



# **LMU-DCOM Strategic Plan 2024-2029**

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*Approved 10/25/23 by the LMU-DCOM Strategic Planning and Compliance Committee.*

*Approved 11/06/23 by the LMU-DCOM Deans Council.*

**\*Mission DO Program:** To prepare outstanding osteopathic physicians who are committed to the premise that the

- Graduating Doctors of Osteopathic Medicine;
- Providing a values-based learning community as the context for teaching, research and service;
- Serving the health and wellness needs of people within both the Appalachian region and beyond;
- Focusing on enhanced access to comprehensive health care for underserved communities;
- Investing in quality academic programs supported by superior faculty, staff and technology;
- Embracing compassionate, collaborative patient-centered care that values diversity, public service
- Facilitating the growth, development and maintenance of graduate medical education

*\*Mission statement last revised: 11.13.18 revision of the Strategic Planning Committee; 4.3.19 LMU-DCOM Dean*

***The DO Program Goals:***

**Goal #1:** The DO program has a written mission and strategic plan, and maintains full accreditation from

**Goal #2:** The DO Program will have leadership and senior administrative staff with the knowledge, skills,

**Goal 3:** The DO Program has sufficient financial resources readily available to meet the needs of the COM

**Goal 4:** The DO program has modern facilities, equipment, and resources available to faculty, staff,

**Goal #5:** The DO program provides a professional, respectful, non-discriminatory, and intellectually

**Goal #6:** The DO program curriculum prepares future clinicians to serve the community with high quality

**Goal #7:** The faculty possess the credentials, knowledge, and skills to carry forth the mission of the DO

**Goal #8:** The DO program faculty, students, and post-graduate trainees have opportunity to participate in

**Goal #9:** The DO program recruits, admits, and holistically supports students.

**Goal #10:** The DO Program supports the development and maintenance of community-based graduate

**Goal #11:** The DO program assesses programmatic and individual student outcomes using data to

## LMU-DCOM SWOT

### **STRENGTHS (internal factors) – resources or experiences (financial, physical, human, processes)**

- Learning, research and work facilities
- Stability – evolutionary stability with faculty
- Student-centered collaborative spirit by administration, faculty, staff, and students
- Student support services
- Willingness to change – not at the expense of the student
- Involvement in strategic conversation
- Scenic environment
- Potential for growth - expansion options – land, capital
- Hospital and physician partners
- Students and alumni
- Research opportunities
- Community support
- Distributive model – 3rd and 4th year students are at a distance
- Remote learning capability
- Multi-level health related majors and professional schools at LMU
- Communication within school and between campuses
- DO/MBA degree
- Supportive university culture

### **WEAKNESSES (internal factors) – resources or experiences (financial, physical, human, processes)**

- Difficulty recruiting to rural setting for faculty/staff/students - Jobs for spouses
- No teaching hospital adjacent to medical school
- Not all core sites have affiliated residency programs or resident presence
- Recruiting qualified faculty and staff
- Information services connection and support
- Grant funding
- Size of staff
- Lack of practice opportunities for clinical faculty
- Travel associated with attending some required core rotations
- Limited student engagement
- Local primary care physician shortage
- Loan disbursement procedures (tuition and cost of living)

### **OPPORTUNITIES (external factors) – market trends, economic trends, funding, demographics, relationship with partners, political, environmental and economic regulations**

- Opportunities to expand core sites and GME – health systems
- Improvement engagement with adjunct clinical faculty
- Political connections
- Telling the LMU-DCOM story to greater community
- Expand Interprofessional collaboration
- Promote LMU as a health care educational leader
- Scholarships
- External granting and funding opportunities
- Healthcare systems engagement
- Engagement of alumni as preceptor/partners
- CME growth - grants and partnerships
- Community engagement
- Expand life-support skills training revenue
- Research – Educational and CME
- Student preparation in research process
- Change in demographics
- Socialization between campuses
- Expand Alumni engagement
- Training faculty/staff for leadership positions
- Additional dual degree programs
- Exposure to rural healthcare system to enhance clinical skills
- Potential to promote innovative teaching and assessment strategies at a regional level
- Recruit and retain individuals of diverse background by creating a sense of belonging

**THREATS (external factors) - market trends, economic trends, funding, demographics, relationship with partners, political, environmental and economic regulations**

- Expense of starting GME programs
- Competition and growth of other health professional programs
- Competition with other medical school programs
- Limited clinical training sites; saturated learning sites
- Rise in tuition costs
- Student debt
- Applicant pool
- Merger and consolidation of health care systems
- No control over GME programs funding models
- Changes in accreditation standards and expectations
- Increasing student numbers
- Maintaining alumni relationships
- Recruiting new teaching faculty
- COMLEX Level I P/F

Goal #1: The DO program has a written mission and strategic plan, and maintains full accreditation from AOA-COCA and other accreditors						
Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets	Recommendations from the 22-23 Strategic Plan
1.1 DCOM's mission describes the DO program outlining program planning and assessment and is consistent with LMU's mission.	1.1a Identify additional DCOM programs that need strategic plans and/or consultation.	Annually	Senior Associate Dean IPE, Simulation and Accreditation	Zoom technology, development resources, baseline data	100% of programs identified and contacted; plans created if needed. List all programs. At least 3 consults held with other program plan owners.	
	1.1b Work with Goal Leads to refine and improve measurable targets for all goal for the DO Program 2024-2029 plan.	Annually	Senior Associate Dean IPE, Simulation and Accreditation; Strategic Planning and Compliance Committee (SPCC)	LMU-DCOM (DO) program plan from 2023-2028	90-100% of all targets are measurable in the 2024-2029 DO strategic Plan.	
	1.1c Obtain Board of Trustees approval for missions statement changes as needed.	Annually	Dean/CAO	LMU Board approval	Board approval communication received.	
1.2 Maintain full accreditation from the American Osteopathic Association (AOA) Commission on Osteopathic Accreditation (COCA), the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), and other professional and/or degree programs under LMU-DCOM as applicable..	1.3a Review NEW accreditation standards; conduct an internal review and create an internal snapshot.	Annually	Dean/CAO; Senior Associate Dean of IPE, Simulation and Accreditation; COCA Goal Leads (Deans)	Prior self study documentation and new data findings from multiple sources	100% of documentation has been updated and included in an internal snapshot for the year; AOA COCA gives clearance to proceed with Orange Park and Knoxville applications.	
	1.3b Complete all required AOA and American Association of Colleges of Osteopathic Medicine (AACOM) progress reports.	Annually	Dean/CAO; Senior Associate Dean of IPE, Simulation and Accreditation	Data/documentation from DCOM departments	Ensure 100% of reports are completed, submitted and accepted. Obtain AOA COCA approval on applications/to proceed.	
	1.3c LMU accreditation is maintained at the regional level (SACS-COC).	Annually	Dean/CAO, President	President's Office for documentation	SACS-COC accreditation document verifying continued accreditation is available upon request.	
	1.3d Maintain 3-year accreditation-Level 3 Accreditation with Commendation as Category 1-A Continuing Medical Education (CME) sponsor.	Every 5 years	CME Director	CME office resources	Ensure AOA CME Document Survey meets all requirements and Accreditation is maintained.	
	1.3e Explore other program development opportunities at graduate and post-graduate levels, i.e., DO, public health, physical therapy, occupational therapy, etc.	Annually	Dean/CAO of LMU-DCOM	Accreditation documentation; feasibility study(ies)	100% of professional programs have received and/or maintained accreditation from the program specific entity. At least on additional program is considered/investigated for potential development. Number of new applications submitted. Refer to other DCOM program strategic plans.	
1.3 Confirm LMU Board of Trustees (BOT) is represented by a physician.	1.4a Review Board of Trustee list.	Annually	Dean/CAO		At least 1 physician is on the LMU Board of Trustees; preferably at least 1 osteopathic physician.	
	1.4b Make recommendations for potential members.	Annually	Dean/CAO			

1.4 Develop and implement methods for collecting data and decision driven improvements across departments at DCOM. (CIPES)	Develop action plan tracking identification guidelines for more accurate item selection and record taking.	Spring 2024	Data and Quality Assurance Manager; Senior Associate Dean, IPE, Simulation and Accreditation	Committee Meeting Minutes; Action Plan Tracking Database	Identification and record taking guidelines developed.	
	Train administrative staff in the use of guidelines.	Spring 2024			One hundred percent (100%) of admins have been trained and are utilizing the new guidelines.	
	Generate a semesterly report for review of progress and then an annual report.	Summer 2024, Fall 2024			Semesterly and annual reports generated	



**Goal #2: The DO Program will have leadership and senior administrative staff with the knowledge, skills, time, and support necessary to achieve the goals of the osteopathic medical education program and to ensure the functional integration of all programmatic components.**

