DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA
& UCLA HEALTH SYSTEM

STRATEGIC PLANNING INITIATIVE
Interview and Survey Results

May 25, 2010
# Contents

1. **Process Overview**
   - Page 2

## STRATEGIC PLANNING INTERVIEW RESULTS

- I. Current Position & Future Direction
  - Page 6

- II. Organizational Mission & Vision
  - Page 19

- III. Organizational Issues
  - Page 22

- IV. Top Strategic Issues
  - Page 24

## STRATEGIC PLANNING SURVEY RESULTS

- I. Demographic Data
  - Page 27

- II. Core Values
  - Page 33

- III. Strategic Priorities
  - Page 38
Strategic Planning Initiative - Process Overview

**PHASE I**
Develop Comprehensive 5-Yr Strategic Plan

- Part 1: Planning Research
  - Strategic Planning Interviews
  - Stakeholder Survey
  - Environmental Assessment

- Part 2: Define Global Direction
  - Define Mission, Vision and Core Values
  - Define Measureable Goals
  - Define Strategy Design Team Assignments

- Part 3: Define Strategic Direction
  - Strategy Design Teams
  - Develop strategies and tactics
  - Present recommendations to Steering Comte

- Part 4: Finalize Plan/Implementation Planning
  - Prioritize Strategies
  - Develop Implementation Planning Approach
  - Finalize Strategic Plan

**PHASE II**
Implementation Assistance (optional)

**Communications Planning**

- Present recommendations to Steering Comte
- Finalize Strategic Plan

- Communications Planning for Plan Implementation
- Refine Tactical Detail
- Implementation Structure & Process
- Annual Progress Review
### Strategic Planning Initiative - Timeline

<table>
<thead>
<tr>
<th>PHASE I - DEVELOP 5-YEAR STRATEGIC PLAN</th>
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<tr>
<td>Preliminary Planning</td>
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<td>On-site Presentation to Key Stakeholders</td>
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**PART 1 - PLANNING RESEARCH**

- Activity 1: Strategic Planning Interviews
- Activity 2: Stakeholder Survey
- Activity 3: Environmental Assessment

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<tr>
<th>Activity</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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**PART 2 - DEFINE GLOBAL DIRECTION**

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**PART 3 - DEFINE STRATEGIC DIRECTION**

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**PART 4 - FINALIZE PLAN/IMPLEMENTATION PLNG**

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<tr>
<td>Steering Committee Meetings</td>
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**X** = Strategic Planning Steering Committee meetings
Strategic Planning Interview Results
Confidential interviews were conducted with 92 individuals as part of Phase I of the strategic planning process. The interviewees represented a broad array of constituency groups including faculty, staff, students and trainees at UCLA, the David Geffen School of Medicine at UCLA, UCLA Health System, Faculty Practice Group and affiliates.

*denotes those interviewed in groups
I. Current Position & Future Direction

A. Patient Care
B. Research
C. Education
D. Community Engagement
A. Patient Care
### Current Position - *Patient Care*

**Primary Strengths***

1. Talented and dedicated health care professionals. (67%)
2. Patient-centered culture in the Health System resulting in improved service, access and patient satisfaction. (37%).
3. Excellent national reputation as “Top 3 Hospital” and “Best Hospital in the West.” (26%)
4. Brand new, state-of-the-art hospitals in Westwood and Santa Monica. (24%)
5. Outstanding leadership. (20%)
6. Collaborative, collegial, interdisciplinary culture; good relationships between faculty, between School and Health System, and with affiliates. (20%)
7. Selected pockets of clinical excellence. (17%)
8. Market differentiation given strong academic mission, clinical trials and application of cutting-edge science. (15%)
9. Depth and breadth of clinical programs. (15%)

