LMU-DCOM Strategic Plan 2025-2030

Report approved:
LMU-DCOM Dean's Council 08/28/25.

*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, 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

*Approved by LMU-DCOM Deans Council 5/7/25

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 SWOT

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

Learning, research and work facilities

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 and retaining qualified faculty and staff

Grant funding

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

Strengthen university-level communication

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

Dilution of applicant pool

Decreased rigor of undergraduate education

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

Antiquated facilities to meet modern needs

Male/Female Exam Patient Model shortage

Limited preceptor availability in select rotations (Ob/Gyn, Pediatrics, and Psychiatry)

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 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
1.1 DCOM's mission describes the DO program outlining program planning and assessment and is consistent with LMU's mission.	1.1a. Work with Goal Leads to refine and improve measurable targets for all goals for the DO Program 2025-2030 plan.	1.1a. Annually	1.1a. Senior Associate Dean IPE, Simulation and Accreditation; Strategic Planning and Compliance Committee (SPCC); Director of Quality Assurance and Documentation	1.1a. LMU-DCOM (DO) program plan/report from 2024-2029	1.1a. 90-100% of all targets are measurable in the 2025-2030 DO Strategic Plan.	1.1a N/A	1.1a. Plan was reviewed and approved by the SPCC	1.1a. See 2025-2030 DCOM Strategic Plan targets	Met	
	1.1b. Obtain Board of Trustees approval for missions statement changes as needed.	1.1b. Annually	1.1b. Dean/CAO	1.1b. LMU Board approval	1.1b. Board approval communication received.	1.1b. N/A	1.1b. No changes were needed this year.	1.1b. N/A	N/A	
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.	1.2a. Review NEW accreditation standards; conduct an internal review and create an internal snapshot.	1.2a. Annually	1.2a. Dean/CAO; Senior Associate Dean of IPE, Simulation and Accreditation; COCA Goal Leads (Deans); Director of Quality Assurance and Documentation	1.2a. Prior self study documentation and new data findings from multiple sources	1.2a. 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.	1.2a. N/A	1.2a. Application/documentation submissions to COCA are ongoing with a Knoxville PCSI Year 1 Focused Site Visit taking place January 2026 and the Orange Park Additional Location Pre-operational site visit taking place February 2026.	1.2a. COCA approved DCOM Knoxville PCSI May 2023 (Letter) COCA approved DCOM Orange Park to matriculate in May 2024 (Letter)	Met	
	1.2b. Complete all required AOA and American Association of Colleges of Osteopathic Medicine (AACOM) progress reports.	1.2b. Annually	1.2b. Dean/CAO; Senior Associate Dean of IPE, Simulation and Accreditation	1.2b. Data/documentation from DCOM departments	1.2b. Ensure 100% of reports are completed, submitted and accepted. Obtain AOA COCA approval on applications/to proceed.	1.2b. N/A	1.2b. Application/documentation submissions to COCA are ongoing with a Knoxville PCSI Year 1 Focused Site Visit taking place January 2026 and the Orange Park Additional Location Pre-operational site visit taking place February 2026.	1.2b. COCA approved DCOM Knoxville PCSI May 2023 (Letter) COCA approved DCOM Orange Park to matriculate in May 2024 (Letter)	Met	
	1.2c. LMU accreditation is maintained at the regional level (SACS-COC).	1.2c. March 2025	1.2c. Dean/CAO, Senior Associate Dean of IPE, Simulation and Accreditation	1.2c. President's Office for documentation	1.2c. All SACS-COC 5th Year Interim Report request from LMU have been completed. All continued accreditation is available upon request.	1.2c. N/A	1.2c. All requested Mid-term SACSCOC documentation was submitted to LMU IE prior to the March 2025 deadline.	1.2c. See LMU SACSCOC Mid term report.	Met	
	1.2d. Maintain a minimum of 3-year accreditation continuing accreditation as an AOA Category 1 Continuing Medical Education (CME) sponsor.	1.2d. Every 5 years	1.2d. CME Director	1.2d. CME office resources	1.2d. Ensure AOA CME Document Survey meets all requirements and Accreditation is maintained.	1.2d. N/A	1.2d. In 2022 LMU-DCOM submitted for AOA Category 1 CME sponsor continuing accreditation.	1.2d. In November 2022 LMU-DCOM was awarded 5 years of AOA Category 1 CME sponsor continuing accreditation with commendation.	Met	
	1.2e. Explore other program development opportunities at graduate and post-graduate levels, i.e., DO, public health, physical therapy, occupational therapy, etc.	1.2e. Annually	1.2e. Dean/CAO	1.2e. Accreditation documentation; feasibility study(ies)	1.2e. 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.	1.2e. N/A	1.2e. In 2022 LMU-DCOM received 10 years of accreditation with Exceptional Outcome from the COCA.	1.2e. Two DO program applications are still in progress with the COCA. DCOM Knoxville Planned Class Size Increase (PCSI) - First-year Focused Site Visit takes place January 2026 and DCOM Orange Park's Pre-operational Site Visit will take place February 2026.	Met	
1.3 Confirm LMU Board of Trustees (BOT) is represented by a physician.	1.3a. Review Board of Trustee list.	1.3a. Annually	1.3a. Dean/CAO	1.3a.	1.3a. & 1.3b. At least 1 physician is on the LMU Board of Trustees; preferably at least 1 osteopathic physician.	1.3a. N/A	1.3a. There are currently at least three (3) physicians on the LMU Board of Trustees. Rose, Smitty, Gillespie, Brill	1.3a There are currently at least three (3) physicians on the LMU Board of Trustees. Rose, Smitty, Gillespie, Brill	Met	
	1.3b. Make recommendations for potential members.	1.3b. Annually	1.3b. Dean/CAO	1.3b.		1.3b. N/A	1.3b. There are currently at least three (3) physicians on the LMU Board of Trustees. Rose, Smitty, Gillespie, Brill	1.3b. There are currently at least three (3) physicians on the LMU Board of Trustees. Rose, Smitty, Gillespie, Brill	Met	

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/Sources To Meet Target)	Assessment Targets	RECOMMENDATIONS from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
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.	2.1a. Annually	2.1a. Human Resources	2.1a. Personnel File; performance reviews	2.1a. This will be verified whenever a new Dean is appointed.	2.1a N/A	2.1a. N/A	2.1a. N/A	N/A	
	2.1b. AOA or ABMS board certification verified annually.	2.1b. Annually	2.1b. Dean/CAO	2.1b. Board certification verification	2.1b. Verified annually.	2.1b N/A	2.1b. National database used to verify	2.1b. Verified	Met	
2.2 Dean is employed full time with no conflicting, secondary employment.	2.2a. Executed employment contract.	2.2a. Annually	2.2a. Human Resources	2.2a. Employment contract	2.2a. Employment contract executed annually.	2.2a N/A	2.2a. Executed annually via LMU	2.2a. Verified	Met	
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.	2.3a. Annually	2.3a. Dean's Council; Dean/CAO; Chief Operating Officer; Department Chairs, Directors of Operations	2.3a. Administrative support; Needs assessments reflect appropriate leadership structure	2.3a. Organizational chart is reviewed, revised, and disseminated prior to the start of fall semester.	2.3a N/A	2.3a. DCOM's organizational chart and COCA Tables 7.1a&b (Faculty/Staff) are maintained on a regular basis by the Chief Operations Officer.	2.3a. DCOM org chart and COCA Tables updated as of July 2025	Met	
	2.3b. All DO/MD medical licenses are verified.	2.3b. Annually	2.3b. Assistant/Associate Dean of Clinical Affairs, Assistant/Associate Deans of Clinical Medicine; Rotations Director	2.3b. Board certification verifications	2.3b. One hundred percent (100%) MD/DO board certifications are verified annually.	2.3b N/A	2.3b. National database used to verify	2.3b. One hundred percent (100%) MD/DO board certifications are verified annually.	Met	
	2.3c. Revise position profiles to reflect changes	2.3c. Annually	2.3c. Program/Division/Department Heads	2.3c. COO, Directors of Operations, Human Resources	2.3c. One hundred percent (100%) of revised profiles are submitted to HR.	2.3c N/A	2.3c. DCOM position profiles are created and updated as needed, primarily during the LMU annual performance review process in January.	2.3c. One hundred percent (100%) of revised profiles were submitted to HR.	Met	
	2.3d. Conduct annual faculty/staff evaluations.	2.3d. Annually	2.3d. Department Chairs, Assistant/Associate Deans, Dean	2.3d. Evaluation instruments, administrative support	2.3d. One hundred percent (100%) of all evaluations completed and submitted to HR	2.3d N/A	2.3d. DCOM follows the LMU annual performance review process that takes place each January.	2.3d. One hundred percent (100%) of all evaluations were completed and submitted to HR	Met	
	2.3e. Conduct annual faculty workload assessment.	2.3e. Annually	2.3e. Assistant/Associate Deans of Academic Affairs, Basic Medical Sciences, Clinical Affairs and Clinical Medicine and Clinical education; Department Chairs; Assistant Dean of Assessment; Director of Data Management	2.3e. Faculty Adequacy Model	2.3e. Faculty adequacy model complete; adjustments to faculty pool made.	2.3e N/A	2.3e. DCOM's faculty adequacy is maintained on a regular basis by the Assessment Department and Chief Operations Officer.	2.3e. Faculty Adequacy file is available upon request.	Met	
	2.3f. Review faculty and staff performance for promotion and/or rank advancement.	2.3f. Annually	2.3f. Dean/CAO; Senior Associate Dean	2.3f. COO, Assistant/Associate Dean, Department Chairs	2.3f. Recommendations are sent to Faculty Rank/Promotions Committee.	2.3f N/A	2.3f. DCOM faculty adhere to the LMU promotion and multi year appointment process.	2.3f. Promotions to: Professor- Five (5) faculty Associate Professor- Two (2) faculty Assistant Professor- One (1) faculty Multi-year appointments- Three (3) faculty	Met	
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.	2.4a. Annually	2.4a. LMU Webmaster; CIPES Director of Quality Assurance and Documentation	2.4a. DCOM website	2.4a. One hundred percent (100%) functionality and accuracy verified through annual website audit.	2.4a N/A	2.4a. DCOM annual website audit	2.4a. One hundred percent (100%) functionality and accuracy verified through annual website audit.	Met	
	2.4b. Accreditation standard complaint procedures are followed and feedback used to improve existing systems and processes.	2.4b. Annually	2.4b. Dean's office, LMU Webmaster, CIPES Director of Quality Assurance and Documentation	2.4b. Web-based submission link	2.4b. Complaint reports reflects 0% of complaints filed not addressed appropriately	2.4b N/A		2.4b. No (0%) complaints received	Met	

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/Sources To Meet Target)	Assessment Targets	RECOMMENDATIONS from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
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.	3.1a. Annually	3.1a. Dean, Associate Deans, Directors of Operations, VP Finance	3.1a. Flowchart	3.1a. One hundred percent (100%) complete. Budget process flowchart has been reviewed/approved for next AY.	3.1a N/A	3.1a. N/A	3.1a. 100% of the flowchart reviewed (08/2025) and budget complete.	Met	
	3.1b. Review LMU-DCOM Program annual budgets.	3.1b. Annually	3.1b. Dean; Division/Department Heads; Directors of Operations	3.1b. Budgets-trailing 3 years; list of all people with budgetary management and oversight. LMU Finance.	3.1b. One hundred percent (100%) complete. Budgets have been approved by LMU Finance.	3.1b N/A	3.1b. Responsible personnel collected budget requests from stakeholders, input into budget development system, reviewed with CFO	3.1b. Budgets reviewed and approved by LMU Finance	Met	
	3.1c. Review and update Budget authority.	3.1c. Annually	3.1c. Dean/CAO	3.1c. Prior FY budget authority list and Finance SW platform	3.1c. One hundred percent (100%) complete - updated list from Dean submitted to finance.	3.1c N/A	3.1c. Reviewed and updated budgetary authorities mid-cycle. Added appropriate authorities for new lines (e.g., OP FL)	3.1c Complete and updated list sent to LMU Finance	Met	
	3.1d. Conduct annual independent audit confirming financial viability and evidence of resolution of concerns cited in the audits management letter.	3.1d. Annually	3.1d. Dean/CAO; LMU VP Finance	3.1d. Audit and management letter	3.1d. Financial viability confirmed by auditor. Less than two (< 2) concerns noted in audit related to DCOM.	3.1d Audit is in progress with Finance Department.	3.1d. N/A	3.1d. Met- LMU audit underway per staff accountant (08/2025).	Met	
	3.1e. Keep expenditures under budget through stewardship of funds.	3.1e. Annually	3.1e. Dean/CAO; Department Heads; other budget managers; Directors of Operations;	3.1e. Budget outcomes report prior year	3.1e. Prior fiscal year reports show 80% of cost centers were under budget.	3.1e N/A	3.1e. Review prior year reports	3.1e. 28/32 cost centers were under budget (87.5%)	Met	
	3.1f. Meet with LMU Vice President of Finance on a regular basis to review budget.	3.1f. Annually	3.1f. Dean/VP; Chief Financial Officer	3.1f.	3.1f. Dean meets once per quarter with VP of Finance.	3.1f N/A	3.1f. N/A	3.1f. Met- Dean met with VP Spring 2025	Met	
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.	3.2a. Fall/Spring Semester	3.2a. Executive Director of Student Financial Services	3.2a. Admissions data	3.2a. One hundred percent (100%) of tuition is collected and seats are filled in DO program.	3.2a N/A	3.2a. Collect all tuition and fees from students before the end of the 1st week of class using collection emails and phone calls. Collect or arrange payment arrangements for those students who have a LOA or WD.	3.2a AR Past Due Balance Report	Met	
	3.2b. Increase unrestricted donations by building a broad base of annual support. Increase the use of voicemail and text system to improve response rates for DCOM alumni solicitations and events Refine general emails and mailings to focus on targeted groups and social projects Refine focus of solicitations to highlight impact of giving Expand faculty/staff visits to DCOM offices, to encourage giving (LMU 6.1).	3.2b. Annually	3.2b. Director of Development Health Sciences Division; VP of Advancement; Director of Annual Giving; Assistant VP for Advancement	3.2b. University Advancement fundraising data UA Mailing Calendar DCOM student philanthropy project data (via iModules and other platforms); UA Travel, Mailing, and Service Costs Budget; Salesforce database of DCOM alumni and donor data	3.2b. Number of personal visits and calls by Director of Development, Health Sciences Number of solicitations and donations via Founders Day of Giving outreach to DCOM constituents Number of emails, social media posts and direct mail solicitations sent to DCOM constituents DCOM Faculty/Staff Giving rate Number of DCOM student fundraising projects supported, and total dollars raised	3.2b - Increase the use of voicemail and text system to improve response rates for DCOM alumni solicitations and events - Refine general emails and mailings to focus on targeted groups and social projects - Refine focus of solicitations to highlight impact of giving - Expand faculty/staff visits to DCOM offices, to encourage giving	3.2b. 1) Implemented voicemails, email, direct mail and text messages for events including Doctors Day, Founders Day of Giving, Gratitude Day, and fundraising campaigns and alumni events throughout the year. 2) Designed faculty/staff specific communications and fundraising solicitations, as well as individual visits and outreach. 3) Communications to alumni and donors were refined to emphasize the theme of Donor Impact using student stories, alumni testimonials and other content.	3.2b. Director of Development for Health Sciences made 450 direct letters/calls/emails and 51 individual visits for LMU-DCOM; $134,164.24 in resulting donations.	Met	

