



Hackensack Meridian  
School of Medicine

# Strategic Plan

# Letter from the Dean



A career as a physician is exciting, rewarding and holds the opportunity to impact the health trajectories of entire populations. I am so fortunate to be a physician and to have had the opportunity to devote a good part of my career to training physicians.

But as proud as I am of our profession and its training, we must do more. And, we must do it differently.

Well-documented over the last several decades have been both the high health care costs and poor health outcomes overall in the United States compared to our peer industrialized nations. We cannot and should not be complacent regarding the health care we are delivering.

We also know that health status in the U.S. is closely associated with socioeconomic status. Yet among many of the world's other industrialized nations, with lower health care costs and lower average socioeconomic status than that in the United States, health care outcomes are better overall and often do not vary by income level. Even in our country, income-related disparities seem not to be as great when in a hospital setting; the disparities are occurring predominantly in the community setting—where people live.

Over the last several decades, our profession has made great strides in hospital and clinic-based care; we must continue this trajectory. Simultaneously, we must also radically reorient our profession to the importance of what happens in the community. And we must do this through the training of our physicians.

Tomorrow's physicians must learn how to integrate all we have learned in our laboratories and clinical settings and apply it to life in the community. They must design and implement disease prevention and treatment plans that work as integrated parts of people's everyday experiences. To successfully achieve this outcome, our physicians must be trained in the communities in addition to being trained in clinics and hospitals. And they must be trained so that they will seamlessly function within a diverse, interdisciplinary professional team.

The physician of tomorrow will expend more effort acknowledging and harnessing the effects a community can

have on health and disease; this extra care confers additional rewards. This awareness is humbling; it inspires empathy and motivates altruism. Recognizing the impact community has on an individual's wellbeing equips tomorrow's physicians to do much more beyond diagnosing illness and prescribing treatments to improve our patients' health outcomes.

Hackensack Meridian School of Medicine (SOM), working in partnership with our colleagues in the allied health professions, social services, engineering and law and policy, will create a health care workforce that is capable of delivering excellent clinical care and ensuring optimal health and life trajectories for all individuals, irrespective of their socioeconomic status, race or geographic location.

This Strategic Plan—and the strategic planning process that created it—is predicated on this very clear and vital Vision and corresponding Mission. The plan lists the action-oriented steps we will take to ensure that our graduates understand and practice all the aspects of medicine—and deliver these results. I look forward to working with all of you to implement this plan and its successor plans as we continuously improve in our development of outstanding healthcare professionals.

Sincerely,

Dr. Bonita Stanton

Robert C. and Laura C. Garrett Endowed Chair,  
Founding Dean of the Hackensack Meridian School of  
Medicine



# Mission and Vision Statements

## Our Vision

Each person in New Jersey, and in the United States, regardless of race or socioeconomic status, will enjoy the highest levels of wellness in an economically and behaviorally sustainable fashion.

## Our Mission

To develop our students, residents, fellows, faculty, and healthcare environment to deliver the highest quality care for all.

- Embrace and model our professional reverence for the human condition, empathy toward suffering, excellence in medical care, research and discovery, and humility in service;
- Continue to serve and learn from the engagement of underrepresented minority populations among students, faculty, staff, and community;
- Integrate lifelong learning and inquiry into our students' practice;
- Work in communion with scholars and practitioners of other disciplines to integrate their perspectives, experiences, and tools; and
- Understand that context, community, and behavior drive wellbeing.

### **Educational Strategy to achieve our Vision and Mission:**

1. Actively integrate the community from the beginning of our students' education, and continually engage it throughout the students' training;
2. Utilize active learning and evidence-based pedagogical methods;
3. Inspire and train for lifelong learning and problem-solving;
4. Employ an interprofessional training curriculum, and encourage exploration and use of technologies across multiple fields;
5. Establish and sustain empathy, altruism, and humility across our school, university, and health care delivery systems; and
6. Accelerate the engagement of underrepresented minority populations among students, faculty, staff, and community.



# Strategic Planning Process

## *An Update*

*Effective July 3, 2020 the School of Medicine transitioned to be an autonomous medical school, with its sole corporate member being HMH. The School of Medicine is now named the Hackensack Meridian School of Medicine. Consistent with the established annual strategic planning review process, this strategic plan will be reviewed and revised appropriately.*

Following the constitution of the SOM Board of Governors (BOG) in December 2016, and pursuant to Article 4.1 of the **Bylaws of Seton Hall-Hackensack Meridian School of Medicine A New Jersey Nonprofit Corporation** (“SOM Bylaws”) and Article 4.3 of the **Amended and Restated School Of Medicine Agreement by and between Seton Hall University and Hackensack Meridian Health for the Establishment and Administration of the Seton Hall-Hackensack Meridian School of Medicine** (“SOM Agreement”), the SOM BOG will continue to advance the SOM’s strategic planning “in consultation and collaboration with the dean, associate deans, and department chairs.”

The process of establishing, monitoring, and updating the SOM’s strategic plan began contemporaneously with the establishment of the SOM’s vision and mission in May 2016, and continued with input and guidance from the DCI planning committees and the self-study task force and self-study subcommittees. The strategic plan was developed in close collaboration with both SHU and with HMH (many members of the self-study task force/subcommittees are senior leaders at SHU and HMH).

As noted above, the SOM’s vision and mission guided the establishment of the strategic plan. As a result, each component of the strategic plan seeks to effect delivery of the school’s vision that “each person in New Jersey, and in the United States, regardless of race or socioeconomic status, will enjoy the highest levels of wellness in an economically and behaviorally sustainable fashion.”

