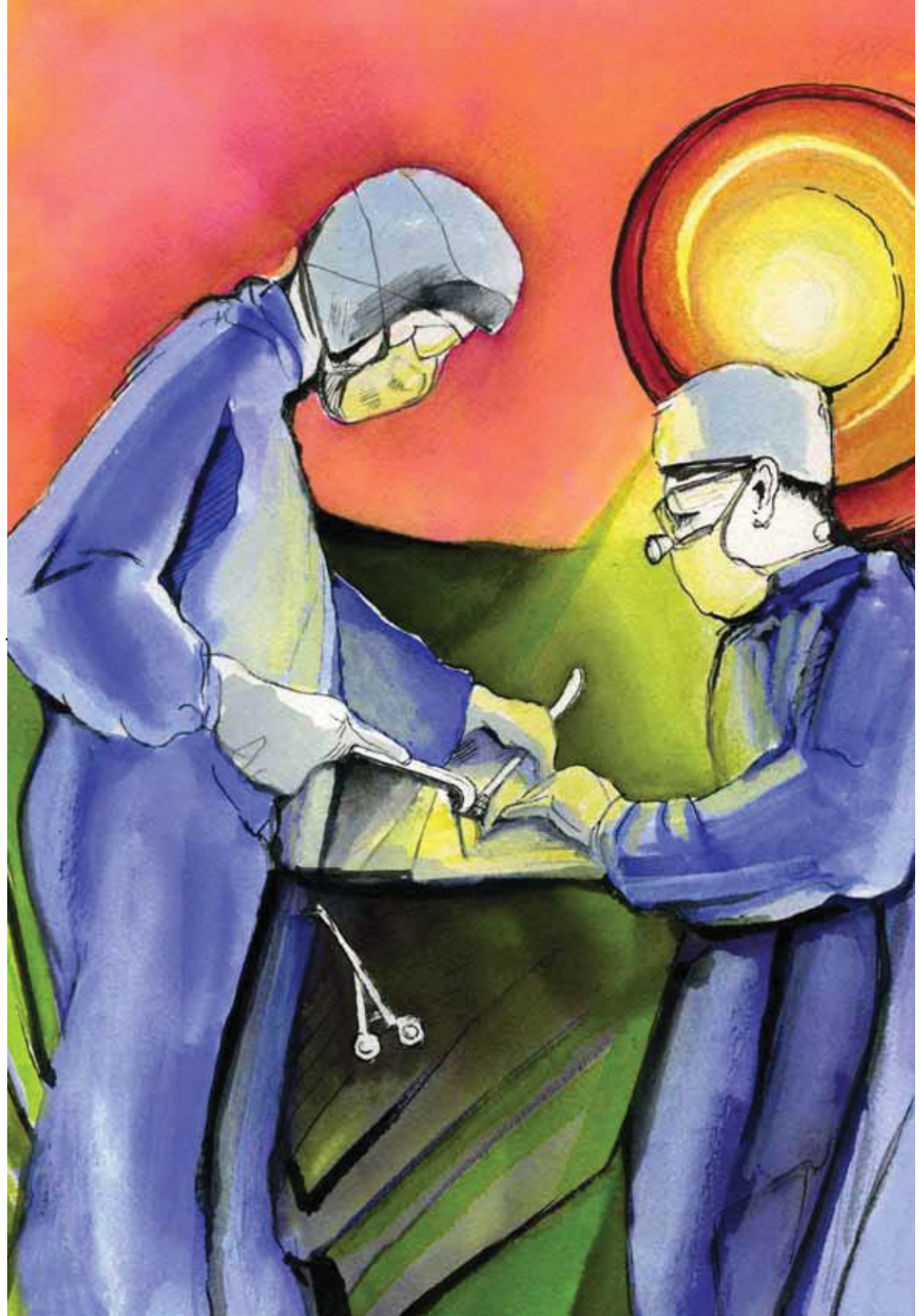


INTRODUCTION



The first issue of our literary review, *Abaton*, featured Adam Quinn's *Surgeons* on the cover.

“If you look at a book on how to paint, it makes it look so simple,” says Gary Hoff, D.O., FACOI, FACC, chair of DMU’s Medical Humanities and Bioethics department. “What it won’t show you is the middle where the artist is tearing his hair out and kicking the wall. Overcoming that struggle is the reward.”

When painting a portrait, Hoff is not satisfied with representing a person’s appearance. Instead, he observes his subjects with a diagnostician’s eye, looking for external clues that reveal what’s happening on the inside.

If Des Moines University (DMU) were to paint a self-portrait, one characteristic would predominate: We are an institution committed to producing outstanding health professionals. That mission has not changed since our founding in 1898, the year osteopaths were first allowed to practice in Iowa.

However, a gallery of self-portraits would be needed to reflect the ways we have changed—and are changing—in size, in name, and in culture.

History of Des Moines University

Today DMU is the ninth largest osteopathic medical college in the United States. We began as a pioneering school in an emerging branch of medicine. About 40 pupils attended the first classes offered at Dr. S.S. Still College of Osteopathy in 1898.

Over time, a series of name changes have marked stages in our growth. We became Still College in 1905, when a two-year program of instruction was first offered. During the 1940s, a new name—Des Moines Still College of Osteopathy and Surgery—reflected a broader curriculum of medical studies. In 1958, our institution was renamed the College of Osteopathic Medicine and Surgery.

The College moved to our present 24-acre site on Grand Avenue in 1972. During the ensuing years, enrollment more than doubled. In 1981, the College was renamed the University of Osteopathic Medicine and the Health Sciences (UOMHS). Recognizing the need for additional members on the health care team to complement physicians in the delivery of health care, the Board of Trustees in 1980 voted to establish the College of Podiatric Medicine and Surgery and the College of Biological Sciences (since renamed the College of Health Sciences). These colleges, with the College of Osteopathic Medicine (COM), form the health sciences university. The institution was renamed Des Moines University in 1999 to reflect this new identity.

Since its beginnings, when it served about 40 students, COM has educated approximately 14,250 osteopathic physicians. The College of Podiatric Medicine and Surgery, the first podiatric college in the nation within a health sciences university, awarded its first Doctor of Podiatric Medicine (D.P.M.) degree in 1986. In the College of Health Sciences, the charter class of the Physician Assistant program received the Bachelor of Science (B.S.) degree and the Physician

Assistant Certificate in 1983. The first graduates of the health care administration program were awarded the Master of Science (M.S.) degree in 1986. The first graduating class in the program of Physical Therapy received M.S. degrees in 1990; the program transitioned to the D.P.T. in 2003.

Today, the University enrolls approximately 1,900 students in nine graduate degree programs:

- Doctor of Osteopathic Medicine (D.O.)
- Master of Science in Anatomy (M.S.)
- Master of Science in Biomedical Science (M.S.)
- Doctor of Podiatric Medicine (D.P.M.)
- Master of Science in Physician Assistant Studies (M.S.)
- Doctor of Physical Therapy (D.P.T.)
- Post-professional Doctor of Physical Therapy (D.P.T.)
- Master of Health Care Administration (M.H.A.)
- Master of Public Health (M.P.H.)

From its beginnings as a simple two-story building in downtown Des Moines, the University has grown into a 24-acre education complex that includes a state-of-the-art simulation laboratory and an on-campus clinic.

Points of pride

A key finding of the 2010 DMyoU Engagement Survey is Des Moines University's "tremendous sense of pride." Consultant Richard Boyer, who interpreted the results, noted that "the excellent reputation of the school, the facilities and the mission are particular points of pride."

