



LMU-DCOM

Strategic Plan

2025-2030

LMU-DCOM Strategic Plan 2025-2030

Reviewed/Approved 10/23/24 by the LMU-DCOM Strategic Planning and Compliance Committee.

Approved 11/06/2024 by the LMU-DCOM Deans Council.

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

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

**Mission statement last revised: 11.13.18 revision of the Strategic Planning Committee; 4.3.19 LMU-DCOM Dean Approval; 5.3.19 LMU Board of Trustee Approval*

The DO Program Goals:

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

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

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

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

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

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

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

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

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

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

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

LMU-DCOM 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
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.
	1.1b. 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.
1.2 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.
	1.2b. 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.
	1.2c. 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 LMUhave been completed. All continued accreditation is available upon request.
	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.
	1.2e. 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.

1.3 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.
	1.3b. Make recommendations for potential members.	1.3b. Annually	1.3b. Dean/CAO	1.3b.	

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
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.
	2.1b. AOA or ABMS board certification verified annually.	2.1b. Annually	2.1b. Dean/CAO	2.1b. Board certification verification	2.1b. Verified annually.
2.2 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.
2.3 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.
	2.3b. 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.
	2.3c. 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.
	2.3d. 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
	2.3e. 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.
	2.3f. 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.
2.4 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.
	2.4b. 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

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
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.
	3.1b. 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.
	3.1c. 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.
	3.1d. 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.
	3.1e. 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.
	3.1f. 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.
3.2 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.
	3.2b. 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

<p>3.2c. Increase endowment giving for student scholarships, faculty development, research, endowed chairs, continuing education, and the physical plant (LMU 6.2).</p> <p>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</p> <p>Work with DCOM Director of Alumni Services and CME to increase sponsors and donor support of annual CME event</p> <p>Increase focus on research as a targeted fundraising priority in FY24-25</p>	<p>3.2c. Annually</p>	<p>3.2c. Director of Development Health Sciences Division; VP of Advancement; Senior Director of Alumni Services; Assistant VP for Advancement</p>	<p>3.2c. Minutes of LMU Awards Committee and LMU-DCOM Awards Committee</p> <p>LMU gift records</p>	<p>3.2c. Results of LMU-DCOM Awards Committee process</p> <p>Dir. of Development, Health Sciences scholarship donor portfolio and call logs</p> <p>Roster of LMU-DCOM donors recognized in the Honor Roll of Donors, through press releases and LMU publications</p> <p>Roster of LMU-DCOM donors invited to the scholarship Donor Appreciation Banquet and LMU Donor Gala at Homecoming</p> <p>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.</p>
<p>3.2d. Continue targeted fundraising to meet identified priorities and new opportunities.</p> <p>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).</p>	<p>3.2d. Annually</p>	<p>3.2d. Director of Development Health Sciences Division; VP of Advancement; Director of Annual Giving; Assistant VP for Advancement</p>	<p>3.2d. Travel, postage and direct mail budget</p>	<p>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.</p>

	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.
	3.2g. 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.

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
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.
	4.1b. 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.
	4.1c. 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
4.2 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.
4.3 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.
4.4 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.
	4.4b. 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.
	4.4c. 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.

4.5 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.
4.6 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%).
	4.6b. 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

