LMU-DCOM

Strategic Plan

2026-2031

LMU-DCOM Strategic Plan 2026-2031

Reviewed/Approved 10/27/25 by the LMU-DCOM Strategic Planning and Compliance Committee.
Approved 11/11/2025 by the LMU-DCOM Dean's 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, patient-centered care that values public service and leadership as an enduring commitment to professionalism and the highest ethical standards;

· Facilitating the growth, development and maintenance of graduate medical education

*DO Program Mission revised 05/07/25 by LMU-DCOM - approval at Dean's Council Meeting

The DO Program Goals:

Goal #1: The DO program maintains a written mission and strategic plan, ensures full accreditation from AOA-COCA and other accrediting bodies, and operates with integrity through documented adherence to fair and effective policies, processes, and practices, supported by ongoing planning, assessment, and a governance structure defined by written bylaws.

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 sufficient physical facilities, equipment, and resources readily available and accessible to faculty, staff, students, alumni and the community for clinical, instructional, research and technological functions at all campuses to achieve its mission.

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

Goal #6: The DO Program develops, implements, and continuously evaluates a high-quality curriculum that ensures student achievement of program objectives and osteopathic core competencies across all campuses with stakeholder participation.

Goal #7: The DO Program maintains a highly qualified faculty who uphold safety and excellence in teaching, supervision, and evaluation. and ensures a fair, comprehensive system of student assessment.

Goal #8: The DO Program fosters a strong culture of research and scholarly activity by supporting faculty, research infrastructure and engaging students in research throughout all four years of osteopathic medical education.

Goal #9: DO Program establishes clear, mission-driven admissions policies and provides comprehensive resources that promote health, wellness, and equitable support for all students, faculty, and staff.

Goal #10: The DO program ensures that its curriculum provides content of sufficient breadth and depth to prepare students for entry into graduate medical education and subsequent medical practice, while supporting the development and maintenance of community-based GME programs and preparing students to be competitive for placement into these programs.

Goal# 11: The DO program assesses programmatic and individual student outcomes, including attainment of osteopathic core competencies and skills to ensure GME readiness, using data to continuously improve all aspects of the COM to meet its mission.

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

Executing on strategic growth - expansion options - land, capital

Hospital and physician partners

Students and alumni

Research opportunities

Community support

Distributive model- one-on-one time with clinical preceptors

Remote learning capability

Multi-level health related majors and professional schools at LMU

Intra- and inter-communication between campuses, staff, faculty and student leaders

DO/MBA degree

Supportive University culture and diverse student population

Strong vision of the future

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

Local primary care physician shortage

Volume of students

Campus facilities need updating to optimize functionality

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

Successful launch of OP campus

Dedicated pipelines from HS/undergrad/UME/GME

Accelerated medical school (BS/DO) pathways

Participation in NBOME National Faculty

Exploration of responsible use of artificial intelligence (AI) in administrative tasks and curriculum development/management

Welcoming new ideas and perspectives with expanding faculty roster

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 and access to funding due to new student loan caps

Quantity of qualified applicant pool

Academically under prepared incoming students

Student professionalism

Student resilience

Student retention

Merger and consolidation of health care systems

No control over GME programs funding models

Changes in accreditation standards and expectations

Maintaining alumni relationships

Recruiting new teaching faculty

Antiquated facilities to meet modern needs

Male/Female Exam Patient Model shortage and cost increases

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

Data fragmentation - data housed across multiple systems introducing inefficiencies in access, reporting, and data-driven decision-making

Goal #1: The DO program maintains a written mission and strategic plan, ensures full accreditation from AOA-COCA and other accrediting bodies, and operates with integrity through documented adherence to fair and effective policies, processes, and practices, supported by ongoing planning, assessment, and a governance structure defined by written bylaws.

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. Provide faculty development and consultation during strategic plan reporting and update periods.	1.1a. Annually	1.1a. Director of Quality Assurance and Documentation; Senior Associate Dean IPE, Simulation and Accreditation;	1.1a. LMU-DCOM Faculty Development schedule	1.1a. One or more faculty development sessions focused on accreditation strategic planning, institutional effectiveness and the LMU Outcomes assessment report (OAR) provided in 2025-2026.
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. Complete DCOM Orange Park pre-operational submission documents and visit.	1.2a. Annually	1.2a. Executive Dean/CAO; Senior Associate Dean of IPE, Simulation and Accreditation; Campus Dean Orange Park; COCA Goal Leads (Deans)	1.2a. Previously submitted and COCA approved documentation and new data findings from multiple sources	1.2a. 100% of documentation has been submitted and reviewed by the COCA. AOA COCA gives clearance to proceed with Orange Park and Y1 Knoxville report is approved.
	1.2b. Complete all required AOA COCA and American Association of Colleges of Osteopathic Medicine (AACOM) progress reports.	1.2b. Annually	1.2b. Executive Dean/CAO; Senior Associate Dean of IPE, Simulation and Accreditation; Assistant Dean of Assessment and Faculty Development	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. Support LMU accreditation at the regional level (SACSCOC).	1.2c. Annually	1.2c. Executive Dean/CAO; Senior Associate Dean of IPE, Simulation and Accreditation	1.2c. Requests from LMU Institutional Effectiveness	1.2c. 100% SACSCOC data and documentation requests from LMU have 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. Director of Alumni Services & CME	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. Executive 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 one additional program is considered/investigated for potential development. Number of new applications submitted. Refer to other DCOM program strategic plans.
1.3 Comply with all FL CIE requirements (documentation updates) for DCOM Orange Park.	1.3a. Update all CVs, licenses and background checks of faculty and leadership associated with the Orange Park campus.	1.3a. Annually	1.3a. Senior Associate Dean of IPE, Simulation and Accreditation	1.3a. Faculty personnel information	1.3a. 100% of personnel updates and background checks completed/submitted to LMU IE for FL CIE.
1.4 Confirm LMU Board of Trustees (BOT) is represented by a physician.	1.4a. Review Board of Trustee list.	1.4a. Annually	1.4a. Executive Dean/CAO	1.4a.	1.4a. & 1.4b. At least 1 physician is on the LMU Board of Trustees; preferably at least 1

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	1.4b. Make recommendations for potential members.	1.4b. Annually	1.4b. Executive Dean/CAO	1.4b.	osteopathic physician.

