

HLC Self-Study Document Executive Summary

This document contains the recommendations for each core component as a result of completing the university self-study. For further details please review the complete self-study document.

Criterion One: Mission and Integrity

We operate with integrity to ensure the fulfillment of our mission through structures and processes that involve the Board, administration, faculty, staff, and students.

Core Component 1a: Our mission documents are clear and articulate publicly our commitments.

The 2010 strategic planning process was designed to engage our community in identifying key goals and aligning those goals with University-level plans. The process is now more transparent because progress on plan objectives is reported and quality is monitored through surveys. This improved planning process will make it easier to align our efforts and see progress toward achieving our mission and vision.

Feedback during the planning process showed strong agreement with the mission across our community. However, we discovered overlap between our mission and vision statements. Also, while the mission is generally understood and supported, we need to promote a greater understanding of how specifics of the mission connect with our individual work.

We recommend that these steps be taken during the next strategic planning cycle:

- Revise the mission and vision statements. The vision statement should answer the question *Where are we going?* The mission statement should answer *Why we are going there?*
- Continue to provide frequent updates on progress toward strategic planning goals to the University community.
- Conduct follow-up surveys to monitor opinion of the University community on alignment of goals with mission, views of senior leadership and mission-based achievement of objectives in strategic plans.

Core Component 1b: In our mission documents, we recognize the diversity of our learners, other constituencies, and the greater society we serve.

For our students to have a quality education, we have to prepare them to care for a diverse population and to understand the cultural differences that these patients bring to a health care setting. While we have made efforts to build awareness and integrate cultural competencies into the curriculum, to move forward we need to build consensus on what diversity means and develop a University-wide diversity plan integrated with core educational goals.

We have laid solid foundations for developing a University-wide diversity plan:

- Our core value of Humanism stresses respect for all persons.
- We are proud of our historical commitment to meet the health needs of the under-served.
- We are rated as beginning to understand and respect other cultures on the cultural competency continuum.
- Students have many opportunities to work with those from different backgrounds.

- We were honored with the 2010 Des Moines Human Rights' Business and Industry Award for demonstrating a commitment to human rights, providing ongoing medical and service outreach to the community, and sharing education and health care with the world.

However, we face significant challenges. We are located in an area with little diversity so we must recruit creatively to build a critical mass of minority students. Some senior leaders are very aware of diversity, while others do not have a strong background in this area. Our scholarship funding is not at a level that allows us to compete for a sufficient number of qualified minority candidates. In addition, our academic programs have not specifically defined the educational benefits of diversity. While Dr. Smith noted an openness to responding to the diversity issues in enrollment, climate, and curriculum, she found a general lack of knowledge about how to effect change.

We are working on writing a diversity statement and developing recruiting procedures. In the interim, we are using this language: Des Moines University is committed to the values of honesty, accountability, collaboration and inclusiveness as the basic tenets of professional integrity. These four values are the basis of the new Professional Integrity Code, discussed more fully under Core Component 1e.

We make these recommendations:

- Conduct a University-wide dialogue on diversity.
- Incorporate regional and local perspectives to define underrepresentation in access to medical care.
- Develop and implement a diversity plan for the institution.
- Assess human resources necessary to meet the goals within the diversity plan, and develop position description(s) and hiring patterns to accomplish plan goals.
- Continue efforts to assess and incorporate cultural competence in coursework.
- Develop definitions of the educational benefits of diversity for each program.
- Revise our mission documents to address diversity more directly and provide a basis for our diversity strategy.

Core Component 1c: Understanding and support for our mission pervade our organization Mission documents, review and strategic planning.

As we embarked on the most recent institutional strategic plan, the feeling across the campus was that previous institutional strategic plans were not fully integrated into the culture of the University and that lack of communication about progress toward plan goals resulted in less than optimal results.

The 2010 strategic planning process engaged nearly 50 percent of our community and defined a process for aligning strategic planning goals with our mission and vision. Over 90 percent of employees now understand how their work contributes to our mission. Awareness of our mission has also increased among leaders of the Des Moines health care community.

To maintain this momentum, we must work towards these goals:

- Create a culture of accountability, using tactics identified under Goal 1.0 of the current strategic plan.
- Develop a sense that we are all one University rather than three independent colleges.

- Continue efforts to align college-level planning and budgeting with the University strategic plan.
- Continue to raise the visibility of Des Moines University locally and across the state. A focus on services provided by the Clinic is a place to start.

Core Component 1d: Our governance and administrative structures promote effective leadership and support collaborative processes that enable us to fulfill our mission.

