



College of Health Professions:

Strategic Plan
(2018-2025)

Building our Future Together to become a top 20 College by 2025

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Executive Summary: Top 20 by 2025

The current and continuing mission of the UTHSC College of Health Professions (COHP) is consistent with the four-legged mission of education, research, clinical care and public service in the UTHSC. The UTHSC has set a goal of doubling research and research funding within 10 years. To contribute to this institutional goal, it will be important for the COHP to evolve and redefine its goals and vision that will not only move it from a primary focus to solely educate students in a didactic fashion, but to engage in cutting edge research that crosses all education and curricular instruction. Furthermore, a high research activity designation to our institution and college (e.g., Carnegie designation of R1: Doctoral Universities – Highest research activity) requires substantial research activity, and this classification will bring us the best and brightest students from national and international origins. Thus, a research focused interprofessional education program will propel the COHP into national prominence, and in doing so, make an impact in health care delivery at the region, state and national level. This must include clinical/translational research (e.g. human based clinical research and animal models with clinical relevance) and more basic science/applied research using cell, genetic and model systems that will complement the clinical research efforts.

Although education will continue to be a driving engine (fiscally) for the college for some time, growth in a national reputation will only be achieved through transformative advances in research within the professions. To achieve national prominence at the level of the college, each of the Departments must be improved significantly. Each of the departments have a long way to go, some more than others. Our overall goal will be to have most, or all of the departments ranked in the top 20 nationally in less than 10 years and one department has the potential to be top 10 or better in this period. We expect extramural funding to exceed \$7,000,000 annually by 2025.

The research infrastructure within COHP is weak. There is no research office; we have a vacant Associate Dean for Research position, and no core faculty support mechanisms. There is minimal integration with faculty in the COHP and the Colleges of Medicine or Pharmacy (other than a few HIIM connections), and this needs to be strengthened considerably. Other links can be made with the College of Nursing and other Colleges across the UTHSC campus.

There will be a need to have an initial investment in COHP, which will allow us to recruit quality senior leadership who are funded and productive faculty who will help to launch our research. We will need to partner with the HSC in general and specifically the Colleges of Medicine or Pharmacy and the multiple health care hospitals and Centers in Memphis and across the state to facilitate some of the research links for recruitments and potentially for some additional resources.

As for the most part, the current educational framework is not “broken” and in fact is generally financially healthy, although this appears to vary by department and program. Thus, it would not be wise to dismantle it although it needs to be reviewed externally to provide validation and confirmation of how I think we need to approach the educational mission. However, we have opportunities to both expand current programs and add new programs to our education mission and thereby increase our effectiveness at training the next generation of health professionals.

The Strategic Plan for the College of Health Sciences (COHP) was created by reviewing the current strategic plan for the UT Health Science Center and received review and input from the college constituents. This plan has 5 strategic goals, but it is considered a living document and it will evolve as we obtain additional input and shaping from our key stakeholders. The proposed

COHP Strategic Plan's standards, goals and associated metrics have been mapped back to the Strategic Plan of the UTHSC.

The overall goal of this plan is to become a top 20 nationally recognized College of Health Professions by 2025. We will do this in a fashion that is consistent with the mission of the College and UTHSC, through building excellence in education, research, clinical service and community outreach. To accomplish this objective, we have identified 5 Strategic Priorities. These priorities have been mapped back to the UTHSC Strategic Plan.

Strategic Priority 1: Education

- 1.1 Fill vacant senior leadership positions (Senior Associate Dean for Research and Graduate Studies, and, Associate Dean for Academic and Faculty Affairs), and restructure Graduate Student Affairs. Over the course of the first three years the College leadership will be evaluated and filled with senior leadership who can help us achieve the goals outlined in this Strategic Plan in education, research and clinical service missions and lead and advocate/support research efforts in the departments of the College. ***(Maps to UTHSC Strategic Priority A, Objective 4 &5).***
- 1.2 Develop a new strong BS and MS in Biomedical Health Sciences. This program can become a strong "feeder" program" with tracks for pre-med, pre-PT, pre-CLS, pre-pharmacy etc. The new tuition revenues derived from this new educational engine will support purchasing state-of-the art education tools that can be used in training undergraduate and graduate students and meeting other infrastructural needs. Certificates, links, and minors will be negotiated with U Memphis and perhaps other institutions for general course curriculum needs. We will seek to establish articulation agreements within Tennessee transfer pathways with Southwest and other community colleges (2+2 to obtain a BS). New revenues will begin ~ 18 mo. after first proposal is submitted for state review. ***(Maps to UTHSC Strategic Priority E, Objective 1,5,6 and Strategic Priority E Objective 1).***
- 1.3 Develop new graduate programs such as Pathology Assistants (MS) and doctoral (Ph.D. in Rehabilitation and Regenerative Sciences with tracks for PT/Ph.D.; OT/Ph.D. etc.). ***(Maps to UTHSC Strategic Priority A, Objective 1-5; Cross cutting Priority 7).***
- 1.4 Add new programs and new scholarships to the college. For example, one possibility is adding Athletic training to COHP. The Athletic Training credentialing requirements are changing so that this program will be required to be housed in a college of allied health to maintain credentialing. We should evaluate the potential for adding Athletic Training to the Dept. of Physical Therapy. This should also draw new and sustained resources and new research opportunities. Connections with clinics and sports teams would be necessary. ***(Maps to UTHSC Strategic Priority A, Objective 1-5 and Strategic Priority E, Objective 2; Cross cutting Priority 7).***
- 1.5 Identify strategies to revamp, modify and/or improve all programs to increase the return on college investments. This will include evaluation of teaching loads across all units. ***(Maps to UTHSC Strategic Priority E, Objective 1,4&5).***
- 1.6 Work with Deans across campus to identify mutually beneficial new programs that might improve tuition and income that can be invested in COHP education and research. ***(Maps to UTHSC Strategic Priority C, Objective 4 &5).***

Strategic Priority 2: Research

- 2.1 Write a strong strategic plan. We will hold discussions with chairs, faculty and obtain input from students and stakeholders. We will seek final approval with a faculty vote within 6 months (aggressive but critical). **(Maps to UTHSC Strategic Priority A-E and Cross Cutting Priority 7).**
- 2.2 Initiate new strategic hires for funded research-intensive faculty in cross-discipline areas (working with new senior leadership and faculty council). **(Maps to UTHSC Strategic Priority A, Objective 4 & 5; Priority B Objective 1-4; Priority C1&4; Strategic Priority E Objective 7; Cross cutting Priority 7)**
- 2.3 Establish a climate of research and a research infrastructure in COHP with a budget in the office of the Senior Associate Dean for Research that will provide support for faculty development and grant proposal support (pre- and post-award). Improve core clinical based research laboratory support. Ensure links with existing research institutions that cross UTHSC colleges, and when possible work with centers in colleges for partnerships with hires that will benefit not only COHP but integrate with other pieces of our institution. We cannot afford to build multiple new silos and need to work within and strengthen existing UTHSC strengths. **(Maps to UTHSC Strategic Priority B, Objectives 1-4).**
- 2.4 Build strong research bridges across the UTHSC through joint recruitments, joint seminars etc. between departments in the Colleges of Medicine, Pharmacy, Nursing, and Dentistry and COHP. **(Maps to UTHSC Strategic Priority A, B,C,E and Strategic Priority 7).**
- 2.5 Develop within the office of the Associate Dean for Research through the Office of the Assistant Dean for Finance and Operations support for faculty development and grant proposal support (pre- and post-award) and grant mentoring. **(Maps to UTHSC Strategic Priority A, B,C, and Strategic Priority 7).**
- 2.6 Ensure links with existing research institutions that cross UTHSC colleges, and when possible work to establish centers in colleges **(Maps to UTHSC Strategic Priority A, B,C,E and Strategic Priority 7).**

Strategic Priority 3: Clinical and Public Outreach

- 3.1 Work with the hospitals and area clinics to explore strategies to obtain clinical practice arrangements for clinical faculty in COHP with income to be shared with the hospitals and COHP to support more faculty. **(Maps to UTHSC Strategic Priority C, Objective 4).**
- 3.2 Develop new clinical lab space then expand to include “one-stop” clinical care. This will include both clinical treatment space and patient care areas. Faculty and students from PT/OT/Athletic Training/Rehabilitation/Audiology/Speech Pathology/CLS/HIMM programs will participate including cardiac rehabilitation, monitoring, Hgb, A1c, liver enzymes and metabolites in diabetics, cardiac markers for the cardiac patients, drug levels etc. It would also include opportunities to collect and analyze subject data. In addition to new revenue for reinvesting, it will provide much needed internship training opportunities, which will allow us to scale some of the existing programs to become larger. **(Maps to UTHSC Strategic Priority B, Objective 2; Cross cutting Priority 7).**

Strategic Priority 4: Increase National Visibility, and Recognition

- 4.1 Work with the Development Office to identify new potential external partners and stake holders to invest in research labs and provide substantial donors with named research chair positions and/or research laboratory space that would support research in preventative medicine and rehabilitation for workers. **(Maps to UTHSC Strategic Priority E, Objective 6).**
- 4.2 Reinvigorate and add new stakeholders to the Dean's College Council. **(Maps to UTHSC Strategic Priority E, Objective 6).**
- 4.3 Obtain a top 20 national ranking in each department in the College of Health Profession by 2025. Each program in the college should be a top 20-ranked program, and we would expect one or two to be ranked even higher. Our goal is to have total extramural funding for the college exceeding \$7,000,000 annually. Although several metrics will be considered, the U.S. News and World Report rankings are frequently cited and used by our peers, and we will use this as a primary benchmark for national ranking. Extramural funding and faculty productivity/ research publications are considered as part of this ranking (e.g., NIH funding is an important metric that is used to rank medical schools by U.S. News and World Report and other ranking sources). Current Ranking by U.S. News and World Report is our base starting point. Each department will report their starting base ranking and use this to set their goals for national rankings for programs in their departments. Internally, measures of success will be evaluated for each department (Chair department goals) for extramural funding, peer reviewed publications, students in program (increases in graduation rates and student numbers) student publications, where students are placed, national symposium invitations etc. As a college, we work toward the goal of having all departments ranked in the top 20 nationally or higher, in 7 years (i.e., moving into the top 20 nationally will be a steeper climb for some than others). **(Maps to UTHSC Strategic Priority E, Objective 1 &3).**

Strategic Priority 5: Optimize College Alignment of Resources and Restructuring to Improve Efficiency

- 5.1 Restructure Dean's office and administration staff to improve efficiency and effectiveness in service as needed. **(Maps to UTHSC Strategic Priority E, Objective 5).**
- 5.2 Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis. **(Maps to UTHSC Strategic Priority E, Objective 5&6).**
- 5.3 Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses. **(Maps to UTHSC Strategic Priority B, Objective 2-4 Cross cutting Priority 7).**
- 5.4 Establish a plan for strengthening existing and identifying new teaching space and teaching lab space/equipment and office spaces for expansion of existing programs and establishing new programs. **(Maps to UTHSC Strategic Priority E, Objective 3 &5).**
- 5.5 Establish faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs. **(Maps to UTHSC Strategic Priority A-C and F Objective 7).**