Excellent reputation

"DMU has cultivated a very good reputation for its excellent academics and solid educational experience. Challenging academics, top-notch faculty, solid history of board pass rates and good facilities were very important to me," said Kyle Moore, D.P.M.'13, explaining why he chose Des Moines University after considering several other medical schools.

Director of Enrollment Management Margie Gehringer notes that an annual on-campus recruiting event, Discover DMU, has attracted a steadily increasing number of participants, another indication that DMU continues to enjoy a strong reputation among prospective students.

As one respondent to the DMyoU survey said, "I am appreciative of DMU's reputation. I am proud to be affiliated with this institution and I do not miss an opportunity to demonstrate this pride." Ninety-one percent of respondents agreed they were proud to be a part of DMU, a score very close to the best-in-category benchmark of 92 percent.

State-of-the-art facilities

Des Moines University's facilities contribute to our reputation as a champion of wellness and a leader in technology-enhanced learning.

Investment in technology is driven by our desire to help students make learning more efficient and real-world, giving students a key advantage in fast-paced medical fields. Technology is integrated throughout the curriculum. The DMU Library provides access to electronic books, journals and databases both on campus and remotely through the Library portal. All students are given a laptop computer and an iPod Touch to support what we call "connected learning." Students also have access to exceptional tools:

- DMU's Iowa Simulation Center for Patient Safety and Clinical Skills (Sim Center) has lifelike medical mannequins. Students can

practice drawing “blood,” starting IVs, catheterizing, and defibrillating in a safe environment that allows them to learn from their mistakes and encounter many varied cases.

- The Standardized Performance Assessment Laboratory allows students to review videos of their interactions with standardized patients who are trained to play the role of actual patients.
- The Surgical Skills Lab includes simulation model labs, a computer technology lab and a simulated operating room lab with a digital overhead camera, laparoscopic equipment and station monitors for observing and recording procedures.
- The Gross Anatomy Laboratory features computer-aided instruction with 32-inch flat screen monitors at 43 dissection stations.
- The Human Performance Laboratory uses computerized motion analysis equipment to assess and evaluate muscle, joint and nerve problems that contribute to movement disorders.



Physical therapy students have access to one of the most advanced motion analysis laboratories in the region. The Human Performance Laboratory (HPL) combines diagnostics and biotechnology to evaluate human movement deficits. All D.P.T. students rotate through the lab during their course of study. Students and faculty in the D.P.T. and D.P.M. programs use the lab to pursue areas of research interest.

A video campus tour featuring the Sim Center available at <http://www.youtube.com/embed/WkVFGvFKi1s?rel=0>. This DMU Virtual Tour illustrates recent improvements to our facilities. “In recent years, we have built, remodeled, and revitalized our entire campus,” said former president Terry Branstad in his 2008 State of the University address.

The current strategic plan includes Strategic Plan (SP) Goal 7.0: To augment facilities to provide a superior environment that enhances teaching, learning, research, and a sense of community. To reach this goal, a new 10-year master plan will be developed for campus facilities.

Commitment to mission

Another source of pride is commitment to our mission: to educate distinctive health professionals committed to patient-centered health promotion, the application of evidence-based practice and the discovery of knowledge.

Our graduates have a distinctive point of view because of their grounding in osteopathic principles. They are trained to treat patients as whole persons and to focus on preventive health care.

Students can put these principles into practice even before they graduate. Opportunities to provide supervised patient care range from giving free grade school physicals to providing osteopathic manual medicine (OMM) to athletes after Des Moines-area races. Two ongoing service programs, Homeless Camp Outreach and global medical mission trips, developed from student initiatives.

To discover knowledge, students may collaborate in research projects with their professors or with researchers in the Department of Reproductive Health and Research at the World Health Organization (WHO). For details, see the student research opportunities webpage: http://www.dmu.edu/research/student_opportunities/index.cfm.

Whether or not they contribute directly to the education of future medical professionals, DMU

employees feel that they are working toward a common goal. As one respondent to the 2010 DMU Engagement Survey noted, “I am helping to educate excellent doctors, which directly impacts the entire world.” Ninety-one percent of those surveyed agreed with the statement that “I understand how my job contributes to this institution’s mission.” This overwhelmingly positive response is close to the best-in-size benchmark of 94 percent.

For a more in-depth discussion of mission, see Core Component 1c.

Culture of wellness

DMU is the first educational institution to be designated a Platinum Well Workplace by the Wellness Council of America (WELCOA), partly because of its state-of-the-art, 25,000-square-foot Wellness Center. The center offers fitness classes (generally free); wellness consultations; a Personal Wellness Profile (PWP), an assessment tool that identifies personal health risks and provides strategies for reaching health and fitness goals; and a nutrition teaching kitchen. In addition, the Wellne\$\$ Pay\$ program rewards participants for healthy lifestyle behaviors with gift certificates, cash bonuses and prize drawings. Participants can track their progress toward goals on the Wellne\$\$ Pay\$ home page.

DMU’s wellness staff actively pursued the Wellness Council of America’s Well Workplace Award, the industry standard for excellence. Under WELCOA’s benchmarking system, DMU earned the Bronze Award in 1999, Silver in 2000, and Gold in 2002 and 2005. In 2009, we became the first college or university in the nation to achieve the highest Platinum designation. We scored 179.6 out of 180 possible points on WELCOA’s seven benchmarks, described more fully under Core Component 5a.

Wellness is seen as an integral component of our mission to promote health, so the University

is committed to providing students and employees with quality health promotion programs.



Wellness director Joy Schiller displays DMU's Platinum Well Workplace award with staffers Shelby Herrick, Nicole Frangopol and Shannon Kalsem, M.H.A.'03. One tool used to link worksite health promotion objectives with business outcomes is the annual comprehensive health questionnaire.

In 2010, Des Moines University received the Iowa Psychologically Healthy Workplace Award. We rose to the top of the pool of that year's nominees because of our longstanding and pervasive

HEALTH AUDIT: A CULTURE OF WELLNESS

Respondents agreed with the following statements at a level of 80% or higher:

- Being healthy is important to me: 96%
- DMU provides a strong wellness program for employees/students: 93%
- At DMU, people who lead healthy lifestyles are rewarded with incentives: 93%
- At DMU, there is a team that oversees all university wellness activities: 90%
- At DMU, I am encouraged to lead a healthier lifestyle: 88%
- DMU's environment is conducive to positive health practices: 87%
- DMU cares about its employees/students: 83%
- At DMU, it is normal for people to not smoke: 83%
- EMPLOYEE-ONLY QUESTION: My manager supports my use of the Wellness Center: 74%

focus on the importance of promoting the overall health of employees and their families.

DMU will continue to provide leadership in wellness and health promotion. By building on our achievements, we have a golden opportunity to orient our employees and students toward a future where disease prevention becomes as important as diagnosis and treatment and we have at least a balance between health care and disease care.

Widespread participation in our wellness efforts has tangible benefits, such as avoiding increases in health insurance premiums. In addition, the 2008 Health Culture Audit indicates that we are creating a wellness culture.

Sense of community

In addition to pride, Des Moines University is characterized by a sense of family. Students have consistently cited our supportive environment as a reason for choosing DMU. "It's cliché, but it's like one big family in the Physician Assistant wing," reflected Daley Cie Dodd, PA'11, as she prepared for clinical rotation. "You show up [at orientation] as a group of strangers starting down a crazy, intense road. Over the year you learn together, hang out together, laugh together."