Based on the SOM’s vision and mission, in consultation with the self-study task force and subcommittees that guided the preliminary accreditation process, the Dean’s Cabinet identified six strategic components: (1) actively integrate the community from the beginning of our students’ education, and continually engage it throughout the students’ training...; (2) use active learning and evidence-based pedagogical methods; (3) inspire and train for lifelong learning and problem-solving; (4) employ an interprofessional training curriculum and encourage exploration and use of technologies across multiple fields; (5) establish and sustain empathy, altruism, and humility across our school, university, and health care delivery systems; and (6) accelerate the engagement of underrepresented minority populations among students, faculty, staff, and community.

The strategic plan is reviewed throughout the year by various constituency groups including the students, the Hackensack Meridian School of Medicine Board of Governors, the Cabinet members, the Institutional Quality Improvement Committee, and the School of Medicine Departmental Chairs and revised annually. The annual strategic plan review process starts early each academic year

The six specific action arenas and their initiatives that comprise the SOM's Strategic Plan are:

| Vision and Mission   |   |
|--|---|
| Goal   | Initiatives   |
| 1 Actively integrate the community from the beginning of our students' education, and continually engage it throughout the students' training to develop a lifelong focus on understanding the impact of the community on health outcomes. | <ul style="list-style-type: none"> <li>• Implement early, immersive, and longitudinal experiences (e.g., the Human Dimension course) integrating the biomedical, behavioral, social, and population sciences and placed in the context of the patient and community</li> <li>• Address equity in health care, high quality/high value care, and systems based practice in all Phases of the curriculum</li> <li>• Promote the opportunity for Phase 3<sup>1</sup> students to develop more intensive community services, research, or master's level studies</li> </ul> |
| 2 Utilize active learning and evidence-based pedagogical methods.  | <ul style="list-style-type: none"> <li>• Establish a curriculum grounded in the clinical context and that utilizes clinical presentations</li> <li>• Deploy active-learning pedagogies (e.g., modified <b>Problem-Based Learning (PBL)</b> and <b>Team-Based Learning (TBL)</b>)</li> <li>• Provide faculty, resident, and student development strengthening delivery of such active-learning pedagogies</li> <li>• Utilize a data-rich series of assessment tools for teaching and learning</li> </ul>   |
| 3 Inspire and train for lifelong learning and problem-solving.   | <ul style="list-style-type: none"> <li>• Institute the "3+1" curriculum with an individualized fourth year</li> <li>• Deploy the <b>Finding Information Framework (FIF)</b> in conjunction with the Evidence-Based Medicine/Information Mastery curriculum, and a "Present a Challenge Day"</li> <li>• Deliver information and best-practices for students to ensure their personal wellbeing, including safety, physical, and psychological health</li> <li>• Deliver Faculty Development programs to enable faculty to model and instill this capacity</li> </ul>     |
| 4 Employ an interprofessional training curriculum that promotes collaborative research and scholarship, innovation and technological competence.   | <ul style="list-style-type: none"> <li>• Develop an <b>Interprofessional Education (IPE)</b> curriculum with College of Nursing (CON), School of Health and Medical Sciences (SHMS), and Theology</li> <li>• Orchestrate a Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)<sup>2</sup> training</li> <li>• Introduce a series of Block <b>Objective Structured Clinical Examinations (OSCEs)</b></li> <li>• Promote the generation of research by students and faculty on interprofessional education</li> </ul>                       |
| 5 Establish and sustain the values of empathy, altruism, humility, and respect for life across our school, university and healthcare delivery systems.   | <ul style="list-style-type: none"> <li>• Draw on ethicists, legal scholars, and community advocates for an integrated medical support system</li> <li>• Assess students' progress around the SOM's <b>Educational Program Objectives (EPOs)</b>, particularly the Personal and Professional Development and Professionalism competencies</li> <li>• Instill effective communication techniques including a patient-centered approach, such as the PatientSET<sup>TM3</sup> program</li> </ul>   |
| 6 Accelerate the engagement of underrepresented minority in medicine (URiM) populations among students, faculty, staff and community.  | <ul style="list-style-type: none"> <li>• Create and launch unique pipeline (pathway) programs</li> <li>• Commit to recruiting and supporting a diverse population of faculty, students, and staff with an emphasis on all determinants of their success</li> <li>• Sponsor diversity-related public events (e.g., lectures)</li> </ul>  |

<sup>1</sup>Phase 3 is a customized period that starts after the three-year core curriculum. During this phase, students select a personalized pathway possibly including a dual degree or certificate program, clinical immersion, research-intensive activities, a community-based project, or entry into residency.

<sup>2</sup>TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals.

<sup>3</sup>PatientSET Program (<http://bepatientcentered.com/about>)

(September) with a presentation and discussion with the student body. Feedback from the students is reviewed within approximately 3-4 weeks by the Dean's Cabinet, which amends the plan and presents it at the December monthly meeting of the academic department chairs. In January, the plan is presented to the Board of Governors at its quarterly meeting.

The additional discussion and feedback from the academic department chairs and the BOG is reviewed and discussed by the Dean's Cabinet over the next several months for consideration of additional changes to the strategic plan, and the updated plan is re-presented to the academic department chairs in May. The cycle resumes the following September with the newly constituted student body. The HMM Chief Executive Officer is updated with progress towards achieving the strategic plan by the Dean at her regularly scheduled one-on-one meetings.