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 Executive Dean and Campus Deans are 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. Executive Dean/CAO; Campus Deans; Directors of Operations	2.1b. Board certification verification	2.1b. Verified annually.
2.2 Executive Dean and Campus Deans are 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. Executive Dean/CAO; Campus Deans; Dean's Council; 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. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; 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. Directors of Operations; Program/Division/Department Heads	2.3c. Campus Deans; 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. Executive Dean/CAO; Campus Deans; Department Chairs; Assistant/Associate Deans	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/Senior Associate Deans of Academic Affairs and Research; Assistant/Associate Deans Basic Medical Sciences; Senior Associate Dean of Clinical Affairs and GME Clinical and Clinical Education; Department Chairs; Assistant/Associate Dean of Assessment and Faculty Development; 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. Executive Dean/CAO; Senior Associate Deans; Campus Deans	2.3f. Campus Deans; Assistant/Associate Deans, Department Chairs	2.3f. Recommendations are sent to Faculty Rank/Promotions Committee.

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2.4 Accreditation standard complaint policies and procedures are in place and published.	2.4a. Accreditation standard complaint procedures are maintained on the DCOM website.	2.4a. Annually	2.4a. LMU Webmaster; 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. Executive Dean's office; LMU Webmaster; Director of Quality Assurance and Documentation	2.4b. Web-based submission link	2.4b. Complaint reports reflect that all complaints filed are 100% resolved within appropriate timeline.

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.					
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. LMU-DCOM will undertake a comprehensive and collaborative review of its financial structure to ensure that the College's budget fully supports its mission of academic excellence, research innovation, and administrative effectiveness. This initiative will emphasize alignment between fiscal planning and institutional priorities, ensuring resources are strategically allocated to strengthen student learning, faculty development, and scholarly productivity. The process will also reinforce LMU's unwavering commitment to compliance with Title IV regulations and responsible stewardship of federal financial aid resources.	3.1a. Quarterly	3.1a. Executive Dean/CAO; Division/Department Heads; Directors of Operations; Executive Vice President for Finance	3.1a. Historical and current LMU-DCOM budget data and expenditure reports. Research and grant funding trends. Updated Title IV compliance and audit guidelines. Academic department requests and strategic priorities.	3.1a. One hundred percent (100%) complete. The LMU-DCOM budget review and revision process has been fully completed. All budgets have been reviewed, reconciled, and officially approved by LMU Finance, ensuring alignment with institutional priorities, fiscal accountability, and Title IV compliance requirements.
	3.1b. Demonstrate exemplary stewardship of institutional resources by carefully monitoring expenditures, prioritizing fiscal discipline, and ensuring that all spending aligns with LMU's mission, goals, and approved budgetary frameworks.	3.1b. Daily	3.1b. Executive Dean/CAO; Department Heads; other budget managers; Directors of Operations	3.1b. LMU Fiscal Policies and Procedures Manual; LMU Budget Management System for real time expenditure tracking; Notes form quarterly budget reviews from 3.1b.	3.1b. Analysis of prior fiscal year financial reports demonstrates that LMU-DCOM cost centers concluded the year 80% under budget targets, underscoring the College's continued commitment to prudent financial management and responsible resource allocation.
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.

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Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	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; Vice President, University Advancement; Senior Director of Alumni Services; Assistant Vice President for University Advancement	3.2b. University Advancement fundraising data UA Mailing Calendar DCOM student philanthropy project data (via iModules and other platforms); UA Travel, Mailing, and Service Costs Budget; Salesforce database of DCOM alumni and donor data	3.2b. Number of personal visits and calls by Director of Development, Health Sciences Number of solicitations and donations via Founders Day of Giving outreach to DCOM constituents Number of emails, social media posts and direct mail solicitations sent to DCOM constituents DCOM Faculty/Staff Giving rate Number of DCOM student fundraising projects supported, and total dollars raised
	3.2c. Increase endowment giving for student scholarships, faculty development, research, endowed chairs, continuing education, and the physical plant (LMU 6.2). Work to expand corporate and major donor outreach in the Orange Park, Florida market to support the launch and growth of LMU-DCOM Orange Park. Work with DCOM Director of Alumni Services and CME to increase sponsors and donor support of annual CME event.	3.2c. Annually	3.2c. Director of Development Health Sciences Division; Vice President, University Advancement; Senior Director of Alumni Services; Assistant Vice President for University Advancement	3.2c. Minutes of LMU Awards Committee and LMU-DCOM Awards Committee LMU gift records	3.2c. Results of LMU-DCOM Awards Committee process Dir. of Development, Health Sciences scholarship donor portfolio and call logs Roster of LMU-DCOM donors recognized in the Honor Roll of Donors, through press releases and LMU publications Roster of LMU-DCOM donors invited to the scholarship Donor Appreciation Banquet and LMU Donor Gala at Homecoming Identify compelling stories of student achievement in research at LMU-DCOM, made possible through donor support, resulting in students achieving top residency placement . Refine this message in our print, email and in-person donor communications.

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Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	3.2d. Continue targeted fundraising to meet identified priorities and new opportunities. Continue to support WOS Lincoln's Cupboard, and Lincoln's Closet, with fundraising projects for the benefit of LMU-DCOM and all students (LMU 6.3).	3.2d. Annually	3.2d. Director of Development Health Sciences Division; Vice President, University Advancement; Senior Director of Alumni Services; Assistant Vice President for University Advancement	3.2d. Travel, postage and direct mail budget	3.2d.- Number of calls, visits and donations cultivated by Dir. of Development, Health Sciences from individuals, corporate partners and foundations who demonstrate interest and/or capacity to support LMU-DCOM projects. Classes of 2011-2014 will continue to be a priority in individual donor visits and cultivation; Messaging for this cohort will be refined to more closely align with their philanthropic interests; Increase targeted mailings and individual solicitations for White Coat Project
	3.2e. Provide support for the University by accurately recording gifts and maintaining alumni and demographic information using appropriate technology and software (LMU 6.4).	3.2e. Annually	3.2e. Executive Assistant/VP University Advancement; Post Award Grants Manager; DCOM Director for Alumni Service and Continuing Medical Education; DCOM Assistant Director for Alumni Services, Knoxville	3.2e. LMU donor records and charitable receipt records	3.2e. - 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.