The words *family* and *community* are often used to describe the experience of learning or working at DMU. We view ourselves as a collaborative campus community where students and faculty come together in the pursuit of knowledge. In her 2011 welcome to students, President Angela Franklin wrote, "In my short time here, I have come to know that this is a very special

place with a warm and engaging campus community." She welcomed students to a "community of scholars" that "embrace(s) the values of honesty, accountability, collaboration, and inclusiveness."



Software developer Michael Drnec and his wife Sheila vacationed in Kathmandu in 2009. Sheila then arranged to do a fourth-year D.O. rotation in Nepal. As president of DMU Significant Others Support (SOS) organization, Michael encouraged partners use international rotations as an opportunity to travel together.

The ability to foster collegiality is one of the key leadership skills identified in the recruiting brochure for the 2010 presidential search. One desired characteristic is the ability "to provide a style of leadership that recognizes the central importance of continuing to build campus community while attending to the University's relationships throughout the surrounding region."

This strong sense of community also emerges as a theme in the responses to the 2010 DMyoU Engagement Survey. Consultant Richard Boyer noted, "There are many close relationships and 'family-like' camaraderie within many departments. However, this does not consistently translate to the sense that everyone 'is on the same team.'" Boyer's analysis, DMyoU Engagement Survey Results 2010, is available on the Quality and Assessment portal.

The external consultant who led the 2010 strategic planning process, Michael Hovda of InsideOutLeadership, was also struck by the family feeling at DMU. He observed a strong sense of loyalty that inspires people to go above and beyond the call of duty. However, like Boyer, he recognized potential drawbacks to a close-knit campus. Leaders' vision can become parochial, and a collegial atmosphere can make it difficult to raise tough questions.

Turning points

Tough questions need to be part of our self-portrait. Without shadows, light cannot define a person's features. Without addressing challenging cultural issues, we cannot define the face of our University as we move forward. Some of our tough issues result from circumstance, such as the transitions in leadership that led to Stephen Dingle's serving as interim president twice within the last eight years. Others come from a leadership structure that did not keep pace with our growth, a culture that valued collegiality more than accountability and a top-down planning process that was poorly aligned and inconsistently implemented.

Survey findings

Our cultural challenges were identified through a series of surveys. From 2005–2009, our campus participated in the Best Places to Work survey. In 2010, we participated for the first time in the Chronicle of Higher Education's Great Colleges to Work For survey. The switch was made because the topic areas covered in this survey are more relevant to universities and include a comparison to peer institutions. The survey team worked with ModernThink to develop custom questions for our campus. Our customized version of the Great Colleges to Work For survey is known as the DMyoU Engagement Survey. Seventy-five percent of all employees participated in this confidential online survey.

While the questions in the Best Places to Work survey are not identical to those in the DMyoU survey, several themes are consistent: the desire for improved communication with senior leaders, the need for more consistency and accountability from senior leadership, and the hope for more engagement in planning and more open and honest communication.

By 2009, the Best Places to Work Comprehensive Survey Results showed some progress: ratings improved in all areas. However, Trust in Senior Leaders (4.76), Feeling Valued (4.82), and Manager Effectiveness (4.2) continue to be the

three lowest rated categories at DMU. Loyalty was identified as a key strength: Respondents wanted to make an individual contribution to the University's mission and hoped to continue working at DMU. (The full report is available on the Quality and Assessment portal. Trust in senior leadership is discussed under Core Component 1d.)

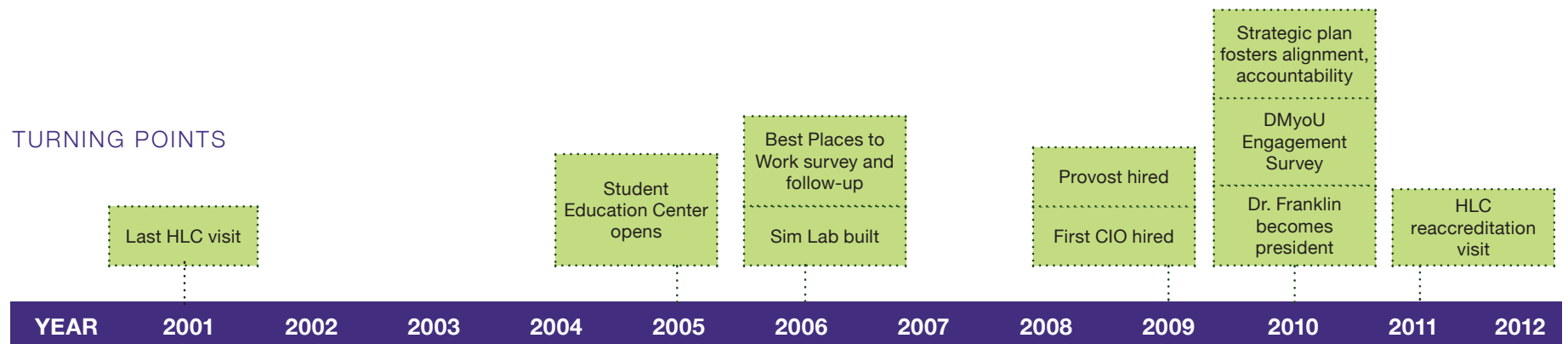
In 2010, ModernThink consultant Richard Boyer reported key preliminary findings of the DMyoU survey:

- The three main areas of concern are communication, collaboration and accountability.
- We ranked poorly in relation to the "able to have honest conversations" question.
- We were recognized as an Honor Roll institution in three categories: professional/career development programs; compensation and benefits; facilities, workspaces and security.

Survey follow-ups

Areas for improvement noted in the 2007 and 2010 surveys were addressed in two initiatives: the Best Places to Work Follow Up Project and the DMyoU Action Plan.

TURNING POINTS



After the 2007 Best Places to Work survey identified communication issues, the University Quality Initiative (UQI) selected InsideOut-Leadership to uncover the reasons and generate solutions. The information-gathering process involved nearly 50 percent of Des Moines University employees. The 10 focus groups closely represented the overall demographic structure of the University.

This initiative yielded seven recommendations:

- Consider a new administrative organization with a senior academic leader (for details, see the Academic Leadership heading in Core Component 1d).
- Develop an engagement/recognition plan, which has resulted in posting biographies of senior leaders on the President’s Cabinet, Deans’ Council and University Council portal page and online profiles and research spotlights featuring DMU faculty and students.
- Provide leadership coaching and 360-degree feedback to the President’s Cabinet. Our performance management software, WingSpan, allows us to give 360-degree feedback, but we have decided to provide more effective performance development before implementing this capacity.
- Hold a leadership retreat for the President’s Cabinet (completed in September 2008).
- Identify and implement empathy-driven communications, including a chance for the community to place items on the President’s Cabinet agenda, posting of President’s Cabinet minutes, an annual State of the University session, and quarterly Town Hall meetings on subjects of interest to our community.
- Provide a leadership development program for supervisory personnel (addressed in SP Tactics 1.4.4 and 1.4.5).

- Design a plan to gather more feedback about the climate of the DMU Clinic (see objectives for SP Goal 2.0).

Full details are available in the Best Places to Work Follow Up Project Summarized Report, which can be accessed on the Quality and Assessment portal.

New administrative structure

The recommendation to consider a new administrative structure resulted in the hiring of a provost. Before 2009, duties that would normally be assigned to a senior academic officer were distributed among vice presidents and deans. The negative effects of this organization are described in the Strengthening Leadership Structure section of Core Component 1d.

