



Integration Summit

April 9, 2025



Agenda

11:30	Registration and Lunch	
12-12:20	Welcome and Overview	Deans Murtha and Johnson
12:20-1:20	Accreditation Progress	Drs. Terregino and Soto Green and Self-Study Committee Members
1:30-1:40	Strategic Pillars and Breakout Instructions	Dean Murtha
<i>Zoom Portion of Program Concludes</i>		
1:40-1:50	Travel to Breakout rooms	
1:50-2:50	Strategic Pillar Small Groups	
2:50-3:00	Return to large group	
3:00-3:45	Report out	
3:45-4:00	Closing Remarks and Q&A	Deans Murtha and Johnson

The Model Guiding the Work










- One School
- One Dean
- One Set of Bylaws and One Joint Committee Structure
- One Curriculum
- One Standard for Graduation
- One Committee for Admissions, Curriculum, Student Promotion
- One Approach to Student Services

2

TWO CAMPUSES

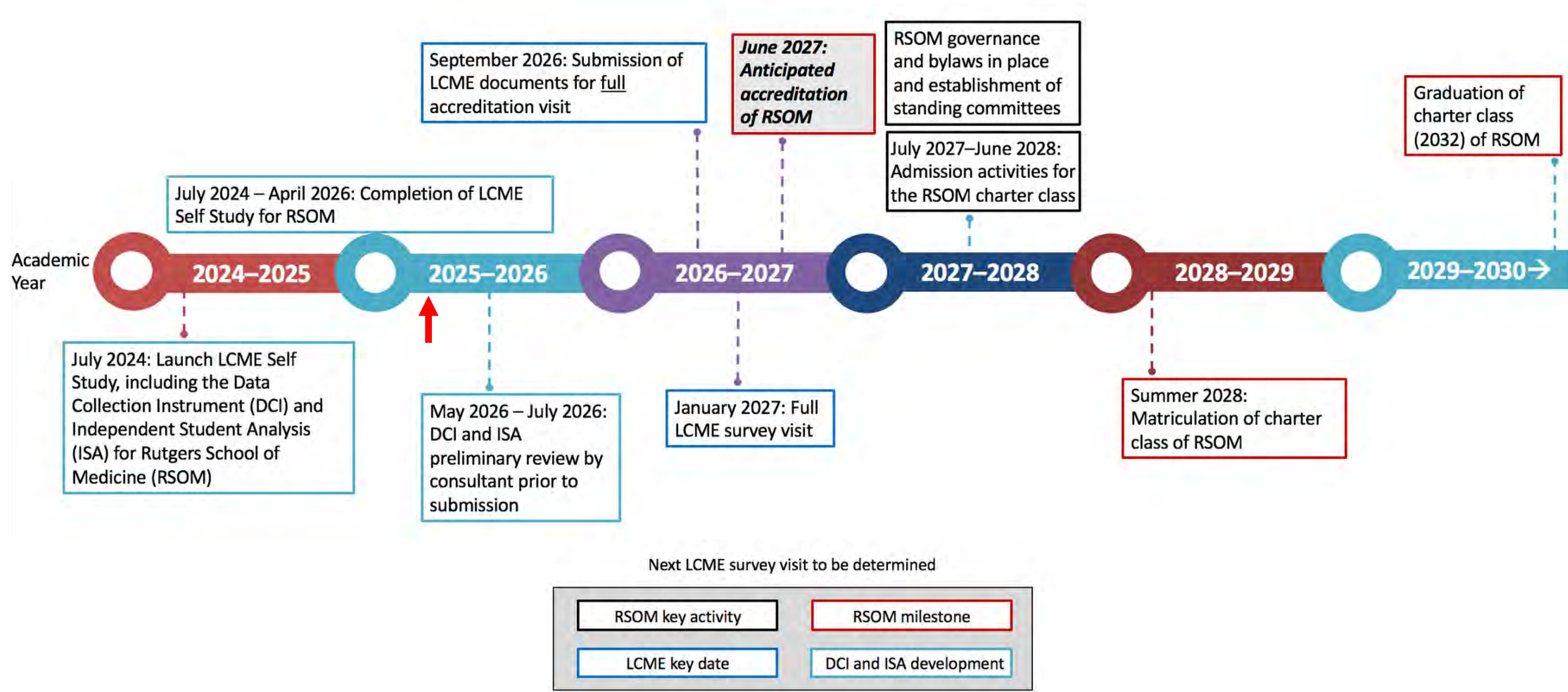


Guiding Principles for Integration

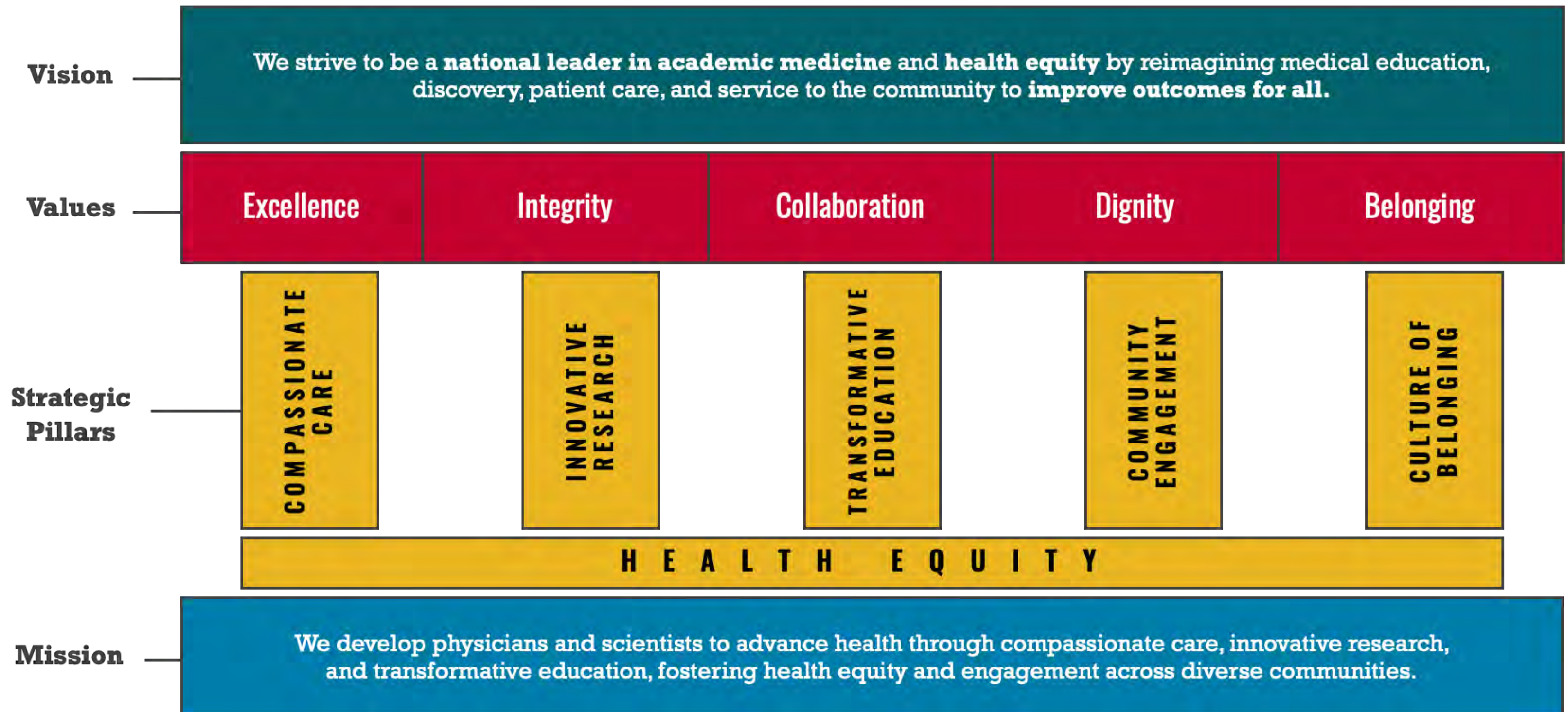
-  Do no harm.
-  Value and respect our faculty, staff, and trainees.
-  Demonstrate a commitment to excellence in each of our mission areas.
-  Remain steadfast in our obligation to our patients' safety and well-being.
-  Lead with kindness, active listening, and compassion.
-  Create extensive opportunities for inclusive and participatory dialogue throughout the planning process.
-  Respect the unique history and culture of our institutions as we create an integrated Rutgers School of Medicine.
-  Seek to advance the shared values of our communities.