Objective	Frequency	Responsible Party	Data Source	Measure/Method	Strategy	Results	Results Summary	Status	Use of Results
3.2c. Increase endowment giving for student scholarships, faculty development, research, endowed chairs, continuing education, and the physical plant (LMU 6.2). Work to expand corporate and major donor outreach in the Orange Park, Florida market to support the launch and growth of LMU-DCOM Orange Park Work with DCOM Director of Alumni Services and CME to increase sponsors and donor support of annual CME event Increase focus on research as a targeted fundraising priority in FY24-25	3.2c. Annually	3.2c. Director of Development Health Sciences Division; VP of Advancement; Senior Director of Alumni Services; Assistant VP for Advancement	3.2c. Minutes of LMU Awards Committee and LMU-DCOM Awards Committee LMU gift records	3.2c. Results of LMU-DCOM Awards Committee process Dir. of Development, Health Sciences scholarship donor portfolio and call logs Roster of LMU-DCOM donors recognized in the Honor Roll of Donors, through press releases and LMU publications Roster of LMU-DCOM donors invited to the scholarship Donor Appreciation Banquet and LMU Donor Gala at Homecoming In FY24-25, UA is moving to a rolling Sybunt letter strategy to increase the points of contact with past year donors. In this strategy, donors receive letters on the 12-month anniversary of their last gift, and again at 15, 18, 21, and 24-month intervals.	3.2c - Work to expand corporate and major donor outreach in the Orange Park, Florida market to support the launch and growth of LMU-DCOM Orange Park - Work with DCOM Director of Alumni Services and CME to increase sponsors and donor support of annual CME event - Increase focus on research as a targeted fundraising priority in FY24-25	3.2c. 1) Worked to expand sponsorships for the 9th Annual Essentials of Clinical Medicine conference by soliciting business and community partners. 2) Hired the Director of Corporate and Foundations Development in Orange Park, Florida as a strategy to expand our corporate and major donor outreach in this market. The Director is building a donor portfolio, making corporate connections and building affinity with the philanthropic market in the Orange Park/Jacksonville, FL area. 3) Worked with the Office Research, Grants and Sponsored Programs to identify specific research-based projects and initiatives for fundraising support. Solicited DCOM alumni through email and in-person visits for donations to research.	3.2c. 1) Sponsorships totaled $18,500 for the 2025 CME Conference. 2) Director of Corporate and Foundations Development made a significant number of calls and visits in the Orange Park/Jacksonville area, and has built a portfolio of potential major donors including individual prospects and corporate partners. 3) Director of Development for Health Sciences incorporated DCOM research as a talking point in fundraising communication in FY24-25, and incorporated research as a designation option in print and email solicitations.	3.2c. 1) CME - Met 2) Orange Park - Met 3) Research - Not Met	3.2c. a. Identify compelling stories of student achievement in research at LMU-DCOM, made possible through donor support, resulting in students achieving top residency placement . b. Refine this message in our print, email and in-person donor communications.
3.2d. Continue targeted fundraising to meet identified priorities and new opportunities. Continue to support WOS Lincoln's Cupboard, and Lincoln's Closet, with fundraising projects for the benefit of LMU-DCOM and all students (LMU 6.3).	3.2d. Annually	3.2d. Director of Development Health Sciences Division; VP of Advancement; Director of Annual Giving; Assistant VP for Advancement	3.2d. Travel, postage and direct mail budget	3.2d.- 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. Increase cultivation and focus on DCOM Class of 2011-2014 for both annual and mid-level giving.	3.2d Continue to support WOS Lincoln's Cupboard, and Lincoln's Closet, with fundraising projects for the benefit of LMU-DCOM and all students.	3.2d. 1) Fundraising for DCOM scholarships included major donors and estates through individual visits, and direct mail/email/etc.; 2) The Golden Scalpel Golf Tournament successfully raised approximately $45,200 in FY24-25 for LMU-DCOM student scholarships; 3) The WOS Cupboard and Lincoln's Closet connected our donors and community stakeholders with the significant effort of LMU-DCOM student volunteers who make these initiatives successful; 4) Classes of 2011-2014 were a focus through individual donor visits, MVT mailing and emails; 5) White Coat Sponsorship project was launched at the 2025 Founders Day of Giving, and continues into FY25-26	3.2d. 1-2) $45,200 was raised in 2025 from the Golden Scalpel Golf Tournament, directly supporting student scholarships 4) LMU-DCOM graduates from the classes of 2011-2014 have given approximately $30,000 in lifetime gifts (including $14,671.00 in fiscal 2024-25)	3.2d. 1-3) Met 4-5) Not Met/Ongoing	3.2d. 4) Classes of 2011-2014 will continue to be a priority in individual donor visits and cultivation; Messaging for this cohort will be refined to more closely align with their philanthropic interests; 5) Increase targeted mailings and individual solicitations for White Coat Project
3.2f. Provide support for the University by accurately recording gifts and maintaining alumni and demographic information using appropriate technology and software (LMU 6.4).	3.2f. Annually	3.2f. Executive Assistant for Advancement; Post Grant Awards Manager; DCOM Director for Alumni Service and Continuing Medical Education; LMU-DCOM Assistant Director for Alumni Services, Knoxville	3.2f. LMU donor records and charitable receipt records	3.2f. - Charitable contributions processed for LMU-DCOM designations by University Advancement - Charitable gift receipts provided to LMU-DCOM donors (records maintained by University Advancement) - Number of records updated by LMU-DCOM Director for Alumni Services and Continuing Education - National Change of Address (NCOA) reports obtained through mailing house processes - Number of AccuData searches conducted - Number of Alumni web updates submitted through alumni website - Results of UA prospect research UA continues to work with LMU-DCOM Director of Alumni Services and CME, and with LMU-DCOM Assistant Director of Alumni Services, Knoxville, to enhance and update Salesforce functionality and iModules alumni forms and webpage functionality.	3.2f N/A	3.2f. '1) All charitable contributions were processed for LMU-DCOM designations by University Advancement 2) All LMU-DCOM donors were sent charitable gift receipts by UA 3) Address updates, constituent relationships and other key data were maintained and updated by LMU-DCOM Director for Alumni Services and Continuing Education 4) National Change of Address (NCOA) reports were obtained through mailing house processes, and NCOA updates were uploaded to Salesforce records by I.S.	3.2f. 1-2) 295 gifts for LMU-DCOM were posted in Salesforce and charitable receipts were provided as required 3-5) All National Change of Address (NCOA) and individual address updates records are retained in Salesforce database	Met	

	3.2g. 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).	3.2g. Annually	3.2g. LMU Executive Director of Marketing and Public Relations; DCOM Director of Marketing and Public Relations	3.2g. DCOM newsletter; annual report; press releases; Marketing materials, software and media platforms employed.	3.2g. # DCOM specific press releases, #DCOM social media posts and usage stats.	3.2g LMU-DCOM LinkedIn page is now active with DCOM specific content.	3.2g Regularly distributed press releases and publications on behalf of LMU-DCOM and used social media (LinkedIn, etc.) as a marketing tool with regular posting and paid advertising.	3.2g. July 1, 2024 – June 30, 2025 Press releases published: 46 Facebook (LMU-DCOM): •Reach 375.9K (79.7% increase) •Content interactions 41.3K (21.8% increase) •Net follows increase of 24.6% Instagram (@lmudcom): •Reach 226.9K (100.4% increase) •Content interactions 36.3K (100% increase) •Net follows increased by 373.6% One issue of DCOM Insights published	Met

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	Resources (Data/Sources To Meet Target)	Assessment Targets	RECOMMENDATIONS from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
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.	4.1a. Annually	4.1a. Assistant Dean of Assessment, Learning Resources Committee Chair, Associate Dean of Clinical Medicine, Associate Dean of Clinical Affairs, Medical Librarian.	4.1a. Needs assessment data. Multiple sources as follows: LRC Technology survey, IS Technology survey, Preceptor Needs Assessment.	4.1a. 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.	4.1a. N/A	4.1a. This survey is deployed every odd year.	4.1a. In 2025 70.2% agreed or strongly agreed with the statement that they were able to fully access DCOM online medical library resources from my core/required rotation sites. This is down from 78.2% in 2023.	Not Met	4.1a. Recommendation would be to amend the target to read: Maintain a 70% or greater agreement with the statement…
	4.1b. Assess and provide resources necessary to rectify Core clinical rotation sites who score less than 1 SD below the mean (outliers).	4.1b. Annually	4.1b. Assistant Dean of Assessment, Associate Dean of Clinical Affairs, Assistant Dean of Clinical Medicine.	4.1b. Student evaluation of clinical site data; Annual Core Rotation Site Survey - facilities items.	4.1b. All rotation sites scoring within 1 SD of the mean on the Annual Core Rotation Site Survey - facilities items.	4.1b. N/A	4.1b. Annual Core Rotation Site deployed	4.1b. Several sites scored 1 or more SD away from mean with regards to facilities items. Utilized information to have conversations with hospitals regarding dedicated space and resources for students. Ongoing.	Met	
	4.1c. Revise needs assessment survey to assess current facilities for adequacy in conjunction with projected enrollment and programs	4.1c. Annually	4.1c. Dean/CAO, COO, Directors of Operations, Associate Dean of Clinical Affairs, Associate Dean of Academic Affairs	4.1c. Needs survey of faculty, staff and students	4.1c. >85% agreement with sufficient space and resources to support each domain of learning, scholarly activity, and clinical training	4.1c. Revise goal or needs assessment/survey; increase faculty/staff response rate.	4.1c. Needs assessment survey was revised accordingly and deployed with an 80% response rate	4.1c. 79.3% of respondents agreed or strongly agreed with the sentiment that LMU DCOM has adequate facilities for the program of instruction for faculty, staff and students to pursue the mission, curriculum and scholarly activity	Met	4.1c. The goal itself was met as the survey was revised to appropriate query adequacy of current facilities. Target was not met (85%).
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.	4.2a. Annually	4.2a. Information Services, DCOM Facilities and Resources Committee; CIPES Director of Quality Assurance and Documentation	4.2a. Annual website audit; Facilities Committee meeting minutes	4.2a. Web audit completed; 100% of all links are functional and display most current information.	4.2a. N/A	4.2a. Checked to ensure that Information Services (Helpdesk) link was present in website footer and added a navigation link to the Student Services webpage for the Information Services Help Desk and FAQ where technology policies and procedures are outlined.	4.2a. Link in footer and Student Services section is available and operational.	Met	
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.	4.3a. Annually	4.3a. IS, Chief of Police, Campus Police and Security, COO, Directors of Operations; DCOM Facilities and Resources Committee; CIPES Director of Quality Assurance and Documentation	4.3a. Annual website audit; Facilities Committee meeting minutes	4.3a. Web audit completed; 100% of all links are functional and display most current information.	4.3a. N/A	4.3a. Website sections dealing with building and campus safety procedures were checked for functionality in cooperation with campus directors of operations.	4.3a. Website links successfully navigate to the most up-to-date and correct policies and procedures for each campus.	Met	
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)	4.4a. Annually	4.4a. CIO; IS staff; CIPES staff.	4.4a. Laerdal	4.4a. One hundred percent (100%) transition of software and data at both sites is complete.	4.4a. Continue to meet with Information Services and Laerdal and assess functionality.	4.4a. Helpdesk ticket opened with director of classroom technology; migration is scheduled for winter 2025.	4.4a. Meeting held with director of classroom technology to set up budgeting and project planning in spring 2025.	Not Met	4.4a. Project is still in progress with a completion set for winter 2025.
	4.4b. Upgrade classroom technology as needed to meet program needs	4.4b. Annually	4.4b. CIO; IS staff	4.4b. Various technology vendors	4.4b. One hundred percent (100%) upgrade is completed in MANS and DCOM lecture halls.	4.4b. Requires ongoing updates.	4.4b. Upgrades were completed as intended	4.4b. 100% of updates complete	Met	
	4.4c. Upgrade wireless controllers and network access controls at all sites as needed to meet program needs	4.4c. Annually	4.4c. CIO; IS staff	4.4c. Vendor TBD	4.4c. One hundred percent (100%) upgrade is completed.	4.4c. Requires ongoing updates.	4.4c. Upgrades were completed as intended	4.4c. 100% of updates complete	Met	
4.5 DCOM ensures access to learning resources to support its mission.	4.5a. Pilot in-situ clinical skills training at core clinical rotation sites. (CIPES)	4.5a. Annually	4.5a. Executive Director of Life Support Skills Training; Director of Development Health Sciences Division; Mobile Simulation Unit Committee.	4.5a. Director of Life Support Training; Director of Development Health Sciences Division; Mobile Simulation Unit Committee. Grants; Funding from Private Organizations and Foundations	4.5a. At least two (2) in-situ trainings completed; > or = 90% of learners A/SA that the training was satisfactory overall.	4.5a. Modify results to more closely align with the post-workshop survey question(s).	4.5a. Modified results to more closely align with the post-workshop survey questions .	4.5a. 1 - BLS class for Tennova Residents 2- ACLS class for Tennova Residents 3- BLS X 2 In-situ Surgical Center 4 - ACLS x 2 In-situ Surgical Center 5 - PALS x 2 In-situ Surgical (All in-situ training were completed; > or 90% of learners A/SA that the training was satisfactory overall)	Met	
4.6 Identify, maintain, and deliver databases, electronic resources, journals, books, in medical library for faculty, staff, and students	4.6a. Integrate COMBANK, Lecturio and other library resources into clerkships.	4.6a. Annually	4.6a. Associate Dean of Clinical Affairs, Medical Librarians; Electronic Resources Librarian; Learning Resource Committee (LRC); LMU DCOM faculty; Assessment Office	4.6a. Library resources; Survey and assessment data	4.6a. Increased student utilization of library resources clinical rotation education. (>10%).	4.6a. N/A	4.6a. Integrated into course rotations and their respective syllabi	4.6a. Lecturio and/or COMBANK were utilized for all core rotation weekly assignments	Met	