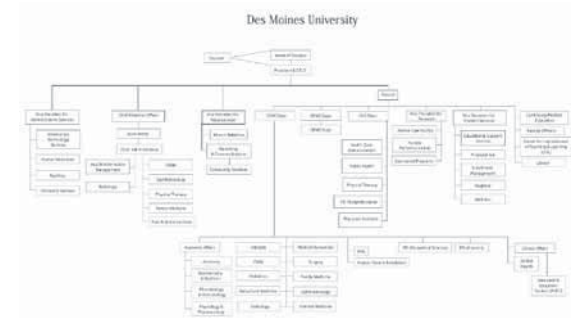
After exploring several possible governance structures, we chose the provost model shown in the Des Moines University organizational chart.

Preliminary results are promising, according to the DMUoU survey conducted in 2010. “There is high regard for the new provost and CIO; an eagerness for the new president and an appreciation of the efforts of the senior leadership as a whole,” according to Richard Boyer’s analysis.

Some benefits of having a chief academic officer were anticipated. We expected to have greater consistency in policies and enforcement among our three colleges. We also hoped to create a stronger academic voice among senior leaders, which would promote a more balanced decision-making process and reduce the burden on the vice president for Administrative Services and deans while shortening the time required for decisions on academic matters.

However, we are noticing unexpected benefits as well. Having an academic champion who is independent of each college creates an expectation of collaboration among all colleges. We now have a structure that encourages us to function as one University rather than three separate and unequal colleges. Supported by this structure,

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we are making progress on long-standing issues, such as developing a campus-wide assessment system and a consistent faculty workload policy. After experiencing how a streamlined organization can make it easier to get things done, we are raising questions about whether other efficiencies can be found by reducing the number of committees or repositioning resources at the University rather than the college level.

A first step toward realigning resources was made in May 2011 when Dr. Franklin announced a reorganization to create greater clarity of roles and better alignment of operations with overall institutional goals:

- As of July 1, 2011, the Development Office became the Office of Institutional Advancement to embrace a broader view of institutional positioning that includes Development/Fund Raising, Alumni Affairs, Marketing & Communications, Community Relations, and External/Legislative Relations.
- The Chief Financial Officer reports directly to the President.
- Student Services reports to the Provost.
- The role of Executive Vice President/Chief Operating Officer is eliminated and redefined as the vice president for Administrative Services, which includes Information Technology

Services, Human Resources, Facilities, and University Services.

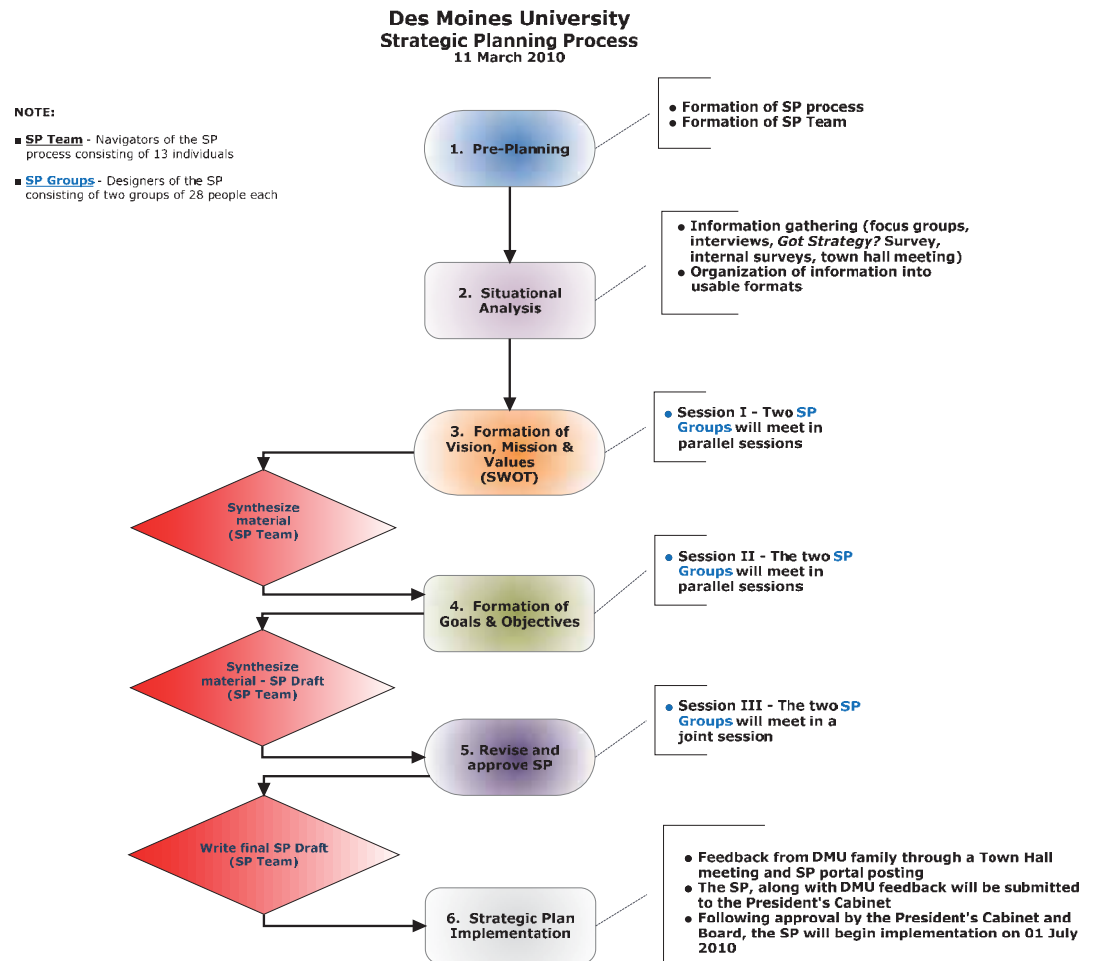
We continue to work on the opportunities to improve our culture identified by analysis of the DMyoU survey results:

- Though progress has been made, administration, faculty and staff express a need for improved communications, greater transparency and involvement, and more cross-functional communication.
- The faculty’s experience of shared governance warrants attention. While faculty report having input regarding educational issues, the results suggest they want a greater voice in matters of institutional relevance.
- Faculty and staff report varying degrees of alignment across the colleges and, to a lesser extent, across departments.
- There are concerns regarding fairness, specifically related to issues of accountability and performance management.

The DMyoU Survey Team was asked to develop an action plan to address the opportunities for improvement shown in the survey. They set these goals to be implemented by the end of 2011:

- **FAIRNESS:** DMU supervisors will be able to provide team members the advice, feedback and support required to improve performance.
- **PRIDE:** To build upon an area of strength as indicated by the Great Colleges survey, identify what our employees mean by pride and areas where it can be improved, and work as a committee to make recommendations for increasing the level of pride at DMU on the next engagement survey.
- **FACULTY/STAFF RELATIONS:** Enhance professional relationships within and across work units.

CLICK TO SEE FULL SIZE



- **ENGAGEMENT (COMMUNICATION/ COLLABORATION/SHARED GOVERNANCE):** Create an environment that utilizes the most effective strategies to promote campus-wide engagement and goal achievement.

Many of the suggestions in the Engagement category have become the responsibility of our new president. These include developing an action plan to further incorporate shared governance in our decision-making process(es) and establishing

a staff organization to enhance communication among staff, faculty and administration.