Objectives	Actions	Timeline	Responsibility	Resources/Data To Meet Target	Assessment Targets	Recommendations from the 22-23 Strategic Plan
2.1 Dean is qualified for the position by education, training, and experience to provide effective leadership in education, scholarly activity, and patient care.	2.1a Qualifications verified upon hire.	Annually	Human Resources	Personnel File; performance reviews	This will be verified whenever a new Dean is appointed.	
	2.1b AOA or ABMS board certification verified annually.	Annually	Dean	Board certification verification	Verified annually.	
2.2 Dean is employed full time with no conflicting, secondary employment.	2.2a Executed employment contract.	Annually	Human Resources	Employment contract	Employment contract executed annually.	
2.3 DCOM employs the Academic and Administrative leadership needed to accomplish the mission of the medical school. Assistant/Associate Deans have proven experience in teaching, educational design and evaluation, scholarly activity, and academic leadership in a medical education setting appropriate for the position.	2.3a Review leadership and reporting structure in LMU-DCOM organizational chart and revise as needed.	Annually	Dean's Council; Dean/CAO; Chief Operating Officer; Department Chairs, Directors of Operations	Administrative support; Needs assessments reflect appropriate leadership structure	Organizational chart is reviewed, revised, and disseminated prior to the start of fall semester.	
	2.3b All DO/MD medical licenses are verified.	Annually	Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Deans of Clinical Medicine; Rotations Director	Board certification verifications	One hundred percent (100%) MD/DO board certifications are verified annually.	
	2.3c Revise position profiles to reflect changes	Annually	Program/Division/Department Heads	COO, Directors of Operations, Human Resources	One hundred percent (100%) of revised profiles are submitted to HR.	
	2.3d Conduct annual faculty/staff evaluations.	Annually	Department Chairs, Assistant/Associate Deans, Dean	Evaluation instruments, administrative support	One hundred percent (100%) of all evaluations completed and submitted to HR	
	2.3e Conduct annual faculty workload assessment.	Annually	Assistant/Associate Deans of Academic Affairs, Basic Medical Sciences, Clinical Affairs and Clinical Medicine and Clinical education; Department Chairs; Assistant Dean of Assessment and Faculty Development; Director of Assessment Services	Faculty Adequacy Model	Faculty adequacy model complete; adjustments to faculty pool made.	
	2.3f Review faculty and staff performance for promotion and/or rank advancement.	Annually	Dean/CAO; Senior Associate Dean	COO, Assistant/Associate Dean, Department Chairs	Recommendations are sent to Faculty Rank/Promotions Committee.	
2.4 Accreditation standard complaint policies and procedures are in place and published.	2.4a Accreditation standard complaint procedures are maintained on the DCOM website.	Annually	LMU Webmaster; CIPES Data and Quality Assurance Manager	DCOM website	One hundred percent (100%) functionality and accuracy verified through annual website audit.	
	2.4b Accreditation standard complaint procedures are followed and feedback used to improve existing systems and processes.	Annually	Dean's office, LMU Webmaster, CIPES Data and Quality Assurance Manager	Web-based submission link	Complaint reports reflects 0% of complaints filed not addressed appropriately	



**Goal 3: The DO Program has sufficient financial resources readily available to meet the needs of the COM and to achieve the COM missions consistent with its projected and authorized class size.**

Objectives	Actions	Timeline	Responsibility	Resources/Data To Meet Target	Assessment Targets	Recommendations from the 22-23 Strategic Plan
3.1 Review and revise LMU-DCOM budget to reflect administrative, curricular and research needs and ensure it meets the Title IV requirements of the Higher Education Act.	3.1a Document and maintain flowchart demonstrating budget development process and where ultimate approval lies.	Annually	Dean, Associate Deans, Directors of Operations, VP Finance	Flowchart	One hundred percent (100%) complete. Budget process flowchart has been reviewed/approved for next AY.	
	3.1b Review LMU-DCOM Program annual budgets.	Annually	Dean; Division/Department Heads; Directors of Operations	Budgets-trailing 3 years; list of all people with budgetary management and oversight. LMU Finance.	One hundred percent (100%) complete. Budgets have been approved by LMU Finance.	
	3.1c Review and update Budget authority.	Annually	Dean	Prior FY budget authority list and Finance SW platform	One hundred percent (100%) complete -updated list from Dean submitted to finance.	
	3.1d Conduct annual independent audit confirming financial viability and evidence of resolution of concerns cited in the audits management letter.	Annually	Dean; LMU VP Finance	Audit and management letter	Financial viability confirmed by auditor. Less than two (< 2) concerns noted in audit related to DCOM.	
	3.1e Keep expenditures under budget through stewardship of funds.	Annually	Dean; Department Heads; other budget managers; Directors of Operations;	Budget outcomes report prior year	Prior fiscal year reports show 80% of cost centers were under budget.	
	3.1f Meet with LMU Vice President of Finance on a regular basis to review budget.	Annually	Dean/VP; Chief Financial Officer		Dean meets once per quarter with VP of Finance.	
3.2 Maintain the financial viability of LMU-DCOM through collection of tuition, seeking of grant funds and other fundraising activities.	3.2a Collect tuition for osteopathic medical students.	Fall/Spring Semester	Executive Director of Student Financial Services	Admissions data	One hundred percent (100%) of tuition is collected and seats are filled in DO program.	
	3.2d Increase unrestricted donations by building a broad base of annual support (LMU 6.1).	Annually	Director of Development Health Sciences Division; VP of Advancement; Assistant Director of Alumni Services and Annual Fund; Assistant VP for Advancement	University Advancement fundraising data UA Mailing Calendar DCOM student philanthropy project data (via iModules and other platforms)	<ul style="list-style-type: none"> <li>- Number of personal visits and calls by Director of Development, Health Sciences</li> <li>- Number of solicitations and donations via Founders Day of Giving outreach to DCOM constituents</li> <li>- Number of emails, social media posts and direct mail solicitations sent to DCOM constituents</li> <li>- DCOM Faculty/Staff Giving rate</li> <li>- Number of DCOM student fundraising projects supported, and total dollars raised</li> </ul>	
	3.2e Increase endowment giving for student scholarships, faculty development, research, endowed chairs, continuing education, and the physical plant (LMU 6.2).	Annually	Director of Development Health Sciences Division; VP of Advancement; Assistant Director of Alumni Services and Annual Fund; Assistant VP for Advancement	Minutes of LMU Awards Committee and LMU-DCOM Awards Committee  LMU gift records	<ul style="list-style-type: none"> <li>- Results of LMU-DCOM Awards Committee process</li> <li>- Dir. of Development, Health Sciences scholarship donor portfolio and call logs</li> <li>- Roster of LMU-DCOM donors recognized in the Honor Roll of Donors, through press releases and LMU publications</li> <li>- Roster of LMU-DCOM donors invited to the scholarship Donor Appreciation Banquet and LMU Donor Gala at Homecoming</li> </ul>	
	3.2f Continue targeted fundraising to meet identified priorities and new opportunities (LMU 6.3).	Annually	Director of Development Health Sciences Division; VP of Advancement; Assistant Director of Alumni Services and Annual Fund; Assistant VP for Advancement	Travel, postage and direct mail budget	- Number of calls, visits and donations cultivated by Dir. of Development, Health Sciences from individuals, corporate partners and foundations who demonstrate interest and/or capacity to support LMU-DCOM projects.	
	3.2g Provide support for the University by accurately recording gifts and maintaining alumni and demographic information using appropriate technology and software (LMU 6.4).	Annually	Assistant VP for Advancement; Post Grant Awards Manager; DCOM Director for Alumni Service and Continuing Education	LMU donor records and charitable receipt records	<ul style="list-style-type: none"> <li>- Charitable contributions processed for LMU-DCOM designations by University Advancement</li> <li>- Charitable gift receipts provided to LMU-DCOM donors (records maintained by University Advancement)</li> <li>- Number of records updated by LMU-DCOM Director for Alumni Services and Continuing Education</li> <li>- National Change of Address (NCOA) reports obtained through mailing house processes</li> <li>- Number of AccuData searches conducted</li> <li>- Number of Alumni web updates submitted through alumni website</li> <li>- Results of UA prospect research</li> </ul>	
3.2i Market and promote the University creatively, and engage students, alumni, and the community at large via mass communication, publications, social media, and advertising (LMU 6.6).	Annually	LMU Executive Director of Marketing and Public Relations; DCOM Director of Marketing and Public Relations (TBD)	DCOM newsletter; annual report; press releases; Marketing materials, software and media platforms employed.	# DCOM specific press releases, #DCOM social media posts and usage stats.		

**Goal 4: The DO program has modern facilities, equipment, and resources available to faculty, staff, students, alumni and community to achieve educational, curricular, and research goals.**