The Director of Institutional Effectiveness and Assessment, in collaboration with the Dean and Dean's Cabinet, is responsible for overseeing and coordinating the monitoring of the strategic plan. The text of the strategic plan sets forth specific outcomes, data collection mechanisms, and the frequency of reviews across each of its six identified strategies. Moreover, each goal in the strategic plan is mapped to its relevant LCME and Middle States standards and elements to facilitate coordination between monitoring of the strategic plan and accreditation monitoring. The Director of Institutional Effectiveness and Assessment chairs

the Institutional Quality Improvement Committee (IQI), which meets monthly to review and monitor evaluation and assessment data, and provide recommendations for action based on the outcomes data. One IQI meeting per quarter is designated to review progress related to the strategic plan. These meetings take place in September, December, March, and June, in the month prior to review by the Dean's Cabinet. Recommendations from the IQI are shared with the Dean's Cabinet, which in turn determines follow-up and action items. Cabinet members relay specific action items to their units/departments and ensure implementation and follow-up. Documentation of the IQI's recommendations, subsequent Cabinet discussion, and follow-up is shared with all stakeholder groups during their review of the strategic plan.

The process for an annual review cycle of the strategic plan has commenced as illustrated in the table below. This process includes the metrics for each of the six goal areas. At the end of each cycle, these metrics are summarized in a brief report, shared with the medical school community, and posted on the SOM website. The SOM has made sufficient resources available to collect the data as outlined in the strategic plan, including appropriate funding and support for any information technology hardware and software and other relevant infrastructure for the collection, storage, and reporting of data.

## Annual Review Cycle of the Strategic Plan

|                    | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Students           | X   |     |     |     |     |     |     |     |     |     |     |     |
| IQI Committee      | X   |     |     | X   |     |     | X   |     |     | X   |     |     |
| Board of Governors |     |     |     | X   |     |     | X   |     |     | X   |     |     |
| Cabinet            |     | X   |     |     | X   |     |     | X   |     |     | X   |     |
| Chairs             |     |     |     | X   |     |     |     |     | X   |     |     |     |

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# Community

The cornerstone of the SOM's approach to medical education is the understanding that care is delivered with patients and not to them, and that "health happens in the community" (e.g., where people live) and not in a doctor's office or hospital. We expect students to understand the needs of patients in the communities we serve, to increase their awareness of the societal challenges to health care (including access and affordability), to recognize that aspects of the local environment can foster good health or illness, and to mobilize the medical student population to help the families and communities in which they are learning and working. All of our graduates will understand the critical role of community and context in health outcomes, and will be highly skilled in the biomedical, behavioral, social, and population sciences. The SOM will also undertake research to document successful strategies in reducing health outcomes disparities.

## Strategic Goal:

**Actively integrate the community from the beginning of our students' education, and continually engage it throughout the students' training to develop a lifelong focus on understanding the impact of the community on health outcomes.**

1. Service learning is introduced to the medical students through the Human Dimension and extracurricular service learning.
2. The Sciences/Skills/Reasoning courses all integrate content from the biomedical, behavioral, social, and population sciences, and place content taught in the context of the patient and community.
3. At least 30% of each clerkship takes place in the outpatient setting in Phase 2.
4. Students are given the opportunity for a more focused and/or intense relationship with the community in part through the research activities of the School of Medicine.

## Implementation Plan:

1. Develop early, immersive, and longitudinal experiences that emphasize:
  - a. the Human Dimension of health and disease;
  - b. social determinants of health of both individuals and the community;
  - c. the role of context and environment on health outcomes; and
  - d. the role the physician can/should assume in shaping community influences on health outcomes in partnership with the community and other professionals.
2. Develop a Phase I curriculum that: (a) includes content integrated from the biomedical, behavioral, social, policy, and population sciences and placed in the context of the patient and community, and (b) utilizes weekly patient presentations to frame all material taught with each week of Phase I, with an emphasis on individual, social, and contextual factors.
3. Integrate longitudinal themes related to the role of community in health outcomes throughout all phases of the curriculum, including equity in health care, high quality/high value care, and systems based practice.
4. Promote and assess the attributes in our students set forth in the Vision and Mission of the SOM, including its roots in empathy, altruism, and humility.
5. In Phase 3, provide interested students with more intensive community service, community-based research (locally or abroad), and/or a dual-degree to enhance their utility in community advocacy.
6. More generally, encourage and deliver an increasing output of community-based research that documents successful strategies in reducing health outcomes disparities.