Projected Pathway to a Single LCME Accreditation

(timing subject to change)



Mission, Vision, Values and Strategic Pillars- Summit



Task Force Updates

8 Task Forces were launched and met via Zoom monthly with the following charge, specific to the Task Force focus:

1. Sharing existing practices
2. Identifying best practice
3. Identifying areas for reconciliation
4. Considering pathways for areas of reconciliation

8 Task Forces completed.
8 new Task Forces in process.



March 27, 2024



November, 19, 2024

Task Force Updates

FIRST ROUND TASK FORCES

- Research
- Clinical
- Community Engagement
- Graduate Programs and Graduate School
- Communications/IT
- Staff Experience
- Faculty Experience
- Student Experience

SECOND ROUND TASK FORCES

- Global Health
- Faculty Promotion Improvement
- Faculty Recruitment
- Medical Student Research
- Clinical/Health Services Research
- Communications
- Graduate Medical Education
- Alumni

Implementation of Task Force recommendations

- Launch of 2nd Task Force cohort, 5 of which were recommendations of the first group
- IT Education Workgroup launched
- Service learning as a graduation requirement
- Cross-campus pilot grant program
- Continued communication
- Many student requests

The Independent Student Analysis

- Both medical schools conducted an identical survey on 75 items
- 4-point Likert scale % disagree/strongly disagree
- Red:** Student services -- includes financial aid, debt management, learning environment, facilities and feedback

	>= 25% disagreement
	20% - 24.99% disagreement
	15% - 19.99% disagreement
	10% - 14.99% disagreement
	< 10% disagreement

Newark					New Brunswick				
M1	M2	M3	M4		M1	M2	M3	M4	
0.72	6.59	27.21	19.44	14.02	0.53	10.4	23.81	30.19	18.54
Total	22.22	33.47	46.67	25.15	Total	7.75	23.45	16.23	13.51
7.14	16.04	18.71	36.54	18.29	5.48	9.35	22.63	18.3	13.91
7.05	14.29	10.81	6.19	9.51	15.19	12.58	14.29	10.98	13.24
8.61	15.25	14.67	8.93	11.86	3.75	3.95	10.46	4.27	5.56
6.54	19.17	11.41	9.73	11.4	2.52	3.31	13.73	5.52	6.23
9.03	18.7	14.29	10	12.92	13.58	12.5	17.2	17.68	15.28
/	/	15.65	8.04	12.36	/	/	12.84	10.76	11.76
2.56	4.96	11.84	6.25	6.47	1.3	10.67	13.73	19.14	11.31
1.28	8.2	14.86	11.61	8.74	3.25	10.27	12.5	16.05	10.59
8.92	18.03	14.86	13.39	13.54	12.58	12.75	10.39	2.44	9.42
4.61	12.71	7.48	8.93	8.13	4.46	7.48	11.04	8.02	7.74
3.97	14.53	12.75	11.71	10.42	4.43	9.59	11.76	9.38	8.75
4.93	10.48	13.04	10.09	9.51	6.29	5.76	13.1	10.6	9
/	/	14.77	6.48	11.51	/	/	12.67	12.96	12.82
5.37	9.01	13.97	6.8	8.82	1.27	4.79	11.41	9.68	6.75
/	/	11.33	11.61	11.45	/	/	12.08	14.55	13.38
0.67	2.5	3.47	0.89	1.9	5.48	5.88	8.28	11.32	7.85
2.7	4.31	7.69	4.46	4.82	6.85	9.92	10.34	13.21	10.15
4.08	8.7	8.57	7.41	7.06	7.48	10.53	17.93	15.92	13.06
8.92	1.64	1.95	2.65	4.03	7.5	10	7.64	1.84	6.67
5.1	14.63	13.64	8.04	10.26	3.75	0	1.92	0.61	1.58
3.16	8	4.55	1.77	4.36	13.04	10	7.01	3.7	8.41
/	/	10.6	5.31	8.33	/	/	5.81	3.03	4.38
5.06	5.6	1.3	0	3.09	24.05	19.21	12.58	13.41	17.31
/	/	11.84	4.46	8.71	/	/	9.93	9.76	9.84
/	/	9.87	10.62	10.19	/	/	9.21	3.64	6.31
/	/	15.71	4.85	11.11	/	/	9.79	8.78	9.28
3.82	10.83	6.62	3.57	6.11	2.53	0.66	7.79	7.93	4.78
4.49	12.4	8	4.5	7.25	4.46	3.31	8.55	8.48	6.24
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The future



