YALE SCHOOL OF MEDICINE STRATEGIC PLAN

January 2026

Yale School of Medicine Strategic Plan

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Introduction:

Beginning in the spring of 2025, Yale School of Medicine (YSM) embarked on refreshing our strategic plan. To begin, members of the dean's office team interviewed approximately 80 individuals to gather ideas. Approximately 700 members of the community then completed a survey addressing the strengths and areas requiring improvement in YSM and prioritizing goals. In June, the Executive Group (chairs and deans) and members of Yale New Haven Health System (YNHHS) held a retreat to elaborate on the prioritized goals. Faculty and staff volunteers then conducted 21 focus groups–including faculty, staff, trainees, students, alumni, Yale New Haven Health System (YNHHS) leaders and community members–to review these goals and reflect on their aspirations for the school. In October and November, writers transformed this, drafting of the next iteration of the YSM Strategic Plan. In December, YSM community members were invited to review the draft and recommend improvements.

The resulting plan is grounded in our mission statement:

> *Yale School of Medicine educates and nurtures creative leaders in medicine and science, promoting curiosity and critical inquiry in an inclusive environment enriched by diversity. We advance discovery and innovation fostered by partnerships across the university, our local community, and the world. We care for patients with compassion and commit to improving the health of all people.*

The plan is organized by mission, with mission goals and cross-cutting themes. Cross-cutting themes capture threads that recur across missions and include enhancing communication, breaking down silos, building and stewarding resources, and achieving administrative excellence. For ease of tracking these threads, cross-cutting themes are annotated and linked.[1]

Strategic plans require prioritization. The priorities outlined here are not exclusive, and we will continue to execute our daily work and initiatives we have already begun. The intent of this strategic plan is to develop compelling vision for our future.

Much of the work to reach the YSM strategic goals has already begun. In early 2026, we will be identifying individuals and groups to lead newer initiatives and developing timelines for implementation. We will share progress in focus groups, department town halls, and the state of the school.

[1] Nomenclature used in linking: Education Mission (E), Clinical Mission (C), Research Mission (R), Culture and Climate (CC), Goal (G), Cross-cutting Theme (T). Thus C.T.3 Refers to the third cross-cutting theme under Clinical Mission, "Leverage alignment…"

Education Mission

Strategic Goals

1. **Execute on the Medical Education Strategic Plan[2] and its strategic goals:**

a. Increase student engagement in meaningful and innovative opportunities to learn and monitor their own progress toward attaining competency in the context of the Yale System. *In particular, enhance interactive assessment, mentorship and formative feedback; clarify the roles of advisors, coaches, and specialty-specific advisors*.
b. Enhance opportunities to value and recognize faculty contributions to the educational mission transparently and consistently across departments and the action items therein.
c. Continue to build a learning community that is characterized by equitable and mutual support and respect and the action items therein.

2. **Develop educational opportunities in artificial intelligence (AI) and technology.**

a. Equip faculty and learners with practical skills to optimize the use of emerging technology to improve teaching and learning.
b. Develop and deploy AI-enabled tools to improve quality, specificity, and consistency of formative feedback and competency-based assessment.
c. Develop curricula to help YSM community members responsibly use AI in clinical settings to assist and improve patient care, while expanding opportunities for those who wish to develop deeper technical expertise beyond core competencies.

See also R.T.2

3. **Develop new masters' programs in areas of emerging technology and science strengths at Yale.**

a. Develop guidelines for the establishment, administration, and review of programs approved within Yale School of Medicine (YSM), Graduate School of Arts and Sciences (GSAS), or through Corporation approval.
b. Develop consistent policies governing effort and salary support for teaching in such programs.
c. Develop outreach programs to attract international students and students from industry and government.

See also R.T.2

4. **Identify opportunities for collaborative educational programs for healthcare workers providing ancillary services in the academic health system.**

a. Create an inventory of existing programs within YSM and delivery network hospitals.
b. Harmonize these programs drawing on best practices and outcomes.
c. Engage and gather community partners, Yale New Haven Health System (YNHHS), YSM, Yale School of Nursing (YSN), and Yale School of Public Health (YSPH) to discuss opportunities and develop strategic goals.

[2] Click on the link to see the details of the 2022 Medical Education Strategic Plan

d. Revisit programs such as the Bloomberg High School for Healthcare in cities such as Bridgeport or New London.

See also C.T.2, R.T.2

5. Continue to work to reduce the debt burden of medical students and physician associate students.

6. Continue to increase alumni engagement.

a. Host information sessions on the YSM pathway to debt-free medical education.
b. Showcase the diverse career trajectories of our alumni as leaders in medicine, science, and healthcare.
c. Increase opportunities for alumni to mentor and to advise students in areas such as subspecialty choices.