Objectives	Actions	Timeline	Responsibility	Measure/Source	Assessment Targets	Recommendations from the 22-23 Strategic Plan
4.1 DCOM has facilities for the program of instruction that enables the authorized class size of students and faculty to pursue the mission, curriculum, and scholarly activity.	4.1a Expand so that our clinical sites have better knowledge and access to the resources available to them at LMU.	Annually	Assistant Dean of Assessment and Faculty Development, LRC Committee Chair, Assistant Dean of Clinical Medicine, Associate Dean of Clinical Affairs, Medical Librarian.	Needs assessment data. Multiple sources as follows: LRC Technology survey, IS Technology survey, Preceptor Needs Assessment.	Five percent (5%) increase in agreement with statement: "I was able to fully access DCOM online medical library resources from my core/required rotation sites" on the OMSIV HSL Technology Survey.	
	4.1b Assess and provide resources necessary to rectify Core clinical rotation sites who score less than 1 SD below the mean (outliers).	Annually	Director of Academic Assessment, Associate Dean of Clinical Affairs, Assistant Dean of Clinical Medicine.	Student evaluation of clinical site data; Annual Core Rotation Site Survey - facilities items.	All rotation sites scoring within 1 SD of the mean on the Annual Core Rotation Site Survey - facilities items.	Assess issues at respective sites and provide support/training to rectify
	4.1c. Assess current facilities for adequacy in conjunction with projected enrollment and programs	Annually	Dean/CAO, COO, Directors of Operations, Associate Dean of Clinical Affairs, Associate Dean of Academic Affairs	Needs survey of faculty, staff and students	>85% agreement with sufficient space and resources to support each domain of learning, scholarly activity, and clinical training	
4.2 Adequate technological systems, policies, and procedures are in place for the safety of faculty, staff, and students.	4.2a DCOM website links to all LMU policies and procedures associated with technological safety and helpdesk procedures.	Annually	Information Services, DCOM Facilities and Resources Committee; CIPES Data and Quality Assurance Manager	Annual website audit; Facilities Committee meeting minutes	Web audit completed; 100% of all links are functional and display most current information.	
4.3 Physical security systems, policies, and procedures are in place for the safety of faculty, staff, and students including but not limited to emergency and natural disasters.	4.3a DCOM website links to all LMU policies and procedures associated with physical safety and security procedures.	Annually	IS, Chief of Police, Campus Police and Security, COO, Directors of Operations; DCOM Facilities and Resources Committee; CIPES Data and Quality Assurance Manager	Annual website audit; Facilities Committee meeting minutes	Web audit completed; 100% of all links are functional and display most current information.	
4.4 DCOM ensures access to information technology to support its mission.	4.4a Migrate SimCapture (aka B-Line) Software to the a cloud based system in Harrogate and Knoxville. (CIPES)	Annually	CIO; IS staff; CIPES staff.	Laerdal	One hundred percent (100%) transition of software and data at both sites is complete.	Continue to submit request in technology budget.
	4.4b Upgrade all classroom technology in MANS equivalent to DCOMK.	Annually	CIO; IS staff	Various technology vendors	One hundred percent (100%) upgrade is completed in MANS and DCOM lecture halls.	DCOM updates scheduled to be met by end of calendar year. Continue goal for MANS.
	4.4c Upgrade wireless controllers and network access controls in DCOM, MANS and DCOMK.	Annually	CIO; IS staff	Vendor TBD	One hundred percent (100%) upgrade is completed.	
4.5 DCOM ensures access to learning resources to support its mission.	4.5a Raise funds to purchase Mobile Simulation Vehicle. (CIPES)	Annually	Director of Life Support Training; Director of Development Health Sciences Division; Mobile Simulation Unit Committee.	Grants; Funding from Private Organizations and Foundations	Mobile Simulation Unit Fully Funded; Unit production and equipment contracted.	Coordinate specific fund raising event(s) for this purpose - involve faculty, staff, students and outside entities.
	4.5b.Pilot in-situ clinical skills training at core clinical rotation sites. (CIPES)	Annually			At least two (2) in-situ trainings completed; > or = 90% of learners A/SA that the training was satisfactory overall.	Continue goal. Schedule training sessions annually.
4.6 Identify, maintain, and deliver databases, electronic resources, journals, books, in medical library for faculty, staff, and students	4.6a.Integrate LWW Clerkship based on the 2021-2022 Student Survey suggestions.	Spring 2024	Associate Dean of Clinical Affairs, Medical Librarians (DCOM-K and DCOM-H); Electronic Resources Librarian (Cedar Bluff); Learning Resource Committee (LRC); LMU DCOM faculty; Assessment Office	Library resources; Survey and assessment data	Increased student utilization of LWW Clerkship (>10%).	
	4.6b.Provide >5 library resource training sessions for faculty, staff, and students each calendar year	Annually	Medical Librarians (DCOM-K and DCOM-H); LMU DCOM faculty	Library resources and budget	More than five library instructional sessions held yearly for student orientations and faculty development	

**Goal #5 The DO program provides a professional, respectful, non-discriminatory, and intellectually stimulating academic and clinical environment.**

Objectives	Actions	Timeline	Responsibility	Measure/Data	Assessment Targets	Recommendations from 22-23 Strategic Plan
5.1 Provide ongoing development of professional behaviors in students, faculty, and staff.	5.1a Implement required professional behavior training to students annually.	Annually	Student Services, Curriculum (FMHC, 4th Friday), Career Services	Attendance verification; syllabus	Course approved, implemented; 100% attendance achieved.	implement additional training in years 2-4
	5.1b Implement required faculty and staff with professional behavior training annually.	Annually	Faculty Development	Attendance verification; faculty development schedule	One hundred percent (100%) faculty/staff attendance.	
5.2 Recruit and retain qualified, mission-appropriate diverse students, faculty, staff, and senior administrative staff.	5.2a Meet with recruitment staff from each program within DCOM to review their recruitment strategies and make suggestions to diversity recruitment efforts (DEI 1.2a).	Spring 2024	Admissions Dept of OP, Admission Dept of PT, DEI committee	Meeting minutes	Consultations held with all qualifying programs (MS, PhD, DO, PT, OT) and recommendations made	
	5.2b Identify the various organizations, conferences, and/or events relevant to each department (DEI 1.2b).	Spring 2024	Admissions Dept of OP, PT, and DO	Number of organizations, conferences and/or events identified for each program	2 organizations identified for each program (10)	
	5.2c Encourage recruitment staff to attend the identified various organizations, conferences and/or events relevant to their department to establish long-term relationships (DEI 1.2c. ).	Fall 2023	Admissions Dept of OP, PT, and DO	Number of organizations, conferences and/or events attended for each program	At least 1 Program representative attends each of the identified organizational meetings/conferences	
	5.2d Develop pipeline programs with HBCU, Hispanic serving programs, and Native serving programs (DEI 1.2g).	Spring 2024	Assistant Dean of DEI	Number of pipeline programs established.	2 new programs established	
	5.2e Fundraising or identifying donors to create scholarships that support diverse students for each department within DCOM (DEI 1.4b).	Spring 2024	Assistant Dean of DEI, University Office of Advancement	Scholarships created	2 Scholarships created	
	5.2f Establishment of affinity groups to help support faculty and staff (DEI 2.5a)	Spring 2024	DCOM Administration	Group meeting minutes	Establish 2 faculty affinity groups	
	5.2g Provide opportunities for faculty/staff to attend conferences (DEI 2.5b).	Continuous	DCOM Administration	Attendance at meeting	Provide support for faculty to attend meetings	
	5.2h Develop a mentoring program for junior faculty members (DEI 2.5c).	Continuous	Director of Faculty Development	Mentoring program	100% junior faculty have mentors	
	5.3 Mitigate faculty, staff, and student exposure to infectious and environmental hazards.	5.3a Provide education on prevention of exposures.	Annually and as needed	Research, Operations, Student Services	Health and Safety Resources Manual annually; Provide CITI training	One hundred percent (100%) students faculty staff attest to having read the safety guidelines.
5.3b Publicize procedures for care and treatment after exposure annually.		Annually	Research, Operations, Student Services	Health and Safety Resources Manual annually	One hundred percent (100%) students faculty staff attest to having read the safety guidelines.	increase information provided in student handbook and clinical rotations manuals regarding prevention, care, and treatment for exposures

5.4 Support and maintain programs for student, faculty, and staff mental health and wellness and fatigue mitigation.	5.4a Provide students with access to mental health counseling.	Annually	LMU Counseling, Student Services	Reports; see targets	Mental Health counseling utilization report; StudentLife by Empathia Utilization report.	
	5.4b Provide students with monthly wellness and/or fatigue mitigation programming.	Annually	Student Services	Student Activities Coordinator, wellness budget; Promote Health and Safety Resources Manual Annually through Blackboard	Attendance and programming calendar.	Will enhance our RSVP to determine the % of students participating in wellness activities
	5.4c Promote mental health awareness, wellness, and fatigue mitigation with faculty and staff.	Annually	Human Resources, Faculty Development	Offer consistent programming for faculty and staff; Promote Health and Safety Resources Manual annually; Need faculty development sessions on these items; incorporation of self care and wellness activities each semester	Attendance and programming calendar	Partially met. Measure requires updating



**Goal #6: The DO program curriculum prepares future clinicians to serve the community with high quality patient-centered healthcare**