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
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.
	5.1b. 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.
5.2 Recruit and retain qualified, mission-appropriate diverse students, faculty, staff, and senior administrative staff.	5.2a. Meet with recruitment staff from each program within DCOM to review their recruitment strategies and make suggestions to diversity recruitment efforts (DEI 1.2a).	5.2a. Spring 2024	5.2a. DO Admissions Dept.; DEI committee	5.2a. Meeting minutes	5.2a. Consultations held with all appropriate departments within DCOM and recommendations made
	5.2b. Identify the various organizations, conferences, and/or events relevant to each department (DEI 1.2b).	5.2b. Spring 2024	5.2b. DO Admissions Dept.	5.2b. Number of organizations, conferences and/or events identified for each program	5.2b. 2 organizations identified for DCOM
	5.2c. Encourage recruitment staff to attend the identified various organizations, conferences and/or events relevant to their department to establish long-term relationships (DEI 1.2c.).	5.2c. Fall 2023	5.2c. DO Admissions Dept.	5.2c. Number of organizations, conferences and/or events attended	5.2c. At least 1 Program representative attends each of the identified organizational meetings/conferences
	5.2d. Develop pipeline programs with HBCU, Hispanic serving programs, and Native serving programs (DEI 1.2g).	5.2d. Spring 2024	5.2d. Assistant Dean of DEI	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
	5.2e. Fundraising or identifying donors to create scholarships that support diverse students for each department within DCOM (DEI 1.4b).	5.2e. Spring 2024	5.2e. Associate Dean of Inclusion and Engagement; Director of Inclusion and Engagement; University Office of Advancement	5.2e. Scholarships created	5.2e. 2 Scholarships created
	5.2f. Establishment of affinity groups to help support faculty and staff (DEI 2.5a)	5.2f. Spring 2024	5.2f. DCOM Administration	5.2f. Group meeting minutes	5.2f. Establish 2 faculty affinity groups
	5.2g. Provide opportunities for faculty/staff to attend conferences (DEI 2.5b).	5.2g. Continuous	5.2g. DCOM Administration	5.2g. Attendance at meeting	5.2g. Provide support for faculty to attend meetings

	5.2h. Develop a mentoring program for junior faculty members (DEI 2.5c).	5.2h. Continuous	5.2h. Director of Faculty Development; Faculty Assembly President; Director of Inclusion and Engagement	5.2h. Mentoring program	5.2h. 100% junior faculty have mentors
5.3 Mitigate faculty, staff, and student exposure to infectious and environmental hazards.	5.3a. Provide education on prevention of exposures.	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.
	5.3b. 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.
5.4 Support and maintain programs for student, faculty, and staff mental health and wellness and fatigue	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.

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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.
5.4c. 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

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
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.
	6.1b. 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.
	6.1c. Identify areas where DEI could be incorporated into the curriculum or extracurricular activities (DEI 3.3c.)	6.1c. Spring 2024	6.1c. Assistant Dean of Curricular Innovation, Assistant Dean of Basic Medical Sciences- Curriculum, Assistant Dean of DEI.	6.1c. Annual mapping and assessment of curriculum	6.1c. Curricular map has been reviewed and mapped for DEI 100%. 100% of student activities have been reviewed and mapped for DEI
	6.1d. Map out the areas where DEI is found in the curriculum and in extracurricular activities (DEI 3.3a).	6.1d. Spring 2024	6.1d. Assistant Dean of Curricular Innovation, Assistant Dean of Basic Medical Sciences- Curriculum, Assistant Dean of DEI.	6.1d. Annual mapping of the curriculum; inventory of activities from student organizational groups	6.1d. Curricular map has been reviewed and mapped for DEI 100%. 100% of student activities have been reviewed and mapped for DEI
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

	6.2b. 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).
	6.2c. 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
	6.2d. 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.
	6.2e. 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 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.
6.3 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.
	6.3b. 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.
	6.3c. 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.

6.4 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.
	6.4b. 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.
6.5 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.
	6.5b. 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.
	6.5c. 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
6.6 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.
	6.6b. Develop the OPP/Anatomy curricular structure.	6.6b. Annually	6.6b. Anatomy Chair and faculty; OMM faculty	6.6b. Budget	
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.
6.8 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).

6.9 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.
6.10 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.
6.11 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.
	6.11b. 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.
6.12 Develop a standardized process for providing SOAP remediation. (CIPES)	6.12a. Create a guidance form that explains the process for writing a SOAP note.	6.12a. & 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.
	6.12b. Create SOAP note remediation tracker.				

Goal #7: The faculty possess the credentials, knowledge, and skills to carry forth the mission of the DO Program.					
Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
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.
	7.1b. 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).
	7.1c. 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.