**Primary Weaknesses**

1. Poor patient access to Ronald Reagan UCLA Medical Center, primarily due to lack of inpatient beds. (63%)
2. Lack of coordinated, patient-centered care, particularly in the outpatient setting. (43%)
3. Variable clinical quality across departments. (28%)
4. Individualistic, department-focused culture. (22%)
5. Lack of financial transparency. (22%)
6. Faculty recruitment, retention and support. (22%)
7. Failure to implement a fully functional EMR. (17%)
8. Lack of centralized, strategic programmatic planning across DGSOM and Health System. (15%)
9. Need for integrated, comprehensive marketing and branding campaign. (13%)
10. Complex and inconsistent relations with affiliate programs. (11%)

*Comments listed in rank order throughout this report; percentages reflect proportion of respondents with comments on a particular issue.*
Current Position - Patient Care

**Primary Opportunities**

1. Enhance clinical quality, safety and coordination of patient-centered care. (44%)
2. Strengthen collaborative culture of the School of Medicine. (38%)
3. Identify, develop and invest in select, targeted clinical programs. (31%)
4. Increase inpatient bed capacity and access at RRUMC. (29%)
5. Improve financial position and transparency. (24%)
6. Build and leverage collaborations with affiliate programs to strengthen UCLA’s position in the Los Angeles region. (22%)
7. Enhance infrastructure support to improve clinical care and patient experience. (22%)
8. Utilize the strategic planning initiative and new leadership to articulate a clear vision and priorities. (18%)
9. Increase interdisciplinary, clinical research; promote benefits of the academic mission. (16%)
10. Build upon UCLA’s excellent reputation and better publicize its achievements. (13%)
11. Create a cohesive, integrated health system that will be more adaptable in a changing environment. (11%)

**Primary Threats**

1. Intense competition from community hospitals, including affiliates. (54%)
2. Financial challenges and resource constraints. (37%)
3. Uncertain impact of health care reform. (31%)
4. Difficulties retaining and recruiting world-class faculty. (29%)
5. Economic issues in the State of California impact state funding for UCLA. (11%)
Strategic Planning Initiative: Interview Results

B. Research
Primary Strengths

1. Diverse, innovative and well-regarded research enterprise. (63%)
2. Collegial and collaborative research community co-located on a single campus with other professional schools. (48%)
3. Many talented research faculty. (24%)
4. Solid research funding as a “Top 10” NIH-funded School of Medicine. (22%)
5. Improved research infrastructure and facilities. (15%)
6. Clinical research opportunities available through UCLA Health System and hospital affiliates. (15%)

Primary Weaknesses

1. Research space: insufficient, non-contiguous and lacking an objective, strategic and coordinated allocation process based upon productivity. (43%)
2. Variable caliber of research; egalitarian culture does not promote excellence. (32%)
3. Need for greater research collaborations: across DGSOM, across UCLA, with affiliates and between clinicians and basic scientists. (32%)
4. Inability to secure NIH Clinical and Translational Sciences Award to-date due to poor coordination and planning. (23%)
5. Research administrative infrastructure needs bolstering. (23%)
6. Challenges related to recruitment and retention of world-class faculty. (16%)
7. Inadequate number of cores and too little central coordination and support for existing research cores. (14%)
8. UCLA research funding is diluted due to campus’ indirect cost structure. (11%)
9. Insufficient clinical research. (11%)
Current Position - Research

**Primary Opportunities**

1. Broaden multidisciplinary, inter-professional and translational collaborations within the DGSOM as well as with other UCLA schools, affiliate hospitals and industry partners. **(53%)**
2. Develop a transformational, supportive research infrastructure. **(49%)**
3. Identify a limited number of research areas for focused development. **(33%)**
4. Renovate CHS to become a state-of-the-art research facility. **(22%)**
5. Recruit and retain outstanding research faculty; develop succession plans for aging faculty in key positions. **(18%)**
6. Recognize, reward and promote faculty research achievements. **(12%)**
7. Ensure UCLA secures a NIH Clinical and Translational Sciences Award. **(12%)**
8. Increase research funding, including seed funding and philanthropic support. **(10%)**