	4.6b. Provide ≥3 library resource training sessions for faculty, staff, and students each calendar year	4.6b. Annually	4.6b. Medical Librarians; LMU DCOM faculty	4.6b.Library resources and budget	4.6b. At least three library instructional sessions held yearly for student orientations and faculty development	4.6b. N/A	4.6b. For July 2024-June 2025, the Medical Librarians held nine sessions for students, one for residents, and two for faculty/staff	4.6b. For July 2024-June 2025, the Medical Librarians held nine sessions for students, one for residents, and two for faculty/staff	Met

Goal #5 The DO program provides a professional, respectful, non-discriminatory, and intellectually stimulating academic and clinical environment.										
Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets	RECOMMENDATIONS from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
5.1 Provide ongoing development of professional behaviors in students, faculty, and staff.	5.1a. Implement required professional behavior training to students annually.	5.1a. Annually	5.1a. Student Services, Curriculum (FMHC, 4th Friday), Career Services	5.1a. Attendance verification; syllabus	5.1a. Course approved, implemented; 100% attendance achieved.	5.1a N/A		5.1a. Lectures were given on professionalism through FMHC to OMS-I and II students. Professionalism lectures for OMS- II/IV students were provided through 4th Friday Didactics	Met	
	5.1b. Implement required faculty and staff with professional behavior training annually.	5.1b. Annually	5.1b. Faculty Development	5.1b. Attendance verification; faculty development schedule	5.1b. One hundred percent (100%) faculty/staff attendance.	5.1b. Live session next year	5.1b. Annual professionalism sessions were conducted live via Zoom.	5.1b. Two Professionalism sessions were held: Responsible Social Media Usage (49 attendees) and Professionalism and Annual Professionalism Dean's Panel Session (83 attendees). Sessions were offered to 100% of faculty and staff.	Not Met	5.1b. Goal should be changed to sessions are offered to 100% of faculty and staff. Future sessions will be made mandatory for attendance. Next year's session is already in development
5.2 Recruit and retain qualified, mission-appropriate diverse students, faculty, staff, and senior administrative staff.	5.2d. Develop pipeline programs with HBCU, Hispanic serving programs, and Native serving programs.	5.2d. Spring 2024	5.2d. Associate Dean of Inclusion and Engagement	5.2d. Identify an additional HSIs and one American Indian and Alaska Native-serving institution to begin talks about possible pipeline programs	5.2d. 2 new programs established	5.2d. N/A	5.2d. Discussions between LMU and Troy University and LMU and Georgia Gwinnett College	5.2d. Agreement has been submitted between DCOM and Troy University (American Indian and Alaska Native-serving institution)	Not Met-	5.2d. The discussions about affiliation agreements has been transferred to the Office of Admissions and the Admissions Recruiters since the dissolvement of the Office of Inclusion and Engagement
	5.2f. Establishment of affinity groups to help support faculty and staff	5.2f. Spring 2024	5.2f. DCOM Administration	5.2f. Group meeting minutes	5.2f. Establish 2 faculty affinity groups	5.2f. Identify an affinity group for faculty and staff during the monthly meetings that would interest both faculty and staff.	5.2f. Faculty meetings were held monthly and staff meetings were held quarterly.	5.2f. Faculty and staff determined there was not a need for specialized affinity group. Information sessions about various entities with DCOM will be held quarterly. The first session held in June explained the role of Examination Services and CIPES.	Not Met	5.2f. Faculty and staff determined there was not a need for specialized affinity group
5.3 Mitigate faculty, staff, and student exposure to infectious and environmental hazards.	5.3a. Provide education on prevention of exposures.	5.3a. Annually and as needed	5.3a. Research, Operations, Student Services	5.3a. Health and Safety Resources Manual annually; Provide CITI training	5.3a. One hundred percent (100%) students faculty staff attest to having read the safety guidelines.	5.3a. N/A	5.3a. All students are provided OSHA and Blood borne pathogen training prior to beginning clinical rotations	5.3a. Documentation available through Clin Med. Certificates provided to each student	Met	
	5.3b. Publicize procedures for care and treatment after exposure annually.	5.3b. Annually	5.3b. Research, Operations, Student Services	5.3b. Health and Safety Resources Manual annually	5.3b. One hundred percent (100%) students faculty staff attest to having read the safety guidelines.	5.3b. N/A	5.3b. All students are provided OSHA and Blood borne pathogen training prior to beginning clinical rotations	5.3b. Documentation available through Clin Med. Certificates provided to each student	Met	
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.	5.4a. Annually	5.4a. LMU Counseling, Student Services	5.4a. Reports; see targets	5.4a. Mental Health counseling utilization report;StudentLife by Empathia Utilization report.	5.4a. N/A		5.4a. Empathia and Onsite counseling services continue to be available to all DCOM students. This AY there were 66 new visits using Empathia, and 15 ongoing visits	Met	
	5.4b. Provide students with monthly wellness and/or fatigue mitigation programming.	5.4b. Annually	5.4b. Student Services	5.4b. Student Activities Coordinator, wellness budget; Promote Health and Safety Resources Manual Annually through Blackboard	5.4b. Attendance and programming calendar.	5.4b. N/A		5.4b. Empathia offers monthly webinars to all students virtually on wellness and mental health topics.Information shared through Student Life on all campuses	Met	
	5.4c. Promote mental health awareness, wellness, and fatigue mitigation with faculty and staff.	5.4c. Annually	5.4c. Human Resources, Faculty Development	5.4c. 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	5.4c. Attendance and programming calendar	5.4c. N/A	5.4c. Faculty Development sessions were offered asynchronously as well as virtually live in person via Zoom.	5.4c. Three sessions were offered: QPR Virtual Training (Suicide Awareness); Promoting Faculty Wellness and Self Care Workshop (15 attendees); Mental Health Discrimination in Medicine (14 attendees). Wellness Wednesdays notices were distributed to all faculty and staff monthly with 13 communications distributed.	Met	

Goal #6: The DO program curriculum prepares future clinicians to serve the community with high quality patient-centered healthcare.										
Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets	RECOMMENDATIONS from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
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	6.1a. Biannually	6.1a. DO Curriculum Committee; Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Assistant/Associate Dean of Basic Medical Sciences; Assistant Dean of Basic Medical Sciences-Curriculum, Departmental Chairs; Learning Resource Committee (LRC)	6.1a. Curriculum mapping report for OMS I and II.	6.1a. The End of Course Reports (EOCR), Course mean target of 82% or higher.	6.1a. N/A	6.1a. Our curriculum aligns with the COMLEX blueprint. We will continue this mapping process to strengthen the correlation between our curriculum and COMLEX expectations	6.1a. Courses have met or exceeded the target mean	Met	
	6.1b. Explore external standards for curricular assessment and development, including national standardized tests	6.1b. Annually	6.1b. Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant Dean/Associate Dean of Clinical Medicine; Assistant/Associate Dean of Basic Medical Sciences, Assistant Dean of Basic Medical Sciences- Curriculum	6.1b. BMS budget; Clinical Budget; curricular mapping tool; Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE); NBOME COMAT, Lecturio	6.1b. 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.	6.1b. N/A	6.1b. Curriculum committee approved the course syllabus to reflect the curricular alignment with NBOME, AAMC and AACOM. Curriculum committee minutes are available upon request. COMBANK, Uworld and Boards and Beyond are provided to the students. COMSAE is administered to assess readiness before the COMLEX exams. COMAT is given during the clinical years.	6.1b. Our curriculum is mapped to the NBOME blueprint, and we also cross-check it against external standards	Met	
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.	6.2a. Biannually	6.2a. DO Curriculum Committee; Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant Dean/Associate of Clinical Medicine; Assistant/Associate Dean of Basic Medical Sciences, Assistant Dean of Basic Medical Sciences-Curriculum	6.2a. End of course summary, COMLEX level I score reports; Review assessment content in comparison with NBOME blueprint	6.2a. Increase 1st time COMLEX Level I pass rate to national average or better; COMSAE scores to assess readiness (460 or higher) before the COMLEX exams; COMLEX Task Force created to help students who do not meet COMSAE benchmark	6.2a. COMSAE scores to assess readiness before the COMLEX exams (Ongoing)	6.2a. The establishment of baseline measurements and benchmarks for COMSAE scores, along with providing resources to students, has proven successful in exceeding the national average for first-time pass rates.	6.2a. 2024-25 1st time COMLEX level I pass rate (91.2%) exceeded national average (90.26%).\n\n2025-26 Testing cycle: COMLEX Level I pass rate (prelim data) is 98.7%	Met	
	6.2b. Review system/course syllabi and identify self-directed learning.	6.2b. Per Semester	6.2b. DO Curriculum Committee; Associate Dean of Academic Affairs; Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Assistant/Associate Dean of Basic Medical Sciences, Assistant Dean of Basic Medical Sciences-Curriculum	6.2b. Preclinical course syllabi, EOCR	6.2b. Refinements made to courses each year. Syllabi are reviewed and approved biannually by the curriculum committee prior to posting to LMS (Canvas).	6.2b. N/A	6.2b. Course directors incorporate input from EOCR provided by the Student Assessment Team and implement recommendations as feasible.	6.2b. Curriculum committee approved the updated course syllabus for OMS I and OMS II courses. Curriculum committee minutes are available upon request.	Met	
	6.2c. Review student outcomes in MGA course and determine if Anatomy boot camp is meeting objectives.	6.2c. Annually	6.2c. Anatomy Faculty	6.2c. Self-supporting tuition; anatomy faculty; Performance in MGA course of students in bootcamp	6.2c. Accepted students' performance in Medical Gross Anatomy Course (DOSYS 701) reflects increased pass rates, Course mean target of 82% or higher	6.2c. N/A		6.2c. Students who participate in Anatomy boot camp have historically shown better pass rate than their peers who do not participate.	Met	
	6.2d. Integrate NBOME style questions into pre-clinical assessments	6.2d. Annually	6.2d. Basic Medical Science Faculty; Director of Assessment Services	6.2d. Assessment team exam analysis report, course objective analysis report, EOCR	6.2d. Cognitive complexity analysis of question items for OMS I & OMS II.	6.2d. N/A	6.2d. Faculty have opportunity to complete NBOME exam writing courses, and all exam items undergo thorough review by the exam review team to ensure they meet appropriate standards and alignment with NBOME-style formatting.	6.2d. 100% of Pre-clinical exams item are structured to integrate NBOME style questions.	Met	