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Strategic Priority 1: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education

<i>UTHSC Strategic Objective</i>		<i>COHP Strategic Objective- Education</i>	
<i>Strategic Priority A: Educate Outstanding Graduates Who Meet the Needs of the State and Its Communities</i>		<i>Strategic Priority 1: Identify Current and Future Needs to Provide Outstanding Training for Students to Meet the Needs of the State of Tennessee, the nation and globally</i>	
1	Expand and Strengthen Team-Based Interprofessional Educational Experiences	1.1	Fill vacant senior leadership positions (Associate Dean for Research, Associate Dean for Academic and Faculty Affairs).
		1.2	Develop a new strong BS and MS in Biomedical Health Sciences
		5.4	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
		5.5	Establish faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.
2	Cultivate and Sustain Effective Educational Models and Technologies to Enhance Student Learning and Engagement	1.3	Develop new graduate programs
		1.5	Identify strategies to revamp, modify and/or improve all programs to increase the return on college investments
		5.4	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
3	Foster student wellness and resilience to prepare them for lives and careers as Health Professionals	2.2	Initiate new strategic hires for funded research-intensive faculty in cross-discipline areas

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Strategic Priority 1: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education

4	Provide Training and Development to Increase Graduate Readiness Across Missions	1.2	Increase the number and quality of undergraduate students which are prepared through clinical and research training to address the critical need for preparing health professionals for advanced degrees.
		1.2	Develop a new strong BS and MS in Biomedical Health Sciences and to ensure that graduates are prepared to succeed in professional, research, and community settings.
		1.3	Develop new research and professional graduate programs
		1.4	Add new programs and new scholarships to the college.
		1.6	Work with Deans across campus to identify mutually beneficial new programs
		3.1	Work with the hospitals and area clinics to explore strategies to obtain clinical practice arrangements
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
5	Prepare graduates as Life-Long Learners, Collaborative Leaders and Advocates to improve the Shifting Healthcare Landscape	1.3	Develop new graduate programs
		1.4	Add new programs and scholarships to the college
		3.1	Work with the hospitals and area clinics to explore strategies to obtain clinical practice arrangements
		4.2	Reinvigorate and add new stakeholders to the Dean's College Council.

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Strategic Priority 1: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education

6	Recruit and Retain Faculty and Staff Through Development, Support, and Mentorship	1.3	Develop new graduate programs
		1.5	Identify strategies to revamp, modify and/or improve all programs to increase the return on college investments
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
		5.5	Establish faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.
7	Foster and Sustain a Diverse and Inclusive Culture Where We Respect and Engage All Members of the UTHSC Community.	1.2	Develop a new strong BS and MS in Biomedical Health Sciences (with links to U. Memphis or other institutions).
		1.6	Work with Deans across campus to identify mutually beneficial new programs.
		4.2	Reinvigorate and add new stakeholders to the Dean's College Council.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
		5.5	Establish faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.
		5.6	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.

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Strategic Priority 2: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Research

<i>UTHSC Strategic Objective</i>		<i>COHP Strategic Objective: Research</i>	
Strategic Priority B: Grow the Research Portfolio Focusing on Targeted Areas		Strategic Priority 2: Develop a National Reputation for Research by Recruiting and Retaining Outstanding Faculty who will Establish Focused Areas of Interdisciplinary Research Areas and Provide Faculty Research Mentoring and Training for Graduate Students	
1	Provide Necessary Infrastructure for Research and Scholarship	1.1	Fill vacant senior leadership positions (Associate Dean for Research, Associate Dean for Academic and Faculty Affairs).
		2.1	Write strong Strategic Plan
		2.2	Initiate new strategic hires for funded research-intensive faculty in cross-discipline areas.
		2.3	Establish a climate of research and develop a college-wide research infrastructure for research.
		2.4	Build strong research bridges across UTHSC.
		2.5	Develop within the office of the Associate Dean for Research through the Office of the Assistant Dean for Finance and Operations support for faculty development and grant proposal support (pre- and post-award) and grant mentoring.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.

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Strategic Priority 2: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Research

2	Enhance Connections Between Researchers at Various Translational Stages (TO to T4)	2.2	Initiate new strategic hires that are funded research-intensive faculty in cross-discipline areas.
		2.4	Build strong research bridges across UTHSC.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
3	Create a Collaborative Research Network Across, Disciplines, Colleges, Campuses, Universities, Hospitals and Industry	2.2	Initiate new strategic hires for funded research-intensive faculty in cross-discipline areas.
		2.6	Ensure links with existing research institutions that cross UTHSC colleges, and when possible work with centers in colleges.
		4.2	Reinvigorate and add new stakeholders to the Dean's College Council.
4	Develop and Implement Research Mentorship Programs	2.2	Initiate new strategic hires for funded research-intensive faculty in cross-discipline areas
		2.5	Develop within the office of the Associate Dean for Research through the Office of the Assistant Dean for Finance and Operations support for faculty development and grant proposal support (pre- and post-award) and grant mentoring.

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Strategic Priority 2: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Research

6	Recruit and Retain Faculty and Staff Through Development, Support, and Mentorship	2.2	Initiate new strategic hires that are funded research-intensive faculty in cross-discipline areas.
		2.5	Develop within the office of the Associate Dean for Research through the Office of the Assistant Dean for Finance and Operations support for faculty development and grant proposal support (pre- and post-award) and grant mentoring.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.5	Establish a faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.
7	Foster and Sustain a Diverse and Inclusive Culture Where We Respect and Engage All Members of the UTHSC Community.	2.7	Ensure links with existing research institutions that cross UTHSC colleges, and when possible work with centers in colleges.
		4.2	Reinvigorate and add new stakeholders to the Dean's College Council.

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Strategic Priority 3: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Clinical Service and Public Outreach

UTHSC Strategic Objective		COHP Strategic Objective: Clinical Service and Public Outreach	
Strategic Priority C: Create areas of Clinical Prominence While Expanding Outreach		Strategic Priority 3: Create an Integrated Clinical Practice and Expand Community Care and Public Outreach	
1	Develop Targeted Areas of Centers of Excellence	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		4.2	Reinvigorate and add new stakeholders to the Dean’s College Council
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
2	Establish a Culture of Best Practices	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
3	Strengthen Program Quality Using Performance Metrics	5.5	Establish a faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.

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Strategic Priority 3: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Clinical Service and Public Outreach

3	Strengthen Program Quality Using Performance Metrics	5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
		5.5	Establish a faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.
4	Develop and Implement Community-Based and Statewide Clinical and Outreach Programs	3.1	Work with the hospitals and area clinics to explore strategies to obtain clinical practice arrangements.
		3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		4.2	Reinvigorate and add new stakeholders to the Dean’s College Council
5	Expand the Scope and Quality of Integrated Clinical Practice	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		4.1	Work with the Development Office to identify new potential external partners.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
		5.5	Establish a faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.

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Strategic Priority 3: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Clinical Service and Public Outreach

6	Recruit and Retain Faculty and Staff Through Development, Support, and Mentorship	3.1	Work with the hospitals and area clinics to explore strategies to obtain clinical practice arrangements.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
7	Foster and Sustain a Diverse and Inclusive Culture Where We Respect and Engage All Members of the UTHSC Community.	3.1	Work with the hospitals and area clinics to explore strategies to obtain clinical practice arrangements
		3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.3	Expand departments to Nashville and obtain building space for expanded COHP on multiple campuses.

College of Health Professions

Strategic Priority 4: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education, Research, Clinical Service and Public Outreach

UTHSC Strategic Objective		COHP Strategic Objective: Clinical Service and Public Outreach	
Strategic Priority D: Increase Visibility of UTHSC Contribution		Strategic Priority 4: Increase Community Awareness and Develop a Top 25 National Ranking for Each Program in the College by 2025	
1	Broaden and bolster the branding and Marketing Strategy	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		4.1	Work with the Development Office to identify new potential external partners.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
2	Increase awareness of UTHSC’s Health Care Initiatives and Contributions from Local to National Audiences	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care
		4.1	Work with the Development Office to identify new potential external partner.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.

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Strategic Priority 4: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education, Research, Clinical Service and Public Outreach

3	Renovate facilities to stimulate learning, Scientific Discovery and Research	4.1	Work with the Development Office to identify new potential external partners.
4	Engage Stakeholders, including Alumni, to be Legislative Advocates for the UTHSC	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		4.1	Work with the Development Office to identify new potential external partners.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.		
5	Promote UTHSC as a Positive and Necessary State-wide, and global entity in Healthcare, research and clinical practice	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		4.1	Work with the Development Office to identify new potential external partners.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.

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Strategic Priority 4: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education, Research, Clinical Service and Public Outreach

6	Develop a Series of Special Events to Promote Health Care within the Community	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care
		4.1	Work with the Development Office to identify new potential external partners
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.

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Strategic Priority 5: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education, Research, Clinical Service and Public Outreach

UTHSC Strategic Objective		COHP Strategic Objective: Clinical Service and Public Outreach	
Strategic Priority E: Align UTHSC Resources with Areas of Excellence		Strategic Priority 5: Optimize College Alignment of Resources and Restructuring to Improve Efficiency	
1	Address Prioritized Needs/Deficits Requiring Additional Resources	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		5.1	Restructure Dean’s office and administration staff as needed.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
2	Increase Collaboration across UT	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.

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Strategic Priority 5: MAPPING UTHSC AND COHP STRATEGIC PLANS

Position COHP as a National Leader in Education, Research, Clinical Service and Public Outreach

3	Allocate Space Based on Need Across the UTHSC	5.4	Establish plan for strengthening existing and identifying new teaching space and teaching lab space/equipment.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.4	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
4	Re-engineer Clinical and Core Services to Increase Effectiveness and Efficiency	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis.
		5.4	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
5	Optimize Productivity and Alignment of Faculty, Staff, Students and Administration	4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.1	Restructure Dean’s office and administration staff as needed.
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.

6	Build and Sustain a Philanthropic Culture Across the UTHSC Alumni and External Stakeholders	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care.
		4.1	Work with the Development Office to identify new potential external partners.
		4.2	Reinvigorate and add new stakeholders to the Dean’s College Council.
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.2	Establish the planned ASP building in Knoxville and raise resources for a new building for COHP in Memphis
		5.3	Expand departments to Nashville and obtain building/space for expanded COHP on multiple campuses.
7	Develop Leaders at All Levels Throughout the Institution	3.2	Develop new clinical lab space then expand to include “one-stop” clinical care
		4.3	Reach a top 20 national ranking in each department in the College of Health Profession by 2025.
		5.5	Establish a faculty development and leadership mentoring program out of the office of the Associate Dean for Faculty Affairs.

Goal: To become a top 20 college in 7 years (2018-2025).

Areas that require immediate development to put COHP on the right path for success.