Other goals, including performance improvement training and developing professional communication, became part of the 2010–2012 Strategic Plan. (For details, see the DMyoU Action Plan report, available on the Quality and Assessment portal.)

Strategic planning process

The 2010–2012 University Strategic Plan is a child of transition. Its goals were developed as the University was moving to a new model of governance and searching for a new president while shifting to a more transparent and accountable culture. As a result, the strategic plan focuses more on operations than on vision.

Strategic goals are designed to create alignment between college and University goals and ensure that all future projects requiring significant resources will funnel through the strategic plan.

To build the expectation of accountability, the Completion Status of Strategic Plan report is posted on the Strategic Planning portal.)

Current strategic planning goals are

- 1.0 Accountability:** To create a University culture of accountability
- 2.0 Clinic:** To foster a clinical environment that supports the educational mission of the University
- 3.0 Research:** To foster a research environment that supports the educational mission of the University
- 4.0 Curriculum:** To increase the effectiveness and efficiency of the University's clinical and didactic curricula
- 5.0 Technology:** To update University technology infrastructure, applications, and processes to current academic and industry standards based on completed external Information Technology Services (ITS) assessments
- 6.0 Financial Stewardship:** To limit increases in student indebtedness by increasing non-tuition revenue streams while aligning resources with the University Mission, Vision, Values and Goals

7.0 Facility Planning: To augment facilities to provide a superior environment that enhances teaching, learning, research, service, and a sense of community

These goals were identified during a planning process that engaged the entire University community. The three-phase strategic planning project had these objectives:

- Be inclusive in the creation of the plan.
- Identify the desired relationship between the institutional plan and the internal component strategic plans.
- Educate participants representing various stakeholder groups in the components of effective strategic planning.
- Establish cohesive project management for plan implementation consisting of a timeline, accountability personnel and reporting venues.

Information was collected through an inclusive process that included 21 interviews with internal and external individuals, 12 focus groups and an anonymous survey with 361 respondents. Fifty-six individuals who represented all internal constituencies of the University then worked to develop objectives. These individuals were divided into two teams so that administrators would not dominate. Meeting independently, these Strategic Planning groups were charged with using a SWOT analysis to formulate a draft set of strategic goals accompanied by mission, vision and values statements. The 13-member SP Team then synthesized these drafts and transmitted material back to the SP Groups. Again, meeting independently, the SP groups drafted a set of strategic goals and objectives. This material was further refined by the SP Team. The resulting draft was submitted to the SP groups as they met in joint session to make their final comments. The SP Team then wrote a final draft of the strategic plan. The consistency between the groups' findings and recommendations also provided a valid-

ity check. The process culminated in a Town Hall meeting during which all constituencies could provide feedback on the strategic plan.

This type of ascending process, with ideas coming from the community and being moved upward with approval and only slight modifications, could be considered more risky than a top-down process. However, the issues the groups identified were consistent among themselves and with the results of survey data over the last five years. In addition, senior leaders had learned from past mistakes. "We recognized that the process had to be different," said Provost Karen McLean.

All college strategic plans have now been reviewed for alignment with the University plan. College goals that create dissonance with the University plan have been assessed on an individual basis in dialogue with the dean. All college plans are now aligned with the University plan.

To make alignment easier, the 2010–2012 plan has been extended through the end of the 2012 calendar year, rather than the end of the fiscal year in June. This allows colleges to review the University plan and set visionary and stretch goals before beginning their next strategic plans in July 2013.

To improve transparency, champions for each goal provide the strategic planning team with quarterly updates. These progress updates are disseminated to the President's Cabinet, the Board, and the University at large through the Strategic Planning portal and quarterly Town Hall meetings.

Some challenging issues that surfaced during the information-gathering process have been deliberately deferred until the next planning cycle. Because work on the current plan did not begin until January 2010, the team chose to focus on objectives that could be quickly achieved. As a result, a thorough review of our mission and values statements was postponed. Two other sensitive topics, communications issues and a sense that the colleges operate as separate entities, were

deferred until a greater foundation of trust in and among senior leaders could be built.

The 2010–2012 plan is intended to be transitional. Its focus is on building institutional capacity to successfully take on robust stretch goals as a single unit by

- Aligning college and University strategic plans
- Creating accountability for outcomes
- Restoring confidence that the University can successfully implement a strategic plan

Progress toward these goals has laid the foundations for future progress by building trust in senior leadership, encouraging open communication, and creating expectations of transparency and accountability. As we achieve these goals, we are not just implementing a strategic plan; we are creating culture change.

As Dr. Franklin observed at the June 2011 Strategic Planning Town Hall meeting, the work of the 2010–2012 Strategic Planning team restored validity to the planning process.

Under her leadership, work on the next strategic planning cycle has already begun. After collaborative discussion, a new model for strategic planning has been endorsed. A new Strategic Planning team has been selected. Small groups of Trustees, Cabinet members, and Strategic Planning team members have discussed *Why do we exist?* and *Where do we want to be in 5–10 years?*

The groups' comments were captured, documented and used in follow-up conversations with the Strategic Planning Steering committee in August 2011.

This collective wisdom will lead to recommended changes in our mission statement and a more comprehensive yet succinct vision for the future. The Strategic Planning Steering committee will also review and assess the appropriateness of the current core values.

Recommended changes in the institutional mission statement and vision will be shared with the campus community and presented to the Board of

Trustees for their review and approval by December 2011.

Priorities for the next strategic planning process include these goals:

- Implement long-term financial forecasting.
- Link budgeting more tightly to strategic priorities.
- Create a development/fundraising plan for select strategic priorities.
- Create a Board scorecard/dashboard reporting system.
- Continue to engage the entire campus community in the planning process

External review of research

Objective 3.1 of the 2010–2012 Strategic Plan calls for the University “to complete a comprehensive review, utilizing internal and external resources of the overall research/scholarly activity enterprise including compliance areas, start-up funds, research outcomes, allocation of space, personnel, and management structure in order to increase the research productivity.” Results of the review, conducted in December 2010, were presented to the President’s Cabinet and then shared with the campus community. In order to move the research enterprise forward, we are currently working to identify focused areas of research under the leadership of our newly appointed vice president for Research. In addition, the Office of Research is being reorganized and refocused.

We have chosen to discuss the review findings here because research is central to our mission: to advance health through knowledge; to provide students with training that prepares them to understand, to apply, and, for those who follow an academic path, to conduct research; and to collaborate in efforts to provide health care to underserved populations around the globe, such

as our partnership with the World Health Organization (WHO).

A strong Office of Research also has significant implications for our balance sheet. Cutting-edge research requires state-of-the-art equipment. Conducting and supervising research requires faculty time and effort. The balance of internal and external sources of revenue must be monitored to keep research from becoming an unsustainable drain on our resources.

In addition, although DMU has made progress in terms of enhancing the research enterprise, several research-related compliance issues surfaced early in 2010. Concerns about additional potential compliance issues, uncertainty about appropriate research productivity levels and campus investment in research endeavors, as well as the desire to enhance our research efforts and productivity, resulted in Goal 3.0 of the current strategic plan: To foster a research environment that supports the educational mission of the University.

The first step in this process was selecting a research review team. We looked for reviewers with experience, diverse gender and ethnic backgrounds, and familiarity with institutions like DMU, which is not an R1 university.