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Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
	3.2f. 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).	3.2f. Annually	3.2f. LMU Director of Public Relations and Social Media; DCOM Assistant Director of Marketing and Public Relations	3.2f. DCOM newsletter; annual report; press releases; Marketing materials; software and media platforms employed.	3.2f. DCOM specific press releases, # of DCOM social media posts and usage stats.

Goal 4: The DO program has sufficient physical facilities, equipment, and resources readily available and accessible to faculty, staff, students, alumni and the community for clinical, instructional, research and technological functions at all campuses to achieve its mission.

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 and Faculty Development; Learning Resources Committee Chair; Assistant/Associate Deans of Clinical Education; Senior Associate Dean of Clinical Affairs and GME; Medical Librarians.	4.1a. Needs assessment data. Multiple sources as follows: LRC Technology survey; IS Technology survey; Preceptor Needs Assessment.	4.1a. Maintain a 70% or greater agreement with the 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 and Faculty Development; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education.	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. Executive Dean/CAO; Campus Deans; Directors of Operations, Senior Associate Dean of Clinical Affairs and GME; Senior Associate Dean of Academic Affairs and Research	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; 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; Campus Deans, Directors of Operations; DCOM Facilities and Resources Committee; 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 software to the cloud-based system in Harrogate and Knoxville (CIPES).	4.4a. December 25-Spring 26	4.4a. CIO; IS staff; CIPES staff.	4.4a. Laerdal	4.4a. One hundred percent (100%) transition of software and data at Knoxville and Harrogate, TN campuses is complete.
	4.4b. Assess and 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%) of classroom technology is maintained, functional and all scheduled upgrades are complete.

Goal 4: The DO program has sufficient physical facilities, equipment, and resources readily available and accessible to faculty, staff, students, alumni and the community for clinical, instructional, research and technological functions at all campuses to achieve its mission.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	4.4c. Assess and 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%) of wireless controllers are maintained, functional and all scheduled upgrades are complete.
4.5 DCOM ensures access to learning resources to support its mission.	4.5a. Implement in-situ clinical skills training at core clinical rotation and residency sites (CIPES).	4.5a. Annually	4.5a. Executive Director of Life Support Skills Training; Director of Development Health Sciences Division	4.5a. Executive Director of Life Support Skills Training; Director of Development Health Sciences Division; 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 and other library resources into clerkships.	4.6a. Annually	4.6a. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; Medical Librarians; Electronic Resources Librarian; Learning Resource Committee (LRC); 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; DCOM faculty	4.6b.Library resources and budget	4.6b. At least three library instructional sessions are held yearly for student orientations and faculty development.

Goal #5: The DO program provides a professional, respectful, non-discriminatory, culturally sensitive 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. Assistant/Associate Deans of Students; Curriculum (FMHC, 4th Friday); Director of Career Services & Graduate Medical Education	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. Assistant Dean of Assessment and Faculty Development	5.1b. Attendance verification; faculty development schedule	5.1b. Professionalism sessions will be provided to one hundred percent (100%) faculty/staff attendance. Attendance is mandatory.
5.2 Mitigate faculty, staff, and student exposure to infectious and environmental hazards.	5.2a. Provide education on prevention of exposures.	5.2a. Annually and as needed	5.2a. Senior Associate Dean of Academic Affairs and Research; Assistant Dean of Research, Assistant/Associate Deans of Students; Directors of Operations	5.2a. Health and Safety Resources Manual annually; Provide CITI training. All faculty, staff and students have access and are required to take the appropriate CITI training, and if working within an LMU-DCOM laboratory-additional CITI Training, BSL 2 Training, and LMU Biosafety training may be required.	5.2a. One hundred percent (100%) students faculty staff attest to having read the safety guidelines.
	5.2b. Publicize procedures for care and treatment after exposure annually.	5.2b. Annually	5.2b. Senior Associate Dean of Academic Affairs and Research; Assistant Dean of Research; Directors of Operations; Assistant/Associate Deans of Students	5.2b. Health and Safety Resources Manual annually	5.2b. One hundred percent (100%) students faculty staff attest to having read the safety guidelines.
5.3 Support and maintain programs for student, faculty, and staff mental health and wellness and fatigue mitigation.	5.3a. Provide students with access to mental health counseling.	5.3a. Annually	5.3a. LMU Office of Mental Health Counseling Services; Assistant/Associate Deans of Students	5.3a. Reports; see targets	5.3a. Mental Health counseling utilization report; StudentLife by Empathia Utilization report.
	5.3b. Provide students with monthly wellness and/or fatigue mitigation programming.	5.3b. Annually	5.3b. Assistant/Associate Deans of Students	5.3b. Student Activities Coordinator; wellness budget; Promote Health and Safety Resources Manual Annually through Blackboard	5.3b. Attendance and programming calendar.

Goal #5: The DO program provides a professional, respectful, non-discriminatory, culturally sensitive and intellectually stimulating academic and clinical environment.					
Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
	5.3c. Promote mental health awareness, wellness, and fatigue mitigation with faculty and staff.	5.3c. Annually	5.3c. LMU Office of Human Resources; Assistant Dean of Assessment and Faculty Development	5.3c. 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	5.3c. Attendance and programming calendar

Goal #6: The DO Program develops, implements, and continuously evaluates a high-quality curriculum that ensures student achievement of program objectives and osteopathic core competencies across all campuses with stakeholder participation.

Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
6.1 Review, refine and maintain curriculum committee oversight to ensure the four-year curriculum develops osteopathic core competencies aligned with the missions for LMU-DCOM.	6.1a. Review, Map, and develop courses to correlate with COMLEX blueprint.	6.1a. Biannually	6.1a. DO Curriculum Committee; Senior Associate Dean of Academic Affairs and Research; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; Assistant/Associate Deans of Basic Medical Sciences; Assistant Dean of BMS & Curricular Innovation; Assistant Dean of BMS 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. Senior Associate Dean of Academic Affairs and Research; Senior Associate Dean of Clinical Affairs and GME Assistant /Associate Deans of Clinical Education; Assistant/Associate Deans of Basic Medical Sciences; Assistant Dean of BMS & Curricular Innovation; Assistant Dean of BMS 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.

Goal #6: The DO Program develops, implements, and continuously evaluates a high-quality curriculum that ensures student achievement of program objectives and osteopathic core competencies across all campuses with stakeholder participation.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
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. Curriculum Committee; Senior Associate Dean of Academic Affairs and Research; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Basic Medical Sciences; Assistant/Associate Deans of Clinical Education; Assistant Dean of BMS 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; Senior Associate Dean of Academic Affairs and Research; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; Assistant Dean of BMS 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. Integrate NBOME style questions into pre-clinical assessments.	6.2c. Annually	6.2c. Basic Medical Sciences Faculty; Director of Assessment Services	6.2c. Assessment team exam analysis report; course objective analysis report; EOCR	6.2c. Cognitive complexity analysis of question items for OMS I & OMS II.
	6.2d. Explore opportunities for integration of clinical content into OMS I curriculum and reinforce basic science content in OMS II curriculum.	6.2d. Biannually	6.2d. Associate/Assistant Deans of Basic Medical Sciences; Assistant Dean of BMS & Curricular Innovation; Assistant Dean of BMS Curriculum; Assistant/Associate Deans of Clinical Education; Senior Associate Dean of Clinical Affairs and GME; Course Directors	6.2d. Pre-clinical course syllabi; course objectives	6.2d. 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) to advance osteopathic core competencies and clinical readiness.	6.3a. Review student evaluation of preceptor/site and student performance.	6.3a. Annually	6.3a. Curriculum Committee; Clinical Department Chairs; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education	6.3a. Web resources; distance technology; annual site reports; End of rotation student eval of preceptors; preceptor evaluation of student. Boards & Beyond video platform and COMQUEST for COMAT question bank.	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.

Goal #6: The DO Program develops, implements, and continuously evaluates a high-quality curriculum that ensures student achievement of program objectives and osteopathic core competencies across all campuses with stakeholder participation.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	6.3b. Review, improve and include self-directed learning into the clinical rotation curriculum.	6.3b. Annually	6.3b. Rotation Chairs; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education	6.3b. Including but not limited to COMQUEST; Boards & Beyond video platform; 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. Curriculum Committee; Assistant Dean of BMS & Curricular Innovation; Assistant Dean of BMS Curriculum; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education	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 reflects 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 to ensure quality educational experiences and adequate capacity.	6.5a. Maintain most current database of training sites.	6.5a. Biannually	6.5a. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of 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 Manager	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. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; 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 Continue 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	

Goal #6: The DO Program develops, implements, and continuously evaluates a high-quality curriculum that ensures student achievement of program objectives and osteopathic core competencies across all campuses with stakeholder participation.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
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; Senior Associate Dean of Academic Affairs and Research; Associate/Assistant Dean of Basic Medical Sciences; Assistant/Associate Deans of Students; Assistant Dean of Assessment and Faculty Development	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 campus (Harrogate and Knoxville).
6.9 Continue offering the DO/MBA program and explore other dual degree options.	6.9a. Improve and promote the DO/MBA program.	6.9a. Annually	6.9a. Senior Associate Dean of Academic Affairs and Research; Executive 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. Executive Dean/CAO; Senior Associate Dean of Clinical Affairs and GME; Associate/Assistant Deans of Clinical Education	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 an ongoing basis.	6.11a. Annually	6.11a. & 6.11b. Executive Director Interprofessional Education (IPE); Assistant Director (IPE); IPE Project Manager; 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, FMHC course syllabi, Internal medicine, emergency medicine, rural medicine, and surgical rotation canvas page, and clinical rotation manual.

Goal #6: The DO Program develops, implements, and continuously evaluates a high-quality curriculum that ensures student achievement of program objectives and osteopathic core competencies across all campuses with stakeholder participation.

Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
6.12 Integrate nutrition education across pre-clinical and clinical curricula to prepare graduates for health promotion and prevention/management of nutrition-related chronic diseases.	6.12a. Map and document nutrition content integration across the curriculum.	6.12a. Annually	6.12a. Curriculum Committee; Senior Associate Dean of Academic Affairs and Research; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; Assistant/Associate Deans of Basic Medical Sciences; Dean of BMS & Curricular Innovation; Assistant Dean of BMS Curriculum, Departmental Chairs; Learning Resource Committee (LRC)	6.12a. Curriculum mapping report for OMS I and II.	6.12a. Curriculum map demonstrates nutrition education in both pre-clinical and clinical years.

Goal #7: The DO Program maintains a highly qualified faculty who uphold safety and excellence in teaching, supervision, and evaluation. and ensures a fair, comprehensive system of student assessment.					
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 Sciences (BMS), and Interprofessional Education (IPE) faculty.	7.1a. Daily	7.1a. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Clinical Affairs and GME; Senior Associate Dean of Academic Affairs and Research; Assistant/Associate Deans of Basic Medical Sciences; Faculty department 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; Campus Deans; Senior Associate Dean of Clinical Affairs and GME; Senior Associate Dean of Academic Affairs and Research; 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 with 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. Maintain and review a credentialing database for need assessments and verification of faculty credentials.	7.1c. Quarterly	7.1c. Campus Deans; Directors of Operations	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. Campus Dean; Directors of Operations; Senior Associate Dean of Clinical Affairs and GME; Senior Associate Dean of Academic Affairs and Research; Assistant/Associate Deans of Basic Medical Sciences; Faculty department chairs; Faculty	7.1d. Advertising; Search committees	7.1d. Search committee demonstrates representation of chairs and faculty.