| Initiatives(s)   | Outputs   | Short-Term Outcomes   | Short-Term Assessment/<br>Data Sources  | Long-Term Outcomes   |
|--|---|---|---|--|
| Implement early, immersive, and longitudinal experiences (e.g., the Human Dimension course) integrating the biomedical, behavioral, social, and population sciences and placed in the context of the patient and community | <ul style="list-style-type: none"> <li>• Number of faculty development programs to increase faculty knowledge of Determinants of Health (DOH)</li> <li>• Number and percent of faculty attending programs</li> <li>• Number of community partners</li> <li>• Number of HD and community immersion sessions</li> <li>• Curriculum reports showing integration</li> </ul> | <ol style="list-style-type: none"> <li>1. Students will improve their cultural humility.</li> <li>2. Students will form a professional identity.</li> <li>3. Students routinely identify various determinants of health related to their weekly patient case in phase I.</li> <li>4. Students are satisfied with the HD curriculum.</li> <li>5. Faculty will increase their knowledge of ways to integrate the determinants of health and knowledge of the community into their routine practice and interactions with students.</li> </ol> | <ol style="list-style-type: none"> <li>1. (a) Cultural competency questionnaire (SAS); (b) HD faculty evaluation of students (item #5)</li> <li>2.(a)HD course evaluation; (b) GQ: Educational Environment item</li> <li>3. (a) EPA 18; (b) HD faculty evaluation of students (item #6); (c) HD course evaluation</li> <li>4. HD Course evaluation</li> <li>5. # (or %) of faculty participating in faculty development series</li> </ol> | <ol style="list-style-type: none"> <li>1. Physicians graduating from the SOM will demonstrate the ability to routinely assess the determinants of health.</li> <li>2. Physicians graduating from the SOM will have knowledge of community resources in their practice area and connect their patients as appropriate.</li> <li>3. Physicians graduating from the SOM will increase referrals to and use of community resources to improve the health and well-being of community members.</li> </ol> |
| Address equity in health care, high quality/high value care, and systems based practice in all Phases of the curriculum  | <p>Number of Health Systems Sciences (HSS) sessions</p> <ul style="list-style-type: none"> <li>• Curriculum reports showing integration of HSS</li> </ul>   | <ol style="list-style-type: none"> <li>1. Students will demonstrate the SOM's competencies related to cultural competence and health care disparities.</li> <li>2. Students are satisfied with the HSS curriculum.</li> <li>3. Faculty will increase their knowledge of ways to integrate HSS into their curriculum and instruction.</li> </ol>   | <ol style="list-style-type: none"> <li>1. EPA 18 (Systems and Solutions)</li> <li>2. End of course evaluation</li> <li>3) Number of action items that address integration (successful implementation of integration action items identified in the HSS course review)</li> </ol>  |  |
| Promote the opportunity for Phase 3 students to develop more intensive community services, research, or master's level studies   | <p>During the Phase 3 curriculum, the number and percent of students choosing each of:</p> <p>(a) more intensive community services, (b) community-based research (locally or abroad), and/or (c) may acquire a dual degree to enhance their utility in community advocacy and teaching.</p>  | <ol style="list-style-type: none"> <li>1. Students are provided with Phase 3 HD community immersion opportunities</li> <li>2. Students identify community needs and design and implement community initiatives</li> <li>3. Students will develop meaningful research questions/ scholarly projects relevant to the community in which they serve.</li> <li>4. Students are satisfied with the Phase 3 curriculum.</li> </ol>  | <ol style="list-style-type: none"> <li>1. Distribution of opportunities/information.</li> <li>2. Number of students participating in HD community immersion experiences</li> <li>3. Faculty evaluation of students' community immersion projects.</li> <li>4. Students' evaluation of Phase 3 curriculum</li> </ol>   |  |

# Active Learning

The promotion of active learning is central to the Mission of the SOM. The SOM has structured its curriculum and faculty and student development efforts to promote student engagement and focus on synthesis and application of knowledge rather than memorization and recall. The SOM is also regularly recruiting and hiring faculty and faculty development and curricular design staff with the express purpose of adding to the body of knowledge concerning the efficacy of active learning techniques based on the SOM's experience and carefully-conducted tests and experiments.

## Strategic Goal:

### Utilize active learning and evidence-based pedagogical methods.

1. During Phase I of the curriculum, we use a variety of active learning methods, including **Team-Based Learning (TBL)**, modified **Problem-Based Learning (PBL)**, case studies, and active learning large group and laboratory sessions. Central to these pedagogies is the requirement that students must either prepare prior to in class activities or follow-up from in-class sessions with out-of-class work in order to allow for application of knowledge.
2. Engage in the national and international dialogue about medical education standards and methods.
3. Use data wherever and whenever possible to measure and demonstrate excellence in medical education and publish the SOM's results.
4. Select faculty and administrators with a demonstrated passion for excellence in medical education and medical education research.

## Implementation Plan:

1. Establish a curriculum grounded in the clinical context and that utilizes clinical presentations in order to emphasize the relevance of the underlying scientific information and promote knowledge application.
2. Develop a focused faculty, resident, and student development program that promotes the creation of an adult learning environment and culture emphasizing learning over teaching and active application of knowledge over passive recall.
3. Utilize a data-rich series of assessment tools to collect evidence of excellence in medical education and achievement of educational outcomes, and disseminate the results.
4. Empower institutional committees, faculty, and administration to launch, monitor, and implement **Quality Improvement** initiatives to ensure excellence in medical education.
5. Ensure that faculty and administrators add to the body of knowledge (e.g. publish in medical education journals, etc.) with evidence-based research concerning the delivery of excellent medical education.
6. Establish an adult learning environment that extends from undergraduate education through **Graduate Medical Education (GME)** and into **Continuing Medical Education (CME)**.



