LMU-DCOM Strategic Plan Report
2023-2028

LMU-DCOM Strategic Plan 2023-2028

Approved 10/24/22 by the LMU-DCOM Strategic Planning and Compliance Committee.

*Mission DO Program: To prepare outstanding osteopathic physicians who are committed to the premise that the cornerstone of meaningful existence is service to humanity. The mission of the Doctor of Osteopathic Medicine (DO) program at LMU-DCOM is achieved by:

- 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 and leadership as an enduring commitment to professionalism and the highest ethical standards.
- 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 Approval; 5.3.19 LMU Board of Trustee Approval

The DO Program Goals:

Goal #1: The DO program has a written mission and strategic plan, and maintains full accreditation from AOA-COCA and other accreditors.

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.

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

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.

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

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

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

Goal #8: The DO program faculty, students, and post-graduate trainees have opportunity to participate in research, grants and/or scholarly activities contributing to the advancement of knowledge in medicine.

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 medical education programs and prepares students to be competitive for placement into GME programs.

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

LMU-DCOM Strategic Plan 2023-2028

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 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
- Expanded research opportunities with Knoxville location
- Community support
- Distributive model
- Remote learning capability
- Multi-level health related majors and professional schools at LMU
- Supportive university culture
- Availability of dual-degree programs

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

- Difficulty recruiting to rural setting for faculty/staff/students - Jobs for spouses
- Cross training faculty/staff for leadership positions
- 3rd and 4th year student engagement
- No teaching hospital adjacent to medical school
- Research opportunities - Basic sciences, educational and clinical
- Effective quality improvement process
- Not all core sites have affiliated residency programs or resident presence
- Recruiting qualified faculty
- Information services connection and support
- Grant funding
- Size of staff
- Lack of practice opportunities for clinical faculty
- Local primary care physician shortage
- Difficulty recruiting staff
- Facilities response time at off locations
- 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
- Experience at small core sites
- 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
- Community Engagement and Outreach
- Expand life-support training revenue

- Research - Educational and CME
- Change in demographics
- Student-centered by administration, faculty, staff
- Socialization between campuses
- Expand Alumni engagement
- Communication within school and between campuses
- CME growth-Promoting LMU-DCOM and the University as a whole as a source from CME and other lifelong learning needs.
- Exposure to rural healthcare system to enhance clinical skills
- Potential to promote innovative teaching and assessment strategies at a regional and national 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
- COVID-19/Pandemics
- 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
- Increased research standard expectations for accreditation (COCA Standard 8)
- 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

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	*Results	*Met/Not Met	Recommendations for Improvement (If NOT MET)	*Describe Changes to Actions and any new assessment targets for 2024
1.1 DCOM's mission describes the DO program outlining program planning and assessment and is consistent with LMU's mission.	1.1a Hold a Strategic Planning workshop for Deans in September prior to making 2023 updates.	Annually	Associate Dean, IPE and Simulation	Zoom technology, books and video for pre-work	Attain 90% attendance at the Deans Strategic Planning workshop.	NA	Not Met	Will take place late September; move to 2024.	Attain 90% attendance at the Deans Strategic Planning workshop.
	1.1b Review and update LMU-DCOM mission to ascertain changes needed due to continued development and/or alignment with LMU's mission.	Annually	Dean/CAO; LMU-DCOM Strategic Planning and Compliance Committee (SP&CC); Deans Council	LMU-DCOM and LMU Mission statements	Review of mission statement and plan updates have been approved and documented in Deans Council meeting minutes. Fall semester.	NA	Not Met	Will take place late September; move to 2024.	Review of mission statement and plan updates have been approved and documented in Deans Council meeting minutes. Fall semester.
	1.1c Obtain Board of Trustees approval for missions statement changes as needed.	Annually	Dean/CAO	LMU Board approval	Board approval communication received.	NA	Not Met	Will take place late September; move to 2024.	Board approval communication received if applicable.
	1.1d Revise mission statement and goals in appropriate literature, post to website, and communicate changes to LMU-DCOM community as needed.	Annually	Data and Quality Assurance Manager	Website, Share Point and various media	List literature and website link where updates to mission statement and goals have been made and list methods used to communicate changes to students, community stakeholders, and LMU-DCOM faculty and staff.	NA	Not Met	Will take place late September; move to 2024.	List literature and website link where updates to mission statement and goals have been made and list methods used to communicate changes to students, community stakeholders, and LMU-DCOM faculty and staff.
1.2 LMU-DCOM strategic plan is developed and updated to support all aspects of its mission.	1.2a Confirm COCA/Strategic Planning Team Leads and SP&CC members.	Annually	Dean/CAO, Associate Dean-IPE and Simulation, Associate Dean of Students	Student Leadership list and Faculty/Staff roster	COCA/Strategic Planning Administrative Team has been updated and confirmed via email communication between Dean, Associate Dean-IPE and Simulation, and Associate Dean of Students.	Majority vote from Deans Meeting on Team Lead updates took place on 7/25/23.	Met	NA	NA
	1.2b Review and update LMU-DCOM strategic plan in keeping with continued development and improvement the DO program.	Annually	Dean/CAO; SP&CC members; Deans Council	LMU-DCOM previously approved strategic plan, multiple data sources from surveys launched for continuous improvement purposes, end of course and rotation reports, etc.	Approved plan is published (provide web link); SP&CC Meeting minutes/email communications verifying update and approval for the coming academic year are stored in Share Point.	All meeting minutes are on file and the web page is updated: https://www.lmunet.edu/debusk-college-of-osteopathic-medicine/documents/dcomstrategicplan.pdf	Met	NA	NA
1.3 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 accreditation standards.	Annually	Dean/CAO and SP&CC members	Prior self study documentation and new data findings from multiple sources	Accreditation with COCA is maintained.	December 2023 received 10 years accreditation with exceptional outcomes.	Met	NA	NA
	1.3b Complete all required AOA and American Association of Colleges of Osteopathic Medicine (AACOM) progress reports.	Annually	Dean/CAO; Associate Dean of IPE and Simulation	Data/documentation from DCOM departments	Ensure 100% of reports are completed, submitted and accepted.	100% of reports have been submitted, i.e. new applications for a planned class size increase in Knoxville,TN and an additional location/planned class size increase in Orange Park, FL.	Met	NA	NA
	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.	Lincoln Memorial University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, masters, educational specialist, and doctorate degrees.	Met	NA	NA
	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.	LMU-DCOM is currently accredited as a Level 3 Category 1-A CME sponsor.	Met	NA	NA
	1.3e Explore other program development opportunities at graduate and post-graduate levels, i.e., public health, physical therapy, occupational therapy, etc.	Annually	Dean/CAO of LMU-DCOM	Accreditation documentation	All documentation is up to date and available upon request.	PT/OT in progress.	Met	NA	NA
	1.3f Explore and plan new opportunities for growth and expansion for LMU-DCOM.	Annually	Dean/CAO, Chief Administrative Officer	Feasibility Studies; Pro Forma	Number of applications submitted.	08 2023: Two new applications with feasibility study and proformas have been submitted to the Commission on Osteopathic College Accreditation (COCA): Planned Class Size Increase (PCSI) Knoxville (100) and Additional Location/Planned Class Size Increase (PCSI) Orange Park, FL.	Met	NA	Obtain Phase II approval from COCA on both applications. Submit Phase II reports to COCA.
1.4 Confirm LMU Board of Trustees (BOT) is represented by a physician.	1.4a Review Board of Trustee list.	Annually	Dean/VP		Ensure Board of Trustee list shows a physician, preferably an osteopathic physician.	There are currently four (4) physicians on the Board (MDs).	Met		