Clinical Mission

Strategic Goals

1. **Execute on Joint Clinical Strategic Plan[3] with Yale New Haven Health System (YNHHS) to realize our shared aspiration "to achieve extraordinary gains in individual, community, and global health as one of the nation's premier academic health systems."**

2. **Better engage and empower clinical leaders and faculty in the aligned academic health system.**

a. In collaboration with YNHHS, define roles for chairs/chiefs, service line partners, and delivery network presidents for key functions.
b. Map reporting relationships of delivery network (DN) hospital chiefs to chairs.
c. Provide input into ongoing review of the bylaws across delivery network hospitals, standardize to achieve best practices across the system, and align with the responsibilities of department chairs as physicians/surgeons-in-chief for their specialty across YNHHS.
d. Provide up-to-date and standardized dashboards of clinical operations, quality, individual clinician performance, etc., across YNHHS and delivery network hospitals that are visible in real time to chairs and other clinical leaders as well as individual physicians.
e. Develop criteria and rubric for designating physician leaders to lead or co-lead strategic clinical efforts.
f. Develop formal mechanisms for garnering input from clinicians in planning efforts that affect clinician practice and in tracking outcomes.

3. **Leverage our differentiators to create innovative new businesses and diversify revenue in the setting of clinical disruption.**

a. Prioritize opportunities and articulate principles for development as a joint venture versus a Yale Medicine (YM)- or YNHHS-owned entity.
b. Develop governance principles around joint ventures.
c. Identify a management partner to participate in and support joint ventures in ambulatory surgery centers and/or imaging centers.

4. **Support the career development of clinicians.**

a. Increase the mentorship of early career clinicians and review track-specific promotion criteria with mid-term assistant professors.
b. Re-review departmental compensation plans for transparency, equity, and alignment of rewards with desired accomplishments.
c. Develop mechanisms to celebrate clinical excellence as measured by metrics of quality, service, and outcomes.
d. Charge a panel of recipients of Distinguished Clinical Career Awards and the David J. Leffell Prize for Clinical Excellence with developing criteria for designation as a Master Clinician.

[3] Click on the link to see the details of the shared plan.

e. Complete and execute on a master plan for allocation of offices for clinicians.

5. **Advance the application of precision medicine/artificial intelligence (AI) in the academic health system, leveraging research to improve diagnosis and treatment.**

a. Collaborate with YNHHS in vetting and validating new AI tools in all aspects of patient care and health care delivery.
b. Develop the platform for implementing precision medicine to make earlier diagnoses and to deliver the most effective care to patients. Establish ethical, technical, educational, communication, and evaluative tools using base cases.

Cross-cutting Themes

1. **Align communications and marketing to tell our story internally, in the community, and to the nation.**

a. Create better mechanisms for bilateral internal communication.
b. Increase communication and marketing of clinical trials and destination services and the promotion of novel therapies and successes.
c. Increase awareness of grassroots programs and initiatives within the community.
d. Develop media literacy and communication skills among faculty.
e. Create national communication assets regarding the value of academic medicine.

See also R.T.2, R.T.3.f, and CC.G.3

2. **Partner with community leaders, YNHHS, Yale New Haven Hospital, Federally Qualified Health Centers (FQHCs), and Yale School of Public Health (YSPH) in participating in the Implementation Strategy Plan focusing on Behavioral Health, Food Insecurity, and Culturally Responsive Care based on the 2025 Community Health Needs Assessment.**

a. Enhance collaboration among the community engagement team of the Clinical Translational Science Award and these partners to improve health outcomes through policy and practice.
b. Leverage educational resources in culturally responsive care that were developed for medical students and physician associate students for other healthcare providers.
c. Increase opportunities for trainees and students to provide care in the community setting and increase publicity about health care resources available through YSM such as Haven Free Clinic.

See also E.G.4.c, R.T.5, and CC.G.4

3. **Leverage alignment to create a robust shared development program to enable investments in clinical infrastructure as well as research.**

See also R.T.3

Research Mission

Strategic Goals

1. **Advance the science of healthy aging (the absence of chronic disease) by understanding basic biology, development, and mechanisms of aging, and elucidating the contribution of metabolism, infection, immunity, inflammation, microbiome, and brain-body communication to chronic diseases.**

a. Study diseases across the lifespan beginning prior to conception.
b. Elucidate the cellular and molecular mechanisms that contribute to cellular, tissue, and organ system aging and the alterations in these mechanisms that lead to chronic diseases such as autoimmune disease, obesity and diabetes, cancer, and cardiovascular disease.
c. Explore opportunities to apply regenerative medicine, tissue engineering, and stem cell therapies to address chronic disease.