1. *Recruit senior leadership (Associate/Assistant Dean) positions (within 12 months).*

Development and implementation of the new Strategic Plan will require a leadership team that has a common vision for research to be supported across the college and rewarded in review processes. To ensure transformation of college culture, all senior leadership will have or develop productive research programs and experience in mentoring faculty. Research will have the ability to cross obesity/metabolic, cancer and movement disorder diseases. The Associate Dean for Academic Affairs will be instrumental in driving the academic mission of the college including conducting reviews of curriculum, programs and coordinating accreditation. The Senior Associate Dean for Research will drive the research mission of the college and work closely with Chairs, Associate Chairs for Research, and faculty in each department to accomplish this goal.

2. *Establish and implement the new Strategic Plan.*

COHP must have a current revised and focused Strategic Plan with a new vision (this document). This new strategic plan places a new emphasis on research enterprise and securing extramural funding that will improve the funding base, and impact national visibility, while maintaining and/or improving the quality of the educational (accredited) programs. Each department will be charged to develop their own strategic plan with clear and definable goals and outcomes that maps back to the college strategic plan. Identifying research goals and strategies is important because we recognize that research productivity impacts our departmental and college stature, reputation and ranking. The college strategic plan (this document) outlines our goals for establishing research at significant and high levels across the college, but this will be achieved while expanding our current educational offerings and clinical responsibilities.

The Strategic Plan

- a. Will be developed for the College (this document) and also a Strategic Plan will be developed for every department in the college. The Departmental Strategic Plan should be mapped to the Strategic Plan of the COHP strategic plan and have a clear specific research mission.
- b. The departmental Strategic Plans will emphasize building clinical and translational research and may also include basic science research– this will include utilizing existing new UTHSC Research Cores, Institutes, Centers, and Research offices that actually work and provide support for pre- and post-awards. New resources, personnel and space needs should be identified in each plan along with expected returns on this investment (benchmarks for success).
- c. Strategic hires will be made within our emphasis areas. Recognizing that loss of teaching faculty will impact research, the idea would be to replace teaching faculty with faculty who can do productive research AND teach, but this will require more faculty lines to develop a research direction within the departments.

3. Encourage and develop a culture that embraces research, clinical care, and education as one not separate missions.

- a. We cannot diminish the quality of the educational programs. This is the engine that will drive the funding for investment in research. While an engine provides energy for movement, it cannot move forward without wheels, transmission, drive lines etc. Research, like a drive train, transmission, body and wheels will connect to the engine. Various types of research are needed to make everything work well. Although we might all want to be wheels, but we will need some to be the transmission. In the same way we need people to engage in strong clinical research with humans. We need others to develop animal models to answer questions that cannot be addressed directly in humans. We need others to develop new assays, approaches and model systems to study cellular, molecular and genetic controls for disease and disability. We need appropriately trained students to train to be the next set of scientists who will develop new strategies and understanding for treatments. We will begin this by enhancing our educational mission. We will in fact set a goal to add a minimum of 400-800 new students to the undergraduate BS program in Biomedical Health Sciences by expanding and developing new programs. We will conduct needs assessments to create important programs that will attract students to UTHSC. These students will allow us a stronger pool of applicants to our current graduate programs and this will create a needed workforce of students trained in state-of-the art sciences using the most current technologies and understanding the most current scientific discoveries in their fields. We would like to expand the number of students graduating from our programs to better meet the needs of the aging health care workforce. Thus, education will continue to be critical to our overall mission in COHP.
- b. However, we must recognize that many institutions have excellent educational programs and education programs alone will not establish the national ranking that we seek. Although we have the goal to add to our funding base by increasing our educational programs and student population, the COHP will not be distinguished at the national level by education alone. Most educational programs are not currently innovative or forward thinking. Interprofessional education will help, and it should be utilized heavily but will require significant curricular changes to do this well. Our CHIPS center will help this considerably, but IPE alone will not distinguish us from all other programs as many good institutions have developed Simulation Centers and are using those as educational tools in their programs. Our college and department leaders will be expected to support a vision for research which crosses our educational mission, and doing so, will drive us to our goal of national recognition. We will be developing new programs and new departments that offer new educational programs thereby expanding the impact of our college. The goal will be to conduct national searches that will attract research focused academic chairs and vice chairs for each department that have a strong research program, but this is an impossibility if we have no research infrastructure, research graduate program, or research labs/space of any quality in the COHP footprint. This will require some strategic investment in clinical research and basic science research in equipment and space (basic science can be in other buildings on the UTHSC campus).

- c. The graduate program needs to be developed with stronger links to other Colleges. New doctoral degrees should be developed that are research based (PhD in Rehabilitative Science) and clinical/research joint degrees (e.g., PT/PhD).
- d. These new graduate programs in COHP will provide a workforce of students to engage in faculty driven research. The current graduate programs, including those with doctoral degrees do not accomplish this goal. We need to attract and retain faculty are funded and heavily engaged in research and we must have strong doctoral programs to accomplish this.
- e. Every faculty will need to engage in scholarly activity that is in line with the strategic plan and mission of the dept. and the college.
- f. Departmental Chairs will be expected to promote an atmosphere that embraces research.
- g. Increase salary of productive faculty and utilize the incentive plan for investing in faculty who develop successful research efforts
- h. Provide a transparent structure where chairs are empowered to reward faculty who are successful in research – indirect cost recovery from extramural funding will supplement this investment.
- i. Provide targeted funds for faculty who need to retool in research skills (this has to be consistent with the Strategic Plan, supported, and justified by the Dept. Chair).

4. Develop a Strong Office for Research and Graduate Studies in COHP.

- a. Work with Steve Goodman to identify UTHSC resources and links for a new Senior Associate Dean for Research in COHP and other research-intensive faculty who can contribute to the research mission of the college and institution.
- b. Identify appropriate personnel and/or recruit a suitable national/international level funded researcher to direct this office (Senior Associate Dean title, with appropriate lab space and startup funding to attract a strong candidate).
- c. Recruit strong vice chairs of research for each department that are able to lead and mentor faculty research. They will become part of the COHP Research Directors council (chaired by the Senior Associate Dean for Research) so there is coordination and integration of research across departments and across the institution.
- d. Develop the office of the Senior Associate Dean of Research who will establish a grants office that supports pre-award grant development and work with the Office of the Assistant Dean of Finance and Administration to provide pre- and post-award grant budgetary support. We will also seek to utilize resources already in place at the UTHSC.
- e. Direct pre-review of proposals and external and internal review of proposals and establish an external review committee and potentially identify faculty in the College of Medicine, Pharmacy, etc. that might be able to provide a review of grant proposals before they leave the institution to establish a strong grant quality prior to review.
- f. Set up a mentoring program for faculty. Grouping faculty for mentoring: new hires can help facilitate this. College research themes will be developed that line up with the UTHSC Strategic Plan. We also expect to interface with Public Health and other faculty at U Memphis or other institutions to create new research institutions.

- g. Establish small funding pools (~\$15-20,000) in the office of the Senior Associate Dean for Research for competitive intramural funding of collaborative projects with COHP (e.g., one more senior and several junior faculty). This will be peer reviewed and have criterion for R01 types of applications to come from it. There will be reporting time lines, outcome-based benchmarks, and pre-review of proposal before final submission requirements for all grants funded through this mechanism. This will be supplementary to UTHSC programs.
- h. Work with the UTHSC cores, centers and institutes, and the faculty in the College of Medicine to establish appropriate animal models for clinical research questions that can be addressed by basic and clinical faculty in COHP.

5. *Expand student enrollment base within COHP.*

- a. Hire an external consultant to complete assessment by for need for programmatic growth in each department. Work with College Advisor Committees and employers of graduates to establish the need for graduates from exiting and/or new programs.
- b. Develop marketing and student recruitment strategies for expanded student enrollment all of the programs in COHP and identify potential new programs for COHP.
- c. Work with Departmental Chairs, Program Directors, Associate Dean of Academic and Faculty Affairs to develop articulation agreements with community colleges and other institutions that will highlight programs and increase for student enrollment in COHP.
- d. Identify resources, strategies and personnel for focused student recruitment. This will include developing a new position and identifying a new Director of Student Services (in the Office of the Associate Dean of Academic and Faculty Affairs and working with the Assistant Dean for Student Affairs) who will lead recruitment efforts and all marketing and recruitment strategies for current and future college-based programs, certificates.

6. *Identify and renovate a new clinical lab space for a new integrative clinical faculty research arm.* This will be a “one stop” clinical care laboratory that has both clinical care space and patient waiting areas. We would seek to include faculty from all of the departments in this clinical lab for clinical treatment and collecting clinical research data. This new clinical facility will represent multiple treatment labs (OT/PT/ASP/obesity-rehabilitation/clinical labs) and also provide the greatest opportunity for generating collaborative pilot data from the faculty in HIIM, CLS and the new Biomedical Health Science (BHS) faculty and because of the patient base, have a better potential to recruit new research faculty and chairs. Students will work and be mentored by faculty in this lab. Interwoven with the clinical treatment and training, will be new clinical research laboratories so that patients coming to the clinic can be easily enrolled in research trials.

7. *Begin planning for a new building for COHP (or renovate an existing building) on the Memphis campus.* This building will include state of the art clinical space, and all of the items from point 5 will be expanded including new office, class room for hands-on training and student spaces

- 8. Identify new space and expand COHP to Nashville.** After we have right sized the existing programs expand Knoxville clinical offerings by adding PT and OT to the ASP clinical treatment areas and potentially other programs in Knoxville and expand full academic offerings in Nashville while maintaining all of the elements of program excellence.
- 9. Increase College Development Support - to secure new philanthropy connections.** These funds are needed to provide increased support for student scholarships, chair endowments, research and clinical labs and for a new building.
- 10. Examine and if appropriate, modify the funding model for return of clinical revenues to departments**
- a. Restructure the office of the Assistant Dean for Finance and Administration and provide adequate administrative support for budgetary analysis and planning.
 - b. Identify the appropriate budget model that will increase clinical revenues for the College but share clinical revenues with the departments who generate them. This means that the faculty practice plan as currently operationalized in the college will be restructured to meet our new college goals. This will include a financial model where some faculty will be recruited to clinical tracks with a high time allocation in clinical work, and other faculty who currently engage in clinical care outside of the college, will have their clinical responsibilities to the department and college more clearly defined with clinical revenues returning to the college for reinvestment according to a clinical revenue policy which will be developed.
 - c. An example model could be ~40% COHP, ~60% Dept. revenue split for clinical assignments. To accomplish this faculty may have clinical assignments where they are expected to generate clinical revenues in the same way that tenure track faculty will have research assignments and be expected to cover part of their salary support from extramural research funds. Expanding the clinical enterprise in both the college (e.g. "One Stop" clinic) and the depts. (through reallocation of contracts and the current clinical funding model) will benefit from additional resources over the current model and provide resources that will be able to be invested back into the college.
- 11. Strengthen College Collaborations and Sense of Partnership within the other colleges of the UTHSC and especially with new stakeholders, companies and friends and alumni. Seek partnerships with other peer and aspiring to be peer institutions**
- a. Support external seminars from researchers from peer and aspiring to be peer institutions. Discuss potential collaborations and consulting for grant and project development at COHP.
 - b. Work to recruit and retain excellent faculty.
 - c. Cross appointments of COHP hires to basic and clinical and basic science departments as appropriate.
 - d. Bring in community leaders, industry leaders to provide input to curriculum design, establishing partnerships and philanthropy efforts.