**RUTGERS
SCHOOL OF MEDICINE**

Students

Curriculum

Faculty

*Academic
Environment*

Governance

The future



**RUTGERS
SCHOOL OF MEDICINE**

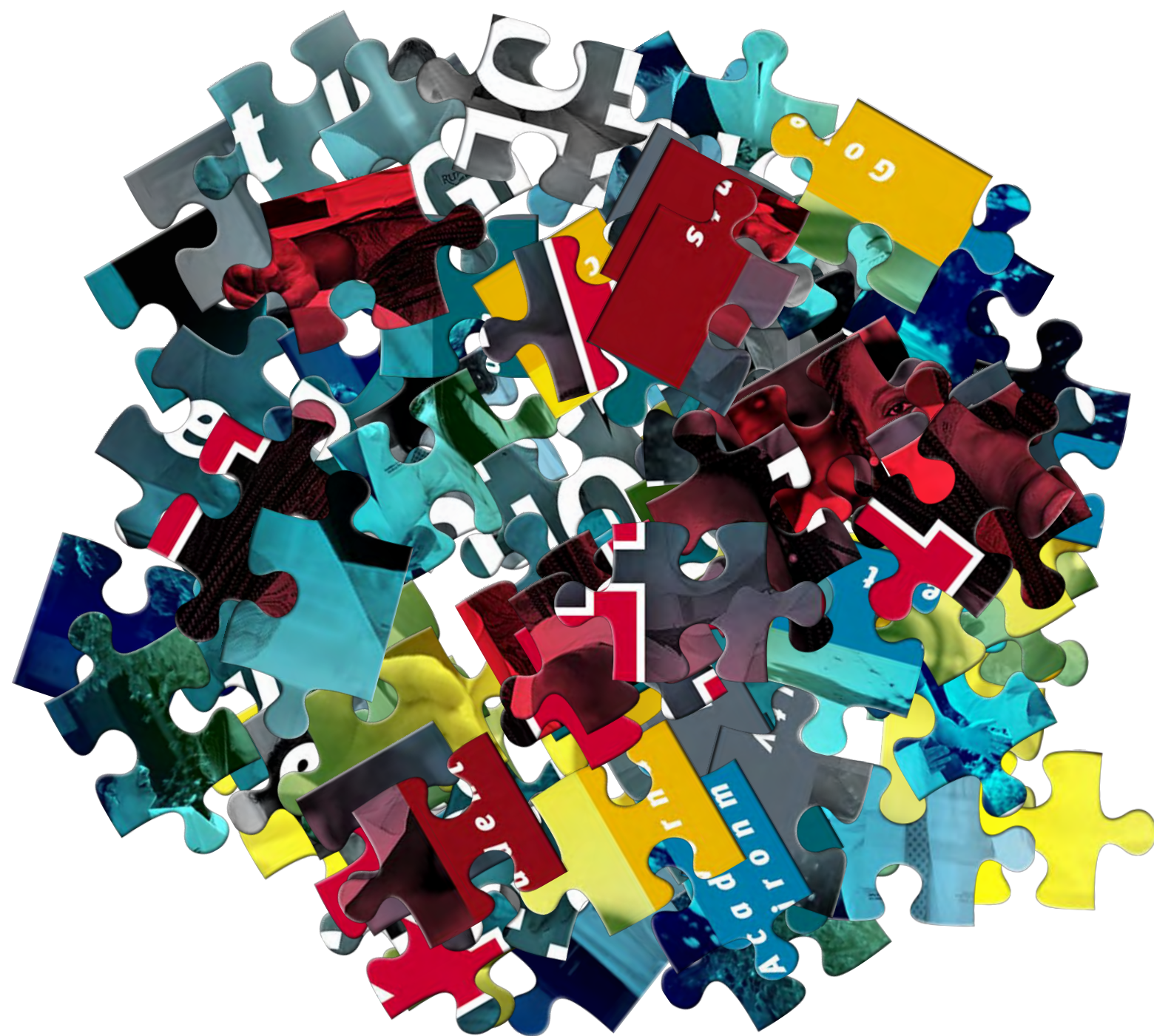
Students

Curriculum

Faculty

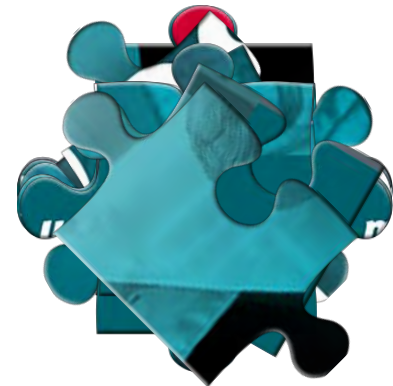
*Academic
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Students



Curriculum



Faculty



*Academic
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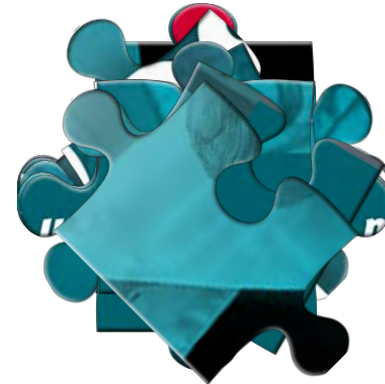
Governance



Students

- ✓ Interview selection process
- ✓ Admissions process

- Career Counseling
- Student Health
- Student Wellness
- Student Policies
- Student Promotion Committee
- Financial health
- Administrative structure
- Electives
- Academic Clubs
- Independent Student Analysis



Curriculum

- ✓ Service learning
- ✓ Four Year Structure
- ✓ School-wide competencies and objectives
- ✓ Clerkship curriculum clerkship objectives
- ✓ Clinical encounters

- Assessments
- Preclerkship curriculum
- Active learning
- Learning modalities
- Residents as teachers
- Grading Committees

- Feedback
- Medical Education program outcomes
- Content
- Course objectives
- Curricular management
- Interprofessional education



Faculty

- ✓ Departmental structure
- ✓ Policy-making committee
- ✓ Faculty appointment and promotions policy
- ✓ Clinical supervision of medical students

- Faculty development
- Faculty sufficiency
- Research mentorship
- Mentorship
- Departmental scholarship
- Education FTE



Academic Environment

- ✓ Diversity policy
- ✓ Discrimination Policy
- ✓ Professionalism and learning environment policy

- IT system
- Library
- Facilities
- Student research
- Clinical resources
- Safety plan

- Funds flow
- Finance
- Tuition fees
- Study spaces
- Research spaces



Governance

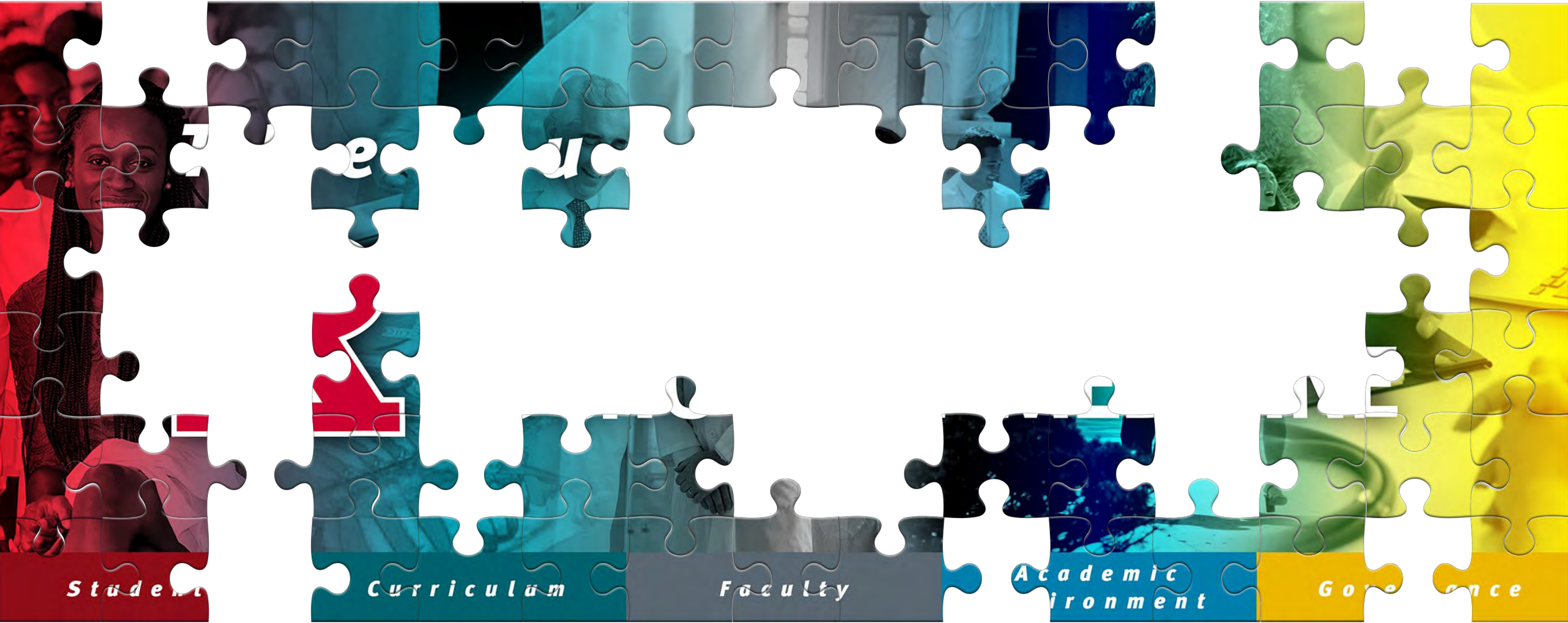
- ✓ Founding dean
- ✓ Conflict of interest
- ✓ Bylaws
- ✓ Mission, vision, values