Trust in senior leadership, which has been an ongoing issue, is improving after our administration was restructured to include a provost and chief information officer (CIO). In addition, President Franklin has realigned reporting relationships to correspond with administrative best practices.

We note these strengths:

- The University constantly evaluates itself through surveys and uses the data to create action plans to improve programs and processes.
- Our University community has more opportunity to engage in processes for selecting senior leaders.
- A more consistent and comprehensive evaluation process for senior leaders has been put in place.

We recommend that DMU continue current forums and explore new opportunities/processes for senior leaders to communicate and encourage campus-wide feedback in the decision-making process.

Core Component 1e: We uphold and protect our integrity.

DMU values integrity, as shown by our efforts to insure compliance with regulations and to ensure greater consistency in expectations and enforcement of professional standards. We note these strengths:

- We have a strong record of financial management.
- The academic integrity of programs accredited through external review has been confirmed by specialty accreditation agencies or an external review process in cases where specialty accreditation is not sought or available.
- We have revised the Honor Code (now known as the Professional Integrity Code) and reviewed ways to make its implementation more consistent and effective.

During the strategic planning process we learned that application of policies and procedures is sometimes perceived as inconsistent. As a result, a priority of the 2010–2012 University Strategic Plan is to create a culture of accountability.

We recommend that these steps be taken to insure greater consistency in applying policies and communicating our image to the public:

- Although infractions in the area of research, including the inappropriate handling of scheduled narcotic drugs, management of human subject data and deficiencies with accreditation of the animal facility, have been dealt with appropriately once discovered, we support the recommendation of the external review of research team that the University

should commission an external audit of all research compliance policies, procedures, and oversight committees. (This review was conducted in August 2011 by SNR Denton.)

- Develop a grievance procedure for exempt staff as part of the employee code of conduct.
- Although information is communicated in an accurate manner, the University should work to develop a higher profile in the community and ensure that its branding defines the institution and captures the essence of the mission on a consistent basis.

Interleaf

The next DMU multi-year strategic planning process: Focus on Mission, Vision, and Core Values

The Des Moines University Board of Trustees approved the 2010-2012 Strategic Plan in Spring 2010. Although operational in scope, this current plan has provided the campus with a road map that allows for a cohesive and well-integrated approach to addressing many pressing issues. Dr. Angela Franklin arrived as the new president in the spring of 2011, just one year after the implementation of the current plan. With a strong background in strategic planning and a firm commitment to preserve a culture of inclusive and engaged planning within the institution, she began meeting with the Strategic Planning Steering committee to offer support, address outstanding issues, and prepare for the launch of the next multi-year strategic planning process. President Franklin later introduced a new Planning model in a town hall meeting, open to the campus community.

In the summer of 2011, President Franklin engaged a new Strategic Planning Steering committee, maintaining several members of the current committee and adding additional faculty and representation from the Alumni Association. Two members of the Board of Trustees were maintained on the new Steering Committee. The Board of Trustees, President's Cabinet, and newly formed Strategic Planning Steering committee began the first phase of the next multi-year strategic planning process at a retreat on July 23, 2011.

We are currently engaged in collaborative processes that involves small group discussions on *Why do we exist?* and *Where do we want to be in 5-10 years?*

The first phase began with a review of the current Mission and Vision statements during the retreat. Comments from small group discussions with members of the Board, cabinet, and Strategic Planning steering committee members were captured and documented and used in follow-up conversations with the Strategic Planning Steering committee in two subsequent meetings.

The collective wisdom from the group discussions has led to draft documents reflecting a recommended change in the institutional mission statement along with a more comprehensive vision statement for the future. An accompanying exercise to review and assess the appropriateness of the current core values is also now occurring in meetings of the Steering Committee.

It is expected that recommended changes in the institutional mission statement and vision will be shared with the campus community and then presented at the December 2011 Board of Trustees meeting for their review and approval.

Criterion Two: Preparing for the Future

Our allocation of resources and its processes for evaluation and planning demonstrate our capacity to fulfill its mission, improve the quality of our education, and respond to future challenges and opportunities.

Core Component 2a: We realistically prepare for a future shaped by multiple societal and economic trends.

Innovation and change are critical for the success of an organization in today's environment. Over the past two years, DMU has made significant organizational changes to enhance the educational and operational activities of the University. Based upon feedback from faculty, staff and students, the Board of Trustees modified the DMU organizational chart in 2009 and again in May 2011. The provost position was added to the organizational chart, and a vice-presidential planning position was removed. The addition of the provost has allowed us to strengthen the academic processes at DMU and encouraged collaboration and cooperation among the three colleges. In 2011, President Franklin revised the organizational chart again to align reporting relationships with standard practice, as discussed in the New Administrative Structure section of the Introduction.