	7.1d. 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.
	7.1e. 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.
	7.1f. 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.
7.2 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.
7.3 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.

	7.3b. 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.
	7.3c. 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.
7.4 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; Assistant Dean of DEI	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 (DEI 3.5c).
	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.
	7.4c. 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.
	7.4d. 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.

	7.4e. 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.
	7.4f. 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.

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
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.
	8.1b. 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.
	8.1c. 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.

8.1d. 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.
8.1e. 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.
8.1f. 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.

	8.1g. 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.
	8.1h. 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.
8.2 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%.

	8.2b. 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.
	8.2c. 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.
	8.2d. 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.
	8.3 Encourage and support research and scholarly activity by faculty, staff, students, and post-graduate trainees	8.3a. Annually	8.3a. Medical Librarians; Head of Health Sciences Library Services; Learning Resources Committee;	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.
	8.3b. 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.
	8.3c. 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.
	8.3d. Provide consultation to faculty, staff, students, postgraduate trainees,	8.3d. Annually/	8.3d. Assistant Dean of Research; Director of Health Sciences Research	8.3d. Research Department Database; Roundtable Monthly Discussions,	8.3d. Continuous search to identify grant opportunities with

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%).
	8.4b. 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%.
	8.4c. 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.

Standard 9: Students. The DO program recruits, admits, and holistically supports students.					
Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
9.1 Recruit and select qualified applicants from diverse backgrounds to the LMU-DCOM osteopathic medical education program	9.1a. Increase completion rate of applications for prospective students from the Southern Appalachian region.	9.1a. Annually	9.1a. Assistant Dean of Admissions; Director of Recruitment and Outreach	9.1a. Budget	9.1a. Identify and contact 100% of in-progress applicants from the Southern Appalachian region to encourage application completion.
	9.1b. Increase engagement with prospective students from diverse backgrounds raise the visibility of LMU-DCOM.	9.1b. Annually	9.1b. Director Public Relations and Marketing for Health Sciences; Assistant Dean of Admissions; Director of Recruitment and Outreach; Director of Student Life; Associate Director of Student Life; Student Activities Coordinator; LMU-DCOM DO student ambassadors and specialty student club members	9.1b. Budget; Public Relations Budget	9.1b. Send at least 2 admissions staff members to the Diversity in Osteopathic Medicine Career Fair (Choose DO); Identify and build relationships with a minimum of 2 new HBC's in collaboration with the Associate Dean of Inclusion and Engagement.
	9.1c. Conduct onsite and/or virtual interviews for prospective students.	9.1c. Annually	9.1c. LMU-DCOM faculty and staff	9.1c. Budget	9.1c. Interview 2500 applicants.
	9.1d. Develop and present the Osteopathic Medical Education Awareness Conference (OMAC) to local community.	9.1d. Annually	9.1d. Assistant Dean of Admissions	9.1d. Budget	9.1d. Add at least 1 new presentation to provide a wider range of topics for participants. Host National Osteopathic Medical Fair
	9.1e. Participate and/or exhibit in national and regional conferences and health professions events.	9.1e. Annually	9.1e. Director of Recruitment and Outreach; LMU-DCOM faculty/staff	9.1e. Budget	9.1e. Attend minimum of 40 events per academic year, combination of in-person and virtual.
	9.1f. Monitor entry data and admission criteria, including Medical College Admission Test (MCAT), grade point average (GPA), and demographic factors.	9.1f. Annually	9.1f. Assistant Dean of Admissions; Assessment Office; Dean of Student Affairs	9.1f. Admissions reports; Assessment Data	9.1f. Enroll students filling all seats in the class.
	9.1g. Assist students with military scholarships, including Health Professions Scholarship Program (HPSP).	9.1g. Annually	9.1g. Assistant Dean of Admissions; LMU Office of Financial Services; Associate Dean of Student Affairs; Invited military scholarship personnel	9.1g. Orientations; Email; Invited presentations	9.1g. Host at least 1 presentation for students interested in HPSP.