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	1.4b Make recommendations for potential members.	Annually	Dean/VP			Recommendations have been made	Met		Continue to recommend at least one DO representative on the Board, preferably an alumni.
1.5 Develop and implement methods for collecting data and decision driven improvements across departments at DCOM. (CIPES)	Build database of Action Plan Tracking items using Committee Meeting Minutes data.	Fall 2023	Data and Quality Assurance Manager; Associate Dean, IPE and Simulation	Committee Meeting Minutes; Action Plan Tracking Database	One hundred percent (100%) of Committee Meeting Minutes are being tracked and data placed into the Action Plan Tracking database. Concluding report generated.	100% of meeting minutes are being tracked and data is recorded in the APT database. A first pass report is being generated this semester (fa 2023).	Met	NA	Review 1st pass report to refine and develop a process for cyclical dissemination to faculty, staff and administration.
	Introduce new committee meeting minutes template; provide overview to administrative support on use.	Fall 2022			One hundred percent (100%) of admins have been trained; One hundred percent (100%) of admins are using the template.	100% of admins have been introduced to the new meeting minutes template and are using it to capture data driven decision making/improvements.	Met	NA	Obtain feedback from admins on the meeting minutes template and process for capturing data driven decisions made during committee meetings.

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	Goal #2: The DO Program will have leadership and senior administrative staff with the knowledge, skills, time, and support necessary to a

Objectives	Actions	Timeline	Responsibility	Resources/Data To Meet Target	Assessment Targets
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 when new Dean 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	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; Department Chairs, Directors of Operations	Administrative support	Organizational chart is revised and disseminated prior to the start of fall semester.
	2.3b All DO/MD medical licenses are verified.	Annually	Assistant Dean, Clinical Affairs; 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	Directors of Operations	One hundred percent (100%) of revised profiles are submitted to HR.
	2.3d Conduct annual faculty/staff evaluations.	Annually	Department Chairs, Associate Deans	Evaluation instruments, administrative support	One hundred percent (100%) of all evaluations completed and submitted to HR
	2.3e Conduct annual faculty workload assessment.	Annually	Associate Deans of Preclinical and Clinical education, Department Chairs, Director of Assessment	Faculty Adequacy Model	Assessment 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	Department Chairs and Associate Deans	Recommendations are sent to Faculty Rank/Promotions Committee.

Goal #2: The DO Program will have leadership and senior administrative staff with the knowledge, skills, time, and support necessary to a					
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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 Clinical Data specialist	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 Clinical Data Specialist	Web-based submission link	Complaint reports reflects 0% complaints filed.