| Initiatives(s)  | Outputs   | Short-Term Outcomes  | Short-Term Assessment/<br>Data Sources   | Long-Term Outcomes   |
|---|---|--|--|--|
| Establish a curriculum grounded in the clinical context and that utilizes clinical presentations              | <ul style="list-style-type: none"> <li>Number of Patient Presentation Problem-Based Learning Curriculum (PPPC) sessions</li> <li>Curriculum reports showing integration of clinical skills content</li> </ul>                                 | <ol style="list-style-type: none"> <li>The case facilitated integration and application of content learned throughout the week</li> <li>Phase I course review actions items related to integration</li> </ol>  | <ol style="list-style-type: none"> <li>PPPC Session Evaluation</li> <li>Number of course review action items that address integration</li> </ol>   | <ol style="list-style-type: none"> <li>Physicians graduating from the SOM will utilize active learning strategies in education of other learners.</li> <li>Physicians graduating from the SOM will have superior critical thinking and clinical reasoning skills, enabling them to care for complex patients, utilizing evidence-based practice to integrate foundational science knowledge so that they provide high quality patient care in all settings, including addressing common conditions, novel presentations, and life threatening situations.</li> </ol> |
| Deploy active-learning pedagogies (e.g., modified Problem-Based Learning (PBL) and Team-Based Learning (TBL)) | <ul style="list-style-type: none"> <li>Number of active learning sessions</li> <li>Number and percent of students engaged and participating in active learning sessions</li> <li>Number and percent of Capstone scholarly projects</li> </ul> | <ol style="list-style-type: none"> <li>Students will demonstrate the SOM's competencies related to self-directed learning, critical judgment/problem solving, and EBM/information mastery.</li> <li>Students will utilize higher order cognitive processes such as application, synthesis, and integration of knowledge as demonstrated on summative assessments and PPC performance.</li> <li>Students will have a robust knowledge base and the ability to apply Phase I knowledge in a broad variety of contexts informing their patient care in Phase 2 Clerkships and Residencies.</li> </ol> | <ol style="list-style-type: none"> <li>Self-Directed Learning Readiness Scale (SDLRS)<sup>1</sup> (SAS); CET# 7.2, 17.2</li> <li>PPPC – Knowledge for practice; CET # 1.4; 2.2, 3.2)</li> <li>Clerkship eval; 75% of students meeting competency target goal</li> </ol>  |  |
| Provide faculty, resident, and student development strengthening delivery of such active-learning pedagogies  | <ul style="list-style-type: none"> <li>Number of professional development sessions on active learning</li> <li>Number and percent of faculty attending professional development</li> </ul>  | <ol style="list-style-type: none"> <li>Faculty will increase their knowledge about competency-based curricula and the SOM's curriculum specifically.</li> <li>Faculty are satisfied with faculty development.</li> </ol>   | 1-2. Faculty Development Attendance & Evaluations (percentage of faculty actively teaching in Phase I who attend appropriate faculty development workshop)   |  |
| Utilize a data-rich series of assessment tools for teaching and learning                                      | <ul style="list-style-type: none"> <li>Number of assessment tools</li> <li>Number of sessions related to formative assessment data and feedback</li> </ul>  | <ol style="list-style-type: none"> <li>Students and faculty will use data for continuous improvement.</li> <li>Students and faculty will use the Forward with Feedback model.</li> <li>Students are satisfied with the types and frequency of feedback.</li> </ol>   | <ol style="list-style-type: none"> <li>Course eval</li> <li>Faculty are provided their evaluation reports and receive feedback from their department chairs</li> </ol> <ol style="list-style-type: none"> <li>Number of students and faculty sessions on Forward with Feedback Model and complex learning</li> <li>Clerkship eval</li> </ol> |  |

<sup>1</sup> Self-Directed Learning Readiness Scale (<https://www.ncbi.nlm.nih.gov/pubmed/19877864>)

# Lifelong Learning and Problem Solving

The promotion of self-directed (and ultimately lifelong) learning is central to the Mission of the SOM. An expressed purpose of the SOM's medical education research plans is to document and share successful strategies that deliver on this Mission.

## Strategic Goal:

**Inspire and train for lifelong learning and problem-solving.**

1. Advance and promote research and innovation by our students and faculty with an emphasis on implementation science.
2. Train students to be self-directed learners and critical thinkers through specific curricular initiatives in the Phase 1 and Phase 2 curricula: a) PBL and TBL; b) integrated Evidence-Based Medicine/Information Mastery curriculum; and c) creation of a capstone scholarly project within the Human Dimension.
3. Provide students with information and evidence-based techniques to promote and extend personal wellbeing including, but not limited to, safety, physical, and psychological health.
4. Track the outcomes of a variety of purposefully-executed lifelong learning and problem-solving strategies from the curriculum with the students' self-reported and objective data captured longitudinally (with the graduates' collaboration).

## Implementation Plan:

1. The SOM will use the **Finding Information Framework (FIF)**, an overarching conceptual framework and practical tool that will teach students the skills and knowledge needed for a lifetime of Evidence-Based Practice.
2. The Evidence-Based Medicine/Information Mastery and Information Management Curriculum will begin in Student Orientation, and will subsequently be formally woven throughout Phase 1 and Phase 2 curricula, including with application and practice in PBL sessions, TBL sessions, and subsequently in the clinical setting.
3. Develop a robust research enterprise based on identified institutional strengths in basic, clinical, and translational aspects of community-centered, population-based medicine and Health Services Research.
4. Emphasize in the curriculum the development of lifelong and self-directed learning skills that are transferable from the classroom to the clinic to independent practice and document the relative "returns on investment" from said activities.
5. Develop and implement a "3+1" curriculum with an individualized fourth year that provides students with meaningful opportunities for self-directed learning and professional development and document the results achieved by students and for patients and communities.
6. Develop and deliver research-quality curricular coursework and student wellbeing activities and initiatives that inform students of, and allow them to practice, evidence-based techniques to promote and extend personal wellbeing including, but not limited to, safety, physical, and psychological health.
7. Develop and deliver faculty development so that, in order to teach our students about life-long learning, our faculty will adroitly understand, practice, and teach it, and medical education researchers will share the outcomes.