	6.2e. Explore opportunities for integration of clinical content into OMS I curriculum and reinforce basic science content in OMS II curriculum.	6.2e. Biannually	6.2e. Assistant/Associate Dean of Basic Medical Science, Assistant Dean of Basic Medical Sciences-Curriculum, Assistant/Associate Dean of Basic Clinical Medicine; Associate Dean of Clinical Affairs; Course Directors	6.2e. Pre-clinical course syllabi, course objectives	6.2e. Course mean target of 82% or higher, COMLEX Level I scores.	6.2e.COMSAE scores to assess readiness before the COMLEX exams (Ongoing)	6.2e. The OMS I curriculum is focused on disciplines while maintaining integration through courses and emphasizes clinical relevance. The OMS II curriculum is organized by systems-based approach while integrating basic science content throughout courses to provide direct relevance and support for clinical concepts. At the end of OMS II curriculum, students are assessed using COMSAE examinations prior to being cleared to take the COMLEX Level 1, ensuring they have achieved the necessary competency in both basic science foundations and integrated clinical knowledge.	6.2e. Courses have met or exceeded the target mean. 2024-25 1st time COMLEX level I pass rate (91.2%) exceeded national average (90.26%). 2025-26 Testing cycle: COMLEX Level I pass rate (prelim data) is 96.2%	Met	
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.	6.3a. Annually	6.3a. DO Curriculum Committee; Clinical Department Chairs; Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine	6.3a. Web resources; distance technology; annual site reports; End of rotation student eval of preceptors; preceptor evaluation of student	6.3a. Meet or exceed national mean for individual COMAT exams. Meet or exceed mean national first time pass rates for COMLEX Level II exams.	6.3a. N/A	6.3a. Students complete monthly rotation/preceptor and annual core-site evaluations. Course directors compile findings in the annual course review. The Clinical Education leadership team, Clinical Chairs, and Curriculum Committee compare across core sites and implement changes based on student feedback and outcomes for continuous quality improvement.	6.3a. Courses did NOT meet or exceed the national mean for COMAT exams. Family Medicine COMAT mean (100.2) was below national mean (101.7). Internal Medicine COMAT mean (100.2) was below national mean (102.4). Ob/Gyn COMAT mean (99.7) was below national mean (101). Pediatrics COMAT mean (99.6) was below national mean (101.8). Psychiatry COMAT mean (101.4) was below national mean (101.9). Surgery COMAT mean (101.1) was below national mean (102.3). 2024-25 1st time COMLEX Level 2 pass rate (93.4%) exceeded national 1st time pass rate (91.3%).	Partially Met	6.3a. Added COMQUEST for COMAT question bank for all learners in AY 25-26. Added Boards & Beyond video platform in lieu of Lecturio for AY 25-26.
	6.3b. Review, improve and include self directed learning into the clinical rotation curriculum.	6.3b. Annually	6.3b. Rotation Chairs; Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine	6.3b. Including but not limited to Lecturio, TrueLearn COMBANK, Uworld, UpToDate, GIBLIB, student end of course evaluation.	6.3b. Meet or exceed mean national mean for COMAT exams.	6.3b. N/A	6.3b. Self-directed learning is integrated into each core rotation through learning modules and assigned question banks (e.g., Boards & Beyond, TrueLearn COMBANK, COMQUEST, UWorld, Case Files, GIBLIB). Clinical Rotation Chairs and Clinical Education leadership review platform analytics, COMAT performance, and end-of-course feedback annually to refine assignments and resources, targeting performance at or above the national COMAT mean.	6.3b. Courses did NOT meet or exceed the national mean for COMAT exams. Family Medicine COMAT mean (100.2) was below national mean (101.7). Internal Medicine COMAT mean (100.2) was below national mean (102.4). Ob/Gyn COMAT mean (99.7) was below national mean (101). Pediatrics COMAT mean (99.6) was below national mean (101.8). Psychiatry COMAT mean (101.4) was below national mean (101.9). Surgery COMAT mean (101.1) was below national mean (102.3).	Not Met	6.3b. Added COMQUEST for COMAT question bank for all learners in AY 25-26. Added Boards & Beyond video platform in lieu of Lecturio for AY 25-26.
	6.3c. Refine goals and objectives for all clinical rotations; post updated syllabi to align with DCOM mission and program outcomes.	6.3c. Annually	6.3c. DO Curriculum Committee; Associate Dean of Academic Affairs; Assistant Dean of Basic Medical Sciences; Assistant Dean of Basic Medical Sciences- Curriculum, Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine	6.3c. Rotation syllabi	6.3c. Standardized verbiage across syllabi for common objectives, specific measurable objectives based on rotation.	6.3c.N/A	6.3c. Annually, the Clinical Chairs and Clinical Education leadership audit each rotation syllabus to standardize core objectives and define rotation specific, measurable goals. The objectives are mapped to program outcomes and EPAs and are submitted to the Curriculum Committee for approval.	6.3c. Curriculum committee approved the syllabi for the OMS-III and OMS-IV courses that included similar language for the course requirements, including grading components and assignments.	Met	
6.4 Integrate OPP throughout Clerkship Curriculum.	6.4a. Verify, review OPP component in syllabi.	6.4a. Annually	6.4a. Chair of OMM; OMM faculty; Clinical Faculty	6.4a. DO Curriculum Committee; 4th Friday Didactics	6.4a. Course syllabi reflect the presence of OPP in the 3rd and 4th year clinical courses.	6.4a. N/A		6.4a. Curriculum committee approved the syllabi that included OPP. Curriculum committee minutes are available upon request.	Met	

	6.4b. Deliver OPP modules during core rotations	6.4b. Annually	6.4b. Chair of OMM	6.4b. Clinical Skills Workshop (CSW); 4th Friday Didactics	6.4b. OPP integration in all four (4) years of the curriculum; 95% first time pass for OMM sessions in the Clinical Skills Workshop.	6.4b. N/A			6.4b. Greater than 95% first time pass rate for OMM session. CSW assessment report available upon request.	Met	
6.5 Evaluation of clinical training sites.	6.5a. Maintain most current database of training sites.	6.5a. Biannually	6.5a. Chief GME/Rotations Officer; Assistant/Associate Dean of Clinical Medicine; Associate Dean of Clinical Affairs, Clinical Education; Clinical Rotations Coordinators	6.5a. Database software for scheduling and monitoring rotations	6.5a. Training site statistics reflect at least 120% of rotation slots for students.	6.5a. N/A		6.5a. E-value is the system of record for sites, preceptors, agreements, and student schedules and is updated continuously. Annually, after optimization, Clinical Education reconciles eValue with site rosters and collects the core-site assessment to verify support and preceptor availability, sustaining ≥120% rotation-slot capacity relative to student demand.	6.5a. >120% rotation-slot capacity of rotations are available to students at training sites. E-Value, COCA report available upon request.	Met	
	6.5b. Execute affiliation agreements with all clinical teaching sites and preceptors.	6.5b. Biannually	6.5b. Clinical Relations Coordinator	6.5b. eValue database	6.5b. 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.	6.5b. N/A		6.5b. Affiliation agreements are inventoried and tracked for expiration; renewals are initiated 90–120 days in advance. Executed agreements are maintained for all core sites and teaching preceptors.	6.5b. 120% of rotation slots are available on core rotations. 100% of preceptor completed Clinical Adjunct Faculty application. E-Value, COCA report available upon request.	Met	
	6.5c. Identify site coordinator at each site.	6.5c. Annually	6.5c. Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Rotations Director	6.5c. Site coordinator agreements;	6.5c. One hundred percent (100%) of core sites are staffed with a coordinator; Collaborate with hospital administration to identify site coordinator	6.5c. N/A		6.5c. Each core site designates a site coordinator who assists DCOM Coordinators with student scheduling and recruitment of physician preceptors. Coordinator contact information is maintained in E-Value, shared with learners, and verified with hospital leadership during the annual core site assessment.	6.5c. 100% of core site have coordinator. Coordinator list available upon request.	Met	
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.	6.6a. Annually	6.6a. Anatomy Chair and faculty; Osteopathic Manipulative Medicine (OMM) chair and faculty; Research Directors and Assistant Dean of Research	6.6a. Number of scholars per class	6.6a. & 6.6b. Up to eight (8) scholars in OPP, Anatomy or Research are contracted annually.	6.6a N/A			6.6a. For current year we have 7 OPP scholars (3 in Harrogate and 4 in Knoxville), 2 anatomy scholar in Knoxville, and 1 research scholar in Knoxville	Met	
	6.6b. Develop the OPP/Anatomy curricular structure.	6.6b. Annually	6.6b. Anatomy Chair and faculty; OMM faculty	6.6b. Budget		6.6b N/A			6.6b. Anatomy, OPP and research scholar syllabi is approved by curriculum committee and minutes are available upon request.	Met	
6.7 Continue Masters of Science in Anatomical Sciences degree.	6.7a. Track admission into LMU-DCOM and performance after admission.	6.7a. Annually	6.7a. Director, Anatomical Science Graduate Program; Associate Dean of Academic Affairs; Assistant Dean of Basic Medical Sciences; Assistant/Associate Dean of Students; Assistant Dean of Assessment	6.7a. Matriculation report	6.7a. Matriculate report and student outcomes report reflect successful correlation between admitted MS students and completion of DO degree.	6.7a. N/A			6.7a. MS students matriculated (Graduating DO class of 2025): 24 Graduated May 2025: 16 Dismissed: 1 WD: 2 Recessed: 5	Met	
6.8 Continue current PhD program	6.8a. Continue the PhD in Anatomical education program.	6.8a. Annually	6.8a. PhD Program Director; Anatomy Chair	6.8a. Number of applicants; Number of graduates	6.8a. At least two (2) PhDs student enrolled each year per location (Harrogate and Knoxville).	6.8a. N/A			6.8a. For current year we matriculated 2 PhD students in Harrogate)	Met	
6.9 Continue offering the DO/MBA program and investigate other dual degree options.	6.9a. Improve and promote the DO/MBA program.	6.9a. Annually	6.9a. Senior Associate Dean; Dean/CAO	6.9a. Number of applicants, Number of graduates with dual degree.	6.9a. At least 20 students are accepted into the DO/MBA program.	6.9a. N/A			6.9a. Total number of DO/MBA students: 39. MBA admission list available upon request.	Met	
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.	6.10a. Annually	6.10a. Dean/CAO; Associate Dean of Clinical Affairs; Assistant Dean of Clinical Medicine; Chief GME/Rotations Officer	6.10a. Application requirements, documents, and processes reviewed and approved by risk manager, legal counsel, Director of International Medicine, and Dean	6.10a. Students who are completing an international rotation in OMS IV year.	6.10a. N/A		6.10a. The process for International Rotations is outlined on the DCOM Clinical Education Canvas organization for students. The process begins with a student interest form which is found on the DCOM Clinical Education Canvas page followed by completion of an International Rotation application which is found on the E-value home page.	6.10a. One (1) student completed an International Rotation during AY 24-25.	Met	

Goal	Action	Frequency	Responsible Party	Data Source	Benchmark	Baseline	Result	Analysis	Status	Recommendation
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.	6.11a. Annually	6.11a. & 6.11b. Assistant Director, Interprofessional Education (IPE), Course Directors	6.11a. Course assessments, Course syllabi	6.11a. One hundred percent (100%) percent of established IPE activities have a fixed date in each program's curricular schedule.	6.11a. N/A	6.11a. The IPE team works with multiple programs and colleges to align curricular calendars, have an annual recurring schedule, and identify dates at least three months in advance.	6.11a. The IPE team provides a snapshot of all IPE requirements and shares it with partners. There is an established operations guide for each activity that outlines when coordination should begin. Biannual CIPES steering committee meetings also provide a platform for review and improvement in scheduling and activities.	Met	
	6.11b. Ensure each DCOM IPE component resides in a course.	6.11b. Biannually		6.11b. DCOM Curricular schedule	6.11b. One hundred percent (100%) of IPE components have been placed and are noted in DCOM EPC and FMHC course syllabi.	6.11b. N/A	6.11b. OMS-I and OMS-II IPE requirements are placed in Foundations of Modern Health Care or Essentials of Patient Care. OMS-III and OMS-IV IPE requirements are placed in students rotations (802, 816, 903, and 904).	6.11b. OMS-I and OMS-II IPE activities are located in the Foundations of Modern Health Care and Essentials of Patient Care syllabus and Canvas course. OMS-III and OMS-IV IPE activities are located in the Clinical Rotations Manual and on the respective Canvas courses.	Met	
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. 6.12b. Create SOAP note remediation tracker.	6.12a. & 6.12b. Annually	6.12a. & 6.12b. Nurse/Patient Care Educators; Faculty	6.12a. & 6.12b. End of exercise summary; # of learners requiring remediation	6.12a. & 6.12b. The process was developed and has been administered to 100% of the students requiring the remediation.	6.12a. N/A 6.12b. N/A	6.12a. & 6.12b. A formal SOAP note remediation process administered by nurse educators and patient care support staff is not necessary due to faculty assuming responsibility for this part of curriculum.	6.12a. & 6.12b. Zero students received remediation for SOAP notes by nurse educators/patient care support staff for the 2023/2024 academic year.	Not Met	6.12a. & 6.12b. Recommend removing goal from strategic plan as it is no longer relevant.

Goal #7: The faculty possess the credentials, knowledge, and skills to carry forth the mission of the DO Program.										
Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets	RECOMMENDATIONS from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
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.	7.1a. Daily	7.1a. 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	7.1a. Budget allocations, Advertising, Faculty Development Opportunities, Faculty needs/satisfaction assessments; Enrollment, graduation and retainment of LMU-DCOM PhD students	7.1a. One hundred percent (100%) of open positions are filled or vacant for less than 6 months with 100% of faculty holding terminal degrees.	7.1a. Continue active recruitment of faculty and support programs contributing to development of new faculty (e.g., Anatomical Education PhD). There will always be openings with turnover etc.	7.1a. Strategic posting locations, networking, conference attendance, flexible interview arrangements implemented.	7.1a. 100% of faculty hold terminal degrees. As of today (8.22.25) there are 12 open faculty positions of which 7 have been open for more than 6 months. 82% of positions filled.	Not Met	7.1a. Real time tracking of "time on market" for open positions to assess effectiveness of search. Great accountability for search committee chairs to track regularly. New SOP for search chairs to guide the process
	7.1b. Verify all department chairs, primary care leadership and OMM/OPP leadership possess and maintain the appropriate experiences and credentials	7.1b. Monthly	7.1b. 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	7.1b. CVs; AOA and ABMS Website	7.1b. 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).	7.1b. N/A	7.1b. Credentials verified prior to being seated in noted positions	7.1b. 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).	Met	
	7.1c. Create, implement, maintain and review a credentialing database for need assessments and verification of faculty credentials.	7.1c. Quarterly	7.1c. Directors of Operations, Chief Operating Officer	7.1c. The database itself; database reports; review findings	7.1c. Fully functional and complete credentialing database that is searchable.	7.1c. Database created and shared between Directors; Development Continues.	7.1c. Database created and shared between Directors	7.1c. Excel workbook that is searchable exists with Director of Operations, Harrogate	Met	
	7.1d. Involve Chairs, faculty and staff as appropriate in recruitment process.	7.1d. Daily	7.1d. 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	7.1d. Advertising, Search committees	7.1d. Search committee demonstrates representation of chairs and faculty.	7.1d. N/A	7.1d. Although this had always been the expectation and what was executed it was formally memorialized in an SOP for Search Chairs for Faculty and Staff positions	7.1d. Chairs, faculty and staff, across all DCOM locations, included in searches as appropriate	Met	
	7.1e. Develop and incorporate a faculty success plan in the faculty self-assessment process.	7.1e. Spring 2024	7.1e. Assistant Dean of Assessment; 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	7.1e. Annual evaluations	7.1e. Faculty success plans incorporated into annual review process.	7.1e. Administration will meet to discuss the feasibility of a faculty success plan, and if determined feasible, form a plan for implementation within the next academic year.	7.1e. The LMU annual faculty/staff evaluation has continued to be utilized as our goal setting and review standard with no DCOM specific success plan developed. Peer review/evaluation of teaching is in development for implementation in next year	7.1e. The peer reviews/evaluations partially meet this goal, but a standard DCOM success plan process has not been implemented	Not Met	7.1e. Continue to develop peer review process and reassess the need for a DCOM specific individual success plan