In a similar attempt to adopt best practices in relationship to technology services, an external review of Information Technology Services (ITS) was conducted in 2008. As a result, the entire department was restructured and the new position of Chief Information Officer was created. Over the past year, ITS has developed a strategic plan, infrastructure has been evaluated and updated, and efforts to change the service culture of IT have begun.

As the second-oldest osteopathic medical college in the U.S., DMU enjoys a rich tradition founded upon patient-centered care. We have added to this heritage an extensive history of providing quality graduate education in clinical, research and administrative health professions. As we look ahead, our culture and history, along with proven procedural and planning processes, will serve to preserve those things that make us distinctly DMU.

Although we have embraced the idea that environmental scanning is important, we continue to lack a systematic way to accomplish this task. Also, tuition dependence is a potential threat if student financial aid decreases. Therefore, we make these recommendations:

- Establish a systematic method of environmental scanning to detect and report on trends in population, demographics, demand for health care professionals, and other factors potentially impacting how we do business and fulfill our mission.
- Conduct a thorough review of the latest federal health care legislation to assess the impact on our operations; monitor as various components of the bill are phased in.
- Establish a regular review of trends in student financial aid and provider compensation to detect any changes that will affect our students' ability to secure loans and/or repay loans.

Core Component 2b: Our resource base supports our educational programs and our plans for maintaining and strengthening their quality in the future.

DMU has exceeded budgeted expectations for a number of years, which allows the institution to respond to financial unplanned needs. Budget officers have the ability to transfer funds. The vice president for Administrative Services and provost may transfer funds across departments as necessary.

While our resource base is currently a strength of DMU, revenues must become more diverse with a focus on increasing external dollars from research and development. These increases will allow the deans to minimize tuition increases and students' debt.

We make these recommendations:

- Build non-tuition revenues by having Institutional Advancement and the deans set three-year scholarship goals.
- Develop a multi-year plan for overall personnel cost increases, which account for approximately 70 percent of the annual budget.
- Examine ways to better manage our current resources:
- Define expectations for research faculty that have assigned research space or have received research startup funding.
- Vet new and existing community service projects by documenting their benefits to DMU.
- Analyze whether staffing levels are appropriate.
- Weigh the benefits of the DMU Clinic against its expenses.

Core Component 2c: Our ongoing evaluation and assessment processes provide reliable evidence of institutional effectiveness that clearly informs strategies for continuous improvement.

Many of the changes that have occurred within the University environment have been the result of specific formalized mechanisms. The use of standardized survey tools such as the DMyoU Engagement Survey has given us a longitudinal picture of performance in key areas. The foundation of a comprehensive assessment system for all quarters of the University is being built. This includes the development of outcome achievement platforms with which to gauge our progress in the areas of student learning, employee performance review, resource allocation, and program assessment. The consistent use of the tools for data gathering and analysis should be undertaken in order to make sound evidence-based decisions across all areas.

Action steps taken have generally been effective; however, some areas could be improved. The ability to capture and manage data at an institutional level is limited, although ITS is taking steps to standardize data management. The last two years have seen a tremendous number of efforts undertaken to improve the academic assessment environment, discussed more fully under Criterion Three.

We make these recommendations:

- The review of the University's Mission and Vision must include an inclusive information-seeking phase that gathers feedback from internal and external constituents. Additional tools for information gathering, including Web 2.0 applications, should be developed and implemented.
- Implement a more lock-step method of determining the appropriate data management technologies. Care should be taken to acquire systems that communicate and share with existing systems.
- Develop and implement workload and corresponding accountability measures that encompass all employee levels.

To implement these recommendations, these barriers must be addressed:

TECHNOLOGY—A disconnect may exist related to the University’s ability to organize and manage the data systems that exist. Employee understanding of the capacities of hardware and software is limited.

WORKLOAD—The issue of workload across all sectors has been reviewed. The evidence gathered to date has made it clear that workload issues are a primary barrier to many of the initiatives that should be taking place. Currently we are developing a system for collecting and standardizing evidence to be used when developing the new policy.

Core Component 2d: All levels of planning align with our mission, thereby enhancing our capacity to fulfill that mission.

The documentation for the 2010 strategic planning process captures the effort made to make the process inclusive, respond to feedback from our constituencies, provide guidelines for continuous evaluation of progress, and align the college strategic plans with the institutional plan from this point forward. Comments from a follow-up survey will serve to improve the process when we embark on formulating the 2012 plan.