- Strategic Plan
- Affiliation agreements
- Continuous quality improvement
- Administrative staff

- Done

- In Progress

- Not Started



The future



**RUTGERS
SCHOOL OF MEDICINE**

Students

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Faculty

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Governance

LCME Accreditation

***MAJOR ACCOMPLISHMENTS OF
THE SELF-STUDY
SUBCOMMITTEES***

Governance and Administration

Charge: Create Bylaws for the Rutgers School of Medicine (SOM)

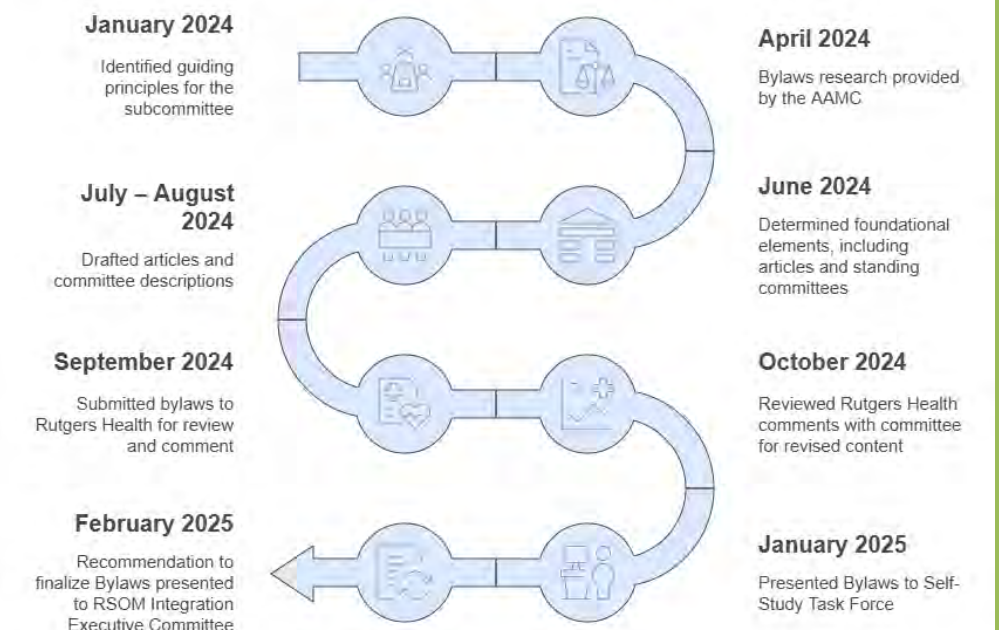
What we've done:

- ✓ Identified guiding principles for the subcommittee
- ✓ Bylaws research provided by the AAMC
 - **Best Practices:** definitions, models of shared governance, guidelines for writing bylaws, etc.
 - **Bylaws Review:** reviewed bylaws from 16 new and established schools and coded for common articles, sections, and standing committees
- ✓ Determined foundational elements, including articles and standing committees
- ✓ Drafted articles and committee descriptions
- ✓ Submitted bylaws to Rutgers Health for review and comment
- ✓ Reviewed Rutgers Health comments with committee for revised content
- ✓ Presented revised content to Self-Study Committee

Where we are now:

- ✓ Final legal review pending
- ✓ Finalization by RSOM Integration Executive Committee

Bylaws Development Timeline for Rutgers School of Medicine



Governance and Administration

Guiding Principles for Bylaws Development



One New School
With One Set of
Bylaws



Shared
Governance
with Joint
Committee
Structure



Keep It Simple,
Only Include
What is
Foundational



Allow For
Flexibility and
Innovation



Ensure
Representation

Governance and Administration

Articles Proposed for the Rutgers SOM Bylaws

- I. Preamble
- II. The Faculty
- III. The Dean
- IV. School Organization
- V. Faculty Assembly Meetings
- VI. Faculty Council
- VII. Committees
- VIII. Standing Committees
- IX. Amendment Process
- X. Parliamentary Procedures
- XI. Approval and Revision History

Rutgers SOM Standing Committees



Admissions



Curriculum



Executive Committee



Advisory Committee on Appointments and Promotion



Research

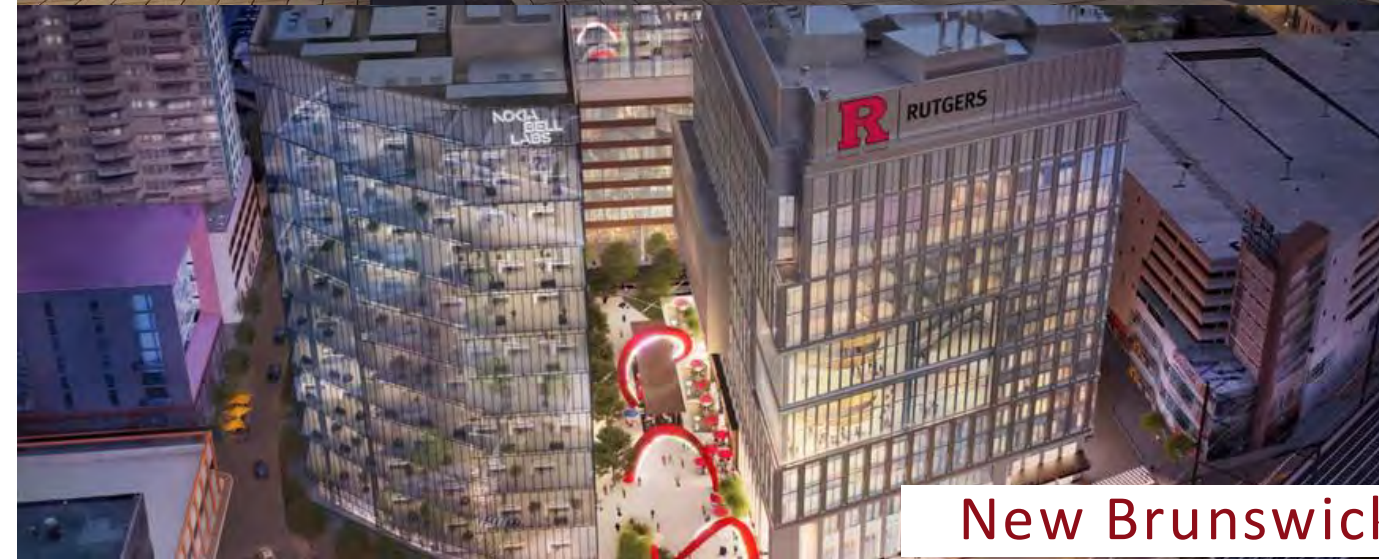


Student Promotion and Progress

Academic Environment-Facilities

TWO CAMPUSES

Newark



New Brunswick

Curriculum

Core Competencies and Objectives



Competency Objectives

CORE COMPETENCIES



Medical Knowledge Objectives

- ✓ Student demonstrates knowledge of basic, clinical, pathophysiologic, social, and health systems sciences, as well as humanities, needed for clinical practice.
- ✓ Student applies foundational knowledge of clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
- ✓ Student discerns the accuracy of information and its relevance to clinical problems.
- ✓ Student accesses knowledge relevant to clinical problems using appropriate resources, including emerging technologies.