Objectives	Actions	Timeline	Responsibility	Measure/Source	Assessment Targets	Recommendations from 22-23 Strategic Plan
6.1 Review and refine the four-year curriculum that addresses the basic biological, behavioral and clinical sciences to meet the missions for LMU-DCOM.	6.1a Review, Map, and develop courses to correlate with COMLEX blue print	Biannually	DO Curriculum Committee; Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine; Assistant Dean of Basic Medical Sciences; Departmental Chairs; Learning Resource Committee (LRC)	Curriculum mapping report for OMS I and II.	The End of Course Reports (EOCR), Course mean target of 82% or higher.	None
	6.1b Explore external standards for curricular assessment and development, including national standardized tests	Annually	Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine; Assistant Dean of Basic Medical Sciences	BMS budget; Clinical Budget; curricular mapping tool; Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE); NBOME COMAT, Lecturio	Curricular content is aligned with National Board of Osteopathic Medical Examiners (NBOME) blueprint, Association of American Medical Colleges (AAMC) curriculum inventory, and American Association of Colleges of Osteopathic Medicine (AACOM) competencies, Program Outcomes Report.	None
	6.1c Identify areas where DEI could be incorporated into the curriculum or extracurricular activities (DEI 3.3c.)	Spring 2024	Assistant Dean of Curricular Innovation, Assistant Dean of DEI, Program Directors of PT and OT	Annual mapping and assessment of curriculum	Curricular map has been reviewed and mapped for DEI 100%. 100% of student activities have been reviewed and mapped for DEI	
	6.1d Map out the areas where DEI is found in the curriculum and in extracurricular activities (DEI 3.3a).	Spring 2024	Assistant Dean of Curricular Innovation, Assistant Dean of DEI, Program Directors of PT and OT	Annual mapping of the curriculum; inventory of activities from student organizational groups	Curricular map has been reviewed and mapped for DEI 100%. 100% of student activities have been reviewed and mapped for DEI	NA
6.2 Review and refine curriculum for Pre-clinical Medical Education (OMS I, OMS II).	6.2a Review end of course reports and data for improvements.	Biannually	DO Curriculum Committee; Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine; Assistant Dean of Basic Medical Sciences	End of course summary, COMLEX level I score reports	Increase 1st time COMLEX Level I pass rate to national average or better.	Review assessment content in comparison with NBOME blueprint
	6.2b Review system/course syllabi and identify self-directed learning.	Per Semester	DO Curriculum Committee; Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine; Assistant Dean of Basic Medical Sciences	Preclinical course syllabi, EOCR	Refinements made to courses each year. Syllabi are reviewed and approved biannually by the curriculum committee prior to posting to LMS (Canvas).	None
	6.2c Review student outcomes in MGA course and determine if Anatomy boot camp is meeting objectives.	Annually	Anatomy Faculty	Self-supporting tuition; anatomy faculty; Performance in MGA course of students in bootcamp	Accepted students' performance in Medical Gross Anatomy Course (DOSYS 701) reflects increased pass rates, Course mean target of 82% or higher	None
	6.2d Integrate NBOME style questions into pre-clinical assessments	Annually	Basic Medical Science Faculty; Director of Assessment Services	Assessment team exam analysis report, course objective analysis report, EOCR	Cognitive complexity analysis of question items for OMS I & OMS II.	None
	6.2e Explore opportunities for integration of clinical content into OMS I curriculum and reinforce basic science content in OMS II curriculum.	Biannually	Assistant Dean of Basic Medical Science, Assistant Dean of Clinical Medicine; Associate Dean of Clinical Affairs; Course Directors	Pre-clinical course syllabi, course objectives	Course mean target of 82% or higher, COMLEX Level I scores.	Review curriculum and assessment content in comparison with NBOME blueprint

6.3 Review and refine curriculum for Clinical Medical Education (OMS III, OMS IV).	6.3a Review student evaluation of preceptor/site and student performance.	Annually	DO Curriculum Committee; Clinical Department Chairs; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine	Web resources; distance technology; annual site reports; End of rotation student eval of preceptors; preceptor evaluation of student	Meet or exceed national mean for individual COMAT exams. Meet or exceed mean national first time pass rates for COMLEX Level II exams.	Review curriculum and assignment content in comparison with NBOME blueprint.
	6.3b Review, improve and include self directed learning into the clinical rotation curriculum.	Annually	Rotation Chairs; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine	Including but not limited to Online MedEd, Uworld, COMQuest, UpToDate, GIBLIB, student end of course evaluation.	Meet or exceed mean national mean for COMAT exams.	Review curriculum and assignment content in comparison with NBOME blueprint.
	6.3c Refine goals and objectives for all clinical rotations; post updated syllabi to align with DCOM mission and program outcomes.	Annually	DO Curriculum Committee; Associate Dean of Academic Affairs; Assistant Dean of Basic Medical Sciences; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine	Rotation syllabi	Standardized verbiage across syllabi for common objectives, specific measurable objectives based on rotation.	None
6.4 Integrate OPP throughout Clerkship Curriculum.	6.4a Verify, review OPP component in syllabi.	Annually	Chair of OMM; OMM faculty; Clinical Faculty	DO Curriculum Committee; 4th Friday Didactics	Course syllabi reflect the presence of OPP in the 3rd and 4th year clinical courses.	None
	6.4b Deliver OPP modules during core rotations	Annually	Chair of OMM	Clinical Skills Workshop (CSW); 4th Friday Didactics	OPP integration in all four (4) years of the curriculum; 95% first time pass for OMM sessions in the Clinical Skills Workshop.	None
6.5 Evaluation of clinical training sites.	6.5a Maintain most current database of training sites.	Biannually	Chief GME/Rotations Officer; Assistant Dean of Clinical Medicine; Associate Dean of Clinical Affairs, Clinical Education; Clinical Rotations Coordinators	Database software for scheduling and monitoring rotations	Training site statistics reflect at least 120% of rotation slots for students.	None
	6.5b Execute affiliation agreements with all clinical teaching sites and preceptors.	Biannually	Clinical Relations Coordinator	eValue database	Affiliation agreements are signed to accommodate at least 120% of rotation slots needed on core rotations. One hundred percent (100%) of preceptors have complete Clinical Adjunct Faculty application.	None
	6.5c Identify site coordinator at each site.	Annually	Director, Clinical Education	Site coordinator agreements	One hundred percent (100%) of core sites are staffed with a coordinator.	None
6.6 Implement undergraduate Osteopathic Principles and Practice (OPP)/Anatomy Scholars Program/Research Scholar.	6.6a Hire new scholars for OPP, Anatomy, and Research program.	Annually	Anatomy Chair and faculty; Osteopathic Manipulative Medicine (OMM) chair and faculty; Research Directors and Assistant Dean of Research	Number of scholars per class	Up to eight (8) scholars in OPP, Anatomy or Research are contracted annually.	None
	6.6b Develop the OPP/Anatomy curricular structure.	Annually	Anatomy Chair and faculty; OMM faculty	Budget		None
6.7 Continue Masters of Science in Anatomical Sciences degree.	6.7a Track admission into LMU-DCOM and performance after admission.	Annually	Director, Anatomical Science Graduate Program; Associate Dean of Academic Affairs; Assistant Dean of Basic Medical Sciences; Assistant/Associate Dean of Students; Director of Educational Development and Assessment	Matriculation report	Matriculate report and student outcomes report reflect successful correlation between admitted MS students and completion of DO degree.	None

6.8 Continue current PhD program	6.8a Continue the PhD in Anatomical education program.	Annually	PhD Program Director; Anatomy Chair	Number of applicants; Number of graduates	At least two (2) PhDs student enrolled each year per location (Harrogate and Knoxville).	
6.9 Continue offering the DO/MBA program and investigate other dual degree options.	6.9a Improve and promote the DO/MBA program.	Annually	Senior Associate Dean; Dean	Number of applicants, Number of graduates with dual degree.	At least 20 students are accepted into the DO/MBA program.	None
6.10 Continue the application and approval process for elective international medical experience(s).	6.10a Continue to collaborate with risk manager and legal team to develop the requirements, documents and processes.	Annually	Dean; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine; Chief GME/Rotations Officer	Application requirements, documents, and processes reviewed and approved by risk manager, legal counsel, Director of International Medicine, and Dean	Students who are completing an international rotation in OMS IV year.	None
6.11 Established IPE Curriculum is integrated into discipline-specific schedules on a recurring basis. (CIPES)	6.11a Coordinate with program disciplines to identify dates in their respective curricular calendars that can be utilized for IPE activity on a ongoing basis.	Annually	Project Manager, Interprofessional Education (IPE) Development, Course Directors	Course assessments, Course syllabi	One hundred percent (100%) percent of established IPE activities have a fixed date in each program's curricular schedule.	None
	6.11b Ensure each DCOM IPE component resides in a course.	Biannually		DCOM Curricular schedule	One hundred percent (100%) of IPE components have been placed and are noted in DCOM EPC and FMHC course syllabi.	None
6.12 Develop a standardized process for providing SOAP remediation. (CIPES)	6.12a Create a guidance form that explains the process for writing a SOAP note.	Annually	Nurse/Medical Educators; Faculty	End of exercise summary; # of learners requiring remediation	The process was developed and has been administered to 100% of the students requiring the remediation.	None
	6.12b Create SOAP note remediation tracker.					



**Goal #7: The faculty possess the credentials, knowledge, and skills to carry forth the mission of the DO Program**

Objectives	Actions	Timeline	Responsibility	Measure/Source	Assessment Targets	Recommendations from 22-23 Strategic Plan
7.1 Hire and retain faculty and chairs with terminal degrees in their respective field.	7.1a Continue to recruit, hire, train and retain full-time clinical medicine, including Osteopathic Manipulative Medicine (OMM), Basic Medical Science (BMS), and Interprofessional Education (IPE) faculty.	Daily	Dean/Chief Academic Officer, Chief Operating Officer, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Dean of Academic Affairs, Assistant/Associate Deans of Basic Medical Sciences, Chairs, Faculty	Budget allocations, Advertising, Faculty Development Opportunities, Faculty needs/satisfaction assessments; Enrollment, graduation and retainment of LMU-DCOM PhD students	One hundred percent (100%) of open positions are filled and 100% of faculty hold terminal degrees.	Continue active recruitment of faculty and support programs contributing to development of new faculty (e.g., Anatomical Education PhD)
	7.1b Verify all department chairs, primary care leadership and OMM/OPP leadership possess and maintain the appropriate experiences and credentials	Monthly	Directors of Operations, Chief Operating Officer, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Dean of Academic Affairs, Assistant/Associate Deans of Basic Medical Sciences	CVs; AOA and ABMS Website	One hundred percent (100%) of Chairs possess 5 years of teaching and academic leadership in a medical school setting. Clinical chairs are medically licensed and AOA or ABMS board certified. Primary care leadership is AOA or ABMS board certified in Primary Care (i.e., family medicine, internal medicine, pediatrics) discipline w minimum 5 years experience. OPP/OMM leadership has a minimum of three years of full-time faculty experience, an active medical license, and active board certification from the AOBNNM or a Certificate of Special Proficiency in OMM (C-SPOMM).	
	7.1c Create, implement, maintain and review a credentialing database for need assessments and verification of faculty credentials.	Quarterly	Directors of Operations, Chief Operating Officer	The database itself; database reports; review findings	Fully functional and complete credentialing database that is searchable.	
	7.1d Involve Chairs, faculty and staff as appropriate in recruitment process.	Daily	Dean/Chief Academic Officer, Chief Operating Officer, Directors of Operations, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Dean of Academic Affairs, Assistant/Associate Deans of Basic Medical Sciences, Chairs, Faculty	Advertising, Search committees	Search committee demonstrates representation of chairs and faculty.	
	7.1e Develop and incorporate a faculty success plan in the faculty self-assessment process.	Spring 2024	Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Director of Faculty Development; Department Chairs; Deans of Pre-Clinical Academic Affairs/ Basic Medical Science; Deans of Clinical Medicine/ Clinical Affairs	Annual evaluations	Faculty success plans incorporated into annual review process.	Incorporate the Faculty Success Plan into the Annual Faculty Evaluation process to prevent duplication or the perception of duplication of effort when completing both the Faculty Self-Assessment and DCOM Faculty Success Plan.
	7.1f Review allotted FTE for scholarly activity in all FT and PT faculty appointments during the 2023-2024 Faculty Adequacy Model process to ensure the reported FTE for research reflects the current amount of time faculty are allotting to research and alignment with program goals and objectives.	Annually	Dean/Chief Academic Officer, Chief Operating Officer, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Deans of Academic Affairs/Basic Medical Sciences, Assistant Dean of Research, Chairs, Faculty	Faculty self-evaluations (and success plans), Faculty workloads/adequacy modeling	Increased total and relative research/scholarly activity FTEs; statistical agreement between self-reported scholarly activity and documented FTE devoted to scholarly activity.	Review allotted FTE for research in all FT and PT faculty during the 2023-2024 Faculty Adequacy Model process to ensure the reported FTE for research reflects the current amount of time faculty are allotting to research.