Objective	Action	Frequency	Responsible	Data Source	Target	(col)	Implementation	Results	Status	Notes
	7.1f. Review allotted FTE for scholarly activity in all FT and PT faculty appointments during the 2024-2025 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.	7.1f. Annually	7.1f. 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	7.1f. Faculty self-evaluations (and success plans), Faculty workloads/adequacy modeling	7.1f. Increased total and relative research/scholarly activity FTEs; statistical agreement between self-reported scholarly activity and documented FTE devoted to scholarly activity.	7.1f. N/A	7.1f. The faculty adequacy model tracks FTEs dedicated to scholarly activity and is developed on an annual basis. The research department solicits self reported scholarly activity (and tracks meta data) for faculty staff and students.	7.1f. A total of 8.35 FTEs were designated for scholarly activity amongst the basic science and clinical faculty which was ~12.5% of total contract FTEs at the time of the faculty adequacy model completion. This is a newer goal that will now inform future years as to change in FTEs dedication to scholarly activity and overall scholarly activity output. We have increased scholarly activity on an annual basis for the last several years. With the same number of fac & staff AY 24-25 publication and presentation outputs were 42% higher than AY 23-24 (282 v 199)	Met	
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.	7.2a. Daily	7.2a. 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	7.2a. Clinical Adjunct Database; Online and physical clinical adjunct faculty applications	7.2a. Clinical Adjunct Database contains > 3000 credentialed physicians in various disciplines to provide clinical training; >500 new applications annually.	7.2a. N/A	7.2a. Recruitment and retention via networking, solicitation, etc.	7.2a. 5149 appointed and non-appointed preceptors credentialed in database (2,548 credentialed by DCOM). 563 new preceptors were added this year.	Met	
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	7.3a. Quarterly	7.3a. COO, Directors of Operations; Assistant Dean of Assessment; Director of Assessment Services; Director of Faculty Development; Director of Alumni Services and CME	7.3a. Human Resources; Director of Faculty Development	7.3a. One hundred percent (100%) of new faculty receive a new faculty orientation.	7.3a. N/A	7.3a. LMU onboarding occurs prior to start date. Upon starting the position, a DCOM specific new faculty orientation begins immediately. Faculty attest to and/or are tracked in completion of the orientation	7.3a. One hundred percent (100%) of new faculty received a new faculty orientation.	Met	
	7.3b. Assure 100% of new preceptors are on-boarded with a preceptor orientation and select faculty related orientation.	7.3b. Quarterly	7.3b. 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	7.3b. Office of Clinical Education	7.3b. One hundred percent (100%) of new preceptors are on-boarded with a preceptor specific orientation.	7.3b. Increase advertising of the 2-hr CME course for preceptors throughout the year. Continue the preceptor development courses. Recommend new assessment target of course completion in the AY rather than a % of new preceptors (i.e., Goal: 50 preceptors complete the orientation for new preceptors).	7.3b. One hundred percent (100%) of new preceptors are on-boarded with a preceptor specific orientation	7.3b. One hundred percent (100%) of new preceptors are on-boarded with a preceptor specific orientation	Met	
	7.3c. Meet academic environment needs of incoming faculty.	7.3c. Daily	7.3c. 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	7.3c. Assessment Office; Faculty Development Needs/Satisfaction Assessment Survey; Preceptor Development Needs Assessment Survey; CME surveys; Site visits	7.3c. 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.	7.3c. N/A	7.3c. Faculty Development Needs Assessment was deployed to all faculty (65) in the Fall of 2024. Preceptor Development Needs Assessment was deployed to 2250 recipients in the Fall of 2024. Site visits, virtual or in person, conducted at least once a year. All faculty have evaluations annually.	7.3c. Faculty Development Needs Assessment response rate for Fall 2024 was 80% with target met Preceptor Development Needs Assessment response rate was 6.7% with target not met ***still need data about faculty evaluations, preceptor reviews, and site visits	No Met	7.3c. Increase preceptor engagement in institutional surveys by improving participation rates from 6.7% to at least 15% over the next two years through targeted communication and streamlined survey design.
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).	7.4a. Quarterly	7.4a. Chief Operating Officer, Assistant Dean of Assessment; Director of Assessment Services; Director of Faculty Development;	7.4a. Faculty expertise; Assessment questionnaires after faculty development workshops	7.4a. Faculty development sessions are offered quarterly and evaluated for continued needs assessment. Including bias training at least annually	7.4a. Recommend new assessment target of course completion in the AY rather than a % of new preceptors (i.e., Goal: 50 preceptors complete the orientation for new preceptors).	7.4a. Faculty Development sessions are designed based on Faculty Needs Assessment results, and based on feed back from Facutly Development sessions. Each session is evaluated with a short 2-3 minute Qualtrics survey to measure session effectiveness and gather suggestions for extending the session/ future sessions.	7.4a. Faculty Development session evaluations for each session and Faculty Needs Assessment distributed each Fall.	Met	
	7.4b. Design a series of trainings that focuses on responding to the challenges and uses of DEI (DEI 3.5b)	7.4b. Spring 2024	7.4b. Director of Inclusion and Engagement; Assistant Dean of Assessment, Director of Faculty Development	7.4b.	7.4b. At least 2 sessions conducted annually.	7.4b. N/A	7.4b. A student bias training for faculty occurred in October of 2024 and third Monday moments sessions were held monthly through ~December 2024	7.4b. Student bias training participation was required and assessed. Third Monday moments were added to all calendars for voluntary participation	Met	

7.4c. Update and maintain DCOM website to include latest resources available to faculty to support development	7.4c. Quarterly	7.4c. Assistant Dean of Assessment; Director of Assessment Services; Director of Faculty Development; Director of Quality Assurance and Documentation	7.4c. Faculty development program(s); website	7.4c. Up-to-date website with latest resources included.	7.4c. N/A	7.4c. Faculty Development website is updated several times each semester to include updated Faculty Development session list as well as resources and links for enduring development.	7.4c. Faculty Development website is up to date.	Met	
7.4d. Maintain a preceptor development webpage.	7.4d. Annually	7.4d. Assistant/Associate Dean of Clinical Affairs; Assistant/Associate Dean of Clinical Medicine; Rotations Director; Directors of Student Medical Education; Director of Quality Assurance and Documentation	7.4d. Webpage	7.4d. Operational webpage utilized by preceptors.	7.4d. N/A	7.4d. Maintained webpage; published and active	7.4d. Currently active and utilized webpage that is noted in communication to preceptors and DSMEs	Met	
7.4e. Identify grants for Faculty Development.	7.4e. Daily	7.4e. Director of Health Research & Grants; Assistant Dean of Assessment; Assistant Dean of Research	7.4e. Human Resources; Emails and/or web postings; Office of Research	7.4e. Communications regarding opportunities; at least 3 grants in development and/or submission.	7.4e. N/A	7.4e. Grant opportunities are communicated via email, the DCOM research webpage and Canvas.	7.4e. We have submitted at least 6 grants in the past year of which at least 2 were funded. 11 intramural faculty grants were also supported	Met	
7.4f. Increase annual faculty development needs assessment survey response rate to drive programming and assure appropriate support of faculty in advancement.	7.4f. Annually	7.4f. Assistant Dean of Assessment; Director of Assessment Services; Director of Faculty Development; Senior Associate Dean	7.4f. Survey instrument; Rank and Multi-Year Appointment Committee	7.4f. Sixty-five percent (65%) response rate on survey; rank advancement success rate.	7.4f. N/A	7.4f. Faculty participation was incentivized to increase participation in the Faculty Development Needs Assessment.	7.4f. 80 % of faculty participated in the Faculty Development Needs Assessment (52/65 full time faculty)	Met	

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/Sources To Meet Target)	Assessment Targets	RECOMMENDATIONS from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your 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.	8.1a. Annually	8.1a. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Deans of BMS; Assistant Dean of Research; Directors of Research, Research Coordinator; and Director of Health Sciences Research and Grants	8.1a. 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.	8.1a. 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 growth for students, faculty, and staff. Sufficient capital budget for buildout plan for Orange Park Facilities.	8.1a. N/A	8.1a. Budgets/Spending/Scholarly activity are reviewed monthly by the research dept and reported to Dean's council. Needs Assessments are conducted by the Research Directors for each campus and budget are adjusted appropriately. Capital budget for buildout plan for Orange Park Facilities were submitted with the overall Research Budget.	8.1a. Research Budgets indicate an increase in 10-120% to support Faculty, staff and students. Monthly reports provide the data that support the assessment targets.	Met	
	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.	8.1b. Annually	8.1b. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Directors of Research; Research Coordinator; and Director of Health Sciences Research and Grants	8.1b. 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	8.1b. Meeting presentations, journal publications, internal and/or external grantsmanship; at least one (1) submission per year per faculty with research support.	8.1b. N/A	8.1b. The research department utilizes the DCOM Research Webpage, CANVAS page, and email to encourage all faculty and student. The Research Department will also have Informational Workshops-hosted by the Dept., Research Student Ambassador Sessions, Quarterly news letters, and DO Research Day.	8.1b. COCA documentation and DCOM Quarterly Newsletter align with faculty, staff and students actively participating in research with outcomes being presentations/posters, journal publications, internal funding, and/or external funding. We have seen a continuous increase in productivity for research outcomes.	Met	
	8.1c. Identify space, equipment and funding opportunities for research from external sources.	8.1c. Annually	8.1c. Dean/Chief Academic Officer; Chief Operating Officer; Directors of Operations; Assistant Dean of Research; Directors of Research; Lab Assistant/Managers, and Director of Health Sciences Research and Grants	8.1c. BMS/Clinical Med budgets; Yearly Capital budget requests; Facilities/Equipment (Faculty Assessment Needs); External Grants Research Department Tracking	8.1c. Square footage assigned research space in all 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.	8.1c. N/A	8.1c. Square footage assigned research space in all locations; External funding applications are continuous cycle. Development of pipeline for external funding opportunities. Director of Helah Sciences Research and Grants w/ Research Directors, and Assistant Dean of Research are establishing agreements and/or collaborations with external entities.	8.1c. Building layouts indicate square footage space that is assigned for research space and we are looking for more ways to organize spaces to best fit needs of collaboration. 7 Faculty Extramural grant applications were continued/completed- 2 AACOM grants are in next phase of increasing N and data management. Received ARC ARISE award with ARH. Other grants applied for included State of Tennessee Health Dept, Menopause Society, Morris Foundation, etc. We continue to establish agreements and or collaborations with other Hospitals, Organizations like AACOM, local organizations (senior centers, KARM, etc.)	Met	
	8.1d. Ensure a representative of LMU-DCOM is appointed to the Lincoln Memorial University's Committee on Scholarly Activity (COSA).	8.1d. Annually	8.1d. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research;	8.1d. COSA meeting minutes and attendance record	8.1d. LMU-DCOM representative shows at least a 90% attendance record to COSA meetings.	8.1d. N/A	8.1d. LMU-DCOM representative shows at least a 90% attendance record to COSA meetings.	8.1d. Records of attendance for COSA demonstrate target was met.	Met	

	Objective	Frequency	Responsible Parties	Methods/Data Sources	Target		Analysis	Findings	Met/Not Met	Action
	8.1e. Provide information regarding research and scholarly activity opportunities and support services at LMU-DCOM to faculty, staff and students.	8.1e. Annually	8.1e. Dean/Chief Academic Officer; Chief Operating Officer; Directors of Operations; Assistant Dean of Research; Directors of Research; Lab Assistant/Managers, Research Coordinator, and Director of Health Sciences Research and Grants	8.1e. 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	8.1e. 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; Research faculty development sessions based on needs assessment. Three Student research information sessions per year. Research Department implementation of Quarterly Newsletter, updates of Research Webpage, increased engagement (increase above 200) of DO Research Day and Research Canvas Page.	8.1e. N/A	8.1e. Bi-annual presentations to the Board of Directors that includes number of faculty, staff, and student participating in research, presentations, posters, and publications. 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.	8.1e. All was completed. Presentations to Board, Dean's Council Monthly Reports with written reports. Monthly Research Department meetings occurred and Student/Faculty Development Research sessions occurred. Student sessions were held with faculty and Research Ambassadors, DCOM Research Quarterly Newsletter was sent out, and the CANVAS and Research Webpage are continually being maintained/updated.	Met	
	8.1f. Increase recognition of research and scholarly projects and programs within and outside of LMU.	8.1f. Annually	8.1f. Dean/Chief Academic Officer; Chief Operating Officer; Directors of Operations; Assistant Dean of Research; Directors of Research; Lab Assistant/Managers, Research Coordinator, and Director of Health Sciences Research and Grants	8.1f. 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	8.1f. 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.	8.1f. N/A	8.1f. Quarterly Newsletter, monthly/weekly updates as needed for the Research Webpage and Research Canvas page. Increased linked-In posts for scholarly accomplishments as well as communication with LMU Marketing to increase exposure.	8.1f. Recognition of research and scholarly projects have been announced in Quarterly Newsletters, Email, and Webpage. A >10% increase has occurred over the year as seen in our COCA documentation, Dean's Council Reports, and Quarterly Newsletters. Increased Linked-In posts for scholarly accomplishments by Assistant Dean of Research, LMU Marketing, and other faculty. Increased communication with LMU Marketing to increase exposure.	Met	
	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.	8.1g. Annually	8.1g. 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	8.1g. Intra & extramural funding opportunities; LMU Research Day; Roundtable Research Discussions Monthly (Research Department).	8.1g. 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.	8.1g. N/A	8.1g. Research Department continuously encourages collaborations between LMU-CVM, Dept. Math and Science, Dental, etc.- via matching research interests- communication between research directors for each program and faculty/staff.	8.1g. An increase above 10% has been seem with DCOM and collaborations throughout the LMU Community.	Met	
	8.1h. Ensure exposure to research opportunities in all years of medical training for LMU-DCOM students.	8.1h. Annually	8.1h. 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;	8.1h. 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.	8.1h. 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.	8.1h. Assessment Target was partially met. Academic success and COMLEX track is the priority for students/scholars. As a result, some applicants were not considered. Loss of OPP Faculty and bandwidth of Knoxville faculty could have been underlying issues. New Research Scholar position could have been announced earlier and will announce earlier for 2024-2025 year. Metric should stay as we undergo learning/growth opportunities and make sure student are set up for success academically.	8.1h. Research department continuously sends out information via email, quarterly newsletters, Research Webpage, Research CANVAS, hosts workshops for all years of medical training for LMU-DCOM students.	8.1h. Scholar Positions were more competitive this year-passage of COMLEX remains to be an important factor of start time for position. Research Scholar was hired for Knoxville campus. Scholarly Activity Outcome are increasing 10% across the 4 years.	Not Met	8.1h. Continue to promote and align scholarly activity opportunities across campuses to coincide with academic readiness start times to further enhance growth.
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.	8.2a. Annually	8.2a. 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;	8.2a. 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)	8.2a. Prioritize funding with a focus on rural health, underserved, Appalachian region-specific issues increase 5-10%.	8.2a. N/A	8.1a. Research department is contiguously working with alumni, outside organization (e.g. AACOM, ARH, Tennova, RHAT, etc.) to identify areas of research for faculty, staff, and students.	8.2a. Funding has been prioritized to focus on rural health, underserved, Appalachian region-specific. We have seen and increase in 5-10% as indicated by our grants received, grant applications, and scholarly outcomes.	Met	