**Primary Threats**

1. Lack of funding to support research enterprise which distinguishes UCLA as a world-class university. **(62%)**
2. Faculty recruitment and retention challenges in current economic environment. **(38%)**
3. State budget cuts and their impact the University of California. **(24%)**
4. Animal rights activism. **(17%)**
5. Strong competition (e.g., USC, CSMC) in Los Angeles County. **(10%)**
6. Heavily regulated research environment. **(10%)**
C. Education
**Current Position - Education**

<table>
<thead>
<tr>
<th>Primary Strengths</th>
<th>Primary Weaknesses</th>
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<tbody>
<tr>
<td>1. Excellent national reputation as a top medical school. (55%)</td>
<td>1. Insufficient funding for the educational mission. (32%)</td>
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<tr>
<td>2. Dedicated and professional group of medical educators. (39%)</td>
<td>2. Variable quality of graduate students, post-docs and residents. (29%)</td>
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<tr>
<td>3. Top-notch and diverse medical student body. (34%)</td>
<td>3. Educational curricula. (26%)</td>
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<tr>
<td>4. Innovative and well-integrated medical school curriculum. (29%)</td>
<td>4. Educational facilities are not commensurate with UCLA’s stature. (24%)</td>
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<td>5. Competitive GME programs that attract excellent residents. (24%)</td>
<td>5. Varying levels of faculty commitment to teaching. (21%)</td>
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<td>6. Affiliate training hospitals with large and diverse patient populations. (24%)</td>
<td>6. Inadequate professional development for graduate student and post-doctoral fellows. (21%)</td>
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<tr>
<td>7. Outstanding Ph.D. students. (11%)</td>
<td>7. Too few rewards or recognition for faculty education efforts. (18%)</td>
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<tr>
<td>8. School of Medicine specialty training and dual degree programs (e.g., PRIME, STAR, M.D./M.P.H., M.D./J.D., M.D./M.B.A., etc.). (11%)</td>
<td>8. Lack of centralized coordination and management of all educational programs. (18%)</td>
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</table>
Current Position - **Education**

**Primary Opportunities**

1. Identify funding sources to support educational programs. (33%)
2. Assess and improve curricula. (28%)
3. Develop strong, well-coordinated interdisciplinary and interprofessional educational programs. (25%)
4. Reward and support excellent teaching. (23%)
5. Identify the types of medical students, graduate students, and residents UCLA should be attracting and revamp the admissions process accordingly. (20%)
6. Provide students and trainees with career development training and support. (15%)
7. Develop or expand specialty training and education programs. (15%)
8. Develop centralized infrastructure to coordinate education and training programs. (10%)

**Primary Threats**

1. Lack of funding to support the medical education mission and its infrastructure. (48%)
2. Need for faculty to be clinically productive strains their ability to contribute to the educational mission. (22%)
3. Constraints from proposed 60-hour resident work week would significantly impact surgical training and service delivery. (19%)
4. Increasingly competitive environment for attracting top students. (19%)
5. State budget cuts and potential impact on state-funded FTE’s. (11%)
6. Increasing tuition costs for medical school education. (11%)
D. Community Engagement
### Current Position – Community Engagement

#### Primary Strengths

1. UCLA’s current position through formal affiliations with large, public, health care organizations. *(38%)*
2. Strong reputation as being committed to community engagement. *(38%)*
3. Several strong community-focused programs/services already underway; those noted as strengths include the following: *(34%)*
4. High-quality medical clinics that provide care to indigent and underserved populations including: *(21%)*
5. Innovative collaborative projects within the community, including DGSOM/SoPH projects and Cancer Center’s relationship with community oncology practices. *(15%)*