				Goal 3: The DO Program has sufficient financial resources readily available to meet th	
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources/Data To Meet Target**	**Assessment Targets**
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.
	3.1g Publish budget information in biannual DCOM Newsletter.	Biannually	Director of Public Relations (PR) and Marketing for Health Sciences	Budget for PR/Marketing	Provide dates DCOM Newsletter is published biannually.
	3.1h Continue Annual Report publication.	Annually	Director of Public Relations (PR) and Marketing for Health Sciences	Budget for PR/Marketing	Date annual report was published and available upon request.
	3.1i Continue distribution of LMU-DCOM news through press releases, LMU-DCOM website, and social media	Annually	Director of Public Relations (PR) and Marketing for Health Sciences	Budget for PR/Marketing	List distribution methods utilized this year.
3.2 Maintain the financial viability of LMU-DCOM through collection of tuition, seeking of grant funds and	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.

			Goal 3: The DO Program has sufficient financial resources readily available to meet th		
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources/Data To Meet Target**	**Assessment Targets**
other fundraising activities. (*See LMU Goal 6 for additional fundraising at the University level that includes DCOM*)	3.2b Support efforts to expand external funding and educational programming.	Annually	Senior Associate Dean for Research Graduate Affairs; Department Chairs; Director of Health Sciences Research and Grants; Research Specialist for Health Sciences; Director of Marketing and Public Relations for Health Sciences		Total number of applications submitted; total dollar amount of finds procured.
	3.2c Solicit donations from LMU-DCOM constituents, including alumni, parents and friends.	Annually	Director of Development Health Sciences Division	Travel and mailing budget	
	3.2d Identify and solicit potential major gift prospects to fund areas of need as identified by LMU-DCOM administration.	Annually	Director of Development Health Sciences Division	Travel and mailing budget	

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

Objectives	Actions	Timeline	Responsibility	Measure/Source	Assessment Targets
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	Director of Academic Assessment (LRC Committee Chair); Assistant Dean of Clinical Medicine, Assistant 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 Core clinical rotation site development for sites who score less than 1 SD below the mean (outliers).	Annually	Director of Academic Assessment, Assistant Dean of Clinical Affairs.	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.
	4.1c. Draft, complete and submit application for Society for Simulation in Healthcare (SSiH) accreditation. (CIPES).	Fall 2023	Associate Dean, IPE and Simulation; assistant Director, Simulation and Training; Data and Quality Assurance Manager	Advisory faculty/staff member(s) for Accreditation	Provisional application submitted to SSiH May 2021.
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, 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.
	4.4b Upgrade all classroom technology in MANS and DCOM lecture halls equivalent to DCOMK.	Annually	CIO; IS staff	Various technology vendors	One hundred percent (100%) upgrade is completed in MANS and DCOM lecture halls.
	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 $200,000.00 to purchase Mobile Simulation Vehicle. (CIPES)	Annually	Director of Life Support Training; Director of Development Health Sciences Division; Mobile Simulation	Grants; Funding from Private Organizations and Foundations	Mobile Simulation Unit Fully Funded; Unit production and equipment contracted.

				Goal 4: The DO program has modern facilities, equipment, and resources available to faculty,	
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Source**	**Assessment Targets**
	4.5b.Pilot in-situ clinical skills training at core clinical rotation sites. (CIPES)	Annually	Unit Committee.		At least two (2) in-situ trainings completed; > or = 90% of learners A/SA that the training was satisfactory overall.
4.6 Identify, maintain, and deliver databases, electronic resources, journals, books, in medical library for faculty, staff, and students	4.6a.Acquire and implement LWW Clerkship based on the 2021-2022 Student Survey suggestions.	Fall 2022	Medical Librarians (DCOM-K and DCOM-H); Electronic Resources Librarian (Cedar Bluff); Learning Resource Committee (LRC); LMU	Library resources and budget; Survey and assessment data	100% implementation of LWW Clerkship

				Goal #5 The DO program provides a professional, respectful, non-discrimi	
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Data**	**Assessment Targets**
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.
	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 Advertise in appropriate journals, websites, and organizations to recruit qualified, mission-appropriate diverse faculty, and senior administrative staff.	Annually	Search Committee Chairs, Human Resources	Need budget for advertisement in applicable journals.	List of resources utilized to recruit a diverse workforce.
	5.2b Provide competitive benefits and services to retain faculty, staff, and senior administrative staff.	Annually	Human Resources	Need Faculty Affairs personnel to aid in retention activities; exit interview data	Faculty Affairs staff member hired.
	5.2c Target recruitment at predominantly minority conferences for open faculty and senior administrative staff positions.	Annually	Department Chairs, Search Committee Chairs, Human Resources	Attendance or advertisement at conferences	List of conferences attended and or/advertised.
	5.2d Establish pipeline with minority serving undergraduate institution.	Fall 2023	Assistant Dean of Diversity, Equity, and Inclusion	Need contacts, and administrative support to facilitate pipeline	Pipeline established at least one minority serving undergraduate institution.
	5.2e Provide all staff with 1 professional development opportunity per year.	Fall 2023	Administration, Deans, Supervisory positions	Need budget for professional development for staff	Approval for all staff to have one relevant professional development opportunity per year.