Goal #7: The DO Program maintains a highly qualified faculty who uphold safety and excellence in teaching, supervision, and evaluation. and ensures a fair, comprehensive system of student assessment.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	7.1e. Develop and incorporate a peer evaluation in the faculty assessment process.	7.1e. Annually	7.1e. Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Director of Faculty Development; Department Chairs; Assistant/Associate Deans of Pre-Clinical Academic Affairs/ Basic Medical Sciences; Senior Associate Deans of Clinical Medicine/Clinical Affairs and GME	7.1e. Annual evaluations	7.1e. Faculty evaluations conducted with feedback provided to faculty for consideration in self-assessment.
	7.1f. Review allotted FTE for scholarly activity in all FT and PT faculty appointments during the 2025-2026Faculty 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. Executive Dean/CAO; Campus Deans, Senior Associate Dean of Clinical Affairs and GME; Senior Associate Dean of Academic Affairs and Research; Assistant/Associate Deans Basic Medical Sciences; Assistant Dean of Research; Faculty department 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. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education ; 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.Campus Deans; Directors of Operations; Assistant Dean of Assessment and Faculty Development; 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.

Goal #7: The DO Program maintains a highly qualified faculty who uphold safety and excellence in teaching, supervision, and evaluation. and ensures a fair, comprehensive system of student assessment.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	7.3b. Assure 100% of new preceptors are on-boarded with a preceptor orientation and select faculty related orientation.	7.3b. Quarterly	7.3b. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; 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; Senior Associate Dean of Academic Affairs and Research; Assistant/Associate Deans of Basic Medical Sciences; Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; 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 sciences and IPE faculty as requested (workshops and technology tips).	7.4a. Quarterly	7.4a. Campus Deans; Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Director of Faculty Development;	7.4a. Faculty expertise; Assessment questionnaires after faculty development workshops	7.4a. Faculty development sessions are offered quarterly and evaluated for continued needs assessment. Including bias training at least annually.
	7.4b. Update and maintain DCOM website to include latest resources available to faculty to support development.	7.4c. Quarterly	7.4c. Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Director of Faculty Development; Director of Quality Assurance and Documentation	7.4c. Faculty development program(s); website	7.4c. Up-to-date website with latest resources included.
	7.4c. Maintain a preceptor development webpage.	7.4d. Annually	7.4d. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; Rotations Director; Directors of Student Medical Education; Director of Quality Assurance and Documentation	7.4d. Webpage	7.4d. Operational webpage utilized by preceptors.

Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
	7.4d. Identify grants for Faculty Development.	7.4e. Daily	7.4e. Director of Health Research & Grants; Assistant Dean of Assessment and Faculty Development; 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 annually.
	7.4e. 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 and Faculty Development; Director of Assessment Services; Director of Faculty Development	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 #7: The DO Program maintains a highly qualified faculty who uphold safety and excellence in teaching, supervision, and evaluation. and ensures a fair, comprehensive system of student assessment.

Goal #8: The DO Program fosters a strong culture of research and scholarly activity by supporting faculty, research infrastructure and engaging students in research throughout all four years of osteopathic medical education.

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. Executive Dean/CAO; Campus Deans, Senior Associate Dean of Academic Affairs and Research; Assistant/Associate Deans of Basic Medical Sciences; Assistant Dean of Research; Directors of Research; Director of Health Sciences Research and Grants	8.1a. BMS/Clinical Medicine budgets; Capital Budget; Research and Grants Committee; Research committee intramural funding awards; Alumni Donations; Research Department: Student Travel, Poster, Conference, and Publication fees paid	8.1a. Budget reviewed quarterly to assess allocated funds for research (for all locations) to ensure student needs are met and planning for future budget allocations. Needs assessment conducted for the faculty yearly. Increased research support by 10%. 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. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; Assistant Dean of Research; Directors of Research; Research Coordinator; 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. At least one (1) scholarly activity submission per year for faculty within their first year of hire. Increased number of scholarly activities on relative (per student) basis.
	8.1c. Identify space, equipment and funding opportunities for research from external sources.	8.1c. Annually	8.1c. Executive Dean/CAO; Campus Deans; Directors of Operations; Senior Associate Dean of Academic Affairs and Research; Assistant Dean of Research; Directors of Research; Lab Assistant/Managers; 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; 5-10 external funding applications with at least 2 awarded annually; Increased established agreements and/or collaborations with external entities annually.
	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. Executive Dean/ CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research	8.1d. COSA meeting minutes and attendance record	8.1d. LMU-DCOM representative shows at least a 90% attendance record at COSA meetings.

Goal #8: The DO Program fosters a strong culture of research and scholarly activity by supporting faculty, research infrastructure and engaging students in research throughout all four years of osteopathic medical education.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	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. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; 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. The Research Department will provide comprehensive information regarding research and scholarly activity opportunities and support services through the following measurable activities: prepare research participation metrics for two annual presentations to the Board of Directors; generate monthly reports for Dean's Council tracking scholarly outputs including publications, presentations, and deliverables; conduct monthly Research Department meetings (min. of ten meetings per year); facilitate a minimum of two faculty development sessions per year based on documented needs assessment results; host three student research information sessions annually; publish four quarterly newsletters featuring research opportunities and support services; complete monthly updates to the Research CANVAS page and Research Webpage with current information; and achieve a minimum of 200 participants at DO Research Day through collaborative promotion with Campus Deans and BMS Deans.
	8.1f. Increase recognition of research and scholarly projects and programs within and outside of LMU.	8.1f. Annually	8.1f. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; 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. The Research Department will increase recognition of research and scholarly projects and programs by publishing four Quarterly Newsletters annually, completing monthly updates to the Research webpage, and Research CANVAS, and achieving a 10% increase in faculty and student presentations at local, regional, and national conferences compared to last year.