	8.2b. Identify and communicate grant opportunities and other sources of funding.	8.2b. Annually	8.2b. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Dean of Research; Research Coordinator, Director of Health Sciences Research and Grants	8.2b. NIH All of Us, NIH Funding, Foundational Funding (East TN Foundational Funding, Trinity, Walmart, etc.), and professional society grants.	8.2b. 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 application.	8.2b. N/A	8.2b. Research department continuously identifies and communicates grant/funding opportunities via email, Research CANVAS, Research Website, Quarterly Newsletters, etc.	8.2b. Improvement of tracking of notifications of funding and mode of communication. Tracking of Applications processed, received, denied, and approved. Reported out Monthly/Quarterly/yearly within Research Department Meeting, Dean's Council, BOD, etc.	Met	
	8.2c. Establish and strengthen partnerships with other Colleges of Osteopathic and Allopathic Medicine, regional consortia, state and local organizations.	8.2c. Annually	8.2c. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Directors of Research; Chief of GME; Faculty department chairs; Faculty	8.2c. Regional and national conferences (e.g., AOA ARH; ORAU)	8.2c. Minimum 10-15 organizations.	8.2c. N/A	8.2c. Responsible parties attend major meetings like AOA, AACOM, etc. to build relationships with other Osteopathic and Allopathic Medical Schools. Faculty, Staff, students also attend National and Regional meetings to establish and strengthen relationships. Responsible parties continue to meet with hospitals to engage in collaborations and partnerships for scholarly activity and relationship building.	8.2c. DCOM had a large presence at AACOM this year by Faculty, Staff, and Students. The number of posters/presentations at national/regional meeting exceeded the year before and we are continuously establishing new relationships and partnerships exceeding the 10-15 organization minimum.	Met	
	8.2d. Foster and promote research and/or scholarly activity that includes or incorporates osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP).	8.2d. Annually	8.2d. Assistant Dean of Research; Associate Dean of Clinical Medicine; Research Directors; Chair and Vice Chair of OPP	8.2d. All faculty; OPP scholars; facilities (e.g., OPP lab, basic science labs, clinical/functional assessment labs), OMM Scholar Clinic	8.2d. 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.	8.2d. N/A	8.2d. Research Department works directly with the OPP department in fostering and promoting research. The OPP Scholars last year and this year are dedicated to OPP research as well as the Research Scholar.	8.2d. This year we met and exceeded the 10% of total OPP research project requirements as seen by our scholar outcomes. This effort was driven by our OPP Department, Research Dept and Scholars.	Met	
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.	8.3a. Annually	8.3a. Medical Librarians; Head of Health Sciences Library Services; Learning Resources Committee; Assistant Dean of Research; Directors of Research	8.3a. Library budget; Learning Resource Survey, Grants Index (Web of Science version).	8.3a. Yearly needs assessment for books, journals, databases, and interlibrary loan requests.	8.3a. N/A	8.3a. The research department encourages our faculty staff students and residents to utilize our library support team as they provide knowledge to enhance their scholarly work.	8.3a. Library services continues to reach out with a yearly needs: assessment for books, journals data bases, etc.	Met	
	8.3b. Maintain policies and procedures for processing LMU-DCOM faculty, staff, and student requests for research needs	8.3b. Annually	8.3b. Assistant Dean of Research; Assistant Deans of BMS, Directors of Research	8.3b. DCOM Research Budget; Research Needs Requests/Survey, Research Department Database	8.3b. Policies are maintained on the Research Webpage and CANVAS. All research needs are reviewed on a quarterly to yearly basis.	8.3b. N/A	8.3b. Policies are being maintained at each level of the Research department. We have monthly meetings to discuss policies and procedures for processing as well as students/faculty requests for research needs.	8.3b. Policies are reviewed bi-annually and are maintained on the Research Webpage, CANVAS page, and the students now sign an attestation. Students are reminded of the policies, in workshops, research ambassador meetings. and email at each step of their research journey.	Met	
	8.3c. Provide research start-up funding packages for new faculty.	8.3c. As hired	8.3c. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Deans of BMS.	8.3c. BMS Budget; Funding determined annually	8.3c. Increase the number of research startup funds for new faculty as needed. Annual report of new faculty start-up funds utilized.	8.3c. N/A	8.3c. New Faculty interested in pursuing research are provided research start-up packages.	8.3c. The number of research start up funds for new faculty are increased based upon budget. The start-up funds and expenditures are reported Monthly to Dean's council if applicable.	Met	
	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.	8.3d. Annually/ as needed	8.3d. 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	8.3d. Research Department Database; Roundtable Monthly Discussions, Student/Faculty/Staff Research Workshops, Grants Index (Web of Science version).	8.3d. 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.	8.3d. N/A	8.3d. Continuous consultation to faculty, staff, students, postgraduate trainees, and affiliated GME members in research design and analysis, as well as grant acquisition opportunities. Assistant Dean of Research collaborates with GME to provide consultation, Research Director serves on committee for GME and shares information.	8.3d. Grant opportunities are being identified to support faculty, staff and students. Pipeline in development for future grant applications and interested students/faculty. Faculty Development and Students sessions created/delivered. Individual and group consultations were provided for faculty staff, students, and residents.	Met	

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.	8.4a. Annually	8.4a. 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	8.4a. 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	8.4a. 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%).	8.4a. N/A	8.4a. 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%).	8.4a. A 5-10% increase in research has been met as seen in our COCA documentation and quarterly newsletters for all research, OPP, and rural health.	Met	
	8.4b. Incorporate research and scholarly activity in the annual faculty success planning and evaluation process.	8.4b. Annually	8.4b. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research; Assistant Dean of Clinical Medicine; Department Chairs; Promotion and Multi-Year Appointments Committee	8.4b. Faculty evaluations containing scholarly activities	8.4b. 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%.	8.4b. N/A	8.4b. Scholarly activity and Research is included in the annual faculty success planning and evaluation process as indicated by faculty evaluations and promotion applications.	8.4b. Monitor faculty involvement monthly through Research Dept. Meeting and Dean's council reports. 25-34 faculty members continuously participate as indicated by above reports and COCA documentation.	Met	
	8.4c. Ensure faculty and staff awareness of the incentive pay policy to encourage extramural funding applications.	8.4c. Annually	8.4c. Dean/Chief Academic Officer; Chief Operating Officer; Assistant Dean of Research, Directors of Research; LMU Office of Research Grants and Sponsored Programs (ORGSP)	8.4c. New Faculty Orientation, Faculty Development Workshops, Faculty Needs Assessment; Research Webpage, Grants Index (Web of Science version).and Canvas.	8.4c. Faculty needs assessment evaluation to ensure 90-100% awareness.	8.4c. N/A	8.4c. New Faculty Orientations, Faculty Development Workshops, Faculty Needs Assessment, Research Webpage, and CANVAS Research Page. Communication from Director of Research and Grants as well as ORGSP.	8.4c. Awareness of incentive pay was/is discussed in our Faculty Development sessions, Grant Development sessions, ORGSP sessions, as well as during initial application review with Director of Grants and Intent to Apply/Application through ORGSP.	Met	

Standard 9: Students. The DO program recruits, admits, and holistically supports students.							
Objectives	**Actions**	**Assessment Targets**	**RECOMMENDATIONS from 2023-2024 (if applicable)**	**Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).**	**Provide the data that supports your ASSESSMENT TARGETS from Column F.**	**Met/ Not Met**	**THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.**
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 and beyond. Establish relationships with undergraduate institutions and the general public by promoting the College and the osteopathic profession.	9.1a. Identify and contact 100% of in-progress applicants from the Southern Appalachian region to encourage application completion.	9.1a. N/A	9.1a. 100% of in progress applicants were contacted multiple times increasing the completion rate. Obtained eight new articulation agreements.	9.1a. Applicants were emailed directly from Webadmit. Signed articulation agreements are in place.	Met	
	9.1b. Increase engagement with prospective students from diverse backgrounds to raise the visibility of LMU-DCOM.	9.1b.Through increased recruitment events DCOM seeks to attract high-quality, diverse and well suited students who reflect the diverse populations they will serve.	9.1b. N/A	9.1b. Increased the number of recruitment events, presentations, tours and school visits.	9.1b. Hired an additional recruiter to assist with increased recruitment efforts.	Met	
	9.1c. Conduct onsite and/or virtual interviews for prospective students.	9.1c. Interview 2500 applicants.	9.1c. N/A	9.1c. Increased the number of applicants interviewed each week and interviewed over 2500 applicants.	9.1c. Interviewed over 2500 applicants.	Met	
	9.1d. Develop and present the Osteopathic Medical Education Awareness Conference (OMAC) to local community.	9.1d. Add at least 1 new presentation to provide a wider range of topics for participants. Host National Osteopathic Medical Fair	9.1d. N/A	9.1d. Increased presentations at OMAC and hosted a National Osteopathic Medical Fair.	9.1d. OMAC's were held in Harrogate and Knoxville. We hosted a National Osteopathic Medical.	Met	
	9.1e. Participate and/or exhibit in national and regional conferences and health professions events.	9.1e. Attend minimum of 40 events per academic year, combination of in-person and virtual.	9.1e. N/A	9.1e. Increased the number of events hosted or attended. Connected with more pre-health advisors and pre-med clubs.	9.1e. Attended or hosted more than 40 events.	Met	
	9.1f. Monitor entry data and admission criteria, including Medical College Admission Test (MCAT), grade point average (GPA), and demographic factors.	9.1f. Enroll students filling all seats in the class.	9.1f. N/A	9.1f. All seats were filled.	9.1f. Increased the number of waitlisted students and filled all seats.	Met	
	9.1g. Assist students with military scholarships, including Health Professions Scholarship Program (HPSP).	9.1g. Host at least 1 presentation for students interested in HPSP.	9.1g. N/A	9.1g. Military representatives attended OMAC and accepted students days. The admissions office assisted students with HPSP forms and documents needed for enrollment.	9.1g. Military representatives present at OMAC and accepted students day.	Met	

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.	9.2a. Implement Target -X Student Management System in coordination with LMU Main Campus	9.2a. Working with LMU to implement Student Management System - Target X. Roll out set for Oct 1 per Deb Moyer.	9.2a. Target -X SMS went live on 8/14/25. Hired new Director of Students and Academic Advancement. Revised and updated student tracking process for all students including students on LOA	9.2a. Target -X SMS went live on 8/14/25. Hired new Director of Students and Academic Advancement. Revised and updated student tracking process for all students including students on LOA	Met	
	9.2b. Implement student tracking system for United States Medical Licensing Examination (USMLE) licensure examinations in addition to Comprehensive Osteopathic Medical Licensing Examinations (COMLEX).	9.2b. Implement Target -X Student Management System in coordination with LMU Main Campus	9.2b. Will roll into SMS when implemented. See 9.2a.	9.2b. Target -X SMS went live on 8/14/25. Will have COMLEX information live by 12/31/25.	9.2b. Target -X SMS went live on 8/14/25. Will have COMLEX information live by 12/31/25.	Not Met	9.2b. Target -X SMS went live on 8/14/25. Will have COMLEX information live by 12/31/25.
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.	9.3a. One hundred percent (100%) of transfer students have completed transfer course equivalence form for approval.	9.3a. N/A	9.3a. We did not admit any transfer students this year.	9.3a. We did not admit any transfer students this year.	N/A	
9.4 Maintain accurate, secure, and confidential database for official student record keeping.	9.4a. Successfully implement SMS across all DCOM campuses	9.4a. Implement Target -X Student Management System in coordination with LMU Main Campus	9.4a. Working with LMU to implement Student Management System - Target X. Roll out set for Oct 1 per Deb Moyer.	9.4a. Target-X SMS went live on 8/14/25.	9.4a. Target-X SMS went live on 8/14/25.	Met	
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.	9.5a. Provide at least quarterly group-based academic support workshops	9.5a. N/A	9.5a. Increased the number of academic support staff for both campuses and academic support appointment availability. Increased workshop availability for both OMS I and OMS II cohorts.	9.5a. Increased the number of learning specialists from 4 to 6 between both campuses. Hired two Directors of academic support (one for each campus). Increased appointment availability from 10 to 12 appointments daily to 30 to 36 appointments daily (at an average rate of 5 to 6 appointments per learning specialist). Workshop sessions are now offered by cohort approximately every three weeks.	Met	
9.6 Provide career counseling resources and services.	9.6a. Increase availability of career counseling workshops for students years 1 through 4.	9.6a. Add at least 1 additional group-based career services workshop for OMSI and OMSII students.	9.6a. Sessions set to occur in November of 2024.	9.6a. Added one Careers in Medicine workshop for OMS I and II students at both the Harrogate and Knoxville Locations.	9.6a. Sessions were held in April and May.	Met	
	9.6b. Provide opportunities to connect Alumni with students years 1 through 4 and offer mentoring regarding career development.	9.6b. Provide at least 1 DO Seminar Series session per month August-April annually.	9.6b. Continue to host at least one session during each month of the AY.	9.6b. 8 sessions held in AY 24-25	9.6b. Sessions were held in August, September, October, December, January, February, April and May. No session was held in November or March due to internal scheduling conflicts coupled with lack of available speakers.	Met	9.6b. Continue to host at least one session during each month of the AY.
9.7 Provide financial aid and debt management counseling.	9.7a. Present mandatory financial aid and debt counseling sessions to matriculating students.	9.7a. One hundred percent (100%) of students complete mandatory sessions.	9.7a. N/A	9.7a. All matriculating students who receive financial aid completed financial aid counseling through Studentaid.gov	9.7a. Documentation of completion must be received prior to any loans being disbursed. Report available through Financial Aid	Met	
	9.7b. Offer group and individual financial aid and debt counseling meetings to students.	9.7b. Continue to offer financial aid and debt counseling sessions in all four years of medical school	9.7b. N/A	9.7b. Sessions offered annually via Student Loan Professor for each individual OMS year	9.7b. Attendance roster available through Student Affairs	Met	