While the process was transparent and involved all constituencies, we recommend that the next iteration of the plan be developed over a longer period of time. We also suggest that educational sessions on the purpose of strategic planning and how goals are formulated be offered to the University community.

We offer these recommendations for strengthening the next strategic planning process:

- **SCAN THE ENVIRONMENT.** While the selfstudy will gather much of the data needed for the next plan, we recommend that the University perform a comprehensive external assessment to identify and evaluate critical emerging trends and changes that will significantly impact DMU over the next five to ten years.
- **INVOLVE EXTERNAL CONSTITUENTS.** As the University serves society through its mission to “develop distinctive health professionals committed to health promotion, the discovery of knowledge, and service to the community,” the perceptions of those served need to be considered in the strategic planning process. Possible external constituents who could help us more fully understand our covenant with society include employers, residency program directors, patients, members of a health care advocacy group, administrators from an adult retirement community, public health officials, and political leaders.
- **ALIGN THE NEXT STRATEGIC PLAN WITH OUR VISION AND MISSION.** As President Franklin believes, planning is an ongoing process that is rooted in our sense of who we are and where we are going as an institution. We must refine our vision and mission statements before developing the next strategic plan.

During the review of the mission statement, these questions should be addressed:

- Is the current statement appropriate in the current operating environment?
- Is the mission statement specific and distinctive, or is it too generic?
- Are there any concerns with our statement?

- Based on the answers to the previous questions, how should our core mission documents be modified?

In summary, alignment of the mission with the strategic plan requires a comprehensive process to gather and analyze information from various constituencies and identify critical strategic issues and challenges confronting the University.

The first stages of our next strategic planning process are described in the Looking Ahead Interleaf.

Interleaf

Looking Ahead: A Memo to the Strategic Planning Team

As we review our progress toward accountability and shared governance, we recognize that our administration has set the tone for increased transparency. Now is the time for senior leaders to demonstrate that they can lead the University through the difficult conversations we face. First they must identify which difficult conversations need to occur and how those conversations will unfold.

- Eliminate silos and follow University mission and values unless required by program accrediting bodies.
- Have difficult conversations. We will need to embrace the cultural change that is already occurring to engage all stakeholders in these difficult conversations:
 - How will all stakeholders be assured that their voices will be heard?
 - How do we communicate that once a decision is made, no additional deals will be brokered behind closed doors?
 - Administration has made great strides in gaining the trust of the DMU community: how do we continue down that path?
 - How do we eliminate fear of repercussions for speaking the truth or asking probing questions?
 - What support systems can we put in place for having the difficult conversations and holding everyone accountable?
- Use established committees when possible instead of forming ad-hoc committees.
- Develop a formal process for the President's Cabinet to approve projects by vetting via a questionnaire that includes responsibilities by department. This will improve communication and allow input from those who will be responsible for implementing projects.
- What should we stop doing? Are all departments, grants and projects supporting our mission?
- Do we need to restructure? For example, are University services housed within a college?

Focusing on accountability, alignment, and communication during our 2010 strategic planning process has made it possible for us to envision a future where we function as one united University, confronting the hard questions and balancing our zeal for service with our capacity and our core mission.

Criterion Three: Student Learning and Effective Teaching

Des Moines University provides evidence of student learning and teaching effectiveness that demonstrates we are fulfilling our educational mission.

Component 3a: Our goals for student learning outcomes are clearly stated for each educational program and make effective assessment possible.

Since the last reaccreditation visit, DMU has worked hard to develop a culture of assessment. Although not all efforts have been successful, we remain committed to developing an optimal way to assess student learning. We celebrate progress toward establishing a consistent assessment process even as we learn more about how our methodology can be improved. As we gather more data and further educate faculty, students, and staff on best assessment practices, we expect engagement in assessment to grow.

We note these strengths:

- The provost is vested in cultivating a culture of assessment and has not only developed and implemented new policies and procedures to this end, but has also devoted resources to the training of stakeholders.
- Filling the position of Director of the Center for the Improvement of Teaching and Learning will create new capacity to oversee assessment of student learning and monitor academic program review.
- University faculty have an increased understanding of learning assessment, and several have assumed leadership roles in this area.
- SLAC is now charged with oversight of learning assessment processes and is providing guidance to our academic programs in this area.