Goal #8: The DO Program fosters a strong culture of research and scholarly activity by supporting faculty, research infrastructure and engaging students in research throughout all four years of osteopathic medical education.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	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. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; 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; Presence at other LMU schools' Research Events, Attendance at COSA	8.1g. Achieve a minimum of 10% of DCOM - affiliated presentations, publications, grant applications, and other deliverables as collaborative works co-authored with investigators/scholars from other LMU schools (including LMU-CVM, Department of Math and Science, CAHA, and other LMU colleges), with a stretch goal of 20%, as measured annually against total DCOM scholarly output.
	8.1h. Ensure exposure to research opportunities in all years of medical training for LMU-DCOM students.	8.1h. Annually	8.1h. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; 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. Recruit and fill all OPP/Anatomy/Research Scholar positions annually at all locations). Achieve a 10% annual increase in the number of OMS III and IV students participating in research electives compared to the prior year baseline and increase intramural student funding awards for spring and summer by 5-10% annually as measured by the number of funded student projects.
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. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; 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. 5-10% increase in funding applications with a focus on rural health, underserved, Appalachian region-specific issues.

Goal #8: The DO Program fosters a strong culture of research and scholarly activity by supporting faculty, research infrastructure and engaging students in research throughout all four years of osteopathic medical education.						

Objectives	Actions	Timeline	Responsibility	Resources (Data/Sources To Meet Target)	Assessment Targets
	8.2b. Identify and communicate grant opportunities and other sources of funding.	8.2b. Annually	8.2b. Executive Dean/CAO; Campus Deans; 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.); State Funding; professional society grants	8.2b. Systematically identify grant opportunities and funding sources (local, regional, and national) with regular communication distributed monthly and as needed via Research CANVAS, website, quarterly newsletter, and direct email. Document all opportunities in Research Department tracking system.
	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. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; Assistant Dean of Research; Directors of Research; Senior Associate Dean of Clinical Affairs and GME; Faculty department chairs; Faculty	8.2c. Regional and national conferences (e.g. AOA ARH; ORAU)	8.2c. Minimum of 10-15 current partnerships with other Colleges of Osteopathic and Allopathic Medicine, regional consortia, state and local 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. Senior Associate Dean of Academic Affairs and Research; Senior Associate Dean of Clinical Affairs and GME; Assistant Dean of Research; Assistant/Associate Deans of Clinical Education; Research Directors; Dean of OPP Integration	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 includes or incorporates osteopathic manipulative medicine (OMM) and osteopathic principles and practice (OPP).

Goal #8: The DO Program fosters a strong culture of research and scholarly activity by supporting faculty, research infrastructure and engaging students in research throughout all four years of osteopathic medical education.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
8.3 Encourage and support research and scholarly activity by faculty, staff, students, and post-graduate trainees.	8.3a. Review library support to ensure that it meets the research needs of LMU-DCOM faculty, staff, and students.	8.3a. Annually	8.3a. Assistant Dean of Assessment and Faculty Development; Director of Assessment Services; Medical Librarians; Head of Health Sciences Library Services; Learning Resources Committee; Assistant Dean of Research; Directors of Research	8.3a. Library budget; Learning Resource Survey; Grants Index (Web of Science version)	8.3a. Complete annual assessment of library resources (books, journals, databases) and interlibrary loan usage to confirm library support aligns with LMU-DCOM research needs.
	8.3b. Maintain policies and procedures for processing LMU-DCOM faculty, staff, and student requests for research needs.	8.3b. Annually	8.3b. Senior Associate Dean of Academic Affairs and Research; 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. Research needs reviewed on a yearly basis at minimum.
	8.3c. Provide research start-up funding packages for new faculty.	8.3c. As hired	8.3c. Executive Dean/CAO; Campus Deans; Assistant Dean of Research; Assistant/Associate Deans of Basic Medical Sciences	8.3c. BMS Budget; Funding determined annually	8.3c. Increased startup funds for new faculty as needed. Annual report on new faculty start-up funds utilized.
	8.3d. Provide consultation to faculty, staff, students, postgraduate trainees, and affiliated GME members in research design and analysis, as well as grant acquisition opportunities.	8.3d. Annually/ as needed	8.3d. Senior Associate Dean of Academic Affairs and Research; Assistant Dean of Research; Director of Health Sciences Research and Grants; Research and Grants Committee; Directors of Research, Research Coordinator; Senior Associate Dean of Clinical Affairs and GME; Assistant Deans of Clinical Education	8.3d. Research Department Database; Roundtable Monthly Discussions, Student/Faculty/Staff Research Workshops; Grants Index (Web of Science version)	8.3d. Identified grant opportunities with communication (monthly and as needed) via Research CANVAS, Website, Quarterly Newsletter, and email. Four Faculty Development Research sessions delivered. Student Research sessions Individual and Group) provided.
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. Executive Dean/CAO; Campus Deans; Assistant/Associate Deans of BMS; Assistant Deans of Clinical Education; 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. Documented protected time for research through evaluations, contracts, grants, letters of support or similar mechanisms.

Goal #8: The DO Program fosters a strong culture of research and scholarly activity by supporting faculty, research infrastructure and engaging students in research throughout all four years of osteopathic medical education.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	8.4b. Incorporate research and scholarly activity in the annual faculty success planning and evaluation process.	8.4b. Annually	8.4b. Executive Dean/CAO; Campus Deans; Assistant Deans of Clinical Education; Department Chairs; Promotion and Multi-Year Appointments Committee	8.4b. Faculty evaluations containing scholarly activities	8.4b. Scholarly activity documented, future direction/agenda noted, and evaluation of productivity in alignment with relative FTE included in annual evaluation for faculty.
	8.4c. Ensure faculty and staff awareness of the incentive pay policy to encourage extramural funding applications.	8.4c. Annually	8.4c. Executive Dean/CAO; Campus Deans; Senior Associate Dean of Academic Affairs and Research; 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); Canvas	8.4c. Faculty needs assessment evaluation indicates >90% awareness.