7.2 Expand number of clinical adjunct faculty in database to support increasing number of students requiring rotation sites/clinical experiences.	7.2a Identify, onboard and develop qualified teaching physicians for clinical rotations (medically licensed and AOA or ABMS board certified) and clinical didactics.	Daily	Chief of Graduate Medical Education and Rotations; Assistant/Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Clinical Chairs; Rotation Directors; Clinical Faculty; Directors of Student Medical Education	Clinical Adjunct Database; Online and physical clinical adjunct faculty applications	Clinical Adjunct Database contains > 2500 credentialed physicians in various disciplines to provide clinical training; ≥500 new applications annually.	
7.3 Review and refine new Faculty-on-boarding program	7.3a Identify new faculty and complete new faculty on-boarding program/orientation within 90 days of hire	Quarterly	COO, Directors of Operations; Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Director of Faculty Development; Director of Alumni Services and CME	Human Resources; Director of Faculty Development	One hundred percent (100%) of new faculty receive a new faculty orientation.	
	7.3b Assure 100% orientation completion for new preceptors	Quarterly	Assistant/Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Rotations Director; Directors of Student Medical Education; Director of Alumni Services and CME	Office of Clinical Education	One hundred percent (100%) of new preceptors are on-boarded with a preceptor specific orientation.	100% of new preceptors are on-boarded with a <u>preceptor orientation</u> and select faculty related orientation.
	7.3c Meet academic environment needs of incoming faculty.	Daily	Director of Assessment Services; Director of Faculty Development; Director of Alumni Services and CME; Assistant/Associate Deans of Academic Affairs/ Basic Medical Science; Assistant/Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Department Chairs; Rotations Director	Assessment Office; Faculty Development Needs/Satisfaction Assessment Survey; Preceptor Development Needs Assessment Survey; CME surveys; Site visits	Faculty Development Needs/Satisfaction Assessment Survey response rate >65%; Preceptor Development Needs Assessment Survey response rate > 15%; Faculty evaluations; Preceptor reviews after each rotation; Site visits at least once a year.	1. While not meeting the target, participation appears to be sufficient to identify appropriate programming based on increases in participation across all sessions and consistent positive feedback. Increase Faculty Development Needs Assessment Survey response rate in 2023-2024 to 65%. 2. Actively encourage and/or incentivize participation/responses 5. Change to at least once a year for logistics (42+ sites)

7.4 Develop and deliver Faculty Development activities to advance faculty teaching and scholarly activity skills and abilities	7.4a Develop and expand programs for clinical, basic science and IPE faculty as requested (workshops and technology tips).	Quarterly	Chief Operating Officer, Assistant Dean of Assessment and Faculty Development Director of Assessment Services; Director of Faculty Development; Assistant Dean of DEI	Faculty expertise; Assessment questionnaires after faculty development workshops	Faculty development sessions are offered quarterly and evaluated for continued needs assessment. Including bias training at least annually (DEI 3.5c).	
	7.4b Design a series of trainings that focuses on responding to the challenges and uses of DEI (DEI 3.5b)	Spring 2024	Assistant Dean of Assessment, Director of Faculty Development		At least 2 sessions conducted annually.	
	7.4c Update and maintain DCOM website to include latest resources available to faculty to support development	Quarterly	Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Director of Faculty Development; Data and Quality Assurance Manager	Faculty development program(s); website	Up-to-date website with latest resources included.	
	7.4d Maintain a preceptor development webpage.	Annually	Assistant/Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Rotations Director; Directors of Student Medical Education; Data and Quality Assurance Manager	Webpage	Operational webpage utilized by preceptors.	
	7.4e Identify grants for Faculty Development.	Daily	Director of Health Research & Grants; Assistant Dean of Assessment and Faculty Development; Assistant Dean of Research	Human Resources; Emails and/or web postings; Office of Research	Communications regarding opportunities; at least 3 grants in development and/or submission.	
	7.4f Increase annual faculty development needs assessment survey response rate to drive programming and assure appropriate support of faculty in advancement.	Annually	Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Director of Faculty Development; Senior Associate Dean	Survey instrument; Rank and Multi-Year Appointment Committee	Sixty-five percent (65%) response rate on survey; rank advancement success rate.	1. While not meeting the target, participation appears to be sufficient to identify appropriate programming based on increases in participation across all sessions and consistent positive feedback. Increase Faculty Development Needs Assessment Survey response rate in 2023-2024 to 65%. Utilize needs assessment to drive a solid portion of faculty development programming.

Goal #8: The DO program faculty, students, and post-graduate trainees have the opportunity to participate in research and/or scholarly activities contributing to the advancement of knowledge in medicine						
Objectives	Actions	Timeline	Responsibility	Resources/Data to meet target	Assessment Target	Recommendations from 22-23 Strategic Plan
8.1 Promote and support a culture of research and scholarly activity at LMU-DCOM that contributes knowledge to the biomedical and medical sciences, including osteopathic manipulative medicine and osteopathic principles and practices.	8.1a Ensure financial support for research and scholarship.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Deans of BMS; Assistant Dean of Research; Directors of Research (Harrogate and Knoxville), Research Coordinator; and Director of Health Sciences Research and Grants	BMS/Clinical Medicine budgets; Capital Budget; Research and Grants Committee; Research committee intramural funding awards; Research Department: Student Travel, Poster, Conference, and Publication fees paid.	The budget is reviewed quarterly to assess allocated funds for research (both locations) to ensure student needs are met and planning for future budget allocations (potential 10-20% increase each year due to needs). A needs assessment is conducted for the faculty yearly to meet Faculty research needs. Increase research support 10% to meet research	
	8.1b Encourage all new faculty and students to be active in research projects and scholarly activities in the biomedical and clinical sciences, including osteopathic manipulative medicine and osteopathic principles and practices.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Directors of Research (Harrogate and Knoxville); Research Coordinator; and Director of Health Sciences Research and Grants	BMS Research budget; Research Dedicated FTEs; Faculty startup fund allocations; Intramural Grant funds; DCOM scholars program; Extramural Grant Funds; Faculty/Staff Development Workshops; Student Research Workshops; Dean's Hours (OMS I-IV), Fourth Friday Didactic Presentations; Research Webpage; Research CANVAS	Meeting presentations, journal publications, internal and external grantsmanship; at least one (1) submission per year per faculty with research support.	
	8.1c Identify space, equipment and funding opportunities for research from external sources.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Directors of Operations; Assistant Dean of Research; Directors of Research; (Harrogate and Knoxville), Lab Assistant/Managers, and Director of Health Sciences Research and Grants	BMS/Clinical Med budgets; Yearly Capital budget requests; Facilities/Equipment (Faculty Assessment Needs); External Grants Research Department Tracking	Square footage assigned research space in both locations; External funding applications and/or awarded (Applications 5-10/year with award of 2/year, increasing each year); Established agreements and/or collaborations with external entities; Increasing number continuously over next 5 years.	
	8.1d Ensure a representative of LMU-DCOM is appointed to the Lincoln Memorial University's Committee on Scholarly Activity (COSA).	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research;	COSA meeting minutes and attendance record	LMU-DCOM representative shows at least a 90% attendance record to COSA meetings.	
	8.1e Provide information regarding research and scholarly activity opportunities and support services at LMU-DCOM to faculty, staff and students.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Directors of Operations; Assistant Dean of Research; Directors of Research; (Harrogate and Knoxville), Lab Assistant/Managers, Research Coordinator, and Director of Health Sciences Research and Grants	OMS I student orientation mid-semester of 1st year; Dean's hour(s); LMU Research Day(s); Fourth Friday Didactic presentations; Workshops/Information Sessions for Faculty, staff, and students; Weekly Faculty Staff communications; Schedule of events, news, and funding opportunities on DCOM Research Webpage and CANVAS	Twice yearly presentations on numbers of faculty, staff, and student participation in research to the BOD and monthly reports to Dean's Council; Number of faculty, staff, and student publications, presentations, and deliverables (monthly to Dean's Council); general communications; Monthly Research Department Meeting; Four Research faculty development sessions a year. Three Student research information sessions per year. Research Department implementation of Quarterly Newsletter, updates of Research Webpage, and Research Canvas Page.	
	8.1f Increase recognition of research and scholarly projects and programs within and outside of LMU.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Directors of Operations; Assistant Dean of Research; Directors of Research; (Harrogate and Knoxville), Lab Assistant/Managers, Research Coordinator, and Director of Health Sciences Research and Grants	BMS/Clinical Budget; LMU Research Day; Weekly Communication, Research Webpage, Research CANVAS, and Quarterly Newsletter. Research Department Records: Publications; Presentations at local, regional, and national conferences; collaborative activities, Intramural Funding Faculty/Students	Research Department implementation of Quarterly Newsletter, monthly/daily updates on the Research webpage, and Research CANVAS. Increase 10% for presentations at local, regional, and national conferences; for students and faculty.	
	8.1g Encourage collaborations between LMU-DCOM and research groups in LMU-CVM, Department of Math and Science, CAHA, and other schools within the LMU community.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Dean of Clinical Medicine; Directors of Research; Research Coordinator, Director of Health Sciences Research and Grants;	Intra & extramural funding opportunities; LMU Research Day; Roundtable Research Discussions Monthly (Research Department).	Ten to twenty percent (10-20%) of DCOM co-authored presentations, publications, grant applications, and other deliverables will be with investigators/scholars from LMU-DCOM and other schools within LMU.	
	8.1h Ensure exposure to research opportunities in all years of medical training for LMU-DCOM students.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Dean of Clinical Medicine; Directors of Research; Research Coordinator, Director of Health Sciences Research and Grants;	Preclinical and clinical DCOM curricula; Students Intramural/Extramural Awards; Scholars programs; Required curricular activities with research exposure (e.g., peer-reviewed publication, and/or journal clubs, Fourth Friday Didactics etc.); Research Department Data including students participating in elective research rotations; intramural student research support funding; abstracts, presentations, publications.	Fill all OPP/Anatomy Scholar positions including the addition of a research scholar program (2 Harrogate, 2 Knoxville). 10% yearly increase in OMS III and IV students participating in research electives; 5-10% yearly increase in intramural student funding for spring and summer awards.	