On December 13–14, 2010, a site visit team consisting of Dr. Moses Lee (Professor and Dean of the Natural Sciences at Hope College), Dr. J. Justin McCormick (University Distinguished Professor and Associate Dean of Research and Graduate Studies in the College of Osteopathic Medicine at Michigan State University), Dr. Judith Ramaley (Professor of Biology and President of Winona State University), and Dr. Michael Sarras (Professor of Cell Biology and Anatomy, Vice President for Research, and Dean of the School of Graduate and Postdoctoral Studies at Rosalind Franklin University) visited DMU to conduct a review of the research mission and to recommend ways in which the University can create a supportive environment for enhancing the contributions of basic and clinical research to advancement of our mission.

SUMMARY OF EXTERNAL RESEARCH REVIEW
AND CAMPUS RESPONSE

Reviewers' Findings	Response
IDENTIFY AREAS OF RESEARCH FOCUS	
Clarify the goals and expectations of research, possibly with the help of an outside moderator.	Dr. Jeff Gray was appointed to the newly created position of VP for Research after a nationwide search. A retreat to clarify goals and expectations for research should be conducted within a few months of the start date for the VP for Research.
Select no more than three initial areas of special research emphasis. Focus on one area at first and track the outcomes.	Identifying areas of research focus will be the responsibility of vice president for Research Jeff Gray.
EVALUATE THE EFFECTIVENESS OF THE CURRENT APPROACH TO RESEARCH EXPENDITURES	
Create a task force of active researchers to develop criteria for allocating resources to sponsored projects.	This task force would work best if convened jointly by the provost and new VP for Research, with results reported to both.
Recruit new faculty with research interests that align with DMU's research emphases and create a task force to explore research questions shared with clinical partners.	The new VP for Research is expected to provide strong leadership in forming a task group comprised of faculty from each of the colleges and their clinical counterparts in the most significant clinical settings.
Hold deans and department leaders accountable for outcomes of sponsored research.	Once the new faculty workload policy is developed, chairs and deans can establish research productivity expectations for each faculty member. Performance appraisals for department chairs and deans will include an evaluation of their effectiveness in establishing and monitoring faculty research productivity expectations.
PREVENT COMPLIANCE ISSUES	
Commission an external audit of all mandatory oversight functions at DMU to ensure that DMU is in full compliance with external regulations for the conduct of both bioscience and clinical research.	SNR Denton visited in August 2011 to conduct a compliance audit of both the Office of Research and the DMU Clinic.
Provide more research training for these personnel: all members of regulatory and oversight committees, each member of the staff that works with research and sponsored programs with specific competency goals and certifications, and all clinical preceptors.	PRIM&R training has been purchased. Two PRIM&R events were held on campus in the fall of 2011: IRB 250 and IACUC 101 In addition, the IRB chair will receive funding to attend at least one major meeting (PRIM&R or comparable-level conference) per year. The compliance committees have been significantly downsized in an effort to increase the level of training. Currently, COM is conducting a search for an individual in COM Clinical Affairs whose major responsibility will be preceptor development. The position description for Compliance Manager has been rewritten to include a requirement for certification as a PRIM&R Certified IRB Professional (CIP®).
Require training to prepare students for research as a member of a team or on rotations.	The PA, D.P.M., and D.P.T. curricula include mandatory course work in research methods. D.O. students engaging in human subjects research (which includes retrospective medical records reviews) should complete eight CITI modules prior to submitting a proposal to the IRB.
MODERNIZE THE IT INFRASTRUCTURE	
Commission a study of the IT department.	Conduct an inventory of research hardware and software, and determine if upgrades are needed. A temporary site to house research data generated by students and faculty has been established, and work continues on a permanent solution.

Their recommendations and the actions directed by the President's Cabinet are summarized in the Summary of External Review and Campus Response table.

In addition, the Office of Research has redefined one of its positions to focus on research compliance and training. The research administrator position was replaced by a new Compliance Manager position. That change reflects higher expectations for those who supervise compliance, and a national search was conducted for a candidate who meets the higher level of qualifications specified. This position will focus on formulating and implementing research compliance programs in accordance with federally mandated regulations and Des Moines University's policies.

Progress on HLC concerns/challenges identified on previous visit

The comprehensive evaluation in November 2001 was our third visit for review of our continuing accreditation status. The University was first granted North Central Association candidacy status in 1982 and subsequently received accreditation in 1986. Since then, we have hosted consultant-evaluator teams from the NCA for continuing accreditation in 1991, 1997, and 2001.

The 2001 evaluation team identified the concerns discussed below.

Strategic planning alignment

1. "Apparently, separately and differently composed strategic plans of the colleges lack an explicit relationship to the University Strategic Plan."

Feedback gathered during the 2007 Best Places to Work Follow-up project and the 2010 strategic

planning process confirmed this observation. Consultant Michael Hovda identified "the need to create a more collaborative and unified operation with the three colleges" as critical for the University.

This problem was addressed in three ways: by hiring a provost who is independent of each college, through the current strategic plan, and by coordinating the college- and University-level planning processes.

The provost docking process is described under Criterion One, Core Component 1d. The current strategic plan includes two relevant goals:

- Goal 1.0: Accountability: Compliance officer responsibilities were reassigned and University Counsel developed practices to create a uniform adoption of policies and a uniform adherence to policies.
- Goal 6.0: Financial Stewardship: Procedures for obtaining funding for major initiatives require that the Strategic Planning Team review new initiatives for alignment with the University strategic plan.

In addition, dates for college strategic plans to be completed were moved to six months after finalization of the University plan. Aligning college- and department-level plans with the institutional plan was a key goal during the 2010 strategic planning process, discussed in the previous section.

2. "It is not apparent that there are mechanisms in place for evaluation of plan accomplishments."

The current strategic plan calls for external reviews of research (Tactic 3.1.2) and of the operations of the DMU Clinic (Tactic 2.2.3).

The external review of research was completed in 2010, as discussed earlier. The Academic Program Review policy developed under Tactic 4.4.3 provides for continuous quality review. In addition, progress on implementing the strategic plan is reported on the Strategic Planning portal

(see Completion Status of Strategic Plan report). Quarterly Town Hall meetings give our campus community a chance to ask questions about the strategic plan and get responses from senior leaders. In addition, plan goals and deadlines have been modified in response to feedback from the community, as noted on the Completion Status report. For example, staff members have been added to the steering committee to make its representation more inclusive.

Research focus and funding

1. HLC concerns: "The research community needs to identify a limited number of focused areas for collaborative research" and "support them appropriately, with more emphasis on external funding."

The research review team that visited in December 2010 found that "There does not appear to be a commonly held expectation regarding the role and purpose of research at DMU and the arguments for enhancing research at the institution.... Some of these different expectations are mutually compatible but would lead to different interventions or investments." The reviewers, led by Dr. Judith Ramaley, recommended that the University develop a strategic approach to creating a research portfolio, perhaps by working with a consultant.

We were advised to select no more than three research areas of special emphasis, using these criteria:

- Importance of the area of investigation for the promotion of health
- Feasibility of involving students in the conduct of research in the areas being considered
- Capacity to promote collaborative research across departments and colleges
- Current levels of interest both within DMU and within DMU's clinical partners

- Capacity to leverage earlier investments in research at DMU in related areas
- Availability of specific programs of external support for this line of inquiry at National Institutes of Health (NIH) or National Science Foundation (NSF) or some other major funding source

For a fuller discussion, see External Review of Research in the previous section.

COM scheduling and assessment

1. “Continued efforts need to be focused on scheduling, and assuring classes of P.T. and COM students to clinical rotations. Needs expressed by students should be a higher priority.”

