life cycle

**Action Plan**: The **Office of Faculty Affairs** and **SOM Human Resources** shall develop in conjunction with Department Chairs and in consultation with relevant stakeholders a menu of job configurations that provide increased employee flexibility while considering the needs of the respective Department.

**Strategy**: Advocate for a flexible menu of benefits that is attuned to the various phases of faculty members’ and staffs’ lives, e.g., day care, health benefits for dependents such as aging parents and adult disabled children, opportunities for physical exercise

**Action Plan**: The **Office of Faculty Affairs, SOM Human Resources**, and the **SOM Finance Office** shall, in conjunction with the university central administration, develop and provide for faculty and staff a flexible menu of benefits that is attuned to the various phases of their lives.

**Strategy**: Create a culture of mentorship and sponsorship across all levels (faculty, staff, students)

**Action Plan**: The **Office for Faculty Development and Diversity** will establish at the faculty level a Faculty Development Council, to which each Department shall appoint one faculty member. The appointees will be responsible for working with the Vice Dean for Faculty Development to ensure the promotion of mentorship and development opportunities to faculty within their respective departments.

**Action Plan**: The **Office for Faculty Development and Diversity** will establish a leadership institute that will be responsible for the creation and development of leadership training opportunities for faculty, staff, residents, and postdoctoral fellows.

**Strategy**: Support quality experiences in the workplace: comfortable work areas, IT, administrative support, other infrastructure.

**Action Plan**: The **Office of Faculty Affairs** and **SOM Human Resources** will on a regular basis apprise faculty and staff members of the availability and purposes of mediation services and
the integrity hotline as mechanisms for the resolution of conflicts and grievances.

**Strategy:** Support wellness in our community: exercise opportunities, (etc)

**Action Plan:** All Department Chairs will devise and implement in consultation with relevant stakeholders mechanisms to facilitate health and professional development opportunities for faculty and staff, e.g., allowing staff and faculty to pursue courses at CWRU during the work day, providing time for faculty and staff to exercise during the work day.

**Goal:** To develop and nurture lines of communication across all units within SOM

**Strategy:** Develop and encourage a culture of communication through the use of regular town hall meetings, blogs, regular communications, and an interactive website

**Action Plan:** The Dean of the SOM will conduct at least two Town Hall meetings in every calendar year to advise faculty, staff, and students of the status of any initiatives, the financial health of the School, etc.

**Action Plan:** Every other week or more frequently, the Dean of the SOM will provide all faculty and staff with communications relating to the financial health, organization, and other matters relating to the SOM.

**Action Plan:** The Office for Faculty Development and Diversity will arrange for the development and implementation of an interactive website to provide regular updates of events, faculty accomplishments, etc.

**Strategy:** Provide for transparency in decision making and the use of resources (within the limits of law and ethics)

**Action Plan:** Results of any internal or external departmental evaluations shall be provided on a timely basis to all faculty and staff members of the respective department.

**Strategy:** Develop cross-institutional programs, including faculty, staff, and students, to foster communication and collaboration.
Action Plan: The Dean of the SOM and the PI of the CTSC will develop research incentives to encourage and nurture new faculty collaborations and programming.

Action Plan: The Office of the Vice Dean for Faculty Development and Diversity and the SOM Development Office will develop an annual funded speaker series that provides speakers on broad topics of interest to a wide range of SOM faculty, staff, and students.

Goal: To develop a systematic approach for pipeline support for underrepresented minorities (URMs) with the goal of achieving a diverse SOM community

Strategy: Increase (medical and graduate) student recruitment and retention from diverse venues

Action Plan: The RWJ program for college students will be expanded

Action Plan: The SOM Development Office will secure funding to expand pipeline scholarships for SOM students

Action Plan: The Office of Admissions, the Office of Multicultural Affairs, and the Office for Faculty Development and Diversity will develop and build relationships with historically Black colleges in order to encourage applications to CWRU SOM from qualified students.

Strategy: Identify and encourage high achieving SOM (medical and graduate) students to maintain long term ties with the institution

Action Plan: The Office for Faculty Development and Diversity and SOM Alumni Affairs will develop opportunities to foster continuous engagement of SOM graduates with the institution.

Strategy: Integrate postdoctoral fellows and residents into faculty functions and responsibilities

Action Plan: The Office for Faculty Development and Diversity and SOM Alumni Affairs will develop opportunities to engage postdoctoral fellows and residents as faculty members.

Strategy: Develop a SOM-specific Diversity Strategic Action Plan with specific goals, a timeline, and allocation of responsibility for delineated functions
Action Plan: Vice Dean for Faculty Development and Diversity will solicit faculty member participation on a subcommittee to develop initial draft of plan for circulation to faculty, Faculty Council, and administration for review, comment, revision, and adoption.