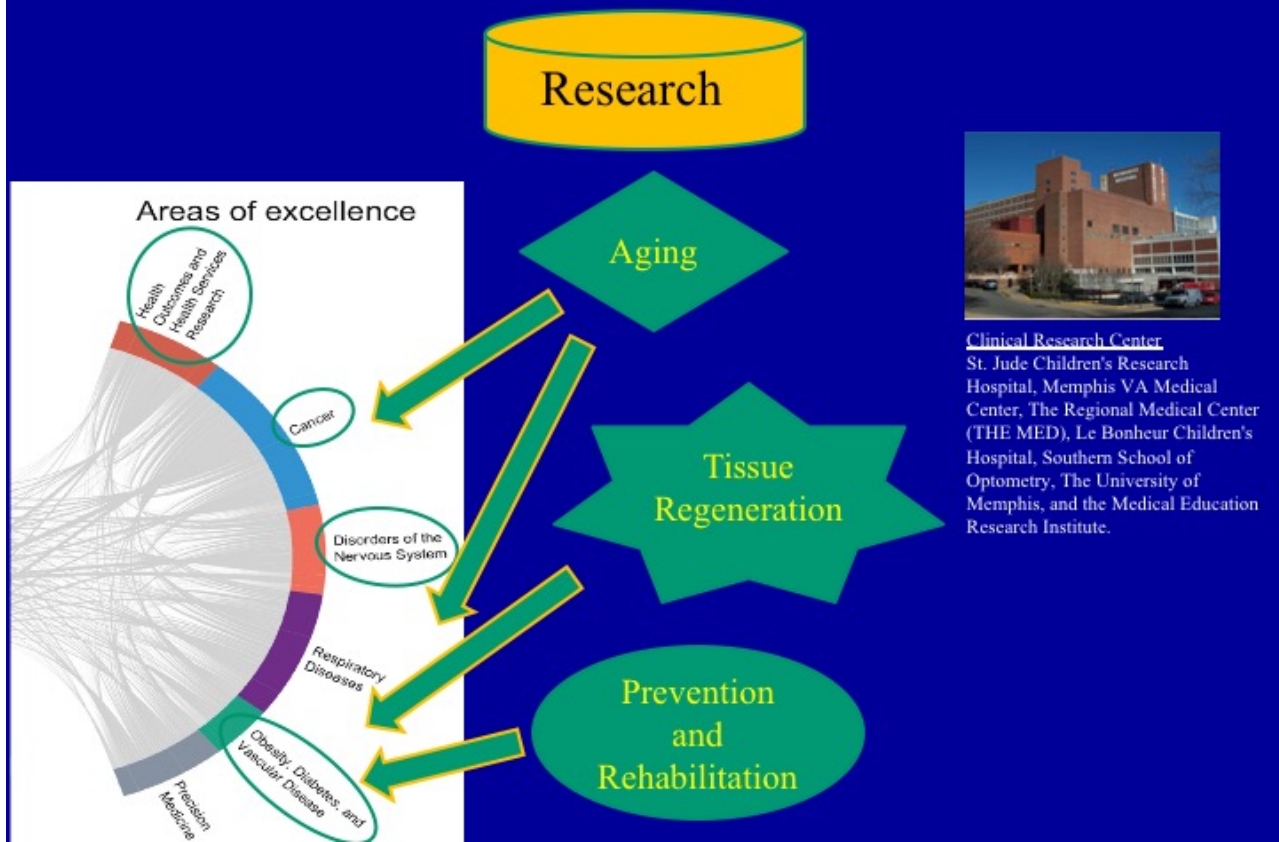
12. Encourage faculty and students to engage in national service and competing for national awards to assist in elevating our national visibility and graduate student recruitment

- a. Support for faculty to travel to and make presentations at research meetings – large not just discipline specific
- b. Participate on national boards and national research organizations (FASEB, Neuroscience etc.)
- c. Apply for student fellowships (graduate student program needs a lot of work)
- d. Student research award applications
- e. Grant study section work.
- f. Promote research centers, participate in UTHSC research institutes– identify what makes us unique in COHP from other institutions nationwide and promote this.
- g. Establish international collaborations.

13. Funding Challenges

- a. An initial investment in a UTHSC funding to support the new Dean's initiatives will provide front-ended investment. This will be used largely to support obtaining/replacing positions and to establish appropriate leadership within the College. This will be needed primarily (although perhaps not exclusively) for the first 3 years. Thereafter growth should be possible via the implementation of the new programs and new revenue streams that arise from restructuring COHP.
- b. Goals of this Strategic Plan will include a new COHP building with expanded clinical space and clinical labs. The Dean of COHP will work closely with the Development Office and establish philanthropy funding for the new building and equipment for the building.
- c. We anticipate that community involvement and investment in COHP will be critically important to achieve our funding goals. This will require engagement of the Chairs and Dean's office to seek community engagement in our College. In addition, we expect to approach several companies to discuss opportunities for investments in COHP and specifically in establishing named research chairs and research infrastructure investments in a laboratory of occupational health and rehabilitation.

Top 25 by 2025



Clinical Research Center
St. Jude Children's Research Hospital, Memphis VA Medical Center, The Regional Medical Center (THE MED), Le Bonheur Children's Hospital, Southern School of Optometry, The University of Memphis, and the Medical Education Research Institute.

Implementation Strategy

A. Recruit Senior Leadership

The Dean's leadership team is central to the success of meeting the goals of the college to be a top 20 college. We will seek to fill two vacant leadership positions quickly; the Senior Associate Dean for Research and Graduate Studies, and the Associate Dean for Academic and Faculty Affairs. The current position of Assistant Dean for Graduate Studies will report to the Associate Dean for Academic and Faculty Affairs with a dotted line reporting to the Senior Associate Dean of Research and Graduate Studies.

B. Develop and Implement the Strategic Plan for COHP and each department that will meet the goal of becoming a top 20 college

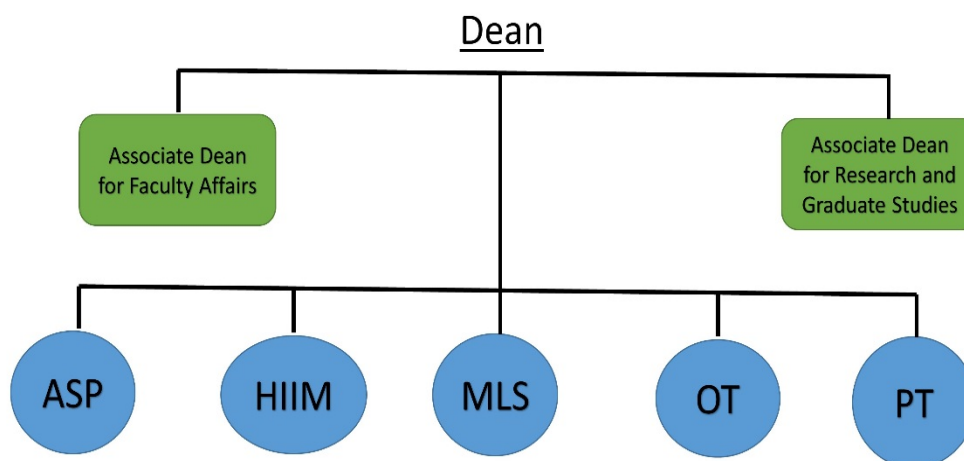
The framework will be:

- No compromises to obtaining and maintaining top quality education. This is the engine that is currently funding the college.
 - Expectation that research and scholarly activity becomes interwoven in expectations for faculty performance and in educational instruction.
 - Continuing to link with and form new bridges for community engagement.
 - Developing and investing in the graduate program to create (real) research-based Ph.D. graduates and clinical/research graduates that melt both clinical and research training as these students will be needed to assist faculty in research projects. This is the driving force for faculty research and productivity.
- (i) Having a clear direction (Strategic Plan) for COHP will be important for allocating the available resources in a transparent fashion. The strategic plan will be used to provide clear direction for strategic hires which may result in hires allocated to different departments in different years.
- (ii) Tenure track faculty hired under the new Strategic Plan will be a ~65% research appointment, ~25% teaching and ~10% clinical or service with expectation to recover a minimum 20% salary from extramural sources. The plan would be to bridge full salary support for 3 years for Assistant Professors then move to the 20% recovery model where the tenure track faculty would be expected to provide a minimum of 20% salary from extramural support. In some cases, a salary bridge extension of the 3-year window may be necessary but a clear plan will be needed to move towards the salary recovery model. Associate or Full Professors would be expected to cover 20% of their salary from the beginning of their appointment. We expect that we will need a minimum of 2 new tenure track lines in Physical Therapy (PT), 2 for Occupational Therapy (OT), 3 for Athletic training, 1-2 in Health Informatics and Information management (HIM) resulting in total of 6-8 faculty). The dept. of ASP will benefit from ~2-3 new faculty hires, and 2 new tenure track research faculty should be recruited in Clinical Lab Sciences (CLS). Joint hires with the VA or cross Colleges at UTHSC will be explored. Additional faculty may be recruited that have a higher teaching expectation to meet the expanded educational roles, and these faculty might be expected to have a different salary cost recovery from grants (e.g., 20-25% depending on the teaching assignments). These might be junior (postdoc trained and productive faculty with K awards etc.) with varied degrees of startup funding needed. Tenure track faculty may also be recruited to teach in the new BS/MS Health Sciences department once it is established.