#### Primary Weaknesses

1. Lack of UCLA presence in the Greater Los Angeles community; too much focus on the Westside of Los Angeles. *(46%)*
2. Historically, School of Medicine leadership and vision has not been focused on community engagement. *(29%)*
3. UCLA’s community initiatives are not well-publicized. *(21%)*
4. Perception that UCLA is not interested in community referrals due to either bed capacity issues and/or poor insurance of patients. *(14%)*
5. Relations with affiliate hospitals could be strengthened. *(14%)*
6. Lack of centralized planning and coordination of community engagement initiatives. *(14%)*
Current Position – **Community Engagement**

**Primary Opportunities**

1. Further demonstrate UCLA’s commitment to community engagement by expanding presence in the community. (59%)
2. Assume a greater leadership role in improving public health both locally and globally. (44%)
3. Strengthen collegial partnerships with UCLA’s affiliated hospitals to best serve the community. (44%)
4. Develop a centralized UCLA infrastructure and identify resources to adequately support community engagement mission. (33%)
5. Enhance outreach to and improve relationships with community physicians. (22%)
6. Better promote DGSOM and Health System services, achievements and community engagement initiatives and their impact on community health. (19%)
7. Increase philanthropic support from the community. (19%)
8. Ensure that DGSOM leadership is truly committed to the community engagement mission. (15%)
9. Boost faculty involvement in community engagement initiatives. (11%)

**Primary Threats**

1. Other institutions may claim to make greater contributions to community health if UCLA does not assume a leadership stance. (39%)
2. Martin Luther King Jr. Hospital is a potential threat to UCLA. (17%)
3. Insufficient funding to support community initiatives. (17%)
4. Small size of education and training programs relative to future demand for physicians and health services. (11%)
II. Organizational Mission & Vision
Is there a recognizable, comprehensive vision that has been established for UCLA Health Sciences’ future?

**If no, what should it be?**

- Heal Humankind, one patient at a time.
- Developing the future of healthcare.
- To improve community health through uncompromised excellence in education, research and clinical care.
- To translate leading scientific discoveries into excellent care and improved health for our community.
- Be the premier provider of tertiary and quaternary medical care that is based upon leading scientific research.
- Be recognized as an innovator in medical education and training of academic leaders.

**If yes, describe the vision?**

- To be recognized for excellence in the following areas:
  - People working in the best environment;
  - **Innovation** and interdisciplinary collaborations in our core mission areas; and
  - Impact beyond UCLA community.
- To be recognized as a world-class health system through preeminent patient care, research, and education programs.
- Being at the cutting-edge of medical practice.
- Healing Humankind.
Name three core values that, in your opinion, should serve as the guiding organizational principles for the David Geffen School of Medicine at UCLA and the UCLA Health System.

Core Values (Based on Frequency of Mention)

- Excellence: 36
- Integrity: 28
- Collaboration/Teamwork: 15
- Discovery/Innovation: 14
- Service: 13
- Respect: 10
- Compassion: 7
- Leadership: 5
- Transparency: 3
- Entrepreneurship: 3
- Inclusiveness: 3
- Diversity: 2
III. Organizational Issues
What organizational issues, if any, should be addressed in this Strategic Plan?

1. Reduce silos across Health Sciences and increase collaboration, communication and transparency.

2. Provide strong, coordinated and visionary leadership.

3. Recognize the importance of staff in carrying out the missions of the institution.

4. Revisit the organizational structure within DGSOM to explore changes that might foster interdisciplinary work.

5. Strengthen the integration between the DGSOM, Health System and Faculty Practice Group.

6. Proactively develop succession plans for key faculty and chairs approaching retirement.

7. Ensure leadership commitment and support for the academic missions of the School.
IV. Top Strategic Priorities
### TOP STRATEGIC PRIORITIES – SUMMARY