We make these recommendations:

- Despite a noticeable change in the culture of assessment, there remains reluctance on the part of some to fully embrace the concept. We need to continue to promote a culture of assessment.
- Assessment must be a reflective process equipped with appropriate points of feedback. Curricular decisions must be based on learning assessment results.
- We must continue efforts to improve our collection of assessment data and to make it more standardized and accessible.
- In assessing assessment, we need to determine the extent to which the Student Learning Assessment Policy and SLAC have facilitated the development of a culture of assessment. Many of our newly developed assessment mechanisms have not been fully tested. Their effectiveness needs to be evaluated.

Core Component 3b: We value and support effective teaching.

We find that the colleges value and utilize learner input in the development and revision of curricula and believe that creation of the CITL and a formal process of peer evaluation will promote best practices in teaching.

We make these recommendations:

- Adopt a more global approach to developing additional interprofessional educational opportunities across all programs.
- Provide more education for faculty on the importance of having a systematic process of assessment.

Core Component 3c: We create effective learning environments.

Our students have many opportunities to collaborate and experience diverse learning environments, and exposure to cutting-edge technology gives them an advantage. Although students report feeling a sense of family while they are on campus, students in the clinical programs spend considerable time away from the central campus contributing to a sense of disconnectedness.

We make these recommendations:

- Continue to invest in state-of-the-art instructional technology.
- Develop additional opportunities for interprofessional collaboration.
- Continue efforts to recruit additional sites for clinical rotations and provide more support for students as they arrange and complete rotations.

Core Component 3d: Our learning resources support student learning and effective teaching.

Addition of a CIO has addressed several of DMU's previous technological issues and provided the opportunity to plan for future needs. Also, the hiring of a new manager of Continuing Medical Education has brought significant changes and improvements in our continuing medical education endeavor.

We make these recommendations:

- Continue efforts to improve access to data and upgrade technology in classrooms and lecture halls.
- Define the role of the Clinic in our educational culture.
- Incorporate service learning, which is central to our mission, into the assessment of learning objectives.

Our students and faculty are strongly motivated to engage in community service. However, good intentions are not enough. To make a difference, service projects must meet genuine needs and identify the most effective ways to provide medical care and education.

Interleaf

Reflections on Assessment

Reflection upon where we have been as an institution regarding our assessment of student learning reveals a process full of starts and stops, surges and standstills, and enthusiasm that has waxed and waned. Champions have come and gone, and ideas have been implemented and then left unchecked. Despite what may appear to be a chaotic attempt to develop and implement best practices in assessment, one constant has been present: our continued commitment to student learning.

As researchers struggle to find the right methodology to test a hypothesis, or athletes seek to perfect their form, we as educators have worked diligently to identify how best to determine if our students truly learn. Our dedication to this charge is clear. We aim to achieve clarity and prove that our efforts are appropriate and on the mark.

Evaluations of our accomplishments reveal some successes and progress. For example, mere mention of the phrase *assessment of learning* a few years ago would have been met with confusion and perplexed looks from most faculty. However, several initiatives, commitment on the part of administration, and interest from faculty representatives from each of the colleges have resulted in an assessment movement. Admittedly slow initially, the rate at which we are developing a culture of assessment is steadily increasing.

The term *buy-in* does not fully reflect and, in fact, belittles what we have noticed at DMU regarding faculty and the assessment of learning. Engagement and enthusiasm are words that better describe what has been noted during the past few years. Faculty have devoted copious amounts of time and resources to learning about best practices in assessing their students and themselves as educators. Time previously spent in delivering the same material in the same manner and assessing students via the same methods is now being invested in developing new and perhaps more effective ways of teaching.

Thus more focus is placed on curricular assessment. Processes such as curricular mapping and are being implemented by some programs. Encouraging results thus far have led to the pursuit of interprofessional educational opportunities that can be implemented across all curricula. In addition, assessment data have revealed a possible disconnect and lack of integration between the basic science and clinical portions of the clinical programs' curricula. Discussions are currently under way to determine how best to thread these two aspects of the curricula together for an enhanced learning experience.

DMU's assessment initiatives have also provided faculty with opportunities for growth. As educators, we attempt to instill within our students a commitment to life-long learning. What has become obvious is that we too should embrace this concept. As a result, several faculty have stepped out of their comfort zones to create new methods of teaching and assessment. Administration has supported these individuals with teaching grants and faculty teaching awards, by creating the Center for the Improvement of Teaching and Learning, and by retooling the faculty appraisal form to acknowledge those who become more creative and assessment-focused in their teaching.