9.2 Publish and follow academic standards policies and procedures	9.2a. Implement tracking system for student advancement, including student promotion, filing of grievances/appeals, retention, graduation.	9.2a. Annually	9.2a. Associate Dean of Student Affairs; Associate Dean of Academic Affairs; Director of Academic Support; Director of Students and Academic Advancement	9.2a. Student Handbook; Course Syllabi	9.2a. Implement Target -X Student Management System in coordination with LMU Main Campus
	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. Annually	9.2b. Associate Dean of Student Affairs; Assistant/Associate Dean of Basic Medical Sciences; Assistant Dean of Curricular Innovation; Director of Academic Support, Director of Students and Academic Advancement	9.2b. Student Handbook; Email; Blackboard Organization; Veerabridge	9.2b. Implement Target -X Student Management System in coordination with LMU Main Campus
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. Annually	9.3a. Assistant Dean of Admissions; Associate Dean of Students; Registrar	9.3a.	9.3a. One hundred percent (100%) of transfer students have completed transfer course equivalence form for approval.
9.4 Maintain accurate, secure, and confidential database for official student record keeping.	9.4a. Successfully implement SMS across all DCOM campuses	9.4a. Annually	9.4a. Associate Dean of Student Affairs; Dean of Academic Affairs; University Legal Services	9.4a.	9.4a. Implement Target -X Student Management System in coordination with LMU Main Campus
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. Annually	9.5a. Director of Academic Support; Deans of Students; Associate Dean of Student Affairs; Director of Students and Academic Advancement	9.5a.	9.5a. Provide at least quarterly group-based academic support workshops
9.6 Provide career counseling resources and services.	9.6a. Increase availability of career counseling workshops for students years 1 through 4.	9.6a. Annually	9.6a. Director of Career Services; Associate Director of Career Services; Senior Associate Dean; Director of Alumni Services and CME; Assistant Director of Alumni Services	9.6a. Student Handbook; Orientations; Email; Ongoing workshops	9.6a. Add at least 1 additional group-based career services workshop for OMSI and OMSII students.
	9.6b. Provide opportunities to connect Alumni with students years 1 through 4 and offer mentoring regarding career development.	9.6b. Annually	9.6b. Director of Alumni Services and CME; Chief Information Officer; University Advancement;	9.6b. Budget; Social Media; fundraising	9.6b. Provide at least 1 DO Seminar Series session per month August-April annually.
9.7 Provide financial aid and debt management counseling.	9.7a. Present mandatory financial aid and debt counseling sessions to matriculating students.	9.7a. Annually	9.7a. LMU Office of Financial Services; invited guest speakers	9.7a. Budget; Interview Day; Orientations; Graduation Requirement	9.7a. One hundred percent (100%) of students complete mandatory sessions.
	9.7b. Offer group and individual financial aid and debt counseling meetings to students.	9.7b. Annually	9.7b. LMU Office of Financial Services	9.7b. Student Handbook; Orientations, LMU Website	9.7b. Continue to offer financial aid and debt counseling sessions in all four years of medical school

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

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

Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
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.
	10.1b. 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.
	10.1c. 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.
	10.1d. 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.

	10.1e. 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.
	10.1f. 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.
	10.1g. 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)
	10.1h. 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.
10.2 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.

10.2b. 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.
10.2c. 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.
10.2d. 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.
10.2e. 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.
10.2f. 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.
10.2g. 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.

10.3 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 illicit the resources that they would need in order to achieve this.
10.4 Demonstrate and publish publicly the placement of students in GME programs, including through the publication rates of its students.	10.4a. Produce well prepared students for residency.	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%.
	10.4b. 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.
	10.4c. 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.
10.5 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.
	10.5b. 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.

10.5c. 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.
10.5d. 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.
10.5e. 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.

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
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.
	11.1b. 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.
	11.1c. 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.
	11.1d. 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.

11.1e. 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. 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.
11.1f. 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.