1. Increase the caliber and impact of the research enterprise. *(42%)*
2. Strategically recruit and retain excellent faculty. *(29%)*
3. Address space constraints that limit growth in research and clinical care. *(25%)*
4. Articulate a clearly defined, integrated vision that provides strategic direction for UCLA School of Medicine and Health System. *(24%)*
5. Secure financial resources to support targeted strategic initiatives in the School of Medicine and Health System. *(22%)*
6. Identify targeted clinical programs for growth and development. *(22%)*
7. Build a more collaborative, adaptable, team-oriented organization. *(19%)*
8. Leverage all that UCLA has to offer to improve community health. *(19%)*
9. Deliver the highest quality medical student, resident, and graduate education. *(17%)*
9. Develop an integrated delivery system that will position UCLA to respond to health care reform. *(17%)*
9. Continue with initiatives that foster excellent, patient-centered clinical care. *(17%)*
12. Strengthen administrative leadership and infrastructure within the School of Medicine to further all mission areas and better support faculty. *(15%)*
13. Enhance visibility and image in the local, regional, national and global community. *(14%)*
14. Develop, recognize and reward outstanding faculty, trainees, students and staff. *(12%)*
Strategic Planning Survey Results
I. Demographic Data

Approximately 17,460 individuals were invited to participate in a survey to weigh in on core values and strategic priorities that were identified in the Strategic Planning interviews. Survey invitees included faculty, staff, students and trainees employed by and affiliated with the David Geffen School of Medicine at UCLA and UCLA Health System. The overall survey response rate was 16 percent (n=2,726).

Source: AMC Strategies analysis; based on electronic survey conducted and results compiled via Zoomerang
The demographic profile of the 2,726 survey participants is presented below and on the following slides. Sixty-seven percent were female and half were between the ages of 30 and 50.

- Gender: 1,819 females (67%) and 907 males (33%)
- Age Group:
  - Under 30: 13%
  - 30-39: 24%
  - 40-49: 26%
  - 50-59: 25%
  - 60-69: 10%
  - 70 or older: 2%

n = 2,726
Half of survey respondents were white and about half have been employed by UCLA for 10 or more years.

**Race/Ethnicity**
(More than one response was allowed)

- **White**: 50%
- **Black/ African American**: 8%
- **Latino/ Hispanic**: 7%
- **Asian/ Pacific Islander**: 7%
- **Mexican/ Mexican American/Chicano**: 6%
- **Decline to State**: 5%
- **Filipino/ Pilipino**: 5%
- **Chinese/ Chinese American**: 5%
- **Other**: 3%
- **Other Asian**: 2%
- **Japanese/ Japanese American**: 2%
- **Pakistani and East Indian**: 2%
- **Other Spanish/ Spanish American**: 2%
- **American Indian or Alaskan Native**: 1%

*Because participants were asked to choose all that apply, percentages will not total 100

**Years with UCLA**

- **20 or more**: 21%
- **Less than 2**: 15%
- **2 to 5**: 24%
- **6 to 9**: 14%
- **10 to 19**: 27%

n = 2,726
The largest number of respondents are affiliated with the Westwood Campus.

Affiliates* at which respondents work

- Westwood Campus: 82%
- SMUMC/Orthopaedic Hospital: 20%
- Wilshire Offices: 6%
- Other affiliate: 5%
- Physician Support Services (PSS): 5%
- West LA VA: 4%
- Olive View-UCLA Medical Center: 3%
- Community Physician Network (CPN): 2%
- Harbor-UCLA Medical Center: 1%
- Cedars-Sinai Medical Center: 1%
- RAND: 1%
- Sepulveda VA: 1%
- Charles Drew University: 0.4%

n = 2,726

*Because participants were asked to choose all that apply, percentages will not total 100.
The majority of participants were staff. Of the faculty who responded to the survey, nearly half were of professor rank.