Our assessment efforts have also provided evidence of the fact that DMU is fortunate to have a well-qualified, enthusiastic, and dedicated faculty. Several faculty have been identified as pedagogical "experts" or those "on the cutting edge" of teaching methods. Faculty have looked to these individuals to provide faculty development opportunities and have sought additional developmental experiences to improve their own teaching. Whether it be incorporating more technology into the classroom or designing more appropriate assessment methods, faculty are not only educating themselves but are also sharing the information and their experiences with their peers.

Immediate goals in the areas of assessment of student learning include, but are not limited to, the following:

- Completion of a comprehensive review of existing assessment data to determine its value and usefulness to the identified assessment methods and objectives.

- Continued education of faculty, staff and administration in best practices in the assessment of student learning.
- Continued support for faculty to develop assessment skills and to foster an environment that is supportive of the implementation of new concepts and ideas.
- Development of a uniform process of assessment that incorporates review of objective progress at all levels: course, program, college, and institution.

Criterion Four: Acquisition, Discovery, and Application of Knowledge

The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.

Core Component 4a: We demonstrate through the actions of our board, administrators, students, faculty, and staff, that we value a life of learning.

Des Moines University provides a variety of life-long learning opportunities. This is most evident in the offerings we have not only for our own faculty, staff, and students, but also for the many young people who have expressed an initial interest in medicine or the health sciences. The success of programs such as camp YES MED and the George Washington Carver Science Academy is evidenced, in part, by the quality of students who are interested in the programs and the fact that interest far exceeds our capacity.

At a time when many institutions have had to eliminate or greatly reduce funding for professional development, we have been able to increase financial support for faculty/staff development. In addition to enhanced funding for continuing education, funding for programs that support licensing fees and the University's various tuition support programs has also increased. In 2010, *The Chronicle of Higher Education's* Great Colleges to Work For survey cited DMU for excellence in three categories, including Professional-Career Development Programs and Compensation and Benefits.

After a comprehensive discussion of our most pressing needs, two strategic planning strategies were developed to improve our ability to support life-long learning. First, as called for by SP Tactic 1.4.2, one faculty evaluation tool was developed for all colleges and programs. The new comprehensive faculty evaluation form, available in WingSpan, will be used to create an individualized annual development plan for each faculty member. Second, SP Objective 4.2 is "establishing a center for the improvement of teaching and learning (CITL)." Such a center will fall under the Office of the Provost. Once the CITL is operational, it is anticipated that the COM assistant dean of Clinical Affairs will focus on programming to develop the clinical teaching skills of COM clinical preceptors, instructors and supervisors, which fulfills the original intent of the position.

Continuing Medical Education has had limited resources in the past. Having only half-time personnel support made it difficult to provide consistent continuing education programming for the faculty, alumni, and other regional health care providers in need of continuing education for ongoing licensure/certification. Recognizing that this is a very important piece of life-long learning, the University has re-established this function through the hiring of a manager of Continuing Medical Education. This full-time person has greatly expanded both the number and types of CME programs offered and is bringing both regional and national conferences to campus. Over the past 12 months,

the CME department has sponsored over 29 on-campus conferences and seminars, attended by 1,654 participants.

We encourage continued support for the CITL and Continuing Medical Education.

Core Component 4b: We demonstrate that acquisition of a breadth of knowledge and skills and the exercise of intellectual inquiry are integral to our educational programs.

DMU encourages students and faculty to pursue research, balance the art and science of medicine, and keep up with technology and state-of-the-art treatment protocols.

- We recommend that the University increase the level of external funding for research by encouraging grant-seeking, providing support for writing effective grant applications, and looking for new ways to generate revenue, such as participating in community-based inquiry projects.
- As recommended in the M.P.H. accreditation review, another potential source of funding worth exploring is managing inquiry projects that provide evidence for public health decision-making, such as community assessments.

Core Component 4c: We assess the usefulness of our curricula to students who will live and work in a global, diverse, and technological society.

With training in several different health professions being offered on our campus, we have an opportunity to foster additional interprofessional educational experiences. Although the University has begun to turn its attention to this area, we will need to work hard to get past old models that make this difficult (including scheduling difficulties when trying to work around the curricula of several different programs.) A more concerted effort to promote interprofessional education would further foster team learning when students participate in the clinical phase of the various programs.

Two things need to be done to ensure that all competencies are covered:

- All programs need to complete their curriculum maps.
- Coverage of cultural competency in all programs needs to be reviewed.

Once students are away on clinical rotations and are not taking multiple exams each week, keeping up on self-directed studying may be more difficult for some. Consistent, routine updates done through online courses may be helpful so that advisors are more assured that students are doing what they need to do to keep up.

Core Component 4d: We provide support to ensure that faculty, students, and staff acquire, discover, and apply knowledge responsibly.