| Initiatives(s)   | Outputs  | Short-Term Outcomes  | Short-Term Assessment/<br>Data Sources  | Long-Term Outcomes  |
|--|--|--|---|---|
| Institute the “3+1” curriculum including individualized learning plan process that promotes student assessment of their needs and growth areas                 | <ul style="list-style-type: none"> <li>Number of long-term learning active learning sessions</li> </ul>  | <ol style="list-style-type: none"> <li>All students are engaged in the ILP process, developing educational programs that meets their professional goals and developmental needs.</li> </ol>  | <ol style="list-style-type: none"> <li>SAW</li> </ol>   | <ol style="list-style-type: none"> <li>Physicians graduating from the SOM will have comfort with the literature and routinely use and document their use of the literature in the patient record</li> </ol>   |
| Deploy the Finding Information Framework (FIF) in conjunction with the Evidence-Based Medicine/Information Mastery curriculum, and a “Present a Challenge Day” | <ul style="list-style-type: none"> <li>Number and percent of student capstone and other scholarly projects</li> </ul>  | <ol style="list-style-type: none"> <li>Students will demonstrate the SOM’s competencies related to lifelong learning and problem solving.</li> <li>Students will develop and utilize individual growth goals for life-long learning.</li> <li>Students will develop and use the skills and knowledge of information mastery and evidence-based medicine.</li> </ol>  | <ol style="list-style-type: none"> <li>EPA 17; PIF</li> <li>Phase I and II (90% success rate)</li> <li>HSS exam items and PPPC eval form</li> </ol>   | <ol style="list-style-type: none"> <li>Physicians graduating from the SOM will belong to and contribute actively to professional societies</li> <li>Physicians graduating from the SOM will participate in intellectual and scholarly activities (publishing, patents, speaking engagements, etc).</li> </ol> |
| Deliver information and best-practices for students to ensure their personal wellbeing, including safety, physical, and psychological health                   | <ul style="list-style-type: none"> <li>Number of sessions promoting student well-being</li> <li>Number and percent of students participating in well-being sessions</li> </ul> | <ol style="list-style-type: none"> <li>Students will demonstrate awareness and usage of; and satisfaction with/satisfied with availability of: <ol style="list-style-type: none"> <li>academic support services</li> <li>advising services</li> <li>Bursar services</li> <li>AAMC Careers in Medicine; pairing with mentors</li> <li>Disability Support services</li> <li>Financial counseling, education and aid services</li> <li>Counseling and psychological support services</li> <li>Health services</li> <li>Records and registration services</li> <li>Student life and extracurricular and service activities</li> <li>Transitions curriculum</li> <li>Wellbeing events and services</li> <li>Student outcomes after usage of services:</li> </ol> </li> <li>Students will demonstrate increased knowledge of study strategies, transition to residency, and self-care strategies.</li> <li>Students will show personal well-being, including safety, physical and psychological health.</li> </ol> | <ol style="list-style-type: none"> <li>a-m. GQ and Annual Report of activities all service areas (Data from SAW)</li> <li>GQ (Residency Readiness); Data from SAW</li> <li>GQ and SAS</li> </ol>  | <ol style="list-style-type: none"> <li>Physicians graduating from the SOM will demonstrate wellbeing throughout their careers.</li> <li>Faculty from the SOM will train other faculty.</li> </ol>   |
| Deliver Faculty Development programs to enable faculty to model and instill this capacity  | <ul style="list-style-type: none"> <li>Number of faculty development sessions</li> <li>Number and percent of faculty participating in faculty development sessions</li> </ul>  | <ol style="list-style-type: none"> <li>Faculty will increase their knowledge and abilities related to modeling and instilling lifelong learning and problem-solving.</li> <li>Students and faculty will use the Forward with Feedback model.</li> <li>Students are satisfied with the types and frequency of feedback.</li> </ol>  | <ol style="list-style-type: none"> <li>Number of faculty development workshop on life-long learning (and other growth opportunities) and participants</li> <li>Number of students and faculty sessions on Forward with Feedback Model</li> <li>GQ; End of Clerkship eval</li> </ol> |   |

# Interprofessional Education

The core curriculum of the medical education program will prepare our students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. Our medical education researchers will document and share the demonstrable, positive effects of these curricular activities on the patients served over time.

## Strategic Goal:

**Employ an interprofessional training curriculum that promotes collaborative research and scholarship, innovation and technological competence.**

1. Identify areas of healthcare that could benefit from an interdisciplinary implementation approach.
2. Develop integrated curriculum encompassing biomedical, behavioral, social, and population sciences and introducing the SOM students to the nature of all healthcare professions including nursing and the allied health professions as well as social work, psychology, communications, law, etc.
3. Commit to interprofessional and team-training across the educational spectrum—e.g., within the classroom, laboratories, communities, ambulatory and hospital settings.
4. Design instructional activities that demonstrate the improved patient outcomes achieved by **Interprofessional Education (IPE)**-trained healthcare professionals relative to single-discipline interventions and publish the results.

## Implementation Plan:

1. Lead the development of a functional and comprehensive interprofessional education working group that includes educators, medical education research, and health professionals from across the University and Health Network.
2. Develop a systematic approach for identifying components of health promotion that require, or would benefit from, an interdisciplinary approach and that can be objectively measured.
3. Offer specific interprofessional training initiatives for students, including a TeamSTEPPS Training Workshop day.
4. Assess students on their interprofessional communication skills by routinely including interprofessional communication and teamwork as a component of Phase I and Phase 2 Block OSCEs.
5. Develop an IPE curriculum with the College of Nursing, School of Health and Medical Sciences, and School of Theology that will be ready for implementation for the charter class of the SOM.
6. Develop research initiatives such as the SOM “Present a Challenge Day” to provide opportunities for students and faculty to form innovation partnerships across the university’s health and medical research landscape and publish their outcomes results.
7. Promote the generation of research by students and faculty employing interprofessional values.