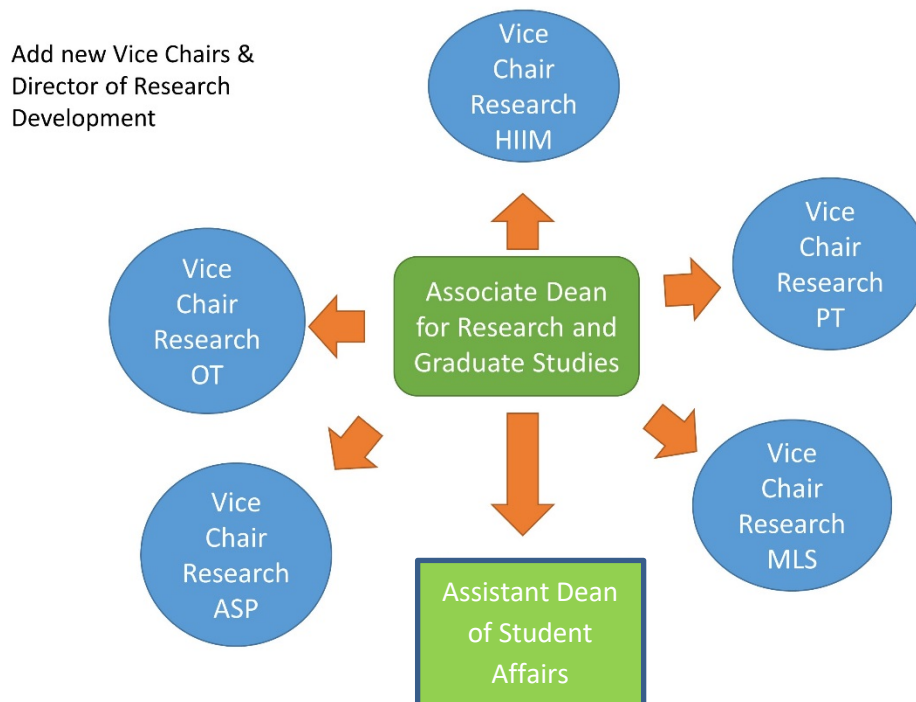
C. Approach

a) Year 1-2:

- Work with the Assistant Dean for Finance and Administration in COHP and the Vice Chancellor for Finance to establish appropriate funding models for clinical revenue returns, funding faculty promotions etc.
- Begin philanthropy work for securing funds for a new building, programs, and scholarships.
- Meet with stakeholders and industry leaders and companies with potential interests in graduates from COHP.
- Complete analysis of each departmental cost and expenses.
- Create new office of Research and Graduate Studies and recruit a Senior Associate Dean to lead this office (See Table 1).
- Restructure office of the Dean and Assistant Dean for Finance and Administration
- Investment of salary lines and startup costs/lab space from vacant positions
- Year 1 recruit research intensive for COHP leadership positions
 - (i) Change Assistant to Senior Associate Dean for Research (to reflect importance and obtain a stronger candidate)
 - (ii) Associate Dean for Academic and Faculty Affairs (research intensive)
 - (iii) Rewrite/revamp job description and responsibilities for the Director of Graduate Studies and Student Affairs (to include oversight of student recruitment with a reporting structure to the Senior Associate Dean for Research oversee this staff person and all graduate activities)

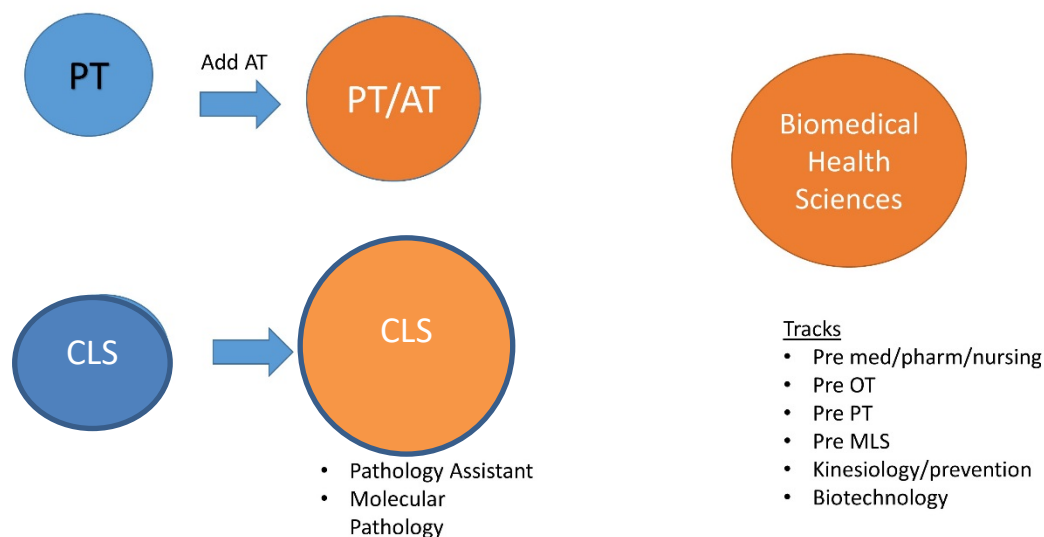


- Add new tenure track lines as vice chairs (or similar designation) for research to each department. After the new ASP building is constructed or renovated, ASP will quickly receive a position as ASP has the highest critical mass of more junior and research active faculty and will likely achieve a more rapid overall impact than most other departments. However, we will move to quickly fill vice chairs for research in other departments that have a clear defensible strategic plan for research that maps to the college strategic plan.



- (iii) In 2019, we will have several New Recruitments (New positions, see Table 2)
 - a. Recruit Chair for new Dept. of Biomedical Health Sciences (a student population that will be ramped up to ~800 undergraduate within 4 years). Recruit Vice Chair & Director of Research Development – PT
 - b. Recruit Vice Chair and Director of Research Development for HIIM OR Occupational Therapy
- (iv) Restructure and/or revamp the programs/activities that are cost prohibitive and those which appear to be unable to have a solution to increase revenues. Add new programs to existing departments (some examples we will consider include Pathology Assistant program to be housed in the Dept. of Medical Lab Sciences etc.).
- (v) Evaluate efficacy of new programs such as Respiratory Therapy, Athletic Training (AT), Pathology Assistant etc.
- (vi) Evaluation of faculty contact teaching time/tuition recovered to determine cost/course, need for adjuncts, altered course assignments etc.
- (vii) Evaluate expenses – cost for space; capital expenses; teaching expenses.

Potential new configuration



- **Invest in research faculty to support the strongest programs – 8 new faculty in years 1-5. Faculty will be 65% research appointment.** New faculty will be senior researchers and be given titles of Vice Chair and Director of Research Development. As obesity/metabolic diseases represent a high priority in health disparity research, we will evaluate the potential to identify recruitments with an underlying obesity/metabolic disease focus. Furthermore, obesity/metabolic disease impacts treatment strategies for audiology and speech pathology, OT, PT and other disciplines. This will also allow us to establish research links in neurology, stroke, obesity cancer, medicine (e.g. preventative medicine, physiology etc. within the College of Medicine) and across campus with these recruitments.
- Development of a Center for Muscle, Metabolism and Movement (CM³) (anticipate funding from philanthropy/stakeholder/company partnership for a named center or institute. Subsequent development of other centers based on expertise of faculty.

Submit proposals for new BS in Biomedical Health Sciences and new graduate programs.

- (i) Develop BS in Biomedical Health Sciences and joint degrees to strengthen the (pre-medical) undergraduate program.
- (ii) Establish a master's and Ph.D. program in Rehabilitative and Regenerative Sciences with the goal of providing significant tuition recovery and providing feeder programs with suitable training for admission to medicine, physician assistance, dentistry, pharmacy, and nursing or allied health programs.
- (iii) Conduct analysis and add additional graduate and undergraduate degree programs (e.g., Pathology Assistant).

Potential New Degree Granting Programs

- Ph.D. in Rehabilitative and Regenerative Sciences
- DPT/Ph.D., MOT/Ph.D., DOT/Ph.D.
- MS Athletic Training (Commission on Accreditation of Athletic Training Education accreditation)
- DPT/MS-AT
- MS Pathology Assistant (NAACLS accredited)
- MS Molecular Pathology (NAACLS accredited)
- Prosthetics and Orthotics (CAAHEP accreditation)
- BS/MS Biomedical Health Sciences
- BS/MS Biotechnology
- MS Healthcare Quality & Safety

Revisit COHP Promotion and Tenure guidelines especially in the area of scholarship.

- With a college need to establish a high bar for research and scholarly activity, the scholarship expectations for promotion and tenure will be revisited and new expectations will be established that will help to move us to the next level of a nationally recognized college. The scholarship expectations will be drafted to be track specific not rank specific (e.g., different scholarship expectations for promotion to Associate Professor of a clinical track faculty with 70% time allocated to clinical responsibilities vs. a tenure track faculty with ~60-70% time allocated for research). This effort will be led by the Associate Dean for Academic and Faculty Affairs.
- Begin discussions to develop a joint Ph.D. program in COHP with (potentially) the College of Medicine, the College of Education (Knoxville) etc. This is critical to establish scholarship/research goals for increasing our national ranking.

b) Year 2-5:

New hires to strengthen national visibility in research, establish research institute(s) and increase tuition revenues for UTHSC through new education programs

- Expand undergraduate teaching program in pre-medicine and new tracks in the new Dept. of Biomedical Health Sciences. Target student enrollment in BS Biomedical Health Sciences to 600 (ramp to admit ~150 new students each year). Establish articulation agreements with Southwest Community College and other Community Colleges for 2+2 BS degree in appropriate tracks and 2+3 BS to MS degree. This will require new faculty to cover the teaching loads and potentially new teaching lab space.
- Evaluate Chairs and determine potential for growth in research, education and clinical service in each department. Tenure track faculty will have a need for startup funding and new faculty salary. Salary savings from unfilled positions and salary recovery from grants will be used by the college to help support new hires.
- Recruit 2 new research faculty to the Dept. ASP (~Vice Chair and Director of Research Development – 2019 and Research-intensive faculty 2020) which will help mentor faculty on their campus in Knoxville as ASP has the greatest immediate potential for funding success and national ranking. This will be done once they have the new research space identified.

- Potential need for additional recruitments with retirements and resignations.
- Evaluate efficacy and potential cluster hires and look for cross-institutional links. The departmental placements will be determined based on likelihood for making a large impact nationally in the program rating and evidence of previous funding and success of the program/dept. This will likely be faculty that can cross several departments.
- Hire new research/teaching faculty for a Department of Biomedical Health Sciences
 - a. Three (3) faculty for BHS dept. Year 2, hire ~3 clinical and education intensive (undergraduate) and one tenure track clinical translational faculty for teaching in the new BS degree program (new Dept. of Biomedical Health Sciences). This will cover curricular needs for an anticipated 50 students that will be in place by year 2. This may increase if we also add new programs such as Pathology Assistant.
 - b. Year 2-5 ramp admission from 50 in year 1 up to ~200 students, by year 5. New revenue will be used to provide partial salary support/investment in new faculty who will teach in this program and contribute to new research efforts. This program may be a track within Biomedical Health Sciences (Clinical Exercise or Clinical Kinesiology). Expand undergraduate teaching program to 800 students - add ~5-10 new faculty as needed for teaching.
 - c. Year 3-, hire 3 clinical and education intensive (undergraduate) and one tenure track clinical translational faculty for teaching faculty for teaching in the first and second year of the new BS program (new Dept. of Health Sciences). Add 2 Athletic training faculty, and potentially 1-2 Pathology Assistant faculty. Year 4- hire 3 clinical including 1-2 aquatic therapy trained and education intensive (undergraduate) and one tenure track clinical translational faculty for teaching faculty for teaching in the BS program (new Dept. of Health Sciences).
 - d. Year 5-, hire 3 clinical and translational research and education intensive (undergraduate) faculty for teaching throughout the full BS program (new Dept. of Biomedical Health Sciences) in part from investments from new resources generated from Community and industry support.
- Finalize planning and continue securing resources for a new COHP building (or in renovated space).
- Initiate new doctoral programs (Ph.D. in Rehabilitative and Regenerative Sciences, combined DPT/PhD; MOT/Ph.D., DOT/Ph.D. etc.). First class will be year 2.
- Strengthen the research links across obesity, health prevention in stroke and movement disorders and neuroscience with recruitments. Explore potential links with depression and exercise/rehabilitation. Work closely with other colleges within UTHSC centers for faculty recruitments which link to UTHSC strengths. Explore links with St. Jude Children's Hospital, the VA and other institutions interested in rehabilitation and regenerative medicine and therapies.
- With existing faculty and new faculty recruitments, establish new research centers and/or research institutes. We will initially identify common interests and expertise that cross the strengths of research within the other Colleges of the UTHSC. For example, this includes strengths in cancer, and diabetes/obesity/metabolic disease, regeneration sciences.