Professionalism and Humanism Objectives

- ✓ Student demonstrates respect and compassion for patients, caregivers, families, and team members.
- ✓ Student safeguards patient privacy, confidentiality, and autonomy.
- ✓ Student uses ethical principles and reasoning to guide behavior.
- ✓ Student adapts actions and communication according to the situation.
- ✓ Student takes ownership of mistakes and acts to address them.
- ✓ Student identifies personal limits of knowledge and seeks help appropriately.
- ✓ Student demonstrates cultural humility and a willingness to learn from others, including those with different backgrounds and experiences.
- ✓ Student recognizes and addresses personal well-being needs that may impact professional performance.
- ✓ Student completes duties and tasks in a thorough, reliable, and timely manner.

Practice-Based Learning and Improvement Objectives

- ✓ Student actively seeks and incorporates feedback and assessment data to improve performance.
- ✓ Student identifies opportunities for growth of their performance through informed self-assessment and reflective practice.
- ✓ Student locates, critically appraises, and synthesizes information to support evidence-informed, patient-centered clinical decisions.
- ✓ Student develops, implements, and reassesses learning and improvement goals.
- ✓ Student demonstrates inquiry and an ability to grow and seek new knowledge.

Patient Care and Procedural Skills Objectives

- ✓ Student gathers relevant patient histories from multiple data sources, as necessary.
- ✓ Student performs relevant physical examinations using appropriate techniques and tools.
- ✓ Student identifies patients in need of urgent or emergent care, seeks assistance, and recommends initial evaluation and management.
- ✓ Student creates and prioritizes differential diagnoses.
- ✓ Student proposes hypothesis-driven diagnostic testing and interprets results.
- ✓ Student formulates therapeutic management plans for commonly encountered clinical conditions.
- ✓ Student uses patient-centered language to describe common diagnostic and therapeutic interventions and plans.
- ✓ Student demonstrates basic procedural techniques.
- ✓ Student incorporates health promotion and disease prevention into patient care plans.

Interpersonal and Communication Skills Objectives

- ✓ Student collaborates with patients, caregivers, and team members to enhance the therapeutic relationship.
- ✓ Student collaborates with healthcare and administrative team members to enhance team and organizational functioning.
- ✓ Student demonstrates active listening.
- ✓ Student communicates clearly, accurately, and compassionately in verbal, nonverbal, written, and electronic formats, including the appropriate use of a medical interpreter.
- ✓ Student demonstrates skills to educate patients, caregivers, peers, and team members.
- ✓ Student formulates and shares feedback constructively with others.

Systems-Based Practice Objectives

- ✓ Student applies knowledge of social and structural drivers of health.
- ✓ Student adapts performance to various healthcare teams, delivery settings, and systems.
- ✓ Student collaborates in transitions and coordination of care.
- ✓ Student identifies the risks and benefits of using current and emerging technologies in patient care.
- ✓ Student identifies patient safety concerns, systems issues, and opportunities for quality improvement.
- ✓ Student describes health policy and the financial context of healthcare.
- ✓ Student applies knowledge of the local population and community health needs, disparities, and resources.