	9.7c. Conduct loan exit interviews with graduates, recessed, and dismissed students.	9.7c. One hundred percent (100%) of students attend exit loan interviews.	9.7c. N/A	9.7c. Exit Loan Counseling is a graduation requirement. 100% of students attended exit loan interviews via Student Loan Professor	9.7c. Completion of this requirement is tracked via student services. Attendance sheet ava	Met	
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.	9.8a. Partner with at least 1 student club/organization to provide 1 additional mental health awareness workshop to students.	9.8a. N/A	9.8a. All students have access to mental health counseling onsite at all campuses as well as via tele-health through EMPATHIA	9.8a. All students have access to mental health counseling onsite at all campuses as well as via tele-health through EMPATHIA		
9.9 Provide student access to physical health services.	9.9a. Increase knowledge of and accessibility to available diagnostic, preventive, and therapeutic health services.	9.9a. Locate contract agreement with Summit Medical to ascertain services and to ensure 100% of students have access to services.	9.9a. While the Summit Medical contract was unable to be executed, contracts with two other healthcare providers were confirmed for Orange Park. Update assessment target to "Maintain agreements with medical providers in all locations necessary to ensure 100% of students have access to services."	9.9a. New contracts implemented	9.9a. New contracts implemented for Student Health through Covenant Medical Group for Knoxville and Harrogate campuses as well. Contracted for health services with Avecina Medical for Orange Park	Met	
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.	9.10a. 100% of SPC meeting agendas include an opportunity for recusals.	9.10a. N/A	9.10a. This occurs at every meeting for all SPCs	9.10a. Documented in minutes	Met	
9.11 Require student health insurance.	9.11a. Track student health insurance requirements.	9.11a. One hundred percent (100%) of students provide proof of student health insurance.	9.11a. N/A	9.11a. All students are required to provide proof of insurance prior to matriculation	9.11a. Documented in Castlebranch system	Met	

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/Sources To Meet Target)	Assessment Targets	Recommendations from 2023-2024 (if applicable)	Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).	Provide the data that supports your ASSESSMENT TARGETS from Column F.	Met/ Not Met	THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.
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.	10.1a. Quarterly	10.1a. Dean of Graduate Medical Education (GME); Graduate Medical Education Committee (GMEC)	10.1a. Budget; work with local, state and regional health systems to identify GME opportunities, develop feasibility studies and navigate the accreditation process	10.1a. Four (4) meetings annually.	10.1a. N/A	10.1a. Meetings were held	10.1a. Meetings were held in September 2024, January 2025, April 2025, and July of 2025.	Met	
	10.1b. Develop a Suite of Services for GME Development and Maintenance .	10.1b. Quarterly programming	10.1b. Dean of GME and Rotations; GMEC, Medical Librarian, Center for IPE and Simulation, Life Support Training Director, Director of Alumni Services and CME	10.1b. Budget, library resources, IS resources, event registration and communication platforms	10.1b. Event registrations, library usage data, and program and course completion data tracking implemented.	10.1b. N/A	10.1b. Created role of Director of Career Services and GME to assist with GME site development. Created a Rural GME toolkit to guide rural GME expansion. Continue to provide library services and Up to Date for all GME partners. CME accreditation services provided to partners as requested.	10.1b. Created role of Director of Career Services and GME to assist with GME site development. Created a Rural GME toolkit to guide rural GME expansion. CME accreditation services provided to partners as requested.	Met	
	10.1c. Develop marketing materials that describe LMU-DCOM GME development resources	10.1c. July 2025	10.1c. Dean of GME; GMEC; Director of PR and Marketing for Health Sciences	10.1c. Printing budget, web presence/IS resources	10.1c. 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 attend conferences targeted at residency program directors and staff.	10.1c. 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 attend conferences targeted at residency program directors and staff.	10.1c. N/A	10.1c. N/A	Not Met	10.1c. Actively working with key GME partners across the country on GME site development. Need to focus on GME visibility, not necessarily marketing
	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).	10.1d. Annually	10.1d. Director of Alumni Services and CME, Preceptor Development Committee, Clinical Education office	10.1d. Educational grants, Learning Management Systems including, but not limited to, EthosCE and MediaSite, Clinical faculty, Information Technology (IT) support, OMM faculty	10.1d. 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.	10.1d. N/A	10.1d. Held 4th Friday Preceptor Development sessions monthly in calendar year 2024 with the exception of December 2024. Preceptors and clinical partners invited to all other LMU-DCOM sponsored CME programming. CME accreditation services provided to clinical partners at no cost as requested.	10.1d. 11 sessions of the 4th Friday Preceptor Development series were held. Three additional LMU-DCOM sponsored live CME programs were held, and 10 online enduring content programs were available throughout the year. LMU-DCOM provided CME accreditation services to three clinical partners in calendar year 2024.	Met	
	10.1e. Develop and attend need-based accredited Continuing Medical Education (CME) Conferences and events.	10.1e. At least 4/year	10.1e. Director of Alumni Services and CME; GME Program leadership; LMU-DCOM faculty and staff leadership; LMU-DCOM Alumni	10.1e. Budget	10.1e. Documented and delivered CME programs with a target of delivering at least four (4) programs annually.	10.1e. N/A	10.1e. Multiple CME programs were held.	10.1e. In calendar year 2024, LMU-DCOM held 11 sessions of the 4th Friday Preceptor Development Series; the TOMA Preconference Workshop on Wound Care; the 8th annual Essentials of Clinical Medicine CME Conference, and the LMU Homecoming CME Program on Women's Health. Ten online enduring content programs were available at various times during calendar year 2024.	Met	
	10.1f. Incorporate the teaching and assessment of Entrustable Professional Activities (EPA) into the clinical curriculum.	10.1f. Quarterly	10.1f. Asst. Dean of Basic Medical Science, Asst. Dean of Clinical Affairs; Rotation Directors; Director of Alumni Services and CME; Center for IPE and Simulation (CIPES)	10.1f. Budget for programming	10.1f. Assessments of student performance on EPA milestones are on end of rotation evaluations. Will develop annual preceptor training on EPAs and track attendance.	10.1f. N/A	10.1f. Preceptor development sessions where preceptor needs are identified.	10.1f. EPA skills tracking (milestones) and additional annual training for preceptors have not been identified as a need in preceptor development sessions. Resources would be of benefit on other identified needs.	Not Met	10.1f. Recommend removal from strategic plan.
	10.1g. Conduct Faculty Development Training to help students through the GME application process and understand current trends.	10.1g. Annually	10.1g. Director of Career Services; Associate Director of Career Services	10.1g. Careers in Medicine; AACOM resources; faculty; IS; alumni; specialty colleges	10.1g. Placement outcomes with target goal of 98% placement rate annually. Develop faculty development and preceptor development programming that includes the GME application process (ex. Letters of Recommendation, SOAP process, Match Success)	10.1g. N/A	10.1g. The 4th Friday Preceptor Development series included sessions on "Completing the Evaluation and the Importance of MSPE Comments, "Letters of Recommendation," and "Understanding and Incorporating OMT into Clinical Rotations."	10.1g. Residency placement rate 99.2% YTD	Met	

	10.1h. Collaborate with affiliated Graduate Medical Education (GME) programs to monitor continuity of undergrad to graduate education.	10.1h. Quarterly	10.1h. Dean of GME; GMEC	10.1h. Academic Services and Assessment; Library Services	10.1h. Will conduct a formal needs assessment with associated Program Directors and Program Coordinators and Peer Appointed Resident Representatives.	10.1h. Because of restructuring, additional GME staff member is not required at this time. Will adjust goal.	10.1h. A formal needs assessment was not undertaken, but many formal meetings were held with both existing and potential GME partners regarding the development of UME/GME pipelines. Enhanced contracts with UME partners developed to assure long term UME continuity leading to development of GME sites	10.1h. A formal needs assessment was not undertaken, but many formal meetings were held with both existing and potential GME partners regarding the development of UME/GME pipelines. Enhanced contracts with UME partners developed to assure long term UME continuity leading to development of GME sites	Met	
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	10.2a. Annual needs assessment First Target assessment for April 2025	10.2a. Graduate Medical Education Committee (GMEC), new and existing GME program representatives	10.2a. Conduct/analyze results of needs assessment	10.2a. Will conduct a formal needs assessment with affiliated Program Directors and Program Coordinators and Peer Appointed Resident Representatives.	10.2a. Will conduct a formal needs assessment with associated Program Directors and Program Coordinators and Peer Appointed Resident Representatives.	10.2a. GME department was restructured to include a new director position to assist in the development of LMU-DCOM into a Sponsoring Institution for GME sites unable to afford the infrastructure of GME.	10.2a. Formal needs assessment not undertaken. GME department was restructed to include a new director position to assist in the development of LMU-DCOM into a Sponsoring Institution for GME sites unable to afford the infrastructure of GME. GME incubator proposal developed - currently seeking funding from the state of TN	Met	
	10.2b. Provide library support and other resources to meet the needs of faculty in affiliated Graduate Medical Education (GME) programs and postgraduate trainees.	10.2b. Annually	10.2b. Medical Librarians (Harrogate and DCOMK); Dean of GME; GMEC	10.2b. Library staff; Library website and resources; LMU IRB; LMU-DCOM Research and Grants Committee	10.2b. GMEC has formulated plan to meet stated needs. Conduct a needs assessment be conducted with GME program leadership to ensure that resources are accessible, appropriate and to determine what other optional resources may be needed.	10.2b. N/A	10.2b. Library resources continue to be available to all of our GME partners. Annual training on library resources provided by DCOM Librarian	10.2b. Library resources continue to be available to all of our GME partners. Annual training on library resources provided by DCOM Librarian	Met	
	10.2c. Support faculty members of affiliated GME programs in the Appalachian region and beyond.	10.2c. Annually	10.2c. GMEC, GME program leadership and coordinators Department of Clinical Education, Office of Career Services, Dean of GME	10.2c. Needs assessment	10.2c. Formulate annual plan to meet stated needs based off of above needs assessment. Provide programming to meet the needs of our partner GME program faculty.	10.2c.N/A	10.2c. Formal needs assessment not done, but discussions had at quarterly GMEC meeting as well as ar our annual DSME retreat/CME event regarding the future of GME and specific needs of our partners.	10.2c. Formal needs assessment not done, but discussions had at quarterly GMEC meeting as well as ar our annual DSME retreat/CME event regarding the future of GME and specific needs of our partners.	Met	
	10.2d. Monitor the process for clinical and adjunct faculty credentialing and academic rank application.	10.2d. Annually	10.2d. Department of Clinical Education; LMU-DCOM Promotion and Multi-Year Application Committee (PMYAC)	10.2d. Federation of State Medical Boards (FSMB) database; Verification Matters; DO Profiles; AOIA Credentials Database	10.2d. One hundred percent (100%) of training sites are equipped with faculty and preceptors to train students.	10.2d. N/A	10.2d. All facilities have faculty and preceptors. Process for credentialing and rank modified to assure consistency.	10.2d. All facilities have faculty and preceptors. Process for credentialing and rank modified to assure consistency.	Met	
	10.2e. Provide needs-based learning resources and education to faculty, staff and residents.	10.2e. Quarterly	10.2e. Dean of GME; GMEC; Health Science Librarians; Executive Director of Life Support and Clinical Skills; Director of Alumni Services and CME	10.2e. Budget; Course Survey Feedback	10.2e. One to three (1-3) faculty development programs have been delivered. 85% of attendees Agreed/Strongly agreed that course aligned with outcomes.	10.2e. N/A	10.2e. In calendar year 2024, LMU-DCOM held 11 sessions of the 4th Friday Preceptor Development Series. 100% of attendees who completed the program evaluation for each session either agreed or strongly agreed that the activity met its learning objectives.	10.2e. In calendar year 2024, LMU-DCOM held 11 sessions of the 4th Friday Preceptor Development Series. 100% of attendees who completed the program evaluation for each session either agreed or strongly agreed that the activity met its learning objectives.	Met	
	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.	10.2f. Annually and as requested/ needed	10.2f. Dean of GME; GMEC; Director of Alumni Services and CME; CIPES staff; Assistant Director of CIPES	10.2f. LMU-DCOM Faculty and residency faculty, staff and leadership	10.2f. 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.	10.2f. Obtain attendance rosters for lectures given at partner institutions.	10.2f. LMU-DCOM visiting Faculty delivered medical education training utilizing American Heart Association courses, simulations, and clinical procedural skills to Residents and their Faculty.	10.2f. Over the course of the academic year, Tennova internal Medicine Residency Program completed a Basic Life Support Course in skills and in the simulation lab. Tennova Residents completed an advanced cardiac life support course in the simulation lab.	Met	
	10.2g. Develop scholarly activity presentations, research funding opportunities and mentorship.	10.2g. Annually	10.2g. LMU-DCOM Director of Research; Assistant Dean of Research; Dean of GME; GMEC; and other graduate and professional degree program directors	10.2g. Budget; Faculty/Research Mentorship; PR support for advertising for graduates	10.2g. Greater than or equal to one (1) poster submitted to the Annual LMU-DCOM DO Research Day and the Essentials of Clinical Medicine CME Conference by a student and resident alumnus.	10.2g. Change the conferences that are target goals.	10.2g. 34 or more presentations w/ > 60 students involved for LMU Research Day—reported to Dean's Council and Quarterly Newsletter. 25 abstract submissions- and we accepted 22 posters for 9th Annual Essentials of Clinical Medicine- 22 posters were affiliated with students, faculty/staff, and residents.	10.2g. 34 or more presentations w/ > 60 students involved for LMU Research Day—reported to Dean's Council and Quarterly Newsletter. 25 abstract submissions- and we accepted 22 posters for 9th Annual Essentials of Clinical Medicine- 22 posters were affiliated with students, faculty/staff, and residents.	Met	
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.	10.3a. Annually	10.3a. Dean of GME; GMEC; LMU-DCOM Osteopathic Manipulative Medicine (OMM) Department	10.3a. OMM department support, library resources, budget for printed materials	10.3a. Will conduct a needs assessment with affiliated residency programs to determine their interest in obtaining osteopathic recognition and to elicit the resources that they would need in order to achieve this.	10.3a. N/A	10.3a. Actively working with MMC FM residency to achieve Osteopathic Recognition.	10.3a. Actively working with MMC FM residency to achieve Osteopathic Recognition.	Met	10.3a. Modify goal
10.4 Demonstrate and publish publicly the placement of students in	10.4a. Produce well prepared students for residency.	10.4a. Annually	10.4a. GMEC, Dean of GME; Office of Career Services	10.4a. Results of data	10.4a. Placement of graduates at rate of at least 98%.	10.4a. N/A	10.4a. Residency placement rate 99.2% YTD	10.4a. Residency placement rate 99.2% YTD	Met	