- Although other institutes and centers will be developed, initially we will initially focus on a Center for Muscle, Metabolism and Movement (CM³) although it could have a different name. Potentially, this will be an institute with a neurobiology and muscle movement focus that has cross-college and interprofessional research projects across several areas that would include muscle wasting (cancer cachexia, aging, dystrophy, diabetes/metabolic disorders) and the functional implications of altered muscle function, movement, rehabilitation and regeneration in response to disease (cancer, stroke, aging) and injury.
- Develop new links for HIIM and programs at the UTHSC (expand Pharmacy, Nursing and other COHP programs – explore cross-institutional to U Memphis).
- Evaluate administrative structure for COHP and recommend changes as needed in responsibilities and personnel to provide college support for Deans staff and faculty.
- Make further decisions for program consolidations, elimination, or growth – this will likely be an ongoing process and student training and workforce needs change.
- Development increased financial support for the college – expand College Development office.
- Investment for new infrastructure - building for expanded research and teaching programs.
- Feasibility plan and begin planning, architecture work and fund raising for a new building for COHP. The building will include new clinical space for patient treatment on the first floor, classrooms and student areas, offices, clinical lab space.

c) Year 6-7

- The goal will be to become a top 20 college (or better) within 7 years. This will be accomplished by increasing national ranking to top 10 in most programs; top 20 is a potential goal for other depts. This goal will be accomplished with national scholarship and ~10 million research extramural funding/yr.
- Break ground on new COHP building.
- Continue to grow research faculty through returns from investment in research (grant indirect costs), and investments from community or donors/alumina/developmental office.
- Expect to have achieved extramural grant support for the newest recruitments within three (3) years of recruitment– cost recovery from grant to support additional Ph.D. stipends and expansion of clinical and research labs into Nashville.
- Involvement of non-research faculty in cross-disciplinary research projects.
- Explore links with pharmaceutical funding and company stakeholders for 4-5 projects.
- Establish clear funding links in Cancer Center and in Stroke/Obesity.

- Recruitment of new faculty and replacement of faculty retiring and less productive faculty with the goal to increase national ranking and research impact.
- Extramural support recovery for investment in new research initiatives.
- Expect participation of all non-research faculty in cross-disciplinary research projects.
- Funding links and pharmaceutical funding for 8-10 research projects.
- Funding links from new hires and existing faculty to Division of Health Science centers.
- Engage in statewide capital campaign based on college success and potential for growth. Potential to start planning for a new building for outfitting new research labs and to house the expanded faculty.

D. Research

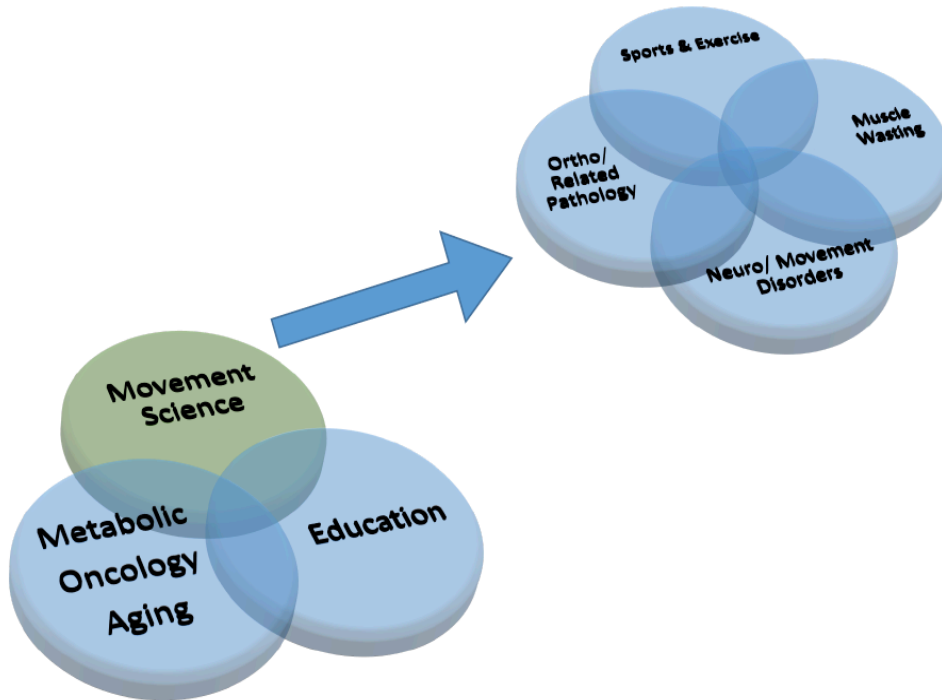
Laboratory space will be identified on the UTHSC campus through the Office of Research, for faculty hires requiring molecular, and cell based wet labs. Depending on the availability, there may be shared opportunities for joint recruitments in the College of Medicine. Adequate clinical research lab space will also be needed. In the short-term, arrangements will be sought to have new hires with basic science projects to have space in the College of Medicine and College of Pharmacy and in the Translational Research Building. Some basic science is needed in COHP and this needs to dovetail with new translational initiatives, but this will require new investment in capital projects. A new building is a necessity for long-term growth of the college's mission and success. The new College of Health Professions building would need to accommodate large classrooms for undergraduate teaching (larger tuition income) if space and scheduling is inadequate in the GED building. There will also be a need for smaller teaching laboratories. Most importantly, space will need to be developed in the new building for clinical patient care and clinically focused research. Clinical research faculty may also require access to core laboratories, clinical research laboratories and basic science wet lab space laboratories.

The Office of the Senior Associate Dean for Research and Graduate Studies in the COHP will need complete reconfiguring and building, to facilitate mentoring plans, grant programs, proposal reviews etc. to increase the competitiveness of the proposals for faculty research funding. This office will be closely linked to the UTHSC research infrastructure.

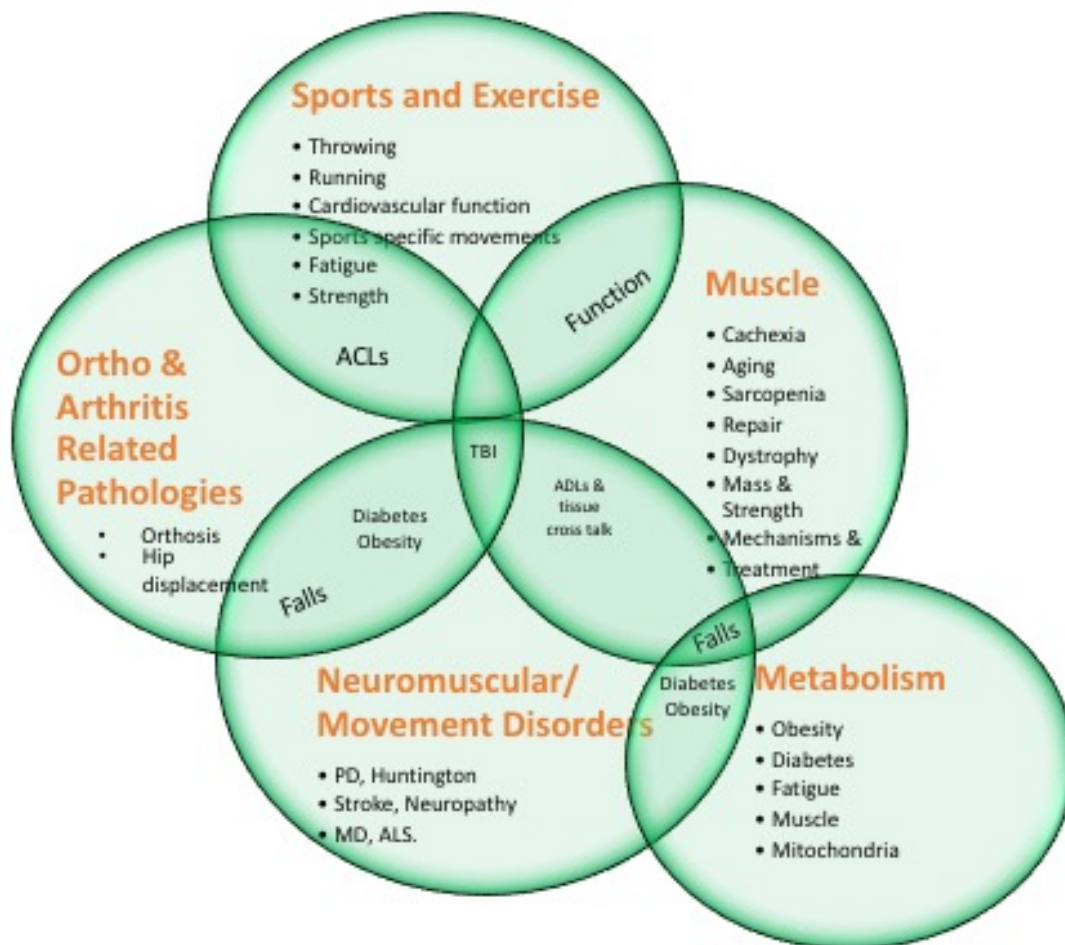
There is good potential to develop research institutes and centers within COHP.

Research hires will be made in focused areas to build research institutes/centers that will build cross-disciplinary research directions in COHP that map to the UTHSC strategic plan. Initially we will evaluate the potential for developing a **Muscle, Metabolism and Movement Center (CM³)**. We are currently seeking corporate funding support for this new center within our college. The purpose of this first center (hopefully of many new centers) will be to coalesce faculty with an interest in muscle (heart and skeletal), obesity/diabetes (metabolism) and movement (rehabilitation and prevention) clinical and research interests together. This center will also coordinate research efforts and build bridges between our faculty in COHP affiliated with the CM³ and other centers on campus (e.g., Neuroscience, Cancer etc.). The eventual goal is for this center to grow to an institute that would bring together strengths that do not currently

exist at UTHSC but may be present in other partners (e.g., St. Jude, LeBonheur etc.). Areas in this institute that map to the UTHSC Strategic Plan would cross into cancer cachexia - skeletal, cardiac and vascular intervention and prevention - cross imaging and rehabilitation depts., and obesity/metabolic disease/cardiovascular disease.



Center for Muscle, Metabolism and Movement (CM³)



Other Centers or Institutes could be developed depending on faculty interest, expertise and training which link to research across the UTHSC. Examples include:

- **Rehabilitative Neuroscience and Behavioral Medicine** - links of depression and exercise/rehabilitation - potentially into occupational health with kinesiology and preventative treatments in industry workplace settings. Brain imaging for improved diagnosis of speech pathology. This could also work in the vestibular lab with the Dept. of Speech Pathology and Audiology.
- **Cardiorespiratory links with neurodegeneration** - stroke, spinal cord injury, exercise for citizens in Tennessee. This initiative would stretch into the College of Nursing and a PhD in the area of Nutritional and Health Sciences could be a new excellent program and eventually a department in COHP.