8.2 Identify areas of research and scholarly activities for faculty, staff, and students that will benefit and support the mission and goals of LMU-DCOM	8.2a Identify ways to support research and scholarship for faculty, staff, students and residents.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Dean of Clinical Medicine; Directors of Research; Research Coordinator, Director of Health Sciences Research and Grants;	Dedicated faculty FTE and Protected time for research and scholarly activity; BMS/Clinical budget; Research and Grants Committee; Development of collaborative opportunities; Notification of extramural funding opportunities, Student Research Opportunities with Scholar Programs (Anatomy, OPP, and Research Only)	Prioritize funding with a focus on rural health, underserved, Appalachian region-specific issues increase 5-10%.		
	8.2b Identify and communicate grant opportunities and other sources of funding.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Dean of Research; Research Coordinator, Director of Health Sciences Research and Grants	NIH All of Us, NIH Funding, Foundational Funding (East TN Foundational Funding, Trinity, Walmart, etc.), and professional society grants.	Continuous search to identify grant opportunities with communication (monthly and as needed) via Research CANVAS, Website, Quarterly Newsletter, and email. Searches will include local, regional, and national opportunities with Research Department Tracking. Research Department identifying faculty to match research grants and meetings to encourage participation in the		
	8.2c Establish and strengthen partnerships with other Colleges of Osteopathic and Allopathic Medicine, regional consortia, state and local organizations.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Directors of Research; Chief of GME; Faculty department chairs; Faculty	Regional and national conferences (e.g., AOA ARH; ORAU)	Minimum 10-15 organizations.		
	8.2d Foster and promote research and/or scholarly activity that includes or incorporates osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP).	Annually	Assistant Dean of Research; Assistant Dean of Clinical Medicine; Research Directors; Chair of OPP	All faculty; OPP scholars; facilities (e.g., OPP lab, basic science labs, clinical/functional assessment labs), OMM Scholar Clinic	Ten percent (10%) of total research. Required Research projects/scholarly activity for all OPP Scholars with tangible outcomes of presentations and/or publications. Encourage collaborations between OPP, Anatomy, Research Scholar, and integrating OMM Scholar Clinic.		
8.3 Encourage and support research and scholarly activity by faculty, staff, students, and post-graduate trainees	8.3a Review library support to ensure that it meets the research needs of LMU-DCOM faculty, staff, and students.	Annually	Medical Librarian; Learning Resources Committee; Assistant Dean of Research; Directors of Research	Library budget; Learning Resource Survey	Yearly needs assessment for journals, databases, and interlibrary loans.		
	8.3b Maintain policies and procedures for processing LMU-DCOM faculty, staff, and student requests for research needs	Annually	Assistant Dean of Research; Assistant Deans of BMS, Directors of Research	DCOM Research Budget; Research Needs Requests/Survey, Research Department Database	Policies are maintained on the Research Webpage and CANVAS. All research needs are reviewed on a quarterly to yearly basis.		
	8.3c Provide research start-up funding packages for new faculty.	As hired	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Deans of BMS.	BMS Budget; Funding determined annually	Increase the number of research startup funds for new faculty as needed. Annual report of new faculty start-up funds utilized.		
	8.3d Provide consultation to faculty, staff, students, postgraduate trainees, and affiliated GME members in research design and analysis, as well as grant acquisition opportunities.	Annually/ as needed	Assistant Dean of Research; Director of Health Sciences Research and Grants; Research and Grants Committee; Directors of Research, Research Coordinator; Assistant Dean of Clinical Medicine	Research Department Database; Roundtable Monthly Discussions, Student/Faculty/Staff Research Workshops	Continuous search to identify grant opportunities with communication (monthly and as needed) via Research CANVAS, Website, Quarterly Newsletter, and email. Searches will include local, regional, and national opportunities with Research Department Tracking. Four Faculty Development Research sessions per year. Three Student Research sessions per year. Individual and Group consultations are provided continuously.		



8.4 Develop and implement an evaluation system that recognizes the importance of research to the mission of LMU-DCOM	8.4a Provide faculty, and staff as appropriate, with protected time for research and other scholarly activities.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Deans of BMS; Assistant Dean of Research; Assistant Dean of Clinical Medicine; Department Chairs; Promotion and Multi-Year Appointments Committee	Research Department Database: number of faculty/staff devoted to research; Presentations by LMU-DCOM faculty, staff, and students at local, regional, and national meetings; Publications in peer-reviewed scholarly journals; Annual faculty and staff evaluations	Contracts containing dedicated FTEs to research; End-of-year evaluation request of time for research dedicated time. Increasing scholarly activity and research by 10% each year. Increasing our OPP research each year (5-10%) as well as increasing our focus on rural health (5-10%).	
	8.4b Incorporate research and scholarly activity in the annual faculty success planning and evaluation process.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Dean of Clinical Medicine; Department Chairs; Promotion and Multi-Year Appointments Committee	Faculty evaluations containing scholarly activities	Thirty faculty members have continuously participated in scholarly activities over the last 3 years including (Abstracts, Presentations, Publications, and Grant Awards). Increasing the number of faculty and scholarly activities by 10%.	
	8.4c Ensure faculty and staff awareness of the incentive pay policy to encourage extramural funding applications.	Annually	Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Directors of Research; LMU Office of Research Grants and Sponsored Programs (ORGSP)	New Faculty Orientation, Faculty Development Workshops, Faculty Needs Assessment; Research Webpage, and Canvas.	Faculty needs assessment evaluation to ensure 90-100% awareness.	

**Standard 9: Students. The DO program recruits, admits, and holistically supports students**

Objectives	Actions	Timeline	Resources/Data To Meet Target	Resources	Assessment Targets	Recommendations from 22-23 Strategic Plan
9.1 Recruit and select qualified applicants from diverse backgrounds to the LMU-DCOM osteopathic medical education program	9.1a Increase completion rate of applications for prospective students from the Southern Appalachian region.	Annually	Assistant Dean of Admissions; Director of Recruitment and Outreach	Budget	Identify and contact 100% of in-progress applicants from the Southern Appalachian region to encourage application completion.	
	9.1b Increase engagement with prospective students from diverse backgrounds raise the visibility of LMU-DCOM.	Annually	Director Public Relations and Marketing for Health Sciences; Assistant Dean of Admissions; Director of Recruitment and Outreach; Director of Student Life; Associate Director of Student Life; Student Activities Coordinator; LMU-DCOM DO student ambassadors and specialty student club members	Budget; Public Relations Budget	Send at least 2 admissions staff members to the Diversity in Osteopathic Medicine Career Fair (Choose DO); Identify and build relationships with a minimum of 2 new HBC's in collaboration with the Assistant Dean of Diversity, Equity, and Inclusion.	
	9.1c Conduct onsite and/or virtual interviews for prospective students.	Annually	LMU-DCOM faculty and staff	Budget	Interview 1200 applicants.	
	9.1d Develop and present the Osteopathic Medical Education Awareness Conference (OMAC) to local community.	Annually	Assistant Dean of Admissions	Budget	Add at least 1 new presentation to provide a wider range of topics for participants.	
	9.1e Participate and/or exhibit in national and regional conferences and health professions events.	Annually	Director of Recruitment and Outreach; LMU-DCOM faculty/staff	Budget	Attend minimum of 40 events per academic year, combination of in-person and virtual.	
	9.1f Monitor entry data and admission criteria, including Medical College Admission Test (MCAT), grade point average (GPA), and demographic factors.	Annually	Assistant Dean of Admissions; Assessment Office; Dean of Students	Admissions reports; Assessment Data	Enroll 459 students.	
	9.1g Assist students with military scholarships, including Health Professions Scholarship Program (HPSP).	Annually	Assistant Dean of Admissions; LMU Office of Financial Services; Dean of Students; Invited military scholarship personnel	Orientations; Email; Invited presentations	Host at least 1 presentation for students interested in HPSP.	