Goal #9: DO Program establishes clear, mission-driven admissions policies and provides comprehensive resources that promote health, wellness, and equitable support for all students, faculty, and staff.					
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 and beyond. Establish relationships with undergraduate institutions and the general public by promoting the College and the osteopathic profession.	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 to 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; Student Activities Coordinators; DCOM DO student ambassadors and specialty student club members	9.1b. Budget; Public Relations Budget	9.1b. Through increased recruitment events DCOM seeks to attract high-quality, diverse and well suited students who reflect the diverse populations they will serve.
	9.1c. Conduct onsite and/or virtual interviews for prospective students.	9.1c. Annually	9.1c. 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; Director of Recruitment and Outreach	9.1d. Budget	9.1d. Add at least 1 new presentation to provide a wider range of topics for participants.
	9.1e. Participate and/or exhibit in national and regional conferences and health professions events.	9.1e. Annually	9.1e. Director of Recruitment and Outreach; DCOM faculty/staff	9.1e. Budget	9.1e. Attend minimum of 60 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; Assistant/Associate Deans 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; Assistant/Associate Deans 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.

Goal #9: DO Program establishes clear, mission-driven admissions policies and provides comprehensive resources that promote health, wellness, and equitable support for all students, faculty, and staff.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
9.2 Publish and follow academic standards policies and procedures.	9.2a. Integrate tracking system for student advancement, including student promotion, filing of grievances/appeals, retention, graduation.	9.2a. Annually	9.2a. Assistant/Associate Deans of Students; Senior Associate Dean of Academic Affairs and Research; Director of Academic Support; Director of Students and Academic Advancement	9.2a. Student Handbook; Course Syllabi	9.2a.Integrate Target -X Student Management System in coordination with LMU Main Campus.
	9.2b.Integrate 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. Assistant/Associate Deans of Students; Assistant/Associate Dean of Basic Medical Sciences; Assistant Dean of Basic Medical Sciences & Curricular Innovation; Director of Academic Support; Director of Students and Academic Advancement	9.2b. Student Handbook; Email; Canvas Organization; Veerabridge	9.2b. Integrate 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; Assistant/Associate Deans 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 and integrate Target-X across all DCOM campuses.	9.4a. Annually	9.4a. Assistant/Associate Deans of Students; 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; Assistant/Associate Deans of Students; Director of Students and Academic Advancement	9.5a. Learning Specialist Appointments; Academic Support Workshops; Collaborate with faculty for COMSAE and COMAT support; Academic Support Email Communications	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 & Graduate Medical Education; Director of Alumni Services and CME; Assistant Director of Alumni Services (Knoxville)	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	9.6b. Budget; Social Media	9.6b. Provide at least 1 DO Seminar Series session per month August-April annually and present MATCHMaker Mentorship Program to OMS-III students 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 Student Financial Services; invited guest speakers	9.7a. Budget; Interview Day; Orientations; Graduation Requirement	9.7a. One hundred percent (100%) of students complete mandatory sessions.

Goal #9: DO Program establishes clear, mission-driven admissions policies and provides comprehensive resources that promote health, wellness, and equitable support for all students, faculty, and staff.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	9.7b. Offer group and individual financial aid and debt counseling meetings to students.	9.7b. Annually	9.7b. LMU Office of Student 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 Student Financial Services; Assistant/Associate Deans 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 Mental Health Counseling Services; Assistant/Associate Deans 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. Directors of Operations; Assistant/Associate Deans of Students; Senior Associate Dean of Clinical Affairs and GME	9.9a. Student health fees; Student Handbook; Orientations; Email; LMU Website	9.9a. Locate contract agreement with Covenant Health 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 Deans of Basic Medical Sciences; Senior Associate Dean of Clinical Affairs and GME	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; Assistant/Associate Deans of Students	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 ensures that its curriculum provides content of sufficient breadth and depth to prepare students for entry into graduate medical education and subsequent medical practice, while supporting the development and maintenance of community-based GME programs and preparing students to be competitive for placement into these 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. Senior Associate Dean of Clinical Affairs and 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. Senior Associate Dean of Clinical Affairs and GME; GMEC; Medical Librarian; Center for IPE and Simulation; Executive Director of Clinical and Life Support Skills Training; Director of Alumni Services and CME	10.1b. Budget; library resources; IS resources; event registration; communication platforms	10.1b. Event registrations, library usage data, and program and course completion data tracking implemented.
	10.1c. Actively develop new GME sites and dedicated UME/GME pipelines	10.1c.	10.1c. Senior Associate Dean of Clinical Affairs and GME; GMEC; Assistant Director of Marketing & Public Relations	10.1c. Travel budget, web presence/IS resources, development of GME implementation team	10.1c. Identify three (3) new key partners across the US for GME site development.
	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; Senior Associate Dean of Clinical Affairs and GME	10.1d. Educational grants; Learning Management Systems including, but not limited to, EthosCE and Panopto; 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; DCOM faculty and staff leadership; DCOM Alumni	10.1e. Budget	10.1e. Documented and delivered CME programs with a target of delivering at least four (4) programs annually.

Goal #10: The DO program ensures that its curriculum provides content of sufficient breadth and depth to prepare students for entry into graduate medical education and subsequent medical practice, while supporting the development and maintenance of community-based GME programs and preparing students to be competitive for placement into these programs.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	10.1f. Conduct Faculty Development Training to help students through the GME application process and understand current trends.	10.1f. Annually	10.1f. Director of Career Services & Graduate Medical Education; Assistant/Associate Directors of Career Services	10.1f. Careers in Medicine; AACOM resources; faculty; IS; alumni; specialty colleges	10.1f. Placement outcomes with target goal of 98% placement rate annually. Develop faculty development and preceptor development programming that includes the GME application process (ex. Letters of Recommendation, SOAP process, Match Success)
	10.1g. Collaborate with affiliated Graduate Medical Education (GME) programs to monitor continuity of undergrad to graduate education.	10.1g. Quarterly	10.1g. Senior Associate Dean of Clinical Affairs and GME; GMEC	10.1g. Academic Services and Assessment; Library Services	10.1g. 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	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. Senior Associate Dean of Clinical Affairs and GME; Medical Librarians; 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. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; GMEC; Office of Career Services	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. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans 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.