| Initiatives(s)   | Outputs  | Short-Term Outcomes*  | Short-Term Assessment/<br>Data Sources  | Long-Term Outcomes  |
|--|--|---|---|---|
| Develop Interprofessional Education (IPE) curricular experiences with the Seton Hall College of Nursing (CON) and School of Health and Medical Sciences (SHMS) | <ul style="list-style-type: none"> <li>• Number of interdisciplinary, interprofessional clinical and community-based curricular and extracurricular activities for students from SOM, CON, SHMS, and Theology</li> <li>• Number of faculty development sessions on IPE-based active learning strategies</li> <li>• Number and percent of faculty participating in faculty development sessions</li> <li>• Number of curriculum development participants from disciplines outside medicine</li> </ul> | <ol style="list-style-type: none"> <li>1. Faculty and students are satisfied with opportunities for interaction with students enrolled in other health professions, graduate and professional degree programs, and clinical environments, and support Interprofessional Education (IPE) with CON and SHMS.</li> <li>2. Students are satisfied with their interprofessional learning experiences.</li> <li>3. Students demonstrate competence in SOM's EPOs related to IPE and EPA 9 (Collaborate as a member of an interprofessional team).</li> <li>4. Students appreciate nursing and allied health students as knowledge partners truly contributing to positive patient outcomes." And "Students recognize that collocated CON, SHMS, and SOM afford opportunities to study how unique professional/learning cultures can come together to achieve common goals.</li> </ol> | <ol style="list-style-type: none"> <li>1. Medication assisted training treatment (MAT)</li> <li>2. A question on IPE learning experiences at the end of Phase I and II.</li> <li>3. EPA #9 from clerkships and GQ data</li> <li>4.a. # of students conducting research on IPE during Phase 3</li> <li>4.b. Role of HD in facilitating interprofessionalism as exemplified by anti-vaping and use of telemedicine and facilitating and understanding the power of vaccine</li> </ol> | <ol style="list-style-type: none"> <li>I. Patients and families report high levels of satisfaction with the quality and access to team-based care.</li> </ol> |
| Promote the generation of research by students and faculty on interprofessional education  | <ul style="list-style-type: none"> <li>• The number of published articles concerning the relative benefits of IPE v. single-discipline healthcare delivery</li> </ul>  | <ol style="list-style-type: none"> <li>I. Present a challenge day</li> </ol>  | <ol style="list-style-type: none"> <li>I. Number of presentation/participation.</li> </ol>  |   |

# Our Graduates' Professional Attributes

Our graduates will be patient-centered, humanistic, socially responsible, collaborative members of the healthcare system. We support the Liaison Commission on Medical Education's interest in graduating physicians who appreciate and remain committed to the following opportunities and obligations:

| Responsibility to PATIENT   | Responsibility to PROFESSION  | Responsibilities to SYSTEM, COMMUNITY & SOCIETY  |
|---|---|--|
| Honesty<br>Patient confidentiality<br>Maintenance of appropriate patient-physician relationship<br>Responsibility to Patient-Maintenance of trust<br>Advocacy & altruism<br>Humility<br>Sensitivity and responsiveness to diversity | Maintenance of professional competence<br>Identifying and managing conflict of interest<br>Creation, use and application of scientific knowledge<br>Role-modeling | Improving healthcare outcomes for all populations<br>Improving access to healthcare and social resources<br>Just distribution of resources |

## Strategic Goal:

**Establish and sustain the values of empathy, altruism, humility, and respect for life across our school, university and healthcare delivery systems.**

The SOM assesses acquisition and demonstration of ethical behavior through a large number of summative assessments throughout the core curriculum.

## Implementation Plan:

1. Build in explicit curricular components designed to develop these attributes in our students and measure the components' success.
2. Develop an integrated medical support system that includes ethicists, legal scholars, and community advocates (e.g., social workers and psychologists).
3. Develop and implement a competency based assessment system structured around the SOM's **Educational Program Objectives (EPOs)**, including assessment of all EPOs within the Personal and Professional Development and Professionalism competencies where these attributes are found and thereby assessed.
4. Implement specific training initiatives focused on utilizing a patient-centered approach, such as the PatientSET™ program in order to help train students in effective techniques for communication with patients and their families.
5. Regularly publish research articles concerning the relative success of the SOM's instructional initiatives designed to graduate upstanding physicians who recognize their responsibilities to patients, their profession, and the system, community, and society they serve.





| Initiatives(s)  | Outputs   | Short-Term Outcomes*  | Short-Term Assessment  | Long-Term Outcomes  |
|---|---|---|--|---|
| Draw on ethicists, legal scholars, community advocates, for an integrated medical support system                          | <ul style="list-style-type: none"> <li>Number of relationships with ethicists, legal scholars, community advocates, and faculty</li> <li>Increase the number/variety of interprofessional relationships.</li> </ul> | <ol style="list-style-type: none"> <li>Students will have a comprehensive understanding of the social determinants of health</li> <li>Students will have the skills necessary to build effective relationships and partnerships with a) patients, b) families and the c) community stakeholders</li> <li>Students will demonstrate honesty and compassion in conversations around death and the end of life</li> <li>Students will demonstrate understanding about emotions and the human response to emotions in interpersonal interactions</li> <li>Students will demonstrate empathy and responsiveness to the patients' needs that supersede self-interest</li> <li>Students will demonstrate accountability to the patient and to society in general</li> <li>Students will demonstrate awareness of the diversity of ethical frameworks and the role of individual conscious in patient decision-making</li> <li>Students will advocate for changes in the healthcare system that promote equity.</li> <li>Students will demonstrate collaborative working relationships with other health professionals showing mutual respect, dignity, and humility</li> </ol> | <ol style="list-style-type: none"> <li>HD faculty evaluation of students (item #6), HD grades across all courses- unit grades)</li> <li>Completion of HDVP program, community assessment projects, community health project, and capstone project and evaluation data (pass/fail)</li> <li>HD Exam items</li> <li>EPA 14.1</li> <li>EPA 14.2 (PIF learning objective #3 and 4)</li> <li>PIF Objective I – professional conduct; EPA 17.1</li> <li>PIF Objective #3</li> <li>EPA 13.2 (completion of HD capstone project)</li> <li>EPA 9</li> </ol> | <ol style="list-style-type: none"> <li>Physicians graduating from the SOM will be humanistic, lifelong servants to patients and communities</li> <li>Physicians graduating from the SOM will consistently recognize the spiritual needs of patients</li> <li>The SOM will create a medical community actively involved in critical ethical issues as they arise over time</li> <li>There will be improvement in measures of patient satisfaction with physician communication and empathy across all of New Jersey</li> <li>There will be an increase in the number of systems-based projects by healthcare systems to improve the distribution of quality healthcare, good housing, and nutritional foods</li> </ol> |
| Create a large group active learning (LGAL) series focused on issues in bioethics at the individual to the societal level | <ul style="list-style-type: none"> <li>Number of LGAL sessions</li> </ul>   |   |  |   |
| Incorporate into case studies issues around humility, respect for life, empathy and altruism                              | <ul style="list-style-type: none"> <li>Number of case studies that incorporate these issues</li> </ul>  |   |  |   |
| Integrate with the HMH networks' bioethics committees and chaplain services   | <ul style="list-style-type: none"> <li>Number of connections with HMH personnel involved in ethics and chaplain services (develop meaningful interprofessional relationships)</li> </ul>                            |   |  |   |