Largely in response to student voices, SP Objective 1.6 calls for us to “strengthen our focus on academic integrity as a critical component of student competence by reviewing and revising the Honor Code and other codes of conduct.” Plans are under way to educate students on the new Professional Integrity Code developed in the spring of 2011; we encourage those efforts.

The team that conducted the external review of research in 2010 made several recommendations about strengthening compliance and providing more mandatory training for any student submitting a

research protocol involving the use of human subjects. Their recommendations and the President's Cabinet's response are summarized in the External Review of Research section of the Overview.

In addition to our mandatory curricular requirements, the one-credit elective Clinical Research Methods/Ethics has been offered each fall since 2004. The number of students who take this course each year averages 16. The campus should review the feasibility of making this course mandatory for D.O. students who elect to complete a research rotation during their clinical rotation years.

Interleaf

Plans for Research

DMU has taken on the task of refocusing the Office of Research. Led by the newly defined position of vice president for Research, the mission of the office is to create an environment that encourages and facilitates research at the University. The office strives to provide high quality services to faculty and students and to increase the funding available to support research, while protecting the University's interests. The office is responsible for pre-award and some post-award administration of grants and contracts, coordination of research curriculum and education, and compliance with all federal and state laws and regulations related to research.

RESEARCH QUESTIONS: What type of research should we offer at DMU? Do all students need the opportunity to engage in a research experience?

DMU is actively reviewing the research curriculum offered among all colleges. Initial goals are to strengthen collaborative interprofessional offerings between programs where common objectives exist, while tailoring experiences that must be specific to individual programs. Initial efforts have included expanding compliance training for all students in both responsible conduct of research and use of human subjects and related data in research, along with a comprehensive review of research needs and opportunities in each college and program.

COMPLIANCE QUESTION: What should compliance training and/or education consist of?

DMU has recognized that it is essential that we critically evaluate our compliance environment, the nature and exercise of appropriate oversight, and our culture of research conduct. To this end, the Office of Research has defined a new Compliance Manager position and has a national search underway to identify a suitable candidate. This position is expected to be filled in August- September 2011. Subsequently a compliance self-study review will mark the progress that has been made and identify areas where continued development is needed. In 2011, DMU has made a marked commitment to compliance training by hosting IACUC 101™ and IRB 250 national meetings on campus.

PLANNING QUESTION: What are our current practices and needs?

- **GRADUATE ASSISTANTSHIPS**—The Master of Biomedical Science program offers an important opportunity to expand research at the University. We now have the opportunity to offer graduate assistantships to recruit high-quality graduate researchers. The first assignment of a graduate assistantship has gone to a highly qualified minority student.

- **GRANTS MANAGEMENT**—The Grants Manager position has been redefined to focus on service to principal investigators and increasing external funding. While building a portfolio of successful federal grants submissions will take time, progress should be aided by defining areas of research focus.
- **AREAS OF RESEARCH EMPHASIS**—An initial survey of individual research interests was performed campus-wide. In the fall of 2011, the Office of Research will bring faculty groups together to develop synergistic areas of emphasis. The initial vision is that we will have three areas of emphasis around which we can create collaborative groups. We can begin to work on those areas in the fall of 2011. While faculty have diverse interests, the goal is to create several cohesive groups of researchers that can expand and use the talents of our diverse faculty. This will mean faculty have to be adaptable to change, and those who are not in one of those areas of emphasis may be concerned about being left without support. Alleviating those concerns must be part of the process; the intent is not to reduce support, but to expand capacity to pursue more comprehensive external grants. This will give us an opportunity to attract talented faculty with interests in these identified areas of emphasis. When hiring, we will look first for strong teachers and scholars. All things being equal, strategic hiring will allow us to coordinate the work of several researchers into cohesive groups.
- **GRANTS MANAGEMENT DATABASE**—The Office of Research is currently implementing a new grants management database. The database provides a tool to record and track grants post-submission and will allow monitoring of key reporting dates both internally and externally. The provost and interim vice president of Research have also been networking with other campuses to explore compliance monitoring software. Comprehensive packages, such as those used at the University of Iowa, could move the campus forward drastically. Assessments on these packages are being completed now.

Criterion Five: Engagement and Service

As called for by its mission, the organization identifies its constituencies and serves them in ways both value.

Core Component 5a: We learn from the constituencies we serve and analyze our capacity to serve their needs and expectations.

DMU has a long history of service, rooted in our mission and expanding to serve new constituencies. We stay connected to internal and external constituents by gathering data and responding to community requests and student initiatives.