E. Education

E.1 Programs

Increase student enrollment in the College by adding a BS and MS undergraduate program with appropriate tracks in the new Dept. of Biomedical Health Sciences (BHS). The goal will be to grow this program to ~800 with ~15 new faculty that will contribute to teaching and research. Alternatively, we can enter into articulation agreements with community colleges or other institutions to offer 2 years of more specialized work leading to a BS after having obtained 2 years of more general training in math, science and languages. We will work with the office of

the Executive Vice Chancellor to identify appropriate new space for this educational expansion and then plan for building or renovating a new building that will house all of the new programs. The new educational programs will provide substantial new revenue that can be redirected for planned initiatives in research. It will also provide a high caliber of undergraduate students who are prepared to enter our graduate programs. We also anticipate adding Athletic training to Physical Therapy to expand the existing department and adding several new programs to the Department of Clinical and Laboratory Sciences such as Pathology Assistant, Molecular Pathology etc.

Each program and department will undergo a self-study and Dean's review of all programmatic and reporting structures (including the Dean's office) in year 1. Areas that can be eliminated or consolidated based on financial viability or program stability, accreditation issues and needs, and/or structured differently for better use of resources or to improve the effectiveness of the programs will be considered carefully. Combining some programs may be necessary; others may be expanded. Educational investment will be done selectively. This will be by adding new faculty if warranted, and upgrading laboratories for teaching etc.

We will seek to engage in full IPE discussions and implementation of new IPE curriculum in conjunction with the College of Medicine and the College of Nursing, Pharmacy and Dentistry.

COHP will work closely with the Dean of College of Graduate Studies to develop new PHD (Rehabilitation and Regenerative Sciences) and other doctoral and masters programs for COHP.

Administrative support needs to improve such that the COHP should establish personnel for oversight of student retention and strengthen the advising office to improve student graduation and retention in the COHP.

It will be important to maintain accreditation and seek accreditation for new programs. It is equally important that we strive to improve faculty research productivity and student engagement in research with the faculty in all departments.

E.2 Scholarships

Although some scholarships exist in programs and departments throughout the college, there is a need for establishing additional scholarships in each department. The new scholarships will be especially important for attracting and retaining academically strong students from diverse and underrepresented populations. This will be largely achieved through development efforts from alumni, companies with ties and potential interest in graduates from the college, and stake holders and friends of the college. We will primarily seek to establish the scholarships as sustainable endowed funds. Our initial goal will be to establish one endowed scholarship of a minimum of \$50,000 for each department each year of the strategic plan. A \$50,000 endowed scholarship will provide two scholarships of \$2,000 per year with a minimum of one scholarship that will be directed towards a student from an underrepresented population or group. Our long-term goal is to have 6 scholarships (supporting 12 new students) in each department by 2025, and then we will seek to increase the endowment base in each scholarship to provide more substantial scholarships for each award.

E.3 Endowed professorships/chairs

We recognize that long-term stability of outstanding programs requires academic leaders who are outstanding. To attract and retain the best leaders in the College of Health Professions, we will seek to build endowed chair positions for each department. These endowments will also

provide a base of continual research support for the chair positions, and therefore, continuing to advance the impact that research productivity will have across our college. However, the endowed chairs will be expected to continue to seek extramural funding support for their research programs, so the endowment sources will be used in part for salary and in part to supplement their extramural funding for research. Our goal will be to have 3 endowed Departmental Chairs by 2025. After securing endowments for the chairs of all of the departments, we will seek to obtain endowed research faculty positions for each department. Presenting a strong endowment base across the college will strengthen our national reputation among all similar Colleges of Health Professions and Allied Health Colleges.

F. Clinical service and community outreach

Increase contact with community stakeholders. This will include but not be limited to employment companies that seek graduates of COHP. We will engage in discussions that will include providing support for graduates (scholarships and internships) but also obtaining stakeholder input in designing curriculum to meet the needs of the clinical work place.

Service will be defined to not only include expectations that faculty will serve on college and institutional committees, but a large emphasis will be placed on faculty obtaining visible service roles in national and international scientific organizations. This will increase the overall visibility of COHP in the community, the state and nationally/internationally. We will also seek to expand student training abroad and opportunities for student global service.

We will work with the hospitals to identify mutually helpful clinics that will provide community outreach and service and also provide additional revenue for both the hospitals and COHP.

Finally, we will initiate working groups that will engage faculty in support as a “one stop” clinical support center for both prevention and rehabilitation. This will provide revenues for reinvestment back into the college and the respective departments.

The positions described in the following Tables do not include positions that might be added as a result of retirements, resignations or replacements.

TABLE 1**Replacement Recruitments/5 years 2018-2022**

Year	Position	Dept.
2018	Senior Associate Dean for Research and Graduate Studies,	COHP/Dean's Office & CM ³
2018	Associate Dean for Faculty Affairs	COHP/Dean's Office
2018	Faculty positions as needed to meet teaching needs for accreditation	Depts. in COHP

TABLE 2**New Research Recruitments/5 years 2018-2022**

Year	Position	Dept.
2018	Assistant Professor	Clinical and Laboratory Sciences & CM ³
2018	Associate Dean and Director of Center for Muscle, Metabolism and Movement	CM ³
2019	Vice Chair and Director of Research Development	Clinical Laboratory Sciences & CM ³
2019	Assistant Professor	COHP (TBD) & CM ³
2019	Vice Chair and Director of Research Development	Physical Therapy/Athletic Training
2019	Vice Chair and Director of Research Development	Occupational Therapy
2020	Vice Chair and Director of Research Development	Audiology & Speech Pathology
2020	Vice Chair and Director of Research Development	HIIM
2020	Chair	Dept. Biomedical Health Sciences
2019-2021	Clinical Research Faculty- Assistant/Associate Professor	Audiology & Speech Pathology
2021	Assistant/Associate Professor	Multiple departments
2021	Assistant/Associate Professor	Multiple departments

TABLE 3

New Teaching/Research/Clinical Recruitments to cover new programs. This will be funded by cost share with tuition revenues that will come back to the College from UTHSC

Year	Position	Dept.
2019	Assistant Professor	Athletic Training (configured PT/AT)
2019	Assistant Professor	Athletic Training (configured PT/AT)
2019	Assistant Professor	CLS – Pathology Assistant
2019	Assistant Professor	CLS – Pathology Assistant
2020	Assistant Professor	Biomedical Health Science (BHS)
2020	Assistant Professor	BHS
2020	Assistant Professor	BHS
2020	Assistant Professor	BHS
2020	Assistant Professor	BHS
2021	Assistant Professor	HIIM
2021	Assistant Professor	HIIM

Integration of Education, Clinical Outreach and Research

Our “One-Stop-Clinical-Laboratory” can take several shapes and once the space is identified we can move forward with more comprehensive planning. An example of one possibility for such an integrated facility is below. We anticipate that this facility will be under the umbrella of the Center for Muscle, Metabolism and Movement, but it will be a separate core facility for the center which will tentatively be called the “**Human Performance and Rehabilitation Laboratory**”.

Evaluation and Space Needs for the Human Performance and Rehabilitation Laboratory (HPRL)

Ideal new space would be located in proximity to the clinical and research faculty in the 930 Madison building (but this does not have to be the case and will not be as we plan for a new building and building site with more suitable patient access). and the current faculty and graduate students who staff this facility. Most of the clinical treatment space and the clinical research space would consist of appropriately sized empty rooms that would then have exercise or evaluative equipment, or a hospital bed in it, depending on the purpose for that room.

We have a need for a gait analysis laboratory. This is to facilitate new work and work we expect to build upon in back injury and gait analysis. The current work is largely conducted by Dr. Kunal Singhal, PT, PhD who is working on a funded Department of Defense grant for outfitting prosthetics, and for studying falls in persons with stroke or the elderly. Going forward we would envision a joint partnership with faculty in Physical Therapy, Occupational Therapy and Orthopedics that would have collaborative clinical and research interest and expertise in this gait lab. This gait lab would largely be a long narrow room, not unlike a long hall way, where specialized cameras, force plates and computerized equipment could be installed.

The best option for obtaining lab space for the clinical research space will be to have it in close proximity to the Human Performance and Rehabilitation Laboratory component where testing for cardiovascular function, muscle function, and treatment/assessment for physical therapy, occupation therapy and audiology and speech pathology occurs. The clinical laboratory science faculty will provide a full blood and urine chemistry laboratory for medical assessments. This new laboratory will provide clinical care and research evaluation in a “one-stop-shop” fashion. This facility will also offer more clinical rotation sites for students who need training with patients. Finally, it will provide a training platform for undergraduate and graduate students who need access to patient populations for completion of research or clinical training experiences that will lead into graduate health profession programs.

Space needs and proposal for reconfiguring space for the Human Performance and Rehabilitation Laboratory (HPRL)

1. *Establishing, adding clinical research labs and clinical space needs for recruitments*
 - a. Change rooms, showers and locker space for men and women. These will be used by patients and subjects who will change into the appropriate clothing for the tests (e.g., shorts and T-shirt; swimming suit etc., workout clothes etc.
 - b. Subject interview room for questionnaires and for taking health histories or reviewing data for the patient

- c. Exam room for physician evaluation of subjects for screening prior to exercise or involvement in studies
- d. Assessment and treatment rooms for PT, OT, Audiology and Speech Pathology
- e. Room for preparation and blood draws.
- f. Room for body composition assessment (DEXA and BPOD).
- g. Office for greeting subjects and patients. Sensitive HIPPA documents will be stored in an adjoining room to the office. Computers and data entry for studies and clinical work.
- h. Stress testing – cardiopulmonary stress testing using a treadmill or cycle ergometer and metabolic cart and computers for gas analyses/
- i. Biopsy room with counter tops for microscope, space for a freezer and other equipment needed to mount and freeze biopsy samples
- j. Endocrine glucose/insulin clamp and pulmonary room. We anticipate that this space will be used for one of our two clinical research faculty recruitments.
- k. Swing space that could be used for echo examinations (e.g. vascular laboratory assessments lab).
- l. EMG set up and analysis during muscle strength and endurance assessments for research subjects.
- m. Gait analysis lab. This is a long slender lab (minimum of 30 feet long, but only 8-10 feet wide is enough). This lab will be used to measure and analyze gait, walking and running patterns that are inappropriate. This will be space that will be common core with new faculty recruitments (Physical Therapy, Orthopedics and Exercise Physiology) for research studies in back and foot/orthopedic pain.
- n. Aquatic therapy pool. Aquatic therapy pool provides the show case lab facility for interfacing Physical Therapy and Occupational Therapy, as well as children, adults and athletes and working with patients that have stroke, disability, arthritis or aging. As a minimum, we would like to build two small (16'x20') aquatic therapy pools for teaching and clinical treatments however, other configurations may be considered.