Vision: To maximize engagement with and commitment to SOM across all groups (faculty, students, staff, postdoctoral fellows, and alumni)

Goal: To develop mechanisms to maximize engagement with SOM across all groups (faculty, students, staff, postdoctoral fellows, and alumni)

Strategy: Develop increased opportunities for alumni involvement with SOM community, e.g. participation in the medical school curriculum, invited seminars, service on advisory committees.

Action Plan: The Dean of the SOM will hold an annual reception for graduating students, the specific purpose of which is to invite them to retain their ties to CWRU and to continue their engagement through participation in seminars, as facilitators, and as members on advisory committees.

Action Plan: The Vice Dean for Medical Education, the Assistant Dean for Graduate Education, and their designees will design a career recruitment program for CWRU SOM graduates and develop mechanisms to encourage the participation of CWRU SOM alumni in this recruitment program.

(also all the first vision accomplishments would support the second vision as well)
Community Needs

Cleveland and Cuyahoga County constitutes an evolving community that offers a wealth of opportunities for the School of Medicine (SOM) at Case Western Reserve University to commit to the creation of a healthier community. The same community that is culturally vital and economically prosperous is also a community with depths of poverty and residents in poor health. Within the city boundaries, 42 percent of residents live below the federal poverty line, particularly in the city of Cleveland and first ring suburbs. That’s more than double the state average of less than 20 percent. Poverty plays a significant role in poor health outcomes – putting people at greater risk for both chronic diseases and premature death. In fact, some of Cleveland’s health statistics are staggering. For example, infant mortality in some urban Cleveland neighborhoods has been higher than the developing countries of Zimbabwe, Haiti, North Korea and Vietnam.

In Cuyahoga County 48 percent of people with incomes below $25,000 rate their health as fair or poor, compared to just 19 percent of people with higher incomes. One of the biggest health challenges linked to poverty in Cuyahoga County is obesity. Within the county, 67 percent of adults are overweight or obese – slightly higher than the national average of 64 percent. Obesity rates tend to be higher in poorer populations, especially among women and children – which means the obesity issue within the city of Cleveland is even more dire. Obesity leads to multiple chronic health conditions including cancer, heart attacks, hypertension, diabetes, and stroke – leading the American Medical Association to recognize it as a disease this year. The constellation of chronic illnesses represent 75 percent of all health care expenditures in the United States.

The growing epidemic of childhood obesity is of grave concern both nationally and in our community. According to the Centers for Disease Control and Prevention (CDC), childhood obesity has more than doubled in the past 30 years. Today, more than 18 percent of children and adolescents (6 to 19 years old) are obese, and when combined with overweight statistics, more than one-third of all U.S. children are at risk for weight-related illnesses.

SOM Strengths

As a key anchor institution in Cleveland's University Circle area, SOM is ideally located to have a positive impact on the health of the city's neediest residents. Through the years, SOM faculty and staff have
created programs, spearheaded initiatives, conducted innovative community-based research, and collaborated with civic organizations and local public health agencies to develop trust and work to improve the area’s health. (A partial list of programs and SOM's involvement is attached.) During the past several years, much of the work has been done behind the scenes to quietly build relationships that can be leveraged going forward to promote the well being of individuals and the community. This strategic work and the appointment of a Vice Dean for Community Health have positioned SOM to take on a more visible role in the Cleveland community.

In support of its mission to educate community-minded physicians, SOM has developed programs to involve students in community work. This emphasis on the importance of health care in context community is built into the WR2 curriculum and includes outreach activities. Students begin their medical education each July with “Block One” focusing on public health. Through hands-on experiences, students gain an insider's view into urban population health, including learning about social and public health issues as well as the high incidence of chronic diseases in this population. In addition, medical (and nursing) students also can volunteer at the Student-Run Free Clinic that gives them a chance to work with an urban population at the Greater Cleveland Free Clinic. This also allows interprofessional collaboration and education. In addition to the Student-Run Free Clinic, students have the opportunity to get further involved in community health through programs that include Urban Health Track and the Area Health Education Center (AHEC).

Another critical component of creating a healthier community is for SOM to work collaboratively with community partners. One such successful collaboration is the partnership between SOM and the Cuyahoga County Board of Health (CCBH). This collaboration began with shared Healthy Homes grants from HUD and EPA to reduce lead paint hazards and environmental triggers of asthma in low-income properties, starting in 2000, with the federal funding of these projects subsequently exceeding a total of $9 million to the community. More recently, the SOM/CCBH partnership has involved SOM faculty and staff in the launch of the Health Improvement Partnership-Cuyahoga (HIP-C) in 2009. HIP-C is a collaboration of more than 60 community partners to assess city and county health needs and develop a health improvement plan. Faculty and staff from different departments within the School of Medicine have participated in multiple aspects of HIP-C. This has included the surveying of 7,000 Cuyahoga County residents through the Prevention Research Center, gathering and writing a report on existing health data, interviewing key community stakeholders, and identifying the top four health priorities for the county. This relationship has led to other initiatives with CCBH, including a family medicine physician being embedded at CCBH to further strengthen the connection between SOM and CCBH, as well as the critical ties between public health and primary care. In addition, this relationship has led to collaborations on research grants involving both CCBH and SOM faculty.