We note these strengths:

- We have a strong ethic of community service.
- Our volunteers learn both personally and professionally from those they serve.
- Students who identify new constituencies have a pathway to develop service initiatives.

Our current structure supports enthusiasm for community service because it allows great flexibility in responding to needs, which encourages outreach to many diverse audiences. Ideas for community service projects might be approved by the Community Service Committee, Student Services, or individual departments. This decentralized approval process may result in duplication of effort and

can place demands on supervising faculty that conflict with their teaching, research and clinical responsibilities.

While we value flexibility, we are concerned that continuing to follow this system will limit our ability to respond to needs we would like to prioritize. Currently some faculty are willing to be of service only for particular projects; others feel torn between their clinical duties and their desire to be of service. We need to develop a University-wide expectation that clinicians will participate in the Free Physicals Fair and one other Community Medicine event. If all clinicians met this expectation, we would have more than enough resources to supervise students participating in Community Medicine events.

We recommend that we continue to develop collaborations with service and educational partners while analyzing the number and frequency of requests for assistance from the community. We have already found that our new intake and review process has enabled us to be more consistent in our approval of requests. We have also been able to better assess the quality of the education experience students are receiving. This year was a trial period for our new procedures. Moving forward, we need to continue to examine our role, review priorities and make data-driven decisions that balance community needs with our mission and capacity.

Core Component 5b: We have the capacity and the commitment to engage with our identified constituencies and communities.

While we provide health education and medical care to many constituencies, our newest outreach efforts are largely focused on recruiting medical professionals and providing medical care to under-served populations. We have taken a leadership role in the effort to develop a pipeline of rural health care providers. We have built our capacity to serve our residents, area schools, patients in need, and rural Iowans through partnerships.

Many wonderful things are happening because of our commitment to service. However, in the past, our structures and processes did not support strategic thinking about priorities, needs assessment or the best ways to engage our various constituencies.

We make these recommendations:

- Identify and communicate University-wide priorities for service.
- Encourage the state of Iowa to increase funding for AHEC, as the citizens of Iowa are direct beneficiaries of the program.
- Increase our capacity by involving more alumni in community service projects.
- Continue to collect data that will allow us to determine our capacity, which will require consolidation of data currently tracked by various departments.

Core Component 5c: We demonstrate our responsiveness to those constituencies that depend on us for service.

Des Moines University serves our constituents by providing health education to audiences from grade-schoolers to grandmothers, by offering medical care to under-served populations in our neighborhood and in international rotation sites, and by developing a pipeline of health care providers to serve rural Iowans.

- We have a history of developing our capacity to work with new, under-served constituencies.
- Our partnership with the Free Clinics of Iowa provides medical service to the needy and allows our students to develop clinical skills and cultural competency.
- When we discover a gap or deficiency in our services or relationship with a key constituency, we follow up with a corrective action plan.

While responsiveness to community needs is related to our mission, we do not have the capacity to respond to every need. To move forward, we must continue to develop ways to assess and prioritize needs of our two primary service constituencies: providing health care to the under-served and providing educational resources in health and science to schools and the community.

Core Component 5d: Internal and external constituencies value the services we provide.

The value of the health education and medical care we provide can be quantified in terms of number of physicians recruited or treatments given, but the value of new relationships, increased skills and confidence, and tangible results of service is incalculable.

- DMU students have many opportunities to provide health care and education to under-served populations.
- A shared commitment to service unites DMU faculty, students, staff, and alumni.
- Through service, students develop an ethic of compassion and gain opportunities for supervised practice.

While we recognize the benefits of service to us and to those we serve, we are increasingly seeing the need to balance compassion and capacity. One challenge that we face is that some of our clinical providers are torn between multiple demands—teaching, providing patient care in the Clinic and service to the community. If we want to enhance our clinical research efforts, we need to make expectations clear so that clinicians are not asked to fulfill too many competing priorities. Another challenge is that, as one of the external reviewers of research observed, “DMU never met an idea it didn’t like.” While many ideas are good, our resources are limited. Therefore, we need to more thoroughly vet service projects, making sure that they are sustainable and that we can afford the cost before the decision is made to pursue them.

We also recommend that, during the next strategic planning cycle, we look for ways to maintain our openness to student initiatives while providing more centralized oversight of community service projects. That might involve restructuring reporting relationships and developing cost-benefit criteria.

We also need to consider how to build visibility through our service. One possibility might be to work with partners to sponsor one definitive project that would impact the health and wellness of Iowans, such as a day devoted to combating obesity or collaborating with Iowa’s Healthiest State Initiative.