GME programs, including through the publication rates of its students.	10.4b. Prepare students for the residency application process.	10.4b. Annually	10.4b. Director of Career Services; Associate Director of Career Services; Dean of GME; Director of Alumni Services and CME	10.4b. 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	10.4b. 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.	10.4b. N/A	10.4b. Hosted 2 Careers in Medicine sessions in April and May 2025, Hosted 8 DO Seminar Series on various MATCH and Specialty topics, 99.18% placement rate for the class of 2025,	10.4b. Hosted 2 Careers in Medicine sessions in April and May 2025, Hosted 8 DO Seminar Series on various MATCH and Specialty topics, 99.18% placement rate for the class of 2025,	Met
	10.4c. Prepare Graduate Medical Education (GME) accountability report to determine residency placement by specialty of DO graduates.	10.4c. Annually	10.4c. Assessment department; Office of Career Services; Dean of GME; Director of Alumni Services and CME	10.4c. Budget	10.4c. Produce and distribute findings of the GME accountability report annually with target goal of 98% placement rate.	10.4c. N/A	10.4c. Report completed and distributed	10.4c. GME placement rate -99.2%	Met
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	10.5a. Annually	10.5a. Director of Alumni Services and CME	10.5a. Contract with National Center for the Analysis of Healthcare Data (NCAHD); budget	10.5a. Identify 95% of alumni licensure data.	10.5a. N/A	10.5a. The annual alumni tracking through NCAHD was completed in Fall 2024.	10.5a. 99% of alumni were located based on licensure data.	Met
	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.	10.5b. Monthly and as needed	10.5b. Director of Alumni Services and CME	10.5b. Budget; Constant Contact, alumni website through Anthology, LMU-DCOM Facebook page	10.5b. Review and analyze actions taken at least annually with target goal of at least one alumni communication per month.	10.5b. N/A	10.5b. LMU-DCOM alumni received monthly emails during calendar year 2024, as well as additional emails regarding special events, providing reminders about fellowship application and licensing processes, and CME announcements.	10.5b. 28 emails were sent to all of the alumni body and/or designated segments of the alumni body during calendar year 2024.	Met
	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).	10.5c. Annually	10.5c. Dean and Chief Academic Officer; Senior Associate Dean; Office of Clinical Education; Dean of GME; Director of Alumni Services and CME; selected faculty and staff	10.5c. Budget for registration and exhibit booth fees	10.5c. Documentation of attendance and participation at appropriate meetings and other programs with target goal of attending at least five meetings annually.	10.5c. N/A	10.5c. All meetings in goal attended by faculty and staff	10.5c. All meetings in goal attended by faculty and staff	Met
	10.5d. Establish and maintain relationships between LMU-DCOM and affiliated health care systems and facilities	10.5d. Quarterly and as needed	10.5d. LMU-DCOM faculty and staff leadership	10.5d. Budget	10.5d. 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.	10.5d. N/A	10.5d. Attended FOMA, TOMA, AACOM, OMED and multiple Florida conferences. Met with Lifepoint, Covenant, Sweetwater, Baxter Regional, Tennova/CHS re: GME site development	10.5d. Attended FOMA, TOMA, AACOM, OMED and multiple Florida conferences. Met with Lifepoint, Covenant, Sweetwater, Baxter Regional, Tennova/CHS re: GME site development	Met
	10.5e. Encourage and recruit DO alumni to precept medical students.	10.5e. Quarterly	10.5e. Office of Clinical Education; Dean of GME; Director of Alumni Services and CME	10.5e. Alumni newsletter/emails, updated alumni database	10.5e. Twenty-five (25) alumni per year are newly recruited.	10.5e. N/A	10.5e. We added 32 alumni preceptors this AY	10.5e. We added 32 alumni preceptors this AY	Met

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/Sources To Meet Target)**	**Assessment Targets**	**RECOMMENDATIONS from 2023-2024 (if applicable)**	**Describe how you accomplished the ACTIONS found in Column B including Column G (Recommendations).**	**Provide the data that supports your ASSESSMENT TARGETS from Column F.**	**Met/ Not Met**	**THIS FIELD IS REQUIRED IF "NOT MET" has been indicated. Describe changes to ACTIONS you will take in the coming year to meet your ASSESSMENT TARGET.**
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	11.1a. Annually	11.1a. Assistant Dean of Assessment	11.1a. Program Outcomes minutes, Curriculum Committee minutes	11.1a. A. LMU-DCOM Program Outcomes fully reviewed by the Program Outcome committee to identify variations with the NBOME Blueprint and the Foundational Competencies for UME (to be released in Nov. 2024) with a report of suggested revisions shared with Curriculum Committee by June 2025.	11.1a. The final iteration of the Foundational Competencies is expected to be released in November 2024. The LMU Program Outcomes committee should use the spring semester 2025 to identify revisions to the LMU-DCOM Program Learning Outcomes to ensure that our outcomes align with the updated Foundational Competencies.	11.1a. PO reviewed the Foundational Competencies for UME and updated the 2025-2026 Curricular Outcomes to integrate the Foundational Competencies where feasible. The Assessment and Curriculum deans review the NBOME Blueprint on a regular basis to ensure that the Program Outcomes and our curriculum map align with the NBOME Blueprint	11.1a. PO Committee minutes for 3.35.35, 4.30.25, and 5.22.25 show a full review of the Foundational Competencies for UME. The LMU-DCOM Curricular Outcomes include multiple revisions in relation to the review.	Met	
	11.1b. Preclerkship action: Ensure changes identified in End of Course Reports are implemented in courses.	11.1b. Biannually	11.1b. Assistant/Associate Dean of Basic Medical Sciences, Assistant/Associate Dean of Clinical Medicine, Assistant Dean of Assessment, Chair of Curriculum Committee	11.1b. Course Syllabi, Course Lecture list, End of Course Reports	11.1b. One hundred percent (100%) of End of Course (EOC) Reports identify at least one improvement to the course to be implemented the following year.	11.1b. Recommend that a BMS and/or Clinical Dean meet with course directors who do not list improvements to support student learning or engagement within their EOC report to review the report and identify potential improvements (small or large).	11.1b. EOC reports and syllabi were reviewed after the reports were submitted to the Curriculum Committee. Course Directors were contacted by a dean if the EOC report did not identify potential improvements.	11.1b. 100% of EOC reports or syllabi include at least one improvement to be implemented during 2025-2026 academic year	Met	
	11.1c. Assess of COMLEX Level 1 first time pass rate	11.1c. Annually	11.1c. Assistant Dean of Basic Medical Sciences and Curricular Innovation, Assistant/Associate Dean of Clinical Medicine/Affairs	11.1c. Previous years COMSAE and COMLEX Level 1 results	11.1c. A. 100% of students will achieve a score of 460 or greater on a proctored COMSAE as a threshold to be released to take COMLEX Level 1. B. Annually the Board Review Team will review board results to set the COMSAE threshold.	11.1c. N/A	11.1c. A. Students received Board Preparation sessions throughout the OMSII year sharing updates to policy, information on resources, and best practices for studying and taking board exams. B. The COMSAE benchmark was reviewed by the Board Review team using analysis of recent data. The benchmark for the 2025-2026 exam cycle was set as a COMSAE of 450 or a TrueLearn score of 65%.The COMLEX eligibility policy was revised to reflect this change with an addition of an equivalent TrueLearn assessment score for students who needed additional or alternative testing.	11.1c. A. 100% of students released to sit for the COMLEX Level 1 during the 2025-2026 testing cycle have met the required benchmark (see B). B. The COMSAE benchmark was reviewed by the Board Review team using analysis of recent data. The benchmark for the 2025-2026 exam cycle was set as a COMSAE of 450 or a TrueLearn score of 65%. The COMLEX eligibility policy was revised to reflect this change with an addition of an equivalent TrueLearn assessment score for students who needed additional or alternative testing.	Met	
	11.1d. Clerkship: Ensure changes identified in Annual Rotation Reports are implemented in rotation didactics.	11.1d. Annually	11.1d. Assistant/Associate Dean Clinical Medicine/Affairs, Assistant Dean of Assessment, Chair of Curriculum Committee	11.1d. Rotation Syllabi, Annual Rotation Reports	11.1d. One hundred percent (100%) of Annual Required Rotation (ARR) Reports identify at least one improvement to the course to be implemented the following year.	11.1d. Recommend that a Clinical Dean meet with rotation directors who do not list improvements to support student learning or engagement within their ARR report to review the report and identify potential improvements (small or large).	11.1d. ARR Reports and syllabi were reviewed after reports were submitted to Curriculum Committee. Rotation Directors were contacted by a dean if the ARR report did not identify potential improvements.	11.1d. 100% of Annual Required Rotation Reports or syllabi identify at least one improvement to be implemented during 2025-2026 academic year.	Met	
	11.1e. Clerkship: Assess of COMLEX Level 2 first time pass rate	11.1e. Annually	11.1e. Associate Dean of Clinical Medicine	11.1e. Previous years COMSAE, CRE (COMLEX Readiness Exam), CE Prep Course Enrollment, COMAT performance, and COMLEX Level 2 results	11.1e. A. 100% of students will pass the CRE and achieve a score of 460 or greater on a proctored COMSAE as a threshold to be released to take COMLEX Level 2 CE. B. In addition, 100% of student with a cumulative first time COMAT average less than 100 will complete the CE Prep Course before being released to take COMLEX Level 2 CE.	11.1e. N/A	11.1e. A. All students take the Level 2 COMSAE as part of the eligibility process. Students must score a 460 or higher on the COMSAE to be cleared to sit for COMLEX Level 2 CE. B. Students COMAT averages are monitored as they complete these exams following required clinical rotations. In addition to meeting the COMSAE benchmark, any student with a COMAT average below 100 is required to complete an online LMU-DCOM CE Prep Course prior to being released to sit for the COMLEX L2 CE.	11.1e. A. 100% of students release to sit for COMLEX Level 2 CE have met the 460 COMSAE and CRE benchmark. B. 100% of students with a COMAT average of less than 100 have completed a CE Board Prep course before being released to take the COMLEX Level 2 CE.	Met	

	11.1f. Develop and implement an early intervention method for tracking "at-risk" students. Revise OMS-I/II peer tutoring program to provide more oversight, tutor training and stress the use of practice questions when tutoring. Change the OMS-I/II course remediation policy such that students remediate any failed course at the conclusion of the semester, rather than doing all remediation at the end of the spring semester.	11.1f. Biannually	11.1f. Assistant Dean of Assessment, Associate Dean of Basic Medical Sciences (Orange Park); Assistant/Associate Deans of Students	11.1f. Deans Council minutes; At-risk lists; Student tracking system	11.1f. 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.	11.1f. Recommend finalizing a process for identifying and supporting at-risk students that delineates the roles of LMU-DCOM Student Affairs staff and course faculty.	11.1f. A. Academic Warning process developed integrating academic performance (at-risk) data and Student Services (Academic/Learning) support. Tutoring services were evaluated and reworked during the 2024-2025 academic year to refocus tutoring practices and increase faculty oversight. The remediation timeline was revised during the 2025-2025 academic year to provide remediation at the end of the semester rather than at the end of the academic year. B. In Spring 2025, new Student Management System was brought in and developed to integrate Student Services and Academic performance data management. The platform was refined over Summer 2025 and went live for Student Services in August 2025.	11.1f. A. The process for identifying and supporting at-risk students has been revised to delineate the roles of Student Affairs and course faculty. B. A new Student Management System has been brought on-line to house academic/assessment and Student Services data in one location.	Met