SOM also has leveraged a $64 million National Institutes of Health Clinical and Translational Science grant into new research partnerships, educational opportunities and medical advances. In fact, the original grant
has fueled an additional $150 million in grants and $740 in private sector investment in medical products and technology.

**Opportunities & Needs Going Forward**

Although faculty and students have been building relationships within the community, the multiple programs and community commitments within SOM and across the university are fractionalized, lack coordination and often unknown. The recent appointment of a vice dean for community health and the creation of the Weatherhead Institute for Family Medicine and Community Health – made possible with a $25 million commitment from philanthropists Al and Celia Weatherhead in 2012 – will bring many of SOM's community initiatives together under one umbrella to further reinforce the connection to the community. The Weatherhead Institute's mission, “Through education, research, engagement and advocacy, we will foster health and strengthen the well-being of individuals, families and communities,” addresses the opportunity that SOM has to impact the health of Greater Cleveland’s population. In addition, the Weatherhead Institute has the potential to bring visibility to SOM and build its image – and that of the university as a whole – within the community, as well creating a national presence.

However, in order to make measurable improvements in the health of our community and increase the recognition of SOM as a community health innovator, it will take a greater commitment of resources going forward. This should include:

1. **Developing a Database of Initiatives & Cultivating Collaboration Across Campus**

   No single, accessible database of community involvement exists within SOM or Case Western Reserve University. This fragmentation of community programs and faculty involvement on boards, organizations and initiatives, can lead to confusion in the community and heighten a conventional siloed university atmosphere. Moving forward, it is critical to cultivate a collaborative environment within both SOM and CWRU. Developing a unified, dynamic and searchable database of all community-related programs – as well as faculty, staff and student involvement – would allow critical connections to be made, improve collaborations, and enrich educational and research initiatives. In addition, such a cohesive, mission-driven approach would deepen community support by decreasing confusing overlap and building stronger relationships. Novel collaborative opportunities exist with the Schools of Nursing, Dentistry, Law, MSASS, and the Weatherhead School of Management.

2. **Committing to a Longitudinal Investment with Specific Neighborhood & Health Targets**

   A missing component of SOM’s community involvement is an in-depth, data-driven understanding of the surrounding community needs and, most importantly, a long-term commitment of resources to study and improve community health. SOM’s community partners need to know that SOM can be counted on for more than educating the future health care and public health workforce. Most critical is a longitudinal research study following health indicators of a cohort of Cleveland residents for more than 10 years on key chronic health conditions, such as obesity, diabetes and asthma. To fully integrate SOM within the community, CWRU and the SOM must commit resources to assessing community health at the neighborhood level, building a data infrastructure, and collaborating on
research and programs that create a healthier community. An opportunity exists for SOM to become a trusted partner in this important work.

3. **Developing Advocacy Initiatives**

SOM has the opportunity to impact the community through advocacy by taking clear policy positions on critical health and social issues. Legislators at the city, county, state and federal levels face policy decisions that have the potential to advance health by improving access to care or by curbing major public health issues, such as obesity. It is critically important that SOM take a firm stand on legislative issues with health implications, working hand-in-hand with community partners in public health and social services. Taking clear positions also would boost the school’s image as a caring advocate for the health of the community. Examples of the key legislative issues that should be addressed by SOM include prescription/opiate drug abuse, nutrition/obesity, such as transfat bans, school health, food policy, smoking cessation and decreasing smoke exposure.

4. **Expanding Relationships with Community Partners and Public Schools**

SOM faculty and staff have been involved with four community health initiatives, including Healthy Homes Advisory Council, HIP-C, Health Alliance from the Cuyahoga County executive's office, and Healthy Cleveland, a program of Mayor Frank Jackson and the city of Cleveland. In addition, SOM would benefit from strengthening collaborations with other organizations, including working on research and programming with its affiliate hospitals in Cleveland, community health centers, other academic institutions locally and statewide, and the Ohio Department of Health and the governor’s Office of Health Transformation. Within the Cleveland public schools, SOM has several strong programs, including Horizons and the John Hay Pipeline program. Education is a major determinant of health during the lifespan. Therefore, by increasing its involvement with Cleveland Municipal School District (CMSD) and other public schools, SOM can make a positive impact in the lives of many young people.