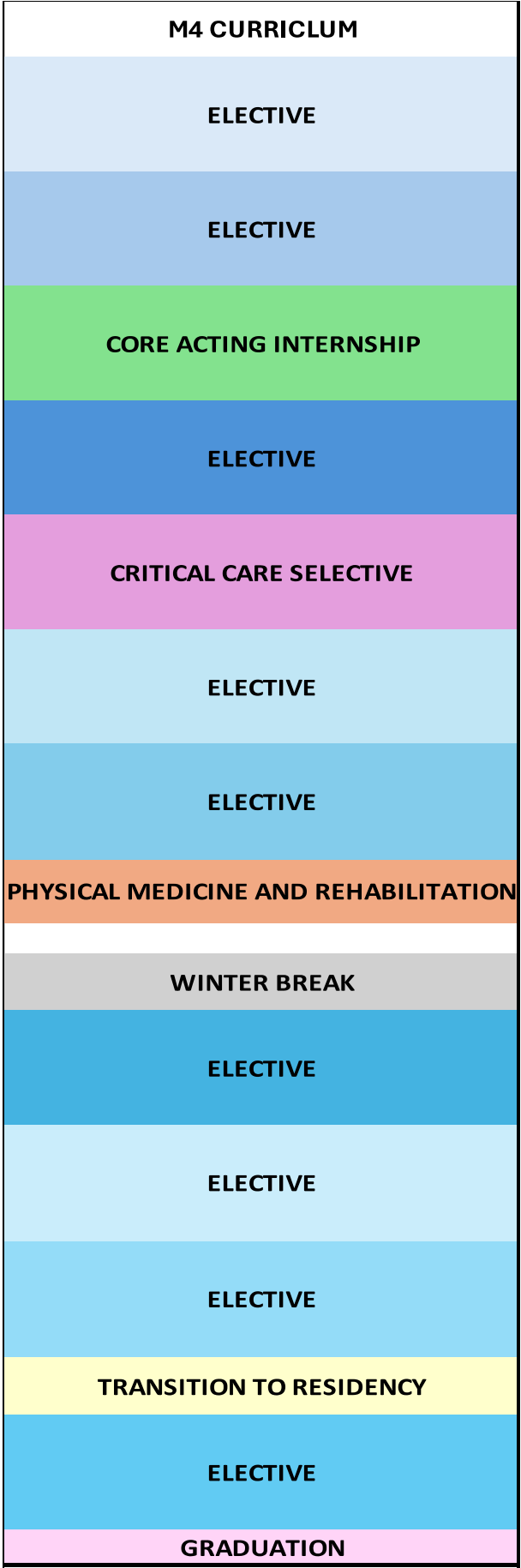
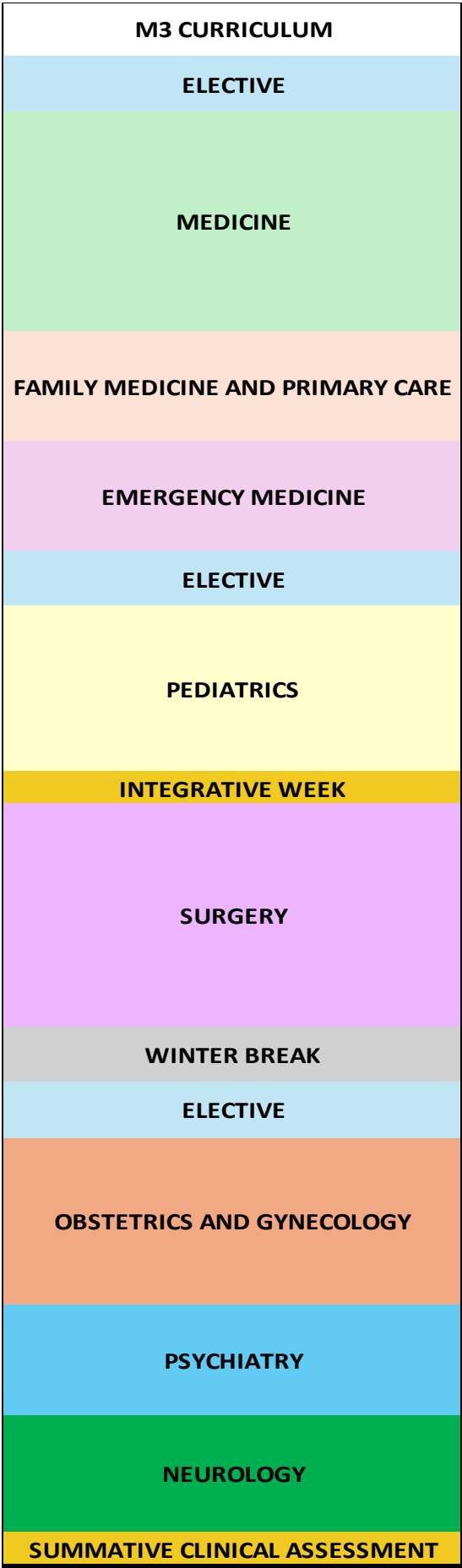
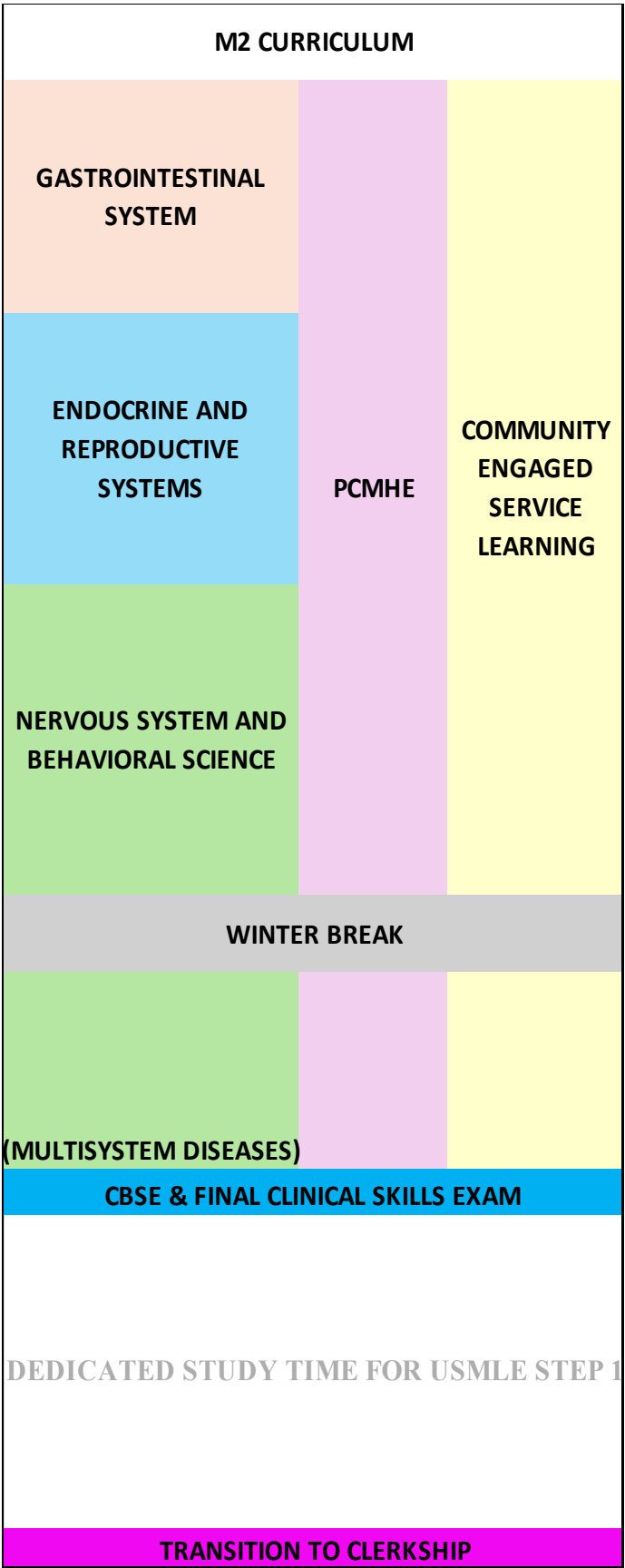
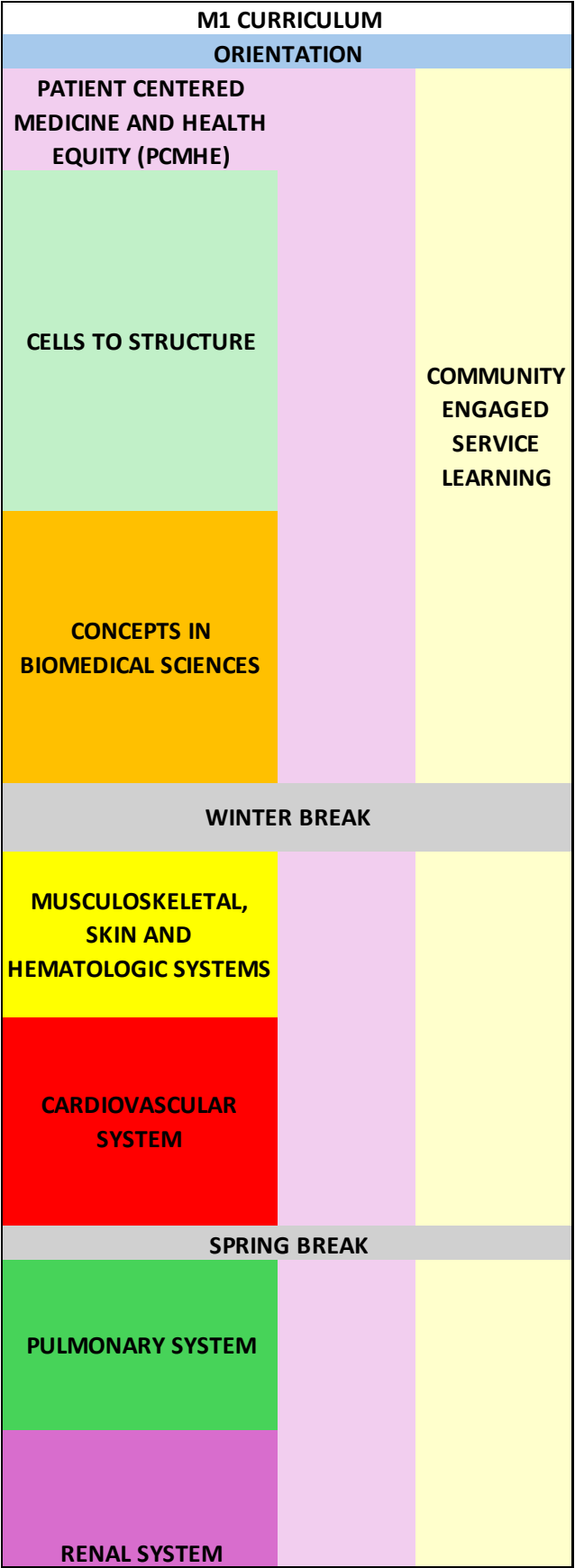
Health Equity Objectives

- ✓ Student integrates patient, family, and caregiver needs, values, preferences, experiences, and social context into patient care.
- ✓ Student identifies personal biases and strategies to mitigate their effects.
- ✓ Student demonstrates social responsibility and a commitment to service.
- ✓ Student identifies individual and structural factors that impact health and wellness.