Goal #10: The DO program ensures that its curriculum provides content of sufficient breadth and depth to prepare students for entry into graduate medical education and subsequent medical practice, while supporting the development and maintenance of community-based GME programs and preparing students to be competitive for placement into these programs.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	10.2e. Provide needs-based learning resources and education to faculty, staff and residents.	10.2e. Quarterly	10.2e. Senior Associate Dean of Clinical Affairs and GME; GMEC; Medical 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. Senior Associate Dean of Clinical Affairs and GME; GMEC; Director of Alumni Services and CME; Executive Director of Life Support and Clinical Skills; CIPES staff; Assistant Director of CIPES	10.2f. LMU-DCOM Faculty; 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 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. DCOM Directors of Research; Assistant Dean of Research; Senior Associate Dean of Clinical Affairs and GME; GMEC; 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. Senior Associate Dean of Clinical Affairs and GME; GMEC; DCOM Osteopathic Manipulative Medicine (OMM) Department	10.3a. OMM department support; library resources; budget for printed materials	10.3a. Will conduct a needs assessment with affiliated residency programs to determine their interest in obtaining osteopathic recognition and to elicit the resources that they would need in order to achieve this.
10.4 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. Senior Associate Dean of Clinical Affairs and GME; GMEC; 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 & Graduate Medical Education; Assistant/Associate Directors of Career Services; 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.

Goal #10: The DO program ensures that its curriculum provides content of sufficient breadth and depth to prepare students for entry into graduate medical education and subsequent medical practice, while supporting the development and maintenance of community-based GME programs and preparing students to be competitive for placement into these programs.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	10.4c. Prepare Graduate Medical Education (GME) accountability report to determine residency placement by specialty of DO graduates.	10.4c. Annually	10.4c. Senior Associate Dean of Clinical Affairs and GME; Director of Career Services & Graduate Medical Education; LMU-DCOM Assessment and Faculty Development; Office of Career Services; 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. Executive Dean/CAO; Senior Associate Dean of Clinical Affairs and 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. 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.

Goal #10: The DO program ensures that its curriculum provides content of sufficient breadth and depth to prepare students for entry into graduate medical education and subsequent medical practice, while supporting the development and maintenance of community-based GME programs and preparing students to be competitive for placement into these programs.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	10.5e. Encourage and recruit DO alumni to precept medical students.	10.5e. Quarterly	10.5e. Senior Associate Dean of Clinical Affairs and 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, including attainment of osteopathic core competencies and skills to ensure GME readiness, using data to continuously improve all aspects of the COM to meet its mission.					
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. Pre-clerkship action: Ensure changes identified in End of Course Reports are implemented in courses.	11.1a. Biannually	11.1a. Assistant/Associate Deans of Basic Medical Sciences; Assistant/Associate Deans of Clinical Education; Assistant Dean of Assessment and Faculty Development; Chair of Curriculum Committee	11.1a. Course Syllabi; Course Lecture list; End of Course Reports	11.1a. One hundred percent (100%) of End of Course (EOC) Reports and/or course syllabi identify at least one improvement to the course to be implemented the following year.
	11.1b. Assess of COMLEX Level 1 first time pass rate.	11.1b. Annually	11.1b. Senior Associate Dean of Clinical Affairs and GME; Assistant Dean of BMS and Curricular Innovation; Assistant/Associate Deans of Clinical Education	11.1b. Previous years COMSAE and COMLEX Level 1 results	11.1b. A. 100% of students will achieve the benchmarked threshold on a proctored COMSAE or other LMU-DCOM selected exam to be released to take COMLEX Level 1.
	11.1c. Clerkship: Ensure changes identified in Annual Rotation Reports are implemented in rotation didactics.	11.1c. Annually	11.1c. Senior Associate Dean of Clinical Affairs and GME; Assistant/Associate Deans of Clinical Education; Assistant Dean of Assessment and Faculty Development; Chair of Curriculum Committee	11.1c. Rotation Syllabi; Annual Rotation Reports	11.1c. One hundred percent (100%) of Annual Required Rotation (ARR) Reports and/or Rotation syllabi identify at least one improvement to the course to be implemented the following year.
	11.1d. Clerkship: Assess of COMLEX Level 2 first time pass rate.	11.1d. Annually	11.1d. Assistant/Associate Deans of Clinical Education	11.1d. Previous years COMSAE, CRE (COMLEX Readiness Exam), CE Prep Course Enrollment, COMAT performance, and COMLEX Level 2 results	11.1d. A. 100% of students will achieve the benchmarked threshold on a proctored COMSAE or other LMU-DCOM selected exam to be released to take COMLEX Level 2 CE. B. In addition, 100% of student with a cumulative first time COMAT average less than 100 will complete the CE Prep Course before being released to take COMLEX Level 2 CE.

Goal# 11: The DO program assesses programmatic and individual student outcomes, including attainment of osteopathic core competencies and skills to ensure GME readiness, using data to continuously improve all aspects of the COM to meet its mission.					
Objectives	**Actions**	**Timeline**	**Responsibility**	**Resources (Data/Sources To Meet Target)**	**Assessment Targets**
	11.1e. Develop and implement an early intervention method for tracking "at-risk" students.	11.1e. Biannually	11.1e. Assistant Dean of Assessment and Faculty Development; Associate Dean of Basic Medical Sciences (Orange Park); Assistant/Associate Deans of Students	11.1e. Deans Council minutes; At-risk lists; Student tracking system	11.1e.B. Refine the tracking procedure for at-risk students which merges data housed in Assessment/ Exam Services with data housed in Student Services to incorporate performance data needed to identify at-risk students as early as possible.