Strategies in Support of
SSOM’s Education, Research and Service Vision

Education Vision – Strategic Priorities and Supporting Strategies:

A. Engage talented faculty, staff and students with diverse backgrounds. (*Create a culture that values diversity of faculty, staff and students, is eager for the benefits that diversity brings, and provides underrepresented individuals and groups with the opportunity to thrive.*)

1. Provide mentoring support for students who need or seek it, especially for individuals from underrepresented groups.
2. Enhance institutional practices that support recruitment, retention and advancement of underrepresented individuals (faculty and staff).
3. Foster a welcoming physical environment for our increasingly diverse school community (e.g., in website content, media, art and design).
4. Improve faculty awareness and responsiveness to the education needs of underrepresented individuals and groups.
5. Ensure that all students graduate with an understanding of the benefits and value of diversity.

B. Develop and employ evidence-based teaching methods.

1. Create a faculty development program that optimizes faculty teaching effectiveness, with the ultimate goal of certifying all teaching faculty.
2. Recruit education specialists to train faculty in instructional design and the use of technology to enhance teaching.
3. Form a leadership group that fosters education research across all teaching venues (e.g., coursework, clerkships).
4. Develop mechanisms for faculty to identify and share evidence-based education methods (e.g., think tanks, pilot programs, journal clubs, engagement with peer institutions, blog).
5. Refine the curricular content to increase long-term retention of knowledge and skills (e.g., a “spiral curriculum”).
6. Develop closer relationships with LUC schools to mutually reinforce the University’s vision while contributing to SSOM’s educational pedagogy (e.g., with School of Social Work, School of Education).

C. Tailor teaching to the learning needs of our individual students.

1. Optimize our learning environment by coordinating a network of student support services (e.g., social, health, academic and wellness).
2. Improve our capability to meaningfully assess individual student performance in order to accelerate or supplement the core academic program, based upon the student’s progress in mastering medical knowledge and skills and the student’s desired pace of learning.
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3. Provide synchronous and asynchronous instructional activities that are attractive and engaging to our students (e.g., small learning groups, video, simulation, educational gaming and use of social media).

4. Systematically evaluate and implement commercially available education tools, equipment and software that enhance the educational experience.

D. Develop social awareness in our students. *(Develop in our students the ability to recognize and ameliorate social issues that affect the care of a single patient and create the ability to inform and lead policy changes that reduce the health impact of societal inequity.)*
   1. Develop the capability to assess social awareness as a core competency in our students. Modify the curriculum, as needed.
   2. Provide broad reaching, longitudinal experiences in the curriculum that enhance social awareness.

E. Develop leadership and collaboration skills in our students. *(Develop in our students an understanding of the importance of teams in making better decisions and reaching better outcomes, the ability to lead teams and the ability to be a key contributor to teams led by others.)*
   1. Develop the capability to assess leadership and teamwork skills in our students. Modify the curriculum, as needed.
   2. Integrate professional skills development into the teaching pedagogy (including time management, critical thinking, decision-making, communication, planning, effective speaking, teamwork, stress management and conflict resolution.).
   3. Integrate an understanding of the environment in which health care is provided into the teaching pedagogy (including the political, regulatory, legal, economic, social and business environment).
   4. Incorporate leadership experiences into the first and second years through case study, simulation and reflection.
   5. Promote interprofessional collaboration.

F. Nurture intellectual curiosity and life-long learning in our students. *(Develop in our students the recognition that intellectual curiosity and life-long learning are essential to enriching their personal and professional lives and to serving patients, the community and those they mentor.)*
   1. Provide structured opportunities for students to seek out and contribute new knowledge in classroom and clinical settings.
   2. Engage students in research and service opportunities that address problems that stimulate them, intellectually and professionally.
   3. Recognize those who exemplify the pursuit of new knowledge through awards (e.g., “on-going learner award”) and other forms of recognition.
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Research Vision – Strategic Priorities and Supporting Strategies:

A. Align SSOM’s pre-clinical and translational research with LUHS’ clinical program priorities to maximize benefit for both partners.
   1. With LUHS, establish a formal and ongoing process to identify and align SSOM pre-clinical and translational research programs with LUHS priority clinical programs.
   2. With LUHS, invest in research that is aligned with LUHS priority clinical programs (e.g., cancer and cardiovascular services).
   3. Organize researchers and clinicians around the aligned programs.
   4. Incorporate SSOM’s population health research into LUHS community benefit initiatives.
   5. With LUHS, LUC and other strategic partners, determine the feasibility of developing an NCI-designated Cancer Center and, if feasible, aggressively pursue Center designation with our partners.