| | | | | Goal #5 The DO program provides a professional, respectful, non-discrim | |
Objectives	Actions	Timeline	Responsibility	Measure/Data	Assessment Targets
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.
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; WellConnect 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.
	5.4c Promote mental health awareness, wellness, and fatigue mitigation with faculty and staff.	Annually	Human Resources, Faculty Development	Need Faculty Affairs personnel and 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; need money in the budget for faculty and staff wellness	Faculty Affairs staff member hired; Attendance and programming calendar

				Goal #6: The DO program curriculum prepares future clinicians	
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Source**	**Assessment Targets**
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 Continue developing courses to use the highest levels of technology available at LMU-DCOM.	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)	Basic Medical Science (BMS) budget; Budget for curriculum development	The End of Course Reports (EOCR) reflect use of technology.
	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.
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.
	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	Refinements made to courses each year. Syllabi are reviewed and approved biannually by the curriculum committee prior to posting to LMS (Canvas).
	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.
	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	Cognitive complexity analysis of question items for OMS I & OMS II.

Objectives	Actions	Timeline	Responsibility	Measure/Source	Assessment Targets
					Goal #6: The DO program curriculum prepares future clinicians
	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	COMLEX Level I & II scores.
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	MediaSite; web resources; textbooks & journals; distance technology; literature review; annual site reports; End of rotation student eval of preceptors; preceptor evaluation of student	Meet or exceed mean national first time pass rates for COMLEX Level II exams. Meet or exceed national mean for individual COMAT exams.
	6.3b Review and improve rotation educational requirements.	Annually	Rotation Chairs; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine	Including but not limited to Online MedEd, Uworld, COMQuest; UpToDate	Meet or exceed mean national mean for COMAT exams.
	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.
	6.3d Review and refine curriculum for OMS III and OMS IV to include self-directed learning and faculty-led didactic sessions on weekly basis.	Annually	Course directors, Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine; Preceptors	Student end of course evaluations; Annual site report; rotation syllabi	Meet or exceed mean national first time pass rates of COMAT exams; achieve student satisfaction report where >80% agree/strongly agree it is helpful/beneficial.

				Goal #6: The DO program curriculum prepares future clinicians	
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Source**	**Assessment Targets**
6.4 Integrate OPP throughout Clerkship Curriculum.	6.4a Verify presence of OPP in syllabi.	Annually	Chair of OMM; OMM faculty; Clinical Faculty	Curriculum Committee; 4th Friday Didactics	Course syllabi reflect the presence of OPP in the 3rd and 4th year clinical courses.
	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.
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 more than 100% training sites for students.
	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.
	6.5c Identify site coordinator at each site.	Annually	Director, Clinical Education		One hundred percent (100%) of core sites are staffed with a coordinator.
6.6 Implement undergraduate Osteopathic Principles and Practice (OPP)/Anatomy Scholars Program.	6.6a Hire new scholars for OPP, Anatomy, and Research program.	Annually	Anatomy Chair and faculty; Osteopathic Manipulative Medicine (OMM) chair and faculty	Number of scholars per class	Up to eight (8) scholars in OPP, Anatomy or Research are contracted annually.
	6.6b Develop the OPP/Anatomy curricular structure and manual.	Annually	Anatomy Chair and faculty; OMM faculty	Budget	
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.

					Goal #6: The DO program curriculum prepares future clinicians
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Source**	**Assessment Targets**
6.8 Continue current PhD program and investigate new PhD programs.	6.8a Continue the PhD in Anatomical education program.	Annually	PhD Program Director; Anatomy Chair	Library Resources; Number of applicar	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	At least 20 students are accepted into the DO/MBA program.
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	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.
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.	Fall 2023	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.
	6.11b Ensure each DCOM IPE component resides in a course.	Fall 2022/ Spring 2023		DCOM Curricular schedule;	One hundred percent (100%) of IPE components have been placed and are noted in DCOM course syllabi.
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.	Spring 2023	Nurse/Medical Educators; Faculty	End of exercise summary; # of learners	The process was developed and has been administered to 100% of the students requiring the remediation.
	6.12b Create SOAP note remediation tracker.				

					Goal #7: The faculty possess the credentials, knowledge,
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Source**	**Assessment Targets**
7.1 Hire and retain faculty and chairs with terminal degrees in their respective field.	7.1a Continue to recruit, hire 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 Administrative Officer, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Dean of Preclinical Academic Affairs, Assistant/Associate Dean of Basic Medical Sciences, Chairs, Faculty	Budget allocations, Advertising, Faculty Development Opportunities, Faculty needs/satisfaction assessments	One hundred percent (100%) of open positions are filled and 100% of faculty hold terminal degrees.
	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 Administrative Officer, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Dean of Preclinical Academic Affairs, Assistant/Associate Dean 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 AOBNMM 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 Administrative Officer	The database itself; database reports; review findings	Fully functional and complete credentialing database that is searchable.