2. **Coordinate efforts in neuroscience, neuroinflammation, neurodegeneration, and behavioral and brain health to prioritize and advance the prevention and treatment of neurodegenerative diseases, stroke, neurodevelopmental disorders, addiction, and depression.**

a. Capitalize on our leadership in neuroscience, genetics and genomics/ epigenetics/ proteomics, and the microbiome to discover the molecular drivers of diseases of the brain and mind.
b. Nucleate interdisciplinary teams across disciplines and schools that will advance a multi-level understanding of brain diseases and develop preventative, therapeutic, and implementation strategies.

3. **Catalyze our expertise in the genetics of rare disorders to develop novel therapies and to inform understanding of normal biology and pathophysiology through analysis of variants tied to deep phenotyping.**

a. Expand our ability to use genetic tools to elucidate basic mechanisms across the clinical spectrum.
b. Continue to invest in cutting edge technologies to facilitate cellular phenotyping through basic science.
c. Embed deep phenotyping of patients as part of care.
d. Develop platform technologies, regulatory expertise, and ethical support to deliver gene and gene-based therapy to patients.

4. **Lead in the development of data science, AI, and bioinformatics methods and applications in biomedical and clinical research.**

a. Foster collaborative teams to develop, validate, and apply foundational AI models to enable hypothesis generation and testing to power discovery.
b. Facilitate the use of data science and AI tools across all disciplines by collaborating university-wide to expand resources, access, and training.
c. Develop and implement principles and methods for validation and ethical implementation of AI.

5. **Execute on the implementation of personalized medicine for complex diseases including AI and genetic/genomic risk prediction to improve health for all.**

a. Understand the effects of complex gene-gene and gene-environment interactions on risk and natural history of disease.
b. Execute on use cases to develop processes and infrastructure for the implementation of personalized medicine across the health system, including approaches to patient identification, clinician and patient education, data sharing, clinical decision-making support, implementation, and outcome tracking.

Cross-cutting Themes

1. **Facilitate multidisciplinary research in priority areas such as neuroscience, immunobiology, metabolism, cardiovascular, and cancer as well as emerging areas through focused studios and workgroups.**

a. Develop support for ideation and team creation across basic science and clinical departments and schools by connecting faculty, hosting open conversations around specific themes proposed by faculty or linked to specific RFAs, hosting pitch fests for newly formed teams, and leveraging pilot funds to promote collaboration.
b. Revamp Dean's Workshops as strategic research discussions including both basic science and clinical researchers. Add social events for continuing conversation.
c. Create pitch fest/speed dating for faculty in basic science departments to meet with residents and clinical fellows prior to entering research time.
d. Leverage co-recruits with other schools to seed interdisciplinary programs.

See also C.T.3

2. **Through improved communication and education, increase knowledge of and access to resources for research including expertise and programs across departments, core resources, common data sets and code, courses, and certificate programs.**

a. Enhance communication about existing resources through user-friendly centralized data bases, effective onboarding and outreach, and innovative technology such as chatbots.

See also C.T.1, E.G.2, E.G.3, E.G.4

3. **Diversify funding sources for research.**

a. Increase endowed funds to support predoctoral and postdoctoral trainees.
b. Develop increased collaborations with industry and outstanding international universities.
c. Create opportunities/venues for faculty and research leaders to present cutting-edge research and capabilities to venture capital firms, pharma companies, biotech companies, and foundations; create opportunities for "reverse pitches" from industry and foundations.
d. Cultivate targeted industry/VC alliances based on shared interests. Include engaging those developing technologies as collaborators in cores.
e. Develop training for faculty on engaging donors.
f. Develop a communication plan for highlighting Yale research for industry by amplifying existing communications materials and developing a curated website of faculty research.

See also C.T.1, C.T.3

4. **Accelerate integration and expansion of biorepositories linked to the clinical data repository to create a unique resource for target identification by Yale faculty and a draw for industry collaboration.**

a. Create processes for obtaining broad consent in an ethical manner.
b. Develop voluntary detailed phenotyping for patients in YNHHS and increase connectivity between the biorepository and clinical phenotype data.
c. Increase access to imaging data.
d. Standardize resources and protocols across existing biobanks to align with the central biobank.
e. Refine biorepository governance: Establish a tissue access committee to advise on tissue distribution and prioritization.
f. Consider comparative tissue and species phenotyping.

See also C.G.5

5. **Co-create and implement research for community health in collaboration with YNHHS, YSPH, and YSN through Yale Center for Clinical Investigation (YCCI) and the Clinical and Translational Science Award.**

a. Align health research with community-defined priorities as identified through the triennial Community Health Needs Assessment and other forums.
b. Build shared capacity and infrastructure for partnership.
c. Enhance access to research and care through trusted outreach and patient-facing, personalized information.
d. Measure, disseminate, and celebrate shared impact.