With the assistance and cooperation of Information Technology Services (ITS), COM Clinical Affairs decided to consolidate our student and preceptor evaluation system, our outdated students’ patient log system, and our clinical rotation scheduling system into one web-based software product called E*Value™. We had been using separate software systems to perform each of these functions. Since moving to E*Value, our student compliance with completing patient logs and online site/preceptor evaluations can be monitored in real time and completion rates are dramatically improved. In addition, we can use E*Value’s optimization feature to match students’ clinical rotation requests with available rotation slots. This has increased efficiency and given students a better chance of getting their rotation selections.

COM’s strategic plan now includes a goal to increase student satisfaction with their clinical education. Objective 1 is to develop a plan to improve clinical affairs processes and communication. Objective 2 calls for expanding clinical training sites.

2. “COM has not implemented an effective outcomes assessment plan.”

When Kendall Reed, D.O., FACOS, FACS, became dean in 2003, he recruited a director of academic quality and curricular affairs. In 2004, the college set a strategic planning goal to develop a comprehensive continuous quality improvement program focused on student achievement and outcomes. These results are more fully described in the 2006 Progress Report:

- Development of databases, including the COM comparative database, COMLEX trend data, and physician evaluation data on clinical clerkships.
- The competency development project, which linked American Osteopathic Association (AOA) competencies to every course in the COM curriculum.
- Updating of the COM outcomes matrix by the COM Performance Improvement Committee.
- Development of a new system of course evaluation, including data by course, department, and individual faculty member. This data can be correlated with course evaluations, board performance, clinical clerkship performance, and preparedness and performance in residency.
- Development of remediation options for any student who fails any portion of the COMLEX examination series. Upon failure, learners are instructed on options for formal remediation, which may include a board review course, referral to the DMU Educational Resource Center, and the requirement to update the associate dean of Clinical Affairs on their remediation progress.
- Rapid identification of clinical students who receive a formal rating of *Below Expectations* or *Unacceptable* on a learner clinical rotation evaluation form. This allows learners to receive additional feedback for improvement through Clinical Affairs.

The COM Performance Improvement Committee developed a more recent evolution of the assessment of learning plan after identifying two core learning areas: the pre-clinical assessment of learning (P-CAL) and clinical assessment of learning (CAL). The P-CAL component was developed by a sub-group of the COM Curriculum Committee, while the CAL component was developed by COM clinical department chairpersons. In this model, identified student learning outcomes in the P-CAL and CAL areas are linked to one or more of the seven learning competencies established by the osteopathic program’s specialized accrediting body, the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association. An assessment of student learning report is submitted annually and reviewed by the Student Learning Assessment Committee (SLAC) [see Core Component 3a]. The SLAC then reports its findings of strengths and opportunities for improvement to the college dean. The college’s graduate programs in Anatomy and Biomedical Sciences also include assessment plans that are similarly reviewed by SLAC.

To provide a continuous quality review of assessment, student data were collected and entered into annual Performance Improvement Reports that are available through 2008. The data have driven the development of new initiatives (as described above) and have also served to suggest points of improvement.

For example, while COM has continuously gathered grouped performance data from COMLEX I and II to make annual comparisons between osteopathic program averages and national averages, we have not gathered subject data within each COMLEX instrument. By analyzing individual subject category learner performance, we can identify knowledge gaps and strengths that may be addressed through curricular revision and/or student re-evaluation. We are discussing how National Board of Osteopathic Medical Examiners (NBOME) assessment data

may be better utilized to drive curricular review. For example, both test scores and critical student comments indicate that the pathology curriculum needs to be strengthened.

Assessment of learning during learner clinical rotation (years 3 and 4) continues to be a challenge, particularly as COM struggles to assure equity of education among diverse clinical rotation sites; address the increasing cost of clinical sites to include administrative support and preceptor retention; and fully implement a “regional dean” initiative in a paradigm with multiple low-population rotation sites. Our post-rotation subject examinations began transitioning to a national product through NBOME in July 2011. This should afford the opportunity to better assess learner knowledge, skills and attitudes with comparisons to national benchmarks. Previously, only the Internal Medicine and Pediatrics programs had used nationally tracked post-rotations instruments; they will have data available in the next year for assessment.

3. “COM needs to continue to focus on consolidation of clinical sites in concert with [the] plan to use regional deans.”

From 2001–2003, D.O. students completed rotations under the supervision of three regional deans. Regional deans were physicians who were expected to develop clinical sites, visit hospital sites in their region, and be responsible for the DMU D.O. students who were completing clinical rotations in their geographic region. During this time, more than 50 percent of our third-year core rotations were spread from coast to coast in many states, including Ohio, Michigan, Pennsylvania, New Jersey, Oregon, Idaho, and Florida.

When Kendall Reed, D.O., FACOS, FACS, became dean of COM, he replaced the regional deans with a plan to have as many students as possible complete their third-year core rotations within our state. Benefits of the Bring 'Em Back to Iowa initiative include better oversight of

education, more opportunities for faculty development, and reduced travel for students.

Dana Shaffer, D.O., FACOFP, who had been regional dean for Iowa and the Upper Midwest Regions, became associate dean of Clinical Affairs for COM. Under his leadership, the number of distant rotation sites was reduced, and new rotation sites have been developed throughout Iowa, Minnesota, and eastern Nebraska. We now have approximately 50 percent of our third-year classes doing their clinical rotations in the Des Moines area, and approximately 70 percent complete third-year rotations in Iowa communities. (See the 2010–2011 College of Osteopathic Medicine Clinical Education Plan, Section IV.)

COM continues to explore new clinical relationships to increase rotation opportunities. In addition, a new assistant dean of Clinical Affairs position has been created. One primary responsibility is to identify and develop clinical education training sites. Currently we have clinical clerkship directors for Psychiatry and Family Medicine. We are planning to hire four additional clinical clerkship directors for Internal Medicine, Pediatrics, Obstetrics-Gynecology, and Surgery, so that each core specialty area has its own clerkship director.

Staffing

1. “Attention should be paid to having a full-time development officer at a senior level.”

A vice president for Institutional Advancement now oversees Marketing & Communications, Alumni Relations, Development and Government Relations.

We attribute much of the success of our last capital campaign to having a senior development official, which has allowed us to make individual donor visits. From January 2002 to June 2004 we raised just under \$14 million. Since 2004, the number of President’s Society members, who

make annual contributions of \$1,000 or more, has steadily increased, reaching 406 in 2011.

We have also added one staff and one administrative position in Alumni Relations. An administrative assistant position was budgeted in 2008 to accommodate the growing workload and to increase alumni engagement through programming. That same year, an assistant director of Alumni Relations was hired to create a Class Representative program and coordinate reunion efforts and other events. Since separate reunions for each college were replaced with the Unified Alumni Reunion in 2008, Alumni Relations has hosted an average of 25 events across the United States each year.

In addition, we are working to become more strategic about raising contributions to the annual fund and securing major gifts and legacy gifts. Strategic planning goals for the Development and Alumni Relations office (now Institutional Advancement) include increasing the number of alumni donors by 10 percent and increasing scholarship dollars by 20 percent. We are also working to grow our endowment and raise capital for a possible new building.