Objectives	Actions	Timeline	Responsibility	Measure/Source	Assessment Targets
				Goal #7: The faculty possess the credentials, knowledge,	
	7.1d Involve Chairs, faculty and staff as appropriate in recruitment process.	Daily	Dean/Chief Academic Officer, Chief Administrative Officer, Directors of Operations, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Dean of Preclinical Academic Affairs, Assistant/Associate Dean of Basic Medical Sciences, Chairs, Faculty	Advertising, Search committees	Search committee demonstrates representation of chairs and faculty.
	7.1e Develop, implement and review annual faculty success plan.	Biannually	Director of Academic Assessment; Assistant Director of Assessment and 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.
	7.1f Increase FTEs devoted to research and scholarly activity, particularly amongst OPP faculty, through hiring and faculty development.	Daily	Dean/Chief Academic Officer, Chief Administrative Officer, Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Dean of Preclinical Academic Affairs, Assistant/Associate Dean of Basic Medical Sciences, Chairs, Faculty	Budget allocations, Advertising, Faculty Development Opportunities, Faculty workloads/adequacy modeling	Increased total and relative research/scholarly activity FTEs.
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 > 2100 credentialed physicians in various disciplines to provide clinical training; ≥500 new applications annually.

				Goal #7: The faculty possess the credentials, knowledge,	
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Source**	**Assessment Targets**
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	Directors of Operations; Director of Academic Assessment; Assistant Director of Assessment and 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 receive a new faculty orientation.
	7.3c Meet academic environment needs of incoming faculty.	Daily	Director of Academic Assessment; Assistant Director of Assessment and Faculty Development; Director of Alumni Services and CME; Assistant/Associate Dean of Preclinical Academic Affairs; Assistant/Associate Dean of 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 per semester.

				Goal #7: The faculty possess the credentials, knowledge,	
Objectives	**Actions**	**Timeline**	**Responsibility**	**Measure/Source**	**Assessment Targets**
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	Director of Academic Assessment; Assistant Director of Assessment and Faculty Development	Faculty expertise; Assessment questionnaires after faculty development workshops	Faculty development sessions are offered quarterly and evaluated for continued needs assessment.
	7.4b Update and maintain DCOM website to include latest resources available to faculty to support development	Quarterly	Director of Academic Assessment; Assistant Director of Assessment and Faculty Development; Data and Quality Assurance Manager	Faculty development program(s); website	Up-to-date website with latest resources included.
	7.4c Create and 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	Live and operational webpage is utilized by preceptors.
	7.4d Identify grants for Faculty Development.	Daily	Director of Health Research & Grants; Assistant Director of Assessment and Faculty Development; Senior Associate Dean of Research and Graduate Affairs	Human Resources; Emails and/or web postings; Office of Research	Fill the Director of Health Science Research Grants position; communication regarding opportunities; grant development and/or submission.
	7.4e Increase annual faculty development needs assessment survey response rate to drive programming and assure appropriate support of faculty in advancement.	Annually	Director of Academic Assessment and Assistant Director of Assessment and Faculty Development; Senior Associate Dean	Survey instrument; Rank and Multi-Year Appointment Committee	Seventy-five percent (75%) response rate on survey; rank advancement success rate.

		Goal #8: The DO program faculty, students, and post-graduate trainees have the opportunity to partic			
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources/Data to meet target**	**Assessment Target**
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 Dean of Research and graduate Affairs; Directors of Research (Harrogate and Knoxville)	BMS/Clinical Medicine budgets; Research and Grants Committee; Research committee intramural funding awards; Submissions to the DCOM research committee vs awarded(%); Publication fees paid;	Budget allocated and approved for research (both locations) is sufficient to meet faculty and student needs.
	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; Associate Dean of Academic Affairs; Directors of Research; DCOM	BMS Research budget; Research Dedicated FTEs; Faculty startup fund allocations; Intramural Grant funds; DCOM scholars program	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;	BMS/Clinical Med budgets; Yearly Capital budget requests; Number of external funding opportunities identified; Facilities/Equipment	Square footage assigned as research space; External funding applications and/or awarded; Established agreements and/or collaborations with external entities; Increasing number 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.

Goal #8: The DO program faculty, students, and post-graduate trainees have the opportunity to partic					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources/Data to meet target**	**Assessment Target**
	8.1e Provide information regarding research and scholarly activity opportunities and support services at LMU-DCOM to faculty, staff and students.	Annually	Assistant Dean of Research; Research Coordinator, and Directors of Research	New student orientation; Dean's hour(s); LMU Research Day(s); Fourth Friday Didactic presentations to OMSIII students; Seminars/Information Sessions; Weekly Faculty Staff communications presentations; Schedule of executed events; TBLs; Journal club(s) in required core rotation(s); Fourth Friday didactics; Elective research rotations; intramural student grants/awards; assistance with faculty projects	Twice yearly presentations on numbers of faculty, staff and student participation in research; Number of faculty, staff and student publications, presentations and deliverables; general communications; Specific research related presentation made twice a year to students faculty and staff; Two yearly Research related faculty development sessions.
	8.1f Increase recognition of research and scholarly projects and programs within and outside of LMU.	Annually	Assistant Dean of Research; Directors of Research; Director of Health Sciences Research and Grants	BMS/Clinical Budget; LMU Research Day; -Seminar Series; Website; Publications; Presentations at local, regional and national conferences; collaborative activities; Student research activity form for tracking activities	LMU Research Day DCOM presentations yearly by at least 4 students; Seminar Series; Website yearly updates; Newsletters/Publications; Presentations at local, regional and national conferences; collaborative activities; Number of local, regional, and/or national presentations given. Percent of students participating in research (OMSI-IV) benchmark is 25% with increase over time to 45%.
	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; Director of Health Sciences Research and Grants;	Intra & extramural funding opportunities ; LMU Research Day; Seminar Series	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.