9.2 Publish and follow academic standards policies and procedures	9.2a Implement tracking system for student advancement, including student promotion, filing of grievances/appeals, retention, graduation.	Annually	Dean of Students; Director of Academic Support; Director of Students and Academic Advancement	Student Handbook; Course Syllabi	Research and identify a minimum of 3 vendor options for potential tracking systems to best fit DCOM needs.	
	9.2b Implement student tracking system for United States Medical Licensing Examination (USMLE) licensure examinations in addition to Comprehensive Osteopathic Medical Licensing Examinations (COMLEX).	Annually	Dean of Students; Dean of Basic Medical Sciences; Dean of Curricular Innovation; Director of Academic Support, Director of Students and Academic Advancement	Student Handbook; Email; Blackboard Organization; Veerabridge	Research and identify a minimum of 3 vendor options for potential tracking systems to best fit DCOM needs.	
9.3 Publish and follow policies and procedures regarding transfer or admissions with advanced standing.	9.3a Create transfer course equivalency form for student applications.	Annually	Assistant Dean of Admissions; Dean of Students; Registrar		One hundred percent (100%) of transfer students have completed transfer course equivalence form for approval.	
9.4 Maintain accurate, secure, and confidential database for official student record keeping.	9.4a Train faculty and staff on policies regarding student record keeping, including but not limited to the Student Concern Form and FERPA.	Annually	Dean of Students; University Legal Services		One hundred percent (100%) of faculty staff complete FERPA training and receive links to Student Concerns Form.	
9.5 Provide academic counseling resources and services to support student learning and advancement.	9.5a Increase availability of individual and group-based academic support activities for students.	Annually	Director of Academic Support; Dean of Students; Director of Students and Academic Advancement		Add at least 1 additional group-based academic support workshop.	
9.6 Provide career counseling resources and services.	9.6a Increase availability of career counseling workshops for students years 1 through 4.	Annually	Director of Career Services; Associate Director of Career Services; Senior Associate Dean; Director of Alumni Services and CME; Assistant Director of Alumni Services	Student Handbook; Orientations; Email; Ongoing workshops	Add at least 1 additional group-based career services workshop for OMSI and OMSII students.	
	9.6b Provide opportunities to connect Alumni with students years 1 through 4 and offer mentoring regarding career development.	Annually	Director of Alumni Services and CME; Chief Information Officer; University Advancement;	Budget; Social Media; fundraising	Add at least 1 additional Alumni Services guest speaker event.	

9.7 Provide financial aid and debt management counseling.	9.7a Present mandatory financial aid and debt counseling sessions to matriculating students.	Annually	LMU Office of Financial Services; invited guest speakers	Budget; Interview Day; Orientations; Graduation Requirement	One hundred percent (100%) of students complete mandatory sessions.	
	9.7b Offer group and individual financial aid and debt counseling meetings to students.	Annually	LMU Office of Financial Services	Student Handbook; Orientations, LMU Website	Add at least 1 additional financial aid and debt counseling sessions for students.	
	9.7c Conduct loan exit interviews with graduates, recessed, and dismissed students.	Annually	LMU Office of Financial Services; Dean of Students		One hundred percent (100%) of students attend exit loan interviews.	
9.8 Provide student access to confidential mental health services 24 hours a day, 365 days a year.	9.8a Increase knowledge of and accessibility to available mental health services, including service locations and hours.	Annually	LMU Office of Counseling Services; Dean of Students; Director of Students and Academic Advancement	Student Handbook; Orientations; Email; Ongoing workshops; LMU Website	Partner with at least 1 student club/organization to provide 1 additional mental health awareness workshop to students.	
9.9 Provide student access to physical health services.	9.9a Increase knowledge of and accessibility to available diagnostic, preventive, and therapeutic health services.	Annually	Director of Operations; Dean of Students; Medical Director, Student Health Center; Dean of Clinical Affairs	Student health fees; Student Handbook; Orientations; Email; LMU Website	Locate contract agreement with Summit Medical to ascertain services and to ensure 100% of students have access to services.	
9.10 Any health professional engaged in a physician-patient relationship must recuse from the academic assessment or promotion of the student receiving those services.	9.10a Require committee members to recuse themselves from Student Progress Committee and other evaluative activities should a conflict of interest be present.	Annually	Chair of Student Progress Committee; Dean of Basic Medical Sciences; Dean of Clinical Affairs	Student Progress Committee Minutes	100% of SPC meeting agendas include an opportunity for recusals.	
9.11 Require student health insurance.	9.11a Track student health insurance requirements.	Annually	Assistant Dean of Admissions; Director of Students and Academic Advancement; Rotations Manager; Dean of Students	CastleBranch	One hundred percent (100%) of students provide proof of student health insurance.	

**Goal #10: The DO Program supports the development and maintenance of community-based graduate medical education programs and prepares students to be competitive for placement into GME programs.**

Objectives	Actions	Timeline	Responsibility	Resources/Data To Meet Target	Assessment Targets	Recommendations from 22-23 Strategic Plan
10.1. Support the development and maintenance of the continuum of osteopathic education.	10.1a The Graduate Medical Education Committee shall meet at least quarterly to monitor Graduate Medical Education (GME) development.	Quarterly	Chief of GME and Rotations; Graduate Medical Education Committee (GMEC)	Budget; work with local, state and regional health systems to identify GME opportunities, develop feasibility studies and navigate the accreditation process	Four (4) meetings annually.	
	10.1b Develop a Suite of Services for GME Development and Maintenance .	Quarterly programming	Chief of GME and Rotations; GMEC, Medical Librarian, Center for IPE and Simulation, Life Support Training Director, Director of Alumni Services and CME	Budget, library resources, IS resources, event registration and communication platforms	Event registrations, library usage data, and program and course completion data tracking implemented.	
	10.1c Develop marketing materials that describe LMU-DCOM GME development resources	July 2022	Chief of GME and Rotations; GMEC; Director of PR and Marketing for Health Sciences	Printing budget, web presence/IS resources	Will work with the PR department to better develop marketing tools to distribute at conferences (OMED, TN Rural Health Conference, etc.) that outlines the services we have available to developing and established GME programs.	Will work with the PR department to better develop marketing tools to distribute at conferences (OMED, TN Rural Health Conference, etc.) that outlines the services we have available to developing and established GME programs.
	10.1d Provide accredited Continuing Medical Education (CME) programs that include clinical and preceptor development with resources targeting preceptors, adjunct faculty, clinical sites, GME partners, alumni, residency program staff and faculty, and health care professionals by identifying, developing and delivering high-quality programming, addressing clinical practice gaps, and clinical faculty development with integration of Osteopathic Principles and Practice (OPP).	Annually	Director of Alumni Services and CME, Preceptor Development Committee, Clinical Education office	Educational grants, Learning Management Systems including, but not limited to, EthosCE and MediaSite, Clinical faculty, Information Technology (IT) support, OMM faculty	Deliver at least five (5) CME programs annually; review results of annual needs assessments, completion of programs and analysis of outcomes data; maintain AOA accreditation as a Category 1 CME sponsor.	
	10.1e Develop and attend need-based accredited Continuing Medical Education (CME) Conferences and events.	At least 4/year	Director of Alumni Services and CME; GME Program leadership; LMU-DCOM faculty and staff leadership; LMU-DCOM Alumni	Budget	Documented and delivered CME programs with a target of delivering at least four (4) programs annually.	
	10.1f Incorporate the teaching and assessment of Entrustable Professional Activities (EPA) into the clinical curriculum.	Quarterly	Asst. Dean of Basic Medical Science, Asst. Dean of Clinical Education; Rotation Chairs; Director of Alumni Services and CME; Center for IPE and Simulation (CIPES)	Budget for programming	Baseline attendance acquired for annual preceptor training on EPAs; attendance reports from trainings; assessments on rotation evaluations.	Will develop annual preceptor training on EPAs and track attendance. The assessment is tracked on each end of rotation evaluation.
	10.1g Conduct Faculty Development Training to help students through the GME application process and understand current trends.	Annually	Director of Career Services; Associate Director of Career Services	Careers in Medicine; AACOM resources; faculty; IS; alumni; specialty colleges	Placement outcomes with target goal of 98% placement rate annually.	
	10.1h Collaborate with affiliated Graduate Medical Education (GME) programs to monitor continuity of undergrad to graduate education.	Quarterly	Chief of GME and rotations; Curriculum Sub-committee	Academic Services and Assessment; Library Services	GME staff member is hired and serves on Curriculum Committee.	