2. *Office space.* The 6th floor of the 930 Madison building currently has no faculty office space that is available for the new hires. To consolidate the faculty offices of faculty who will be doing research or conducting clinical activities in the (NIKE) Muscle, Metabolism and Movement Laboratory (NCM³), we propose to have offices of faculty using this facility to be located close to this new space. This will provide the opportunity to have faculty close by in case of emergencies, having the faculty with similar duties close to the place they will be working and close to their graduate students and also freeing up offices on the 6th floor for expansion of faculty recruitment opportunities in PT and/or OT. Graduate offices and equipment storage are also part of the new facility request.

Our draft space (not necessarily drawn to scale) needs are shown in Figure 1. This figure brings the clinical and clinical teaching faculty who are working in the NCM³ or conducting research there all together. It also improves the facilities of our current HPL by adding showers and locker room facilities. Finally, it expands our research needs to allow for increased productivity of current faculty working on clinical research projects and also provide new opportunities that will incorporate approaches and assessments that will help both the clinical patients but also accommodate new directions through our new hires.

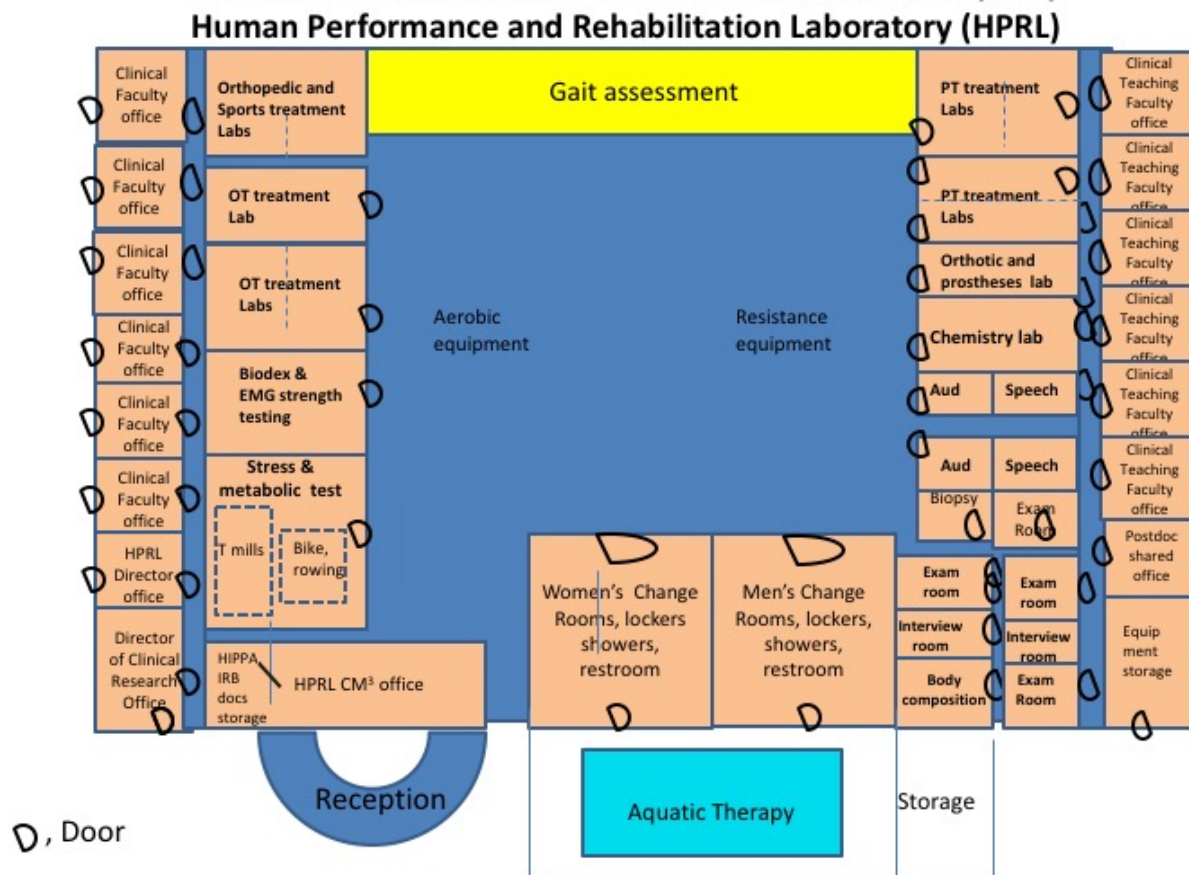


Figure1. Proposed draft footprint of the Human Performance and Rehabilitation Laboratory (HPRL) “One-Stop” clinic and research lab that will be housed under the NCM³ umbrella

Although this would be in the College of Health Professions footprint, this laboratory would be viewed as a place to come for anyone interested in human – clinical or translational research because all of the basic human functional assessments can be conducted in this facility. This facility will have the capabilities to obtain physical assessments (e.g., strength, endurance, cardiovascular, pulmonary, endocrine, flexibility, body composition etc.) for any human based trials that either describe pathological conditions or provide tangible outcome measures for improvements (e.g., clinical trials etc.). In this way the expanded Muscle, Movement and Metabolism Laboratory can be a very nice core facility for all human based research and exercise/nutritional intervention studies.

After considering easy patient access, and parking, much of our needs are for empty rooms (exception is the aquatic therapy pool), that we will place the appropriate clinical research and treatment equipment. Obviously, the construction and use of the existing rooms and space can take different configurations that the ones proposed here.

Partnership Opportunities

We will work to identify opportunities for corporations or individuals to provide funding to the college which will permit naming rights to laboratories or even the college building or center.

New Building new focus new opportunities:



1. Naming of the new College Building. e.g., College of Health Professions, University of Tennessee Health Science Center
2. Naming of the Center within the College. e.g., Center for Muscle Metabolism and Movement (CM³) - \$5,000,000
 - a. 2 endowed chairs for Muscle Metabolism and Movement (\$1,000,000 per endowment and \$1,000,000 startup funds for each chair to purchase equipment and move lab to UTHSC)- total \$4,000,000.
 - b. \$1,000,000 in endowed research program funding – joint board from NIKE and CM³ to determine what areas of research receive priority funding and choosing which proposals are funded - ~\$50-\$75,000/yr. in research funding distributions from endowment.
3. Naming various laboratories in the CM³ by outfitting the space with the necessary research equipment.

For example:

 - a. Aquatic Therapy Pool - \$1,200,000
 - b. Chemistry and diagnosis laboratory - \$800,000
 - c. Physical Therapy diagnosis and treatment Laboratories - \$750,000
 - d. Orthopedics and Sports Treatment Labs \$600,000

- e. Occupational Therapy diagnosis and treatment Laboratories - \$500,000
- f. Audiology Laboratory and Assessment - \$400,000
- g. Speech Pathology assessment and treatment lab \$400,000
- h. Biodex, EMG, strength assessments, muscle fatigue lab \$300,000
- i. Stress and metabolic test lab (treadmills, metabolic carts, pulmonary etc.) \$300,000
- j. Aerobic exercise training and rehab lab (including treadmills with safety straps for obese and disabled subjects \$200,000
- k. Strength and resistance exercise training rehab lab \$200,00
- l. Exam room equipment (EKG, stethoscopes, tables) \$150,000
- m. Body composition clinic (Dexa, etc.) \$150,000

Building on our success

1. We will strive to replace faculty who leave or retire and recruit new faculty as replacements with research programs. Increase undergraduate and graduate student recruitments.
2. We will conduct external reviews of each program. New faculty will be recruited to expand the outreach of our teaching, research, and clinical missions.
3. After sufficient growth in the existing campuses and departments, will consider expansion of relevant departments to the UT Nashville campus and have PT and OT faculty on the Knoxville campus (clinical and research activity).
4. We will strive towards achieving a 7-year goal of \$7,000,000 annual extramural funding (research grants and contracts). This will allow us to achieve top 20 ranking in all current programs.
5. We will add teaching/research faculty to the Department of Biomedical Health Sciences to support additional teaching needs undergraduate and graduate program. This might temporarily be accomplished by hiring adjunct faculty, but such faculty would not have a research contribution to the college and therefore this is not a long-term solution. Hiring teaching/clinical faculty can be accomplished by recruiting research-intensive faculty (~60-70% research commitment) to accomplish both research and teaching missions (graduate teaching can be accomplished frequently through a research medium). The anticipated additional tuition from the expanded tracks will provide some funding to offset the salary support that will be needed for these new hires.
6. Administrative support for developing new educational programs or tracks that is clinically focused undergraduate program that will be a pre-med feeder program (which would be expected to bring in tuition revenue for subsequent investment in the college research efforts).
7. It is possible that the order (e.g., year of the recruitment) and number of recruitments that will be added to complete new teaching commitments because of expansion of new programs (e.g., Pathological Assistant etc.) might increase or decrease depending on student enrolment, new funds generated and need for expansion or contraction.

8. We will move to secure space and funding to support a new Human Performance and Movement and seek to become self-sufficient in less than 5 years. Margins will be invested in scholarships, replacing equipment, and investing in additional state-of-the-art clinical and research efforts as well as accumulating resources for a new building which will be needed as we continue to grow.

To be a top 25 by 2025 we need to grow and integrate our education, clinical and research programs across the college.

Research, Education, Clinical Care and Outreach must be integrated across the college at levels that include involvement of faculty and students at multiple places. We need input and we will provide links outward to accomplish our overall goals. Examples of some of the potential linkages are shown below.





Education



Clinical Care



Public Service & Outreach

Summary and Conclusion

This 7-year plan outlines strategies and resources that will allow COHP to move towards the goal of containing nationally ranked programs with a strong research and funding base. There is significant potential to grow COHP in both education (undergraduate and graduate), expand, and develop a large clinical outreach base to impact the community via a “one stop” clinical enterprise that encompasses clinical work and research. Completion of this goal will require a new building/footprint from which to develop the state of the art clinical treatment and research center.

We will accomplish these goals with strategic hires, making research and educational links across the UTHSC, generating a critical mass of research-funded faculty and partnering with community and industry leaders and groups, developing new educational programs, developing and expanding clinical outreach. Funds will be generated through development work, increasing our tuition base, adding new clinical revenue streams and cost recovery from extramural research funding. We will increase our student base including diversity efforts by establishing scholarships and funding opportunities to train underrepresented groups. Furthermore, there is significant potential to expand beyond the campus at Memphis (Nashville etc.) once the Memphis programs are very strong and to establish inter-institutional programmatic and research links.

This can be accomplished within the next decade (~ 7 years), and our goal is to have COHP contribute to both increasing the total enrolment in the College and increase the national visibility of COHP. Our goal is to be ranked and recognized as a top 20 college of Health Professions by 2025 and in doing so, make a positive impact on UTHSC, our state and our nation, by making the great academic institution of UTHSC even greater.

This Strategic Plan is meant to be a living document that is discussed and modified annually over the course of the 7-year plan. We must be in a position to modify the document to respond quickly to needs and new opportunities as they arise. Some areas will grow faster than others, and new areas of emphasis might be added to our plan. However, the current plan begins to provide a framework to direct us forward, to become a nationally ranked College with each of our programs nationally ranked in the top 20 by 2025. To accomplish the goals in this Strategic Plan, we need everyone’s help, and together, this will be our new college.

Let’s build our future together!