					Goal #8: The DO program faculty, students, and post-graduate trainees have the opportunity to partic
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources/Data to meet target**	**Assessment Target**
	8.1h Ensure exposure to research opportunities in all years of medical training for LMU-DCOM students.	Annually	Dean/Chief Academic Officer; Associate Dean of Academic Affairs; Assistant Dean of Clinical Medicine; Research Directors; Faculty	Preclinical and clinical DCOM curricula; Students grants - DeBusk Fellowships and students research awards; Scholars programs; Required curricular activities with research exposure (e.g., peer reviewed publication reviews in TBLs and/or journal clubs, Fourth Friday Didactics etc.); number of students participating in elective research rotations; intramural student research support funding; abstracts, presentations, publications	Fill all scholar slots; 20% of students doing research electives; All student intermural monies distributed.
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; Director of Health Sciences Research and Grants; Research and Grants Committee; Chief of GME; Assistant Dean of Research; Directors of Research;	Dedicated faculty FTE and Protected time for research & scholarly activity; Statistical support; BMS/Clinical budget; Research and Grants Committee; Development of collaborative opportunities; Notification of extramural funding opportunities	Faculty/staff scholarly activities and research is documented in a central office with policies and procedures, a list of activities (presentations), funding information, and publications; 50% focused on rural health, underserved, Appalachian region specific issues.
	8.2b Identify and communicate grant opportunities and other sources of funding.	Annually	Assistant Dean of Research; Director of Health Sciences Research and Grants	Grant opportunities identified for Rural health, underserved, Appalachian region specific issues	Number of grant opportunities identified for rural health, underserved, Appalachian region specific issues; Number of communications regarding external applications submitted; and grants received.
	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; Assistant Dean of Research; Associate Dean of Academic Affairs; Directors of Research; Chief of GME; Faculty department chairs; Faculty	Regional and national conferences (e.g., AOA ARH; ORAU)	Minimum 10-15 organizations.

Objectives	Actions	Timeline	Responsibility	Resources/Data to meet target	Assessment Target
	Goal #8: The DO program faculty, students, and post-graduate trainees have the opportunity to partic				
	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; Associate Deans of Academic Affairs; 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)	Ten percent (10%) of total research.
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; Number of Journal subscriptions; Number of interlibrary loans	Number of Journal subscriptions; Number of 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; Research and Grants Committee; Directors of Research	DCOM Research budget; LMU-DCOM website; Research documentation	One hundred percent (100%) of student requests for research have been addressed; all policies have been reviewed.
	8.3c Provide research start-up funding packages for new faculty.	As hired	Dean/Chief Academic Officer; Assistant Dean of Research; Associate Dean of Academic Affairs; Assistant Dean of Clinical Medicine;	Budget; Funding determined annually	An increased number of research startup funds for new faculty is achieved.
	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	Track Number of meetings with faculty, students, staff; Track Number of emails concerning research; Track Number of scholarly activities and IRB or IACUCC applications by DCOM and affiliated GME members.	Number of meetings with faculty, students, staff; Number of emails concerning research; Number of scholarly activities and IRB or IACUCC applications by DCOM and affiliated GME members.

	Goal #8: The DO program faculty, students, and post-graduate trainees have the opportunity to partic

Objectives	Actions	Timeline	Responsibility	Resources/Data to meet target	Assessment Target
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; Associate Dean of Academic Affairs ; Assistant Dean of Research; Department Chairs; Assistant Dean of Clinical Medicine	Track faculty staff FTE devoted to research; Presentations by LMU-DCOM faculty, staff and students at annual LMU Research Day and at local, regional, and national meetings; Publications in peer-reviewed scholarly journals; Annual faculty & staff evaluations	Contracts containing dedicated FTEs to research; Increasing percentage to research over next 5 years.
	8.4b Incorporate research and scholarly activity in the annual faculty success planning and evaluation process.	Annually	Dean/Chief Academic Officer; Associate Dean of Academic Affairs; Assistant Dean of Research; Assistant Dean of Clinical Medicine; Department Chairs; Promotion and Multi-Year Appointments Committee	Faculty evaluations containing scholarly activities	Ninety percent (90%) of faculty are conducting scholarly activities; Increasing number of scholarly activities by faculty over five (5) years.
	8.4c Ensure faculty and staff awareness of the incentive pay policy to encourage extramural funding applications.	Annually	Dean/Chief Academic Officer; Associate Dean of Academic Affairs ; Assistant Dean of Research,; Directors of Research; LMU Office of Research Grants and Sponsored Programs (ORGSP)	New Faculty orientation and weekly Faculty/Staff communications concerning research	One hundred percent (100%) awareness of the incentive program is achieved.