<sup>1</sup> Well-Being Index (<https://www.mayo.edu/research/centers-programs/program-physician-well-being/mayos-approach-physician-well-being/mayo-clinic-well-being-index>)

# Diversity & Equity

In full support of our Vision and Mission, the SOM is committed to quality education, research, and service in an environment that adequately prepares students for serving a diverse community. The SOM strives to foster an atmosphere of inclusiveness in which all students, staff, and faculty can realize their academic and career potential and simultaneously achieve the societal goals of the SOM.

## Strategic Goal:

**Accelerate the engagement of Under-represented in Medicine (URiM) populations among students, faculty, staff, and community.**

1. Acknowledge, appreciate and respect diversity as an ever-evolving process.
2. Prepare students for a society that is increasingly diverse, heterogeneous, and pluralistic.
3. Integrate diversity among all aspects of campus life to encourage habitual practice.
4. Build upon evidence-based approach regarding past and extant programs.
5. Analyze and alter the efficacy of such programs to continuously improve and refine them.
6. Faculty, staff, administration and the student body hold one another accountable for promoting diversity, equity, and inclusion at all levels.

## Implementation Plan:

1. Through an intensive review of past pipeline programs, identify features distinguishing successful programs and utilize these features (“critical elements”) in our programs.
2. Create and launch unique pipeline programs that ultimately cover counties served by the Hackensack Meridian Health.
3. Develop and implement a research plan to evaluate the long term outcomes of these programs to advance our understanding of the critical components of successful programs, including tracking the progress of those students who have successfully completed our pipeline program(s) up to, and through, successful completion of their terminal degree (ideally, the M.D. degree).
4. Establish and monitor processes to ensure that diversity is a consideration in the recruitment of all students, faculty, and staff.
5. Create a schedule of recognitions (lectures, celebrations, etc.) in the learning environment that demonstrate our commitment to diversity.



| Initiatives(s)   | Outputs  | Short-Term Outcomes  | Short-Term Assessment/<br>Data Sources   | Long-Term Outcomes  |
|--|--|--|--|---|
| Create and launch unique pipeline (pathway) programs   | <ul style="list-style-type: none"> <li>The number of pipeline programs and the number/percent of critical elements included in each program</li> <li>The number and percent of students (a) participating in, and (b) completing the SOM's pipeline program(s) in any year</li> <li>The number of collaborations with community organizations to expand existing STEM and STEAM programs</li> <li>The number of mentorship programs that extend to early elementary school and number/percent of participants in these programs</li> <li>The number of mentorship programs that are embedded in HD communities and number/percent of participants in these programs</li> </ul> | 1. Starting in 2018, we will increase students by 10% per year in the pipeline programs by expanding the current pipeline programs for African American males or through establishing additional pipeline programs.  | Office of Diversity and Equity   | <ol style="list-style-type: none"> <li>In 10 to 15 years, we aim to see a 10% increase in the percentage of African American male physicians in NJ.</li> <li>By 2035 we will see an increase in the number of URiM physicians in the Hackensack/Essex County area.</li> </ol> |
| Commit to recruiting and supporting a diverse population of faculty, students, and staff with an emphasis on all determinants of their success | <ul style="list-style-type: none"> <li>Number of scholarships for URiM candidates</li> <li>Number and percent of participants in mentorship programs</li> <li>Number of recruitment activities</li> <li>Number of clubs/ student organizations focused on cultural background, identity, or minority health</li> <li>Number of URiM students who attend the Open House</li> <li>Number of URiM students who apply</li> </ul>   | <p>1.a. Students:</p> <ul style="list-style-type: none"> <li>Black/AA: An average of 13% over a five-year period and to appropriate percentage within 10 years reflecting the community demographics.</li> <li>Black/AA: 40% male and 60% female during this time period.</li> <li>Hispanics: An average of 13% over a five-year period and to appropriate percentage within 10 years reflecting the community demographic.</li> <li>Hispanics: 60% male and 40% female during this time period.</li> </ul> <p>1.b. Faculty: 10% of faculty to be AA</p> <p>1.c. Senior staff: Increase the Hispanic in senior administrative roles to 8% within five years and to appropriate percentage within 10 years reflecting the community demographics.</p> <p>2. We will see an increase in number of inquiries from URiM about the SOM</p> <p>3. We will see an increase in the well-being of URiM students, faculty, and staff</p> | <p>1.a., 1.b., and 1.c. = IEA</p> <p>2. Admissions Office</p> <p>3. Retention for faculty and staff and Diversity Engagement Survey for faculty, staffs, and students.</p> |   |
| Sponsor diversity-related public events (e.g., lectures)   | Number of diversity-related public events  | <ol style="list-style-type: none"> <li>The SOM community is satisfied with diversity-related events.</li> <li>The SOM community is satisfied with the SOM's climate.</li> </ol>  | <ol style="list-style-type: none"> <li>Event Evaluations</li> <li>Diversity and Engagement Survey<sup>1</sup></li> </ol>   |   |

<sup>1</sup> Diversity and Engagement Survey (<https://www.aamc.org/system/files/c/2/498820-measuringdiversityandinclusioninacademicmedicine.pdf>)

# Contributors

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Compiled by: John Schiavone, Associate Dean of Finance and Operations

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