See also E.G.4.c, C.T.2, CC.G.4

6. **Make resources for clinical research accessible both through YCCI and in the setting of patient care.**

a. Offer training to nurses and other clinical staff on basic principles of clinical research.
b. Increase access to pilot funding.
c. Strengthen training and mentorship for faculty on the Clinician Educator Scholar track who wish to participate in clinical research.

See also CC.G.2b

7. **Achieve administrative excellence to eliminate redundancy, reduce the burden of pre- and post-award management and to facilitate efficient contracting and regulatory processes.**

a. Reduce the administrative burden on faculty and staff through better systems and analytics (metrics), reduced duplication, and accountability–particularly in grants management, purchasing, IT, credentialing, and contracting.
b. Continue work to eliminate duplicate cores, standardize best practices and governance, and invest in bleeding-edge technology.
c. Develop a standardized financial reporting tool for grants management by PIs across the school.
d. Collaborating with university partners, improve timeliness of routine maintenance, renovations, and capital projects.
e. Complete and execute on the master space plan.

See also CC.T.1, CC.T.2

8. Augment institutional support for physician-scientist and scientist development while reducing unnecessary redundancy within departments.

a. Increase cross-disciplinary postdoctoral training/mentoring, such as embedding physician-scientists in basic science laboratories.
b. Review current Physician-Science Training Programs (PSTPs) in YSM clinical departments and benchmark them against peer institutions. Assess opportunities for shared resources across departments, including career development seminars and pilot funds.
c. Implement recommendations of the Interventionalist/Surgeon Scientist Task Force.
d. Review Investigative Medicine Program (IMP) as a mechanism to train "late bloomers."
e. Develop global partnerships to support international graduate students.
f. Conduct outreach to industry partners for collaborative training opportunities, such as the BI-Yale Biomedical Data Science Fellows program.
g. Develop visiting scholar opportunities for industry scientists with appropriate guardrails.

See also CC.G.2

Culture and Climate

Strategic Goals

1. **In the spirit of promoting curiosity and critical inquiry, increase opportunities to engage in meaningful and respectful dialogue on controversial topics in medicine.**

a. Incorporate training in promoting respectful disagreement in onboarding and other professional development opportunities for faculty with significant education responsibilities.
b. Create regular panel discussions representing divergent viewpoints on topics where data may be evolving or where there are diverse ethical perspectives.
c. Ensure that diverse viewpoints are represented in the classroom on topics where data may be evolving or where there are diverse ethical perspectives.

2. **Continue to enhance mentorship, sponsorship, and career development for faculty, staff, trainees, and students.**

a. Provide coaching and toolkits for section chiefs, chairs, and staff supervisors on holding effective career development conversations.
b. Develop professional development opportunities across the career span.
c. Grow staff mentorship and professional development activities.
d. Simplify appointment and promotion procedures.
e. Improve coordination between well-being and professionalism activities and processes in YSM and YNHHS.
f. Share and incentivize sponsorship by department and center leaders. Continue to measure the impact of outreach, mentorship, sponsorship, and career development on faculty and staff progression.

3. **Increase meaningful opportunities for bidirectional communication.**

a. Reorganize quarterly "listening sessions" as "focus groups."
b. Coordinate and decrease the number of surveys; emphasize communication of unit level findings.
c. Provide onboarding on communication modalities for all new faculty and for newly elected members of the faculty advisory committee.
d. Streamline and personalize information sources by leveraging new technologies such as chatbots.
e. Develop a Cultivating Conversations and Building Community series, leveraging resources such as the programs in Biomedical Ethics and for Humanities in Medicine, open to all members of the community.
f. Create more opportunities for in-person work and gatherings to foster creativity and community.

See also C.T.1

4. **Increase opportunities for faculty, staff, trainees, and students to engage with the New Haven community.**

a. Invite New Haven community leaders to speak to faculty and staff during onboarding.

b. Invite faculty, trainees, students, and staff to participate in community engagement through a variety of opportunities, including those in YCCI and the YNHHS Community Health Needs Assessment and YSM Pathways Programs.

See also C.T.2, R.T.5

Cross-cutting Themes

1. **Increase administrative excellence so that faculty, staff, trainees, and students can focus on mission.**

a. Reduce the administrative burden on faculty and staff through enhanced systems and analytics (with specific outcomes metrics), reduced duplication, and accountability–particularly in grants management, purchasing, IT, hiring, credentialing, and contracting.
b. Continue to double down on training, standardization, and cultivating a service mindset.
c. Develop formal mechanisms for garnering input from clinicians in planning efforts that affect clinician practice and in tracking outcomes.
d. Continue investing in technology such as ambient AI to reduce documentation burden in the clinical setting.

See also R.T.7, C.G.5.a

2. **Create a physical environment that reflects excellence.**

a. Collaborating with university partners, improve timeliness of routine maintenance, renovations, and capital projects.

See also R.T.7.e, C.G.4.e