					Standard 9: Students. The DO program recruit
Objectives	**Actions**	**Timeline**	**Resources/Data To Meet Target**	**Resources**	**Assessment Targets**
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	Director of Admissions; LMU-DCOM Recruiter	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; LMU-DCOM Recruiter; Director of Admissions; Student Activities Coordinator; LMU-DCOM DO student ambassadors and specialty student club members	Budget; Public Relations Budget	Attend Diversity in Osteopathic Medicine Career Fair (Choose DO); Identify and build relationships with 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	Director of Admissions	Budget	Include new LMU-DCOM faculty and departments (i.e. Career Services) to present and provide a wider range of topics for participants.
	9.1e Participate and/or exhibit in national and regional conferences and health professions events.	Annually	LMU-DCOM Recruiter; LMU-DCOM faculty/staff	Budget	Attend minimum of 40 events per academic year, combination of in-person and virtual.

					Standard 9: Students. The DO program recruit
Objectives	**Actions**	**Timeline**	**Resources/Data To Meet Target**	**Resources**	**Assessment Targets**
	9.1f Monitor entry data and admission criteria, including Medical College Admission Test (MCAT), grade point average (GPA), and demographic factors.	Annually	Director 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	Director of Admissions; LMU Office of Financial Services; Dean of Students; Invited military scholarship personnel	Orientations; Email; Invited presentations	Hire FTE (DCOM Graduate Financial Aid Officer) to assist HPSP students.
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 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	Reports generated from centralized tracking software/program.
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	Director 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.

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					Standard 9: Students. The DO program recrui
Objectives	**Actions**	**Timeline**	**Resources/Data To Meet Target**	**Resources**	**Assessment Targets**
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		Review all current workshops to make relevant changes.
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	Student Handbook; Orientations; Email; Ongoing workshops	Review all current workshops to make relevant changes.
	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	Review all current workshops to make relevant changes.
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	Hire FTE (DCOM Graduate Financial Aid Officer) to assist and advertise services.
	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.

					Standard 9: Students. The DO program recruit
Objectives	**Actions**	**Timeline**	**Resources/Data To Meet Target**	**Resources**	**Assessment Targets**
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	Continue to review and expand services as needed.
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 Education	Student health fees; Student Handbook; Orientations; Email; LMU Website	Continue to review and expand services as needed.
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 Education	Student Progress Committee Minutes	Continue to track recusals in SPC minutes.
9.11 Require student health insurance.	9.11a Track student health insurance requirements.	Annually	Director 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.

Objectives	Actions	Timeline	Responsibility	Resources/Data To Meet Target	Assessment Targets	*Results	*Met/Not Met	Recommendations for Improvement (If NOT MET)	*Describe Changes to Actions and any new assessment targets for 2024
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.									
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.	The Committee has met regularly since last academic year.	Yes		
	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.	Provided 4 1-hour CME programs to Henry County Medical Center October-December 2022; Monthly 4th Friday Preceptor Development series communicated to all clinical partners. CME accreditation being provided to clinical partner programs at no cost to the clinical partner.	Yes		
	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	Baseline acquired for number of packets distributed, web usage statistics.	Did not develop GME marketing material	No	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.	Delivered 13 CME programs between 7/1/2022 and 12/31/2022 and 8 CME programs between 1/1/2023 and 6/30/2023. Accredited 6 CME programs for AdventHealth Ocala and CHI St. Vincent Hot Springs between 1/1/2023 and 6/30/2023. LMU-DCOM received 5-Year Continuing Accreditation with Commendation as a Category 1 CME Sponsor on November 7, 2022, with a document survey review result of 100 points.	Yes		
	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.	Delivered 13 CME programs between 7/1/2022 and 12/31/2022 and 8 CME programs between 1/1/2023 and 6/30/2023, including the 7th Annual Essentials of Clinical Medicine CME Conference June 9-11, 2023.	Yes		
	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.		No	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.	4-year average of GME Placement rates of 100%; 2023 GME placement rate at 99.5%.	Yes		
	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.	Mark Browne, MD hired and began 7/5/2023.	Yes		
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	Formulate plan to meet stated needs on at least annual basis.	Did not conduct an annual needs assessment with associated GME programs this year. Most information gained was from verbal feedback during GME Committee meetings.	No	Will conduct a formal needs assessment with associated Program Directors and Program Coordinators and Peer Appointed Resident Representatives.	