Discovery and Dissemination Objectives

- ✓ Student demonstrates knowledge of the scientific principles, research design, and data interpretation underlying basic, clinical, and translational research.
- ✓ Student gathers and analyzes existing literature in a field of inquiry and formulates a research question and hypothesis.
- ✓ Student describes appropriate research methods to answer an investigative question.
- ✓ Student demonstrates the skills to perform ethical research.
- ✓ Student communicates knowledge obtained from scientific inquiry clearly and accurately.

Curriculum 2026-27



20 required elective weeks in M3 or M4

Curriculum 2025-26

- Preclerkship
 - Community Engaged Service Learning (RWJMS)
 - Pass Fail Grading for the Entering Class 2025 (NJMS)
 - Longitudinal Patient Centered Medicine and Health Equity Course
 - Core content resource
- Clerkship
 - 7/8 clerkships identical in length, 8/8 identical in learning objectives, core clinical encounters, faculty and resident assessments of students, grading paradigm, inpatient and outpatient weeks, medical student evaluations of clerkship

To Do: preclerkship assessment strategies, learning modalities, course objectives, operationalization of the Discovery & dissemination competency

Medical Students-major accomplishments

Admissions

- Requirements for Admission
- Committees
- Selection & Enrollment

Academic Support/Counseling

- Identification of Struggling Students
- Types of Academic Assistance

Career Advising

- Extensive, Highly Aligned Resources & Services Reviewed & Outlined
- “Building Up”

Student Health & Wellness

- Aligned Services & Policies
- Extensive Wellness Programming Under a THRIVE Umbrella

Registrar

- Policies on Confidentiality of Student Records & Access to Records by Students, Faculty, & Administration

Medical Students-ongoing

Admissions

Assignment to curricular tracks

Academic Support/Counseling

Some details/aspects of tracking; Resource specifics

Career Advising

Organizational & session specificity

Student Health & Wellness

Specific contracts; Session specificity

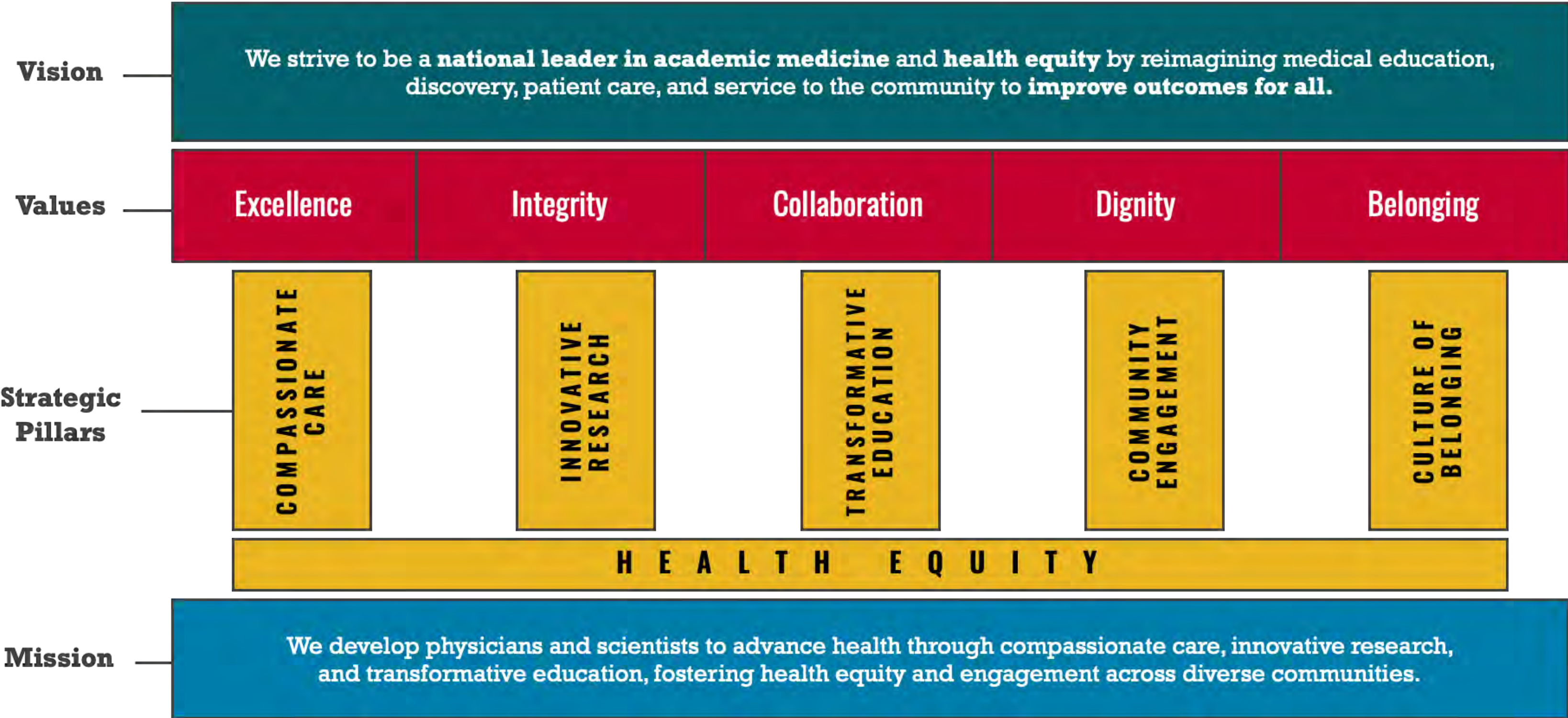
Registrar

Details on assignments to clinical sites; Process details for visiting students

Global

Financial Aid; Advancement & Promotion

Mission, Vision, Values and Strategic Pillars- Summit



Compassionate Care

Pillar	Compassionate Care	Innovative Research	Transformative Education	Community Engagement	Culture of Belonging

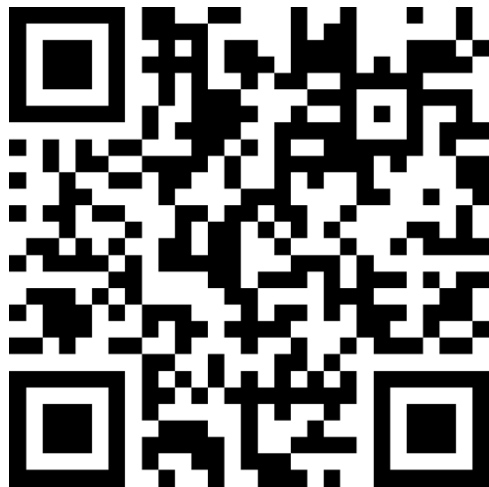
GOAL STATEMENT: Prepare medical students to understand, recognize, learn, and apply principles of compassionate care through role modeling, mentoring, and the cultivation of a positive learning environment that leads to health equity.