Primary Role
- Staff: 71%
- Faculty: 20%
- Other: 3%
- Graduate Student: 1%
- Resident: 2%
- Clinical Fellow: 1%
- Post-Doc Fellow: 2%

Faculty Rank
- Professor: 48%
- Associate Professor: 19%
- Assistant Professor: 20%
- Instructor: 3%
- Other*: 9%

n = 2,726

* 14 Asst Researchers; 9 Prof. Emeritus; 6 Researchers; 19 other responses.
Of the 537 faculty who responded to the survey, 92 percent have their faculty appointment at the School of Medicine. Within the School of Medicine, three-quarters had their appointment in a clinical department.
II. Core Values

Survey participants were provided with a list of twelve core values that were identified through strategic planning interviews and were asked to select their top five. They were also given the opportunity to include core values that were not already on the list.
Participants were asked to choose the five core values which are most important to the future of the David Geffen School of Medicine at UCLA and UCLA Health System. Collaboration/Teamwork surfaced as the highest ranked value, closely followed by Excellence and Integrity.

Of the participants who chose ‘other,’ the following were most often mentioned: Education, Accountability.
Core Values Ranking **Westwood Campus vs. Santa Monica/Orthopaedic Hospital**

- Westwood Campus and Santa Monica Campus respondents agreed on the top three core values and were closely aligned on many others. However, those on the Westwood campus ranked Discovery/Innovation higher and Service and Compassion lower compared with those on the Santa Monica Campus.

*Because participants were asked to choose all that apply, percentages will not total 100*
Although staff and faculty both ranked Excellence and Integrity among their top three core values, faculty ranked Discovery/Innovation number two, while staff saw it as 8th. Overall, faculty and staff ranked the core values that surfaced in the interviews fairly similarly.
Interestingly, faculty in clinical and basic science departments had close alignment in their ranking of the core values. They agree on the top five core values, and the last two. Clinical faculty ranked service higher than did basic science faculty, while respect ranked higher for those in basic science.
III. Strategic Priorities

Survey participants were provided with a list of 14 strategic priorities that were identified through the strategic planning interviews and were asked to select their top five.
Overall, survey respondents identified providing excellent, patient-centered clinical care as the number one priority for the institution. However, developing and rewarding employees and a collaborative, team-oriented organization came in 2nd and 3rd, all three priorities being similarly ranked.
Below are the rankings of strategic priorities from survey participants compared to those of the strategic planning interviewees. The top five strategic priorities are different for each of these groups.

### Ranking of Strategic Priorities: Interviewees vs. Survey Participants

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<th>Interview Summary Ranking</th>
<th>Strategic Priorities</th>
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<td>10</td>
<td>1</td>
<td>Increase the caliber and impact of the research enterprise.</td>
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<td>6</td>
<td>2</td>
<td>Strategically recruit and retain excellent faculty.</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
<td>Address space constraints that limit growth in research and clinical care.</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>Articulate a clearly defined, integrated vision that provides strategic direction for UCLA School of Medicine and Health System.</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>Secure financial resources to support targeted strategic initiatives in the School of Medicine and Health System.</td>
</tr>
<tr>
<td>12</td>
<td>5</td>
<td>Identify targeted clinical programs for growth and development.</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>Build a more collaborative, adaptable, team-oriented organization.</td>
</tr>
<tr>
<td>14</td>
<td>7</td>
<td>Leverage all that UCLA has to offer to improve community health.</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
<td>Continue with initiatives that foster excellent, patient-centered clinical care.</td>
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<tr>
<td>4</td>
<td>9</td>
<td>Develop an integrated delivery system that will position UCLA to respond to health care reform.</td>
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<tr>
<td>5</td>
<td>9</td>
<td>Deliver the highest quality medical student, resident, and graduate education.</td>
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<td>Strengthen administrative leadership and infrastructure within the School of Medicine to further all mission areas and better support faculty.</td>
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<tr>
<td>13</td>
<td>13</td>
<td>Enhance visibility and image in the local, regional, national and global community.</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>Develop, recognize and reward outstanding faculty, trainees, students and staff.</td>
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