B. Accelerate research that improves patient care outcomes and the health of populations that Loyola serves, with emphasis on reducing health disparities. (Conduct research, including research conducted internationally, that improves patient care outcomes and the health of populations that Loyola serves. Whenever possible, research should address ways to reduce the impact of social determinants that detract from optimal health.)
   1. Develop a plan to guide SSOM’s investment in outcomes research and population health and obtain support for that plan within the University, LUHS and relevant strategic partners.
      a. The focus of the plan should be to develop the capability to:
         1) Conduct well-designed interventional studies that improve patient care outcomes and address ways to reduce the negative impact of social determinants on those outcomes.
         2) Conduct well-designed interventional studies that improve the health of populations Loyola serves and address ways to reduce the negative impact of social determinants on the health of those populations.
      b. Within the plan, explore development of a Center for Health Services Research.
   2. Develop “big data” analysis capabilities within SSOM to support population and outcomes research, including:
      a. Explore the feasibility of a division of clinical informatics that bridges SSOM and LUHS;
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b. Establish a unified, core team of bioinformaticians and statisticians with expertise in health service research; and
c. Create a well-trained data acquisition team that can respond to requests from our full range of researchers.

3. Explore academic training programs in informatics, including clinical data management and analysis.
   a. Explore development of a master’s program in biostatistics and bioinformatics with a strong emphasis on health services research via electronic records.
   b. Explore development of a master’s program in clinical informatics.

4. Develop sustained collaborations with established centers in health services and bioinformatics, including data collaboratives.

5. Establish ongoing, collaborative relationships with members and member organizations in the communities that Loyola serves.
   a. Ensure ongoing community engagement and involvement in research;
   b. Conduct research studies with a sense of inclusion and cultural sensitivity; and
   c. Increase participation of underrepresented individuals and groups in SSOM research initiatives.

6. Collaborate with LUHS and CHE Trinity Health to conduct mutually beneficial research and improve patient care:
   a. Gain full access to LUHS and CHE Trinity Health clinical databases.
   b. Obtain funding to develop SSOM’s outcomes and population health research capabilities from LUHS and CHE Trinity Health.

7. Optimize SSOM’s clinical research infrastructure.

8. Clarify the role of SSOM in LUC’s public health initiatives.

C. Establish a dissemination and implementation research program. (*Ensure that clinical interventions which have been proven effective through clinical research are disseminated and implemented widely to the benefit of patients and populations.*)

1. Recruit and develop a dissemination and implementation science research team.
2. Incentivize the conduct of dissemination and implementation research.
   a. Offer a pilot research award program.
   b. Provide incentives to faculty who undertake implementation and dissemination research initiatives.
3. Establish LUHS and CHE Trinity Health as the setting for SSOM to conduct dissemination and implementation research;
4. Collaborate with expert partners engaged in dissemination and implementation science, including:
   a. Faculty from LUC schools and programs (e.g., Education, Psychology);
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b. Dissemination and implementation science faculty from other institutions; and  
c. Experts from the United States Veterans Administration Quality Enhancement Research Initiative.

5. Include dissemination and implementation science in the SSOM curriculum and faculty development programs.
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Service Vision – Strategic Priorities and Supporting Strategies

A. Form sustainable community and academic partnerships in order to provide a broad range of service experiences for students, while optimizing ongoing relationships with those in need.
   1. Establish standards for existing and proposed service immersion programs and monitor attainment of these standards, including global health immersions.
   2. Set clear goals and objectives for service partnerships, and use to select and monitor relationships.
   3. Formalize relationships with community partners and academic institutions, prioritizing relationships based upon potential for mutually beneficial exchange.
   4. With LUHS, explore ways to offer sustainable services to the community and provide local service opportunities for students (e.g., FQHC, community health worker program, medical legal partnerships).
   5. Align with LUC in the development of global footprint sites.

B. Incorporate meaningful personal commitment in service experiences.
   1. Determine the optimal role of student fundraising for service experiences.
   2. Evaluate the impact of service immersions on student medical education.
   3. Ensure that both engagement with those directly affected by health care disparities and reflection is part of every service experience.