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	*Results	*Met/Not Met	Recommendations for Improvement (If NOT MET)	*Describe Changes to Actions and any new assessment targets for 2024
	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.	Provide access to library resources such as UpToDate, VisualDX, PubMed, etc. to our GME partners.	Yes		Provide library resources to associated GME faculty and residents.
	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.	Formal plan to support needs was not developed.	No	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.	All students met rotation requirements for the 2022-2023 academic year.	Yes		Continue to develop existing clinical adjunct faculty.
	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.	Monthly 4th Friday Preceptor development series is communicated with all preceptors and CME is offered for free.	Yes		
	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	At least one educational offering provided per quarter with attendance rosters.	Dr. Keagy supplied a lecture on Aortic Aneurysms to Johnston Memorial Hospital's residency programs (IM/FM) on 5/1/23. Drs. Cope, Jones, Wenger and Keagy are scheduled to provide simulation training (central line, intubation, chest tube insertion) to JMH programs on 2/8/23. Dr. Cope and Dr. Freeman presented a lecture on library resources to Harlan/Whitesburg ARH residency on 6/26/23	No	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.	Partner GME programs did not submit to the LMU research fair and RHAT virtual poster fair but were invited to do so. We also developed a poster presentation at the annual Alumni conference and invited associated GME programs to submit	No		
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 program director annually and as needed.		No	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%.	4-year average of GME Placement rates of 100%; 2023 GME placement rate at 99.5%.	Yes		Consider including COMLEX Level 2 pass rates at or above national pass rates

Objectives	Actions	Timeline	Responsibility	Resources/Data To Meet Target	Assessment Targets	*Results	*Met/Not Met	Recommendations for Improvement (If NOT MET)	*Describe Changes to Actions and any new assessment targets for 2024
				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.					
	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.	For 2022-2023 Academic Year, 168 members of the Class of 2023 (53% of the class) received at least one MATCHMaker mentor assignment. Of those, 128 matched in the specialty of their mentor and 15 matched in the GME program(s) of their mentor. In AY 2022-2023, 388 alumni served as mentors (17.1% of current living alumni). 10 Alumni/Career Services Seminar Series sessions held in AY 2022-2023	Yes		Alumni/Career Services Seminar Series now known as DO Seminar Series
	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 annually with target goal of 98% placement rate annually.	GME Accountability report is produced annually. The 2023 placement rate for eligible graduates is 99.1%. The placement rate for all participants is 99.1% as well.	yes	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.	Results for the Fall 2022 LMU-DCOM DO Alumni Tracking Analysis Found: 99% of DO graduates were located based on licensure. 73% of DO graduates are licensed in a primary care specialty. 44% of DO graduates are located in an underserved area. 16% of DO graduates are located in a rural area. 24% of DO graduates are located in Appalachia.	Yes		
	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.	40 emails sent to alumni between 7/1/2022 and 6/30/23 including monthly alumni email newsletter, information on receptions and CME events, and information on the fellowship application process.	Yes		
	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 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.	Alumni office sponsored booth at OMED 2022 and hosted alumni and friends receptions at OMED 2022, ACOI 2022, AAO, 2023, ACOFP 2023 and TOMA 2023.	Yes		
	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 meetings annually	Alumni office sponsored booth at OMED 2022 and hosted alumni and friends receptions at OMED 2022, ACOI 2022, AAO, 2023, ACOFP 2023 and TOMA 2023.	Yes		
	10.5e Encourage and recruit DO alumni to precept medical students.	Quarterly	Office of Clinical Education; Chief GME/Rotations Officer; Director of Alumni Services and CME	Alumni newsletter/emails, updated alumni database	Twenty-five (25) alumni per year are newly recruited.	27 New alumni added as Clinical Adjunct Faculty from 1/23-8/23	Yes		

					Goal# 11: The DO program assesses programmatic and individual studen
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources/Data To Meet Target**	**Assessment Targets**
11.1 Oversee outcome measures to ensure program and academic quality	11.1a. Use Assessment Plan to develop an Assessment policy and revise annually.	Annually	Director of Academic Assessment	Deans Council Minutes	Policy approved by Deans Council and added to the DCOM Policies.
	11.1b Preclerkship action: Ensure changes identified in End of Course Reports are implemented in courses.	Biannually	Director of Academic Assessment, Chair of Curriculum Committee	Course Syllabi, Course Lecture list, End of Course Reports	One hundred percent (100%) of identified changes are implemented through the syllabi, lecture list, or as described in the following End of Course (EOC) Report.
	11.1c Clerkship: Ensure changes identified in Annual Rotation Reports are implemented in rotation didactics.	Annually	Director of Academic Assessment, Chair of Curriculum Committee	Rotation Syllabi, Annual Rotation Reports	One hundred percent (100%) of identified changes are implemented through the syllabi or as described in the following Annual Rotation Report (ARR).
	11.1d Develop and implement an early intervention method for tracking "at risk" students.	Biannually	Director of Academic Assessment, Dean and Asst. Dean of Students, Asst. Dean of Curricular Innovation	"At risk" student list	Decrease number of unique appearances on the at risk list from Fall to Spring semester.

2022-23 Reporting (August) and 2023-2024 Updates (October)	
Owners	**COCA/Strategic Planning Goal Assignment**
Jimenez	**1 Mission/Governance**
Martin	**2 Leadership and Administration**
Loyke	**3 Finances**
Martin (Benedict/Parks)	**4 Facilities**
Weaver/Hamilton	**5 Learning Environment**
Quadri/Jones	**6 Curriculum**
Martin	**7 Faculty and Staff**
Freeman	**8 Research and Scholarly Activity**
Hyfantis/Mace	**9 Students**
Cope/Browne	**10 GME**
Ruff/Augustyniak	**11 Outcomes**
Wieting	Consultant