To meet these goals, we are taking these steps:

- Pursue several major gift opportunities in the \$100,000 to \$2 million range.
- Use Raiser’s Edge and database software to follow up on prospects, analyze results and ensure there are enough prospects in the development pipeline to grow the needs of the University.
- Expand our geographic focus from areas where alumni are concentrated (Michigan, Pennsylvania, Iowa and Ohio) to conferences heavily attended by our alumni, such as American Osteopathic Association (AOA), American College of Foot and Ankle Surgeons (ACFAS), Michigan Osteopathic Association (MOA), American College of Osteopathic Family Physicians (ACOFP), American Physical Therapy

Association (APTA) and American Academy of Physician Assistants (AAPA).

- Engage members of our Board of Trustees in fundraising. In March 2011, a board engagement session introduced our Trustees to the development process. Although 100 percent of our Trustees have contributed at the President's Society level for three years in a row, Board members had not previously been expected to help with fundraising. Although we are currently in a building process, our Board leadership is well positioned to move forward. Art Wittmack, chair of our Board's Institutional Advancement Committee, has experience with major campaigns for the Science Center of Iowa and the Greater Des Moines Community Foundation. We also expect Board involvement to help us deal with questions lingering from the presidency of J. Leonard Azneer. Alumni who graduated during the '70s and '80s still have negative feelings about what they believe to be the use of tuition dollars in ways that did not benefit their education. These alumni are now at the prime age to begin to give larger gifts, so listening to and addressing their issues is a major concern. Today the University has a very good reputation for fiscal management, and one of our primary goals is to help alumni from the Azneer years reconnect and rediscover a sense of pride in their alma mater.
- In July 2011, President Franklin expanded the scope of development efforts by formalizing an Office of Institutional Advancement under the leadership of Vice President Susan Huppert. This brought together the traditional disciplines of alumni relations, development, communications, marketing and community relations, government relations and other advancement services. Working together, these units will create greater efficiencies of operations and develop a more synergistic approach to advancing and branding our institution.

2. "More support staff are needed in COM Admissions office."

Before October 2002, DMU had no centralized enrollment office. Each program/college had designated faculty/staff to handle recruitment and admission. In 2004, admission functions for COM, CPMS and CHS were consolidated under Director of Enrollment Management Margie Gehringer, creating a department of 11 people. Partially dedicated resources include Marketing & Communications (Online Marketing/Recruiting Coordinator), Educational Support Services (Diversity Coordinator—currently vacant), and ITS (Programming Specialist).

On our annual survey of matriculates and non-matriculates, students are asked to rate their experiences with Des Moines University in a number of categories using a scale from *Not effective* to *Very effective* (or *N/A/unable to rate*). Categories include website content and ease of use, correspondence throughout the application process, contact with Admission staff, contact with current D.O. students, interview day experience, and confidence about knowledge of the medical education they will receive at DMU.

All categories in the 2007–2009 student satisfaction surveys were rated 95 percent or above in a combination of *Very effective* or *Effective*.

3. "Open clinical faculty positions are a concern."

All basic science positions are filled, with the exception of one Physiology/Pharmacology position. A search is being conducted to replace a faculty member who resigned.

COM developed a faculty adequacy model in 2004 at the request of the Commission on Osteopathic College Accreditation (COCA). The model is based on faculty effort data, summarized in *The Work of the Faculty 2006*, and multipliers for teaching activities based on a search of the literature.

According to COCA's standards, DMU has excess teaching capacity. The figures shown in the COM Faculty Adequacy Calculation are from

2006, but the current number of faculty members is closely equivalent.

However, COCA's model does not present a complete picture. For one thing, it does not take into account the number of faculty who teach in two or even three programs. In addition, COCA's accreditation standards do not require a minimum faculty-student ratio for accreditation. While over 300 clinical faculty support third- and fourth-year curriculum, we currently have only 15.5 FTE clinical faculty. This gives us a ratio of 1 clinical faculty for every 30 students and a ratio of 1 total faculty (D.O., M.D., Ph.D.) for every 10 students in years 1 and 2.

The question of whether COM has sufficient clinical faculty will be addressed as the University faculty workload policy is developed. The COM Faculty Adequacy policy will be framed within the University's Faculty Workload policy. Workload data is currently being collected. The final policy is expected to be drafted and approved in 2013.

4. "Physicians Assistant and Physical Therapy faculty need to enhance their educational background and skills."

All faculty in the Physician Assistant Studies program hold master's degrees. Credentials in the Doctor of Physical Therapy program range from M.P.T to Ph.D. or D.P.T. Two instructors with a master's degree in physical therapy are currently working toward a doctor of physical therapy degree, as shown in the PA and P.T. Faculty Credentials chart.

Due process

1. "A review of student disciplinary procedures should be undertaken to ensure appropriate due process."

At the time of the last accreditation visit, if a student appealed a failure to follow procedures in the Corrective Action/Discipline section of the

student handbook to the Student Promotion and Evaluation Committee (SPEC), the dean's decision was final. Now a Student Appeals Process allows students to appeal a dean's decision by submitting a written appeal to the provost within seven days of the decision. The Student Appeals Committee will then conduct a confidential review to determine whether procedures were properly followed. A Course Grade Appeal policy has also been developed. Both appeal processes are posted on the University website and printed in student handbooks.

2. "A faculty/staff grievance procedure should be established."

The non-exempt staff have a grievance policy outlined in the union contract. Faculty Grievance Procedures have been developed and posted on the Faculty portal. The proposed new staff organization provides a forum where a similar policy for exempt non-faculty staff could be developed.

Self-study process

1. "In the future, institutional self-studies...should include a greater level of faculty and student involvement in the development of the self-study."

The self-study process, more fully explained in Lessons Learned, can fairly be described as inclusive. The 2001 study was written largely by one dedicated individual. This year's study was produced by a team of five work groups led by an 11-member steering committee. Student leaders on the Council of Presidents were invited to take part in the process, but they preferred receiving periodic updates to serving on a committee. After work groups submitted their drafts, the steering committee read the first compilation. The provost and writing project manager then met with each work group to review the quality of their evidence and the strength of their recommendations. A revised draft was made available to the campus during an open comment window (April 2011).

Comments were compiled using SurveyMonkey. In addition, reviewers who could provide varied perspectives were recruited, including a trustee, alumni, staff, students and our long-serving Library Director.

Requests for change

Several requests for change were approved in 2001:

1. the proposed Master of Science in Physician Assistant Studies (M.S.)
2. the proposed Doctor of Physical Therapy (D.P.T.)
3. the proposal to offer a Post-professional D.P.T.
4. the proposal to offer the M.H.A. and M.P.H. electronically
5. the proposal to offer the M.H.A. and M.P.H. at sites within Iowa without Commission approval

The Master of Science in Physician Assistant Studies was accredited until 2015 by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) in 2009. The Doctor of Physical Therapy program was accredited until 2016 by the Commission on Accreditation in Physical Therapy Education. The Post-professional D.P.T. was externally reviewed in 2010 and judged to be "very strong." Dr. Patricia A. Hageman described the program as a "hidden jewel" with the potential to lead the implementation of other online continuing education or professional programs because of its ability to recruit qualified students, approachable and responsive faculty, stable leadership, strong program outcome assessment process and support from ITS.

The proposal to offer the M.H.A. or M.P.H. at sites in Iowa or online was approved. However, new degree programs at the main campus do require prior approval. The evaluation team recognized that "DMU has demonstrated its ability

to plan, implement and evaluate new academic programs and has undergone significant and successful [recent] growth in programs." However, the policy on approving new programs, while "promising and comprehensive," was still in the draft stages at the time of the last visit. The team also raised concerns about faculty workload, especially for online programs.