5. **Developing New Courses and Increasing Interprofessional Education**

One of the key opportunities for SOM is to better support its mission of educating future physicians and public health professionals. A focus on developing a coordinated, systematic approach to service learning among all the professional schools at Case Western Reserve University is crucial. Such a systematic approach across schools could lead to innovative programs with measurable outcomes. Examples of those under consideration or just getting underway include using students along with community partner Health Alliance for health coaching for smoking cessation or group weight loss, as well as one putting a practicing epidemiologist into a federally qualified health center (FQHC).

6. **Taking an Active Role in Economic Development in Cuyahoga County**

The HIP-C community survey identified employment as one of the biggest quality-of-life concerns of Cuyahoga County residents in all income brackets. That’s why it’s important for SOM to also take an active role in economic development forums within the city and county. SOM needs to be at the table of economic development initiatives with the message, “Health has everything to do with economic development and provides a healthy workforce as well as a healthy pool from which to hire.” In many ways, Cleveland is undergoing an economic renaissance. For example, a proposed extension of I-490, known as the Opportunity Corridor, will lead more people to University Circle – a change SOM could use to its advantage. The new Global Center for Health Innovation (formerly known as Med Mart) in downtown Cleveland will bring an international audience interested in health technology into the city – many who might be interested in research collaboration and product development. This new center
presents an opportunity for the SOM both to use the space for community education on issues across the lifespan, as well as by offering on-site health screenings. In addition, SOM has the opportunity for innovation through using entrepreneurial principles – and to work with the Weatherhead School of Management -- to identify innovative initiatives that save money while improving health outcomes.

The economic and cultural shifts in Cuyahoga County and throughout Northeast Ohio offer a major opportunity for SOM to improve the health of the community. For example, a large influx of immigrants creates a learning opportunity for students to better understand health in the context of culture. The Affordable Care Act emphasizes the importance of preventive care in promoting health. The convergence of primary care and public health gives SOM an opportunity to educate the public on the important role each plays in creating health. It also allows SOM to forge new partnerships with public health on research and demonstration projects that create the conditions in which Greater Cleveland’s residents can be healthy.

SOM has the relationships in place to have a critical impact on the health of residents by leveraging these relationships to assess residents' health needs, build a data infrastructure, and develop programming -- all targeted at creating a healthier community. SOM must commit financial and human resources in order to make this happen now while the critical relationships are in place and strong. Throughout SOM, there are stories to tell. Stories of transformation: students into doctors, unhealthy patients into energetic, healthy individuals, and neighborhoods into thriving communities. SOM needs to tell its stories better and dedicate resources for long-term and in-depth support of community initiatives, so that Northeast Ohio residents understand that they have a trusted partner who will work to create a healthier community where all residents have an equal opportunity thrive.
Examples of Community Focused Programs

● Community initiatives within SOM.
  ○ Weatherhead Institute for Family Medicine & Community Health
  ○ Center for Reducing Health Disparities
  ○ Prevention Research Center for Healthy Neighborhoods
  ○ Urban Health Initiative
  ○ Swetland Center for Environmental Health
  ○ Practice-Based Research Network (PBRN)
  ○ Early Childhood Obesity Program
  ○ Center for Science, Health and Society
  ○ ID Health Alliance

● Faculty participation in community organizations, initiatives & on boards.
  ○ Invest in Children
  ○ Healthy Homes Advisory Council
  ○ Health Improvement Partnership-Cuyahoga (HIP-C)
  ○ Local Foundations
  ○ Cleveland Museum of Natural History: Health Advisory Board
  ○ Membership at community boards

● Community involvement of students.
  ○ Student-run free clinic/ Josiah Macy Grant for Interprofessional Education
  ○ House Calls Program
  ○ AHEC (Urban Area Health Education Center)
  ○ Preventive Medicine Residency
  ○ Block One – Population Health

● Educational initiatives
  ○ John Hay Medical Pipeline Program
  ○ Summer program for underprivileged students
  ○ Horizons Program

● Public Health
  ○ MPH Program (with nine dual degrees)
  ○ Ohio Research Association for Public Health Improvement (RAPH)
  ○ Collaboration with county and city health departments and programs including HIP-C, Healthy Cleveland & Health Alliance.
  ○ Mayor’s Initiative for lead testing in children & preschool for lead-poisoned children
  ○ Food Policy Coalition

● Community Research
  ○ CTSC Community Engagement Core since 2007
  ○ SNPSA: Safety Net Providers Strategic Alliance
  ○ Partnership with Cuyahoga County Board of Health
  ○ Practice-Based Research Networks

● Other CWRU Programs
  ○ Annual CWRU Community day
  ○ Social Justice Institute
  ○ School of Dental Medicine: sealant program
  ○ School of Nursing: CMSD
  ○ MSASS: poverty center
  ○ Shale Gas Center (Engineering School)
  ○ Schubert Center, College of Arts & Science
  ○ PHAB: Promoting Health Across Boundaries