Strategies

1. Integrate compassionate care principles across all education levels that emphasize cultural humility and cross-cultural awareness.
2. Partner with our health systems to elevate standards of compassionate care and advance health equity within the learning environment.
3. Improve learners and practicing clinicians’ competence in the knowledge, skills and attitudes required to provide, teach, and model compassionate care from primary to quaternary care.
4. Strengthen collaboration between medical school and health systems to support the wellness and resilience of healthcare professionals and address systemic factors that contribute to burnout.

Potential Outcomes

1. Improved patient experience/satisfaction scores (e.g., HCAHPS)
2. Improved national quality and safety scores
3. Improved learner performance on communication skills
4. Improved learner performance in Patient Centered Medicine and Health Equity Course and clinical clerkships
5. Improved AAMC Graduation Questionnaire experience in health disparities, cultural awareness and use of interpreter



Innovative Research

Pillar	Compassionate Care	Innovative Research	Transformative Education	Community Engagement	Culture of Belonging

GOAL STATEMENT: Promote human health and health equity by driving discovery and innovation, advancing scientific and medical knowledge, and developing novel interdisciplinary solutions **and funding sources** through cross-campus collaborations.

Strategies

- 1. Enhance interdisciplinary collaboration, by building partnerships across the Rutgers School of Medicine enterprise and with other institutions.
- 2. Develop a **centralized unified** research hub for learner-engaged research.
- 3. Promote **innovative** research initiatives that emphasize **bench, translational, clinical, and** community-based models in health promotion and prevention.
- 4. Improve opportunities to enhance research acumen, infrastructure and support for faculty, staff and trainees.

Potential Outcomes

- 1. Increase research and training (basic, translational, health services, community-engaged, educational, and training grants)
- 2. Increase groundbreaking discoveries, technology transfer, and publication of impactful discoveries
- 3. Increase in national awards and faculty promotions
- 4. Increase research collaboration across campuses and schools
- 5. Increase the number of physician-scientist trainees
- 6. Increase number of learners on publications and presentations



Transformative Education

Pillar	Compassionate Care	Innovative Research	Transformative Education	Community Engagement	Culture of Belonging

GOAL STATEMENT: Pursue active and experiential learning that fosters critical thinking, empathy, and curiosity, while encouraging students to adapt to evolving healthcare needs and become compassionate physicians who understand and promote health equity.

Strategies

1. Develop comprehensive programming to enhance professional identity formation and achievement of professional goals
2. Develop new approaches to humanism and professionalism to cultivate a supportive learning environment.
3. Develop a curriculum to promote a health equity approach to patient care
4. Enhance faculty development and support to engage, teach, and assess the learner.
5. Partner with learners to innovate educational programming via active learning, community-engagement, and hands-on learning, including *AI-augmented tools*.
6. Pursue precision learning and competency-based approach to ensure the right resources to learners at the right time

Potential Outcomes

1. Achieve 60% of learning experiences as active with critical reasoning focus
2. Increase learner performance on licensing exams, internal exams
3. Improve learning environment and professionalism
4. Increase in educational scholarship
5. Increase number of faculty in named educational roles-professional development coaches/research mentors/clinical mentors
6. Improve evaluations of career/elective counseling, academic support and coaching
7. Increase AAMC Graduation evaluations for residency preparation (social determinants of health)



Community Engagement

Pillar	Compassionate Care	Innovative Research	Transformative Education	Community Engagement	Culture of Belonging
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GOAL STATEMENT: Commit to integrating community engagement into education, research, and clinical care to achieve equitable health outcomes.

Strategies

1. Partner with the community to understand and incorporate their priorities and advance initiatives that promote health equity
2. Conduct a comprehensive inventory of Rutgers School of Medicine community service activities to identify and respond to community priorities
3. Design sustainable initiatives, in partnership with the health systems, that respond to the community health needs and engage all stakeholders
4. Develop an organized approach to community engagement that supports service-learning opportunities for students across the state. ~~centralized hub for community engagement across the state~~

Potential Outcomes

1. Expand implementation of Community-Engaged Service-Learning activities
2. Increase AAMC Graduation evaluations on caring for patients from different backgrounds
3. Improve Community Partner Assessment of how the school engages with the community
4. Demonstrate Alignment with the health systems' Community Health Implementation Plan
5. Publish an annual report, create a website, and host symposia that feature an integrated approach to health equity
6. Increase in collaborative and effective community partnerships



Culture of Belonging

Pillar	Compassionate Care	Innovative Research	Transformative Education	Community Engagement	Culture of Belonging
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GOAL STATEMENT: Create an environment where everyone feels valued, respected, appreciated, and embraced.

Strategies

- 1. Develop and implement interactive programs and initiatives to encourage belonging among students, staff, faculty, and residents.
- 2. Establish systems and programs to enhance mentorship and coaching.
- 3. Foster engagement and relationship-building across campuses, departments, and interprofessional groups.
- 4. Foster an environment where ~~individuals~~ faculty, staff, and learners feel safe, respected, encouraged, and have the support they need to thrive and share their opinions freely.
- 5. Ensure that all ~~individuals~~ faculty, staff, and learners have the support they need to maximize their potential to achieve the goal of health equity.

Potential Outcomes

- 1. Increase AAMC Graduation evaluations on professionalism and mistreatment, development as a person and in school reporting of mistreatment
- 2. Increase AAMC Graduation evaluations on wellbeing programs, inclusive environment and educational benefits of diversity
- 3. Increase number of participants from pathway and articulated programs matriculated to medical school
- 4. Improve results on faculty and staff engagement and wellness surveys related to belonging and intention to leave
- 5. Increase faculty and staff retention



Groundrules for Breakout Rooms



Assume **positive intent** in comments that are made.



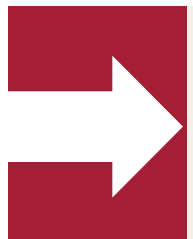
Listen actively and promote **open and candid dialogue** within the group.



Remain open-minded and **thoughtfully consider** new approaches.



Speak your mind, **respectfully** disagree openly, and challenge another's ideas.



Historical examples may provide useful context, but discussion **should not dwell on prior issues** or obstacles (perceived or actual).

Small Group Discussion Points

1. Prioritize the proposed strategies based on impact and effort (on a scale of 1-5, with 1 being a top priority).
2. In five years, what would it look like if we successfully implemented and advanced one or more of the strategies associated with this strategic pillar?
3. What adjustments or new outcomes might be necessary to more effectively measure our progress with the strategies associated with this strategic pillar?

Room assignment on badge. If you registered today pick a pillar.

- | | |
|----------------------------|------------------|
| • Compassionate Care | 1302 |
| • Innovative Research | 3405 |
| • Transformative Education | 3403-3404 |
| • Community Engagement | 1302 |
| • Culture of Belonging | 1302 |

To those leaving us now, thank you for attending.
Please submit any comments via the QR code.

<https://forms.office.com/r/r28cDE6U1Y>



DEBRIEFING AND NEXT STEPS

What does success look like?

Thank you for attending. Please submit any comments via the QR code.