10.2 Provide a mechanism to assist new and existing graduate medical education (GME) programs in meeting the requirements for accreditation by the Accreditation Council for Graduate Medical Education (ACGME).	10.2a Work with affiliated graduate medical education programs to determine needs and provide resources	Annual needs assessment	Graduate Medical Education Committee (GMEC), new and existing GME program representatives	Conduct/analyze results of needs assessment	Will conduct a formal needs assessment with affiliated Program Directors and Program Coordinators and Peer Appointed Resident Representatives.	Will conduct a formal needs assessment with associated Program Directors and Program Coordinators and Peer Appointed Resident Representatives.
	10.2b Provide library support and other resources to meet the needs of faculty in affiliated Graduate Medical Education (GME) programs and postgraduate trainees.	Annually	Medical Librarians (Harrogate and DCOMK); Chief GME/Rotations Officer; GMEC	Library staff; Library website and resources; LMU IRB; LMU-DCOM Research and Grants Committee	GMEC has formulated plan to meet stated needs.	
	10.2c Support faculty members of affiliated GME programs in the Appalachian region and beyond.	Annually	GMEC, GME program leadership and coordinators Department of Clinical Education, Office of Career Services, Chief of GME/Rotations	Needs assessment	Formulate annual plan to meet stated needs.	Development of a formal plan based off of above formal needs assessment will need to be developed.
	10.2d Monitor the process for clinical and adjunct faculty credentialing and academic rank application.	Annually	Department of Clinical Education; LMU-DCOM Promotion and Multi-Year Application Committee (PMYAC)	Federation of State Medical Boards (FSMB) database; Verification Matters; DO Profiles; AOIA Credentials Database	One hundred percent (100%) of training sites are equipped with faculty and preceptors to train students.	
	10.2e Provide outcome-based learning resources and education to faculty, staff and residents.	Quarterly	Chief of GME and Rotations; GMEC; Health Science Librarians	Budget	One to three (1-3) faculty development programs have been delivered.	
	10.2f Augment GME didactics with visiting LMU-DCOM faculty on-site and via distance learning, access to simulation, and American Heart Association courses and other resources.	Annually and as requested/needed	Chief of GME and Rotations; GMEC; Director of Alumni Services and CME; CIPES staff; Assistant Director of CIPES	LMU-DCOM Faculty and residency faculty, staff and leadership	Will offer at least one educational program per quarter with attendance rosters. Continue to offer lecture support as needed to affiliated GME programs will informing them of our capabilities to support educational content.	Will continue to provide lecture support as needed to the residency programs while informing them of our capabilities.
	10.2g Develop scholarly activity presentations, research funding opportunities and mentorship.	Annually	LMU-DCOM Director of Research; Chief of GME and Rotations; GMEC; and other graduate and professional degree program directors	Budget	Greater than or equal to one (1) poster submitted to LMU research fair and Rural Health Association of Tennessee (RHAT) virtual poster fair.	
10.3 Provide a mechanism to assist GME programs accredited by the ACGME in meeting the requirements of osteopathic recognition.	10.3a Develop an Osteopathic Recognition Task Force to educate and encourage the development of and aid programs to achieve and maintain Accreditation Council for Graduate Medical Education (ACGME) osteopathic recognition designation when feasible.	Biannually	Chief of GME and Rotations; OPP Subcommittee of GMEC; LMU-DCOM Osteopathic Manipulative Medicine (OMM) Department	OMM department support, library resources, budget for printed materials	Baseline acquired for number of sites that materials are given to and education provided for; meet with each affiliated program director annually and as needed to determine the readiness and needs to obtain osteopathic recognition.	Will begin to assess in the GME annual assessment and meet with program directors as needed.

10.4 Demonstrate and publish publicly the placement of students in GME programs, including through the publication rates of its students.	10.4a. Produce well prepared students for residency.	Annually	GMEC, Chief of GME/Rotations, Office of Career Services	Results of data	Placement of graduates at rate of at least 98%.	
	10.4b Prepare students for the residency application process.	Annually	Director of Career Services; Associate Director of Career Services; Director of GME and Rotations; Director of Alumni Services and CME	Careers in Medicine; Big Interview Medical; Alumni/Career Services Seminar Series; MATCHMaker Mentorship Program; faculty advisors; meeting technology; Blackboard; YouTube; Anthology alumni website; LMU-DCOM website	Placement outcomes, usage rates, programs delivered, alumni mentors engaged with target goal of 98% placement rate annually and target goal of at least 10% of total graduate population enrolled as alumni mentors.	
	10.4c Prepare Graduate Medical Education (GME) accountability report to determine residency placement by specialty of DO graduates.	Annually	Assessment department; Office of Career Services; Chief of GME; Director of Alumni Services and CME	Budget	Produce and distribute findings of the GME accountability report annually with target goal of 98% placement rate.	Suggestion: the GME accountability report is a yearly report. This is part of our regular work.
10.5 Maintain relationships with alumni and solidify relationships with physicians (DOs and MDs) and other health care professionals, hospitals and other health care facilities serving in the Appalachian region and beyond.	10.5a Work with mapping vendor for licensure analysis to include tracking of licensure address, licensure specialty, service in rural area, service in underserved area, and service in Appalachia and beyond	Annually	Director of Alumni Services and CME	Contract with National Center for the Analysis of Healthcare Data (NCAHD); budget	Identify 95% of alumni licensure data.	
	10.5b Contact alumni including, but not limited to, through monthly email newsletters, social media outreach, offering engagement opportunities (including mentoring students and speaking to students), surveys, event invitations, live and virtual events.	Monthly and as needed	Director of Alumni Services and CME	Budget; Constant Contact, alumni website through Anthology, LMU-DCOM Facebook page	Review and analyze actions taken at least annually with target goal of at least one alumni communication per month.	
	10.5c Track attendance and participation in strategic state and national events, including, but not limited to, the American Osteopathic Association annual conference (AOA OMED), Tennessee Osteopathic Medical Association (TOMA), and Rural Health Association of Tennessee (RHAT).	Annually	Dean and Chief Academic Officer; Senior Associate Dean; Office of Clinical Education; Chief of GME/Rotations Officer; Director of Alumni Services and CME; selected faculty and staff	Budget for registration and exhibit booth fees	Documentation of attendance and participation at appropriate meetings and other programs with target goal of attending at least five meetings annually.	
	10.5d Establish and maintain relationships between LMU-DCOM and affiliated health care systems and facilities	Quarterly and as needed	LMU-DCOM faculty and staff leadership	Budget	Documentation of attendance and participation at appropriate meetings and other programs with target goal of attending at least five state/national meetings annually and visiting health system partners virtually and in-person.	
	10.5e Encourage and recruit DO alumni to precept medical students.	Quarterly	Office of Clinical Education; Chief of GME/Rotations Officer; Director of Alumni Services and CME	Alumni newsletter/emails, updated alumni database	Twenty-five (25) alumni per year are newly recruited.	



**Goal# 11: The DO program assesses programmatic and individual student outcomes using data to continuously improve all aspects of the COM.**

Objectives	Actions	Timeline	Responsibility	Resources/Data To Meet Target	Assessment Targets	Recommendations from 22-23 Strategic Plan
11.1 Oversee outcome measures to ensure program and academic quality	11.1a. Ensure LMU-DCOM Program Outcomes align with NBOME Blueprint and Foundational Competencies for Undergraduate Medical Education	Annually	Assistant Dean of Assessment	Program Outcomes minutes, Curriculum Committee minutes	A. LMU-DCOM Program Outcome committee to identify variations with the NBOME Blueprint and the Foundational Competencies for UME (to be released in early 2024) with a report of suggested revisions shared with Curriculum Committee by May 2024.	The action was developed prior to the formation of the Policy Procedure Committee. All Assessment Policies and Procedures were reviewed and updated during the PPC review. The assessment target should be revised to require an annual review of Assessment Department policies and procedures to be documented in departmental meeting notes.
	11.1b Preclerkship action: Ensure changes identified in End of Course Reports are implemented in courses.	Biannually	Assistant Dean of Assessment, Chair of Curriculum Committee	Course Syllabi, Course Lecture list, End of Course Reports	A. One hundred percent (100%) of End of Course (EOC) Reports identify at least one improvement to the course to be implemented the following year. B. EOC template revised to provide a table for Course Directors to list course improvements identified in the prior report and related outcomes.	Require all Course Directors to identify at least one improvement to the course that will be implemented in the following year. Revise the EoC Report to improve data collection from the report. Revise Assessment target to include the a rationale for why a change was not implemented.
	11.1c Clerkship: Ensure changes identified in Annual Rotation Reports are implemented in rotation didactics.	Annually	Assistant Dean of Assessment, Chair of Curriculum Committee	Rotation Syllabi, Annual Rotation Reports	A. One hundred percent (100%) of Annual Required Rotation (ARR) Reports identify at least one improvement to the course to be implemented the following year. B. ARR template revised to provide a table for Course Directors to list course improvements identified in the prior report and related outcomes.	Require all Rotation Directors to identify at least one improvement to the course that will be implemented in the following year. Revise the ARR Report to improve data collection from the report. Revise Assessment target to include the a rationale for why a change was not implemented.
	11.1d Develop and implement an early intervention method for tracking "at-risk" students.	Biannually	Assistant Dean of Assessment, Associate and Assistant Dean of Students, Assistant Dean of Curricular Innovation	Deans Council minutes	A. Develop a "Pathways to Success" for at-risk students. B. Develop a tracking procedure for at-risk students which merges data housed in Assessment/ Exam Services with data housed in Student Services.	Perform curricular mapping of the OMS-I and -II years to identify unnecessary redundancies or gaps in the curriculum which may cause at risk students to struggle to determine what is important or to integrate information across disciplines and systems.  Review curriculum and program outcomes to ensure alignment with the NBOME blueprint  Add a section to the EOC report for CDs to review and respond to curriculum mapping information.  Develop a functional plan to support at-risk students and track the support students are receiving.